Building A Nation Family Healing Centre Inc.

Project Number: CT-2429-SK/1256-SK

Case Study Report

Healing the Multi-generational Effects of Residential School Placement— Urban Access Program

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The staff at Building A Nation Family Healing Centre Inc. were instrumental in allowing much needed insight into how their clients have been affected by residential schools and governmental policy. I wish to thank this project for sharing time and energy and by allowing me to visit and talk with them on how this project has supported their clients. Thank you.

1. Introduction

A series of case studies was conducted as part of the impact evaluation of the Aboriginal Healing Foundation (AHF). The case studies were intended to provide a detailed, holistic view of the projects and their ability to contribute to desired outcomes. This case study was selected to reveal the unique challenges facing urban-based projects with First Nations, Métis, homeless, and incarcerated individuals from a Western geographical perspective. All data collection, analysis, and synthesis was done by Community Support Coordinators under the facilitative guidance of Kishk Anaquot Health Research.

The project that forms the basis for this case study is entitled "Healing the Multi-generational Effects of Residential School Placement—Urban Access Program" (AHF-funded project # CT-2429-SK/1256-SK). It was described in the funding application as seeking to:

> provide clinical and traditional counselling services, as well as child custody, justice system, and social assistance program support to individuals and specific interest groups. Clinical services are provided by a registered counselling psychologist, a certified mental health therapist, whose practices are done in the four-directions worldview providing counselling to women, children, men and couples. Crises services are provided by trained crises intervention counsellors of Aboriginal descent. We have a traditional therapist who provides traditional ceremonies and practices, as well as counselling to our clients and survivors ... Counselling services are provided to non-status First Nations, Métis, and non-Aboriginal family members are provided, as well as follow-up services for Treaty First Nations persons whose Health Canada counselling benefits have ended; services include Traditional healing ceremonies and practices for clients, extended family members, and community-at-large persons seeking support.[1]

This report provides a description of the Building A Nation Family Healing Centre Inc. project (herein referred to as the project or BAN), including activities, participant characteristics, and environmental factors that may influence the project. This includes a description of the community and potential indicators of change, along with those chosen by the AHF Board to be applied to all projects (physical abuse, sexual abuse, incarceration, suicide, and children in care). The project's best practices, successes, challenges, and lessons learned are discussed as well as impacts on individuals and the community. The methodology section provides detail on the data collection process and limitations to the methods used. Sources of information included project files (funding proposals and quarterly reports); the AHF National Process Evaluation Survey (NPES), February 2001; key informant interviews with the project team and randomly selected community service providers; and documents and data collected by the community support coordinator (CSC) as part of the case study process. In particular, information provided by the project through its database offered important insights on client characteristics. Project files indicated use of standardized assessment tools (Myers-Briggs, Connors Scale, etc.); however, such information or analysis was not made available as the instruments were used as self-awareness tools only.

> During the assessment with Myers-Briggs, after it is complete and we analyze it and transfer it to the Medicine Wheel concept, we hand them over the assessment sheet and rip up the other portion to show them we are not about keeping personal information or [that we would] use it against them later. It is an attempt to build trust.[2]

Some conflict was noted between data sources (i.e., the National Process Evaluation Survey, internal client records, and quarterly reports); therefore, a decision was made to use internal records from Building A

Nation Family Healing Centre Inc.'s database as a first option and fourth quarter statistics for any other information required.

2. Methods

All project files were thoroughly reviewed prior to preparing the logic model and performance map. Interview questions were later developed for both internal and external agencies (see Appendix 3). Preliminary contact was made with the therapist to introduce the CSC and the case study process and to secure potential interviewees. Several unsuccessful attempts were made to secure analyzed summaries of standardized assessments consistently referenced in quarterly reports.

Over the course of four and a half days (3–7 March 2002), one-on-one interviews were conducted with seven people who primarily worked for BAN and/or served on its board. One person chose not to respond to most questions because that person did not see clients in any counselling capacity. In addition, four of these seven people were given interview questions prior to their interview. A different set of questions was delivered to external agencies that were identified from project files as having some formal or semi-formal relationship with BAN. From a list of 11 agencies, five were successfully reached and interviewed (by phone) during the visit to Saskatoon and afterwards.

Data from provincial departments of Social Services and Bureau of Statistics were also collected to provide a provincial picture of Aboriginal life in Saskatchewan. Further information was taken from Statistics Canada's 1996 Census as well as crime-related figures and profiles from Correctional Services of Canada. The project provided a database printout of anonymous client profiles. The study relied heavily on project files, database information provided by the project, and key informant perceptions of change in participants' knowledge, attitudes, skills, and behaviour.

2.1 Limitations

Unfortunately, no summarized analysis of the standardized assessment tools mentioned in project files were available. However, the project did maintain and share information on participant characteristics of particular interest to the AHF (e.g., history of physical abuse, sexual abuse, incarceration, suicide, and foster care). The database also provided the total number of clients and frequency of counselling sessions.

The perceptions of key informants were weighted heavily because direct assessments were kept confidential and were used primarily for client-centred purposes only (e.g., to create self-awareness). Participant feedback was primarily unsolicited and informal, and this was also not available. Still, some participant voice was gathered regarding the Circle of Voices theatre production.

Two days of training were offered to CSCs in survey development and interviewing techniques in March 2001 with a follow-up in July 2001. Work began in earnest on this case study in March 2002, and interviews were prepared based on the short-term outcomes identified in the performance map. The interviewer was independent in the field and, in this case, minor debriefing after each day of interviews took place. Field notes were reviewed and transcribed only after all interviews were conducted. There were really only two line of evidence in this case study, the project team and project files. 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.

Attempts to secure disconfirming evidence, rival explorations, or negative cases included soliciting information from five external and fiscally independent agents. Other possibilities to secure this type of information were not possible due to lack of time. The only quantitative information obtained was limited to participant characteristics, rates of participation, and provincial social indicators. The luxury of multiple evaluators was not available within the resource limitations; however, the context and data were reviewed and most responses were recorded verbatim permitting verification and re-analysis by an external evaluation facilitator. Having the analysis verified and re-analyzed by an external evaluator may have reduced bias associated with only one investigator.

The interviewer was mostly reliant on information that was readily available as only four and a half days were used to conduct one-on-one interviews and gather data from the project. In addition, phone interviews took place with all external agencies. The most important information missing was social indicator data relevant to the Aboriginal population of Saskatoon, disconfirming points of view from the participant group, as well as more long-term follow-up of individuals based on the desired outcomes identified.

3. Project Description

The BAN project applied separately for each of the two years under review. It was funded in its first year from 1 May 1999 to 30 April 2000 with a contribution of $210,229. In its second year, which operated from June 2000 to 31 May 2001, a further $222,800 was secured from the AHF. Both funding applications highlighted the need for continuous services, not just for crisis intervention. In particular, BAN wanted to offer therapy, healing activities, and continuing support. The first year included involvement with a cultural camp hosted by the Saskatoon Police Force, crisis services, and a drop-in centre. Year two continued the work started in year one with the following added or expanded goals:

- return the four-directions worldview (the Medicine Wheel and the Dene Drum) as the basis of helping and healing therapies;
- provide an urban infrastructure support system that includes advocacy services for persons involved with the justice, child custody and social welfare systems; and
- address the longer-term need for a learning model of self-directed and family-based solutions to conflict resolution and crisis intervention issues.

BAN offered both healing and training. Review of quarterly reports showed two key training programs that were offered (Aboriginal Parenting Skills and Counselling First Responders). The latter became known as A.C.C.E.S.S. (Aboriginal Counselling and Cultural Education Strategies and Systems) and offered four levels of certification. In addition to the individual and group counselling, healing activities included traditional celebrations and ceremonies, continuing support (e.g., drop-in centre, client advocacy for those involved with the justice system, child custody, etc.), and social gatherings. Training was considered as part of the continuing support to help individuals manage personal and familial crisis independently. Appendix 1 shows participation figures by year, quarter, and male-to-female participation rates. It is interesting to note that men appeared to have higher participation rates in a number of areas.[3]

The logical link between BAN's activities, what they hoped to achieve in the short term and the desired long-term outcome was summarized in Table 1 on the following page. Table 2 is a "performance map" that summarizes BAN's activities and goals (referred to as long- and short-term outcomes) as well as the indicators that show how change was measured.

Table 1) Logic Model—Healing the Multi-general Effects of Residential School Placement —Urban Access Program

Activity	Therapy/healing activities.	Continuing support.
How we did it	Ongoing individual and group counselling; powwow, cultural camp, sharing circles, sweat lodge ceremonies, cultural industries, and cultural teachings; develop an appropriate assessment and evaluation strategy; and seek avenues to ensure BAN sustainability.	Drop-in centre; social gatherings; crisis intervention (first responders) training; life skills; parenting skills; partnerships with early-diversion youth program and male correctional facility, adjunctive client advocacy services, life skills, and housing support; public speaking; outreach; and inter-agency partners and exposure to healthy role models.
What we did	# of individuals counselled; # of individual counselling sessions; # of groups in counselling; # of common interest circles (e.g., family, volunteers, parolees, etc.); database design and management; drama play/video production; music/dance lessons; visual/graphic arts classes; sweat lodge, pipe, and feast ceremonies; and kick-boxing classes.	# of training courses; # of community release plans and client support appearances (court, child custody, etc.); # of presentations; and curriculum development on residential school history and recovery.
What we wanted	Reduced substance abuse, risk for suicide, criminal activity, and recidivism; greater cultural identity/pride; reduced abuse; less involvement of Aboriginal clients with agencies (child custody, justice, and social assistance); increased use and understanding of traditional healing methods; increased access to culturally appropriate services; and sustainability.	Effective and enhanced support networks; improved interpersonal relationship skills; evidence of a greater sense of community spirit and involvement/belonging; increased use of self-directed and family-based solutions; increased ability to intervene in a crisis and resolve conflict; and increased access to advocacy services.
How we know things changed (short term)	Rates of participation in project activities and service access; measures of participant life satisfaction as well as that of participant family members; self-reported and observed evidence of changes in self-sufficiency, relationship/communication skills, knowledge, and use of traditional healing practices; # of agencies with formal working protocols with BAN and their ratings of the quality of interaction with BAN; self-reported and observed social and familial support; # of disclosures; # of referrals; self-reported and observed improvements in crisis management skills; and degree to which project builds sustainability (amount of ongoing committed funds toward BAN activity).	
Why we are doing this	To provide ongoing effective opportunities to heal individuals and families in order for clients to have greater self-direction to manage personal and/or family crisis.	
How we know things changed (long term)	Rates of lateral abuse, incarceration, children in care, sexual abuse, suicide and attempts, participation and volunteerism in community events, and dependence upon social assistance.	

Table 2) Performance Map—Building A Nation Family Healing Centre Inc.

MISSION: To promote health and well-being to urban-based Aboriginal people by providing a program as a form of stable, community-based, accessible support that will lead to recovery from the multi-generational effects of residential school treatment and a return to personal self-sufficiency.			
How?	**Who?**	**What do we want?**	**Why?**
Resources	**Reach**	**Results**	
activities/outputs		**short-term outcomes**	**long-term outcomes**
Provide healing activities; and therapy, individual, and group counselling—traditional and Western-based—and crisis intervention.	Survivors and later generations (couples, families, and incarcerated).	Increased use of self-directed and family-based solutions; increased # of individuals and families involved in healing; increased access to culturally appropriate services; increased understanding and use of traditional healing methods and ceremonies; increased # of effective support networks regain balance and self-directed control; and improved interpersonal relationship skills.	Restored balance and harmony in individuals and families; increased sense of community; reduced dysfunction; and healthier lifestyles.
Provide continuing support through training in crisis intervention, Aboriginal parenting skills, as well as client advocacy.		Increased ability to intervene in a crisis and resolve conflict; increased # of effective support networks; increased use of self-directed, family-based solutions; and increased access to culturally appropriate advocacy services.	
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**
$433,029 over 2 years	# of participants from Saskatoon, surrounding communities, and nearby correctional facilities.	Rates of participation in project activities and service access; measures of participant life satisfaction as well as that of participant family members; self-reported and observed evidence of changes in self-sufficiency, relationship/communication skills, measures of knowledge, and use of traditional healing practices; # of agencies with formal working protocols with BAN and their ratings of the quality of interaction with BAN; self-reported and observed social and familial support; # of disclosures; # of referrals; self-reported and observed improvements in crisis management skills; and degree to which project builds sustainability (amount of ongoing committed funds to BAN activity).	Rates of lateral abuse; incarceration; children in care; sexual abuse; suicide and attempts; participation and volunteerism in community events; and dependence upon social assistance.

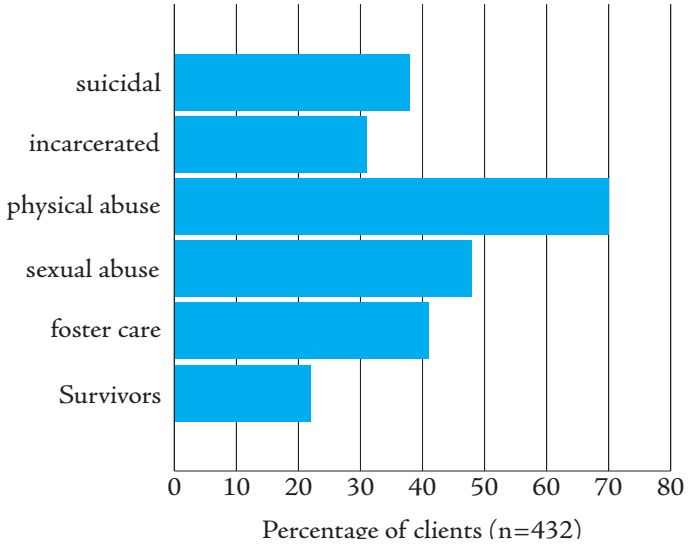
3.1 Participant Characteristics

The project was intended to serve Survivors and their descendants primarily in the city of Saskatoon; however, some nearby First Nation communities were also served and at least one federal correctional healing lodge. Participants at the cultural camp, hosted by the Saskatoon police department with BAN involvement, were described as:

> Likely multi-addicted, prone to a lifestyle of dependency and living from crisis to crisis, involvement with the criminal justice system, minimal, if any understanding of Aboriginal culture, past and current family violence and low self esteem. In short, a microcosm of Aboriginal people who suffer from the multi-generational effects of the Residential school.[4]

The following graphic further describes participant histories for BAN participants. The vast majority (70%) have experienced physical abuse, many (slightly less than 50%) are sexual abuse victims with a history of suicide attempts and ideation, and just over 40 per cent had been wards of the province.

Figure 1) Participant Histories



In most quarterly reports, the percentage of direct Survivors (i.e., those who attended residential school) remained at or near the 80 per cent mark. All participants accessed at least one of the following agencies or services or, in many cases, all three: family services, criminal justice, and social assistance.[5]

The National Process Evaluation Survey (NPES) showed that participants involved in the healing component were: mostly male (66%); females accounted for 33 per cent; 25 per cent to 33 per cent were incarcerated; 15 per cent were homeless; youth accounted for 12 per cent; 5 per cent were Elders; and 1 per cent to 2 per cent were gay/lesbian.[6] The vast majority were First Nations (90%) off-reserve and Métis (6%), Inuit (1%), and First Nations on-reserve (1%) accounted for the rest. For the training component, the majority of those involved in training were women (45%); men accounted for 35 per cent; 11 per cent were families; 5 per cent were Elders; 4 per cent were youth; 1 per cent were gay/lesbian; 1 per cent were homeless; and no training was delivered to incarcerated individuals.[7]

Severe participant challenges (more than 80%) were identified as: lack of Survivor involvement in the project; history of incarceration; denial, fear, and grief; lack of parenting skills; history of suicide attempts; history of abuse as a victim; history of abuse as an abuser; history of foster care; family drug or alcohol addictions; poverty; and lack of communication skills.[8]

The amount of time an individual participated in healing was from 80 to 100 hours from beginning to end. While the NPES showed the total number of participants was 1,100, the total number was still unclear as different sources stated different figures. In terms of completing the program, 125 people were listed with another five to six people not completing the healing component. The reason given for those who did not complete the program was said to be entrenched psychopathologically. The NPES identified 98 people who received training at 15 hours per person and only 3 per cent did not complete training because the content was too painful.

3.2 The Project Team—Personnel, Training, and Volunteers

The following table shows the number of project staff over the two-year period under review.

Table 3) Yearly Project Staff

Year One Title	# of Positions	Year Two Title	# of Positions
Counsellor/Case Worker	1	Psychologist	1
Youth Worker	1	Traditional Therapist	1
Mental Health Therapist	1	Case Manager	1
Theater Project Coordinator	1	Youth Worker (1 male and 1 female)	2
		Legal Advocate	0.5
		Executive Director	1
		Financial Comptroller	1
		Receptionist	1
		Public Relations Officer	0.5
		Office Manager	1
		Women's Therapist	1

In addition to the project team, an advisory board was established with designated Survivors. According to the second-year funding application, their role was stated as follows: "Advisory Board will have direct input to the design of data gathering instruments, analysis of data, and both formative and summative evaluation phases of project management and reporting."[9]

The NPES showed that there were nine full-time employees (working 30 hours per week or more) and seven part-time employees (less than 30 hours per week). In addition, volunteer service was listed as 60 hours per month. During the study period, project staff were engaged in training and professional development. The basic and advanced training received by staff are outlined in Appendix 2.[10]

The project reported several areas where further training was needed: crisis intervention, trauma awareness, counselling skills, Aboriginal language/culture, computer/Internet training, Legacy education, the

application of the Charter of Rights and Freedoms, dealing with family violence, and programs related to family functioning (e.g., child development/parenting skills).

4. The Context

Very little information was found on the selected indicators (suicide, children in care, physical and sexual abuse, and incarceration) for the Aboriginal population in Saskatoon. The follow figures for the province and for the non-Aboriginal population are intended to only provide a general context.

The project operated mainly in an urban setting; namely, Saskatoon, Saskatchewan. In the 1996 Census, Statistics Canada identified the population for Saskatoon at 193,647 people, and it also cited a figure of 219,056 for the greater metropolitan area. Saskatoon is the largest city in Saskatchewan. There are a number of Aboriginal groups in Saskatchewan, fewer are Inuit (170 persons), Métis people represent the next highest (35,655), and the First Nations population is generally made up of Cree, Ojibway, Dene, and highest is Chipweyan at 72,835.[11] This did not suggest that other First Nations groups were not present in Saskatchewan, only that the above-mentioned groups are indigenous to the area. What can be gathered from these figures is that the proportion of Aboriginal people compared to the overall Saskatchewan population was significant. The Aboriginal population in Saskatoon was listed as being 16,160.[12] The project, in its funding application, estimated the Aboriginal population at about twice this number (30,000).

Saskatchewan First Nations people have what are commonly called "number" treaties (or Victorian treaties) because numbers were assigned to the treaties negotiated between Canada and First Nations under the reign of Queen Victoria.

Unemployment figures show that Saskatoon had a 7.5 per cent rate, slightly higher for males (7.7%) than females (7.4%). Saskatchewan had an unemployment rate of 7.2 per cent in 1996, compared to Canada with a rate of 10 per cent for the same period.[13] The project reported in their second year application that:

> The Saskatoon area has the full range of services expected in a major city, but access to these is severely limited compared to the need in Aboriginal families; none of these [services] has adequate Aboriginal content or cultural sensitivity to Aboriginal values; even though Aboriginal persons are hired by these service organizations and institutions, they are obligated to honor the mainstream policy environments into which they are hired; mainstream denial and de-culturation mechanisms dominate what address is given to Aboriginal issues.[14]

Regarding the economy, specifically social assistance rates, "over 4,600 families in Saskatchewan have left welfare in the past four years ... 11,829 families were living on welfare in 2001."[15] As to the five indicator areas the AHF Board seeks to influence (children in care, sexual abuse, physical abuse, incarceration, and suicide), what follows are data gained through various sources. All are related, in varying degrees, to the goals of the project and are issues the project could play a role in influencing. In several areas, no specific figures were available for Aboriginal people or for the city of Saskatoon.

4.1 Children in Care

In 2000 to 2001, Saskatchewan had 5,120 cases investigated by the division responsible for child protection concerns.[16] The two main causes for child protection involvement were "physical neglect and the need for family support."[17] On 31 March 2001, there were 2,906[18] children in care for all of Saskatchewan. "Sixty-five per cent of all the children in care are First Nation and another ten per cent are Métis."[19] No figure was available for how many Aboriginal children were in care for the city of Saskatoon.

4.2 Sexual Abuse

Sexual assault figures for Saskatchewan were 1,525[20] in the year 2000. For Saskatoon, there were 347 sex offences in 1991 and 274 in 1996.[21] It is important to note that many reported cases did not go further with charges or court trials, as a child was deemed unfit, unable to withstand a court case, or they recanted their disclosure. Another factor was that there may not have been enough evidence to proceed with a charge. Furthermore, police data represented *reported* rates that could have been influenced by a number of factors, including a victim's willingness to report; therefore, reported rates could differ substantially from *actual* rates of abuse that include children.

4.3 Physical Abuse

Common assault figures for Saskatchewan were 13,627[22] for the year 2000. Saskatoon had 722 major assaults and 1,523 common assaults[23] in 1996, an increase of about 37 per cent over previous years.[24] Not all cases of physical abuse resulted in death; however, some startling figures did exist for the Canadian population as a whole. For example, in 1998, "there were 23 victims of homicide under the age of one."[25] This same source goes on to state, "Parents were involved in most infant homicides ... Eighteen of the 23 victims under the age of one ... were killed by a parent ... eleven by the father, six by the mother, and in one case, both parents were involved."[26] Furthermore, "spousal homicides, including both husbands and wives ... accounted for 70 homicides in 1998 ... Four out of every five victims of spousal assault in 1998 were female,"[27] and homicide accounted for 10.6 per cent of all deaths.[28]

4.4 Incarceration

In 1999, Saskatchewan had "1,144 inmates in provincial custody,"[29] with a clear overrepresentation of Aboriginal offenders. In Canada, as a whole, Aboriginal overrepresentation was greatest in the Prairie provinces.

> On July 2, 1995, Aboriginal offenders ... comprised 11.2% (2,483) of the total [federal] offender population. Of these, 68% were in the Prairie region and within this region, Aboriginal offenders comprised 35% of the offender population."[30] [In Saskatchewan] ... between 1993-95, an average of 73% of sentenced admissions ... were Aboriginal.[31]

Further information showed that "Aboriginal peoples represent 2.8% of the Canadian population, but account for 18% of the federally incarcerated population."[32] In addition, the number of young offenders in Saskatchewan, regardless of ethnicity, have been steadily increasing annually since 1992 by about 6 per cent.[33] For 1992–1993, there were 291 young offenders in custody in Saskatchewan, and for 1998–1999, the figure was 398.[34]

> Seventy-three percent of the children in the young offender custody programs are First Nations or Métis. First Nations and Métis children come into care more often than their non-Aboriginal counterparts and they stay in care longer.[35]

4.5 Suicide

In Canada, suicide declined slightly from 1981 to 1997. For the overall population, 1997 saw 3,681 deaths (12.3 per 100,000 people).[36] Although more recent figures were unavailable for how suicide compares in the Aboriginal population of Saskatchewan or Canada, some disturbing figures do exist.

The three-year national average rate of suicide for First Nations people was 38 per 100,000.[37] Provided this rate remained fairly steady and assuming a national rate would accurately reflect a Saskatchewan reality, this would mean that First Nations people in Saskatchewan are about three times more likely to commit suicide than Canadians in general. Over a four-year period, suicide accounted for 23 per cent[38] of injury and poisoning deaths in Saskatchewan for First Nations people. For the Saskatchewan general population in 1992, there were 140 suicides.[39] Although indicator data did not speak directly to the Aboriginal population of Saskatoon, it was clear from participant characteristics that it is plausible to assume that they were living with the same disproportionately high rates of physical and social stress.

5. Reporting Results

Before reporting on the impact of various target groups, it is useful to recall that project activities involved both healing and training components. There were also one-time events, (e.g., cultural camp and theatre production). The following discussion deals with an overall assessment of the impact on individuals followed by impact on specific groups of individuals.

5.1 Impact on Individuals

While the more detailed impact of BAN intervention on individual lives (e.g., reduced substance use, risk for suicide, criminal activity, abuse, dependence upon social assistance, involvement with the justice system, use of self-directed family-based solutions, ability to intervene in a crisis and resolve conflict, and improved interpersonal skills) remains unclear, the project did offer opportunity for individuals to move toward reclamation of a healthy, stable, functional life without service interruption commonly associated with other short-lived interventions (e.g., counselling offered under the Non-Insured Health Benefits program). In addition, some evidence was secured to suggest that BAN had an impact upon some participants that led to an enduring commitment to engage in addictions treatment, greater cultural identity/pride and community spirit, increased understanding and use of traditional healing, and increased access to culturally effective human services. BAN's inclusive family orientation led to a reduced risk of child apprehension, which the project attributed to their ability in providing skilled support during crisis and more general support for lone-parent households. Some participants developed sufficient leadership skills, enough so that they now manage the administrative details associated with group events (e.g., advertising, scheduling, etc.). Ideally, the evaluation plan to measure individual and family impact should be implemented. In any case, other anecdotal evidence of impact is offered for the specific target groups involved.

BAN offered client advocacy to those involved in the justice system; therefore, a key target group was young offenders. Respondents reinforced much of what was already known about this group, as many

are from homes characterized as unstable with unavailable parents (emotionally, physically). Most carry the burden of a history of physical and sexual abuse, abandonment, neglect, and foster care with some suffering from fetal alcohol syndrome (FAS) and attention deficit and hyperactive disorder (ADHD). In some cases, they represent a third or fourth generation dependent upon social assistance, and when they become teen parents, as many of them do, the cycle continues. Such a predictable pattern means comprehensive change is needed. As one informant observed, "Aboriginal people are eight times more likely to be criminalized by the time they are eighteen years old. That's systemic injustice."

Still, these unfortunate young people recognize positive influences when they feel them and yearn for the same emotional ties as other youth. "All they want is love, they need a comfort zone ... We have positive activities, they take it all in, absorb all of it." Informants believed that the reasons why young offenders responded so positively was because a bond based on trust was developed with the team. Evidence of the relationship was best illustrated by the fact that "they [the young offenders] always come back, if not this month, next month."[40] Furthermore, a sense of belonging was created and self-discipline cultivated, for which the team credits the cultural components of the program (e.g., impulse control taught in sweats). BAN offers a new system with various layers of support not offered elsewhere (e.g., help looking for parents and apartment hunting). The team believed that psychological assessment helped before these young people attended BAN, but also recognized the limitations of counselling. After all, once the program is over for the day or for the duration, most of these young people must return to dysfunctional families.

Overall, respondents felt that BAN was able to achieve desired results reasonably well, a belief based upon the unsolicited calls received from referral agents and clients who agree. They also felt that the comprehensive and voluntary nature of their services helped (i.e., culturally appropriate healing, advocacy, support, and life skills reinforcement that emphasizes self-responsibility). The team also recognized that, beyond what they did or offered, the climate gave Survivors a venue to tell their story as well as listen to those of others. This type of connection appeared to be medicine by itself.

Young offenders were not the only group who benefitted from having BAN support them in legal affairs, as older individuals also received such services. One informant stated that, "eighty per cent of those who go to court are going for administrative violations (failure to appear or report)," which further criminalized people with criminal records. One person offered suggestions on what to do to meet these needs, including "our own police force," while two people spoke of the Medicine Wheel teachings as a response to overcome the "systemic injustice of failed Canadian policy."

Part of BAN activity also included a 10-week theatre program (Circle of Voices) to help youth (ages 12–26) feel safe to creatively express themselves, build self-esteem, as well as learn about theatrical productions. Over time it became clear that this group became dependent upon each other for support and encouragement. They felt a sense of responsibility to the group and grew determined to create a solid production. They eagerly anticipated the talking circles and showed respect and kindness to the volunteer and Elder support that made Circle of Voices possible. Youth became increasingly confident and more willing to take risks. In fact, one participant went to an audition for a film project and landed the part. Another was approached by a production company for a job. Family members were also influenced by increasing youth enthusiasm as evidenced by their voluntary attendance at daily workshops, involvement in talking circles and support for the production run. Some even motivated their children to continue in the performing arts industry. Two participants shared their experiences and growth with the project team.

> I learned ... how to build a set and where to get light and sound equipment for the production. I also learned what it takes to be an actor and how much time and commitment is involved in being a good actor ... I want to continue working in theatre as an actor and set builder. The Circle of Voices program has allowed me to heal a part of myself that was hurting ... the program was an uplifting and thought provoking experience.
>
> What I enjoyed about the Circle of Voices Program, is leaving it feeling confident and better about myself. I also really had fun in the actual drama part of it, although the opportunity to grow in so many ways was given to us ... I have also learned the true meaning of teamwork, discipline, punctuality, consequences and most importantly, respect. I am thankful that our 'young' voices were not only heard but also respected.

The Counselling First Responders (CFR) training course (intended to help individuals manage crises in their lives) was also offered to individuals who could utilize the training to assist others. Part of the rationale to develop CFR training was to establish sustainability beyond AHF funding; thus, BANTI (Building A Nation Training Institute) was born. There were 153 people who completed CFR training from the start of the project until March 2002.[41] However, it was not clear what extent the necessary knowledge or skill participants acquired to effectively manage crises in their lives.

BAN personnel came away with a greater sense of self-responsibility, understanding of the power of forgiveness in healing, knowledge of traditional values, as well as a dream about how Canada could be a place where Aboriginal people would be recognized, respected, and accepted. Also, the need for Legacy education was consistently reinforced, not just for participants, but for a variety of human service agencies.

> My Dad was a Survivor and used to beat my Mom. Sometimes, she'd be laid up for more than a week. We would see him go out on the porch in the mornings and cry really, really loud. Then he would look up in the sky, stop crying, and say something in Cree. Then, he would come back in and tell us everything was going to be ok now. But it wasn't ok, because nobody ever talked to us about what was wrong in the first place. I couldn't understand my Dad's anger or why we had to suffer abuse or alcohol and drugs.

While it was unclear what extent family therapy ultimately led to desirable outcomes, respondents were clear that the challenges facing families were many (e.g., poverty and addiction). The reader is reminded that virtually all participants were dependent upon social assistance, and if they were not victimized directly, they witnessed horrific acts of violence. This meant that *client needs often exceeded program capacity*. One informant suggested that one or two full-time positions just for family support was required. Still, whole family treatment served as a "reality check" by helping families recognize and accept the need for change. Family sessions also helped strengthen healthy communication skills. The philosophical approach at BAN was one where healing came first and justice issues came later. This philosophy helped to establish trust that was critical in engaging families in a way that would facilitate results. Such trust was also credited to BAN being Aboriginally owned (the majority of the team being First Nations and Métis) as well as a sensitivity to Legacy issues and cultural understanding. In fact, cultural reinforcement was viewed as a way of "giving them back what residential schools took away."[42] At least one informant believed strongly that recognition and respect for Aboriginal culture would broadly facilitate their efforts.

5.2 Impact on Community

BAN's team has a good reputation. They were perceived as friendly, understanding, prompt, conscientious, respectful, and easy to work with; there were always people in the sitting area. External agencies further noted that BAN training was excellent, but recommended a more balanced approach to the relationship between Aboriginal and non-Aboriginal people. One informant acknowledged that history was not always pleasant, but felt that enlisting allies might require a less threatening approach. "It's valuable work, but it won't get through if people get put off. Focus on positive things too." [43]

Referral agents noted that some clients they shared with BAN became involved (in BAN) as a result of their own initiative due to increased access to advocacy services. Sometimes, referral agents became frustrated by the lack of progress in their own approach, even with the support of various provincial departments, and have referred several clients to BAN and believe they need to refer more. Although the justice system did not follow up on inmates after release, one supportive justice official was able to maintain contact with a young ex-inmate after he was released with BAN's help. One informant was clear that no single agency by itself can make change; rather, the collective effort is what will bring a difference to individual lives.

One of the unique challenges of working in an urban context is directly related to variety. Coming to consensus can be difficult in these scenarios; however, there may be some evidence that BAN is also building bridges in this regard.

> Building A Nation's board is comprised of First Nations, French speaking people, Metis and white. We had to learn to work out our differences and how to bridge the gap. When we formed our board, we did not see eye-to-eye, but it worked. We learned about each other. We learned about each other's culture.[44]

After eight weeks of intensive theatrical training and preparation combined with unique traditional healing experiences, the youth involved in Circle of Voices had the opportunity to share their production with the community. *Truth Hurts* was a play based on true stories of physical and sexual abuse, foster care, loss of cultural identity, language, abandonment, and racism. The stories belonged to, and were portrayed by, the young participants. Audience members for the theatrical production of Circle of Voices, *Truth Hurts*, had this to say:

- "Inspirational."
- "Very realistic."
- "Precious and wonderful."
- "Everyone needs to see this."
- "Fantastic play."
- "Very emotionally captivating."
- "That's my life they're talking about."
- "The points made strike a chord in everyone's life."
- "I have no words to express my gratitude, thank you for bringing the truth to us all."

The central message of the play did not end with the catharsis of sharing stories and pain but with a clear and tenacious message that young people have been empowered to change the status quo.

> The story is a powerful one. A group of young people gather together a year after the suicide of a friend. They discuss his suicide and what led to it. They also discuss their lives. Truths and secrets

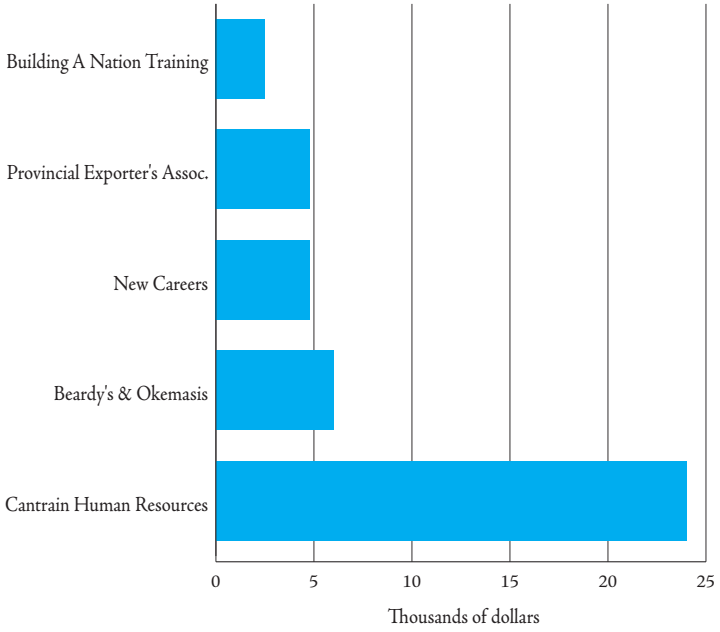
> are revealed and their lives laid bare. The conclusion? The time for whining and blaming is over, now is the time to heal and rebuild. It's a story for everyone.[45]

There was an increased demand for the Counselling First Responders (CFR) course that led BAN to seek registration as a private vocational school (BANTI) with the province so that trainees could receive certification. Lastly, court referrals for community release programs managed by BAN have increased over time, and Saskatoon courts recognize BAN programming as an "alternative sentencing" program, possibly the result of more culturally sensitive staff at these agencies.

5.3 Partnerships and Sustainability

Although BAN has a plan and is hopeful about long-term funding beyond the life of the AHF, no formal agreements have been obtained. While no dollar figure was provided, the project believed that it enjoyed generous donations of goods and services, with an estimated $14,000 secured through fundraising. Figure 2 illustrates the generous funding partners of BAN (totalling $42,100).

Figure 2) Funds Donated by Partners



The Circle of Voices youth theatre production was supported by the Westmount Community School that provided the facility. Dark Horse Studio took photos of project participants and produced advertising materials. Blue Hills Productions covered the difference between actual costs and project resources to produce the Circle of Voices video and The Saskatoon Fringe provided free passes to the Saskatoon Fringe Festival to all participants.

With respect to establishing effective working partnerships, all external informants were at least aware of BAN, with the majority able to articulate the project's goals and activities. Most commonly cited BAN features included culturally appropriate services and training for human service workers. Some external informants felt that their organization benefitted from the work done by BAN. One informant was hoping

to refer families to BAN that were long involved with child protection services and believed that the team's ability to speak Cree was a real asset. In fact, a strong relationship appeared to exist between BAN and local service agencies, including many formal referral systems. For example, 37 clients were referred to the New Dawn Treatment Centre; of those, 28 completed the treatment cycle. From an addictions treatment perspective, BAN was valued as a partner to fill the gaps before and after treatment: "Their clients have a good show up rate which says a lot because there can be a three to four week wait before a bed opens. This must mean they keep working with the client until the opening comes up."

Members of the Saskatoon police service were attending BAN training, and during each school year there were roughly 50 children attending an information session on the Legacy. Several other local agents have also taken BAN training, including the Aboriginal cultural coordinator within Social Services and the program coordinator at a local youth group home. Once word was out, BAN also received referrals from public schools, the courts, and even the Healthy Mothers – Healthy Babies program. Others who took the training claimed to like BAN's work and, although unsure of the impact upon clients, did acknowledge that BAN operated in a "hard core area." Upon release, inmates were referred to BAN, but only some actually sought services, and at least a few "really found a place there."

Some referral agents felt that BAN facilitated bridge building among agencies with different world views and that the cultural orientation and training was definitely needed to avoid future conflicts and misunderstandings. External agents recognized the contribution BAN has made to an increased understanding of the Legacy, not just for clients but for outside institutions. "If they [BAN] didn't exist, could turn into a little Mississippi. Need to target more agencies."[46] Partners and referral agents consistently recognized the potential for BAN to affect their work (e.g., family supports leading to less crime, less violence in homes, and less addiction-related charges).

5.4 Accountability

Although informants felt that BAN engaged in clear and realistic communication with the community as well as allowed for community input, they acknowledged that communication was a challenge with their target group (i.e., homeless or incarcerated individuals who can be highly transient). Their most successful strategy was to use monthly feasts as a way of gathering the community for sharing information and soliciting feedback. Informants were mindful that a balance was required between active outreach, extensive public relations campaigns, and delivering services to clients who find themselves in a constant state of crisis—when priorities have to be set, client needs came first. Still, BAN did manage to engage in outreach with neighbouring communities, including Pinehouse and Sandy Bay in Saskatchewan and Pukatawagun in Manitoba.

The team believed the program has been accountable to the community through its information management strategies, strategic planning at the board level, and meeting of AHF reporting requirements. Although they believe some improvements could be made, none were offered. There was also no indication that community meetings occurred or whether board meetings were open to the public.

5.5 Addressing the Need

All felt the program addressed the needs very or reasonably well, although some felt there was room for improvement. Remarkably, all who attended (and this included five to seven new people each week) have continued their attendance, even if only sporadically. In other words, no client was "lost"; informants believed their efforts to cultivate trust and offer client-centred support with counsellors sensitive to Legacy issues were the reasons for program popularity. The improvements suggested were related to the time and support required to move through the healing phases, most notably reclamation where the individual moves toward forgiveness and seeks to establish stability in his/her newly formed healthy pattern. One informant believed that restoration of an Aboriginal world view as a daily usable tool in all environments would be beneficial.

5.6 Best Practices

The team believed strongly in Medicine Wheel-based counselling, asserting that it "fits everything and works very well."[47] The Medicine Wheel encourages self-directed learning and growth and is all the more important if this cultural framework was removed or devalued by residential schools. Role-modelling was also cited as a best practice: "practitioners (professionals) delivering direct services should practice traditional healing ceremonies and practices as part of their lives in order to have the credibility that residential school survivor look for."[48] In fact, there was a general consensus about "walking the talk." In other words, all those in the helping professions, whether they were part of BAN's team or a referral agent, recognized that you had to live the life you were trying to help create for your client.

Being a client advocate, first and foremost, without feeling the obligation to adhere to governmental agency-based policy was also a highly regarded philosophical foundation. An Aboriginal team, some of whom speak an Aboriginal language, also contributed to desired outcomes. Aboriginal control of Aboriginal programming in an urban area where few other similar services exist was also cited as a best practice.

BAN attempted to offer clarity in the therapeutic process by helping individuals identify their strengths and weaknesses. This was done by blending Western tools (i.e., Myers-Briggs) within a culturally appropriate framework for analysis (i.e., the Medicine Wheel). This exercise was done solely for the expressed purpose of offering client insight, and this apparently worked very well to create self-awareness, establish trust, and integrate Western and traditional approaches.

5.7 Challenges

Many participants came from harsh circumstances, oftentimes experiencing several layers of difficulties. In addition, quarterly reports identified several barriers, generally falling within these three key areas: cultural insensitivity of mainstream agencies, simultaneous training and service delivery, and service demand.

During the first year, mainstream agencies kept referring Aboriginal clients to non-Aboriginal service providers who were, "not familiar with any traditional Aboriginal world view," but some improvement was noted in the second year as referrals did increase. In one public presentation, tension was created when a Catholic high school principal asked, "Where is Jesus in the Medicine Wheel?"[49] Other cultural tensions included the fact that mainstream agencies were *mandate*-centred while BAN was *client*-centred.

> [O]ur first ethical consideration is 'the good of the client', and thereafter, professional currency and public safety receive consideration as ethical priorities. The opposite is true of persons under contract of the crown for whom the crown is their primary client and Aboriginal persons the 'subjects' on whom services are performed; public safety becomes the first priority, current practices, the second and the good for the individual person the lowest priority.[50]

Merging with provincial agencies to provide seamless service was a challenge because of the lack of understanding about the Legacy, dis-empowering nature of mainstream services, and cultural dominance.

> The Medicine Wheel allows Aboriginal persons to function as their own authority (priest or minister) whereas mainstream cultures usually place teaching and practicing authority in "special" hands; this posture dis-invites self-selected and self-directed learning and growth, which most of our clients need and appreciate.[51]

> [W]e are free to use the Medicine Wheel in everything we do and this is the most "threatening" feature of our operation to mainstream service providers; Aboriginal people feel at home in our shop and our programs and they do not have that same sense of belonging in other mainstream or government agencies.[52]

Some external agencies were resistant to the restorative nature of BAN's clinical and adjunctive programming, as well as unable or unwilling to recognize the impact of the Legacy on the individual: "Healing the abusive experiences of the past has to happen 'in the background' while dealing with the current issues of engagement with the Justice systems of Saskatchewan and Canada."[53]

There were unique challenges related to professional development: "we would move away from using training grants as job opportunities for untrained people in key jobs within our clinic (office manager, receptionist) and hire fully trained people."[54]

Service demand, burnout, over-scheduling, and double-duty (e.g., management and service delivery) also stressed the team. Managing caseloads became problematic as the client base grew and the amount of time involved in meeting requests for individual and couple counselling was overwhelming. Furthermore, community release plans increased pressure for more adjunctive activities (e.g., support related to housing, employment, life-skills development), and the team learned not to schedule the same team members for day and evening sessions in the same week. Team members faced challenges trying to meet the demands of their emotionally draining jobs that require them to be role models: "You have to be a strong person to work here. Know who you are, walk your talk. Home life has to be good or I'll crash." Not being familiar with the justice system posed a barrier earlier in the project's mandate, and administrative costs (i.e., accountant and lawyer's fees) became burdensome.

Programming issues listed as barriers include: transportation during daytime hours, "some clients cannot afford it [transportation] or daycare"; tuition fees for training provided by BAN; and the unique challenges that come with servicing a homeless population. Structured schedules clearly did not work; however, demand-driven service availability did engage even the "hard to reach" groups who fell through the service gaps.

> Solvent abusers have no direction in life. I used to work at the front desk and would open at eight-thirty a.m. all the time. People would be standing outside, as smelly and reeking as they were, they'd want to pray with me. They had no belonging, their belonging was coming here. They're harmless, have nothing, no place, no programs.

Informants reinforced the importance of having a devoted Aboriginal team motivated by their desire to inspire others toward healing, most particularly Elders, together with an immediate need for more Aboriginal people trained in both standard-recognized and traditional therapies. The project also struggled with evaluation skills and requirements, as the planned evaluation appeared to have been used only for the Circles of Voices theater production.

5.8 Lessons Learned

It became clear to team members of the extent to which Cree and Euro-Christian world views were fundamentally different. They gained clarity about their identity as well as the extent to which systemic racism and forced cultural assimilation affected not only their lives but the undercurrent of rage in their communities. Some had no idea of the extent of abuse, family breakdown, and level of hurt. Personnel came away with a greater sense of self-responsibility, understanding of the power of forgiveness in healing, knowledge of traditional values, as well as a dream about how Canada could be a place where Aboriginal people would be recognized, respected, and accepted.

For one team member, the learning was up close and personal. The context of BAN finally offered a social explanation for the impact of the Legacy that other individual and symptom-focused treatment programs had not.

> I went to Residential School when I was quite young. Three years ago, I dissociated - had a breakdown at a Catholic conference. I saw them in their robes and just lost it. I don't remember anything for awhile but afterwards, I ended up with thirteen charges. I went into some sort of blackout ... I knew something was wrong, so went into a detoxification unit. Then I went on to a twenty-eight day treatment program. I also went to Alcoholics Anonymous. One day I stopped in here, at BAN and I've been coming in every week for close to two years. Everything began to make sense to me, my whole life.

When asked what improvements could be made to the project, some worried about the stability of funding. While they believed the therapeutic parts of the program were essentially working well, they felt there was insufficient attention to establish ongoing funding commitments. Others felt that the strength of partnerships needed to extend beyond financial support to include a service network. They believed that BAN and other programs were insufficiently integrated and that program- and jurisdiction-specific funding failed to recognize the need for community services to support one another: "There are kids out there, eleven year old drug addicts ... we need a shelter ... kids are homeless, have no food ... we need a network otherwise we too are a stand alone agency."

One informant believed a more traditionally based and internally accountable form of Aboriginal government would help their efforts, while another recommended changes to promotional items and training outlines. Two respondents spoke more from a client-centred perspective, describing the underlying need for community development: "I see a lot of people, families who have lost their language, culture, basic things have been lost ... We need to create our own community."

It was recommended that broader healing efforts focus upon resurrecting and strengthening traditional family values, gender relationships, as well as teaching the language. By itself, BAN did not have the resources to guard Aboriginal cultural integrity, but would be well-serviced by other institutional efforts

to do so. The experiences of this project also warned against simultaneous training and program delivery. Training cannot occur when you need a team that must deliver services immediately.

BAN repeatedly reported using several standardized tools that fit well with Aboriginal culture and the residential school experience. It was unfortunate that any analysis from these tools was not available. However, when Western techniques were blended with traditional healing, several widely recognized tools were cited (e.g., Myers-Briggs Personality Type Indicator, Conference Board of Canada Employability Skills Profile, Behavioural Assessment Scale for Children, Connor's Scale).[55] BAN also felt that the combination of having skilled traditional and clinical therapists working together meant prompt movement from assessment and planning to healing. Furthermore, important and practical instrument development was planned, but the extent of development and the detailed use was unclear.

6. Conclusions

Although young, BAN proved to be a resource for a significant number of Aboriginal people living in Saskatoon. Referrals and client numbers have increased steadily, and most return for ongoing counselling and support. The project was clearly able to create an environment where participants felt they belonged and were respected, which was an important factor since the project asserted that many of their clientele felt lost. Some team members also speak Cree; a welcomed skill.

Positive results were most often attributed to the culturally appropriate services offered. Cultural reinforcement offered participants a sense of belonging, self-awareness, and group identity that had been stifled by colonial institutions and society: "It's the medicinal wheel concept, has a life of its own. You get your head wrapped around it then you realize who you are."

When change was not immediately apparent, the team acknowledged that stresses of undergoing healing and training, while maintaining economic self-sufficiency, was a harsh reality and a struggle for some. Referral agents also acknowledged that the target group (especially incarcerated and homeless individuals) was a challenging group to maintain, although BAN appeared to have sufficiently established trust and comfort with them.

The project also created a better understanding of Aboriginal culture within mainstream service agencies. Offering cross-cultural sensitivity training and promoting the Medicine Wheel concept improved relationships with some external agencies so that mutual Aboriginal clients received proper support.

It can be stated that BAN was clearly filling a need by offering a continuum of services where gaps existed previously. Two clear examples stood out, one was the ongoing therapy available to status First Nations' clients once their non-insured health benefits ran out and the other was the type of ongoing support required to keep clients who were dealing with addictions stay engaged with BAN services until openings became available at an addiction treatment centre. (Key informants have stated this could take up to six weeks.) Advocacy support at court hearings was another example of how BAN created a working relationship with the justice system, and as a result, the number of community release plans BAN manages has increased.

BAN did fill a service gap, as many who expended their use of counselling services were eligible for services with BAN (e.g., extended family members whose counselling allotment under the Non-Insured Health Benefits (NIHB) program were exhausted).

7. Recommendations

It is important to recognize that crisis intervention and drop-in services for street-involved, incarcerated, or addicted individuals means that long-term and comprehensive strategies are required (exactly what BAN offers). But, BAN is an undefined entity with varied activities and targets that may contribute to the dilemma of "overreach." In other words, minimal impact is achieved when programs with fixed resources try to serve too many individuals. Achieving results depend on a reasonably restricted target group and adequate resources. When efforts are spread too widely they inhibit program ability to achieve desired outcomes. While some results were clear, many remain ambiguous and the client base was clearly large and ever-expanding. To that end, it was recommended that BAN focus its effort either by reducing the target or identifying more realistically attainable outcomes for such a broad-based beneficiary group.

In addition, greater investment in outlining and documenting how Western and traditional healing methods complement each other or blend together to better serve Aboriginal clients was also recommended. Following through with the plan to develop a *Survivors' assessment protocol* adapted or blended from widely recognized tools and well-suited to the cultural context would be of great benefit to other agencies and, ultimately, clients.

> We are designing a survivors' assessment protocol to function as a standardized clinical technique for estimating the recovery risk condition that is culturally sensitive to Aboriginal values and preferences; this intake and treatment effectiveness instrument will reduce the intrusiveness of mainstream technologies by focussing on the key features of recovery **as identified by survivors themselves.**[56]

Partnerships should continue to be pursued and nurtured with related service agencies, Aboriginal and non-Aboriginal, to provide the needed additional support for adjunctive services. They should be strategically selected so that efforts to raise awareness and train external agents to address the Legacy were sufficiently resourced with detailed curricula and time. Much confusion was generated when attempting to secure a complete view of program activity. To that end, it was recommended that program databases be merged to provide only one record.

There remains a need to document how individual needs were being met and how effective the project was at meeting those needs. Project files consistently stated that certain standardized techniques were being used or designed that would allow measurement of success; however, no such tools or analysis were provided. It was recommended that BAN revisit their evaluation plans to gauge the effectiveness of key program components by implementing the planned evaluation approach,[57] which includes developing tools and collecting the following information:

- The **measurable change in participant life satisfaction:** assessment devices (list of questions, questionnaires, etc.) be developed using standard anecdotal and innovative techniques; and Aboriginal languages be incorporated into these assessment procedures.
- The **measurable degree of satisfaction of participant family members:** field assessments be undertaken (going out into the community of Saskatoon and the participants' communities); assessments be

conducted in Aboriginal languages whenever possible; and assessment devices be designed specifically for this purpose.

- The **observable change in self-sufficiency:** this can be estimated from incoming, ongoing, and outgoing conditions that exist in participant lifestyles; and factors to consider might be whether or not the person lives independently or in a controlled environment (e.g., Salvation Army, etc.), whether or not they are employed and how stable their jobs are, do they have a bank account, a car, a phone, etc.
- The **effectiveness of project management:** estimated by the kinds and degrees to which the stated objectives have been attained and the sources of information that each will be asked to rate the different project objectives they are involved with; for example, the community agencies be asked to rate the quality of their interaction with BAN.
- The **degree to which the project builds longevity past AHF funding:** estimated by indicating the percentage of the overall project budget that comes from new and alternative funding sources.

Notes

[1] Information from the Healing The Multi-Generational Effects of Residential School Treatment—Urban Access Program quarterly reports submitted to the AHF.
[2] Key informant interview, internal questionnaire.
[3] Traditional ceremonies, the sweat lodge, and teaching men to be doorkeepers and how to collect rocks or wood for the sacred fire and are jobs meant to be done by men. Clients, generally, tend to be men involved in court advocacy hearings or those needing psychological and emotional support as they go through residential school claims. The project has more male counsellors and men's circles, all of which contribute to the higher number of male involvement. To some degree, homelessness and street involvement factor in as well, as more men may be coming from these life circumstances.
[4] Information from the Healing The Multi-generational Effects of Residential School Treatment—Urban Access Program submitted to the AHF, initial application for project funding.
[5] It should be noted that virtually all were dependent upon social assistance.
[6] Information from the National Process Evaluation Survey (NPES) completed March 2001.
[7] Information from the NPES.
[8] Information from the NPES.
[9] See note 4, second application for project funding, Part F.
[10] Information from the NPES.
[11] Statistics Canada (1998). The Nation: 1996 Census of Population.
[12] Statistics Canada (1998).
[13] Statistics Canada (1998).
[14] See note 4, second application for project funding, Part C.
[15] Government of Saskatchewan (2001). Building Independence, Phase II, Government of Saskatchewan Publication.
[16] Government of Saskatchewan (2001:36). Saskatchewan Social Services, Annual Report, 2000–2001.
[17] Government of Saskatchewan (2001:36).
[18] Government of Saskatchewan (2002). Information Sheet, Social Services, updated 10 January 2002.
[19] Government of Saskatchewan (2001:33).
[20] Statistics Canada (2002). Canadian Statistics – Crimes, by type of offence, Canada, the provinces and territories. CANSIM II, table 252-0001 and catalogue no 85-205-XIB. Retrieved 22 February 2002 from: http://www.statcan.ca/english/Pgdb/State/Justice/legal04b.htm
[21] Correctional Service Canada (1999:5). *Community Profile 1996, Saskatoon Saskatchewan*. Ottawa, ON: Research Branch, Correctional Service Canada.
[22] Statistics Canada (2002).
[23] Major assault is defined as assault causing bodily harm and generally more severe. Common assault is less intrusive and can include spitting, manhandling, or crimes that cause much less harm.
[24] Correctional Service Canada (1999:5).
[25] Canadian Centre for Justice Statistics (1999). *The Daily*, Thursday, October 7, 1999: Homicide Statistics. Retrieved 7 July 2002 from: http://teapot.usask.ca/cdn-firearms/Stats/murder.can.1998.html

[26] Canadian Centre for Justice Statistics (1999).
[27] Canadian Centre for Justice Statistics (1999). Spouse is defined to include married or common-law as well as separated or divorced.
[28] Health Canada (no date). Statistics: Regional Injury and Poisoning Deaths by Cause, First Nations, 1989–1993. Retrieved 7 July 2002 from: http://www.hc-sc.gc.ca/fnihb/chp/ipc/statistics.htm
[29] Statistics Canada (2002).
[30] Statistics Canada (2002).
[31] Statistics Canada (2002).
[32] Correctional Service Canada (no date). Facts and Figures: Aboriginal Offender Statistics, updated 25 February 2002. Retrieved 26 February 2002 from: http://www.csc-scc.gc.ca/text/prgrm/correctional/abissues/know/4_e.shtml
[33] Government of Saskatchewan (2001:35).
[34] Government of Saskatchewan (2001:36).
[35] Government of Saskatchewan (2001:33).
[36] Statistics Canada (no date). Canadian Statistics: Suicides, and suicide rate, by sex, by age group, Catalogue #82F0075XCB. Retrieved 7 July 2002 from: http://www.statcan.ca/english/Pgdb/People/Health/health01.htm
[37] Health Canada (no date). Statistics: Death Rates Due to Injury & Poisoning by Cause. Retrieved 7 July 2002 from: http://www.hc-sc.gc.ca/fnihb/chp/ipc/statistics.htm
[38] See note 28, statistics for 1989 to 1993 showed 479 deaths among First Nations people in Saskatchewan.
[39] Health Canada (1994). *Suicide in Canada: Update of the Report of the Task Force on Suicide in Canada*, Appendix 6, Section 1. Retrieved from: http://www.phac-aspc.gc.ca/mh-sm/pdf/suicid_e.pdf
[40] Interviews with key informants, March 2002.
[41] Follow-up facsimile requesting figures, 4 July 2002.
[42] Key informant interview, internal questionnaire.
[43] The project described these presentations as a form of cross-cultural sensitivity training that promotes an Aboriginal case-management model (Medicine Wheel).
[44] The Times Observer (2001:3). Building A Nation: Aboriginal community leader appeals to educators to build cultural bridges (September 2001).
[45] Cuthand, Doug (1999). Youths grow while staging play. *The Star Phoenix*, Tuesday, 6 July 1999.
[46] This spoke to racial tensions/violence. BAN work was valued as alleviating that potential by working with Aboriginal clients to fit within mainstream society and by working with non-Aboriginal people to better understand Aboriginal issues.
[47] First quarter report, section VII, General Comments.
[48] First quarter report, section VII, General Comments.
[49] Year one, second quarter report.
[50] Year one, second quarter report.
[51] Year two, First Quarter Report, p. 17.
[52] Year two, First Quarter Report, p. 17.
[53] Year two, First Quarter Report, p. 11.
[54] Year two, First Quarter Report, p. 15.
[55] Information from quarterly reports.
[56] Second Application for Project Funding, Part D, General Information about the Project, Target Population, Question 3.
[57] Initial application for project funding.

Appendix 1) Project Activities and Participation Rates

Yearly Activity	Participation by Quarter			
	1	2	3	4
1. Healthier Lifestyles	none stated	58/20	none stated	133/77
1. Counselling	87/59	256/83	261/123	354/225
2. Reducing Dysfunctions: Training	none stated	30/36	none stated	33/39
2. Parenting Skills	none stated, training started	43/50	64/71	23
3. Program Assessment	none stated	none stated	none stated (target April 2000)	none stated (target July 2000)
3. Youth Support	18/15	49/36	86/66	108/85
4. Support Networks	none stated	58/44	none stated	143/49
4. Crisis Intervention (100 @ Cultural Camp)	50/50	27/51	92/87	23/22
5. Developing Community: Powwow	none stated	34/36	none stated	80/88
5. Financial/Program Accountability	none stated, dollar-based	726/506*	none stated, dollar-based	none stated, dollar-based
6. Cultural Enterprises**	none stated	46/38	none stated	2500/2000 (theater)
6. Legal Rights of Clients	20/13	none stated	59/34	71/44
7. Relationship Skills	none stated	192/137	none stated	113/112
7. Special Needs: 390/270				579 total
8. Aboriginal Identities: (Rolled-up estimates from database. Powwow = 200)	none stated	419/354	none stated	170/176
9. N/A				

N.B. Shaded area applies to year one.

* There is a figure stated here because the project visited several communities promoting AHF funding as a key source for their work. One project team member felt it necessary to present their work and agency in terms of accountability by promoting both their revenue source and the mandate of the AHF.

** Cultural enterprises were described in project quarterly reports as arts and crafts activities that were designed to possibly create personal income for clients.

Appendix 2) Training Provided to Project Employees

Training Activity	Basic	Advanced
Crisis intervention	✓	
Trauma awareness	✓	
Counselling skills	✓	✓
Aboriginal language/culture		
Computer/Internet training	✓	✓
Learning about the history and impact of residential schools		✓
Learning about the application of the Charter of Rights and Freedoms in the project	✓	
Dealing with family violence	✓	✓
Professional development training	✓	
Programs related to family functioning (e.g., child development/parenting skills)	✓	✓

Appendix 3) BAN Internal Questionnaire

Building A Nation Project: Interview Questions — Project Team

[Introduce myself and case study purpose, offer tobacco or sweet grass.]

1. To start, I would like you to now **think about the project participants.** Have you noted changes in any of the following?

		Dramatic Increase (>80%)	Moderate Increase (40–80%)	Slight Increase (1–40%)	No change	Don't Know	Slight Decrease (1–40%)	Moderate Decrease (40–80%)	Dramatic Decrease (>80%)
a)	knowledge of crisis intervention skills	❑	❑	❑	❑	❑	❑	❑	❑
b)	ability to intervene in a crisis	❑	❑	❑	❑	❑	❑	❑	❑
c)	ability to resolve conflict	❑	❑	❑	❑	❑	❑	❑	❑
d)	coping ability	❑	❑	❑	❑	❑	❑	❑	❑
e)	self sufficiency	❑	❑	❑	❑	❑	❑	❑	❑
i)	interpersonal communication skills	❑	❑	❑	❑	❑	❑	❑	❑
j)	understanding of traditional healing	❑	❑	❑	❑	❑	❑	❑	❑
k)	use of traditional healing	❑	❑	❑	❑	❑	❑	❑	❑
l)	# of families involved in healing	❑	❑	❑	❑	❑	❑	❑	❑
m)	# of individuals involved in healing	❑	❑	❑	❑	❑	❑	❑	❑
g)	existence of support network	❑	❑	❑	❑	❑	❑	❑	❑
h)	use of support network	❑	❑	❑	❑	❑	❑	❑	❑
f)	community spirit	❑	❑	❑	❑	❑	❑	❑	❑

2. Why do you think things turned out the way they did? In other words, if there was no change or things got worse, how would you explain why this has happened? OR - If there was change? Why did things change? What do you believe caused things to change/remain the same/ or get worse?
3. What have you learned from your involvement with this project so far?
4. Is there anything you could suggest that might improve this project?
5. Does a formal referral system exist with any local agencies or institutions (e.g., schools, correctional facilities, governmental departments)?

   Yes No Don't know
6. If yes, please provide any further insight in the effectiveness and extent of partnerships and linkages?
7. Now, thinking specifically about Young Offenders, can you tell me what you know or have observed about them in the past two years?
8. Why do you feel this project has been successful or not successful in this area?
9. For families who have been involved in the project, can you tell me what you know or have observed in the past two years?
10. Why do you feel this project has been successful or not successful in this area?
11. Do you have any final comments to share?

MANDATORY QUESTIONS:

12. 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:

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

14. 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**

15. 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:

16. 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:

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

18. 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:

Appendix 4) Interview Questions — External Agencies

Building A Nation Project

Interview Questions — External Agencies

1. Are you aware of the Building a Nation Project?

   Yes No A little Not sure

2. If yes, can you tell me what you feel is the central service they are trying to deliver?

3. Do you believe that your office has benefitted by the work done by Building a Nation?

   Yes No A little Not sure

   Please explain why you feel this way?

4. What, if anything, do you feel will change in how you do your work, as a result of the BAN

   project activities?

   Please explain why you feel this way?

5. In the last 24 months, have you noted any changes in the mutual clients your office and BAN shares?

   Yes No A little Not sure

   Please provide, in a general way, what types of changes you are seeing?

6. Would you have any final comments to share? Something you would like to add that I may not have asked about?

Appendix 5) Application for Project Funding

Multi-generational Effects of Residential School Healing Program

Application for Project Funding

	H.1.1 Measurable Change	H.1.2 Family Effects	H.1.3 Self-sufficient	H.1.4 Effective Management	H.1.5 ...etc. Project Longevity
H.2.1.1 Youth Participation Subgroup 1					
H.2.1.2 Women Participation Subgroup 2					
H.2.2.1 FSIN Community Agency 1					
H.2.2.2 D.S.S. Community Agency 2					
H.2.3.1 Circle of Voices Linkage Agency 1					
Linkage Agency 2					
BAN Staff					
BAN Board					

* Each cell of the grid will have specific data-gathering instruments created for the purpose of assessing that particular aspect of the project.