Kikinahk Friendship Centre

Project Number: RB-67-SK

Case Study Report

Kikinahk Parenting Program

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Prepared for:

Aboriginal Healing Foundation Board of Directors

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1. Introduction

Thirteen case studies are being conducted as part of the impact evaluation of the Aboriginal Healing Foundation (AHF). The case studies are intended to provide a detailed, holistic view of the projects and their performance. All data collection, analysis, and synthesis are being done by community support coordinators under the facilitative guidance of Kishk Anaquot Health Research (KAHR). The case studies were selected to include representation from a variety of project types and targets.[1] This case study examines a parenting skills course in a rural community that combines Western and traditional approaches and targets Survivors who are living in La Ronge, Saskatchewan, and surrounding area, whether they are First Nation, Métis, gay/lesbian, disabled, men, women, youth, or Elders.

The project addressed here is the Kikinahk Parenting Program delivered by the Kikinahk Friendship Centre Inc. of La Ronge, Saskatchewan (AHF- funded project # RB-67-SK). The primary purpose of the project is to ensure that families will develop traditional and modern parenting skills and ways of relating that will allow them to be functional and healthy. The centre hopes to accomplish this goal via a parenting program from where a blend of traditional parenting models together with opportunities to learn modern expectations of parents are offered. The report describes the program's approach, what the project hopes to achieve in the short and long term, team and participant characteristics, La Ronge, Saskatchewan, the Aboriginal community, and the surrounding area. It also discusses the methods used, their limitations, and what could be discerned from available data about the changes in individual participants as well as in the community.

2. Project Description

2.1 Project Activities and Goals

The Kikinahk Parenting Program has been operational since 1 December 1999 with a contribution of $176,159 for one year until 31 December 2000; however, the project was renewed for another year and hopefully expects to be ongoing thereafter. It is open to parents, children, and grandparents of La Ronge and the surrounding area. The program expects to achieve its ultimate goal of healthy, functioning families by blending traditional and modern parenting exercises and experiences. These activities take place both at the friendship centre and through off-site camping trips where traditional parenting models are demonstrated and reinforced through positive interaction and "hands-on" opportunities. In addition to having very experienced and respected Elders deliver the parenting lessons, these efforts were supplemented with more general parenting skills training through conferences or forums where guest speakers presented.

The program was intended to meet the need for programming that specifically addressed the Legacy. Parents were offered an opportunity to come to the centre and take part in the program on a very informal, voluntary, "drop-in" basis. Some of the ways the program encouraged Survivors to participate in activities include: meeting with individuals or families in the centre's facility; inviting individuals/families to visit the project; circulating pamphlets and brochures in the community; consulting with other social service and health care providers; doing home visits; holding an annual open house; and being involved in all aspects of human services in the community. It seemed that encouraging people via word of mouth was the most effective way of enlisting participation. The program allowed for dialogue, soul searching, and traditional advice through sharing. Invited youth were able to spend time with the Grandparents once a week or to just drop by.

Although most of the participants seemed to prefer to just drop in and not be registered, some were registered to enter the program. A few of the services provided included one-on-one counselling, weekly scheduled support groups, conferences, family evenings, and special events with Elders such as camping, harvesting traditional foods, and sharing traditional knowledge. It was hoped that these activities would lead to improved communication within the family, increased community involvement, increased parenting skill, improved community awareness and understanding of the Legacy leading to improved support for affected families, and, ultimately, reduced abuse within the family. The Kikinahk Parenting Program's logic and outline of performance measurement are presented in Figure 1 and Table 1.

Figure 1) Logic Model—Kikinahk Parenting Program

Our activities	Parenting education and support.
How we did it	One-on-one counselling, weekly support groups, conferences, plays, family evenings, and special events with Elders (e.g., camping, harvesting traditional foods, feasts, and sharing traditional knowledge).
What we did	# of counselling sessions; # of off-site activities (traditional); # of parenting sessions; and # of accessible community programs (e.g., guest speakers and conferences).
What we wanted	Increase involvement of parents and teens in community activities; improve communication between Survivors and their offspring; reduce incidence of abuse; increase awareness of family issues; and increase awareness of Legacy issues so community can better support and understand the impact of residential school.
How we know things changed (short term)	# of participation involved in spinoff activity; # of observed changes in parenting skills; # of parent and teen participation in cultural activities; increase in # of participants involved in program; reduced rates of family violence with participants and rates of abuse; and # of participation in counselling sessions.
Why we are doing this	Families who have been impacted by residential school and living in La Ronge and the surrounding area can learn traditional and modern parenting skills and ways to relate to one another that will allow them to be functional and healthy.
How we know things changed (long term)	Healthy functional families taking responsibility and ownership of their own healing process and confronting the cycle of abuse through education and support from the community.

Table 1) Performance Map—Kikinahk Parenting Program

MISSION: To strengthen the family bonds of Survivors and those intergenerationally impacted by residential schools so that First Nations/Métis families in La Ronge and the surrounding area can enjoy a happy and functional family life.			
HOW?	WHO	WHAT do we want?	WHY?
Resources	Reach	Results	
activities/outputs		short-term outcomes	long-term outcomes
Address parenting issues (e.g., violence, sexual, and mental abuse), provide training for individual family members to change their individual and group behaviours; one-on-one counselling and support group meetings; evening activities (e.g., supper and dance); traditional activities (e.g., camping and harvesting traditional foods); conferences, culture week activities, group activities, and parenting weekend in the bush; neck bone and bannock supper with the Elders.	Residential school Survivors and those who have been affected intergenerationally living in La Ronge and the surrounding area, whether they are First Nation, Métis, gay/lesbian, disabled, men, women, youth, or Elders.	Increased involvement of parents and teens in community activities; improved communication and attachment between Survivors and their offspring; reduced abuse; and increased awareness of family issues and of issues for community to better support and understand the legacy of residential school resulting in reduced denial of the problem.	Confident and responsible parents raising children in non-violent homes and protecting their children from abuse; ongoing healing process; and increased awareness of issues related to the Legacy.
How will we know we made a difference? What changes will we see? How much change occurred?			
Budget	Reach	Short-term measures	Long-term measures
$186,190	# of families who participated in community-based program.	Observed changes in awareness and understanding of the Legacy, communication skills, and attachment of parents and teens; participation in education and healing sessions; and individual service demand for healing and community demand for education on the Legacy.	Reduced rates of abuse, family violence, children in care, and child/teen suicide; and evidence of change in community support systems for Survivors and their families.

2.2 Project Context

The program is being delivered by the Kikinahk Friendship Centre in La Ronge, Saskatchewan, a rural area with a population of about 7,000. It is closely linked to the other programs within the centre and the community, such as Lac La Ronge Indian Band, Piwapan Women's Shelter, La Ronge Social Services, La Ronge Child Care Co-op, Aboriginal Head Start Program, Young Parent Program, Youth Mediation Diversion Program, youth outreach worker, Youth Service Canada, Youth Evening Recreation Program, and Prenatal Nutrition Program. Perhaps the closest working relationship is with the Piwapan Women's Shelter that has a similar program for parents. The program budget for 1 December 1999 to 31 December 2000 was originally $186,190, but was amended to $176,159.

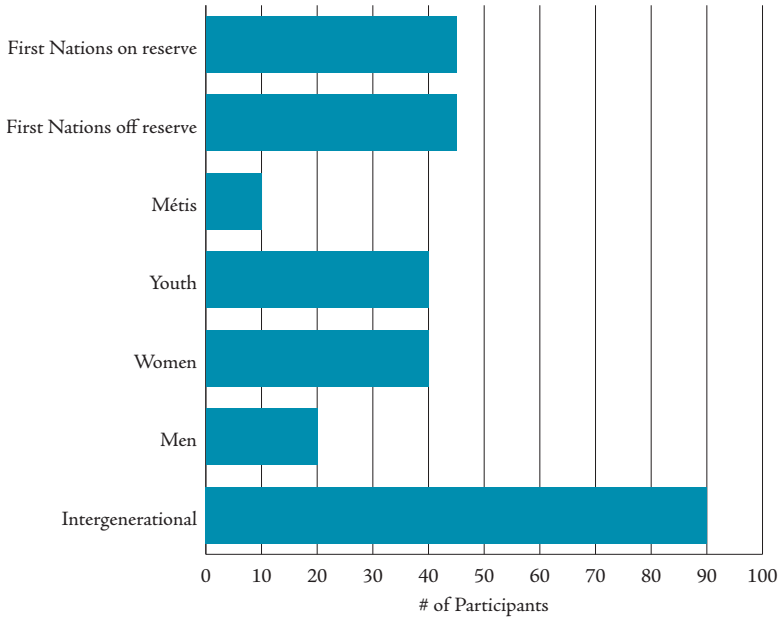
2.3 Project Team and Participants

The Kikinahk Parenting Program team includes a financial officer/administrator-inkind from the Kikinahk Friendship Centre, a project coordinator (AHF-funded), an Elder-grandfather/parenting for fathers (AHF-funded), an Elder-grandmother/parenting for mothers (AHF-funded), and a part-time bus driver (AHF-funded). While it is not clear what qualifications or training any of the team members had, it was obvious that the grandparents selected as Elder models for traditional parenting were highly regarded, well skilled, and tirelessly motivated.

> We did not expect to find grandparents that would become so involved in this program and who would out perform our expected activities. What we found in these Parents of Teens Workers are three individuals who for a long time wanted to make a difference in the way that Aboriginal parents were raising their children. They had all kinds of ideas, and just needed the opportunity to fulfill those plans ... Our program could not be luckier in that it has hired the Elders that were the Cree Curriculum teachers at the high school. They are furthering the program by not only dealing with the teens, but are including their parents in their meetings, and camp outs. They are also including other elders in upcoming culture week activities, and in their events.[2]

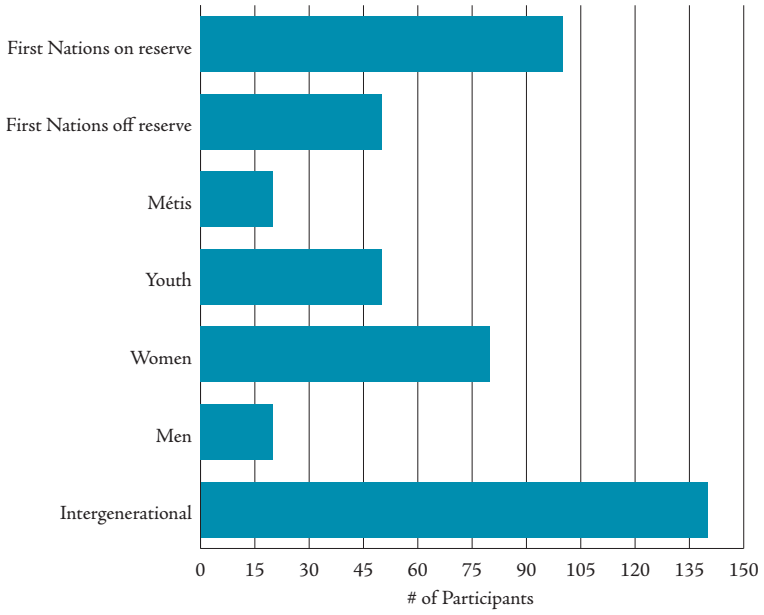
Most participants are young, single parents, mainly women from ages 20 to 40 years who accessed the program by dropping in or were referred by the mental health centre or by the Piwapan Women's Shelter. Some women brought their spouses and children to participate. Forty individuals participated on a regular basis in all or most of the events sponsored by the program, but more than 100 individuals have participated in at least one group event associated with healing (e.g., family evenings, conferences, feasts, or sharing with Elders). Most participants were First Nation and intergenerationally impacted, and consistent with other participant profiles, women outnumbered men.

Figure 2) Healing Activity Participants



A total of 150 people participated in broader community events intended to educate the community about the Legacy. Again, most were First Nations, intergenerationally impacted, and women outnumbered men four to one at this event.

Figure 3) Participation in Awareness-raising Events



2.4 Project and Community Context

The Kikinahk Friendship Centre has a big gymnasium that is used for many of the program's functions. The grandmother and grandfather have their own office where they meet one-on-one with participants or where they teach groups traditional activities. There are also two boardrooms that are used for day or evening activities, and the family room is where parents can bring their children and still be involved with the program (babysitters are provided for the parents so that they can actively attend an activity). The decor is simple with your basic off-white walls and linoleum floors. There are two carved poles that greet you as you enter the centre. These were carved by the grandfather of the program, and one of the carved poles closely resembles the grandmother.

The centre prides itself for providing many different services to the people of La Ronge and the surrounding area. The centre consists of an administration area, offices in the back, a large gym with a stage for community events, an Elders' office, a Head Start classroom, a sorting room, a dining area, and a kitchen. One notable charity that the centre participates in is receiving donated clothes and distributing these out to the communities in the area. The centre is currently looking at expanding their building to meet the high needs of their personnel and clients.

The town of La Ronge sits on the western shore of Lac La Ronge in northern Saskatchewan. It also consists of two other communities, Air Ronge and the Lac La Ronge Indian Band, which combines an urban population of 7,000. There are six reservations in the area, Far Reserve, Bell's Point, Big Stone, Big Rocks, Jack Pine, and Morins Hill. La Ronge is 236 kilometres (145 miles) north of the city of Prince Albert and 375 kilometres north of Saskatoon, with services that include:

- a new health centre with emergency, acute care, and long-term care;
- two colleges and four grade schools;
- the Saskatchewan Environmental and Resources Management;
- the third busiest airport in Saskatchewan, hosting scheduled flights, charter services, and the water bomber base for fighting forest fires;
- mining and exploration offices;
- a forestry sawmill;
- wild rice harvesters and processors;
- six hotels and motels, plus cabins and campgrounds;
- nearly a dozen restaurants and eateries;
- two pharmacies;
- libraries;
- optometry and dental services;
- two financial institutions;
- boat and snowmobile dealers; and
- many other retailers for food, clothing, hardware, and other goods.

Not so long ago, many La Ronge residents were still living a traditional Cree lifestyle. The First Nations communities surrounding La Ronge are geographically complex. It is difficult to tell where the community starts and where the town of La Ronge ends. Acculturation has been swift and pervasive and accompanied by some stressful social dynamics, including racism, not just between Aboriginal and non-Aboriginal groups, but also between Aboriginal cultural groups (e.g., between First Nations and Métis). There is also a pronounced tension between Euro-Christian followers and those who practice traditional Aboriginal spirituality. Further, there is a clear class structure with non-Aboriginal Canadians at the top of the hierarchy, followed by Aboriginal people with jobs (known as the "assimilated Indians"), and then followed by Aboriginal people who are abused, addicted, unemployed, and uneducated.

According to responses to the National Process Evaluation Survey, KPP team members recognize the following community challenges to be severe (i.e., affecting 80% or more of the population): poor local economic conditions, substance abuse, fetal alcohol syndrome/fetal alcohol effects (FAS/FAE), as well as family violence.

> Never before have we had so many children in broken or never made homes, children into alcohol, drugs and solvent sniffing, and children exposed to violence and sex. **In this community we have had children killing themselves and others**; many that have been put into care and are now raised by an institution rather than families, and children not doing well academically and children lost emotionally [emphasis added].[3]

Moderate challenges (i.e., affecting 40%–80% of the population) included: adult illiteracy, sexual abuse, and lack of transportation and other community resources, facilities, or services. Apathy or lack of active Aboriginal community support and suicide or attempted suicide were considered a slight challenge (i.e., affecting less than 40%) when considering the community as a whole. La Ronge and surrounding Aboriginal communities are also plagued by housing shortages. In some cases, the housing shortage is so acute that as many as two or three families are living in one house. There is a high rate of homelessness among young people (i.e., <25 years) who may have been thrown out or who have left due to violence in the home. With a noted lack of incentive programs for the young and not enough work to go around, this created an environment of dismal prospects. Most young people do not have an education, including women with small children.

There is an unknown number of residential school Survivors, but there were two residential schools in the La Ronge area: Lake La Ronge Mission School was run by the Anglican Church from 1914 to 1947, when it burned down; and according to Elders, there was also a residential school located at Timber Bay, about 150 to 175 kilometres south of La Ronge after 1947.

Today, the children and youth who attended the Lake La Ronge Mission School are Elders, and their children may have attended the latter residential school in Timber Lake. According to one source, the Elders would rather not talk about their experience in residential school, while the men and women who are in their 40s and 50s are more willing to share and openly talk about it.

The community support coordinator did not have time to directly secure information on the social indicators desired by the board (i.e., rates of physical and sexual abuse, incarceration, suicide, and children in care); therefore, the project coordinator was requested to gather this information for inclusion in the case study. However, the project coordinator moved on to another job without completing this task or transferring the request to remaining program team members. In any case, the mental health centre that worked closely with the program provided the following statistics for the La Ronge area. It is clear that the solid majority (71%) of mental health clients are First Nation and many (41%) are youth (13–18 years old). The most common problems in order of frequency are related to: relationships, suicidal ideation, depression, anxiety, and behavioural problems. Assault charges have had a fairly unstable pattern over the past three years with almost one-quarter of these charges being dropped. Of all assault charges laid, many are of a sexual nature and *an alarming proportion of sexual assault charges involve youth and children as victims!* Figures 4 to 8 reveal mental health client characteristics, current mental health issues, and current trends in criminal assault.

Figure 4) Ethnicity of Mental Health Clients: LaRonge, Saskatchewan (1999)

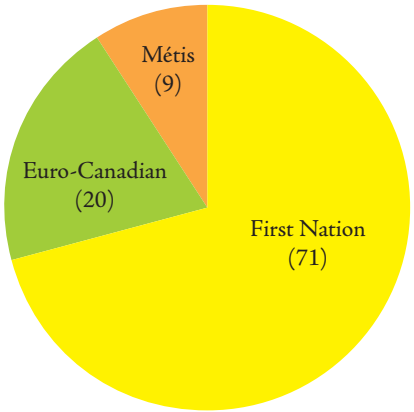


Figure 5) Age Breakdown of Mental Health Clients: LaRonge, Saskatchewan (1999)

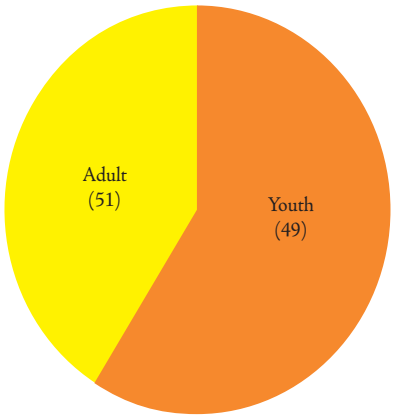
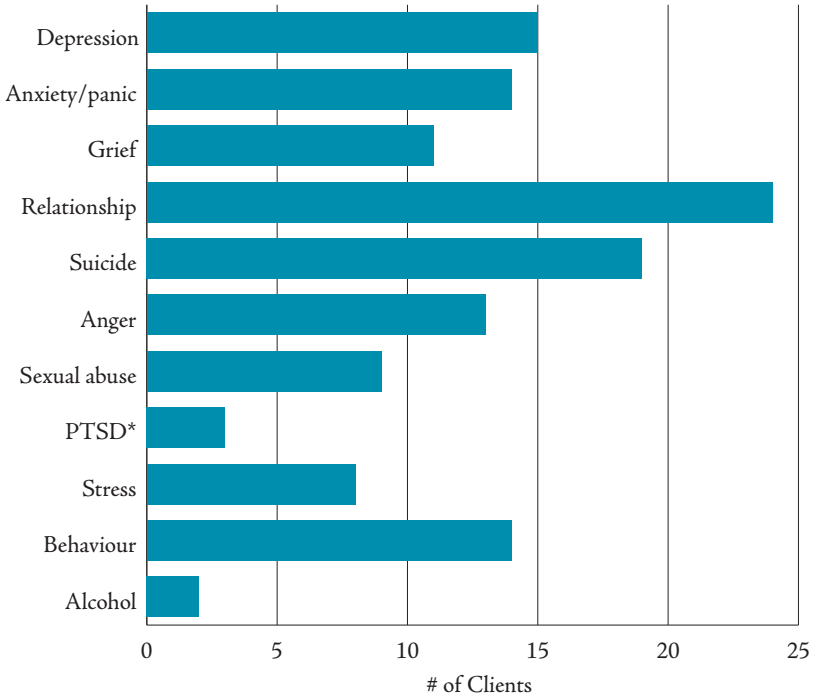
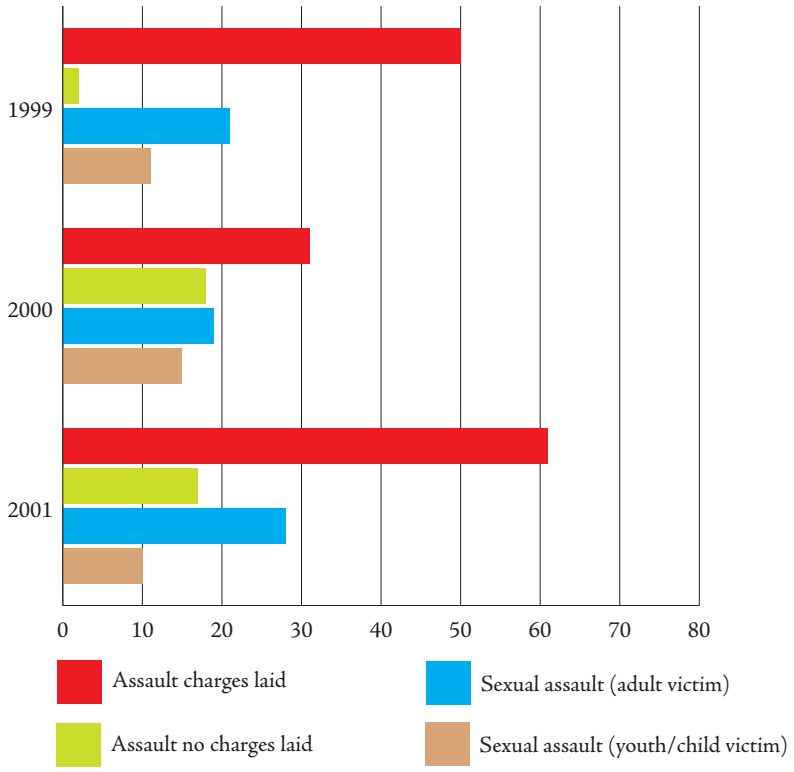


Figure 6) Mental Health Counseling Issues: La Ronge, Saskatchewan (1999)



*PTSD = post-traumatic stress disorder: physical and/or emotional manifestations caused by a traumatic event affecting an individual (e.g., depression, anger, skin rashes, hair loss, or symptoms with no known cause).

Figure 7) Criminal Assault Trends in La Ronge, Saskatchewan (1999–2001)



3. Methods

The case study will evaluate changes in the individual participant and in the community. More specifically, the evaluation questions were:

- Was the program effective at teaching traditional and current parenting skills?
- Did the community's awareness and understanding of the Legacy change?

The analysis is heavily reliant on information gathered from key informants (i.e., project team and selected community service providers), although other sources of information included project files (funding proposal, contribution agreement, quarterly reports, project response to AHF Supplementary Survey of July 2001, and the National Process Evaluation Survey of February 2001). The community support coordinator (CSC) also consulted the La Ronge library and *The La Ronge Northerner* (a weekly community newspaper). Program logic was the only tool available to determine a possible cause of any perceived change.

During the third week of October 2001, one-on-one interviews were conducted with 11 individuals associated with the project or with local community services, including two program team members, two Elders (i.e., the grandparents that were the heart of the program during the first year of the project), and community service personnel (i.e., the friendship centre's personnel (past and present), social worker, mental health worker, alcohol and drug counsellor, and an educator at the elementary school). Other interviews were scheduled with Victim Services and a local First Nation community councillor, but their schedules did not allow for the interview to proceed as planned. In addition, an interview with the local

social worker educator did not provide information as anticipated due to his/her limited interaction with the program. Historical information was sought from the town hall in La Ronge; however, the clerk stated that they did not have any prepared or readily available publications for distribution.

The development of interview questions was based on the project's desired short- and long-term goals (see Figure 1 and Table 1) gleaned from the funding proposal together with several generic and mandatory questions of special interest to the AHF Board. The logic model and performance map were sent to the project prior to the development of questions in order to confirm any changes to project goals from the proposal stage to implementation. The questions attempted to determine change, if any, in participants and community. Key areas of interest were:

- parenting confidence;
- parenting skills;
- use of traditional parenting practices;
- goal setting;
- parent–child interaction;
- youth confidence;
- aftercare;
- community understanding of the legacy of residential schools (Legacy);
- family willingness to participate in the program;
- family understanding of the Legacy; and
- ability of the program to meet the need, be accountable to the community, and monitor and evaluate its own activity.

A copy of the instruments used can be found in Appendix 1. Pilot testing the questionnaires was not a luxury in this case, and the majority of questions were based on the assumption that respondents would have some knowledge of program participants.

Due to time constraints and CSC workload, the Kikinahk Parenting Program project coordinator was given a general list of agencies that were considered desirable contacts. The coordinator facilitated information gathering by providing names, phone numbers, and setting up interviews on AHF's behalf. Actual interviews were conducted by one AHF team member, the CSC for Yukon/NWT, and generally took about one to two hours. In the end, all interviews with one exception did take place. Most of the agencies in La Ronge that serviced Aboriginal people were interviewed or contacted. This allowed a non-biased, general perspective of the project and the community.

3.1 Limitations

There are several threats to reliability and validity that are worth noting here. No *direct* measurement of participants was conducted by the AHF, its employees, or agents due to ethical concerns about the possibility of triggering further trauma without adequate support for the respondent as well as to the limitations of AHF's liability insurance. Because direct assessment was problematic, indirect assessment or the perceptions of key informants were weighted heavily. Furthermore, the program team did not actively solicit or record client satisfaction at the end of their participation or at the end of the project year as a follow-up measure. No standardized instrumentation was used to assess changes in parenting skills. Although it is highly probable that there is no psychometrically evaluated or standardized instrument to determine the unique healing stages of Aboriginal people recovering from the Legacy (institutional trauma),

it is still worth considering the use of other instruments that assess change in parenting ability. At the very least, the client group should have been asked about their perceptions of program effectiveness.

Two days of training were offered to CSCs in the case study process in March 2001 with a follow-up in July 2001. Work began in earnest on this case study in September 2001, and interviews were prepared based on the short-term outcomes identified in the performance map. Interviewers were independent in the field and, in this case, there was no debriefing at the end of each day of interviews. Field notes were reviewed, transcribed, and synthesized by Kishk Anaquot Health Research associates.

There are two lines of evidence in this case study: one directly obtained from the project team and the other from those on the periphery (e.g., school offices and mental health counsellors). Dissent was encouraged in at least two introductory remarks preceding interview questions:

- that there are no right or wrong answers, only answers that are true from your perspective; and
- the report will ***not be able to identify who said what***, so please feel free to say things that may cause controversy.

No special efforts were made to secure unconfirmed evidence, rival explorations, or negative cases. While the program may not have been effective for all participants, the CSC was prohibited from gathering direct evidence from those participants. However, it would be useful for the program to profile those for whom the program was not satisfactory. Further, quantitative information was limited to statistics kept by local police and mental health officials. The luxury of multiple evaluators was not available within the resource limitations; however, all responses were recorded verbatim and discourse analysis done by an external evaluation facilitator. In most cases the CSC role would allow for extended and multiple contacts with most projects; however, in this case, the project was based in Saskatchewan and the CSC serviced the Northwest Territories and the Yukon. Therefore, a basis of familiarity between the CSC and the project team did not exist prior to the data collection phase.

The CSC was mostly reliant on information that was most readily available as only two days could be allocated to gathering data. Significant missing information includes board requested social indicators for the area, the characteristics of those participants who did not respond well to the program, and long-term follow-up of those for whom the program did work.

3.2 Impact on Individuals

From the program team's perspective, participant characteristics certainly changed over time. Initially, only women were coming to the program, but eventually they brought their husbands and teenagers. In fact, the level of participation surprised the program team: "Not in our wildest dreams did we think that this program would become this well accepted. There are fathers who for the first time in their lives are having an emotional family outing with their sons."[4]

Parents became increasingly comfortable to share insights and ask questions, and some appeared to become more relaxed, patient, and skilled communicators over time. They were less likely to "push their teenagers away" by more carefully selecting their tone and words, while others seemed better able to allow their teens to have fun or do things with their teens; they could not do so before. One respondent noted that mothers who have participated in the program are not accessing services as often as those who have

not participated. They believe that mothers who participated in the program are better able to keep their children healthier because of their newly acquired life skills (e.g., nutrition).

From the periphery, success was not always clear, although some respondents did note that at least a few have "straightened out" their lives by getting jobs, going back to school, and improving their relationships. However, not everyone heard evidence about parents sobering up, upgrading, or getting their children back. One community informant (i.e., not employed by the program) noted that some participants are more aware of the impact of addictions upon their family relationships and appear to be closer to their children, yet there are other participants who have relapsed once they returned to their normal routine. The program has inspired some to seek more information on addictions treatment and some to discover that they might suffer from FAS/FAE. In short, a respondent was quick to clarify that while dramatic change was observed in some participants, there were "absolutely no changes" in others, and it is not clear to what extent any change endured beyond the life of the project. Despite the promise shown by those most responsive to the program, some youth remain difficult to reach and, although mothers and teens attend for the most part, fathers remain elusive.

For teen participants, all but one showed a willingness to change. Interestingly, the youth who resisted was still motivated to be at almost all the program activities. In other words, just absorbing the transaction was sufficient enough to keep him coming back to the program. Respondents saw greater enthusiasm and motivation evidenced by increased teen participation in activities and knowledge of traditional practices. A few are thinking about going back to school and some have decided to stay in school. Changes at an emotional level were also obvious: "they enjoy hugging when being greeted and they are sharing at a deeper level about their families."

Some participants accessed other programs (particularly to resolve addictions) and others have secured gainful employment. Still, prevalent substance abuse and family dysfunction hinder the enduring impact of the program on participant families.

There was a clear difference in opinion about whether the program was able to facilitate an increased understanding of the Legacy in participant families. Respondents were equally divided between believing that denial and resistance had not been dismantled and believing that there was an increased openness about the Legacy. Some noted an increased willingness to seek help from other parenting programs like the one at the Piwapan Women's Shelter (such initiative is being taken on more by women than men across all age groups).

3.3 Impact on Community

Respondents are clearly divided on whether there has been an increased understanding of the Legacy in the community. While some argue that many are still in denial, others notice a willingness to at least discuss the Legacy, albeit superficially. In other words, discussion and information exchanges are more readily received when they do not address very sensitive issues. One respondent noted that over the past four years there have been at least three community-wide awareness workshops and a radio talk show in Cree on the Legacy. These media represent a distinct environmental difference from even just five years ago. It is as if hearing it in Cree on the radio made it okay to talk about the Legacy in other venues. Others noted that openness was related to age with those in the 40 to 50 year-old age category appearing much more willing to talk about the Legacy than those who were older.

There were some disagreement about the community's interest and willingness to participate in the program. At least one respondent indicated that, although the community is aware of the program, there was a serious lack of participation. However, other respondents indicated that the number of drop-in visitors and telephone inquiries about program activities increased over time. In fact, one team member related that community members would not wait to receive information about scheduled traditional activities sponsored by the program but actively sought the information. Engaging in harvesting and preparing traditional foods, especially caribou hunting and smoking fish, brought participants back to a fond time in their childhood, and this created an obvious and eager anticipation in the community. Even the young were enthusiastic about learning how to make whistles and other tools from the Elders.

No information was secured on the board-selected indicators of physical and sexual abuse, children in care, suicide, and incarceration; therefore, respondents were asked to offer their opinions about possible changes in these areas. There was no consistent opinion about whether changes in rates of physical abuse were apparent, although many were optimistic that a range of accessible services, such as parenting skills and anger management together with increased awareness of and willingness to deal with the problem, formed a basis for hope. One noted that abuse rates tended to follow a seasonal pattern: "It comes in stages ... people getting laid off, substance abuse, parents abusing their children. It fluctuates ... winter increases, summer goes down ... been like that for years." Another key informant felt that rates of domestic violence were high, and victims, including children, were threatened once they had disclosed the abuse to authorities.

Trends in sexual abuse are also very unsettling. Key informants were clear that primary (directly abused) and secondary (witness to the abuse) victims were getting younger, rates continue to be high, and silence ensures perpetuation. One respondent noted that more emphasis on laying charges in sexual abuse cases and disclosures appear to come in waves with "two or three disclosures, then nothing."

Again, there was a noted inconsistency in opinion regarding whether rates of children in care have changed. Some feel that the rates have increased and have observed that the community's ability to accommodate these children has been saturated. Children in care are now being sent "east, west, and down south." Others had no idea or only a vague impression about whether things were changing, and one felt that the program offered an alternative to placing children in foster care.

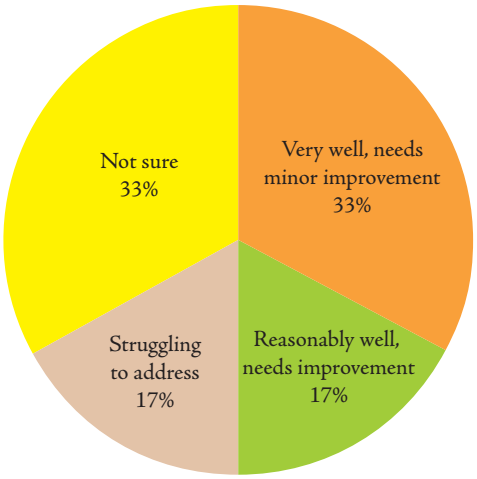
While respondents were clear that there is more awareness and education about suicide that allows for services and individuals to intervene earlier, most did not believe that suicide rates have changed from what is an unacceptably high rate: "In Stanley Mission, there were one hundred and twenty-five attempts in one year out of twelve hundred population." Respondents did notice that suicides appear to happen in geographical and temporal clusters (i.e., they happen together in groups either in time or in space) and believe that they are most likely to happen following a relationship breakdown or the completed suicide of a friend.

Although no clear picture could be obtained about what story the selected social indicators might tell, about half of all respondents felt that the program was addressing the Legacy reasonably well, although many were not sure and a few felt that the project was struggling in this regard. Those who felt that the Legacy was addressed well did so because they saw an increase in a willingness to seek information and, ultimately, help. Others who did not feel the same felt that there was a misunderstanding about what the

program had to offer. In other words, not everyone in the community was entirely clear that the program was a healing program and not a child and family service organization. In addition, there was some confusion about whether the program might be the organization of a class action suit. One suggested that more community-wide workshops on sexual abuse would have been beneficial.

Some respondents felt that sexual abuse issues were being adequately addressed, yet they were not convinced that such abuse was adequately linked to residential school, nor were they completely satisfied that the program was equipped to deal with sexual abuse issues (the program made referrals to social services when serious problems presented themselves). Figure 8 reveals the distribution of opinion regarding the program's ability to address the Legacy.

Figure 8) Ability to Address the Legacy

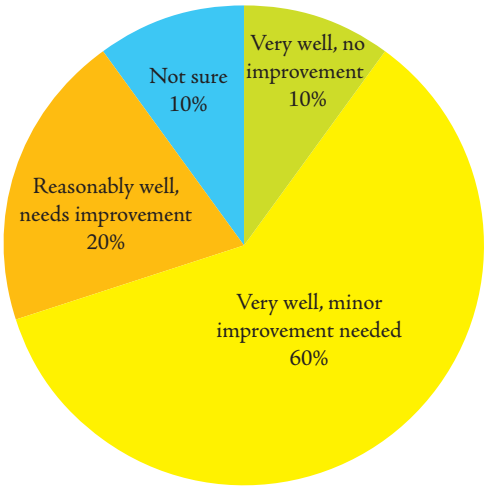


3.3.1 Accountability to the Community

Accountability is understood to be a board responsibility, which the Kikinahk Friendship Centre attempts to fulfill through a newsletter to the community as well as distributing brochures. One radio interview with the program team was also done in Cree, which provided a forum for community feedback. However, the program's steering committee did not meet. One respondent felt that this was due to the fact that most members were professional people who might be too busy.

Although the majority (80%) felt that the program was accountable to the community, they also felt that there was room for improvement. At least one respondent felt that there should be a variety of ways of communicating with the community that included efforts beyond radio, brochure, and newsletter distribution. Also, school officials felt that they should have had a formal opportunity to provide feedback. Figure 9 reveals the distribution of opinions about the program's ability to be accountable.

Figure 9) Accountability to the Community



Outside of project files, records of participation, and AHF reports it is not clear how the program was evaluated, if at all. Files indicate that a formal evaluation was planned for 31 March 2000 that was to address program impact on participants (child, parents, and community); degree of satisfaction expressed by clients and personnel; whether the program was reaching its intended audience; consistency between goals, program design, and implementation; and the extent and efficiency of partnerships.

This evaluation would have followed the guidelines recommended in *Primary Prevention Programming for Children at Risk*;[5] however, there is no evidence that the program was able to follow through with its evaluation plan. In fact, in many of the reports submitted to the AHF, it was clear the program's administrators confused means with ends. In other words, most responses to questions about expected outcomes (i.e., changes in participants) focused almost exclusively on the attainment of implementation objectives (i.e., project participation).

4. Explaining the Results

Parenting education and traditional activities facilitated by skilled Elders, who have long thirsted after the opportunity to right the wrongs of residential school, set a solid footing for those who are eager to end the Legacy's impact on their lives. While the program could not reach everyone in need or have an impact on all those who participated, the information suggests that at least an immediate, even if short-lived, difference was achieved for some families. In addition, albeit not comprehensive or perfect, it appears that the shackles of denial have been loosened in La Ronge. It is not clear whether or not the desired change has had a lasting impact on the program's participants or if any ripple effect is happening in a more general way in the community. To address gaps in understanding, more information is needed by asking:

- What are the participant characteristics of those for whom the program works and of those for whom it does not?
- Does any difference endure six months, a year, or two years later?
- What are the current rates of physical and sexual abuse, children in care, suicide, and incarceration for the target group?

The Elders/grandparents who facilitated the program during its first year of operation won widespread allegiance, as shown by some participants dropping out of the program when the grandparents left. Their non-judgmental comforting and culturally relevant approach to strengthening parenting skills together with their tireless motivation was consistently cited as the reason the program had an impact. Group dynamics and Legacy education also won credit as being powerful change makers. By being part of a group, participants were not alone in their struggle and, over time, came to understand that their struggles were not unique. Participants no longer thought of themselves as "bad" parents, just parents lacking skill and support.

Change was also commonly attributed to participant motivation or a "readiness" for change. The Kikinahk Parenting Program teaches relationship skills that provide an alternative to emotionally charged and generally futile interactions. Participants clearly thirst for these alternatives and the opportunity to break the cycle of abuse, "to learn something different than how they were brought up." Focusing on communication skills, quality time with loved ones, home visits, and the power of effective role modelling were important program elements contributing to change. Most importantly, perhaps, was that participants felt respect from the team, and this facilitated a climate of trust. For young people, feeling heard and understood as well as establishing friendships among their peers made attending the program a pleasant experience.

There are a myriad of explanations for those families and individuals who did not experience life-altering changes as a result of their participation in the program. Community socio-economic conditions and the endurance of denial are perhaps the most notable environmental barriers. However, lack of appropriate and sustained access to parenting education and support programs, personal challenges related to addictions, literacy and poverty, as well as racism and classism may also play a role.

4.1 Partnerships and Sustainability

The Kikinahk Parenting Program worked closely with other programs that ran out of the friendship centre as well as with local institutions and resource people, including the following:

- a teen parent worker position funded by social services,
- Kikinahk Mediation Program,
- Kikinahk outreach worker,
- Saskatchewan Social Services,
- addictions personnel at the health centre (e.g., mental health worker and alcohol and drug counsellor),
- local schools, and
- local Elders.

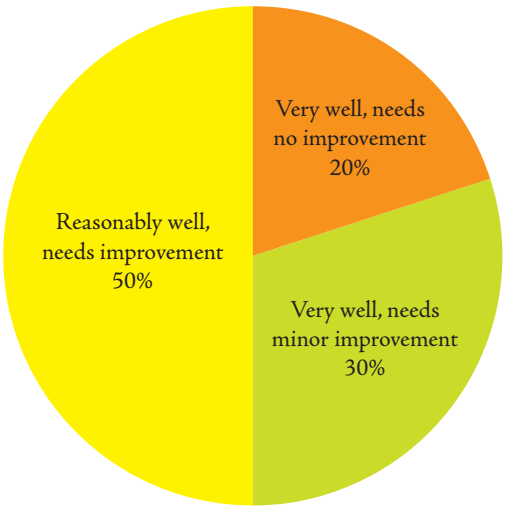
Still, respondents were almost unanimous in their opinions that the program could not sustain activity beyond the life of AHF. Although they saw a continued role for the program in the school, they were almost all doubtful that any other local agency or local fundraising efforts could support its continuation. Those who thought the program would continue beyond AHF cited the friendship centre's efforts to secure federal funds for expansion and program continuation. At the time of this report, the program did not receive funding from any other source.

4.2 Addressing the Need

It is clear that the majority of participants at the program are young single mothers and that community-wide education on the Legacy was met with sparked enthusiasm. The program was also filling a service gap

as a non-mandated (not required or regulated by government), culturally relevant program with access to Cree Elders and traditional parenting skills education. Still, respondents felt that the need exceeded the program's resources and that partnerships might have worked well to achieve greater results. Furthermore, there is evidence that denial persists in La Ronge. One respondent had this to say: "I don't know if the residential school happened too long ago, but there is a lack of acknowledgement." Eighty per cent of all respondents felt that there was room for improvement in the program's ability to target those in greatest need. Figure 10 shows the distribution of opinions regarding the program's reach.

Figure 10) Ability to Address the Need



6.3 Successes and Best Practices

The presence, experience, and character of the Cree grandparents were consistently credited with any positive change noted in program participants. Feasting, conferencing, lessons in parenting and communication, scheduled family outings, traditional activities, and Legacy education were also well received by participants and considered successful program elements by most respondents. In particular, a community conference, entitled *Journey to Awareness*, sponsored by the program was credited with opening the dialogue about sex, violence, and teen power struggles. It was a "bare all" conference where the community had opportunity to face the truth head on. Beyond widespread communication efforts, establishing working relationships with complimentary services and ensuring that the program's team members maintained their own efforts to guard wellness were also considered best practices. Also, the team believe that the project's location, leadership, and community support help to create conditions where change was possible.

4.4 Challenges

No clear message is apparent with respect to service demand and participation. While some believe that there are inadequate services to meet demand, others are equally adamant that lack of community involvement and soliciting program participation has been a challenge, particularly when it comes to enlisting youth. Other respondents felt that the drop-in nature of the program's activities at the centre has led some community members to view it merely as a babysitting or daycare service, and there was a strong and nearly unanimous sentiment that limited resources spelled limited results. The need for strong

administration and dedicated teams with adequate training and education as well as vision for the long haul was clear. Short-term "patch it up" projects are no substitute for committed, continuing services. Annual fund-seeking efforts were felt to be diverting resources from those in need. "If they did not have to put in so much energy every year fighting for those dollars, that energy could be put into the program." There was also some noted tension between the centre's board and the program team. More specifically, the board was opposed to a variety of program ideas, including the use of traditional spiritual practices.

High personnel turnover was frustrating. Employees with education and skills are offered better paying jobs by other local organizations, which hinders program quality and communication efforts. The program did not have client satisfaction questionnaires for all its activities and sessions nor was a formal evaluation done as planned; therefore, the program's coordinator had a limited ability to make note of trends for unique groups. Transportation was a problem when it came to off-site delivery of the program, as there was inadequate vehicle space to transport all clients and materials. One of the challenges for the grandfather was encouraging teens who have been in trouble with the law to participate in the program. The grandfather recalled a disappointing time when a moose-hunting trip was planned and the fathers backed out at the last minute; the trip went ahead despite their lack of commitment.

According to results obtained from the national survey, poverty and lack of parenting skills are severe challenges (affecting 80% or more of program participants). Lack of Survivor involvement, denial, fear, grief, history of abuse as a victim, history of foster care, family drug or alcohol addictions, and lack of literacy and communication skills were considered moderate challenges (affecting 40%–80% of the group). But, according to local respondents interviewed for the case study, the issue of FAS/FAE is a big problem and almost all participants were affected and required greater than normal attention within the program as a result. History of suicide attempts and adoption affected less than 40 per cent of all participants, according to the national survey, but there were others who claimed that widespread substance abuse and suicides were having an impact on the program.

Denial was also a barrier to progress that respondents believed could be resolved by increased Survivor involvement in program planning. More involvement from parents of youth would also facilitate the program's ability to give support and guidance to other parents of teens. It was a constant challenge for the Elders to encourage participants to be with their families and attend activities with their children. Greater partnership with the schools could have supported youth involvement in the program, which was also considered very low.

4.5 Lessons Learned

In point form, some of the lessons learned by the program team include the following:

- a need to budget more time than originally anticipated to find the right people for the job;
- exhaustive criminal records checks are absolutely essential, even if time-consuming and frustrating (the program was faced with dismissing an employee who had a criminal record, which was only discovered after that person was hired);
- referrals were made to other more stable organizations so that dependency was not created within a short-lived program with an uncertain future, as the program saw the potential for some clients to become dependant on the services they provide;
- you cannot tell Elders what to do;
- the program underestimated the workload and team burnout was a constant risk;

- the neck bones and bannock supper organized by Elders for Elders and their families was generally very popular, and teen dances were a favourite with youth;
- more rigorous screening of professional credentials and abilities of team candidates is required if a professional element is needed or planned;
- bringing tough issues out in the open and speaking the truth about the socially stigmatized behaviours and conditions, which lurk behind silence, can lead to partnerships and initiatives to face problems head on (e.g., FAS/FAE);
- schools are very interested in finding Elders that are knowledgeable in traditional ways;
- a combination of Western and traditional healing methods would have worked well and was a part of the program's plan, but securing professionals with the necessary clinical skills was a challenge;
- it is wise to anticipate and immediately quash any efforts by lawyers to secure Survivors' names as a way of boosting participation in class action suits; and
- team members felt it might have been better to start in the smaller surrounding communities as La Ronge was too big to reach the target group.

5. Conclusion

Was the Kikinahk Parenting Program able to make parents feel more comfortable about their role and send them off with new skills? This was the case for some participants, yet a different approach may be required for others more resistant to change. The program appealed more to women than men. While it did spark an interest in Legacy education and increased community understanding of the impact, a wall of denial and silence still persists.

Several important ingredients have been credited with the progress that the program was able to achieve, which includes: the commitment, expertise, and interpersonal style of the Elder grandparents involved; participant motivation to ensure that their children's lives would be better than their own; the non-mandated, culturally relevant nature of the project; and a community and program climate that placed individual struggles within the context of a social injustice. But, like any healing process, the development of parenting skills takes time. It may require years of investment before the program could create lasting healing from the Legacy in the La Ronge area.

There is a clear difference between those who are ready to face and heal from the Legacy and those who are not. While initial and resource-restricted efforts should focus on those who are ready, some guidelines should be offered about how to creatively dismantle denial where it exists, not just in a community context because we know Legacy education works well in this regard, but also on an individual basis. It has been repeatedly demonstrated that inviting and attracting women to participate can act as a catalyst within the family, and unique strategies are needed for men who are consistently and significantly under-represented in healing programs.

6. Recommendations

Several recommendations emerge from examining the experience of the Kikinahk Parenting Program as well as from preparing this case study. These fall under three general headings: team building, project delivery, and evaluation.

Team Building:

- in selecting steering committee members, ensure that there is a willingness to commit themselves to the life of the project;
- hire dedicated project personnel that have the education and skills to carry out their roles and responsibilities and are in for the long haul; and
- consult Survivors in the hiring and program development processes.

Project Delivery:

- healing from the Legacy requires vision. There must be a stronger emphasis on continued services (i.e., 10–25 years);
- involve local schools in Legacy education through partnership with AHF-funded projects and local Elders;
- refer serious issues to the appropriate agencies upon disclosure of sexual, physical, mental, and child abuse and any other matter requiring professional care when it is not available in the context of the AHF-funded project;
- focus on target groups in the smaller surrounding communities; and
- build capacity and human resources, especially as it relates to breaking down the barriers of denial and enlisting the participation of men in healing programs.

Evaluation:

- the Kikinahk Parenting Program should create client satisfaction questionnaires from the *Community Guide to Evaluating Aboriginal Healing Foundation Activity* for funded projects, engage in the formal evaluations planned, and add a long-term follow-up of program impact;
- ensure the project team is clear about the distinction between activities and outcomes; and
- profile those for whom the program seemed to work and identify what is different about those for whom the program worked versus those for whom the program did not. Is denial the only barrier? What other distinguishing characteristics are clear? Age? Sex?

Notes

[1] Métis, Inuit, First Nation, and non-status; youth, men, women, gay or lesbian, incarcerated, and Elders; urban, rural, or remote; north, east, and west; community services; conferences/gatherings; performing arts; health centre (centralized residential care); day program in the community; healing circles; materials development; research/knowledge-building/planning; traditional activities; parenting skills; and professional training courses.

[2] Information from the Kikinahk Parenting Program quarterly reports submitted to the AHF.

[3] Information from the Kikinahk Parenting Program application for funding submitted to the AHF.

[4] Information from the Kikinahk Parenting Program quarterly reports submitted to the AHF.

[5] Saskatchewan Institute on Prevention of Handicaps (1994). *Primary Prevention Programming for Children at Risk*. Saskatoon, SK: Saskatchewan Institute on Prevention of Handicaps.

Appendix 1) Questionnaires

KIKINAHK PARENTING PROGRAM Interview Questions

Before we begin I would like to ensure you:

- that there are no right or wrong answers, only answers that are true from your perspective, we are hoping to learn more about your attitudes toward the program and it's performance and there may be questions that you cannot answer. It is completely acceptable to say that you don't know.
- your participation is strictly voluntary and you can choose to answer or not answer questions as you see fit
- the project has been selected based upon the criteria that were important to the board (i.e. geographic, group representation, project type, etc and ***not*** on past/present performance, this is a case study, to help us learn more about the strengths and weaknesses of our effort.)
- we are *only trying to learn from your experience* so that we can help others get what they want from their AHF projects
- the report will *not be able to identify who said what*, so please feel free to say things that may cause controversy
- and, for the most part, it is important to focus your comments or opinions upon things that you have noticed in *individual* participants.

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).

I would like you to first think about the parents and grandparents participating in the program:

1. Have you noted changes in Parent confidence?

   Yes Somewhat No Don't know Not sure

   Thinking very specifically about the participants in the program (i.e. What they have said or done), what have you observed that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

   About how many participants are experiencing the same thing (i.e. Saying or doing the same thing)? Circle one.

<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this has happened? What could explain the changes that you have observed?

   _____

   _____

2. Have you noted changes in Parenting Skills? Yes No

   Thinking very specifically about the participants in the program (i.e. What they have said or done), what have you observed that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

   magnitude of change?

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

3. Have you noted changes in the use of traditional parenting practices? Yes No

Thinking very specifically about the participants in the program (i.e. What they have said or done), what have you observed that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

magnitude of change?

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

4. Have you noted changes in parents with respect to goal setting? Yes No

Thinking very specifically about the participants in the program (i.e. What they have said or done), what have you observed that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

magnitude of change?

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

5. Have you noted changes in Parent and child interaction? Yes No

Thinking very specifically about the participants in the program (i.e. What they have said or done), what have you observed that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

magnitude of change?

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

6. What other things about the parents would you like to share?

Thinking very specifically about the participants in the program (i.e. What they have said or done), what have you observed that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

Why do you think this has happened?

Now, I would like you to think about the children and the youth involved.

7. Have you noted any changes in Youth confidence?

   Thinking very specifically about the participants in the program (i.e. What they have said or done), what have you observed that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

   What do you feel is the magnitude of change?

<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this has happened?

8. To what extent do families maintain aftercare? (eg: social/ therapeutic)

   Thinking very specifically about the participants in the program (i.e. What they have said or done), what have you observed that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

   magnitude of this change?

<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this has happened?

9. Which answer best describes your opinion about the participants who have completed the kikinahk Parenting program. Do you believe that as a group, their risk 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
Suicide:	increased	stayed the same	decreased	unsure

   Please explain:

I would like you to now think about the community more generally involved in this project.

10. Have you noted changes in your community's understanding of the Residential School Legacy? Yes No

    What have you noted that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

How many people in the community have been affected?

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

11. Have you noted changes in families understanding the impact of the Residential School Legacy? Yes No

    Thinking very specifically about the community (i.e. What have you seen, or heard or felt), that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

How many community members have been influenced this way?

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

12. Have you noticed if more families are indicating a need or willingness to participate in the Parenting Program?

    Increased Decreased The same Haven't noticed

    Thinking very specifically about community members (i.e. What they have said or done), what have you observed that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

magnitude of this change?

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this happened?

13. In the last 12 months, please state whether you feel community understanding of the Legacy has:

    increased stayed the same decreased unsure

    How do you know this?

    Why do you believe this has happened?

14. 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 this?

Why do you believe this has happened?

_____

_____

MANDATORY QUESTIONS:

1. How well do you believe "Kikinahk Parenting Program" has addressed the Legacy of Sexual and physical Abuse in Residential schools including inter-generational impacts? Please circle 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 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 for why you feel this way:

_____

_____

2. How would you rate the projects 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 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 for why you feel this way:

_____

_____

3. How well has "Kikinahk Parenting Program" been accountable to the community?

(i.e. engaged in clear and realistic communication with the community as well as allow for community input) Please circle one response only:

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well but needs 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 and some examples of the projects accountability to the community.

4. Do you see "Kikinahk Parenting Program" being able to operate when funding from the Foundation ends? Please specify.

_____

_____

_____

5. How well is the project able to monitor and evaluate its activity? Please circle 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 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 or examples on how you have seen this take place:

FINAL PERSONAL NOTES & OBSERVATIONS:

GENERAL QUESTIONS (for respondents NOT employed by KPP) KIKINAHK

Name:_____ Profession:_____ Date:_____

Before we begin I would like to assure you:

- that there are no right or wrong answers, only answers that are true from your perspective, we are hoping to learn more about your attitudes toward the program and it's performance and there may be questions that you cannot answer. It is completely acceptable to say that you don't know.
- your participation is strictly voluntary and you can choose to answer or not answer questions as you see fit
- the project has been selected based upon the criteria that were important to the board (i.e. geographic, group representation, project type, etc and *not* on past/present performance, this is a case study to help us learn more about the strengths and weaknesses of our effort.)
- the report will *not be able to identify who said what*, so please feel free to say things that may cause controversy
- and, for the most part, it is important to focus your comments or opinions upon things that you have noticed in your position as ... (chief, nurse, etc.). To start, I would like you to share with me your involvement or knowledge of the KPP

I would like you to now think about the community generally:

1. Have you noted changes in your community's understanding of the Residential School Legacy?
   Yes No

   Thinking very specifically about the community (i.e. What have you seen, or heard or felt), that makes you feel this way:

   _____

   _____

Participation	Individual ideas	Individual behaviours	Community conditions

   How many people in the community have been affected?

<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this has happened?

2. Have you noticed if more families are indicating a need or willingness to participate in the Kikinahk Parenting Program?

   Increased Decreased The same Haven't noticed

   Thinking very specifically about community members (i.e. What they have said or done), what have you observed that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

   magnitude of this change?

<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this happened?

   _____

   _____

   Thinking more specifically about the program:

3. How well do you believe Kikinahk Parenting Program has addressed the Legacy of Sexual and physical Abuse in Residential schools including inter-generational impacts? Please circle 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 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 for why you feel this way:

4. How would you rate the projects 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 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 for why you feel this way:

5. How well has Kikinahk Parenting Program been accountable to the community?
(i.e., engaged in clear and realistic communication with the community as well as allow for community input)
Please circle one response only:

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well but needs 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 and some examples of the projects accountability to the community.

6. Do you see Kikinahk Parenting Program being able to operate when funding from the Foundation ends? If yes, how and what steps are you aware of?

7. How well is the project able to monitor and evaluate its activity? Please circle 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 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 and examples on how you seen this take place

8. What do you think are KPP's strengths? (What seems to be working well, what are the success stories)?

9. What type of change do you see happening in the lives of people who have participated in KPP? If any?

10. What are some of the challenges that KPP faces (What are its weaknesses?) Please specify.

11. Are there any other questions or comments about Kikinahk Parenting Program that you would like to see addressed that we may have missed?

12. Thinking very generally about the community, which answer best describes your opinion about the following rates of:

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
Suicide:	increased	stayed the same	decreased	unsure

Please explain: