Big Cove First Nation

Project Number: RB-175-NB

Case Study Report

Big Cove Youth Intervention Project (Youth Initiative)

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1. Introduction

Thirteen case studies were conducted as part of the impact evaluation of the Aboriginal Healing Foundation (AHF). The case study process included data collection on selected social indicators that were to be used to measure the impact of projects over time. In particular, data was collected for the year prior to AHF-funded activity and once again in the year 2003, an approach known in the evaluation field as a within-groups repeated measures design. The case studies are intended to provide a detailed, holistic view of the projects and their outcomes. All data collection, analysis, and synthesis was done by community support coordinators under the facilitative guidance of Kishk Anaquot Health Research.

The project that forms this case study is entitled, "Our Youth, the Voice of the Future" (AHF-funded project # RB-175-NB). It is described in the application as "An integrated prevention, early intervention, and aftercare initiative which focuses on the youth at risk of Big Cove." This report provides a holistic overview of the Big Cove Youth Intervention Project (referred to by the community as the "Youth Initiative"), including a description of important community characteristics and conditions that may influence the project.

Sources of information used in this case study include project files (funding proposal and quarterly reports); the project's response to the AHF National Process Evaluation Survey (NPES) sent to all funded projects in February 2001; key informant interviews with the project team and selected community service providers; and documents and data collected by the community support coordinator as part of the case study process.

2. Project Overview (Thinking Holistically)

The Youth Initiative project was funded in a pilot year from 3 January 2000 to 31 December 2000 with a contribution in the amount of $189,300. Bridge funding was advanced, taking the project to 31 March 2001; a second phase was funded until the end of 31 December 2001. This study focuses on the period ending 31 December 2000. The funding application highlighted the rash of suicides that occurred in the community during the 1990s and cited the purpose of the project as follows:

> [The purpose of this project is] to provide youth at risk with opportunities for self-development in the areas of self-esteem, responsibility, respect and empowerment. These skills will allow them to grow strong and proud of their self-identity and to initiate and become self-directed. In essence, it will provide youth continued support and opportunity to develop personal, social, mental and physical well being that is so needed to combat the devastating and destructive effects of unresolved trauma originating primarily from the legacy of residential schools.

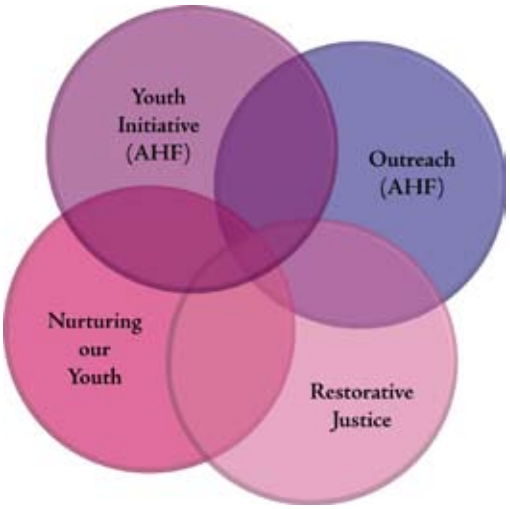
The contribution agreement states that the expected results of this project are "To empower, develop diverse ongoing activities and introduce an outreach and aftercare program with and for Youth at Risk." It also specifies the following objectives:

- organize and implement a youth council and youth advisory board;
- develop and implement ongoing activities for youth (with youth input in the planning), including personal development presentations, cultural activities, babysitting classes, a youth summer program, and Girls in the 90s program;
- organize a youth support group night;

- develop a youth alcohol and drug awareness program;
- establish substance abuse workshops;
- provide youth outreach and a rehabilitative program for alcohol and drug abusers by conducting cultural and spiritual events, providing alternative activities, teaching traditional values, and making referrals; and,
- provide aftercare and follow-up for alcohol and drug abusers.

A second AHF-funded project exists in the community: the "Outreach Program for the Suicidal at Risk Clients of Big Cove." A key aspect of this second project is a program known as "Personally Empowered People," which deals with life skills. The community also has projects called "Nurturing our Youth" and "Restorative Justice Initiative" implemented early in 2000. These last two initiatives are not funded by AHF but have related or similar goals and have liaised with the project that is the focus of this study. Visually, the relationship between these four projects would look something like this:

Figure 1) Relationship of Projects in the Community



2.1 Participant Characteristics

The Youth Initiative is a project that targets Big Cove youth between the ages of 10 and 29. Children under the age of 10 need parental accompaniment when activities are being delivered, which allows their appropriate participation. Over half (57.4%) of Big Cove's population is under the age of 30, and more than one (27%) fall into the category of 15 to 29 years as of 31 March 2000, according to a community demographic study. This equals roughly 642 youth. Since the project does serve as young as 10 years old, it is estimated to be serving approximately 900 youth. Moreover, most project staff are themselves youth within this age range, so it is fair to include them as part of the target audience and also in terms of benefits or impacts the project is having on youth in general.

Participant recruitment is an open-door policy (with the exception being under age 10). Events are promoted through local radio, cable TV station, a newsletter, and word-of-mouth. While the program has an open recruitment policy, priorities have been identified as youth aged 12 to 18 years, most needy, and first-come, first-served.

Participation rates based on gender were about even for most activities, with the exception of sports-oriented activities that tend to attract more males than females. As well, some activities were targeted to one gender (e.g., the Girls in the 90s Program). Others, such as the Santa Claus Parade, sought community-wide participation.

Based on the AHF national survey completed by the project and confirmed by telephone, the project held both healing and training activities that reached approximately 150 people, 69 of which were youth. However, reports for the final quarter of year 2000 estimate that the project was reaching approximately 150 youth and children on a weekly basis,[2] while one-time events such as conferences or gatherings held in the community were attended by up to 300 people. It is unclear whether these are directly organized by the project or if they cooperate and support such events. In addition, the national survey stated 60 people participated in training activities with 38 being youth. Ten people did not complete the training and 35 did not complete the healing program.

Table 1 shows participation rates in project activities by gender and Table 2 reports the same information by age group. Data for the tables were extracted from quarterly reports submitted for the year 2000. It is likely that individuals participated in more than one activity; therefore, it is not possible to determine from these charts the total number of young people participating in the Youth Initiative. On the other hand, it is clear that a large number of various activities are being provided.

Table 1) Participants in Project Activities by Gender

Activity	Duration	Females	Males
Open gym night	Monday evenings	18–25	46–52
Jingle dance lessons	Tuesday evenings	34	n/a
Jingle dance ceremony	once	48	28
Traditional ceremonies and spiritual support group	Tuesday evenings	26–36	24–31
Arts and crafts development	1 evening per week	12–31	13–38
Karate	Weds. night/Sat. morning	6	4
Babysitting course (held january 2001)	9-week course/two sessions	14	6
Youth sweats	1 per month	38	27
Girls in the 90s	Thursday afternoon	9	n/a
Voices/choices (mothers/daughters)	1 full day	6–7 sets	n/a
Newsletter production	monthly	n/a	n/a
Fundraising	ongoing	n/a	n/a
Open basketball/volleyball	Thursday evenings	5–10	25–32
Bowling	Saturday morning	7–8	9–12
Movie night	every 2nd Friday evening	13	11
Teen dances	every other 2nd Friday evening	19–22	27–32

Activity	Duration	Females	Males
a) Summer program b) March break program: n/a	day trips, etc. (March break fell in 1st quarter)	a) 106 b) n/a	a) 93 b) n/a
Volunteer recruitment, development and recognition	once	83	93
Liaise with Alternative Justice Initiative	as needed		
Youth rally, youth council and youth board plus a youth centre (council or centre has not been realized)	13 people from agencies plus 6 Youth staff sit on the Youth Board and meet monthly		
Alcohol and drug awareness, outreach, rehabilitation, aftercare	high school presentation once per month + Alateen program	70	55
Drop-in service	after a completed suicide: 24/7, 1week	n/a	n/a
Santa Claus parade	once	530	530

Table 2) Participants in Project Activities by Age

Activity	0–14	15–25	26–49	50+
Open gym night	65–75			
Jingle dance lessons	33	1		
Jingle dance ceremony	29	13	23	11
Traditional ceremonies and spiritual youth support group	21–32	8–25	3–17	2–4
Arts and crafts development	24–34	3–31	2	1
Karate	10			
Babysitting course				
Youth sweats	30	29	4	2
Girls in the 90s	9			
Voices/choices (mother/daughters)	6–7		6–7	
Newsletter production				
Fund-raising				
Open basketball/volleyball	21	16–33		
Bowling	14–18	2		
Movie night	5	19		
Teen dances	8–9	38–43		
a) Summer program b) March break program: n/a	a) 97 b) n/a	a) 102 b) n/a	a) b) n/a	a) b) n/a
Volunteer recruitment, development, recognition	68	51	57	

Activity	0–14	15–25	26–49	50+
Liaise with Alternative Justice Initiative				
Youth rally, youth council and youth board plus a youth centre (youth council or centre has not been realized)				
Alcohol and drug awareness, outreach, rehabilitation, aftercare. (High school)	125			
Drop-in service				
Santa claus parade	400	200	400	60

The project reported several severe participant challenges in the NPES: lack of parenting skills, poverty, lack of literacy skills, and lack of Survivor involvement in the project. A severe challenge was defined as one affecting 80 per cent or more of participants. Moderate challenges (impacting 40%–80% of participants) include denial, fear, and grief; history of suicide attempt; history of abuse, adoption, and foster care; family alcohol or drug addiction; and lack of communication skills. Overall, these suggest that the Youth Initiative is addressing a very high-needs group. The discussion of the project team that follows includes information on team members who participated in the training to help prepare them for this work.

2.2 The Project Team—Personnel, Training, and Volunteers

The project team includes the young people hired by the project as well as key individuals within select community agencies who make up the Working Group. The Working Group is a sub-committee of the Big Cove First Nation Wellness Committee, which serves as a coordinating and development mechanism for community wellness services and programs. When combined with the project staff they become known as the Youth Advisory Board. Representatives in the Working Group are the following:

- director of Health Services
- director of Lone Eagle Treatment Centre
- director of Child & Family Services
- director of Alcohol & Drug Prevention
- coordinator of Psychological and Community Development

Four of the above members are from Big Cove and fluent in their language. Some have been directors within their program for over a decade. Combined, they offer decades of experience and are a wonderful resource for the youth project staff.

The coordinator of Psychological and Community Development is also the project coordinator. He oversees all project activities, develops proposal(s), ensures short- and long-term planning, coordinates staff recruitment, meets all quarterly and financial reporting requirements, and deals with other aspects of the psychological and community development services.

There are six full-time staff members on the Youth Initiative that include one youth development worker, three youth workers, and two field workers. The youth development worker's job description consists of "developing, planning, and implementing specific programs that are meant to enhance the quality of life of the people of Big Cove." The position requires some knowledge and experience with community

development as well as effective communication skills, group facilitation, visioning, and short- and long-term planning, implementation, and evaluation abilities. The youth development worker oversees other positions with this project, is fluent in Mi'kmaq and holds a two-year Youth Development Certificate. She brings four years of relevant experience to the position, is slightly over the age that defines a youth, and is a member of Big Cove First Nation.

Three youth worker positions were established to build and provide community support for Big Cove youth and provide them with opportunities to acquire the skills necessary to develop self-esteem, responsibility, respect, and empowerment. Their duties include offering cultural awareness, organizing events, initiating counselling, and facilitating appropriate referrals. Volunteer recruiting and scheduling is also part of their duties. These individuals also hold between two and three years of relevant experience. Two of the individuals speak Mi'kmaq fluently and all three have completed Grade 12.

Two field workers assist in the development of prevention, follow-up, and aftercare planning for ages 13 to 20. They also offer assistance to youth undertaking treatment and conduct public education and awareness sessions at schools. In addition to this, these positions require a minimum of two years free from alcohol and/or mind- or mood-altering substances as well as a certificate or other proof of having completed a treatment program. These two people have also finished Grade 12. They have between one and two years of relevant experience, and one speaks Mi'kmaq.

All staff are female. Those initially recruited into these positions still held them at the end of the first fiscal year, with the exception of one who pursued another opportunity within the community and was replaced shortly afterwards. The project's NPES response indicates that five of the six positions are filled by individuals of First Nations origin. The survey also reports six part-time staff members (security, arts and crafts facilitator, youth spiritual circles facilitator, jingle dance instructor, and two fundraising assistants). All are First Nations, two are both elders and Survivors, and the related experience of the group ranges from five to 25 years. The project coordinator is a registered psychologist with extensive experience and has worked in the community of Big Cove since the early 1990s.

During the period this case study focuses on, project staff were given certain types of training and professional development. These courses, as reported in quarterly reports submitted to the AHF, are outlined below:

First quarter:
- 5-day orientation
- 5-day Suicide Intervention
- first aid

Second quarter:
- 4-day Leadership Training Workshop (Ottawa, ON)
- 3-day Work Plan Development Workshop (Fredericton, NB)
- 1-day Suicide Prevention Workshop (Saint John, NB)
- 5-day Restorative Justice Workshop (Big Cove, NB)
- 5-day Suicide Intervention Workshop (Big Cove, NB)
- 3-day Personal Empowerment Workshop (Big Cove, NB)

Third quarter:
- Restorative Justice Panel Training (one staff, Big Cove, NB)

- Youth Action Network (one staff, Toronto, ON)
- Environmental Network (two staff, Truro, NS)
- Medicine Wheel Teachings (three staff, Big Cove, NB)

Fourth quarter:

- 1-day stress management workshop (all staff)
- 1-day first aid/CPR (two staff)
- 1-day suicide Intervention Workshop (three staff)
- 1-day "Stop Bullying" Workshop (three staff)

The project's final report estimates approximately 30 hours per month of volunteer service toward project activities. Volunteers donated their time and efforts as follows: food preparation, fundraising, healing circles, transportation, and traditional activities. Table 3 shows estimates of the value of donated goods and services as reported in the community's response to the NPES.

Table 3) Estimated Value of Donated Goods and Services

Transportation	$ 5,000
Food	$ 1,000
Labour (including volunteers)	$10,000
Space for project	$12,000
Project management	$25,000
Human resources, capacity building	$40,000

The three most generous donors of goods and services were the community's health services, the school, and social services. The high value of donations suggests that the project is not working in isolation of other community services. In fact, it is important to view any project in the context of the community in which it operates. The following is a description of Big Cove First Nation and the issues and events that have both shaped and influenced this particular project at this point in time.

2.3 Community Profile

Big Cove is the largest First Nation in New Brunswick. This Mi'kmaq community is located near the town of Richibucto and the Village of Rexton and is approximately 11 kilometres from the latter. The largest and nearest city is Moncton, approximately 83 kilometres south. Big Cove's population, as stated by Indian and Northern Affairs Canada (INAC) in April 2001 was 2,458. According to a community study, the population at 31 March 2000 was 2,379, and it was listed at 2,302 in 1998. Previously, it was 2,236 in 1997, according to INAC, which suggests a growth rate averaging between 3.1 per cent (2000–2001) and 3.5 per cent (1997–1998).

Big Cove First Nation has experienced extensive media attention on several issues, including the number of suicides between 1992 and present, its housing situation, and, of late, the band's financial situation. Furthermore, changes in political leadership occurred after the retirement of a long-serving chief (1967–1993) who was often re-elected by acclamation. In subsequent years, political leaders changed continually, which may have created some uncertainty for band staff and the community in general.

The band operates a wide range of programs and services with a budget in excess of $20 million.

- band membership
- capital/housing/infrastructure
- social assistance
- education (including their own school for Grades 1–8)
- community policing and restorative justice initiative
- alcohol and drug treatment centre (6-bed facility) and prevention services
- child and family services
- sports/recreation/culture and leisure centre
- mental health (including crisis centre/help-line)
- Youth Initiative–AHF-funded
- community service maintenance
- economic development/adult education and training
- fire/emergency/ambulance services
- health centre (one of the first in the region to undertake health transfer)
- healing lodge

In addition to this there is one other AHF-funded project in the community at present, which targets at-risk suicidal members of the community. There is also a "Nurturing Our Youth" project that shadows a group of youth and documents issues being faced by this target group for a five-year longitudinal study. The community is also seeking to undertake long-term community development and mental health plans. Also present in the community is a Roman Catholic Church, rectory, and convent as most Mi'kmaq communities are devoutly Catholic. Mi'kmaq were among one of the first to convert to Catholicism and are believed to be the only tribe to actually sign a treaty with the Vatican in 1610. In terms of privately run business, there are two medium-sized convenience stores and numerous home-based "canteen"-type operations. There are two take-out food operations and Micmac Industries, which includes a gas bar and an automotive repair shop.

The AHF national survey identified severe challenges facing the community, which included poor local economic conditions (including high unemployment and poor housing), substance abuse, suicide and suicide attempts, and fetal alcohol syndrome/fetal alcohol effects (FAS/FAE). The following is a review of four issues that have impacted the community over the period leading up to and during the course of the Youth Initiative project: suicide, the impetus for the project; housing and unemployment as factors, which may influence and possibly reduce the impact of the project; and band finances, a circumstance unique to this time and place and has repercussions in the community.

"Then there's always the silent ones ... the ones who never say anything."[3] The issue of suicide in this community has created extensive media attention and an added burden on community service providers. This was especially true during 1992 that saw suicides peak in numbers. The project coordinator confirmed that during the period when the numbers peaked, all community service agencies were essentially doing crisis management. This resulted in burnout and an inability to effectively manage long-term treatment plans for many in need. Over time, with some additional resources and increased coordination within the community, they have been able to shift from crisis mode to a more proactive approach. Below reveals the pre-AHF funding situation:

> It has been expressed on many occasions by the youth of Big Cove that they find themselves constantly struggling to survive, that they find little or no value and meaning in their daily lives, that they have little or no influence over decisions that affect them, that they stand alone with few people to accompany them in their journey to Wellness ... We have attempted time and time again to obtain funding for a youth initiative but we still have not been able to access any as yet.... The Big Cove Wellness Committee and the Big Cove First Nations want to go much further in youth program development and for this reason we see this project as a priority.[4]

Suicide is the key reason why this project was needed. As stated earlier, it is an integrated prevention, early intervention, and aftercare initiative that focuses on the youth of Big Cove who are at risk. Most of the informants, as well as a community survey conducted by this project, identified alcohol and drugs as a major problem facing youth. Informants later linked alcohol and drugs as having a major influence in the number of suicides.

A housing shortage has also brought media attention. Recently, INAC said it would stop reimbursing the community social development office for rent subsidies paid to off-reserve band members on social assistance. For the most part, these are individuals and families who had little or no choice but to reside elsewhere due to the lack of available housing on the reserve. Clearly, there are emotional and financial advantages for band members who can find residence in their own community. As most Aboriginal cultures (if not all) are family-based, this physical separation borne out of necessity not only deprives the individual of family support, but it also denies them services from their home community.

Coupled with the population growth, the need for housing continues to outstrip the ability to meet the basic human need and demand for proper shelter. A needs assessment[5] conducted in the fall of 1997 cited 750 families in Big Cove with only 450 housing units available, plus 100 apartments and 10 mobile homes. This suggests a shortage of almost 200 units and the likelihood that many families are living in overcrowded conditions. More recent figures put the number of houses at 515.

Big Cove is located in Kent County, a part of the province with high unemployment rates that fluctuate with seasonal employment. The surrounding region is primarily French-speaking (70%), which further hinders the community of Big Cove that is largely Mi'kmaq-speaking with English as their second language. The needs assessment mentioned above cited an unemployment rate of 80 to 85 per cent. According to the 1996 Census,[6] the unemployment rate in New Brunswick was 15.5 per cent, and in the community of Big Cove (Richibucto 15 Indian Reserve) the rate was three times greater at 46.2 per cent. It should be noted that the 1996 Census also showed Big Cove's population[7] at only 1,403 with a population growth at 9.4 per cent between 1991 and 1996. Statistics Canada and INAC use different methods to determine demographics. INAC maintains a registry, which influences the amount of funding a band is entitled to, and it may be fairer to say that the numbers maintained by INAC are more up-to-date because there is incentive for a band to maintain accurate data.

According to the needs assessment, unemployment rates dropped after a court ruling that allowed Native involvement in the forestry sector. The ruling was later reversed with subsequent tensions as First Nations people from this and other communities attempt to exercise what they feel are legitimate treaty and Aboriginal rights. The Aboriginal fishery has also been a more recent source of seasonal employment. Big Cove has 12 commercial fishing licenses shared by about 25 fishers.

The last key issue to make media attention was centred around the band's financial deficit, estimated to be in the millions. News reports claimed that band cheques, including social assistance, were being refused by local financial institutions and that even New Brunswick Power was threatening to shut off hydro to many residents whose power bills were in default. The current administration claims that it inherited the deficit from a previous one and feels it has been taking steps to gain control of the situation. This does not appear to have an impact on the Youth Initiative project, except perhaps in terms of fundraising for a youth centre. Some people may be reluctant to donate funds without confirmation that the situation is under control.

3. Using Common Sense: The Data Collection Process

All project files were thoroughly reviewed prior to conducting the interviews (funding application, quarterly and final reports, and the AHF national survey). Project files also contained a Youth Initiative community survey that was examined.[8] A special education needs assessment was made available after the interview process.[9] After the initial review of all documentation, a logic model and a performance map were designed to provide an overview of the project. Next steps included contacting the project coordinator to gain general information about the community and to negotiate a time to conduct interviews. These steps guided the design and finalization of the interview questions.

During the course of roughly one week, personal interviews were conducted with 14 people associated with the project or with community services. A shorter version of the questionnaire was delivered to staff at the Big Cove School and Big Cove Police who were not necessarily associated with the day-to-day activities of the project, while two key people associated with the project were asked additional questions (see Appendix 1). Interviews were done in private and ranged from 20 to 45 minutes in length. In all, the working group of the Big Cove Wellness Committee, all project staff, and some staff at the Big Cove School and police department were interviewed.

A presentation made by Sargeant Ross White of the Richibucto RCMP Detachment to Big Cove's Tripartite Mental Health Committee in early 2001 was also made available. This document provided statistics on assault, spousal assault, sexual assault, suicide, and property crimes. Two other organizations provided information: the Big Cove Child and Family Services provided rates of children in care and Lone Eagle Treatment Centre (based in the community) provided numbers on people seeking alcohol and drug treatment for the years between 1998 and 2001.

The following performance map (Figure 2) was used as a one-page reference guide to collecting information. It links the desired long-term outcome (youth having the support and opportunities they need to develop personal, social, mental, and physical well-being) with long-term indicators of change: reduced rates of attempted and completed suicides, alcohol and drug use, and youth crime and an increase in education and skill levels and overall community well-being (reduced rates of physical abuse, sexual abuse, incarceration, and children in care). Short-term outcomes and indicators are similarly mapped. In this way, the performance map identifies significant measures of change.

Figure 2) Performance Map—Big Cove Youth Intervention Project

MISSION: To enable individuals, families, and the community to achieve optimal levels of mental, spiritual, physical and emotional wellness by supporting and guiding programs within the community of Big Cove.			
How?	**Who?**	**What do we want?**	**Why?**
Resources	**Reach**	**Results**	
activities/outputs		**short-term outcomes**	**long-term outcomes**
Provide programs and support for youth, including sports, arts and crafts, babysitting course, activity nights, Girls in the 90s–2000s course, youth support group, and traditional activities; provide alcohol and drug awareness, outreach and aftercare, alcohol- and drug-free activities, and inter-agency networking; provide training for project team; and develop youth advisory board and youth committee.	Youth, project team, and community.	Increased skill levels, knowledge, self-esteem, health of youth, levels of leadership, peer support, healthy lifestyles, and communication with parents/community; build capacity and skills among youth and diversion from alcohol and drug use; reduced alcohol and drug use among youth; increased participation in alcohol and drug treatment; increased community and parental involvement in programs; youth council and youth advisory board; and progress towards establishing a youth centre.	Youth in the community have the support and opportunities they need to develop personal, social, mental, and physical well-being: healthy youth equals a healthy community.
How will we know we made a difference? What changes will we see? How much change has occurred?			
Resources	**Reach**	**Short-term measures**	**Long-term measures**
$189,300	# of youth participating in and impacted by programs.	Youth satisfaction with activities (participant feedback forms); # of youth participating in alcohol and drug services, including treatment and aftercare; level of participation in alcohol- and drug-free activities and events; rates of alcohol and drug use among youth; perceptions of key informants and self-reported changes in self-esteem, leadership skills, and attitudes of youth; evidence of peer support; steps taken towards establishing a youth centre ($ raised); family and community involvement with youth (# of volunteers and duration of service); active youth advisory board; participation rates and # of cultural and traditional activities and interactions between youth and Elders; and evidence of improved community spirit.	Increase in healthy youth as evidenced by reduced rates of attempted and completed suicides, alcohol and drug use, and youth crime and an increase in education and skill levels; increase in overall community well-being (reduced rates of physical abuse, sexual abuse, incarceration, and children in care); and healthier youth with a sense of belonging—evidence of changes in community's attitudes towards youth and in youth involvement in family and community affairs, cultural events, and traditional activities.

3.1 Thinking Logically: Activities and Outcomes

There is a logical link between the day-to-day activities a project undertakes, what they hope to achieve in the short term, and the desired long-term outcome. In this case, the community wanted to do something about the high rate of suicide among youth by providing activities that increased their skills, self-esteem, and mental, physical, spiritual, and emotional well-being and by addressing the problem of alcohol and drugs. The community survey conducted by the project in the summer of 2000 served as both a needs assessment and an evaluation tool. As outlined previously, a wide range of activities for and by youth were initiated, such as the creation of a youth advisory board and the increased capacity of the project team to carry out their jobs through participation in a variety of training initiatives. It was anticipated that project activities would lead to the following outcomes:

- increased numbers of young people with professional, personal, and leadership skills;
- empowerment and increased opportunities for youth to be involved in community planning and decision-making;
- increased personal, social, mental, and physical well-being among youth;
- improved relationships between youth, their families, and the community; and
- reduced rates of alcohol and drug use.

These would ultimately result in a healthy youth population and a healthy community. In the interviews, one person spoke about the difficulties facing this project in a changing world where Internet and the media are shaping the minds of youth: "work being done now won't be realized until the next generation." Similar comments were echoed by others on difficult issues like suicide, addictions, and family violence that will only be addressed through long-term prevention and intervention efforts. Some people spoke about the old ways and the need for the community to come together and share everything, good or bad.

On the day-to-day level, some of the project's activities were ongoing, some were one-time events, and some were for specific durations. The sheer number of youth in this community requires a significant amount and variety of activities. One person noted that increased awareness of the project and the issues it seeks to address led to an increased demand for services. Until volunteer recruitment is fully realized and parental involvement increases, the burden on project staff will remain extensive. Certain staff have children and rely heavily on their parents or grandparents to watch them so that they may devote the evening and weekend hours required for these positions.

Project activities were selected based on the work plan that was youth-driven. It appears the weakest areas have been volunteer recruitment, low levels of parental involvement, and efforts toward organizing the youth that included the realization of a youth centre. According to those interviewed, the first two areas seem to be due to low interest from potential volunteers or parents. Progress towards creating a youth centre is being realized, but the amount of time and effort required was underestimated. Building costs have been estimated at approximately $250,000. The project coordinator felt that this is now a longer term goal that requires guidance and nurturing from adults working and able to offer this kind of development and support. This objective actually grew out of planning activities related to creating a youth council (an objective that has not yet materialized) and was not included in the original proposal or contribution agreement. This is an example of how the project has already grown since its inception, and it is expected that the youth centre may take on added importance as the project continues to develop and mature.

There are two main buildings used to deliver project activities: the community school for Grades 1 to 8 and the healing lodge that is part of the community health centre. Project staff work out of one large room at the Psychology/Education building next to the school. The lack of a youth centre in some ways compromises the delivery of events, largely because the school has many restrictions on its usage. This is also true to some extent for the healing lodge.

Some of those interviewed raised the possibility of losing the use of the school if it continues to be damaged or not cleaned up properly after use. Although project staff felt they were properly supervising the building during use, apparently some damage did occur. The school has also been a constant source for vandalism. Access to other resources such as a bus to transport youth on day trips or other outings is also an issue, making for less spontaneity as it requires time to book a bus and driver. The need and goal of having a youth centre were almost unanimously identified by those interviewed. Some inferred that if a youth centre was designed by youth they might have more ownership and respect for it; they may not damage or vandalize it as with the school.

The relationship between project activities and both short- and long-term benefits is set out in the following logic model (Figure 3). This model does what the name implies: it logically describes the project activities, how they were delivered, and what the community wanted to achieve. It then goes on to identify how we will know things have changed in the short term, why this work is being done, and how we will know things have changed in the long term. In this way, an outside observer can use a logic model to see how activities are expected to lead to outcomes or results. There are four activity areas outlined in the logic model: the Youth Activity Program, training, youth organization, and alcohol and drug awareness and outreach. Objectives outlined in both the contribution agreement and quarterly reports fall generally into these four categories.

Figure 3) Logic Model—Big Cove Youth Intervention Project

Activity	Youth activity program	Training	Youth organization	Alcohol & drug awareness and outreach
How we did it	Weekly arts and crafts, sports, and cultural activities; babysitting and Girls in the 90s courses; workshop for mothers and daughters; special events; youth support group; and summer program organized with youth involvement.	Project team participates in orientation and training programs held within and outside of the community.	Plan, organize, and implement a youth council; create a youth advisory board; plan annual youth rally; and plan a youth centre.	Presentations to schools and develop alcohol and drug curriculum; newsletter; support group, alcohol- and drug-free activities, deliver substance abuse workshop, cultural/traditional activities, inter-agency networking, and access to rehabilitation and aftercare.
What we did	# and variety of daily, weekly, and special activities; # of participants; and age and sex of participants.	#, type, and location of training programs; and # of workers participating.	Composition of youth advisory board; # of meetings (youth council did not materialize); types of decision making; and # of participants in rally.	# of presentations to schools; curriculum developed; # and type of alcohol- and drug-free and traditional activities; # of participants in activities, workshop, support circle with Elders, and # of referrals; and composition and activities of inter-agency network.
What we wanted	Increased skills, knowledge, self-esteem, physical health, responsibility, and peer support; and improved relationships with families and communities.	Increased professional and personal skills, knowledge, and self-esteem.	Youth empowerment and increased leadership skills and roles for youth; and increased level of involvement in planning and decision making.	Reduced alcohol and drug use among youth.
How we know things changed (short term)	Level of participation in activities; level of youth satisfaction; and views of key informants regarding changes in youth.	Self and key informant reports of increased levels of knowledge, skills, and confidence.	Level and quality of participation; and progress towards establishing youth council, youth centre, and planning youth rally.	Level of participation in alcohol- and drug-free activities; increased # of referrals; reduced rates of alcohol and drug abuse; and key informant views.
Why we are doing this	Create opportunities and an environment for youth in the community to develop personal, social, mental, and physical well-being: healthy youth make a healthy community.			
How we know things changed (long term)	Increased proportion of youth involved in healthy lifestyles; active, empowered youth involved in leadership and community affairs; and overall community well-being (social indicator analysis of suicide, incarceration, physical and sexual abuse, and children in care).			

4. Our Hopes for Change

It is difficult to assess change so early in the life of this project as it is designed as "an integrated prevention, early intervention, and aftercare initiative;" however, it is reasonable to present and explain the data being used to gauge impact. The social indicator data presented provide a baseline from which to measure future progress and include the social indicators identified by the AHF Board (physical abuse, sexual abuse, incarceration, children in care, and suicide) as well as one indicator particular to this project—alcohol and drug abuse. Suicide is discussed first since the prevention of suicide is the primary purpose driving this project.

4.1 Suicide

Suicide is defined as "an injury deliberately inflicted on oneself with the intention of ending ones life."[10] Suicides represent only a small part of all suicide attempts; therefore, it is important to report information on attempted suicides as well. As stated, this community has experienced a significant amount of suicide committed by individuals within the 16 to 34 age range. A statistical table collected by the community detailing suicides between 1975 and 2000 reports an accumulated total of 34 deaths as a result of suicide. It cites the national annual suicide rate at 13/100,000. Based on figures for Big Cove for this same time period (26 years), the suicide rate is 71/100,000. For the last eight years since 1992, Big Cove's annual suicide rate is 116/100,000; a total of 21 completed suicides.

Suicide, which peaked in 1992 with six deaths, has been a major and ongoing issue in the community. The following years saw suicides fall to three or less per year. The ages for completed suicides have varied, clustering in early or late twenties or early thirties with the age range between 16 and 34. This is confirmed by the Tripartite Mental Health statistics given by the Richibucto RCMP detachment, which documented two deaths each year for 1998, 1999, and the first quarter of 2000 and 54 attempted suicides in 1998, 98 in 1999, and 20 in the first quarter of 2000. The Crisis Centre in Big Cove, which staffs help-line and outreach workers, documents an average of three to five attempts per week, and this suggests there may be 150 to 200 attempted suicides each year.

Clearly, the numbers are staggering. Interestingly, in the *Youth Initiative Survey*, less than one-quarter of respondents (23%) mentioned thoughts of suicide as the greatest problem facing youth today and not suicide itself. Also, only one person interviewed said suicide is the biggest obstacle or challenge the project is facing. Seven of 14 people felt that suicide in the last 12 months had decreased, three said rates had increased, and four said they had stayed the same. Comparing these perceptions to RCMP statistics, there were two reported suicides in 1998, two in 1999, and a further two in the first quarter of 2000. However, there was a dramatic increase in reports of attempted suicides between 1998 and 1999, from 54 to 98. Table 4 indicates the number of suicides and attempted suicides in Big Cove in the last year. As noted above, there are differences between rates reported by the RCMP and those reported by Big Cove Mental Health.While they may, in part, be due to differences in reporting periods, the huge variance in suicide attempts must have another explanation. It is well recognized that official records often under-report suicide because forensic, social, cultural, and religious factors can influence whether or not a death is classified as a suicide. Similar classification issues come into play when reporting suicide attempts.

Table 4) Completed and Attempted Suicides 1999–2000*

Type	Number of Incidents	Information source
Suicide	3	Big Cove Mental Health
Suicide	2	RCMP (1999)
Attempted suicide	150–200	Big Cove Mental Health
Attempted suicide	98	RCMP (1999)

* RCMP figures are reported numbers only and use a calendar year. The fiscal year is used by Big Cove Mental Health. Details on age, sex of victim, relationship to accused, etc. were not available.

The suicide literature reports distinct gender differences with respect to suicide and suicide attempts. In Canada as a whole, males are four times more likely than females to commit suicide.[11] Attempted suicides, however, are more common among women. While the data presented here do not include a gender breakdown, it has been unofficially reported (but not confirmed) that all but one of the completed suicides in Big Cove involved males. Risk factors associated with suicide include a recent family or relationship breakup, facing criminal proceedings,[12] previous attempted suicide, affective disorders, alcohol and drug dependency, and access to firearms.[13] Studies show that gay men, lesbians, and people who have experienced child sexual abuse may be at higher risk of suicide.[14]

When key informants were asked how well the project will affect the issue of suicide, most comments supported the notion that an impact is being or will be seen. Half of the interviewees thought there was now an increased awareness and a greater willingness to talk about suicide. Just over one-third (35.7%) said that the project creates self-esteem while another third referred to it as a positive influence. Others mentioned the ability of the project to respond immediately to a crisis and to provide ongoing support, prevention, and outreach—a proactive rather than reactive approach. This would include the multi-agency coordination taking place in the community and the shift away from crisis management. However, one person mentioned how people may have become immune to the rash of suicides, perhaps indicating hopelessness or frustration that comes with extensive and frequent loss. In addition to examining rates of suicide and attempted suicide in the follow-up study planned for 2003, it will be important to once again canvas the views of key informants on this issue.

4.2 Physical Abuse

Table 5 provides information on the number of assaults recorded by the RCMP in 1999. Data based on police reports are limited because they can be influenced by numerous outside factors, including police charging policies and recording practices (and changes in those policies and practices over time) as well as the willingness of victims to report to police. With respect to spousal violence, it is commonly noted that reported cases may represent as little as 10 per cent of actual cases. Similar claims have been made regarding child abuse; an estimated 90 per cent of cases may not be reported to child welfare agencies. Consequently, it is expected that the numbers reported below underestimate the real extent of the problem.

In reviewing the statistics from the Richibucto RCMP detachment, level one assaults have the highest incidence over the reporting period. In 1998 and 1999, there were 183 and 179 reports, respectively, with 30 reported in the first quarter of 2000. Level two assaults are summary convictions and range from spitting on someone to spousal assault. Level two assaults are indictable offences that usually causes physical harm. Spousal assaults are listed separately, although it was reported that officers do not always capture this additional information, so some of the reported cases under levels one and two may include spousal assault.

Table 5) Assault Cases, 1998–1999

Type of Assault	Number of Incidents*	Details (age, sex of victim, relationship to accused, etc.)
Assault level I	179 (1999) 183 (1998)	n/a
Assault level II	41 (1999) 54 (1998)	n/a
Spousal assault (male offenders)	32 (1999) 16 (1998)	common law and married couples**
Spousal assault (female offenders)	8 (1999) 2 (1998)	common law and married couples**

* Information source: RCMP investigative reports.
** RCMP apply the term spouse to both common law and married couples. It is unclear whether this extends to same-sex partners.

In the absence of data from other sources, such as victimization surveys and records from women's shelters and social services, the numbers presented above are assumed to be an underestimation of the real problem of physical abuse. In such circumstances, the views of key informants offer potential insights that may be invisible in the official statistics.

When asked whether rates of physical abuse had changed over the past year, more than three-quarters (78.6%) of those interviewed were unsure or said they had stayed the same. However, the interviews also captured observations on the most common crimes—assault—being committed by youth in the last year (64.3%). On violent youth crimes, there was no consensus on whether rates had risen, decreased, or stayed the same. Follow-up interviews in 2003, along with RCMP data for that year, should help to clarify trends regarding rates of physical abuse in Big Cove. Interpretations will have to proceed with caution; however, an increase in reported rates of abuse may reflect an increased willingness on the part of victims to report or authorities to respond rather than an increase in the *actual* rate of physical abuse. It is understood that the objective of reducing levels of violence and abuse within the community speaks to real or actual rates and not simply a reduction in cases reported to authorities.

4.3 Sexual Abuse

Official data under-report the extent of sexual abuse. Victimization surveys indicate that up to 90 per cent of sexual assaults are not reported to police.[15] In addition, prevalence of child sexual abuse is difficult to determine, as it is a hidden crime and many victims only report the abuse after they reach adulthood. Information on sexual assault in Table 6 is based on RCMP investigative reports while the child sexual abuse disclosures were provided by staff at Big Cove Child and Family Services. According to the RCMP, child sexual abuse would be included under the charge of sexual assault. Unfortunately, the police figures available do not provide a breakdown allowing for identification of how many were sexual assaults against a minor. Also, the number of child sexual abuse disclosures recorded does not represent total cases that made it to the court system, as some children were felt to be not psychologically ready for a court trial, or some made the initial disclosure but would not repeat the allegation during a later interview.

Table 6) Sexual Abuse, 1999–2000

Type of Abuse	Number	Information Source
Child Sexual Abuse	6 disclosures	Big Cove Child and Family Services
Sexual Assault	14 reports	RCMP investigative reports (1999)

Key informants did not mention sexual abuse as one of the most common crimes or as one of the reasons children are being placed in care. However, responses to the *Youth Initiative Survey* included family abuse (29%) and "other" abuse (20%) among the greatest problems facing youth. While the survey did not list sexual abuse as a possible category, it would be reasonable to assume it has been included in the "other" responses.

The Richibucto RCMP detachment reports that their investigative procedure regarding sexual assaults and sexual abuse includes informing Big Cove Social Services when an allegation has been made involving a minor, whether or not it turns out to be true. This, however, is not reciprocated; for instance, allegations made to social services are investigated, but there may not be sufficient evidence to involve the RCMP. Therefore, the RCMP may be underestimating the number of reports or be unaware of the number of alleged assaults. RCMP investigative reports show sexual assault cases for 1998 through to the first quarter of 2000 were 19 cases for1998, 14 cases for 1999, and 4 cases for 2000.

In the case of Big Cove there are few indications of the actual rate of sexual abuse, and reported rates must be viewed with the same caution referred to in relation to physical abuse. Reductions in the actual rate of sexual abuse can be interpreted as an indicator of progress towards healing. However, elevated reporting of sexual abuse over the course of a healing project may turn out to be a positive indicator of healing. For example, increased rates of child sexual abuse may reflect an increased awareness as well as an increased willingness to report; a trend noted nationally and believed to be the result of a changing social climate about the acceptability of child sexual abuse. Key informant interviews conducted during the next phase of this case study will be an important factor in analyzing any changes that may occur in reported rates of sexual abuse.

Key informants described how "kids confide in them" and "are responding and growing." Many felt more youth were indicating a need or willingness to seek alcohol and drug treatment, and there was more

opportunity for families and youth to discuss alcohol and drug issues. With increased opportunities and improved levels of support, it may be that over the course of the project some youth will feel safe enough to disclose sexual abuse. This, however, is purely conjecture as currently there is neither data on actual sexual abuse rates in the community nor any concrete indications of the extent of the problem.

4.4 Incarceration

No figures are available on incarceration rates for this community. Some inference can be made by the number of reports filed with the RCMP (i.e., assault and sexual assault), but again this does not provide the number of cases that make their way through the courts that result in incarceration. RCMP investigative reports show 117 investigations of damage to property in 1999; however, it is unlikely that many of these incidents led to offenders being incarcerated. A similar trend was observed in response to the interviews, where vandalism and break-and-enters were identified as the most common crimes committed by youth. An examination of changes in reported rates of damage to property over the course of the Youth Initiative and in key informant perceptions of youth crimes may provide an indication of the emotional state of the community's youth.

In fact, the issue of property damage was raised on several occasions during the interviews, and it was pointed out that the school itself was a constant target for vandalism. During conversations outside the interviews, two community staff members suggested that perhaps the reason the school is being targeted is due to it being a "safe" environment or a symbol of where they can express anger, albeit in an inappropriate way. One said, "I'd rather see a door or window replaced or wash off graffiti rather than bury another child." The school is also where most of the Youth Initiative activities are being held, which may make it a target for youth who do not participate. This was stated by one respondent who felt that the hard-to-reach kids were not having access to project activities. It is unclear whether this is because of their involvement with alcohol and drugs, which would deter their participation in alcohol- and drug-free events, or feelings of isolation based on their behaviour in general, or both.

Interview questions posed around the issue of incarceration received varying responses, yet the majority (57.8%) felt that incarceration rates had decreased. When asked what measures have been taken to address youth crime, a clear majority (71.4%) cited the community's Restorative Justice Initiative. Other measures include the fact that police were more involved in youth activities and a variety of activities associated with the Youth Initiative (healing circles, alternative alcohol- and drug-free events, alcohol and drug education and awareness, youth centre efforts, and the preventative approach). All of these activities are actually included or referred to in the project's work plan. Measures not directly associated with the Youth Initiative include installing curfews, making parents more responsible for their children's actions, and the availability of more parenting courses.

4.5 Children in Care

Children in care is defined broadly to include all children placed in out-of-home care by child welfare agencies, whether voluntary, involuntary, temporary, emergency, long-term, or court-mandated and including all forms of placement (foster homes, group homes, institutions, and placement in the care of relatives). In general, a decrease in the number of children in out-of-home care can be positively correlated with an increase in healthy parenting. However, an increase in the number of children in care is not

necessarily indicative of a failure to improve the level of healthy parenting. For example, at the national level, more children are coming into the care of child welfare agencies, which has been attributed to heightened awareness of child abuse and neglect, stronger legislation, and worsening conditions among the poor. Therefore, increased rates of children in care must be interpreted very carefully because it can be a positive as well as a negative indicator of healing, depending on the context. Table 7 indicates the number of Big Cove's children in care during the 1999–2000 fiscal year.

Table 7) Children in Care, 1999–2000

Care designation	Number of children*
Permanent Wards	19
Temporary Wards	8–23

* Information source: Big Cover Child and Family Services

It was reported that permanent wards tend to be older youth and under longer periods of care. Temporary wards are usually younger and involve shorter stays. In key informant interviews, this particular issue received quite varied responses, and there was no consensus on whether the number of children in care had decreased, increased, or remained the same over the past year. One person said numbers were up because of population growth, and two people said rates were up but with shorter stays because of the involvement of family members in temporary care. When asked about reasons for children being placed in care, a clear majority (78.5%) cited parental use of alcohol and drugs as the number one reason. Other reasons included lack of parenting skills, child safety or neglect, spousal assaults or fights, parental stress (including single parent issues), and grief and loss issues. Finally, issues of poverty and the inability to provide were referred to by two respondents.

4.6 Alcohol and Drug Use

According to the Youth Initiative Survey, 91 per cent of respondents felt that alcohol and drug use was the greatest problem facing youth today, followed by peer pressure (45%) and unwanted pregnancy (35%). When asked about the greatest needs of youth, the majority mentioned alcohol- and drug-free events (57%), fun and safe activities (54%), and recreation and sports (50%). All of the people interviewed claimed alcohol and drugs had a major role in the high number of suicides. Examples of responses included:

- "A huge role."
- "One hundred per cent."
- "Permanent solution to a temporary problem."
- "Affects reason or ability to make good choices."
- "It [alcohol] is a depressant."

The Lone Eagle Treatment Centre is a six-bed facility with eight intakes per year. Admissions to the facility were reported as follow: 59 for 1998–1999, 56 for 1999–2000, and 51 for 2001. This does not imply that all those admitted to treatment at this facility were Big Cove band members, nor does it detail how many were youth.

While no specific data were made available on rates of alcohol and drug use, it is highlighted here as an indicator because of its relationship with other social indicators as well as its prevalence as an issue in the Youth Initiative. The performance map contained in Section 4 includes the following measures of short-term outcomes: the number of youth participating in alcohol and drug services, including treatment and aftercare; the level of youth participation in alcohol- and drug-free activities and events; and reduced rates of alcohol and drug use among youth. There is also a recognized relationship between alcohol abuse and some of the other indicators that form part of this study. Recent research points to the following trends:

- periodic heavy drinking (defined as five or more drinks on five or more occasions within a month) is associated with elevated rates of spousal violence;
- members of families in which one or both parents abuse substances are considered to be at high risk for physically abusing and, particularly, for neglecting their children;
- persons who have experienced family violence are at greater risk for alcohol and other drug problems than those who have not;
- parental child abuse was six times more frequent among men who often drank to excess;
- ten studies reporting chronic alcohol use, alcoholism, or alcohol abuse reported that between 24 per cent and 86 per cent of battering incidents involved alcohol abuse;
- alcohol abuse has been identified as a problem among 76 per cent of the Aboriginal inmates; and
- 55 per cent of all inmates (Aboriginal and non-Aboriginal) were under the influence of alcohol, drugs, or both on the day they committed the offence for which they are incarcerated.[16]

The research is clear that the relationship between alcohol abuse and other social problems is complex, multi-dimensional and not necessarily causal. However, given such evidence of relationships, it is reasonable to assume that reductions in alcohol use and abuse among Big Cove youth may have impacts in other areas, including incarceration and crime rates, children in care, and physical and sexual abuse. Moreover, as alcohol is a recognized depressant, reduced alcohol use may have an impact on suicide rates.

Despite the need for more knowledge of actual rates of alcohol and drug use and abuse in the community, there is evidence that this is a significant issue to contend with. Figures cited in a study of special educational needs[17] showed that of the 157 students at Big Cove School, one-fifth had been exposed and affected by alcohol and drugs prenatally. Both parents and teachers surveyed provided almost equal observations on the extent of alcohol and drug use and abuse. Parents estimated that 71 per cent of students have educational problems related to alcohol problems and an equal portion of those surveyed noted an increase in alcohol and drug use in the community in the last 25 years, especially during pregnancy.[18] Teachers estimate that 72 per cent of students have educational problems related to alcohol abuse, and 45 per cent reported an increase in alcohol and drug use.[19] The Big Cove Health Centre conducted a demographic study between 1994 and 1997. Over this four-year period, 16 per cent of the pregnant women who delivered babies disclosed alcohol intake during pregnancy.

5. Reporting Results

Big Cove faces many hardships and challenges. The population growth over the past decade translates into a growing need, especially since many new parents are themselves young and inexperienced, in terms of parenting, and are likely to be among the peer group of suicide victims of the past decade. Combine this with an environment that promises a housing shortage, the likelihood of unemployment, and the ever-present appeal for some to escape through alcohol and drugs you will end up with a hurting community.

Still, there is hope in this community and a spirit or drive to meet these forces. This is evident in how respondents described not only their knowledge of the issues being faced, but also what efforts are needed to counter the negative influences. Throughout the interviews, informants stated the benefit of having the Youth Initiative project. One person said, "agencies would be in dire straits if it weren't for the youth project." Comments such as this provide an indication of the project's role in the community. As the research process unfolded, it became evident that this project and the people behind it had undertaken an ambitious endeavour.

It was the Youth Initiative team and community service providers who provided much of the information that forms the heart of this study, along with the AHF project files. Demographic data found in community studies allowed the opportunity to confirm the needs behind the project, while data provided by the RCMP provided insight into many of the issues the community is facing. The special education needs assessment done for the Big Cove School, figures from the Lone Eagle Treatment Centre, and the survey done through the project itself provided a deeper understanding of the influence of alcohol and drugs. As well, suicide statistics provided by Big Cove Mental Health signal just how many people do lose hope and seek the ultimate escape. Finally, data from Statistics Canada, Indian and Northern Affairs Canada, and Human Resource Development Canada detail employment challenges that compound all other factors facing this community.

There were limitations and gaps in the data secured, most of which have been stated throughout this study. There were no clear numbers regarding alcohol and drug use and incarceration rates, nor were youth-specific or gender data available in most of the five main indicator areas. However, the observations of key informants provided a good source for understanding the problems facing youth and possible changes in youth behaviour and the community since the commencement of the project.

The people selected for interviews represented a good cross-section of key agencies with a mandate to work in the areas being influenced by this project. These informed opinions, whether from day-to-day exposure with project participants or by virtue of their positions within the community, should suffice for our purpose of gathering observations and impressions from which we can draw fair conclusions.

Ideally, more time would have allowed for a larger number of people to be interviewed about the project and opportunity to extrapolate more quantitative data, especially youth-specific data. This does not seem like a major issue in terms of making generalizations and inferences on how social problems may be affecting the youth of this community. Aside from the suicide statistics, this study must rely on the informed opinions that became the key sources of information for this study.

All people contacted for interviews or for other data offered their unconditional cooperation, demonstrating a willingness to provide as accurate a picture as possible of the situation facing the youth of their community. In several instances, repeat calls were placed to confirm details, including one to the Richibucto Detachment of the RCMP. This indicates that perhaps the situation in Big Cove is serious enough to welcome evaluation efforts, which may assist in improving programs and services and, in turn, effectively meet the needs of those the project is intended to serve.

Without a doubt, one key observation focused on the benefit the Youth Initiative has had in terms of allowing other agencies to take a pause from the crisis situation that resulted from the rash of suicides in

the community. Social and economic issues facing this community are extensive. Whatever the true figure for unemployment rates within Big Cove, be it the one stated by Statistics Canada or from the community itself, it is clear that low income is a reality for too many people. The missing element of time to grieve losses from suicide simply fosters a numbness and, for some, a desire to escape through whatever means. In essence, a vicious cycle can occur, complicating efforts to intervene and prevent further loss.

In addition to suicide, the issue most often raised in the interviews and supported by the documents reviewed is alcohol abuse and the attending high-level needs of children born with FAS/FAE. Data collected on physical and sexual abuse suggest that these, too are problems to be confronted and addressed. The housing shortage, unemployment, and poverty become other obstacles that add to the load a person may be carrying and, thus, affect whether or not that person finds the strength and resources to reach out in healthier ways. When you introduce youth with lesser experience in dealing with life on life's terms, this equals the need for a project like the Youth Initiative.

The question is: How do you intervene to prevent an escalation in the social issues facing this community? Or do you focus on treatment issues alone? The answers are not so easy to provide, yet it seems clear from the interviews that without the Youth Initiative, community agencies would revert back to crisis management alone, not allowing for any long-term community development or wellness planning for those in need. In this regard, key informants describe a number of benefits of the project:

- it provides hope for the future;
- diverts youth from alcohol, drugs, and trouble;
- provides the community's youth with support and something to do;
- directly involves youth;
- the project team works well as a "team";
- facilitates cooperation among community service providers;
- develops self-esteem and new skills; and
- provides a safe place for kids.

5.1 Influencing Individuals and the Community

Project staff are for the most part youth, with the exception of one who is slightly older. The training that project staff undertook included several types of suicide prevention and intervention training. One informant with the project attested she had learned a lot in this area. Several other project informants spoke of gaining a better understanding on the extent of the hard times being faced by youth today. Examples of professional development include learning how to develop work plans, organize meetings, and communicate with youth. This type of learning helps project staff perform their jobs more efficiently while also moving forward efforts to establish a youth council and, ultimately, a youth centre. Some project staff also spoke of learning from their involvement with community leaders, and one person mentioned pride. Overall, it appears that the project is having distinct and varied positive influences on the staff.

Intermediate outcomes can be seen, at least in one clear example, in how project staff took the initiative around the location of a wake in the latest suicide to hit the community. In Mi'kmaq communities, wakes are almost always held in the homes of the family. However, the youth took steps to hold the wake at the drop-in centre, which they helped to staff on a 24-hour basis for about one week. This was cited as an example of how youth are showing leadership by being assertive enough to challenge traditions. This

behaviour indicates confidence and leadership as well as assertiveness. Others pointed out that youth are being both listened to and encouraged to do so more often.

While it is still fairly early in the life of the project to notice long-term changes, a number of observations can be made at this stage. Behavioural changes may be seen in the interview statement that the youth "don't fight and throw things" as much as they did initially. One person mentioned how project staff seem to have greater control over the youth, even more so than the teachers. Personal conduct is changing. Another noted that youth show up on time when they have activities to go to, thereby demonstrating responsibility and suggesting that the activities are relevant and of interest to youth. Some staff spoke of youth confiding in them, bonding that is taking place, and the fact that children are stopping them in the streets to say hello. Since this is relatively new behaviour, they concluded that young people and children are coming out of their shells and beginning to talk more. One teacher noted how some youth are volunteering without pay, which she said is a big thing. Project staff also noted that older youth are now helping to watch the younger ones.

As some people noticed an increased willingness to seek alcohol and drug treatment, and the opportunities were better for families and youth to deal with these issues, it can be said that some youth may be engaging in improved behavioural changes such as seeking a lifestyle free of alcohol and drugs. The youth support group has shown steady and good attendance, which backs this observation; however, there are no available statistics to support a more definitive conclusion. Follow-up interviews may shed more light on this issue.

In the interviews, members of the project team were asked to list previously identified needs that the project intended to address. Responses referred to empowering youth, creating a positive self-identity, decreasing crime, providing a wide range of cultural, social, and recreational activities, addressing the suicide issue, and creating opportunities for youth to be involved in the community. Overall, these respondents felt that the project was performing reasonably well in meeting those needs. Interestingly, as the study author drove into the community one day to conduct interviews, a boy around age 11 was riding along on his scooter. An oncoming vehicle caused a slow down and the boy ended up cutting my vehicle off as he scooted from one side of the road to the other. My window was down and I heard the boy call out, "sorry sir, didn't mean to cut you off." As the author is intimately familiar with this community, it can be said that this politeness has never been noticed before. In fact, it was not all that long ago that children would be seen playing in the streets seemingly unconcerned about vehicular traffic.

In the interviews, respondents were asked to rate on a scale of 1 to 5 (where 1 is low, 5 is high) significant changes they had noticed in the following areas: youth self-esteem; parental involvement, mother/daughter communications; family relations; youth leadership; peer support; cultural awareness; goal setting; and social skills. The average response is shown in Table 8.

Table 8) Observed Changes during the Previous 12 Months

	1	2	3	4	5	# of responses
	Little or no change				Significant change	
Youth self-esteem			3.7			14
Parental involvement		2.8				14
Mother/daughter communications			3.7			14
Family relations			3.0			14
Youth leadership			3.6			14
Peer support			3.5			14
Cultural awareness				4		13
Goal setting			3.4			13
Social skills			3.3			13

Overall, there is an indication that changes have taken place during the course of the project: changes in knowledge and skill levels (leadership, cultural awareness, goal setting, and social skills), attitudes (self-esteem), and behaviour (parental involvement, mother/daughter communication, family relations, and peer support). Each area, except for parental involvement, had an average score of at least 3. Responses to parental involvement covered a particularly wide gamut, with ratings ranging from 1 to 5. The highest rating was given by a member of the project team, while community agencies (including the local school and police) scored low in this area. Informants from the Wellness Committee Working Group were more in agreement, offering an average score of 3. The highest overall average was for cultural awareness. This is supported by project files that show youth sweats and other cultural activities are well-attended. In terms of the project impact on youth around alcohol and drug issues, almost two-third of interviewees (64.3%) said that there were better opportunities to deal with the issue now than in the past. However, just over one-third (35.7%) had observed a greater willingness for youth to seek treatment.

These assessments support the view that the project is having some impact in shaping the lives of youth. Understandably, the Wellness Committee Working Group, which oversees the project, has a good understanding of the project and provided higher scores than the community agencies. Youth leadership had an average score of 3.6, yet there was quite a disparity among community agencies, with individual scores ranging from 1 to 5. The highest scores came from Wellness Committee members who explicitly included project staff in their assessment. This suggests that the Committee is solidly behind the project and the young people working on it. The reason for the wide disparity in scoring from other agencies was not clear, although the school had been broken into the Friday prior to these interviews, and this may have influenced some respondents.

Questions were also asked about how the community deals with suicide and what special efforts were being directed toward youth around suicide. The Youth Initiative appears to be playing a major part in closing a service gap. One informant stated, "there had been no suicide training for youth before this project, it had all been given to adults and staff." Another referred to the crisis management approach before the project.

Half of the responses spoke about a greater awareness of suicide, a new openness to talking about it, and the fact that there is now more support available, including the capability for immediate response in a crisis. There were direct references to the Youth Initiative as well as the fact that there was a more cooperative, proactive multi-agency approach in place. When probed about youth-specific efforts, project activities such as the newsletter, school presentations, and bringing in Elders and guest speakers were mentioned along with references to the other AHF-funded project and the drop-in centre.

It appears that the community is seeing some change taking place in youth behaviour, but the impact of the project on the community is less clear. For example, there is a discrepancy on the issue of volunteers and parental involvement. The AHF national survey completed by the project identified approximately 30 hours of volunteer service per month, with volunteer efforts including food preparation, fundraising, healing circles, transportation, and traditional activities. This appears to be a substantial contribution. On the other hand, the low number of volunteers and lack of parental involvement were identified as project challenges in the personal interviews. Project staff, in particular, suggested this area was low; however, others interviewed felt it was higher. Some activities required parental involvement, such as "Voices/ Choices," which was about improving mother/daughter communications. Perhaps part of the difference in views relates to looking at specific events rather than ongoing involvement. Although there may be a low number of volunteers, those involved could be putting in long hours.

5.2 Partnerships and Sustainability

As reported earlier, there are other projects in the community with similar goals and target populations. In the interviews, the Restorative Justice Initiative was mentioned by almost three-quarters (71.4%) of the respondents when they were asked about measures taken to address youth crime. The restorative justice approach provides an avenue, other than the courts alone, to identify and resolve inappropriate expressions of anger. The Youth Initiative is linked to these efforts as a member of the community's Justice Panel.

Perceptions of the type of youth crime most commonly committed by youth (i.e., vandalism) match the high number of damage to property investigations reported by the RCMP. Project staff almost unanimously stated that vandalism, along with break and enters, were common youth crimes. In informal conversations, references to "acting out" were made along with an observation that some vandalism to the school occurs after an event at the school. Three people felt that there may be some relationship between the vandalism and what the school represents: it is a safe way of acting out or the school was a symbol of a safe place where feelings could be expressed, even if done in a negative way. As noted earlier, many of the project's activities are delivered in the school. Alternatively, it may be a case of anger against the school. Over half (52%) of the respondents in the Youth Initiative Survey said that the school was not helping to address the needs of youth.

In many ways, the project has partnered with the schools (both on- and off-reserve) in terms of coordinating and delivering alcohol and drug awareness by utilizing the Big Cove School to deliver activities. However, the relationship with the Big Cove School may require further work. The interviews revealed that communication between the project and the school could be better. Despite school programs being run by the other AHF-funded project and the more recent alcohol and drug programming that this project is involved in, school staff suggested that they did not have sufficient knowledge of youth activities, some of

which occurred with teachers finding out only after the fact. As school staff deal with many of the same children being served by the Youth Initiative, an enhanced partnership could result in many benefits.

As there is another AHF-funded project in the community, questions were posed to capture views on how or if they relate to each other. There appears to be a high recognition that organizations with similar goals network and work together, even if people are less clear about who specifically does what and where funding comes from. In particular, the practice of working together after a suicide was noted.

The Wellness Committee is a good example of the inter-agency partnering that benefits the Youth Initiative. Aside from the five key agencies that comprise the Working Group (Psychology, Health, Alcohol and Drugs, Lone Eagle Treatment Centre, and Child and Family Services), there is also representation from Economic Development, Education, Police, Band Administration, Band Council representation, Elders (one is a Survivor), and the Chief who sits as an ex-officio member. The Chief and Council supported the project through a band council resolution, and informants felt support from leadership was high.

5.3 Reaching Those in Greatest Need

While the exact number of youth participants in this project remains unclear, there was an estimate made of 150 youth and children per week. This would mean that the project is serving 16.7 per cent of the estimated target group of 900 youth. In fact, the AHF national survey completed by the project stated that with the proper resources, it could serve 500 youth.

Some informants specifically mentioned hard-to-reach youth, and one person said that this would be the project's biggest challenge. Further discussion among the project team and the community may be required in order to develop effective strategies on meeting the needs of hard-to-reach youth—a clear, open discussion, as it is a complex issue and the fact that this group is *hard to reach*.

It remains unclear how well the project is addressing the legacy of physical and sexual abuse in residential schools, including intergenerational impacts. The residential school in Shubenacadie, Nova Scotia, where First Nations children in the Atlantic region were sent, has been closed for almost 40 years, but many of the community's youth are intergenerational survivors. Interviewees reported that Survivors were involved in the proposal development, and some sit as Elders, teach arts and crafts to youth, or participate in fundraising. Two people involved in delivering traditional activities as volunteers–part-time members of the project team are both Elder and Survivor. Key informants did state that many Survivors are not willing to come forward in the capacity that the project was seeking, such as sitting on advisory boards or becoming staff members. However, in the project's current structure, Elders (one of whom is a Survivor) sit on the Wellness Committee and Youth Advisory Board.

The project was not intended to address physical and sexual abuse directly, as it is "an integrated prevention, early intervention, and aftercare initiative." Indirectly, however, there may be increased opportunities for these issues to come into the open as children and youth are reportedly bonding with staff, confiding in them, opening up, talking more, and seemingly gaining higher levels of confidence and self-esteem.

5.4 Best Practices

Four things in particular stand out as practices that appear to be working well:

- the project is youth-driven, including staff who are themselves youth;
- it is an integral part of the Community's Wellness Committee, thereby allowing it to be guided and nurtured by people who have a wealth of experience and expertise to offer;
- coordination is at community level (Wellness Committee) and not tied to any particular agency; and
- the project consulted the community through the Youth Initiative Survey and has clearly responded by providing activities identified in the survey results as priorities (e.g., alcohol- and drug-free events).

In several areas, the Youth Initiative has undertaken far more than what was stated in their contribution agreement with the AHF. The work plan points out the project's role in liaising with other initiatives in the community and even networking with other youth projects in the region. This supports statements from key informants who noticed a willingness on the part of Big Cove to share its experiences with other communities. A second innovation is closer to home: while not included in the original proposal, a key objective is to raise enough funds to establish a youth centre in the community. This would be a welcome change as the project is currently working out of rooms at the school, the health centre, and the mental health office. More importantly, the youth centre initiative is clearly youth-driven, and there are likely to be many side benefits associated with achieving this goal—from community development and network building to increased levels of self-esteem and leadership skills among those involved.

An interesting note on the best practice of having a youth-driven project for youth, as a program was previously introduced to the community without asking youth if they wanted it. Adults initially felt it was a good program, and they in fact got some initial participants, but slowly they dropped out. This story was retold by a key informant who praised the work of the youth involved in the Youth Initiative project and its relevance to the needs and interests of young people in the community.

When asked what they liked most about the project, four people spoke about the structured events for youth and three noted that it is youth helping youth. Other responses included the bonding between workers and youth, the goal of creating a youth centre, and meeting the challenge.

5.5 Challenges

In the interviews, people were asked about the challenges or obstacles the project faces as well as what they liked least about the project. While no one issue stood out, responses included the following:

- the need for their own building;
- the need for more activities, more diverse activities, and ongoing funding in light of the high need and size of the youth population;
- lack of parental involvement or resistance from parents;
- the effort that goes into such a high-level need and the challenges associated with maintaining momentum;
- burnout;
- alcohol and drug issues, including availability;
- too few volunteers;
- suicide;

- difficulties reaching "the hard-to-reach" ones; and
- working hours (evenings and weekends) create difficulties for staff with children.

The special education needs study cited earlier also points to the fact that the youth of Big Cove may include a large number of individuals with higher than average needs. These may include the hard-to-reach kids mentioned earlier. This suggests why some parents and community members may be hesitant to become involved with the project activities, as some parents may be worn out from their own children who may be demonstrating hyperactivity or others may be involved with alcohol or drugs. Also, potential volunteers may feel that the children are too much to handle or the needs or responsibilities too great to warrant their involvement, especially since they would be susceptible to criticism by those who are less amiable in their dealings with project staff. This is not to suggest all children are difficult or hard to reach; in fact, one person interviewed stated how project staff seemed to have greater control over youth participants than even teachers. However, it is fair to say that having hyperactive children or others with behavioural or emotional challenges can influence and disrupt other youth, as is noted in the school setting.

5.6 Lessons Learned

There appeared one major lesson learned, and that was the underestimation around what effort was actually needed to organize the youth. The proposal hoped to hold annual youth rallies, which would support the establishment of a youth council. This would be topped off with a youth advisory board. Despite the youth council not materializing, the rallies and the advisory board have provided some foundational work. Moreover, there appears to be strong support among the working group for the project and its staff, and most of the adults interviewed suggested that the project staff are becoming role models in their own right. The decision to incorporate a youth centre into the work plan speaks to the fact that the project is growing with the capacity of staff to deliver the program. However, as reported throughout this study, the project and the community are facing very real challenges, and it is not surprising that the efforts involved were underestimated.

6. Conclusion

The investment in project staff, as evidenced in the large number of training opportunities provided, was a logical and ultimately effective place to begin. As one person said, "the key to the youth will come from the youth themselves." As the project begins slowly to raise self-esteem, confidence, and skill levels in youth, perhaps new leaders will emerge from this group. The project is having a positive impact in other ways as well. We know, for instance, that it has provided other community services with an opportunity to shift from crisis management to more effective long-term wellness planning and community development. Structured activities, bonding between staff and participants, and the guidance of adults involved in community agencies should support continued short-term changes and help build the foundation for long-term results. The proactive and coordinated approach to community issues taken by this project is also part of the capacity building among youth. Having a seat on the Wellness Committee and liaising with other initiatives can be seen as short-term changes, which can broaden the perspective of project staff and help reduce gaps in service.

In spite of this progress, many people have rightly pointed out that true impacts will not be felt for quite a while. For instance, it is unreasonable to believe that in such a short period of time youth will be less suicidal

or less entangled in legal troubles. Reaching the hard-to-reach youth will be an ongoing challenge. Issues related to the presence of alcohol and drugs, family dysfunction, abuse, and neglect simply compound the problem. The youth population demands attention, as without the intervention and prevention efforts being offered through this project, these issues will continue to outpace the ability to meet the challenges.

7. Recommendations

The following comments are offered as tentative recommendations in support of the progress the project has achieved to date:

- The six youth members of the project team are all female. Efforts to secure a male worker and young male volunteers may provide further opportunities for personal growth in two specific areas: role modelling and efforts to address emotional issues that are difficult to talk about, such as suicide and sexual abuse. The bonding between project personnel and young people in the community has been observed throughout this study, yet it has not been clear whether there are gender differences in the young people who are opening up to the workers. If this is the case, then an increased number of male staff and volunteers may be worth considering.

- A dialogue is needed to explore methods of gaining the trust and involvement of the hard-to-reach population and leading to the development of a strategic plan. A comment by the police suggests that many of the crimes in the community are being committed by the same individuals. Perhaps the youth seat on the Justice Panel can be utilized to reach young offenders and, if appropriate, to draw them into the project's circle of activities.

- Greater efforts should be placed on working more closely with the Big Cove School, as some teachers were unaware of Youth Initiative events until after they had taken place. This may also help efforts to secure the use of the school's facilities and increase the potential pool of volunteers.

- Strategic planning should also occur in the area of volunteer development, for without it the project team could be hard pressed to maintain the momentum they have shown to date. This could also involve discussions with parents to see how they might become more involved. Lastly, further community-based research into the specific issues facing youth may provide useful insights, especially if the entire youth population of the community was targeted. It would also be helpful in assessing progress towards healthy lifestyles if a survey included questions concerning knowledge, attitudes, and behaviours around issues such as alcohol and drug use. Furthermore, if information on the age and gender of respondents was collected, planning could include specific target audiences within the youth population.

Notes

[1] Information from Youth Initiative Project submitted to the AHF, funding application, March 1999, Part F, Page 9.
[2] Information from the Youth Initiative Project quarterly reports for year 2000 submitted to the AHF.
[3] A grandmother speaking about the recent loss of her sixteen-year-old grandson.
[4] Information from Youth Initiative Project submitted to the AHF, funding application. The first paragraph cited is from Question 3, Part F, Page 9 and the second from Question 7, Part F, Page 11.
[5] Cox, Lori (1998:1). Special Education Needs Assessment — Big Cove First Nation [unpublished].
[6] Statistics Canada, 1996 Census, Statistical Profile: Income and Work Statistics for Richibucto 15 (Indian Reserve), New Brunswick.

[7] Statistics Canada, 1996 Census, Statistical Profile: Population Statistics for Richibucto 15 (Indian Reserve), New Brunswick.

[8] This survey was delivered during the second quarter (1 April to 30 June 2000). A total of 141 community members responded to this survey.

[9] Cox, Lori Vitale (1998). Special Education Needs Assessment Study [unpublished]. Dr. Cox was hired in the fall of 1997 to study the special needs of the children who attend Big Cove School. This study is grounded in the concerns of parents, Elders, teachers, administrators, and staff expressed at community meetings and workshops held in the winter and spring of 1998. The study was conducted in four parts: 1) surveys and interviews; 2) teacher–student index; 3) in-depth analysis of a sample of the special needs population; and 4) alternative classroom experiment-interview with two students.

[10] Canadian Institute for Health Information (CIHI) (1995:146). *Community Health Indicators: Definitions and Interpretations*. Reprinted 1996, 1997. Ottawa, ON: CIHI.

[11] CIHI (1995:146).

[12] Federal, Provincial and Territorial Advisory Committee on Population Health (1999:24). *Toward a Healthy Future: Second Report on the Health of Canadians*. Ottawa, ON: Minister of Public Works and Government Services Canada.

[13] CIHI (1995).

[14] Federal, Provincial and Territorial Advisory Committee on Population Health (1999).

[15] *See* Hattem, Tina (1998). *Survey of Sexual Assault Survivors: Report to Participants*. Ottawa, ON: Department of Justice Canada and the Canadian Association of Sexual Assault Centres. One study found that reasons for not reporting the assault include (in order of frequency) fear of the criminal justice system; fear of record disclosure; fear of impact on family; negative experiences with the justice system; the perpetrator could not be located or was dead; fear of the perpetrator; and fear of impact on the relationship.

[16] This information was extracted from three sources: National Clearinghouse on Family Violence (1993). Fact sheet on Family Violence and Substance Abuse (retrieved from: http://www.phac-aspc.gc.ca/ncfv-cnivf/publications/fvsubstance-eng.php); Statistics Canada and the Canadian Centre for Justice Statistics (1999, 2000). *Family Violence in Canada: A Statistical Profile*. Ottawa, ON: Health Canada; and National Crime Prevention Council of Canada (1995). *Offender Profiles*. Ottawa, ON: NCPC.

[17] Cox (1998:51). The study included a survey of 16 teachers and 56 parents.

[18] Cox (1998:16).

[19] Cox (1998:23–24).

Appendix 1) Big Cove Interview Questions

1. On a scale of 1 to 5, (1 being low, 5 high) what level of support are community leaders currently giving to this project?

   1 2 3 4 5

2. From your perspective, what are the most common crimes being committed by youth in your community in the last 12 months?
3. In the last 12 months, please state whether you feel violent youth crimes have:

   increased stayed the same decreased

4. In the last 12 months, please state in your opinion, have rates for incarcerated youth:

   increased stayed the same decreased

5. What measures have been taken, that you are aware of, to address youth crime in your community?
6. What do you perceive the benefits are, by having this project in the community?
7. What do you see as the biggest challenges and obstacles this project will face?
8. In your view, how do you see other Aboriginal Healing Foundation projects relating to this youth project?
9. What role have Residential School Survivors had, with respect to this project's goals and activities? Please elaborate if you can.
10. Have you noticed if more youth are indicating a need or willingness to seek alcohol and drug treatment?

    yes no the same haven't noticed

11. In your view, would you say the opportunities for families and youth to deal with alcohol & drug issues are:

    better the same less

12. In the last 12 months, and on a scale of 1 to 5, (1 being low, 5 high) what significant changes among youth have you noticed, for any of the following areas:

Youth self-esteem	1	2	3	4	5
Parental involvement	1	2	3	4	5
Mother/daughter communications	1	2	3	4	5
Family relations	1	2	3	4	5
Youth leadership	1	2	3	4	5
Peer support	1	2	3	4	5
Cultural awareness	1	2	3	4	5
Goal setting	1	2	3	4	5
Social skills	1	2	3	4	5

13. What do you feel is the strongest contribution you can make in helping this project reach its goals?
14. Please define what you think "community spirit" means, as it relates to this project.
15. What do you like most about this project?
16. What do you like least?
17. What have you learned from your involvement with this project so far?
18. Is there anything you could suggest that might improve this project?

19. How well do you feel the areas being addressed through this project will affect the issue of suicide in this community?

20. In your opinion, for each of the following, which answer best describes <u>whether rates have changed</u> as a result of this project for:

Physical abuse	have changed	the same	unsure
Sexual abuse	have changed	the same	unsure
Children in care	have changed	the same	unsure
Incarceration	have changed	the same	unsure
Suicide	have changed	the same	unsure

21. In the last 12 months, have the number of suicides in this community:

increased stayed the same decreased

22. Please describe what role you feel alcohol and drug abuse contributes to the number of suicides?

23. In your opinion, what factors allow your community to now deal with suicide differently?

24. What special efforts, if any, are being directed toward youth regarding suicide?

25. In the last 12 months, from your opinion, have rates for children in care within this community:

increased stayed the same decreased

26. To your understanding, what do you feel is the number one reason why children in this community are being placed in care?

27. Can you provide an example of how youth may have improved their social skills?

28. Can you explain, if possible, how training courses were identified for this project?

29. What changes have you seen regarding youth taking on more leadership roles, in the last 12 months?

none a little the same a lot

30. Would you have any final comments to share?

NB. The same questionnaire was delivered to staff at the Big Cove School and the Big Cove Police. However, this second questionnaire was a shortened version, removing questions 8, 9, 13, 17, 28 which may not have allowed these agencies to comment on matters more related to planning aspects or direct involvement. Also Mandatory questions were only asked to the Project Coordinator and the Youth Development Worker.

Mandatory questions:

31. How well is the project addressing the legacy of physical and sexual abuse in Residential Schools, including inter-generational impacts? Please choose only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation why you feel this way:

32. What are the previously identified needs that the project is intended to address?

33. How would you rate the project's ability to address or meet those needs?

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

34. How well has the project been accountable (i.e. engaged in clear and realistic communication with the community as well as allow community input) to the community? Please choose only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation why you feel this way:

35. How well have the methods, activities, and processes outlined in the funding agreement led to desired results? Please choose only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation why you feel this way:

36. Will the project be able to operate when funding from the Foundation ends?

37. How well is the project able to monitor and evaluate its activity? Please choose only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation why you feel this way: