Shining Mountains Living Community Services

Project Number: 1397-AB

Case Study Report

Tawow Healing Home

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1. Introduction

The following report is one of 13 case studies being conducted for the impact evaluation of the Aboriginal Healing Foundation (AHF). The case studies were selected to include representation from a variety of project types and targets (see Appendix 1 for selection criteria). This case study covers the following project types and targets: all Aboriginal groups; youth (children/adolescents), men, and women; urban; camp/retreat (away from the community in a rural setting); traditional activities; and parenting skills.

The project addressed here is the Tawow Healing Home delivered by the Shining Mountains Living Community Services of Red Deer, Alberta (AHF-funded project # 1397-AB). The primary purpose of the project is to "provide a culturally based therapeutic home environment for Aboriginal children/adolescents and their families – at risk for involvement with protective services."[1] The report describes Red Deer, Alberta, the Aboriginal community within, service delivery, team characteristics, and what the project hopes to achieve in the short and long term. The report will also focus on changes in individual participants, most prominent changes in the community, and how those changes were measured. These changes include AHF board-requested indicators of change (physical abuse, sexual abuse, incarceration rates, suicide, and children in care) as well as others based on the recognized needs of the Aboriginal community of Red Deer.

2. Methods

This case study evaluates changes in the individual participant and in the community by gathering and analyzing qualitative information on areas of desired change selected cooperatively with the project. Through the use of program logic, the report also examines whether change can be attributed to the efforts of Shining Mountains Living Community Services or to other contributing environmental factors. In addition, information was collected on other social indicators; namely, family violence, housing, employment, and homelessness to provide contextual information and for use in any other longer term evaluative efforts to determine if the Tawow approach leads to its ultimate goal.

Project files (funding proposal, contribution agreement, quarterly reports to date, and a community needs assessment), the project's response to the AHF Supplementary Survey of July 2001, Internet, library, and key informant interviews with the project team and selected community service providers were the primary data sources. Although a six-month self-evaluation was planned, insufficient funding prohibited its completion, which is particularly unfortunate because intake forms and case management plans could have provided very useful information for this case study.

During the first week of October 2001, one-on-one interviews were conducted with 14 individuals associated with the project or with local community services. The people interviewed included three Shining Mountain team members, three board members, two Elders, and those from community service agencies (Royal Canadian Mounted Police (RCMP), legal counselling (2), child welfare, social services, and community programming). Statistics were collected from Red Deer RCMP detachment, Red Deer Native Friendship Society, Office of the Chief Medical Examiner (Calgary), Red Deer Housing Committee, Internet sites for Statistics Canada and Indian and Northern Affairs Canada (INAC), project statistics, and client satisfaction forms that three of nine participants completed.

Observation of behavioural change is a common measurement strategy in parenting and family programs,[2] and although Tawow had the tools to complete a comprehensive assessment using reasonably well-developed intake forms, qualified personnel to record ongoing observations and to complete an outcome assessment was lacking. Still, key informants based their opinions on observed participant competencies.

The development of interview questions (Appendix 2) was based on the project's desired short- and long-term goals (see performance map) and AHF board-mandated questions. The logic model and performance map were sent to the project prior to the development of questions in order to confirm any change to project goals from the proposal stage to implementation. The questions attempted to determine if any desired change in participants and community were achieved. Pilot testing was not done in this case and the majority of questions were based on the assumption that respondents would have some knowledge of the participants. Some questions were found to be redundant and not clearly understood.

The project team was asked to secure other contacts from a list of agencies, and interviews were set up with informants that the project felt could offer pertinent information. Actual interviews were conducted by two AHF employees, one being a community support coordinator. Interviews in the community had to be rescheduled to accommodate agency workload, board members' availability, and length of interviews (half were three to four hours or longer). In the end, all interviews with the exception of one did take place, albeit some could not offer their opinion on many issues.

Allowing the project to control what agency was to be interviewed may have given the impression that responses would be favourable towards the project. In this case, it is not true, although the majority of responses were favourable. Every agency in Red Deer that involved Aboriginal people, with the exception of Métis Links (Aboriginal newspaper), was interviewed or contacted. This allowed a general view of the project and the community in a relatively non-biased light.

3. Project Description

In November 1999 a community needs assessment was conducted in the city of Red Deer to determine gaps in service to Aboriginal children and families. It showed that available services were not culturally sensitive and thus developed a lack of trust, understanding, and willingness to access such services. It was recommended that services should be culturally sensitive and that more programs should be delivered by Aboriginal service providers.[3] As a result, a proposal was sent to and approved by the AHF to create a program that offered a non-mandated (not required or regulated by government) alternative family care service to meet the needs of the healing Aboriginal family that is adaptable and culturally appropriate. The project commencement date was 1 March 2001 and was funded as a one-year project with a contribution in the amount of $150,000.

The main focus of this project is to provide Red Deer and the surrounding communities of Hobbema and Rocky Mountain House with a non-mandated culturally based, therapeutic home environment for Aboriginal children/adolescents and their families at risk of involvement with protective services. Key components of the project are to ensure:

- service delivery by Aboriginal providers;
- independence in parenting through modelling, positive encouragement, and partnership between the parent(s) and healing helper(s) (co-parenting);

- the use of traditional teaching, recreation, values, and parenting methods in the healing of families;
- a comprehensive, cooperative approach for families to access community resources based on the principles of healing and family empowerment to promote the growth of the family;
- a healing environment service specific to the unique needs and beliefs of the Aboriginal person;
- aftercare, i.e., open house at Tawow, invite participant families to continue with community involvement and healing, and participant families pairing with other graduate families in accessing community resources if needed; and
- safety and security of the family.

Three major health/social issues affecting the Aboriginal community that relate to physical and sexual abuse as a result of residential schools were identified as substance abuse/addictions, suicide and depression, and family and community violence. Evolving from these issues, the project's main goals are:

- to build independence in parenting and self-sufficiency based on significance, power, competence and virtue (the four bases of self-esteem and traditional educational practices); prior to invasive involvement of government systems in the family (child welfare, justice);
- to provide a healing environment which is specific to the unique needs and beliefs of the Aboriginal person by ensuring that direct services are delivered by Aboriginal service providers who assist in rebuilding Aboriginal values, principles and beliefs; and
- to provide a *non-threatening*, *voluntary* process for family healing and empowerment which promotes the growth of the family as a unit (residential schools destroyed Aboriginal families and thereby communities, we seek to rebuild family and thus community).[4]

A small group of Aboriginal community leaders formed the Tawow Development Group to develop the model for this program. One project team member and two board members were the key people involved in writing the proposal. Input from Elders and residential school Survivors were also important to its development.

Co-funding for this project was provided by Métis Local #84 and Shining Mountains, and through private donation. One of two partnerships listed in the application, Double Diamond Recreations, had not yet been utilized. It was felt by the project that participants were not ready for a major outing at the time. But there are plans for a recreational trip that, at the time of writing, had not been implemented. The program makes use of services available from other agencies, such as the Family Life Improvement Program (FLIP) newly offered by the Native Counselling Services of Alberta. The FLIP program is delivered by an Elder and encourages participation in traditional activities that other Aboriginal agencies coordinate.

The house where the Tawow Healing Home is situated is located 20 minutes north from downtown Red Deer and has an ideal country-home setting that gives a feeling of comfort and warmth. It is an isolated five-bedroom house with a large lot for play. The house mother lives in the home to provide full-time care. The home can provide care to approximately three to four families at one time, depending on the family size.

3.1 Participant Characteristics

The Tawow Healing Home focuses on providing services to children/adolescents and their families at risk for involvement of protective services. The parents of the families who have completed or are participating in the program are 22 to 40 years old, with the majority being in the children/adolescent category (25

years of age and under). The children range from infant to teen with the majority being under the age of 10 (Figures 1 and 2).[5] The majority of participant families are single-parent families led by women under the age of 25. The Aboriginal identity of participants are mostly status First Nations, with some who are either non-status or Métis. Almost all the family participants have been referred by the Kasohkowew Child Wellness Society located on Samson First Nation in Hobbema.

Figure 1) Participants by Age and Gender

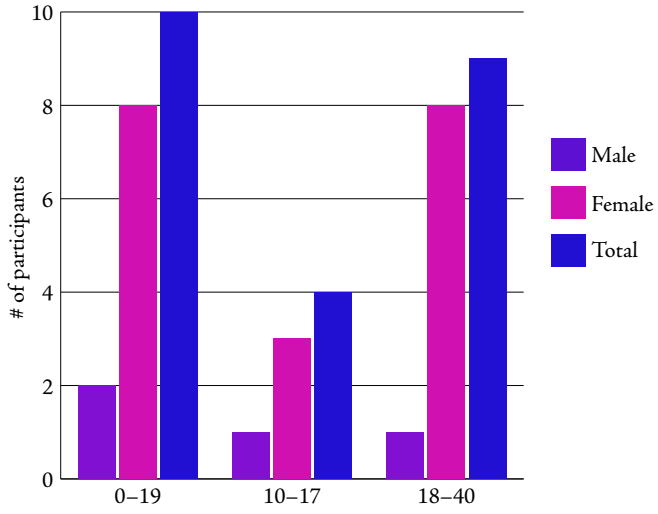
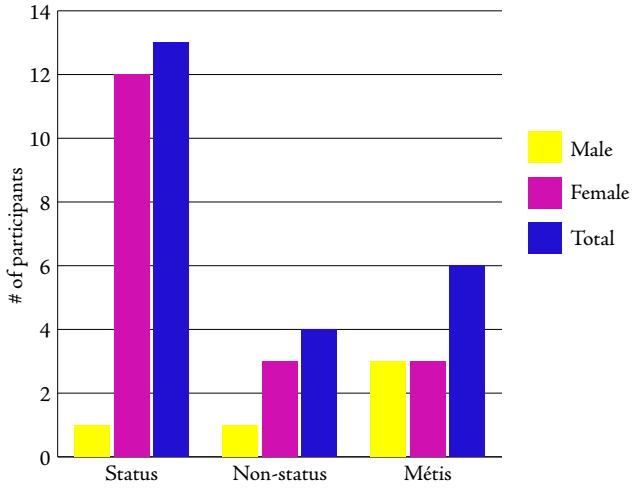


Figure 2) **Participants by Aboriginal Identity**



The participants are first assessed to determine the extent and willingness to improve their family life situation and to keep the family whole. Intake evaluation forms for both children/adolescents and parents (Appendix 2) were developed by the program coordinator. Information from the intake form for parents provides an in-depth understanding of personal, educational, vocational, criminal, and treatment history and how he/she functions as a romantic partner, homemaker, and employee with his/her own children, friends, and parents. Information from the intake form for children/adolescents provides personal information on education, legal, medical, or other concerns and short- and long-term goals. It is unclear

as to the exact criteria or extent of the problems for accepting families as participants other than children at risk of protective services and the parents' willingness to improve their family life.

Once participants have been accepted into the program, a healing plan is developed for both parents and children (Appendix 3). Six of eight (75%) participant parents have been through substance abuse treatment or had accessed Alcoholics Anonymous or National Native Alcohol and Drug Abuse Program (NNADAP) prior to or after entering the program, and all had their children removed from the home at one time or another. By accessing these services, the participants showed a clear desire to make change in their lives. Five of eight (62.5%) participant parents were referred by Kasohkowew Child Wellness Society. They were given the option to either participate in the Tawow Healing Home program or have their children put in foster care.

There are no programs in the area where parents can stay together with their children when they are unable to be self-sufficient or care for either themselves or their children. The remaining participants (37.5%) were self-referred or were urged to participate by their families. Their length of stay in the program is dependent on whether they feel they are ready to leave. All Aboriginal groups are eligible to participate, although the executive director stated that "the project will not discriminate against any who are not of Aboriginal descent."

Since the majority of participants are referred by the child welfare agency located on Samson First Nation in Hobbema and by the city of Red Deer, we will focus only on their population statistics to determine the total target group for this project. As of September 2001 the total registered population for Samson First Nation in Hobbema is 5,815.[6] Using the 1996 Census data there were 2,075 (3.5%) Aboriginal people out of a total of 58,980 people in Red Deer. The executive director stated that the Elders of the community believe there are approximately 10,000 Aboriginal people living in Red Deer, including the homeless. To date, it is determined that a total of 2,403 are now living in Red Deer.[7] Therefore, the total population for the project's target group is estimated to be 8,218.

There has been no contact with Rocky Mountain House, although it was listed as one of the target communities. The major reason is due to the high need of Samson First Nation to access this program. Except for one advertisement in the Aboriginal newsletter (Métis Links) in Red Deer, there has been no other push to advertise for the program. Occupancy for the Tawow Healing Home has been full since it opened its doors. There is a sadness amongst the project deliverers that they have had to turn away a large number of possible participants to the program.

Seven of the eight participating families are headed by lone parents, and lack of parenting skills and alcohol abuse are their most extreme challenges (see Table 1).

Table 1) Participants Dealing With Issues by Age[8]

Issues*	Age 0–9	Age 10–17	Age 18–37
Physical abuse**	–	–	3
Verbal abuse**	–	2	4
Emotional abuse**	–	–	5
Boundary issues***	5	2	1
Alcohol abuse	–	1	8
Substance abuse	–	–	2
Gambling addiction	–	–	2
Lack of parenting skills	–	–	8
Fetal alcohol effects (FAE)	2	–	2
Lack of self-esteem	1	4	7
Lack of cultural knowledge	3	2	4

* Numbers for physical, verbal, and emotional abuses are for both victims, who are adults or children, and adult perpetrators.
** Confirmed by the social service agency with the project that two of the participants disclosed of being victims of sexual abuse.
** Means "being able to say no and meaning it," as defined by the executive director.

3.2 The Project Team—Personnel, Training, and Volunteers

Shining Mountains Living Community Services is an agency that has been in existence since 1995 but started servicing only Aboriginal people as of 1997. Based on information from the funding application, the following is a list of services the agency has provided in the past:

- PEY WAPUN—an Aboriginal conflict resolution program designed by Aboriginal people;
- Cross Cultural Awareness Training—a three-day workshop for non-Aboriginal service providers/agencies (this program is still being provided);
- Family Violence Prevention—a 20-week program that addresses the issues of violence in a cultural context; and
- Women's Anger Management—a program originally designed for women's groups but has been modified for delivery to federally incarcerated women.

The other programs the agency will provide services to were still under development. One includes the Recovery Home, which is a post-alcohol and drug treatment safe haven for individuals who are at risk of homelessness that will also teach positive life skills in a holistic manner. Another is the Mobile Outreach Unit, which provides heating supplies, coffee, bannock, soup, dry footwear, and headgear for homeless individuals.

Shining Mountains is now housed with four other Aboriginal agencies: Alberta Native Counselling Services, Aboriginal Community Council, Métis Local #84, and Métis Links. Other Aboriginal agencies are located within several blocks, which allows close contact with key Aboriginal service providers as well as increased knowledge of issues and opportunities.

Currently, three project team members handle the day-to-day activities. A large portion of program responsibilities are being shared by the executive director and the bookkeeper: the executive director oversees all details of program delivery and shares the duties of the community liaison worker with the bookkeeper. The executive director has extensive experience in addiction, rehabilitation, crisis, family, and life counselling. Her calm, endearing qualities and fierceness to improve the quality of living for Aboriginal people in her community has been the guiding force behind the project. The bookkeeper handles cash flow, food and household supplies, and transportation. There was a project coordinator with a background in social work and experience in program development and research who was also one of the key people in the development of the model for the program and the application for funding, but she was forced to find other employment due to insufficiency in the amount of funding received. She did voluntarily participate as a board member but no longer does at the time of writing this report.

The third team member, a live-in house mother, has the most contact with participants. She provides motherly care in a holistic, traditional Cree way. Through role modelling and discussions, she offers the participants different options in dealing with family situations. She is considered among some as an Elder due to her wisdom and knowledge of Cree culture and language and her expertise on parenting and life. The house mother rules the roost in that she monitors all tasks and chores within the household, keeping a safe, clean, comfortable dwelling for all the participants.

The four Elders who visit the project provide consultation and traditional wisdom for an honorarium. Other volunteers include: three Survivors who give support and circle guidance to the project team members and participants; two older children who provide support to the younger ones in recreational pursuits and yard care; and one parent/grandparent who offers transportation, social interaction, and yard care.

The number of board members seem to fluctuate from four to six and includes both Aboriginal and non-Aboriginal community members. Constant politicking seems to influence who stays and who leaves, as mentioned by one previous board member.

3.3 Community Context

Red Deer, Alberta, is an urban community located halfway between Calgary and Edmonton with a population of 68,308.[9] The city of Red Deer is well known for its agriculture, oil, and gas industries. The largest industries, oil and gas, are on the rise, allowing for increases in employment and population growth. Available housing cannot meet the need, which makes this the most dire problem for the city at zero per cent vacancy.

It was expressed by all key informants that outside the Aboriginal community, Red Deer has a reputation as being a hostile environment for Aboriginal people. Landlords are reluctant to rent to Aboriginal people or agencies and employers are reluctant to hire Aboriginal people. Red Deer also has a high transient population with a huge problem of homeless children/adolescents falling victim to prostitution and substance abuse.

On a more positive note, the number of Aboriginal organizations and services in Red Deer has grown. Fifteen years ago there were only the Red Deer Native Friendship Centre and Métis Local #84 offering services to the Aboriginal community. Today, there are the Métis Links, Native Counselling Services of

Alberta, Red Deer Aboriginal Employment Centre (recently replacing Atoskewan Aboriginal Career Centre), and the Aboriginal Community Council (newly in place as of July 2001 that include members of all Aboriginal service agencies). Together they meet monthly to discuss issues and to decide which agency would best be suited to deliver new programs. This ensures non-duplication of services.

Shining Mountains is the only available service to Aboriginal families in Red Deer that offers a non-mandated option. The other agencies in Red Deer that provide services for children who are at risk of protective care are the Red Deer Native Friendship Centre and the Diamond Willow Child and Family Services Authority; the Kasohkowew Child Wellness Society is the agency that services the Samson First Nation. All agencies under the Alberta Association of Services for Children and Families must take cultural awareness training to ensure that service providers have an understanding of cultural differences, residential school issues, and policies and legislation affecting Aboriginal people. Provincial social services within government are "finally realizing their interference [in] services is part of the problem, so now they're trying to fix it."[10]

While there is an unknown number of residential school Survivors in the area, three residential schools did exist around the Red Deer area:

- Ermineskin Indian Residential School in Hobbema, run by the Roman Catholic Church from 1916 to 1973;
- Blue Quills Indian Residential School aka St. Paul's Residential School in St. Paul, run by the Roman Catholic Church from 1931 to 1970; and
- Red Deer Industrial School aka Red Deer Boarding School in Red Deer, run by the Methodist Church from 1889 to 1944.[11]

One key informant believed that the Red Deer Industrial School was a residential school for Aboriginal people before it closed in the early 1900s and reopened as a boarding school, which by then was available to anyone. Many Aboriginal residents of Red Deer believe that there was no residential school, but a small cemetery was discovered by a farmer who was clearing his land, located just outside of Red Deer, and found the remains of Aboriginal children who had died while at Red Deer Industrial School. Another respondent, an Elder from Hobbema, could not offer any opinions regarding the project but was able to offer her opinion on community change there.

3.4 Activities and Outcomes

A logical link exists between the activities a project undertakes and what they hope to achieve in the short and long term. In this case, the project wanted to reduce the high occurrence of family violence and the contributory factors that lead to family breakdown, which include:

- lack of parenting and life skills;
- lack of employment, education, and training skills;
- lack of involvement in community activities;
- lack of awareness in services available to assist family function;
- lack of cultural pride and knowledge of heritage and language;
- lack of self-esteem;
- drug/alcohol and gambling abuse;
- suicide and depression; and
- family and community violence.

The main program feature expected to reduce these factors is a home environment for the family as a unit that was non-threatening and voluntary. During the participants' stay, they were encouraged to: learn parenting and life skills through role modelling and participation in parenting classes; increase their knowledge of culture and language through participation of traditional activities; seek employment/training or education; and dialogue with their family, project team members, and other participants through the use of healing/talking circles and day-to-day activities. Through these activities, it is the project's long-term hope that families will be healed and reunited, the cycle of abuse will be broken, and a self-supporting community on its healing journey will exist. The relationship between project activities and short- and long-term benefits is set out in the logic model (Figure 3).

The "performance map" that follows details the project's mission, target, objectives, and goals. It also shows what measures will be used to note what changes have occurred and the extent of those changes. This "map" or reference guide was used to determine what information should be gathered to measure those changes.

Figure 3) Logic Model—Tawow Healing Home

Activity	Provide a non-mandated culturally based therapeutic home environment for Aboriginal children/adolescents and their families at risk of involvement with protective services.
How we did it	Create a non-mandated program to provide alternative family care services to meet the needs of the healing Aboriginal family that is adaptable and culturally appropriate; provide services delivered by Aboriginal providers; build independence in parenting through modelling, positive encouragement, and partnership between the parent(s) and healing helper(s) (co-parenting); utilize traditional teaching, recreation, values, and parenting methods; provide aftercare, i.e., open house at Tawow, invite participant families to continue with community involvement and healing, and participant families paired with other graduate families in accessing community resources if needed; and maintain safety and security of the family.
What we did	# of sessions; # of community programs accessed; and # of traditional activities.
What we wanted	Reduce occurrences of family violence within participant families; increase involvement of participant families in community activities and education or employment; reduce the contributory factors that lead to family breakdown; increase awareness of services available to assist family function in the community; rebuild cultural pride by supporting involvement of participants and their families to connect with their heritage and community; enable parents to resume their role in the care of their child(ren); maintain the safety and security of all family members; and increase independency and self-sufficiency.
How we know things changed (short term)	Observed improvement in parenting; # of participants in traditional healing activities; # of families involved in the community; # of participants seeking or engaging in education/training and employment; reduced rates of family violence with participants; # of participants seeking counselling; and observed and self-reported changes in independency in parenting and self-sufficiency.
Why we are doing this	Healing and reunion of the family will be complete; cycle of abuse will be broken; and self-supporting community on its healing journey.
How we know things changed (long term)	Restoration of the family and thus community to reduce the high rates of residential school-related issues, e.g., drug and alcohol abuse, gambling, suicide, depression, family and community violence, and lack of cultural pride currently afflicting the Aboriginal community in Red Deer and nearby Hobbema and Rocky Mountain House.

Figure 4) Performance Map—Tawow Healing Home

MISSION: Restore, rebuild, and reunify our children, families, and communities in physical, emotional, intellectual, and spiritual health.			
HOW?	**WHO?**	**WHAT do we want?**	**WHY?**
Resources	**Reach**	**Results**	
activities/outputs		**short-term outcomes**	**long-term outcomes**
Provide a cohesive, adaptable, and welcoming program of family care; provide opportunities for family growth and parenting skills development during residence through modelling, positive encouragement, and genuine partnership between parent(s) and healing helper(s); utilize traditional teaching, recreation, values, and parenting methods; provide a comprehensive cooperative approach for families to access community resources based on the principles of healing and family empowerment to promote the growth of the family; provide a healing environment specific to the unique needs and beliefs of the Aboriginal person; maintain safety and security of the family; and build independence in parenting and self-sufficiency based on significance, power, competence, and virtue (the four bases of self-esteem and traditional educational practices).	Aboriginal children/ adolescents and their families at risk for involvement with protective services.	Reduce occurrences of family violence within participant families; increase involvement of participant families in community and traditional activities, counselling sessions, and education or employment; reduce the contributory factors that lead to family breakdown with our target population; increase awareness of services available to assist family function in the community; and increase independency in parenting and self-sufficiency.	Create a self-supporting healing community.
How will we know we made a difference? What changes will we see? How much change occurred?			
Resources	**Reach**	**Short-term measures**	**Long-term measures**
$150,000	14 Aboriginal children and their families (9 adults) at risk with protective services in Red Deer, Hobbema, and Rocky Mountain House.	Participation in co-parenting, traditional and community activities, counselling sessions, employment, and education; reduced occurrences of family violence; and observed changes in awareness of available services, parenting behaviour, and self-sufficiency.	Reduced rates in family violence, children in care, and incarceration; and change in number of families involved in community.

4. Results

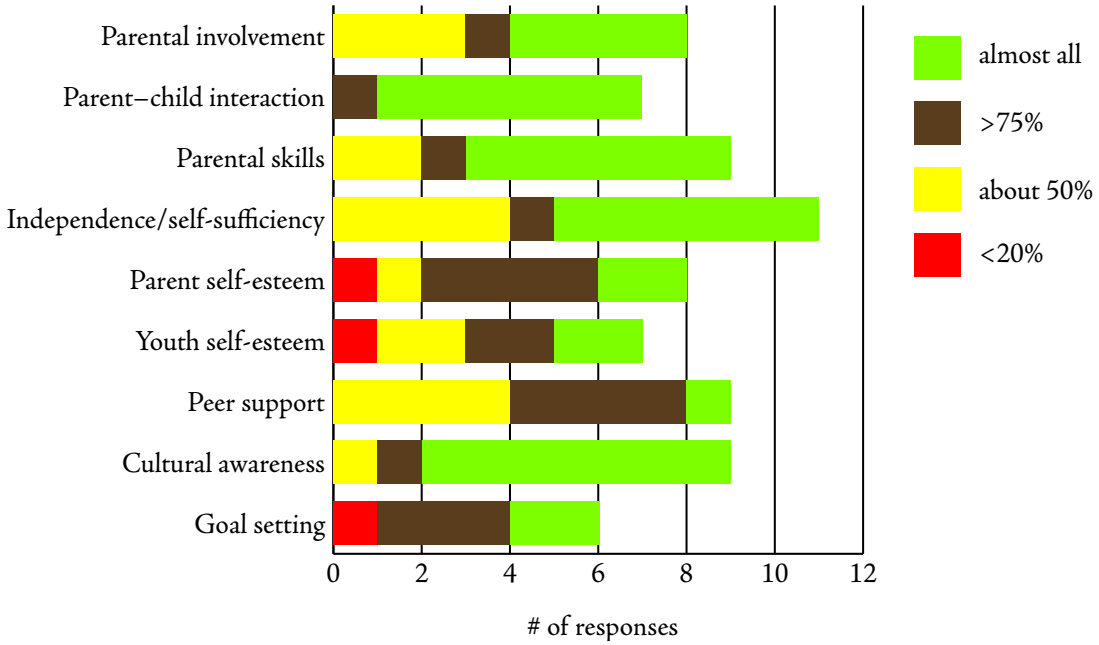
Two desired outcomes were examined in-depth for this case study, parental skill and self-sufficiency. The key indicators of change selected specifically for Tawow Healing Home include: parental involvement; parent–child interaction; employment, training, or educational opportunities; goal setting, self-esteem, and peer support; cultural awareness; and seeking treatment and using services. An attempt was made to gather data on the AHF Board-selected indicators: physical abuse, sexual abuse, children in care, incarceration, and suicide. What follows is a report on the information obtained, and these are almost exclusively based on the opinions of key informants and any participant assessments that were done by the project. Ultimately, what the project hopes to accomplish is to improve the parenting skills of participants.

4.1 Impact on Individual Participants

Overall, the majority of respondents stated that there were changes in participants in one form or another, and they claimed that these changes were due to project team qualities, the atmosphere of the home, and the concept of the program.

Most respondents noted some change in parental involvement, and they were equally divided in their beliefs that change was obvious in ideas and behaviour. Those who noted changes in ideas had observed that parents are more aware of the issues that affect their parenting styles, are increasingly motivated to change daily routines (e.g., homework and household duties), and have learned to manage and control anger. For others, the change was obvious in behaviour; parents rebonding with their children, attending classes (such as the Family Life Improvement Program [FLIP]), and sharing their thoughts with the house mother facilitated their development as healthy, involved parents. Figure 5 shows the perceptions of respondents regarding the magnitude of change noted in participants.

Figure 5) Perceptions of Magnitude of Change Noted in Participants



Respondents believed these changes were facilitated by the healthy example provided by the house mother whose parenting style created less stress and conflict, participant motivation, an emphasis on planning, parental freedom to exercise decision-making skills with non-judgmental guidance, a program environment of acceptance where healthy living patterns were the norm, and the fact that Aboriginal women were helping other Aboriginal women.

Behavioural change was the most noted observation in parent and child interactions. The parents had changed to a more positive way in how they view their children's behaviour. Through the development of coping skills, parents were better able to deal with issues or problems and increased their patience and confidence in the nurturing of and interaction with their children. These positive changes were shown by how parents were tending to their children by observing the cooking, laundry, play, and quality time spent with their children. Before attending the program, one parent was ready to give up on her oldest child but now wants to keep the family together. What facilitated this change in behaviour was attributed to program qualities, most particularly the role modelling between participants and the positive support and feedback from the house mother. Participants became motivated to stay together as a family. Social services do not allow this type of interaction to develop because of the standard practice of removing the child(ren). This may be the reason why there was unease when a social worker visited the Tawow Healing Home.

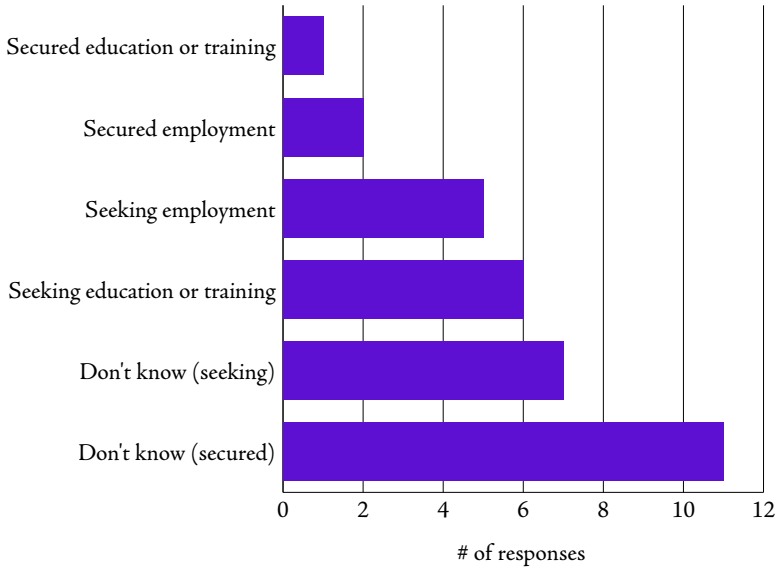
Respondents were asked if they observed any changes in parenting skills in participants. Some noted a change in ideas as they observed that the parents were learning patience and becoming more confident in making responsible decisions to ensure what is best for their children. Being comfortable with the program may have allowed parents to open up to traditional ways and to focus on healing and being healthy. The majority of respondents felt that change took place in the participants' behaviour. Most participants were making decisions on their own rather than relying on social services to tell them how to do things. They were entering the program with a lot of aggression and were now able to discuss issues with respect and not just "fly off the handle." The introduction of traditional ways of raising families was also a key element in helping with discipline and coping skills. Support and guidance from the project team, use of traditional approaches to parenting, and attending parenting classes were credited with facilitating these changes.

The majority of respondents noticed that there was some change in behaviour in how participants felt about themselves in terms of independence and self-sufficiency. They saw that participants were starting to do things more on their own without asking for help, and two of the participant families had become stable and were living on their own. (It should be noted that one of these families came from a homeless situation.) Participants were increasingly able to resist the confining regulations imposed by social services and to become more assertive by asking for what they thought they needed. One respondent felt that there was a change in independence but not in self-sufficiency because of the reliance on the welfare system. (All participants, even those who have already gone through the program, rely partially or wholly on social assistance.) Respondents credited change to the unique program environment and content that supports and encourages participants to make decisions on their own via the guidance and compassion from the house mother, including aftercare. One problem noted was that participants relied heavily on Shining Mountains Living Community Services team members to get them to their appointments and classes due to the home being situated outside the city. All respondents felt that at least half of the participating families increased their level of independence and self-sufficiency.

Other areas of interest included participation in traditional activities, development of self-esteem, support towards each other, and setting goals. These changes showed that participants are starting to feel more comfortable with themselves to make decisions on their own and to respect one another. Respondents believed that over 50 per cent to almost all participants had shown a change in their understanding of traditional culture, self-esteem, peer support, and goals setting.

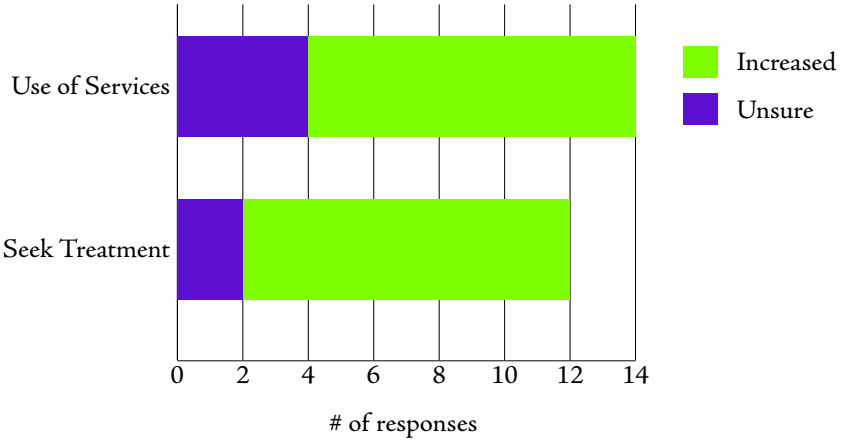
Some participants decided to seek or secure employment, training, or educational opportunities who were not doing so before. Respondents felt this change in ideas was based on the participants' commitment to the program as well as expectations of improved stability in themselves. This was not only partly due to the quality of the program but more to do with the qualities of the participants who now think they are worth hiring, have become more sure of themselves, have increased self-worth and pride, and have become aware of having control over their lives. However, time was a factor in determining the extent of their commitment to seek employment, training, or education as the program only allows stays of up to three or four months. Figure 6 shows the magnitude of change in participants noted by respondents with respect to participants seeking or securing employment, training, or educational opportunities.

Figure 6) Magnitude of Change Noted in Participants Related to Employment, Training, or Educational Opportunities



Confidence in seeking treatment and services would also indicate a measure of self-sufficiency. This would indicate growing self-worth and a willingness to make changes. All participants are still in contact with the project, which shows an appreciation of the time participants spent in the program. Figure 7 shows that the majority of respondents felt that participants were seeking treatment and accessing more services because of their participation in the program.

Figure 7) Magnitude of Change Noted in Seeking Treatment and Using Services



4.2 Impact on Community

The original intent of this case study was to measure change in the community that included Red Deer, Samson First Nation (Hobbema), and Rocky Mountain House. Since the participants only came from Hobbema and Red Deer and the majority of statistical information found was for Red Deer, this study focused mainly on change in Red Deer.

Major developments to improve services to the Aboriginal community in Red Deer has increased tremendously over the past couple of years. Some of these include: funding for homelessness;[12] community-supported housing money;[13] opening of the Red Deer Aboriginal Employment Centre;[14] opening of the new Aboriginal council that oversees all programs affecting the Aboriginal community; and the implementation of cultural awareness education mandated to all personnel working at agencies dealing with Aboriginal people. These improvements cannot be ignored when considering the longer term impact of the Tawow Healing Home. Despite having the following information collected to help determine longer term change in the community (i.e., as baseline information), the AHF will not be following up on the social indicators at a later time. Still, the data are extremely important for the project's independent evaluation efforts. In determining whether the project's impact on the community had reduced rates in family violence, children in care, and incarceration and increased participation of families involved in the community, this will also answer the project's own questions on whether it helped to create a self-supporting healing community.

4.2.1 Physical Abuse

> **Physical** abuse includes many degrees of physical violence such as pushing, shoving, slapping, kicking, punching, hitting, spitting, pinching, pulling hair, choking, throwing things, hitting victims with an object, and using or threatening to use a weapon.[15]

The project estimates that there are 1,240[16] (11.3%) Aboriginal community members living in Red Deer and suffering from physical abuse. Out of 13 respondents, seven (53.8%) felt there was a decrease in the rate for physical abuse and six (46.2%) were unsure. Most respondents felt that the overall crime rate had decreased, despite the rash of suicides in Hobbema and an increase in alcohol and drug consumption that led to date rape over the past summer. The majority felt that this decrease was due to more people accessing programs as well as to new programs becoming available (e.g., program for the homeless).

Table 2 highlights reported assaults obtained from the RCMP detachment in Red Deer that services the town and outlying areas (including Hobbema and Rocky Mountain House) as well as other towns. The numbers do not identify the type of occurrence (e.g., a bar brawl or a domestic dispute), but it does include domestic or family violence. There was an overall decrease in assault cases in 2001 that may have been affected by the increase in employment opportunities, new programs, and the fact that Red Deer has a highly migratory population.

Table 2) Reported Complaints of Physical Abuse[17]

Crime Code	January 1 – August 31 (2000)	January 1 – August 31 (2001)
Assault (level 1)	590	481
Assault weapon/bodily harm	60	32
Aggravated assault	5	3
Assault causing bodily harm	2	3
Total	657	519

4.2.2 Sexual Abuse

> **Sexual abuse** *is making victims do any sexual acts they do not want to do.*[18]

The project estimates that there are 360[19] (3.3%) Aboriginal community members suffering from sexual abuse. Only four of 13 (30.8%) respondents felt that the rate for sexual abuse had decreased, and the rest (69.2%) were unsure if there was a change. Table 3 shows the number of reported sexual assaults, which may or may not include Aboriginal people. Although the numbers indicate very few attacks, there is a possibility that a much greater undisclosed number exists. These data are clearly in contrast to the opinions of respondents to the AHF Supplementary Survey who felt that as many as 360 people may be impacted by sexual abuse.

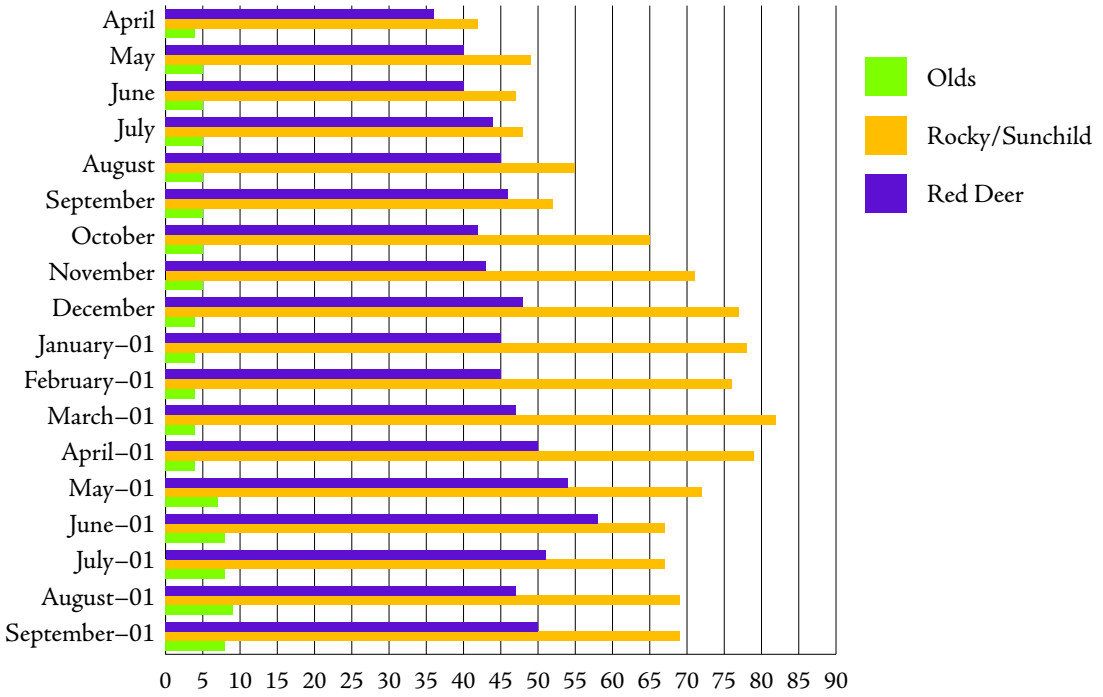
Table 3) Reported Complaints of Sexual Abuse[20]

Crime Code	January 1 – August 31 (2000)	January 1 – August 31 (2001)
Aggravated sexual assault	–	1
Sexual assault with weapon	–	1
Total	–	2

4.2.3 Children in Care

The following figure shows the rates for Aboriginal children placed in care for the areas that Diamond Willow Child and Family Services Authority serviced for the 2000–2001 period.

Figure 8) Aboriginal Children in Care (Red Deer, Rocky/Sunchild, Olds),[21] 2000–2001



A total of 18,220 (18.2%) under the age of 20 were living in Red Deer in 1996, and the current total population for Red Deer is 68,308. If we assume that 3.45 per cent of the population is Aboriginal, then it is estimated there were 825 Aboriginal children under the age of 15 living in Red Deer in 2001.[22] The project estimated there were 454[23] children in care in the Red Deer area, which probably included rates from Hobbema and Rocky Mountain House.

Between 1 January 2001 to 4 October 2001, a total of 286 Aboriginal children from Red Deer were placed in care through the intervention of the Red Deer Native Friendship Society,[24] which includes both temporary and long-term care. If 286 children were in care from an approximate population of 825 Aboriginal children, it is estimated that 34.6 per cent of all Aboriginal young people in Red Deer are or have been provincial wards at least once in their lives. Caution is required in interpreting this estimate because no information could be obtained on the number of children who had gone through a *revolving door* child care system. In other words, one child could be counted more than once in the total number of children in care.

When questioned about whether rates of children in care had changed, opinions from respondents differed slightly, but 46.2 per cent felt that there was a decrease in the rates for children in care, 15.4 per cent felt there was an increase, 7.7 per cent felt there was no change, and 30.8 per cent felt unsure of any change. In any case, it appears that a large number of Aboriginal families are having difficulty raising their children.

4.2.4 Incarceration

There were unsuccessful attempts to gather statistics from the Native Counselling Services of Alberta's Red Deer office on the number of Aboriginal people who are at risk of incarceration due to family violence, physical abuse, and sexual abuse. The project has estimated that 125 (1.1%) Aboriginal community members have been incarcerated.[25] Out of 13 respondents, only one felt that there was an increase and another felt that there was a decrease in the rates for incarceration. The rest of the respondents were unsure.

4.2.5 Suicide

The number of Aboriginal people who completed suicide in the province of Alberta total 43 for 2000 (35 status/non-status, 8 Métis) and 35 for 2001 (33 status/non-status, 2 Métis).[26] The project estimated there were 42 (.4%) Aboriginal people who committed suicide (this most likely includes attempted as well as completed) within the past year.[27] The number of deaths in Red Deer and surrounding area that occurred during the period from 1 January 2000 to 31 August 2001 for both Aboriginal and non-Aboriginal people totals 72 (29 for 2000 and 43 for 2001).[28]

Although it was already mentioned that there was an increase in suicides in Hobbema during the past summer (one respondent said that there were four suicides), 46.2 per cent still felt that there was an overall decrease in the rates for suicide. These respondents, who are leaders of the Aboriginal community in Red Deer, perceive that suicide is on a decline and that the rash of suicides in Hobbema was not indicative of a trend. The majority (53.8%), however, could not decide whether rates had changed.

Table 4 shows that 11.6 per cent of Aboriginal suicides in Alberta for 2000 took place in Hobbema and Rocky Mountain House, while there were no suicides in the city of Red Deer for the same year. It also shows that 31.4 per cent of Aboriginal suicides for 2001 took place in Red Deer and Hobbema. This percentage indicates a severe increase in the number of suicides for this region within the past year and negates the opinions of some respondents.

Table 4) Aboriginal Suicides by Age, 2000–2001[29]

	Red Deer				**Hobbema**				**Rocky Mountain House**	
Age	Male		Female		Male		Female		Unknown	
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
Under 15	–	–	–	–	–	–	1	2	–	–
15–19	–	–	–	–	–	–	–	3	–	–
20–24	–	–	–	–	1	2	–	2	–	–
25–44	–	1	–	–	–	1	–	–	–	–
Unknown	–	–	–	–	–	–	–	–	3	–

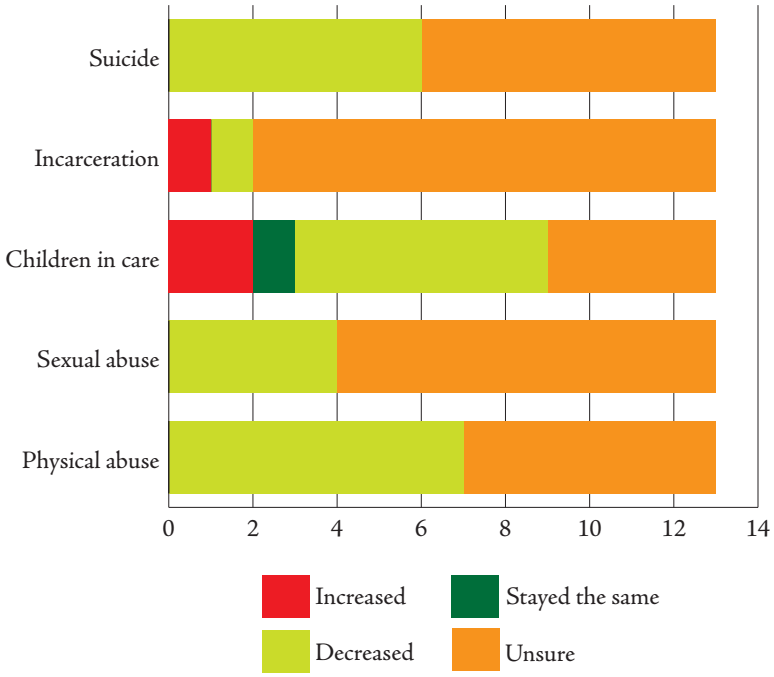
4.2.6 Family Violence

> Family violence under the *Protection Against Family Violence Act* includes any act, threatened act or failure to act that causes injury or property damage (or causes a reasonable fear of injury or property damage). To qualify as family violence, these acts must be carried out with the intention to intimidate or harm a family member. Forced confinement and sexual abuse are also part of this definition. What is not included are those situations where a parent uses force to correct a child. However, the force used must be reasonable in the circumstances.[30]

The only estimates that were available on family violence were provided by the AHF Supplementary Survey of July 2001 that the project had completed. It listed 1,650 (15%) Aboriginal community members who suffer from family violence (based on the project's belief that there are approximately 11,000 Aboriginal people living in Red Deer as of July 2001). This number may also include violent acts against children, as it is not certain how the project defines the term "family violence."

The National Clearinghouse on Family Violence suggests that one in ten women are physically abused by their husband or partner and that Aboriginal women are at a higher risk than non-Aboriginal women. It also stated that half of all Aboriginal children who die as a result of maltreatment suffered physical abuse. Several risk factors for fatal child abuse include adults using/abusing alcohol and drugs, family living in poverty with parents unemployed, children of parents with poor parenting skills, and high family stress level reflected in frequent arguments.[31] These factors are also the main contributors to family breakdown. The following figure indicates that the majority of respondents believed the social indicators listed had decreased in their community or that they were unsure if any change had occurred.

Figure 9) Magnitude of Change Noted in Community on Social Indicators



4.3 Impact on the Project Team

The team felt that they had learned about traditional protocols, Cree language, and how to start on their own spiritual journey when asked what they had learned from their involvement with the project. Becoming aware of lost traditions gave them a sense of pride, and being involved in Tawow showed them that there are people who care and that there is hope.

4.4 Partnerships and Sustainability

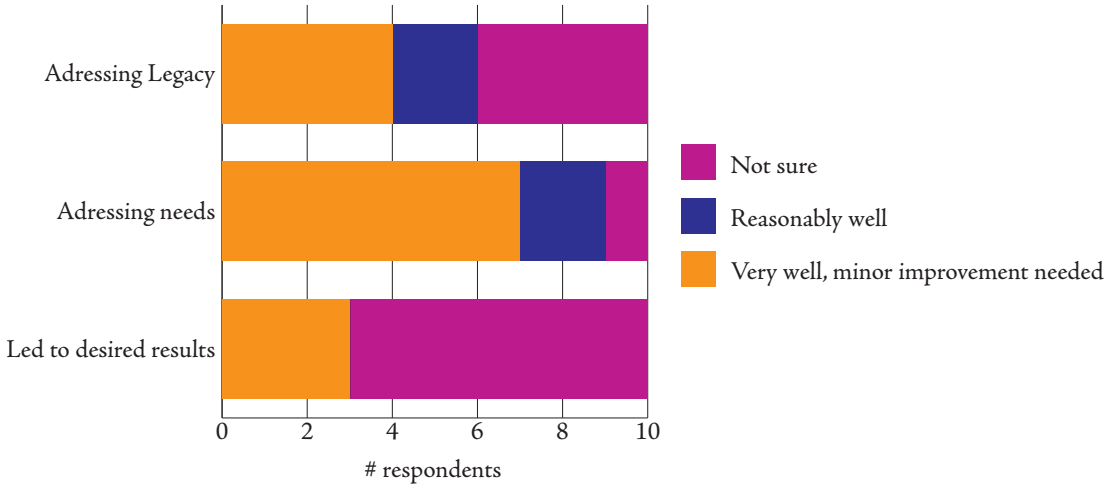
As it stands now, the only hope the project has for continued service once AHF funding runs out will be a partnership with Kasohkowew Child Wellness Society in Hobbema. Hobbema hopes that Shining Mountains Living Community Services will be able to acquire five homes and said that it "will have no problems to fill them." However, one respondent felt that if the project does partner with Kasohkowew, it will lose its uniqueness and will not be able to provide a voluntary service. "It will end up being just another group home where the families will be separated. Also, the structure of the program guidelines will be rigid in that they will not be allowed to choose which programs to access but will be told what to do."

The one successful partnership has been with the Family Life Improvement Program (FLIP) that all participants are encouraged to attend; in fact, they do attend. The program is taught by an "apprenticing" Elder who is also involved with Tawow as a visiting Elder.

4.5 Addressing the Need

Almost half the respondents felt that the project was addressing the Legacy and identified needs as set out in the project proposal; but physical and sexual abuse may require professional counselling that the project cannot administer directly. Aside from a referral strategy, respondents felt that increases in team membership might better address the need. With respect to achieving desired results, most respondents were unsure and felt that it was too soon to tell. However, some felt that the project did accomplish implementation objectives as program flexibility was being consistently cited as a best practice. Figure 10 indicates the magnitude of change noted by respondents.

Figure 10) Magnitude of Change Noted in Participants on Key Variables



4.6 Successes and Best Practices

The majority of respondents felt that Tawow Healing Home offered a unique solution to an identified need in the Aboriginal community. The environment itself—*voluntary*, Aboriginal-run home environment versus *mandated,* non-Aboriginal-run institutional environment—allows for a greater opportunity for Aboriginal people to empower one another. Some respondents believe that once participants leave the program, they leave with positive tools to help them live healthy lives with their families. The fact that the program format is quite relaxed means that it can respond to situations with unique solutions based on individual needs. The program also brings awareness to the public on understanding the Legacy through another program that Shining Mountains Living Community Services runs.

Most respondents felt that any change in the participants' thinking was mainly due to the influence of the house mother. Her patience and knowledge of parenting as well as her ability to facilitate independent decision making encouraged participants to gain confidence in their ability to parent in a positive way. Respondents clearly respected and admired the project team's commitment to the program and to participating families.

4.7 Challenges

Non-mandated, voluntary family therapy is an alternative service for which its need and demand exceed Tawow Healing Home's capacity. Many families who have been referred by child welfare agencies have been turned away (four to five families that fit the criteria for the program). The executive director stated, "funding is very tricky to acquire when social services does not intervene and remove the children." Some respondents felt that the project was constantly challenged by repeated attempts of outside systems (social services) to superimpose their expectations and requirements of First Nations' processes in dealing with family issues and by those systems who do not listen or respect First Nations' ways. Respondents also felt that social services saw these families as being in a "child protection" service and that the project needed to follow certain regulations. A respondent from a child welfare agency did feel that the project did not have restrictions or rules according to agency regulations and that safety issues were a concern. When this respondent was later asked to elaborate, it was regarding an incident where one of the parents (whose child was initially apprehended with the agency) was found to be "high on something" upon returning to the home after a weekend spent on her reserve, and it was not reported to the agency until a week later. The agent did not, however, elaborate how Tawow handled this situation, only that it did not report the incident to the agency. The agent only appeared to wish for better communication that would appease any concerns regarding safety for the children. This issue, if not resolved, may impede on any partnerships with child welfare agencies. (It should be noted that, overall, this respondent thought the project was an excellent program.)

One respondent, who is a board member, felt that Tawow Healing Home is not like a real home and is located too far from Red Deer. This only allowed participants to learn country life and would not acquire any "street smarts." Also, smoking is allowed in the home, thus raising health concerns for the children. On another note, most respondents felt frustrated by the lack of alternative service options and the fact that the home is needed at all.

When the project discovered that one of their participants was severely affected by fetal alcohol effects (FAE), the Shining Mountains team members realized that the program was not well-equipped to deal with the extra care and attention needed for this young woman and her infant. It was also discovered that she suffers from an obsessive–compulsive disorder. The child welfare agency that previously handled her case informed Shining Mountains of the extensive family violence, both physically and sexually, that she had disclosed to them. By having extensive links with other programs, Shining Mountains was able to get a proper assessment in order to access other appropriate programs. The young woman's future would have otherwise been bleak if Tawow did not take her and her infant into the program, and the infant would most certainly have been taken away from her. At present, the project is looking into other arrangements for them.

The other participant suffering from FAE was unaware of her problem and thought of herself as "stupid." When she first came to the program, project team members soon realized that something was wrong and had her assessed by the mental health agency to confirm their suspicions. She is now aware of her problem and is starting to look at herself and her family in a different light.

The reduced amount of funding that was originally requested caused several problems, including the loss of a team member who was capable of evaluating the program, not being able to have more Elders or Aboriginal people to offer their wisdom and expertise, and the inability to have participants access more programs and attend other activities that were originally planned.

Dealing with the strict regulations of child welfare agencies that are contrary to the whole concept of the program has reduced the chances of future funding from these agencies. If Shining Mountains Living Community Services accepts funding from the Kasohkowew Child Wellness Society in Samson, the program will have to change to adhere to their guidelines and will thus lose its unique approach.

It has been a real challenge to sustain Survivor involvement. The project did engage Survivors in developing the program, but they are not involved in day-to-day activities. Having Elders who may or may not be Survivors visit the home to offer their wisdom has been difficult for young participating parents. Some respondents felt that it was too uncomfortable for the participants to open up to an Elder, possibly due to the lack of traditional ways in accepting the wisdom of Elders or the fact that they have built up a mistrust towards anyone with authority. It was indicated that the Aboriginal community was still struggling with the issue of residential schools, and most could or would not admit to being a Survivor.

4.8 Lessons Learned

The importance of whole family therapy and traditional ways have been key in keeping families together. First Nations approaches to dealing with neglect, racism, and abandonment (where non-Aboriginal agencies have no guidelines or the expertise to deal with) has increased the number of participating families and their pride in being Aboriginal. To increase the desire of participants to learn traditional ways, it was recommended that hands-on bush experience was needed. Also, the project team felt that the need to modify intake forms and referral processes to better detect FAS/FAE as well as to clarify whether to accept FAE participants.

It is clear that one alternative care home is not enough. Increasing service and team capacity are felt to be urgent matters to adequately meet needs. Facility restrictions (e.g., having one bathroom) also caused some challenges.

5. Conclusion

Tawow Healing Home appears to be having an impact on the majority of participants although not all respond to the same degree. It is clear that the program is not able to address serious special needs alone. Environmental and physical stresses affect the degree to which participants can engage in and benefit from the program. For example, some participants had other commitments that took them away from the program (i.e., employment outside the city). Evidence provided through the completed participant feedback forms and interviews shows that the participants who have gone through the program so far have come away with a more positive approach to caring for their families and life in general. However, it is not clear how enduring these changes are nor to what extent they are life-altering. In addition, it is also unclear to what extent the role of referring agencies and established partnerships contribute to these changes. The house mother, who is credited with much of Tawow's success, may be one of the more powerful influencing elements of Tawow. Unfortunately, the project is reaching only a small number of its target group; therefore, community impact is limited. If resources are not forthcoming, both personnel and financial, the Tawow Healing Home will no longer exist or expand its reach. The difficulties in establishing partnerships caused by differing philosophies and practices with child welfare agencies decreases Tawow's chances of sustainability.

6. Recommendations

As a whole family, non-mandated, culturally sensitive therapy facilitated by cultural insiders in a home setting, Tawow Healing Home appears to be having a positive influence on most who participate and is well received by the community. However, the following recommendations are suggestions to enhance administration and evaluation of the program.

Program recommendations:

- make time to summarize oral reports into a written format for evaluative purposes to give proof of positive impact on participants;
- give more detail in AHF activity reports to show that the project is addressing the Legacy and needs that were set out in the funding proposal;
- increase efforts to pursue other resources outside the child welfare system in order to sustain and expand the project to reach more of its target group and to maintain project integrity; and
- amend intake forms regarding mental health as the project has no in-house counsellor to deal with critical mental health issues, i.e., FAE.

With respect to the continued evaluation of Tawow Healing Home, it is recommended that the intake form be used as a baseline measure and that the project team summarize all participants' information regarding personal, educational, vocational, criminal, and treatment histories and functioning with a romantic partner, as a homemaker, in an occupation, and with their own children, friends, and parents. The intake form could be used as a follow-up at the end of the program, six months, and one year later during aftercare. This is valuable information that can be used to evaluate the project's effectiveness and

is a powerful tool that can be used when securing resources for the program. In addition, it would also be useful to examine social indicators discussed here (i.e., children in care, sexual and physical abuse, suicide, and incarceration) in 2007 to determine trends over time.

Notes

[1] Project proposal for funding submitted by Shining Mountains Living Community Services to the AHF, February 2000.
[2] Parent/Family National Outcome Work Group (no date). *Evaluating the National Outcomes: Program Outcomes for Parents & Families* (retrieved 27 September 2001 from: http://ag.arizona.edu/fcr/fs/nowg/pf_parent_ustand.html); Klimek, David, and Mary Anderson (1987). *Understanding and Parenting Adolescents. Highlights: An ERIC/CAPS Digest*. Ann Arbor, MI: ERIC Clearinghouse on Counseling and Personnel Services (retrieved 27 September 2001 from: http://www.ed.gov/databases/ERIC_Digests/ed291018.html); Thomas, Helen (1999). *Effectiveness of Parenting Groups With Professional Involvement in Improving Parent and Child Outcomes*. Effective Public Health Practice Project Reviews (retrieved 27 September 2001 from http://www.eagle.ca/PHB/phred/parent/main.htm); Powell, Douglas R. (no date). *Issues in Evaluating Parenting Curricula* (retrieved 27 September 2001 from: http://parenthood.library.wisc.edu/Powell/Powell.html); Matthews, Jan M., and Alan M. Hudson (2001). Guidelines for Evaluating Parent Training Programs. *Family Relations* 50(1):77.
[3] The *Red Deer Aboriginal Community Assessment* was completed by the Research, Evaluation, and Communication Department of Native Counselling Services of Alberta in collaboration with Diamond Willow Child and Family Services Authority and Central Alberta Aboriginal Council on 8 November 1999.
[4] Application for funding submitted by Shining Mountains Living Community Services to the AHF.
[5] Information from Figure 1 and 2 are taken from quarterly reports submitted by Shining Mountains Living Community Services to the AHF.
[6] Information from Indian and Northern Affairs Canada's (INAC) Aboriginal Peoples in Canada – First Nation Profiles website. Retrieved 18 October 2001 from: http://pse5-esd5.ainc-inac.gc.ca/fnp/Main/Search/FNRegPopulation.aspx?BAND_NUMBER=444&lang=eng
[7] Between 1996 and 2001, there has been a growth rate of 15.8 per cent for the population of Red Deer.
[8] Sexual abuse has not been disclosed; however, it has been reported historically from referring parties and has now become apparent in the self-esteem and boundary issues of participants.
[9] City of Red Deer Census 1999. Retrieved 24 August 2001 from: http://www.city.red-deer.ab.ca/discover/population/population.html
[10] Stated by the executive director during an interview, 1 October 2001.
[11] At the time of writing, a list of residential schools was being compiled by the AHF.
[12] The project believed that there are 172 (.01%) Aboriginal people who are homeless, as indicated in their response to the AHF Supplementary Survey, July 2001. Also, a housing survey indicated that approximately 68 per cent of Aboriginal people who are homeless have children.
[13] This is through a joint committee of all Aboriginal and non-Aboriginal agencies where voice is given to their concerns and suggestions for improvement.
[14] They had 220 clients between the period December 2000 to September 2001.
[15] Alberta Justice (2000:3). *Victims of Family Violence: Information and Rights*. Retrieved from: https://www.gov.ab.ca/just/crimeprev/family_violence
[16] AHF Supplementary Survey, July 2001.
[17] Compiled by Red Deer City RCMP detachment and includes both Aboriginal and non-Aboriginal.
[18] Alberta Justice (2000:3).
[19] AHF Supplementary Survey, July 2001.
[20] Compiled by Red Deer City RCMP detachment and includes both Aboriginal and non-Aboriginal.
[21] Census 1996 lists Sunchild Reserve total population at 435 with 255 (58.6%) under the age of 20; the town of Rocky Mountain House total population was 5,805 with 1,945 under the age of 20 and an Aboriginal population of 255 (4.4%); and the town of Olds (located between Red Deer and Calgary) total population was 5,700 with 1,675 under the age of 20 and an Aboriginal population of 95 (1.7%).
[22] Based on 1996 Census data. It was estimated that Aboriginal children accounted for 35 per cent of all Aboriginal people. Statistics Canada 1996 Community Profiles. Retrieved 18 October 2001 from: http://www12.statcan.ca/english/profil/details/details1pop.cfm?SEARCH=BEGINS&PSGC=48&SGC=4808011&A=&LANG=E&Province=48&PlaceName=red%20deer&CSDNAME=Red%20Deer&CMA=830&SEARCH=BEGINS&DataType=1&TypeNameE=City&ID=11728

[23] AHF Supplementary Survey, July 2001.
[24] This was gathered through the Community Care Coordinator at the RDNFS in charge of the program who intervenes when an Aboriginal child living in Red Deer is involved. They do not deal with Aboriginal children living outside of Red Deer.
[25] AHF Supplementary Survey, July 2001. Rates were for one year, but it is unclear if it was for 2000 or from June 2000 to July 2001.
[26] Compiled by the Alberta Office of the Chief Medical Examiner.
[27] AHF Supplementary Survey, July 2001.
[28] These numbers were compiled by the Red Deer City RCMP Detachment and are derived from reports on the *Coroner's Act* that reflect assistance files to other detachments (outside Red Deer) but do not break down types or causes.
[29] Compiled by the Office of the Chief Medical Examiner. There were no Aboriginal deaths by suicide in Rocky Mountain House recorded for 2001. Also, the numbers recorded are for January 2001 to October 2001.
[30] Alberta Justice (2000:3).
[31] McFarlane, Peter (1997). Intentional Injuries: Family Violence. *Injury Prevention* 7(3). Retrieved from: http://www.niichro.com/Injury/Injury4.html

Appendix 1) Case Studies Selection Criteria

1. Métis, Inuit, First Nation, Non-Status
2. Youth, men, women, gay or lesbian, incarcerated, Elders
3. Urban, rural, or remote
4. North, east, west
5. Community services
6. Conferences/gatherings
7. Performing arts
8. Health centre (centralized residential care)
9. Camp/retreat (away from the community in a rural setting)
10. Day program in the community
11. Healing circles
12. Materials development
13. Research/knowledge-building/planning
14. Traditional activities
15. Parenting skills
16. Professional training courses

Appendix 2) Intake Evaluation Forms for Youth and Parents

SHINING MOUNTAINS LIVING COMMUNITY SERVICES
TAWOW HEALING HOMES PROGRAM

CONFIDENTIAL
(when completed)

Intake Evaluation Form

Liaison Worker: _____ Date: _____

1. **IDENTIFICATION**

   Participant Name: _____ Date of Birth: _____

   SIN: _____ Age:___ Marital Status: S._____ CL.___ M.____ SEP.___ D.____

   Home Address: _____ Home Phone # _____

   Phone Contact # (if applicable) _____

   Number in Family: _ Number in TAWOW Program:_

   Family Doctor:_____ Phone # _____

   Residential School Background (i.e. who in family was in Residential School, what school, how long and what impact do you feel it has had on you and your family)

   _____

   _____

   What concerns do you need to address as a parent before entering the program? (i.e., Treatment, incarceration, attending out of town program)

   _____

   _____

2. **PRESENTING CONCERN(S)**

   Referred By:_____

   Reason for Referral

   _____

   _____

   Those Referred:

   Parent(s) and Children Yes No

   Children Only Yes No

3a. <u>PERSONAL HISTORY</u> – BIRTH FAMILY

1. What was your family position or birth order?

   1. Only child
   2. Eldest child
   3. Middle child
   4. Youngest child

2. Are you an adopted child? YES ____ NO___

3. Number of children in your family?___

4. In childhood, how well off was your family?

   1. High income
   2. Average income
   3. Below average -(social assistance, handicapped)

5. a. Was your father of Aboriginal background YES _____ NO_____ Unsure_____
   b. Was your mother of Aboriginal background YES _____ NO_____ Unsure_____

6. How happy was your childhood?

   1. Happy_____ 2. Average_____ 3. Unhappy_____

7. How stressful was your childhood?

   1. Little stress_____ 2. Moderate stress_____ 3. Severe stress_____

8. What kind of mothering did you receive in childhood?

   1. Mostly warm & supportive
   2. Average
   3. Mostly dominating
   4. Mostly over reactive
   5. Mostly loveless
   6. Mostly inconsistent
   7. Mostly critical/rejecting
   8. Absent

9. What kind of fathering did you receive in childhood?

   1. Mostly warm & supportive
   2. Average
   3. Mostly dominating
   4. Mostly over reactive
   5. Mostly loveless
   6. Mostly inconsistent
   7. Mostly critical/rejecting
   8. Absent

10. How "good or easy" to parent were you as a child?

    1. Usually a "good or easy" to parent child
    2. Sometimes a "difficult" or "hard to parent" child
    3. Usually a "difficult" or "hard to parent" child

11. Who were you closet to in your family?

    1. Father
    2. Older Brother
    3. Younger Brother
    4. Grandfather
    5. A pet
    6. Mother
    7. Older Sister
    8. Younger Sister
    9. Grandmother
    10. No one
    11. Other (please specify)

12. Before age 18, what childhood problems did you have?

1. Childhood social isolation
2. Childhood anger
3. Childhood anxiety
4. Childhood poverty
5. Childhood physical abuse
6. Childhood sexual abuse
7. Childhood pressure to grow up "too fast"
8. Childhood conflict with brother or sister
9. Childhood illness
10. Childhood law-breaking
11. Childhood alcohol/drug problems
12. Childhood removal from the home
13. None
14. Other (please specify) _____

13. What problems did your parents have in your childhood?

1. Parental social isolation
2. Parental hostility
3. Parental anxiety
4. Parental financial irresponsibility
5. Parental neglect
6. Parental violence
7. Parental sexual
8. Parental illness/disability
9. Parental marital conflict
10. Parental inconsistency
11. Parental indifference
12. Parental alcohol/drug abuse
13. None
14. Other (please specify) _____

14. While growing up did you live

a) On reserve — Was it violent, poor, well off, high social problems i.e. suicide, alcohol etc.
b) On Métis Settlement — Was it violent, poor, well off, high social problems
c) Urban community — Was it violent, poor, well off, high social problems
d) Rural community — Was it violent, poor, well off, high social problems

15. While growing up, how did you like yourself?

1. Mostly positive feelings toward self
2. Mostly negative feelings toward self
3. Equal mixture of positive and negative feelings toward self

3b. <u>PERSONAL HISTORY</u> – CREATED FAMILY

16. Length of Marriage:____

17. Spouse's Name:_____ Age:___ Tel #_____

18. Previous Marriage(s) _____ Dates:_____

19. Children living with you_____ Living Apart_____

20. Children's Names & Ages: 1. _____ 2. _____

3._____ 4. _____ 5. _____

4. <u>EDUCATIONAL HISTORY</u>

21. How far did you go in school?

1. No or minimal education
2. Completed less than grade 3
3. Completed less than grade 6
4. Completed grade 7
5. Completed grade 8
6. Completed grade 9
7. Completed grade 10
8. Completed grade 11
9. Completed grade 12
10. Completed College Certificate or more

22. What were your last marks like in school?

1. Honors
2. Above Average
3. Average
4. Below Average

23. How popular were you in school?

1. Had many friends
2. Had several friends
3. Had few friends
4. Had no friends

24. What was your school behavior like?

1. Good (well behaved, rarely skipped classes)
2. Average (between good and poor)
3. Poor (poorly behaved, often skipped classes)
4. Bad (repeatedly suspended from school, fighting, rule breaking etc.)

5. VOCATIONAL HISTORY

25. How has your employment been over the past 3 years?

1. Steadily employed, full or part time
2. Employed on casual basis
3. Unemployed

26. If you were not employed, why?_____

27. What limited your employment over the past 3 years?

1. Emotional or psychiatric problems
2. Household responsibilities
3. Physical illness
4. Going to school/training
5. Job market
6. Type of work
7. Alcohol/drug abuse
8. Other _____

6. CRIMINAL HISTORY

28. Do you have a criminal record? YES _____ NO_____

29. Legal Status (at present time)

1. No Involvement
2. Bail/Own recognizance
3. Probation
4. TA/Intermittent
5. Impaired Driving
6. Outstanding warrant(s)
7. Remanded in jail
8. Sentenced incarceration
9. Parole
10. Other (please specify) _____

30. In what way do you believe that past experiences of Residential Schools has had an impact on these problems?

1. Made them worse
2. Had no effect
3. Made them better

7. TREATMENT HISTORY

31. Are you currently receiving counselling or therapy? YES _____ NO_____

32. Which counseling/therapy or training programs?

1. Behaviour medication therapy
2. Family therapy
3. Group therapy
4. Parenting Skills
5. Family life skills
6. Other

33. Are you attending any self-help group(s) such as; AA, NA, CA, GA etc. YES ___ NO___

34. Are you taking any prescription medications? YES ___ NO___
If YES which ones?

1. Anti psychotic medication
2. Anti Parkinsonian medication
3. Antidepressant medication
4. Lithium Carbonate
5. Anti anxiety medication
6. Anti alcoholic medication
7. Anti convulsant medication
8. Stimulant medication

8. CURRENT FUNCTIONING IN MAJOR LIFE AREAS

FUNCTIONING WITH ROMANTIC PARTNER

35. Who are you describing?

1. Spouse/common law
2. Boyfriend
3. Girlfriend
4. No romantic partner
5. Ex-spouse/common law
6. Ex-boyfriend
7. Ex-girlfriend

36. How are you getting along with your romantic partner?

1. No or minimal problems
2. Mild problems
3. Moderate problems
4. Severe problems

37. What problems are there in this relationship?

1. Relationship dissatisfaction
2. Nagging or complaining
3. Quarreling
4. Physical violence
5. Lack of conversation together
6. Lack of problem solving
7. Lack of activities together
8. Lack of affection and caring
9. Lack of commitment
10. Lack of intimate talk
11. Sexual problems
12. Boredom
13. Alcohol/drug problems
14. Problems with friends
15. Living arrangement problem
16. Money problem
17.Child rearing problem
18. Problem with relatives
19. None
20. Other_____

38. In what way do you believe that past experiences of Residential School has had an impact on these problems?

1. Made them much worse
2. Made them worse
3. Had no effect
4. Made them better

FUNCTIONING AS A HOMEMAKER

39. How did you function as a homemaker this week?

1. No or minimal problems
2. Mild problems
3. Moderate problems
4. Severe problems

40. How enjoyable was your homemaking this week?

1. Enjoyable
2. Neutral
3. Unpleasant
4. Very unpleasant

41. How much homemaking did you do this week?

1. All……..…….of the expected homemaking duties
2. More than half……..……of the expected homemaking duties
3. About half……..……of the expected homemaking duties
4. Less than half……of the expected homemaking duties
5. None……..…….of the expected homemaking duties

42. In what way do you believe that past experiences of Residential School has had an impact on these problems?

1. Made them much worse
2. Made them worse
3. Had no effect
4. Made them better

OCCUPATIONAL FUNCTIONING

43. How did you function at work this week?

1. No or minimal problems
2. Mild problems
3. Moderate problems
4. Severe problems

44. How much of last week did you work?

1. All of the past week
2. More than half of the week
3. About half of the week
4. Less than half the week
5. None of the week

45. What kept you from working full time for the week?

1. Emotional/psychological problems
2. Physical problems
3. Retirement
4. Household responsibilities
5. Attending school/training course
6. Job market
7. Type of work i.e. seasonal
8. Other_____

46. Which of these problems did you have?

1. Work dissatisfaction
2. Work impairment
3. Absenteeism
4. Unemployment
5. Work demotion
6. Partial disability, limits work to part time
7. Partial disability, requires sheltered employment
8. Total disability, prevents any employment
9. Exaggerated disability
10. None

47. In what way do you believe that past experiences of Residential School have had an impact on these problems?

FUNCTIONING WITH OWN CHILDREN

48. How many children do you parent?

1. One child
2. More than one child
3. A mix of children and adolescents
4. One adolescent
5. More than one adolescent
6. All are children or adolescents

49. How are you getting along with your children?

1. No or minimal problems
2. Mild problems
3. Moderate problems
4. Severe problems

50. What problems are there in this/these relationship(s)?

1. Relationship dissatisfaction
2. Nagging or complaining
3. Quarreling (yelling, swearing)
4. Physical violence
5. Lack of conversations together
6. Lack of joint problem solving
7. Lack of parent/child activities
8. Lack of affection/caring
9.Lack of responsibilities
10. Medical difficulties
11. Use of leisure time problems
12. Sexual activities/problems
13. Boredom
14. Alcohol/drug use problems
15. Problems with friends
16. Living arrangement problems
17. Financial difficulties
18. Parenting problems
19. Interference from relatives
20. None
21. Other problem_____

51. In what way do you believe that past Residential School experiences have had an impact on these problems?

1. Made them much worse
2. Had no effect
3. Made them better

FUNCTIONING WITH FRIENDS

52. How are you getting along with your friends?

1. No or minimal problems
2. Mild problems
3. Moderate problems
4. Severe problems

53. What problems are there in this relationship?

1. Relationship dissatisfaction
2. Nagging or complaining
3. Quarreling
4. Physical violence
5. Lack of communication
6. Lack of problem solving
7. Lack of activities together
8. Lack of responsibility
9. Problem with other friends
10. Sexual activities
11. Boredom
12. Alcohol/drug problems
13. Gambling/bingo problems
14. Living arrangements
15. Financial problems
16. Family conflict difficulties
17. None
18. Other_____

54. In what way do you believe that past Residential School experiences have had an impact on these problems?

1. Made them much worse
2. Had no effect
3. Made them better

FUNCTIONING WITH PARENTS

55. Who are you describing?

1. Both parents (or parent & step-parent)
2. Father (as a single parent)
3. Mother (as a single parent)
4. Step-father (as a single parent)
5. Step-mother (as a single parent)
6. Grandparents
7. Grandfather (as a single parent)
8. Grandmother (as a single parent)
9. Uncle & Aunt
10. Uncle (as a single parent)
11. Aunt (as a single parent)
12. Other parent substitute
13. None of the above

56. How are you getting along with your parent(s)?

1. No or minimal problems
2. Mild problems
3. Moderate problems
4. Severe problems

57. What problems are there in this relationship?

1. Relationship dissatisfaction
2. Nagging or complaining
3. Quarreling
4. Physical violence
5. Lack of communication
6. Lack of problem solving
7. Lack of activities together
8. Lack of affection & caring
9. Lack of commitment/ responsibility
10. Gambling/bingo problems
11. Sexual activities
12. Boredom
13. Alcohol/drug problems
14. Problem with friends
15. Living arrangement problems
16. Financial problems
17. Child rearing problems
18. Problem with other relatives
19. Use of leisure time problems
20. None
21. Other_____

58. In what way do you believe that past Residential School experiences have had an impact on these problems?

1. Made them much worse
2. Had no effect
3. Made them better

TAWOW HEALING HOME

Youth intake Form

(Confidential when completed)

Youth Name: _____ Age: _____ Date of Birth_____

Treaty Number _____ Alberta Health Care Number_____

Status_____ Non Status_____ Métis_____ Gender: Male _____ Female _____

Date of program entry _____

Names of Parents/Guardian_____

Parent/Guardian Address_____

Contact Phone Number_____

Education:

Last School Attended_____

Grade_____ Completed_____ Not Completed_____

What are your educational plans and goals?

_____

_____

Which would you prefer: Attend school_____ Take home schooling_____

If school which would you prefer: Regular school_____ Outreach Program_____

Legal Concerns:

Court Appearances: _____ Court Orders:_____

Charges PendingIf so, what are they_____

Medical Concerns:

Allergies: _____ Other:_____

Medications:___ Attending Counselling_____

Other Concerns:

Alcohol Use: Yes_____ No_____ If yes : How Often: Daily / Weekly / Other

What type of alcohol drinks do you prefer:_____

What other drugs do you use: pot/cocaine/other How Often_____

What is your drug of choice?_____

Do you use it: When alone _____ With others only_____ Usually with others_____

Is your parent/guardian aware of your drug use_____

Where you see yourself:

Short Term Goals (in six months)

Personal_____

Education/Skill Training_____

Family_____

Social/Recreation_____

Other:_____

Long Term Goals (in five years)

Personal_____

Education/Skill Training_____

Family_____

Social/Recreation_____

Other:_____

Youth Signature_____ Date:_____

Appendix 3) Healing Plan for Youth and Parents

PARTICIPANT CASE HEALING PLAN

PARTICIPANT NAME:_____

SPOUSE/PARTNER'S NAME:_____

DATE: _____

Children: _____

SELF CARE PLAN

Skills/Training to Acquire:	Location	Start Date	End Date
Anger Management Program	_____	_____	_____
Stress Management Program	_____	_____	_____
Communication/Assertiveness	_____	_____	_____
Other	_____	_____	_____
Personal Journals	Home	_____	_____

- include something positive about partner's actions/words and what this meant to you and your response to it.
- something positive about your actions/words and what this meant/felt to you and others response to it.
- at least 1 compliment for your spouse/partner each day
- at least 1 compliment for yourself each day
- 1 thing (behaviour/habit/thought/voice tone or words) to work on and improve this week for myself is_____
- I will do this by_____
- 1 showed affection to my partner/spouse today by_____
- My spouse/partner showed affection to me today by_____
- I showed affection to my child(ren) today by_____
  (Monetary items do not count)

Knowledge of Aboriginal Culture/Tradition

PARTICIPANT HEALING/GROWTH CASE PLAN

CHILD NAME and AGE_____

Parent Name_____

Skill Building Activities:	Start	End
_____	_____	_____
_____	_____	_____
Education/Cultural Activities:		
_____	_____	_____
_____	_____	_____
Self Care Activities:		
_____	_____	_____
_____	_____	_____

Parent Signature & Date _____

Family Support Signature & Date _____

ALTERNATIVES TO APPREHENSION PLAN

_____	Treatment/Incarceration Time	PHASE ONE
_____	Refer to Treatment	
_____	A.A./C.A./G.A./ or other Support Group Meetings	PHASE TWO
_____	Budgeting, Homemaking Skills, Other Training	
_____	Native Parenting Program	
_____	Native Counselling F.L.I.P. Program	
_____	Refer to Employment Access, Housing, etc.	PHASE THREE
_____	Other Needs, (specify)	

MISCELLANEOUS

Phase 1 Dates: Start_____ Finish_____

Phase 2 Dates: Start_____ Finish_____

Phase 3 Dates: Start_____ Finish_____

Alternatives to Apprehension Plan Agreement

Signed By:_____ Date:_____

Participant Signature

Signed By:_____ Date:_____

Liaison Worker Signature

YOUTH GROWTH MANAGEMENT PLAN

Area of Growth	*Initial*	*Start Date/ Ongoing*
Education:		
Enrollment in Classes	_____	_____
Enrollment in Outreach Program	_____	_____
Enrollment in Home Schooling	_____	_____
Personal Growth:		
Anger Management	_____	_____
Happiness Skills	_____	_____
Native Awareness	_____	_____
Self Esteem	_____	_____
Other	_____	_____
Social/Recreational:		
Métis L.I.N.K.S. – various activities	_____	_____
Beading, Other crafts	_____	_____
Nature Activities	_____	_____
Other	_____	_____
Spiritual:		
Smudging/Sweetgrass	_____	_____
Contemporary Church	_____	_____

Youth Signature & Date_____

House Support Worker & Date_____

Appendix 4) Shining Mountains Living Community Services Interview Questions

To start, I would like you to now think about the people involved in this project (please concentrate on those who have completed the program). Have you noted changes in any of the following?

1. **Parent self-esteem** **Yes** **No**

   What have you noted that makes you feel this way?

1	2	3	4
Participation	Individual ideas	Individual behaviours	Community conditions

1	2	3	4	5
<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this has happened?

2. **Youth self-esteem** **Yes** **No**

   What have you noted that makes you feel this way?

1	2	3	4
Participation	Individual ideas	Individual behaviours	Community conditions

1	2	3	4	5
<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this has happened?

3. **Parental involvement** **Yes** **No**

   What have you noted that makes you feel this way?

1	2	3	4
Participation	Individual ideas	Individual behaviours	Community conditions

1	2	3	4	5
<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

4. **Parent/Child Interactions** **Yes** **No**

What have you noted that makes you feel this way?

1	2	3	4
Participation	Individual ideas	Individual behaviours	Community conditions

1	2	3	4	5
<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

5. **Peer Support** **Yes** **No**

What have you noted that makes you feel this way?

1	2	3	4
Participation	Individual ideas	Individual behaviours	Community conditions

1	2	3	4	5
<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

6. **Cultural Awareness/Pride/Practice** **Yes** **No**

What have you noted that makes you feel this way?

1	2	3	4
Participation	Individual ideas	Individual behaviours	Community conditions

1	2	3	4	5
<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

7. **Goal Setting** **Yes** **No**

What have you noted that makes you feel this way?

1	2	3	4
Participation	Individual ideas	Individual behaviours	Community conditions

1	2	3	4	5
<10%	<20%	about 50%	more than 75%	almost all

8. Have you noticed if more individuals are indicating a need or willingness to seek alcohol and drug treatment?

Yes **No** **The same** **Haven't noticed**

9. How many participants are currently seeking or have secured employment, training or educational opportunities that were NOT doing so before they participated in Shining Mountains Community Service program?

Seeking

☐ employment
☐ education or training

Have Secured

☐ employment
☐ education or training

Why do you think this has happened?

10. **Independence/Self Sufficiency** **Yes** **No**

What have you noted that makes you feel this way?

1	2	3	4
Participation	Individual ideas	Individual behaviours	Community conditions

1	2	3	4	5
<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

11. **Parenting Skills** **Yes** **No**

What have you noted that makes you feel this way?

1	2	3	4
Participation	Individual ideas	Individual behaviours	Community conditions

1	2	3	4	5
<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

12. What do you like most about this project?

13. What do you like least?

14. What have you learned from your involvement with this project so far?

15. Is there anything you could suggest that might improve this project?

16. What are the most powerful threats to this project being able to achieve its goals?

17. 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:	**increased**	**stayed the same**	**decreased**	**unsure**
Sexual Abuse:	**increased**	**stayed the same**	**decreased**	**unsure**
Children in care:	**increased**	**stayed the same**	**decreased**	**unsure**
Incarceration:	**increased**	**stayed the same**	**decreased**	**unsure**
Suicide:	**increased**	**stayed the same**	**decreased**	**unsure**

18. How did you decide what strategies to use to improve parenting skills?

19. In your opinion, how well has this project functioned in your community as a non-mandated service rather than an enforced program?

20. We know that you have already supplied information (that information has already been reported by the project team) to the Aboriginal Healing Foundation through the quarterly reports, but we would like to offer you another opportunity to provide any further insight in the following areas:
    a) the extent of survivor involvement
    b) the extent of Elder involvement
    c) what challenges/obstacles threaten the project
    d) the effectiveness and extent of partnerships and linkages
    e) the project's ability to monitor and evaluate it's activity
    f) support of local leadership

21. Do you have any final comments to share?

22. Thinking more generally of the Aboriginal community as a whole have you noticed if the use of services to assist Aboriginal families has:

    increased **stayed the same** **decreased** **unsure**

    How do you know?

    Why do think this is so?

23. In the last 12 months, please state whether you feel community involvement has:

    increased **stayed the same** **decreased** **unsure**

    How do you know?

    Why do you believe this has happened?

24. In the last 12 months, please state whether you feel participation in traditional activities has?

    increased **stayed the same** **decreased** **unsure**

    How do you know?

    Why do you believe this has happened?

MANDATORY QUESTIONS:

25. 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:

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

27. 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**

28. 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:

29. 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:

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

31. 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: