WALKING THE PATH TOGETHER EVALUATION - PHASES I AND II

REPORT TO SAFE COMMUNITIES INNOVATION FUND
2014

ACWS
Alberta Council of
Women's Shelters

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Acronyms and Abbreviations

ACWS Alberta Council of Women's Shelters

AI Appreciative Inquiry

CCFJS Centre for Children and Families in the Justice System

DA Danger Assessment

DV Domestic Violence

DVSA Domestic Violence Survivor Assessment

EFW Eagle Feather Worker

IPV Intimate Partner Violence

NCPC National Crime Prevention Centre

PGC Project Guidance Circle

SCIF Safer Communities Innovation Fund

SROI Social Return on Investment

WTPT Walking the Path Together

CONVENTION ON THE RIGHTS OF INDIGENOUS PEOPLE

ARTICLE 22

1. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this declaration.

2. States shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination. [1]

ARTICLE 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

The Walking The Path Together project is one step in the journey of implementing Canada's international obligations under the convention on the rights of indigenous peoples. We would like to thank our funders, Safe Communities and Initiative Fund, Province of Alberta and the National Crime Prevention Centre, Government of Canada for the funding of this project.[2]

1   United Nations. (March, 2008). United Nations Declaration on the Rights of Indigenous Peoples. Retrieved from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf.
2   United Nations. (March, 2008). United Nations Declaration on the Rights of Indigenous Peoples. Retrieved from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf.

ACKNOWLEDGING THOSE WHO WALKED WITH US

Alberta's on-reserve shelters had a dream: to reclaim their traditional teachings of putting the child at the centre of their communities. They were also willing to take on a leadership role in contributing to the health and wellbeing of their communities.   Over five years of planning for what would become the Walking the Path Together Project, many women and men contributed their ideas, energies and hopes. We would like to acknowledge them as follows:

The members of the Project Guidance Circle, who helped steer our work:

Sandra Ermineskin, Executive Director, Ermineskin Women's Shelter

Janet Gladue, Executive Director, Bigstone Cree Women's Emergency Shelter

Darlene Lightning Matson, Executive Director, Sucker Creek Women's Emergency Shelter

Nora Lee Rear, Executive Director, Eagle's Nest Stoney Family Shelter

Mary Simpson, Director Community Services at Mikisew Cree First Nation

Dr. Linda Baker, Executive Director, London Centre for Children and Families in the Justice System

Alison Cunningham, Director of Research & Planning, London Centre for Children and Families in the Justice System

Dr. Jacquelyn Campbell, PhD, RN is the Anna D. Wolf Chair and a Professor in the Johns Hopkins University School of Nursing and the creator of the Danger Assessment Tool,

Roxanna Stumbur, Stumbur Consulting

Dorothy Sam, Project Manager, Alberta Council of Women's Shelters

Carolyn Goard, Director, Member Programs & Services, Alberta Council of Women's Shelters

Jan Reimer, Executive Director, Alberta Council of Women's Shelters

While the Project Guidance Circle steered the project, it was the Eagle Feather Workers whose creativity, dedication and commitment inspired us all and brought the project to life:

Heather Poucette (2012 – 2014), Teresa Snow (2010 – 2012), Eagle's Nest Stoney Family Shelter

Lillian Bigstone, Bigstone Cree Nation Emergency Women's shelter

Stephanie Littlechild (2012-2014), Joan Wolfe (June 2010 to 2012) and Michelle Littlechild (2009-2010), Ermineskin Women's Shelter Society,

Melanie Heroux, Sucker Creek Women's Emergency Shelter, and

Rita Marten Vermillion, Paspew House Women's Shelter

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1.1   Project History

The Alberta Council of Women's Shelters (ACWS) is a province-wide, voluntary organization supporting women's shelters and their partners through education, research and services for the benefit of abused women and their children. Through the Alberta Council of Women's Shelters, Alberta women's emergency, second-stage, seniors' and on-reserve shelters work together in a learning collaborative to develop promising-practice knowledge and maintain high quality service in Alberta's shelters. Over the last few years, this collaborative has completed several significant projects: the Children's Project focusing on supporting children in Alberta shelters, a Trend Analysis, which involved merging and analyzing a common data set across all Alberta shelters; the Making Amends Project which examined the impact of Civil Forfeiture funds on shelters in rural areas; a project that piloted the use of the Danger Assessment as a promising practice in risk assessment and supporting safety of women and their children; and a Practical Frameworks for Change project which focused on integrating promising practices in shelters in the areas of Safety, Health, Cultural Competence and Legal issues.

The Walking the Path Together Project continued the work of developing and integrating promising practices to ensure high quality service in Alberta shelters.   The project was a collaboration between ACWS, five member organizations on-reserve, the Centre for Children and Families in the Justice System (CCFJS), and Dr. Jacquelyn Campbell of John Hopkins University[3]. The genesis for the project can be traced to 2005 when ACWS and the on-reserve shelters implemented the Pathways Project. An environmental scan completed in the course of the Pathways project highlighted some of the specific needs of Aboriginal children exposed to family violence in on-reserve communities and revealed the need for specialist tools, training and research into First Nation children on reserve who are exposed to family violence. The lack of culturally relevant program resources for child residents of on-reserve shelters was identified as a priority area for collaborative efforts and discussion began on project scope and potential funders.

In 2008, the on-reserve shelter directors from Bigstone, Ermineskin, Mikisew, Stoneyand Sucker Creek, finalized a framework or a Log Frame to visualize a shared goal of helping families live in peace and harmony, free of violence and abuse. Specifically, the directors wanted Aboriginal women and children to interrupt the cycle of violence and live thriving lives. It was also important that on-reserve shelters contribute to building up healthy communities, in part by creating stable and adequate funding for shelters through joint action.

Funding was secured from the National Crime Prevention Centre (NCPC) and the Alberta Safe Communities Innovation Fund (SCIF), and project activities started in July of 2009 by hiring a Project Manager and organizing the inaugural meeting of the Project Guidance Circle (PGC) in August. The project was overseen by a Project Guidance Circle (PGC) and delivered in five First Nations communities, in partnership with families who use shelter services. It was a voluntary project developed in a First Nations context to be in harmony with the gifts, history and vision of First Nations peoples.

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3   Working to develop a culturally appropriate risk assessment instrument
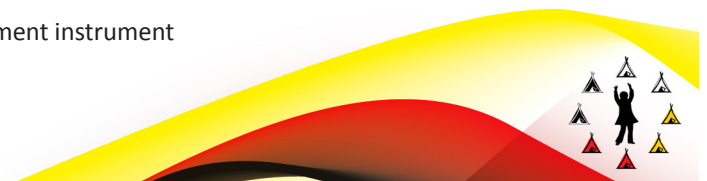
After parameters for the project were set by the PGC with an Eagle Feather Worker (EFW) hired in each of the five shelters. Efforts also focused on developing informational material, community visits, raising the profile of the project in the five communities, and developing project forms. Initial training for the EFWs took place in November of 2009 and intake of families for the first project phase began in December 2009 and early 2010.

The project consisted of two phases. The first phase was scheduled to end for the participants on February 29th, 2012. However, participants were not formally discharged from the project and work continued due to an indication that funding would be extended. The Government of Alberta announced bridge funding to extend their project from March of 2012 until March 2013, and NCPC confirmed extension of its funding in August of 2012 until March 2014. Phase II began formally after the NCPC announcement.

The second phase and the project concluded in March of 2014. During Phase I, WTPT operated quite separately from other shelter activities. EFWs were often off-site and rarely involved with general shelter work and events. The second phase provided an opportunity to integrate the project into daily shelter operations. During the first phase participating shelters in consultation with Dr. Campbell supported the cultural adaptation of the Danger Assessment tool for Aboriginal women.   The Danger Assessment and related tools were tested over a period of seven months for applicability in several off-reserve shelters between November 2013 and June 2014. The results of this testing are discussed in Section IV.

1.2   Project Goals and Approach

Consistent with its original vision and the vision of the funding organizations that supported the project, the project goals and objectives were stated as follows:
- • Long-Term Outcome: to reduce the likelihood that children grow up to use or accept violence in their own intimate relationships
- • Intermediate Outcomes:
    - o no child is living with violence at home
    - o all children live with at least one nurturing caregiver
    - o no child is engaging in behaviour that would be criminal if they were 12 years of age or older
    - o women are more likely to keep themselves and their children safe

The intervention efforts targeted the following factors:
- • Exposure to family violence and child abuse.
- • Attitudes accepting violence as normal, unavoidable or desirable.
- • Low attachment to school / poor family-school link / reduce probability of school completion.
- • Factors compromising parenting (e.g., alcohol abuse, ineffective parenting skills).
- • The pull of unhealthy coping strategies (e.g., drug use, gang involvement, self harm).
- • Need for role models for healthy relationships, self-respect and traditional values.
- • Children feel pride and commitment to First Nation heritage

The project partners combined their knowledge of youth crime prevention[4], family violence and its effects on children, and culturally grounded approaches of local relevance, as they worked together to craft an individualized service for children and their caregivers.   A model developed is based on a long-term, intensive and flexible approach and adopted principles of strength-based intervention, matched to the context and needs of the children[5].

The goal of WTPT is to partner with families as they walk away from violence and abuse and walk towards peace, harmony and balance in their lives with an ultimate goal for children to be nurturing parents when they grow up, thereby breaking the cycle of intergenerational transmission of family violence that began with European contact. The project developed the F.E.A.T.H.E.R. approach and brought this model to life through the role of Eagle Feather Worker (EFW).

Key features of this approach remain the same: working outside of the shelter with the families; earning trust and demonstrating commitment; adapting services to what the participant needs; being available to work with participants for longer period of time; using holistic approach; using a strength based approach and having realistic expectations (see Box 1 below).

FOLLOW the family out of the shelter and into (and around) the community

EARN trust and respect by demonstrating commitment

ADAPT to what a family wants and needs (today and as it changes)

Be **THERE** when and where they need us, for as long as they need us

Use a **HOLISTIC** understanding of gifts and needs

EMPOWER adults to advocate for themselves

Have **REALISTIC** expectations of ourselves and the families we work with

Box 1. The FEATHER Approach One Eagle Feather Worker was hired in each of the five shelters with a responsibility to support a total of 108 children and their families in each of the five shelters. EFWs worked with the children's families for over three years, earned their trust by demonstrating a commitment to them, adapted to what they needed as it changed over time, were there for them when and where they needed support, used a holistic understanding of their gifts and needs, empowered them to advocate for themselves, and had realistic expectations of them and of each other. Project learning from the first phase was summarized in a program guide, *Walk Proud, Dance Proud: Footprints on a Healing Journey: A Draft Discussion Guide to Walking the Path Together to Reclaim the Teachings for our First Nations Children (2012)* and is available for use by any community in Canada. Rather than being a recipe book of specific techniques, it's a framework for understanding and a philosophy of intervention based on core principles and shared assumptions, so it is both replicable and adaptable. *Walk Proud, Dance Proud: Footprints on a Healing Journey: A Discussion Guide to Walking the Path Together to Reclaim the Teachings for our First Nations Children (2014)*, updated as a result of further learning in Phase II is now available.

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4   See funding applications to NCPC and SCIF for relevant summary and citations

5   See manual by the London Centre for Children and Families in the Justice System for a more detailed description of the model

The project used each shelter as a hub of its activities which focused on community, families and individual children. While there were no rigid expectations, the intervention included the following seven steps:

1. Committing to safety as the bottom line;
2. Gathering our touchstones (allowing the perspectives and circumstances of the youngsters to define targets of intervention and evidence of progress);
3. Listening with respect (engaging children and their families);
4. Talking together in a circle (involving each child's network of supports);
5. Using the wisdom of the circle (linking children with pro-social activities and supporting caregivers in their parenting role);
6. Watching little feet on their journey (continuous monitoring of observable indicators in the children and families to support and inform development of the intervention); and,
7. Walking the path together (to work together to create a strength-focused process based on the wisdom of traditional ways and to determine what works and what does not).

Services for families matched their needs, interests and requests and included a range of activities such as: mentoring; life skills training; counseling, emotional and/or spiritual support; parenting skills; family support and counseling; educational activities; social and communication skills training; substance abuse treatment brokerage; sports, arts and other recreational activities; cultural activities/traditional learning (e.g. storytelling, ceremonies, feasts, values); employment support; housing support; advocacy with the legal systems; and support to access medical and/or mental health support.

Initial parameters for the service defined in the original proposal included:
• Concentrated focus on a few families (a worker to client ratio of no more than 10 to one worked best);
• Maintain contact for two years, or longer if needed;
• Reach out to offer support instead of waiting to be contacted;
• Work with the entire family system (including willing male partners and other caretakers);
• Assist with any issue families face in their healing journeys, including basic needs; and,
• Meet families where it is convenient for them, when it is convenient for them.

1.3   Project Participants

The project represents an innovative, targeted crime prevention approach for a high-risk population of violence-exposed, latency-age Aboriginal children (6 to 7 year-olds), their primary caregivers and siblings. Initial training for the EFWs took place in November of 2009 and intake of families began in December 2009 and early 2010. Families were invited to join based upon agreed-upon eligibility criteria: they were First Nations; at least one child was about seven years of age; the children had been exposed to family violence; children could live safely at home; a legal guardian consented to the service; the primary caregiver intended to continue living in the community; and the Eagle Feather Worker could be safe visiting the home.

In all, families with 108 children of about seven-years of age (comprised of 57 children in Phase I; 40 in Phase II; and 11 who were involved in both phases) agreed to join WTPT and signed consent forms. In addition to the 156 adult caregivers, there were 193 older or younger siblings involved with WTPT over the course of the project. All together, the project supported a minimum of 456 individuals[6].

The families accessed services from one of the following five on-reserve shelters:
- Bigstone Cree Nation Women's Emergency Shelter, Wabasca, AB
- Eagle's Nest Stoney Family Shelter, Morley, AB
- Ermineskin Women's Shelter, Maskwacis, AB
- Paspew House Women's Shelter, Fort Chipewyan, AB
- Sucker Creek Women's Emergency Shelter, Enilda, AB

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[6]   Note that one of the shelters did not report on the number of siblings in the second phase, therefore the number of siblings served is likely higher than reported.

SECTION II.   EVALUATION FRAMEWORK

The evaluation framework created for the "Walking the Path Together" project supports the characteristics, methods, and outcomes of the project as described within associated documents such as the business, project, and training plans, without reiteration of content. It includes a systematic collection of information that enables assessment of the project and improvement of its effectiveness, as well as informs decisions about future events, strategies, and processes. It is built upon a core set of assumptions that defines limitations, potential challenges, and requirements.

To support the commitment made to utilize the process and philosophy known as Appreciative Inquiry (AI) throughout this project, it was determined that

> a) the evaluation plan's design and data collection methods would be guided by the questions the evaluation seeks to address,
> b) the evaluation plan would benefit from use of a mixed-method approach involving a variety of qualitative and quantitative data collection methods; data analysis strategies including, but not limited to, record review, analysis, comparison, and calculation; and deliverables such as charts, graphs, reports, and statements, and
> c) with the support of the Project Manager, Eagle Feathers, and Project Guidance Circle members, involvement of stakeholders, including funders, partners, and sponsors, would not only improve understanding of evaluation, it would better serve information needs and increase commitment to use of the results[7]."

The WTPT evaluation included several distinct but interrelated components:

> • An appreciative Inquiry process (supported by RGStumbur Consulting);
> • Development of a manual describing the project implementation processes, the emerging stories and a roadmap for future project implementation (Phase I, supported by Dr. Linda Baker and Allison Cunningham from the Centre for Children and Families in the Justice System)[8];
> • Development of a culturally appropriate risk assessment tool (Dr. Jacquelyn Campbell, Danger Assessment Tool); and testing the tool in off-reserve shelters during Phase II[9]; and
> • A Social Return on Investment (SROI) Analysis discussing the financial savings that resulted from project implementation and quantitative data collection[10].

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7   Note that one of the shelters did not report on the number of siblings in the second phase, therefore the number of siblings served is likely higher than reported.

8   Centre for Children and Families in the Justice System (June, 2012). Walking the Path Together. Charting the Way for Others. A Shelter-based Program for First Nations Families Affected by Family Violence.

9   https://www.acws.ca/collaborate-document/2322/view

10   https://www.acws.ca/collaborate-document/2309/view
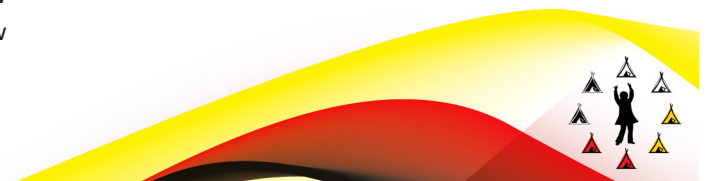
2.1   Evaluation Methods and Tools

The information analyzed in this report was gathered using the following methods and tools:

•An evaluation plan was developed to ensure meaningful evaluation and identified and linked the project components in a logical fashion. The WTPT Evaluation Framework included key project questions, data collection tools and instruments, performance indicators and frequency of data collection (attached in Appendix A).
• Project development and processes were documented using meeting minutes and interviews with shelter staff and stakeholders (discussed in Section III below).
• Participants' demographics, history and characteristics were collected using information in the intake forms and included information on primary participants, their caregivers and siblings who were also involved in the project (Intake Form attached in Appendix B).
• Quarterly progress reports completed for each of the primary participants and their families helped gather information about project services and supports that were provided in the course of the project, levels of participants' engagement and involvement with the project as well as progress of the participants and their family members according to their goals (Progress Report form attached in Appendix C).
• A discharge form completed at project exit gathered information about the circumstances surrounding participants' exit from the project and the extent to which their goals were achieved (Discharge Form attached in Appendix D).
• Discussions and interviews with EFW's, Shelter Directors, project participants and the project manager to better understand and interpret the results in the context of the experience of those who worked directly with the children and their families occurred at the end of both project phases. At the end of Phase II interviews were held with community stakeholders including shelter board members[11].   These discussions also helped understand and identify effective collaborative and partnership processes (see Appendix E for Phase II interview guide).
• Time tracking forms were developed to support integration of the project into shelter work during Phase II and to obtain a complete picture of the activities undertaken in conjunction with all other staff in the shelter as well as those that were done separately (see Appendix K for the time tracking forms);
• A Community Feedback Survey was distributed to potential users of the tools created over the course of WTPT project, to gather their opinions about the materials and their fit in their communities or organizations (See Appendix L for the Community Feedback Survey)

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11   All of the shelter directors, EFWs and key ACWS project staff provided feedback. Feedback was also gathered from four representatives of shelter communities (e.g., Elders, Board members and community members), five shelter staff who worked at the shelters but were not involved with WTPT directly and fourteen adult caregivers who participated in individual interviews.

2.2   Information Gathering Processes

Extensive work took place within the project to develop all of the forms necessary to support WTPT quantitative data collection efforts. A process was then put in place to use those forms to describe project participants and their progress on a quarterly basis. An essential part of the process was to develop and implement a computerized data collection system so that information gathered over the course of the project could be entered and analyzed.

Unfortunately the on-line data base system originally used by shelters was discontinued just when the project data collection began and the shelters had to engage in a lengthy process of selecting and designing a new database. This created some challenges for data entry processes, particularly associated with completeness, accuracy and consistency of data entry.

Information gathering efforts were also impacted by the time needed to build relationships with the participants, such that they became comfortable in sharing their background and historical information. Therefore, the scope of information gathered early on in the project and particularly where information was judged to be sensitive by the participants (e.g., Child Welfare involvement, addictions, etc.) was somewhat limited.

The availability of information in quarterly reports reflected the families' participation patterns. Some families entered the project later on in its implementation or left before the project conclusion, others may have participated extensively some of the time but not at all at other times. Ultimately, information only reflected the situation or progress of the families who were in the project during any particular project quarter or phase.

Finally, WTPT data monitoring requirements represented new processes for most of the participating shelters. Extensive training and individual support were provided to the EFWs and the shelters to assist in the information gathering work and the capacity of the shelters to gather information is now substantially improved.

SECTION III.   PROJECT PROCESSES

3.1   The Role of ACWS and the Project Manager

Alberta Council of Women's Shelters (ACWS) had the overall responsibility for the project.
It provided fiscal management for the project and was therefore responsible for all issues
related to project accountability and disbursement of funds. ACWS recruited and provided co-
ordination and supervision to a Full-Time Project Manager, an Appreciative Inquiry Facilitator,
and an external Project Evaluator.

ACWS also contracted and collaborated with the consultants from the Centre for Children and
Families in the Justice System (CCFJS) who provided clinical supervision, training and support
to EFWs, produced the *Walk Proud, Dance Proud: Footprints on a Healing Journey: A Draft
Discussion Guide to Walking the Path Together to Reclaim the Teachings for our First Nations
Children (2012)* (referred to as Draft Guide in the remainder of this document), and the Process
Evaluation to support NCPC requirements; and with Dr. Jacquelyn Campbell of John Hopkins
University to revise the Danger Assessment tool for cultural appropriateness and to ensure that
it was implemented as planned.

The WTPT Project Manager was responsible to support all aspects of project implementation
including:
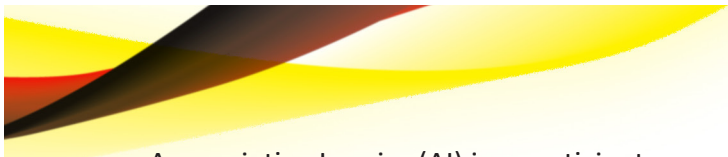
   • Completing site visits with CCFJS offering on site support to EFW's several times over the
   course of the project;
   • Organizing and participating in bi-weekly case conference calls with CCFJS and the EFW's;
   • Organizing training events;
   • Organizing PGC gatherings and other events;
   • Reporting to funders; and,
   • Managing project finances.

Most importantly, the Project Manager ensured implementing and sustaining communication
amongst all project partners – "she provided the glue that held everything together". With
reduced funding in Phase II, this role was assumed by ACWS staff. Staff changes at CCFJS,
coupled with reduced funding also necessitated a change in clinical support to the EFW's.

3.2   Ways of Coming Together

Appreciative Inquiry was an integral aspect of the Walking the Path Together Project. This
approach looks at what is working in relation to tangible statements that describe where a
group wants to be. Grounded in real experience and history, this approach is based in the belief
that once clearly identified, people know how to repeat their success. It fosters a fresh and
positive view because it is engaging, illustrates possibilities, and creates hope for a better future.
Appreciative Inquiry focus was especially important in Phase I to support project development,
and became less of a focus as it was more part of daily practice in Phase II as the project
became more self-sustaining.
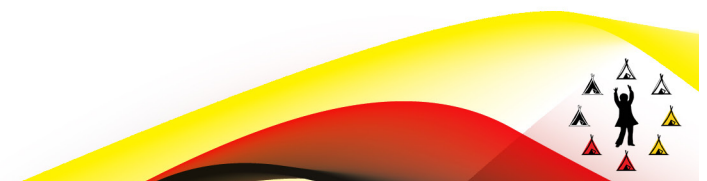
Appreciative Inquiry (AI) is a participatory, collaborative, and responsive approach to project development with several concepts, values, and goals. These include:

> • An emphasis on social constructivism whereby participants learn and grow together through asking questions, reflection, and dialogue;
> • Commitment to using culturally competent and responsive methods;
> • Grounding in storytelling, a common qualitative data collection technique;
> • View of inquiry as ongoing, iterative, and integrated into organization and community life;
> • Inclusion of many voices;
> • A systems orientation that includes a structured and planned set of processes;
> • Value of truth and honesty that come from participants' experiences and the stories they tell;
> • Use of findings for decision making and action; and
> • Strengthening of the capacity to be successful through enabling confidence in decisions, awareness of options, and ability to focus on results and achievements.

Ultimately, AI supports the nature and the vision of the "Walking the Path Together" project. AI approach was used to guide several key project processes, including development of a Log Frame or project framework at the project outset, Project Guidance Circle, Evaluation Team Meetings, and tool development, including the Danger Assessment Tool, as described below.

Log Frame (Framework) Development

In 2008, the five shelter Directors worked together to develop a framework to define the outcomes and the vision for this project. This vision was shown in graphic form using a collage with images to communicate integral aspects of the framework in a non-verbal and non-linear way (see graphic reproduced in Appendix F).   As described by one shelter director: "With the collage we were able to put our thoughts on paper… and we did not quit till we got it that night…[we felt] that this is ours and I know it works".

The main goal was that Aboriginal women and children have increased capacity to interrupt the cycle of violence and live thriving lives. It was also considered important for on-reserve shelters to contribute to building up healthy communities, in part by creating stable and adequate funding for shelters through joint action. A key assumption was that families, children, and communities can live in happiness if:

> • Everyone has an adequate livelihood (physical)
> • Everyone is guided by "love they neighbour" (spiritual)
> • There is equality for everyone (social/emotional)
> • World leadership is caring and works for people (social/mental)
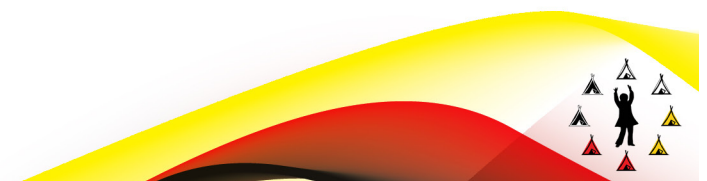
Project Guidance Circle (PGC)

The Executive Director from each shelter attended PGC meetings, which were day-long face to face meetings held at least three times per year over the course of the project. PGC members included one representative from each shelter, the ACWS Executive Director, the ACWS Director of Member Programs and Services, the ACWS Project Manager (Phase I), two representatives from Centre for Children and Families in the Justice System (Phase I), Dr. Jacquelyn Campbell of John Hopkins University and an Appreciative Inquiry facilitator. Members of PGC supported planning and implementation of project initiation, project implementation and project completion phases in the following key ways:

• Contributed to effective and collaborative working relationships within shelter communities by providing information to community Elders, stakeholders and other service providers through face to face meetings and documentation;
• Guided the development of a standardized approach across five shelters to project design, implementation and modifications;
• Gave input and supported the work of the Evaluation Team in designing and implementing an evaluation framework;
• Monitored the overall progress of the project in relation to commitments to funders and the plan agreed upon by the PGC;
• Received and addressed issues and challenges identified by project representatives and stakeholders for resolution by the PGC; and,
• Developed and implemented a plan to launch and disseminate documentation, such as the project guide and associated training documents by posting it on the ACWS website, Informing community stakeholders in the 5 local communities regarding project progress and results; and pursuing conference presentations (ACWS) and extending awareness of the project's outcomes at local, national and international levels.

Eagle Feather Worker Meetings, Support and Training

After defining a job description and expectations, each shelter hired an Eagle Feather Worker with a responsibility to support the participating children and their families (see job description in the Appendix G). As a clinical consultant, CCFJS representative provided support and training to the Eagle Feather Workers helping integrate promising practices in their work and helping manage their workloads. The Project Manager worked closely with the CCFJS representatives providing guidance to the shelters and EFWs, participating in site visits, developing and implementing training materials, and providing other support and help as needed.

Over the course of the project, Eagle Feather Workers received training as well as on-going consultation. One-on-one mentoring and support assisted them in managing the complexities of the families they were working with and their workloads. Primary training and support activities included centralized educational opportunities for the EFWs about three times a year; regularly scheduled teleconferences of EFWs with each other, the Project Manager (Phase I) and the clinical consultant; individual mentoring of EFWs by the clinical consultant; community visits, public education and community outreach; and, direct service provision to families.

There was also formal training available and EFWs particularly liked training that helped them recognize signs of different types of abuse; knowing when a client is in denial; and facilitating participant engagement to talk about difficult issues with the families. They highlighted A-LAPs, DA, 2BBoys, Family Group Conferencing, Parenting after Violence, Circle of Courage, Men as Victims and Mending Broken Hearts training. Training was also provided over the course of the project in the areas of mental health, grief, sexual abuse, addictions and suicide intervention.

Some of the topics included motivational interviewing, cost/payoffs, the Danger Assessment, data collection, group activities, developing a healing plan, addictions and, in general, activities to support EFWs in their efforts to connect, engage and empower participants (see Appendix H for a full list of training activities).

In Phase II a clinical consultant was recruited, with project support provided through the ACWS office. ACWS also contracted with other external consultants, managed and organized the PGC meetings, provided database training and support as well as overall project leadership. ACWS also organized several training opportunities during Phase II including, for example, the Banff Leadership Training for shelter directors, training with Dr. Bruce Perry on interventions for children and Historical Trauma training.

In some communities, EFWs relied on Elders for their knowledge and support, which was particularly helpful when EFWs themselves were impacted by the trauma stemming from residential school history which was triggered by their work with the families.

Evaluation Team

As noted earlier, the Evaluation Team was comprised of one shelter director representing the shelters, the ACWS Director of Member Programs and Services, the ACWS Project Manager(Phase I), a CCFJS representative (responsible for NCPC reporting requirements, Phase I), an External Evaluator (responsible for SCIF reporting requirements) and an Appreciative Inquiry facilitator.

The Evaluation Team Terms of Reference were developed in February of 2011, describing the role of the Evaluation Team as overseeing the evaluation process through implementation of the following strategies:

- Participate in meetings to discuss data and progress made towards goals;
- Integrate different types of evaluation (Appreciate Inquiry, Process Evaluation, Outcome Evaluation and Social Return on Investment) in one cohesive evaluation strategy and approach;
- Determine outcome measures and a process for data gathering and analysis;
- Monitor work to determine what is effective;
- Discuss intervention as required;
- Document successes and challenges, using case notes and data collection;
- Ensure that evaluation is culturally competent;
- Support development and submission of evaluation reports;

• Engage the PGC, shelter staff, project participants, and stakeholders in the evaluation process; and,
• Identify and document a plan to make the Danger Assessment Tool culturally appropriate.

The Evaluation Team members ensured that the WTPT evaluation would be guided by the principals of OCAP, as described below:

> *First Nations need to protect all information concerning themselves, their traditional knowledge and culture, including information resulting from research. The principles of Ownership, Control, Access and Possession (OCAP) enable self-determination over all research concerning First Nations. It offers a way for First Nations to make decisions regarding what research will be done, for what purpose information or data will be used, where the information will be physically stored and who will have access.*
>
> Ownership, Control, Access and Possession sanctioned by the First Nations Information Governance Committee Copyright 2007 National Aboriginal Health Organization.

3.3   Tools Created

During the project, promotional materials were produced to raise the project's profile in the communities and also a web site was created (www.acws.ca/walkingthepath) for a wider audience. As the three-years drew to a close, a program guide was written for use by other shelters or agencies interested in delivering a WTPT service. It is called Walk Proud, Dance Proud: Footprints on a Healing Journey: A Draft Discussion Guide to Walking the Path Together to Reclaim the Teachings for our First Nations Children (2012). It summarizes key aspects of operational support necessary to deliver a WTPT service, suggests strategies for engaging families, presents frameworks for understanding how First Nations children and families are impacted by family violence, and provides culturally relevant healing strategies and guidance. Accordingly, this document can guide the development and operation of a WTPT program in any agency. In addition, it contains tools and guidance for use outside the parameters of a full WTPT program, by any agency seeking culturally relevant understanding and intervention strategies (all the tools are included with the Guide attached with this document).

Over the course of the second phase these tools were disseminated to the broader community with a request for feedback and suggested changes, and additional learnings from the second phase of the project were incorporated into the second edition of the Guide. The tools and strategies developed over the course of the project and discussed in the Guide include:

• A survey to facilitate staff discussion about lateral violence in the workplace;
• Cultural adaptation of the stages of change model of addictions treatment;
• Tools to assess how a First Nations child may have been impacted by family violence physically, emotionally, mentally, and spiritually;
• A model for tailoring intervention for women in shelters based upon their current goals

for the relationship;
* Summaries of healing strategies and intervention approaches for use with First Nations children and their families; and,
* A culturally responsive safety planning approach: the POP-TART tool.

Danger Assessment

The Danger Assessment (DA) is a tool for predicting a woman's risk of being killed or almost killed by an intimate partner. The tool was developed by Dr. Jacquelyn Campbell (1986) with consultation and content validity support from abused women, shelter workers, law enforcement officials, and other clinical experts on abuse. There are two parts to the tool: a Calendar and a 20-item Questionnaire.

The Calendar helps to assess severity and frequency of abuse during the past year. The woman is asked to mark the approximate days when physically abusive incidents occurred, and to rank the severity of the incident using a 1 to 5 scale. The Calendar acts as a tool to raise the consciousness of women and reduce the denial and minimization of the abuse in their lives (Campbell, 1995; Ferraro et al., 1983) and to aid the safety planning process. The 20 questions on the DA have yes/no responses to risk factors associated with intimate partner homicide and uses weighted scoring to determine the level of danger. Some of the risk factors include past death threats, partner's employment status, and the partner's gun ownership. As part of the Walking the Path Together project, Eagle Feather Workers were trained to administer the Danger Assessment tool to mothers and other caregivers of the children in the project.

Thanks to funding from the Safe Communities Innovation Fund, ACWS was able to partner with five on-reserve shelters participating in the Walking the Path Together Project and Dr. Campbell to address the use of the Danger Assessment for Aboriginal women living on reserve. The WTPT Project Guidance Circle (PGC) was concerned about the lack of cultural applicability of the Danger Assessment tool in its original form. The PGC and the Eagle Feather Workers gave feedback on how to make the DA more appropriate. The revised WTPT DA and Seasonal Calendar recognize that the circle represents the unending cycle of life and contains standard teachings for all Indigenous cultures.

Supported by GOA SCIF funding, five off-reserve Alberta shelters volunteered to test the WTPT DA, DA Circle and the Seasonal Calendar with the purpose of improving service delivery so that all women accessing shelters in Alberta, including Aboriginal women, can better understand their safety needs, have a more effective voice (in general and in the justice system) and take measures to help keep themselves safe from their perpetrators.

The results of that study are summarized in Section 4 below. (See Appendix I for the DA and WTPT DA tools).

Tools Dissemination Results

At the project outset, ACWS made a commitment to disseminate information gathered over the course of the Walking the Path Together Project to other professionals. Accordingly In mid-2013, ACWS distributed WTPT documentation across the province and through the Canadian Network for Women's Shelters and Transition Houses for review by domestic violence professionals. In August of 2013 ACWS followed up the distribution of the materials and tools with a survey gathering feedback from those professionals about the relevance and appropriateness of tools to their work.

A total of 13 individuals responded representing 12 women's shelters across Alberta and one government service.   Five of the respondents were at the management level and eight were agency staff. Ten respondents had been employed in their position for at least three years. As shown in the Figure 1 below all respondents thought that the guide and materials would be useful in their work, all but one agreed that the materials were culturally appropriate and a large majority will initiate a similar program in their agency. They described the Guide as friendly and easy to understand and follow, tools as useful with both Aboriginal and non-Aboriginal clients, and information about recruitment, duties and FEATHER approach as valuable information to those wishing to initiate a similar program.

Figure 1. Value of WTPT Guide, Materials and Tools
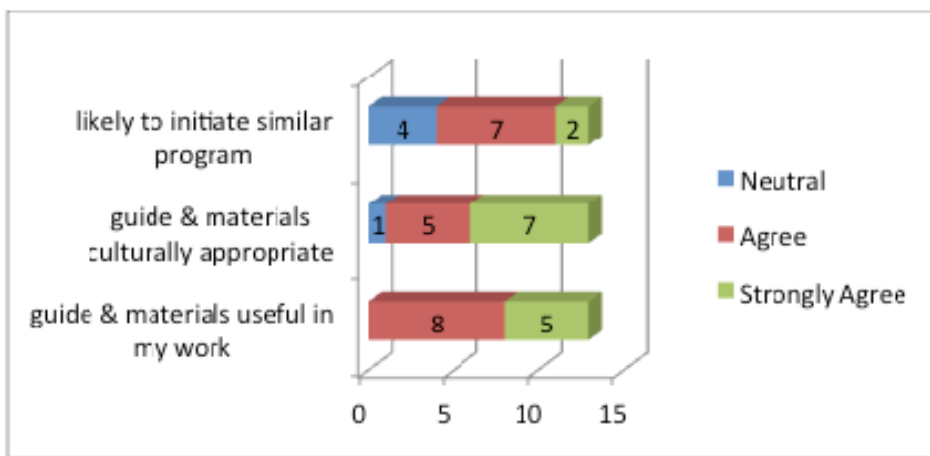
All but one respondent also thought that the guide had enough tools and materials to help them replicate the program in their community. They described the tools as easy and practical to use and helpful in understanding parents and children. Many identified POP TARTS (n=11), grounding techniques (n=7), and Self Care Medicine Wheel (n=7) as particularly useful to them in their work. One issue that was raised concerned the applicability of the guide and the materials to all First Nations people – those who embrace their culture and those who do not, as well as those with different customs and traditions.

As shown in Figure 2 below the respondents were less certain about the value of the WTPT Business Case and the Social Return on Investment (SROI) Case Study, reflecting different
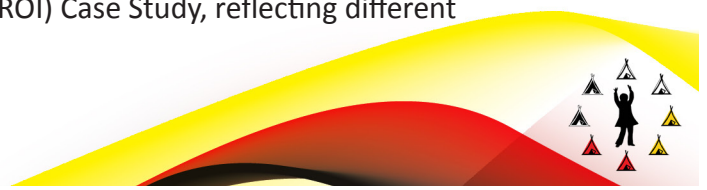
focus of managers and staff.   The five management respondents were more likely than the staff to agree that Business Case and SROI are valuable tools and that they were interested in developing (at least the Business Case) at their agency. Some of their hesitation, particularly with respect to SROI, reflected the fact it was too time intensive for agencies to produce.

Figure 2. Value of WTPT Business Case and SROI Case Study
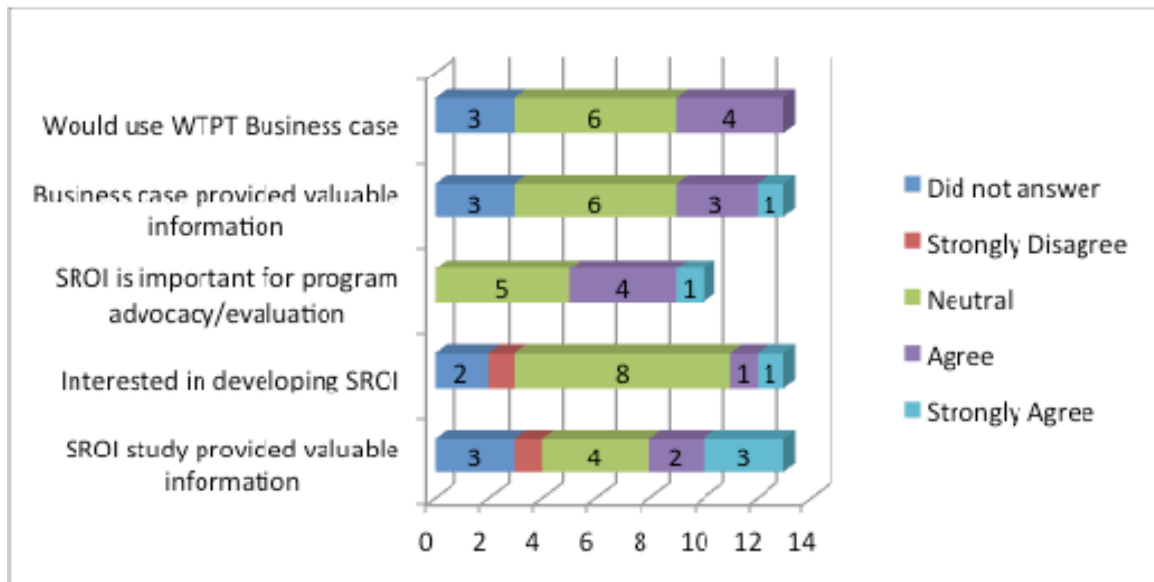
3.4   Process Lessons Learned

WTPT brought together a diverse group of project partners including five on-reserve shelters, the Alberta Council of Women's Shelters, the Centre for Children and Families in the Justice System (CCFJS), and Dr. Jacquelyn Campbell of John Hopkins University. The partners were supported by an Appreciative Inquiry facilitator and an External Evaluator. This process was both challenging and rewarding, ultimately contributing to many lessons learned, as illustrated in the summary below.

Working Together

The key strengths and successes of the project were realized when the partners came together in a process of networking, sharing, learning together and supporting each other. The Appreciative Inquiry process, in particular, and its focus on engagement, possibilities and strengthening the capacity to be successful was effective in engaging partners from all backgrounds and ensuring commitment to culturally competent and responsive approaches. Ultimately, it did not matter which Nation the participants belonged to or if they represented First Nations or mainstream agencies – the partners identified common values, understood each other and shared their knowledge and ideas in a safe and secure environment. The peer support among the EFWs was identified as particularly helpful.

Building Synergies between First Nations and Mainstream Agencies
The project partners met regularly as a Project Guidance Circle to share successes and problem-solve barriers to optimal service. This partnership between First Nations and mainstream agencies produced a synergy that allowed the development of tools and approach which were grounded in the historical, cultural and resource realities of on-reserve First Nations communities and responsive to the needs of children and families who experience family violence. In this process all partners had a voice and everyone shared ideas that contributed to the project development.

Negotiating Long Distances

The project partners were from small communities who had to travel long distances often facing difficult winter driving conditions. One of the participants was located in a fly in community (Fort Chipewyan) more than 1,000 km away from the southernmost shelter in Morley. Some of the project consultants were from the other side of this continent (London, Ontario, and Baltimore, Maryland, USA). Physical distance and travel time add to costs and need to be adequately budgeted and planned for, given the tremendous value in face to face meetings in building trust and understanding.

ACWS as a Connector

Having a centralized umbrella organization in place helped ensure project success. As the project manager, ACWS provided fiscal management for the project, brought together project participants, contracted with external consultants, provided project staffing, training resources and support and, in general, ensured that the project was on track. Understanding the investment of resources and staff time that is required to implement this project has been one of the most important learnings for the WTPT and ACWS. Projects of this size, complexity, that are developmental in nature and that involve diverse groups of partners require significant resources and time to ensure effective implementation and sustainability.

Availability of External Professional Supports

WTPT project brought together a team of professionals, whose particular specialties were consistent with unique and varied project requirements. The Appreciative Inquiry facilitator helped establish a positive and engaging view of project development; the CCFJS representatives brought their experience in children's services, child development and their expertise in writing program and training manuals; Dr. Campbell contributed her knowledge and expertise in risk assessment and an External Evaluator supported quantitative data gathering and analysis and report writing. Bringing together a diverse of the professionals also proved challenging at times, particularly when there were differences with respect to their different approaches and philosophies, along with significant demands on their time.
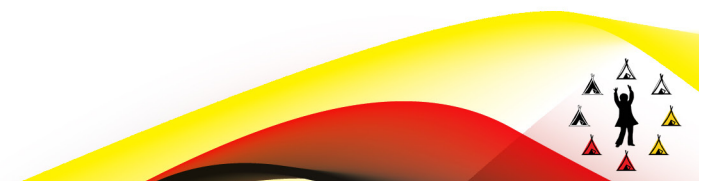
Preventing Worker Burn-Out

The potential for worker burnout with this intensive service is high and efforts to minimize the possibility of turnover in the position needed to be a priority both to ensure continuity of service and also to respect the trust that is built over time. Clinical support and supervision are essential to help EFW's manage their complex caseloads. In that regard, the role of the clinical consultant needs to be clearly defined, so that they are providing support to the Eagle Feather Workers on interventions with family, that they do this by seeking out positive perspectives and solutions and that they defer to the shelter directors on administrative and staff supervision issues. Resources should also be in place, outside of the clinical supervision, to connect EFWs with other supports and programs to help them address work/life balance issues.

Building Personal Relationships

The WTPT project is unique in that the shelter directors and EFWs are part of the on-reserve community – and their personal and professional roles and functions often intersect. This offers an important advantage – as professional trust is built through personal relationships. Through their community linkages, WTPT partners were able to establish strong connections and find a voice with other professionals in the community, such as local leadership, the RCMP, child welfare authorities and the broader community. For example, a visit from the ACWS Director to the reserve and her participation in a round dance was very important in creating trust and support for the project among the community members. It also takes a toll as workers were approached for support during their time off, and close connections meant that the maintenance of professional boundaries was exceptionally important.

A Dedicated Project Manager

Over the course of project implementation we have learned how important it was for the shelters to have a dedicated Project Manager and/or a Clinical Consultant who understands the environment of the on-reserve shelter work and of the Aboriginal and holistic perspectives and is an Aboriginal person. The Project Manager implemented and sustained communication amongst all project partners – "she provided the glue that held everything together".

Importance of Training

Having a WTPT program can increase the capacity of the entire agency to provide optimal services, especially when other shelter staff, in addition to the Eagle Feather Workers, had the opportunity to participate.

Over the course of the project, multiple training opportunities were made available to both Shelter Directors and EFWs. The leadership training in Banff helped Shelter Directors build upon their leadership skills, learn about developing high functioning teams and dealing with difficult staffing situations. As described by some Directors "training opens up your mind up to what needs to be done". A Historical Trauma workshop with an accompanying paper written by

Kathleen Gorman called: "The Impact of Colonialism and Assimilation Practices on Indigenous Peoples" were very important additions, helping enhance shelter directors, EFWs and ACWS staff understanding of the trauma experience and challenges of the families they worked with.

EFWs particularly liked training that helped them recognize the signs of different types of abuse, knowing when a client is in denial and helping facilitate participant engagement to talk about difficult issues with the families. They highlighted A-LAPs, DA, 2BBoys, Family Group Conferencing, Parenting after Violence, Circle of Courage, Men as Victims and Mending Broken Hearts training. Training was also provided over the course of the project in the areas of mental health, grief, sexual abuse, addictions and suicide intervention.

EFWs stated that, as a result of the training, their knowledge in a variety of areas has increased, particularly with respect to the issue of domestic violence and how to address it. Training on addressing sexual abuse, suicide intervention and historical trauma are highly recommended as initial training when starting Walking the Path Together. Sexual abuse training in particular has to be delivered and planned with extreme caution because almost everyone on reserve is exposed to sexual abuse and this experience can be easily triggered during training.

An important learning for the PGC was that this training would have been very beneficial for all team members at the beginning of the project. Indeed, all project staff need specific training in understanding the complexities and impact of cultural genocide on Indigenous peoples. Non reserve project staff and consultants also need to understand the privilege that comes from being part of the dominant "settler" culture.

Focus on Children
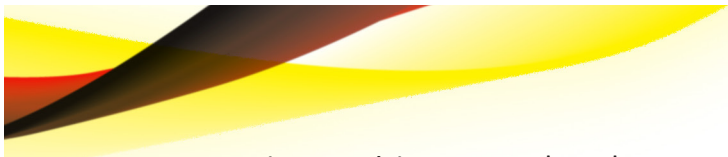
Before the project there was little time or resources available to include children in shelter work as mothers in shelters came with so many needs. One of the main benefits of the project was an opportunity to have a program with a singular focus on the children and to work with children both inside and outside of the shelter.

Over the course of the project some shelters found it challenging to maintain this focus due to multiple barriers faced by caregivers, because school aged children were not easily available to participate particularly as some shelters faced challenges in engaging their schools in partnerships. In those shelters there were limited opportunities to work with children directly and much of the WTPT work included individual work with the mothers, groups involving both mothers and children and events for the whole family. Shelters are working to address such challenges by developing new types of programming, including, for example planning a Virtues group for children or children-only groups open to all children in their communities and not limited to the children in the WTPT project.

Using a Computerized Data Collection System

An essential part of the process was to develop and implement a computerized data collection system so that the information gathered over the course of the project could be entered and analyzed. The WTPT shelters had no prior experience with database use and on-going training and guidance were necessary to support their data entry efforts. We also learned that, although

some project participants may be reluctant to share information at first, they do so once they develop stronger relationships with EFWs and they are also more likely to share information in a conversation rather than by completing a form. Although the data base development process and learning how to use it took time, the shelter partners ultimately described the data base system as helpful, particularly in reducing time required to produce reports to support funding requirements.

SECTION IV.   WTPT DANGER ASSESSMENT STUDY

"Helping women look at the four aspects of their being and work towards balance will result in their becoming more empowered. Women will be better able to recognize their strengths and resources and use these to nurture themselves and their children, resulting in stronger and more balanced individuals, families and communities."

-Lillian Bigstone and Theresa Snow
Presentation at ACWS AGM, June 2012

4.1   Study Description

One of the objectives of the funding was to address the concern of the on-reserve shelter directors about the lack of cultural applicability of the Danger Assessment tool in its original form. The Eagle Feather Workers and the PGC gave feedback on how to make the DA more appropriate. The resulting tool is the Walking the Path Together Danger Assessment. The revised WTPT DA which includes culturally appropriate versions of the Danger Assessment Questionnaire and Danger Assessment Seasonal Calendar recognize that the Sacred Circle represents the unending cycle of life and contains standard teachings for many Indigenous cultures. It is understood that there may be different variations of the Sacred Circle depending on women's cultural background however the four quadrants within the Sacred Circle are common to all First Nations women.

During Phase II of the project the WTPT versions of the DA were further tested to make sure that the tool is relevant, easy to use and acceptable to the PGC, Eagle Feather Workers and project participants. Five off-reserve shelters participated in the study by asking women in their shelters to complete the revised DA and the associated tools, guided by the following goal and objectives:

Study Goal and Objectives:

Study Goal: Pilot the implementation and evaluate application of Walking the Path Together Danger Assessment in off-reserve shelters thus setting the stage for large scale implementation in women's shelters across Alberta.

Study Objectives
> 1. Shelters' risk assessment data gathering efforts are more complete
> 2. Shelter capacity for culturally sensitive trauma-informed care is increased
> 3. A shelter learning collaborative is developed and strengthened
> 4. Women who complete Walking the Path Together Danger Assessment and their children are safer
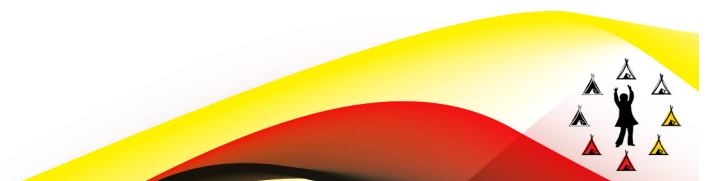
Study Tools

The Walking the Path Together Danger Assessment recognizes that the circle represents the unending cycle of life and contains standard teachings for Indigenous cultures. The revised Danger Assessment questions were placed in a circle format to provide visual cultural relevance of the questionnaire. The WTPT DA is comprised of four parts (please see WTPT Danger Assessment Manual for a full description of the tools):

> • *The WTPT Seasonal Calendars*. The original DA Calendar was revised into two formats – one based on seasons of the year and another based on the months of the year. Cultural/customs abuse were added to the list of abuse types, and culturally-appropriate symbols were developed to both describe the perpetrator (with perpetrator types expanded to includes extended family members) and to record important events relevant to the abusive incident.

> • *The WTPT DA Questionnaire*. The DA questions were revised by Dr. Campbell with input from Walking the Path Together Eagle Feather Workers and Shelter Directors to reflect the unique situations of life on-reserve. Several questions were expanded, modified and added, specifically with respect to weapon use and substance abuse.

> • *The WTPT DA Circle*. The revised DA questions were embedded within a circle format to provide visual cultural relevance and to serve as a "grounding" tool for women to hold as they consider the DA questions that may trigger a trauma reaction.

Safety planning is an important component of the WTPT Danger Assessment. In Phase I, the WTPT team developed the Walking the Path Together POP Tarts tool which stands for **P**rotection, **O**ptions, **P**lanning: Taking Action Related to Safety. This tool was created as an alternative to standard safety plans that were not always useful for women living on-reserve.

In addition to POP Tarts, the participating shelters also tested a new approach to gathering information about safety-related activities in the shelter. They tracked the frequency with which a safety plan was developed or changed. Each time they addressed the issue of safety, they identified specific activities they undertook to ensure that the women and their children stayed safe.

Study Activities

Five Alberta shelters took part in the following activities:

> 1. Training

In October of 2013 shelter staff participated in training to guide their involvement in the study. The training supported implementation of the study and included background of the WTPT project, history of tool development, tool administration protocols, and evaluation protocols. The training also included a "Sacred Circle" presentation by WTPT on-reserve shelter staff focusing on administering the danger assessment to Aboriginal women and a presentation on

Historical Trauma delivered by Kathleen Gorman titled: "Impacts of Colonialism: Can Shelter Workers be Anti-Oppressive Warriors. Kathleen also produced a backgrounder for distribution to all shelters titled: "The Impact of Colonialism and Assimilation Practices on Indigenous Peoples". This backgrounder will be added to the 2014 Guide as well as to the WTPT Tools: Danger Assessment document.

2. Implementation and data entry

Participating shelter staff administered the WTPT DA, the POP-Tarts, tracked safety activities in their shelters and gathered information about women's background and services they received. Shelters also received support to ensure accurate and comprehensive data collection and protocol implementation through regular contacts, meetings and access to ACWS staff support.

3. Stakeholder interviews

Nine staff members from five shelters participated in interviews to describe their experience with the study. The interviews took place over the phone and included questions about the training, the use of tools and particularly their cultural applicability, data collection processes, the impact of the new tools on women and shelter staff, and any suggestions for going forward.

4. Reporting and Curriculum Update

This report analyzes and summarizes the information gathered over the course of the study. It will be presented for discussion and feedback to the participating shelters. The information gathered over the course of the study will also be used to update the WTPT DA curriculum with a particular focus on the cultural component including Aboriginal history and impact of individual and collective traumatisation.

Staff Feedback about Study Activities

In their interviews shelter staff provided overall feedback about the study, the training and ACWS staff support. They described the training as "excellent", providing opportunities for the participants to have a say about what was important in the implementation of the study and especially highlighting as valuable the presentation by Kathleen Gorman on the impact of colonization with associated collective and individual traumatisation of Aboriginal people.

They generally agreed that they had enough information about what was required from their shelters in terms of study participation. They also appreciated an opportunity to get together and share experiences with staff from the other shelters. They were all satisfied with the support that they had available from ACWS to assist them with the use of the ACWS database and ensuring that they followed appropriate tool administration protocols.

There were two suggestions from the participating staff: some would have liked to have more information about cultural competency and specific directions on how to use the DA Circle and others thought that six months was too short of a time frame in which to collect data. Some of their comments are included below:
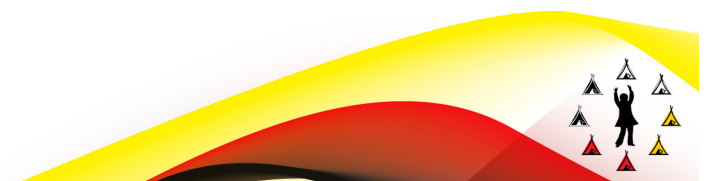
• Even though I have been a DA trainer for a long time I like to have new information and it is always good to have a refresher. Training provided clarity on what was involved in the study and the expectations of the shelter.
• It is always beneficial to learn about new tools to work with Aboriginal clients.
• The DA study was too short of a period of time to gather much data because during this time we had very few Aboriginal women in the shelter.
• I liked the opportunity to meet and talk to other staff from other shelters.
• I had hoped for more information about cultural competency. I wanted more information about how to use the DA Circle. I was frustrated.
• It is challenging to present the information that Kathleen Gorman shared. I did try to give the staff an overview of what Kathleen covered but it would be so much more meaningful for staff to be able to hear what Kathleen has to say [from her directly].

4.2   Study Participants

Over the course of the study, between November 2013 and April of 2014, a total of 108 women (ranging from 8 to 64 women per shelter) were selected for participation in the study and to complete WTPT DA. These women were admitted with total with 118 children. The characteristics of the women admitted to the participating shelters over the study period are listed below and were similar to those generally reported by women's shelters:

• On average, women who were admitted to the participating shelters were 34 and their children were about 6 years of age;
• Over half (57%) brought children with them to the shelter;
• About two thirds were described as victims of abuse (70%), often having been subjected to multiple forms of abuse, and others were described as being in need of housing or in crisis;
• Over half of the participants (59%) and almost all of those identified as victims of abuse (84%) experienced abuse at the hand of their intimate partner including common-law partner (21%), ex-common-law partner (7%), ex-boyfriend (17%), current boyfriend (7%) or a spouse (6%). The other types of abusers were identified in 4 additional cases and included parents, children or other relatives.
• Seventy five percent of the women admitted to the participating shelters in the study period self-identified as Aboriginal (note that this is higher than about 50% to 60% usually reported);
• Almost 60% (n=62) of the women in participating shelters self-reported either physical or mental health concerns or addictions (about a third of the overall study sample each). Also about a third of the study sample experienced co-occuring concerns – 10% (n=11) had both mental and physical health concerns, 7% (n=8) experienced all of the issues, 7% (n=7) reported both mental health and addictions concerns and 5% (n=5) had both physical health and addictions concerns.
• About a half described their financial situation as a substantial problem or a concern and needed assistance from the shelter to address it, 82% were unemployed and 16% had no sources of income at all.

4.3   WTPT Danger Assessment Results

A total of 66 of 108 women who participated in the study completed the WTPT DA at the time of shelter admission. The overall response rate of 60%, including 54% response rate among Aboriginal and 73% response rate among the non-Aboriginal women in the sample represented better response rate than in previous ACWS studies[12]. As can be seen from Figure 3, over half of the women were in extreme or severe danger of femicide, therefore requiring assertive safety planning, high levels of shelter support and involvement of external agencies and justice professionals[13]. The overall danger assessment scores in this study are lower than in previous ACWS research (for example 66% of the Practical Frameworks for Change and 74% of the Danger Assessment[14] study participants received extreme or severe danger scores) suggesting that more analysis is necessary to understand the implication of the WTPT DA administration with women in shelters.

Figure 3. Levels of Danger
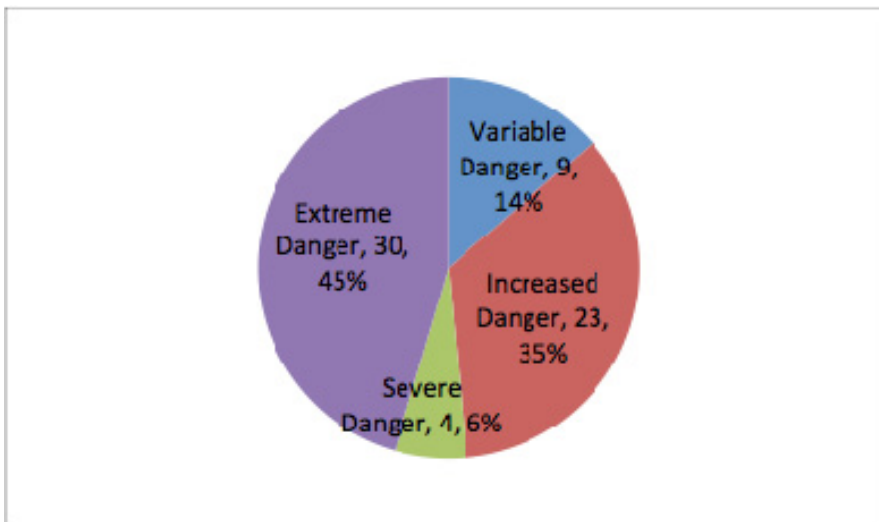
The DA scores were compared across various participant groups, identifying several respondent groups who were more likely to receive an extreme or severe Danger Assessment score. The results suggest that there is an association between higher complexity of needs and higher DA scores. Women were more likely to be in severe or extreme danger if they were:

   • Women with mental health/mental wellness concerns, substance use or addictive
   behaviours or women with physical health concerns (respectively 65%, 63% and 49%
   of those women scored high on the DA as compared to 41%, 49% and 46% of women

12   45% of cases in the PFC Project in 2011 https://acws.ca/sites/default/files/documents/PFCFinalEvaluation-Report.pdf

13   The shelters were instructed to score the Circle DA in the same way as they scored the original DA, although there were some questions about this from shelters that may need to be clarified with the tool author.

14   The shelters were instructed to score the Circle DA in the same way as they scored the original DA, although there were some questions about this from shelters that may need to be clarified with the tool author.
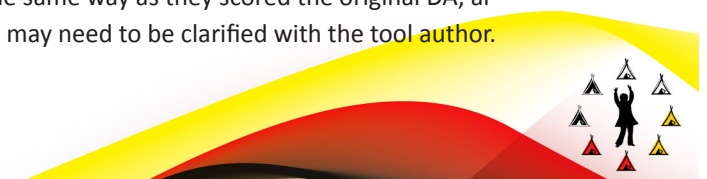
without such concerns). Women with co-occurring concerns were most likely to score high on the WTPT DA (73% of those women scored high on the WTPT DA as compared to 43% of the other women);
• Older (62% of women aged 41 or older had high DA scores as compared to 44% of women 24 years of age and younger);
• Resident in a second stage shelters (60% had high DA scores as compared to 48% of women resident in emergency shelters);
• Aboriginal (55% of Aboriginal women scored high as compared to 50% of non-Aboriginal women); note that this was substantially lower than 80% of Aboriginal women in this range in the ACWS DA study and,
• Admitted with children (54% of women admitted with children had high DA scores as compared to 50% of single clients).

There was also some association between the DA and length of shelter stay but no association between the DA and goal completion. Of those women with extreme or severe Danger Assessment scores:

• 46% remained in the emergency shelter for 10 nights or less and 23% stayed in the emergency shelter for 21 nights or longer; and,
• 45% completed the program and met their goals, another 45% did not complete the program or meet their goals and the other 9% moved to another program better suited to their needs.

Further analysis was done to determine how women's background interacted with their goal completion and Danger Assessment scores. The results showed that shelter stay can be beneficial to Aboriginal women with even the highest Danger Assessment scores:

• All of the women who had high DA scores and who also met their goals[15] were Aboriginal; and,
• All of the Aboriginal women with high DA scores agreed that as a result of the shelter stay:
> o they were better able to keep themselves and their children safe from abuse;
> o they were more able to create and change a safety plan when needed and; and,
> o that shelter services met their unique cultural needs.

The comments below from two of these women illustrate their experience at the shelter:

• *This is the 3rd shelter I have stayed at and this was the best. I like how we were trusted and they were always offering to help. I also appreciated how they continually worked with me to better the situation. They came up with a plan so I was not always having to wait around for meds. They always had tips for my anxiety. I liked informal meetings with other residents. I felt more empowered.*
• *They helped me realize how abuse can escalate and how my life could be in danger. How traumatised I really am.*

15   Note that the actual numbers are relatively small in this comparison

Staff Feedback about DA Questionnaire and Circle DA

All participating shelters see the Danger Assessment as integral to their work and have had well established processes for administering the questionnaire. Inclusion of the WTPT DA with the associated Seasonal Calendar did not alter those processes significantly.

Although some shelter staff did not see a significant difference in how women used WTPT DA as compared to the traditional DA, others saw a great deal of value in administering the DA in the Circle format, with increased women's comfort in using it as a grounding tool as they answered the questions. They described the Circle DA as "more gentle and less intimidating" and most appropriate for Aboriginal women with strong linkages to their culture. In the future, most of the participating shelters will use the WTPT DA only for both Aboriginal and non-Aboriginal women, to ensure consistency and cultural relevance. In doing so, some may require additional training to help staff understand more about using the WTPT DA questionnaire as a grounding tool and to strengthen their cultural competency skills.

> • The DA is such an important part of the work that we do. It is part of our culture here just like our work is trauma informed.
> • Most women agree to complete the DA because they know that it is best for them in order to understand their risk of violence.
> • Many of the Aboriginal women that come into the shelter do not have a strong connection to their culture and then the original DA is more appropriate to use.
> • [In order for the WTPT DA to be used appropriately] it was especially important to ground the WTPT DA in a cultural perspective.
> • Having the Circle DA for women to hold while the questions are being asked has been very useful. It gives the women something to do with their hands while they are being asked difficult questions.
> • I really like the extra questions on the WTPT DA: ' is there anything else that frightens you and if yes, what else frightens you' prompts additional discussions about safety.
> • I don't have a clear understanding of the use of the circle and so we are not using it. In the few times that it was used people used it as a fan. I hoped for more information about cultural competency and how to use the DA Circle.

Danger Assessment Calendar

The DA calendar was completed with 43 women, in most instances recording information in both traditional and seasonal formats. The response rate of about 40% is substantially higher than the 16% recorded in previous ACWS research[16] suggesting improved uptake of this tool, possibly as a result of the addition of the seasonal component. Administration of the Calendar produced the following results, documenting the severe and pervasive abuse that women endure before they are admitted to a shelter:

> • About half of the women described abuse lasting 6 or more months (or two or more seasons);

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16   Note that the actual numbers are relatively small in this comparison

• Women described an average of 120 instances of emotional abuse (about 18 per month per woman), 56 instances of financial abuse (7 per month), 31 instances of sexual abuse (4 per month), 12 instances of cultural abuse (3 per month), 8 instances of choking (2 per month) and 8 instances of spiritual abuse (2 per month); *note that the average number of incidents per month in this study is higher than what was recorded in previous ACWS research[17].*

• Calendar methodology also helps record the instances of physical abuse in four categories ranging in severity from least (slapping or punching) to most serious (being wounded by a weapon). Those women who experienced physical abuse reported an average of 15 instances of less severe physical abuse such as slapping and pushing (about 4 per month), and progressing to an average of 9 instances of more severe physical abuse including punching, kicking, beating up, permanent injuries and being wounded by a weapon (up to one per month per woman).

Staff Feedback about Seasonal Calendar

In general shelter staff described the idea of a calendar as useful and thought that the study helped them develop a greater understanding of the value of completing a calendar with women. While they acknowledged that completing the calendar takes time, they thought that the process of using the calendar helps prompt women's memories and helps them see patterns in their relationships. Some staff also reported improvement in their skills as a result of using the calendars, especially in using the grounding techniques to support women who often are triggered to re-experience trauma through considering and completing the DA.

Shelter staff had different opinions about the value of the seasonal calendar as compared to the traditional calendar. Some found the traditional calendar more useful because it helped women remember specific experiences that occurred a long time ago, "anchor their memories" or identify detailed patterns of abuse in their relationships. Others found the seasonal calendar more useful, because it was easier to complete, was less intimidating to women, provided a better opportunity for conversation, and was particularly effective with Aboriginal women as well as women with complex issues such as long-term homelessness and extensive abuse history and trauma. All shelters will use the calendars in the future, many of them offering a choice of which calendar the women wish to complete. The following are some of the quotes illustrating their feedback:

> • *Having women complete the calendar is very time consuming but after the training I realized how important this is.*
> • *The seasonal calendar was very useful when working with the single women in the shelter. It seemed to work better for women who have complex issues like homelessness, extensive abuse histories and mental health issue. They often have experienced lots of abuse in their lives and it is difficult for them to complete the other calendar. With the seasonal calendar they don't have to think about specific days, weeks or months.*
> • *I did not find the seasonal calendar helped women remember the abuse that they experienced. The traditional calendar is much more useful for women to use to prompt*

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17   For example 13 instances of emotional abuse per month,4 instances of financial abuse, 2 instances of sexual abuse, 1 instance of spiritual abuse and 1 instance of less severe physical abuse.

their memories. The violence that women living in second stage experience is often so far in the past it is challenging for them to remember specifics about their experiences. The more traditional calendar helps women anchor their memory.
*• I do not find the seasonal calendar very helpful for women to see the patterns of abuse. Some staff use it initially with women because it seems less intimidating. Then later they do the linear calendar with women. We give women the choice.*

4.4   Tracking Safety Planning Activities

As part of the Danger Assessment study shelter staff also tested a new approach to gathering information about safety-related activities in the shelter. They tracked the frequency with which a safety plan was developed or changed and identified, each time they addressed the issue of safety, specific activities they did to assist women and their children in staying safe.

As shown in Figure 4 below, about 40% of activities involved developing a new safety plan, 44% of the activities required that an existing safety plan be changed and the remaining 14% of the activities did not require that the safety plan be developed or changed, instead needing informal safety check-ins.

Figure 4. Safety Planning Work
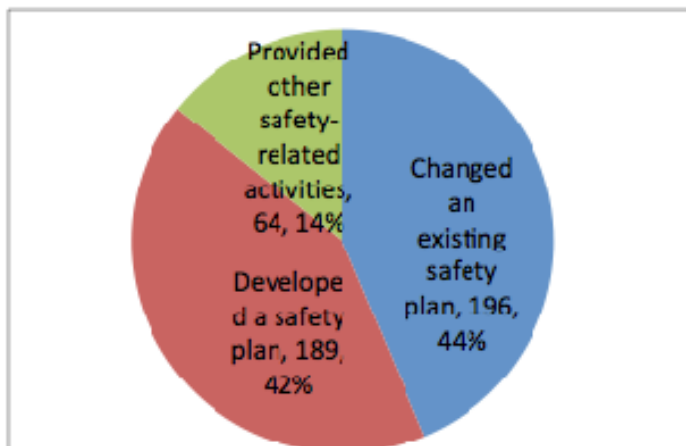
Types of Safety-Related Activities

> • In almost all instances client contact involved several safety-related activities.
> • In most instances (n=277, in over 60% of the case notes) women participated in informal safety checks, when a counselor had a conversation with a woman about her and her children's safety.
> • The counselors also often used the information about the abuser that was available to them (n=81, about 18%) to support the woman's safety planning needs.
> • Danger Assessment information, including DA, WTPT DA, DVSA[18] and Calendars, was used in 13% of the contacts.
> • Other frequently occurring types of safety-related activities (for about 7% of cases)
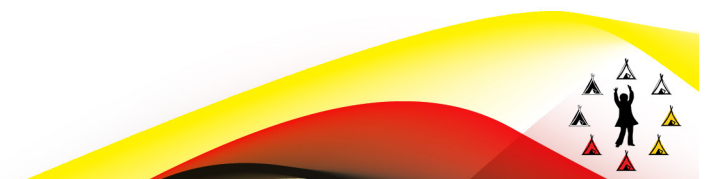
included POP Tarts, providing transportation or escort, and discussing safety technology.
• Less frequently (in 2% of the contacts or fewer) the counselors contacted the police, made referrals for Emergency Protection Orders, discussed safety of a specific activity that a woman was intending to do, contacted Child Welfare or other domestic violence service providers or provided court accompaniment.

Figure 5. Types of Safety-Related Activities
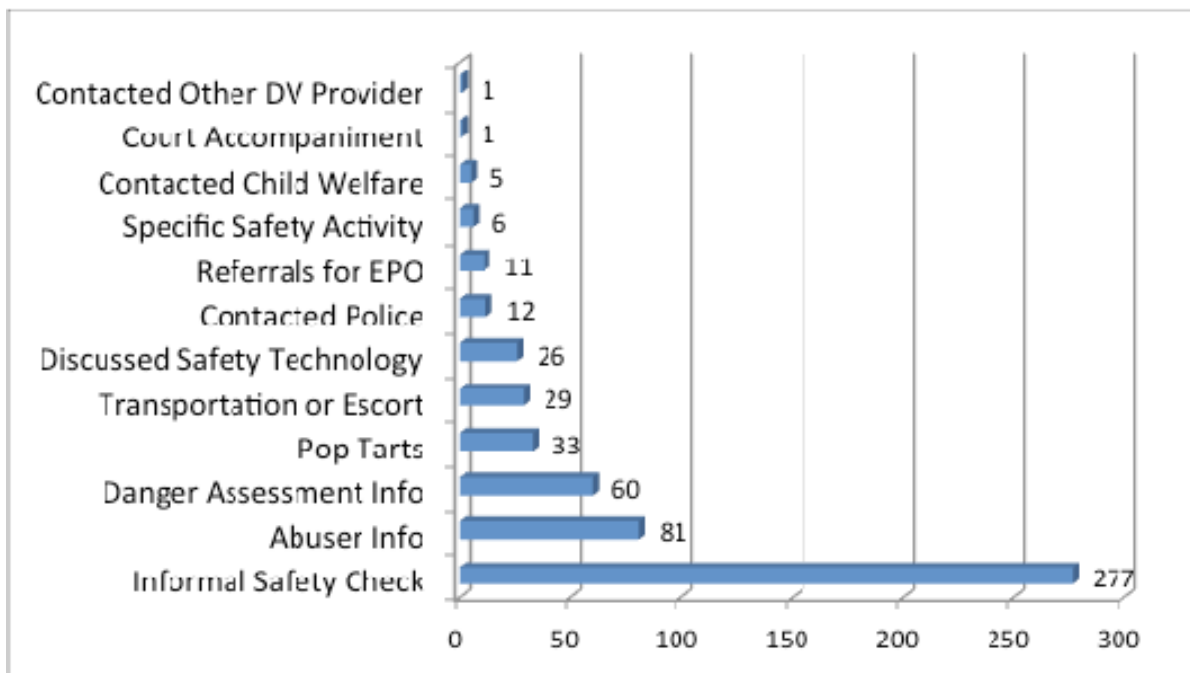
Shelter Staff Feedback about Safety-Related Activities

In the course of their interviews shelter staff provided feedback regarding their experience with the new safety planning approach, emphasizing, in particular, the following points:

• Safety planning is an essential part of the conversations with women, however it is not always documented. The advantage of this list, from the staff perspective, is that it can be aggregated in a report format to demonstrate all of the work that shelters do to support women's safety.
• When documented as part of case notes the safety activities were often underreported. Requiring that staff use a list to identify activities helps staff remember to document their safety activities, makes it easier for the supervisors to ensure compliance and, ultimately, allows shelters to show a more comprehensive picture of the safety-related activities they do.
• Staff described the safety questions as "straight forward" and that the categories provided in the safety activities list worked well for them.
• Staff would have liked to have specific definitions for each of the drop down items to make the completion of this question easier.
• While most staff did not find having to complete these questions as time intensive, requiring extra time to complete the safety questions was one of the challenges for some

staff. Over time these staff found that they got used to it and made it part of their regular routine.

• All of the participating shelters see value in the safety questions and will continue using them when the study is over.

Shelter Staff Feedback about the POP-Tarts Tool

The POP-Tarts was particularly useful with women who are living with their partners or are having regular contact. It follows, therefore, that it is more appropriate to use in emergency shelters than in second stage shelters where most of the women have left their partners, have minimal contact with them and will not be returning. Emergency shelter staff described POP-tarts as "excellent" and that it "makes sense to them". Some have used this tool in a group format resulting in "lots of good conversations about safety".

4.5   Summary and Next Steps for WTPT DA

The purpose of the study was to pilot the implementation and evaluate the application of Walking the Path Together Danger Assessment in off-reserve shelters. The study results as highlighted below showed that this is a valuable tool in identifying women who are most at risk for femicide and in helping them engage in danger assessment and safety planning process in a non-threatening and culturally appropriate way.

• The study tools and approaches were developed to ensure cultural relevance to Aboriginal women in shelters – the WTPT DA provided visual cultural relevance and served as a grounding tool, the WTPT DA questions were revised and a POP-tarts tool was used to address unique cultural needs of Aboriginal women and all of the work was guided by training and documentation on historical trauma and impact of colonialism;

• The tool completion rate demonstrated an improvement by comparison to previous ACWS studies – 60% of the participants completed the WTPT DA and 45% completed the seasonal questionnaire, as compared to 45% and 16% respectively;

• Women with co-occurring concerns (with two or more addictions, mental health or physical health concerns) were most likely to score in the severe or extreme range on the WTPT DA;

• The number of incidents that were recorded using the DA calendar were higher in this study suggesting an improved uptake of this tool, when contextualized within the cultural context, safety planning and trauma-informed work;

• All of the women who had high DA's and who also met their goals were Aboriginal and agreed that as a result of the shelter stay their safety and cultural needs were met;

• Most of the participating shelters saw a great deal of value in administering the WTPT DA, thought it increased women's comfort level and will use this tool going forward with all women in their shelters; and,

• The administration of WTPT DA supported and informed safety planning activities in the shelter which were carried out with all participating clients. The shelters described the safety planning activities as an essential part of their conversations with women and the POP-Tarts tool especially useful with Aboriginal women and women who might continue to be in contact with their partners.
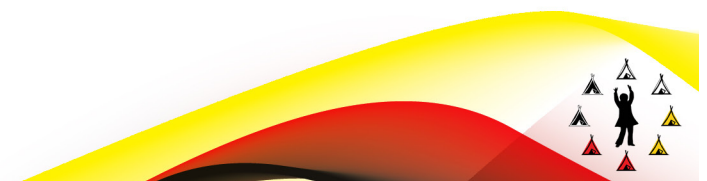
Next Steps for WTPT DA

The study has proven that the WTPT DA is valuable for use with all women in shelters – both Aboriginal women and women with the other backgrounds. The information from this study will be used to update the WTPT DA curriculum with a particular focus on the cultural component including Aboriginal history and impact of individual and collective traumatisation.

This study will also be used to inform and resource the process of taking this tool to scale with other Alberta shelters. The process will include administration of the WTPT DA and Seasonal Calendar integrated with safety-related activities as well as trauma-informed and culturally relevant approaches, all supported with relevant training and documentation.

Taking the tool to scale will also help explore and analyze further some of the study results:

> • Understand the reasons why the overall WTPT DA scores are lower than the scores obtained using traditional DA and explore the implications of the tool revisions on its scoring;
> • Understand more about the interaction between the WTPT DA scores and complexity of women's needs and how those needs can be best addressed in a shelter;
> • Further explore when the WTPT DA may be more or less appropriate than the traditional DA and develop guidelines to support selection and administration of various danger assessment and related safety tools;
> • Analyze further outcomes of services that are culturally informed and safety focused; and,
> • Understand more about applicability of WTPT DA with non-Aboriginal populations in urban areas.

SECTION V.   PROJECT RECRUITMENT AND RETENTION

The WTPT project was able to reach its target population, which was Aboriginal children living on-reserve who lived or had lived with violence at home. In keeping with the NCPC mandate, the project focused on seven-year old children and their families. At the outset, a list of inclusionary criteria was developed by the Project Guidance Circle to define the intended population. Families considered ideal for WTPT were First Nations families of any constellation with at least one child who was about seven years of age. Furthermore, they were currently or had experienced family violence (defined to include violence by or toward any family member in recognition of the lateral violence that occurs); the children could live safely at home; a legal guardian gave consent; the primary caregiver intended to continue living in the community; and a worker could be safe visiting the home. Another criterion pertained to geographic scope because most of the communities are large and spread out. If a family lived at too great a distance from the shelter, their involvement in the project could drain too many resources from other families.

5.1   Project Recruitment

Late in 2009 and early in 2010, Eagle Feather Workers (EFWs) sought the participation of families who met those criteria. This was not as easy a process as originally envisioned, in great measure because of the need to create a target caseload of 15 children in a compressed period to match project time lines. The EFWs aimed at 15 in order to ensure 10 solid cases for each worker at the end of the project.

In Phase I current and past shelter residents comprised the majority of families in some communities, mixed with cases referred by child welfare or the local school. In one community, families were suggested by the school. The shelter in this small community primarily offers drop-in and crisis line services so we knew from the outset that past shelter residents would not be a large enough pool.

In Phase II, the recruitment process was first directed at families already in the project. When funding was confirmed in August of 2012, EFWs looked at each case and decided to either continue working with the family or discharge the participants. If a participant and their family were discharged it usually meant that the family was well on their way with their healing journey and no longer needed the intense support the EFW provided. In some instances siblings of the primary Phase I child continued on to Phase II as primary participants. In cases when there were not enough families continuing from Phase I, schools and police helped recruit project participants or EFWs invited families whom they knew through other work or relationships they developed in the community. For those families individual meetings as well as "meet and greet" opportunities helped explain the project and encourage participation. These personal invitations to participate in the project were very important and helped families open up and develop trust.

Participation in the project was voluntary. Some declined the opportunity to be involved, often due to confidentiality concerns and, in a related vein, concerns about how involvement with the project could expose them to child welfare reports. Other issues commonly associated

with declined involvement were a male partner who opposed a woman's participation and general fatigue with services and distrust of service providers. Poverty and homelessness were other major obstacles, as families understandably prioritized their basic needs and shelter over addressing other issues they experienced. EFWs attempted to address this obstacles much as possible, providing grocery vouchers, transportation and budgeting workshops. However, for many families, lack of on-going financial support continued to create barriers for project engagement.

5.2   Number of Participants

In all, families with 108 children of about seven years of age (comprised of 57 children in Phase I and 40 in Phase II and 11 who were involved in both phases) agreed to join WTPT and signed consent forms. In addition to the 156 adults designated as caregivers to those children, there were 193 older or younger siblings involved with WTPT over the course of the project. All together, the project supported a total of 456 individuals. As shown in Table 1, almost all Phase I families were admitted to the project in 2009 or at the beginning of 2010 and most of Phase II families were admitted to project in 2012 or earlier.

Table 1. Family Admission by Project Phases

| Year of Admission	Phase I	Both Phases	Phase II	Total
2009	9	2	0	11
2010	46	8	0	54
2011	2	0	0	2
2012	0	1	33	34
2013	0	0	7	7
Total	57	11	40	108

The total number of families supported at each of the five participating shelters ranged from 18 to 26 per shelter or a total of 108 families. Together with caregivers and siblings[19], the total number of project participants at each shelter ranged from 76 to 106 or a total of 456 participants as illustrated in Figure 6 below[20]. The total number of primary participants was lower than the original projections of 125 (75 for the first and 50 for the second phase) but caseload levels were deemed reasonable by the PGC, balancing community demand with the complex needs and large size of the families.

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19   The number of siblings served is likely underrepresented as Shelter D did not record the number of siblings in the second phase

20   Note that Shelter E had the highest average number of inactive families per quarter, making it possible for that shelter to work with more participants.

Maintaining a reasonable worker to client ratio is crucial to both the effectiveness of this approach and to the ability of an EFW to maintain a healthy work/life balance.   Travel time took up a significant amount of time as workers often had to travel long distances to transport the families to appointments or to meet with other service providers. The workers also live with the same small communities as the families they are supporting, which further complicated work/life balance and the setting of boundaries. Families' needs were complex, intense, and sometimes unpredictable.

**Figure 6. Number of Participants by Shelter and by Type**
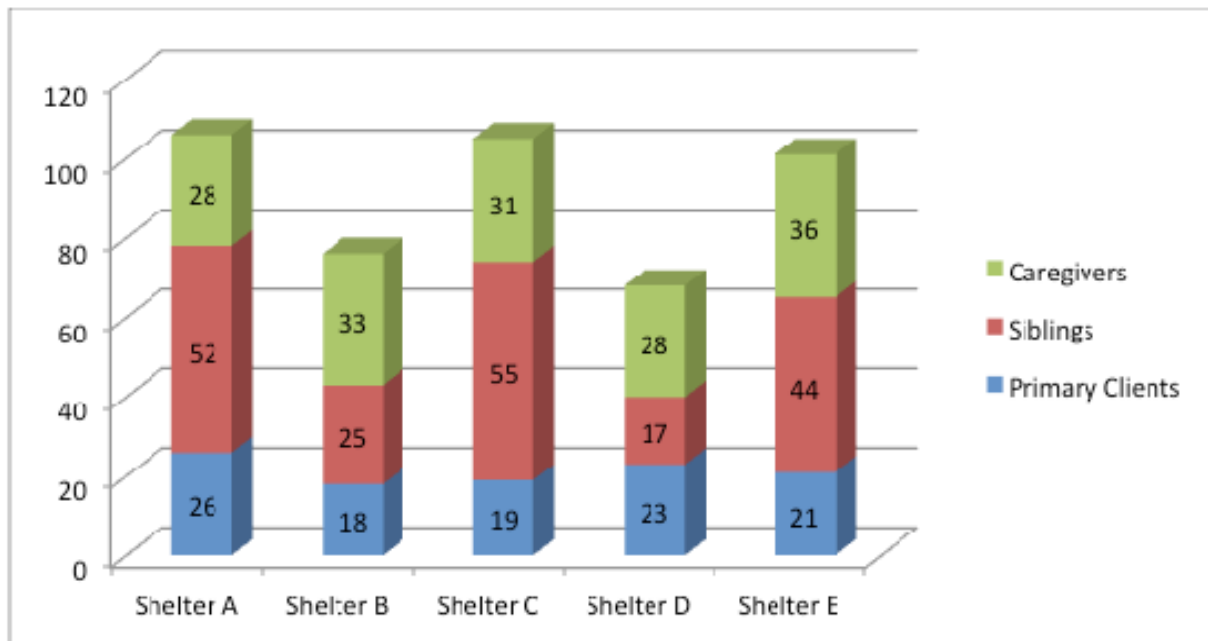
5.3   Project Participation and Retention

As shown in Figure 7, most of the 108 families actively participated in the project. The levels of direct contact with their EFW could ebb and flow over time, from multiple contacts a day to periods of no contact for several weeks or months. This pattern matched the ebb and flow of family need and was considered by the PGC to be a good fit with client preferences in the reserve context. Even during periods of little contact, the case file was kept open and the family welcome to resume services at any point. The importance of developing relationships was apparent, as it took up to 7 months in each project phase before families started to regularly participate.

As shown in Figure 7, the number of active participants per quarter ranged between 49 and 55 in Phase I and 29 and 36 in Phase II and only dropped to 38 and 14 active participants in the last two months of each phase, corresponding with the anticipated end of the project.
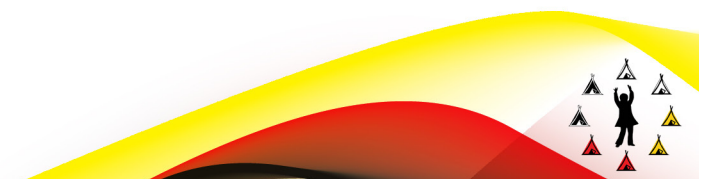
Figure 7. Number of Active Participants by Quarter and Phase
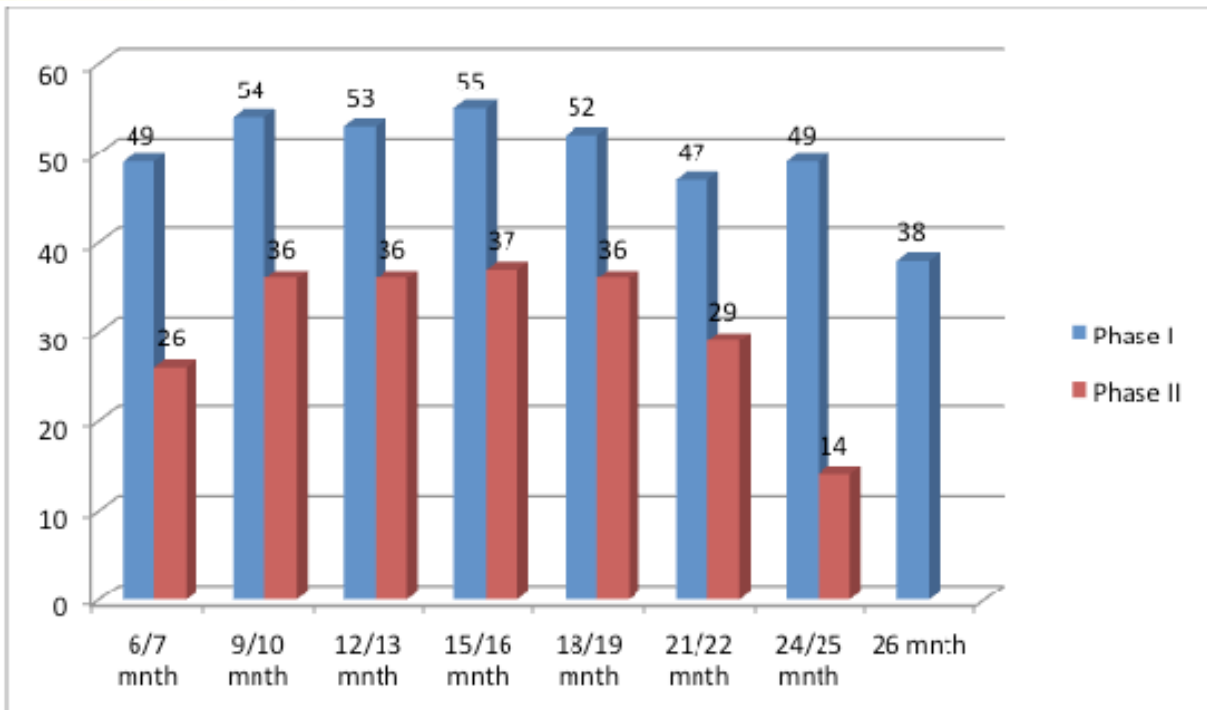
Lack of trust, concerns about confidentiality and dissatisfaction with services used in the past are among the reasons that families were reluctant to fully engage with a new service provider such as EFW, so the process of trust and rapport building typically elapsed over one year or more, as illustrated in the story below.

Jackson and his family had met countless service providers who said they were there to help. So his mother had good reason to be wary when we approached her about the WTPT project. Like most women, she was often had to leave a shelter after a few weeks, usually to move on to another emergency shelter. In the few times she secured a second-step housing unit, able to stay for one year, the family was evicted for rule violation. Jackson simply would not go to school, and school attendance is a common expectation in shelters. His mom was exhausted when we first met her, ready to be judged and found wanting. Her household was sub-standard she assumed: not enough rules for the children, not enough consequences. Maybe she sometimes drank too much, and of course she could never get Jackson to go to school. Why would she trust this EFW? Wasn't she just another one of those people who offered help but was really there to watch and judge? It took a while, but she eventually saw that her EFW walked her talk.

This strategy was an integral aspect of trust and rapport building, a process which took over one year in many cases. Engaging families was a lengthy but important process, discussed in depth in the Guide. Without this "watchful waiting" strategy, the project would not have been able to move forward to start healing activities with most families.

Usually files were not formally closed unless a family left the community and was not expected to return. Over half of the families remained active with the project until Phase I or Phase II conclusion. In other instances the family was discharged because they moved away (13%) or because all issues were resolved and service was no longer needed (8%) and for several other reasons such as caregivers choosing to discontinue their participation, children being taken into government care and an inability to locate the family or the family choosing to discontinue their participation (see Table 2 below). The uncertainty around the future of the project pending government approvals and a reduction in total resources also had an impact on family participation.

Table 2. Reasons for Discharge

Reasons	Number	Percent
WTPT project (or phase) came to end so file closed	61	57.0
Family moved from community	14	13.1
All issues resolved so service no longer needed	9	8.4
Caregiver no longer wants to be involved with WTPT project	8	7.5
Child or children taken into government's care	7	6.5
Could no longer locate family	6	5.6
Reconciliation with an abusive partner who does not want the family involved with WTPT	2	1.9
Total	107[21]	100.0

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21   Reason for one family's discharge was unknown
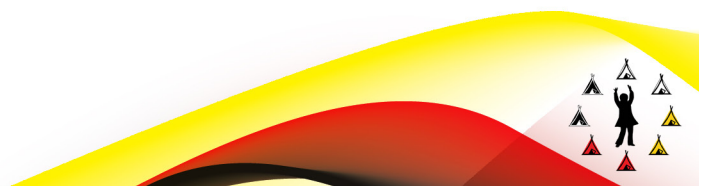
SECTION VI.   PARTICIPANT DESCRIPTION

Some characteristics distinguished the needs of this group from service recipients in urban areas. For example, there was a high rate of transience and residential instability as families moved among and between the homes of friends and family. Some families experience chronic homelessness. For example, one participant family had never slept in a bed they could call their own. Shortage of safe and stable housing was a significant barrier faced at the outset of the project and on an on-going basis. Poverty and inability to meet basic needs is an enormous factor. There was a high rate of intact families where abuse was currently occurring and the physical violence was severe. It was suspected that several of the caretakers where affected by pre-natal exposure to alcohol, a fact which compromised their parenting. Overall, the families were struggling with multiple historical and current challenges and the impacts of intergenerational, historical and recent traumas were evident. This was a group of families with significant needs.

6.1   Description of Participating Children

Children' Age and Gender

Including both the primary participants and siblings, the project worked with a total of 301 children. As shown in Table 3 below, there were slightly more females among the primary participants and more males among the siblings.

Table 3. Gender of Participating Children

Gender	Primary Client	Sibling	Total	Percent
Female	59	91	150	49.8%
Male	44	96	140	46.5%
No Information	5	6	11	3.7%
Total	108	193	301	100%

At the time of project intake, the Phase I primary participating children were, on average, 7 years of age and Phase II primary children were on average 8 years old. There were more younger siblings in the second phase than the first – on average siblings were 10 years of age in Phase I and 8 years of age in Phase II.   Some of the children from the Phase I continued to participate in Phase II, therefore their siblings were older in Phase II.

Consistent with the project focus, a large majority of primary children (73%) were between 6 and 8 years of age. Among siblings, 31% were 5 years of age or younger and another 33% of siblings were 13 years of age or older (Table 4).
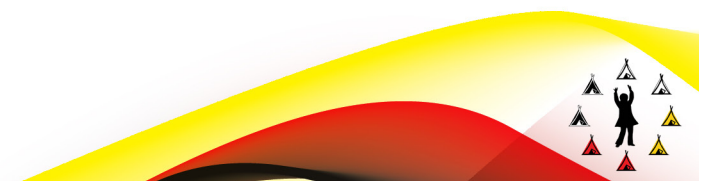
Table 4. Age of Participating Children

Age Range	Primary Children		Siblings	
	Number	Percent	Number	Percent
5 and younger	11	10.2	59	30.6
6 to 8	79	73.2	25	13.0
9 to 12[22]	12	11.0	46	23.8
13 and over	0	0.0	55	28.5
No information	6	5.6	8	4.1
Total	**108**	**100.0**	**193**	**100.0**

The project proposal identified 6 and 7 year old children as the primary program participants. The project also accepted at intake, as primary participants, children who were turning 6 or who had just turned 8. Ideally, a WTPT project would have the naturally staggered admission process that characterizes most services, to ensure that all families meet each variable of the inclusionary criteria. At the front-line level, it was emotionally difficult to bar admission for deserving families only because of the age criterion. Deviations from the inclusionary criteria (i.e., children who were outside our target age) were also related to the sudden start-up and pressures to find project families quickly. In some instances, siblings who were younger than the target age at project start up were enrolled in the project as primary children as soon as they turned 7.

The project had to cap the number of the primary children accepted due to the large family sizes and the resulting high workload demands. Some of the siblings who were also in the target age range could not be accepted into the project as primary participants. Those siblings were still able to participate, usually in group settings and through referrals.

Living Arrangements

At the time of admission to the project, most primary children were living with their mothers (n=50 out of 92, 54%) or with both parents (n=29, 32%), and in many instances, with other family members as well. The rest (less than one percent each) were living with a family member or a relative (n=9), with father (n=2) or with a grandparent (n=2). In addition to their primary caregiver, 57 (about half of the 108 children) also had other nurturing caregivers in their lives, often including grandparents, aunts and uncles or siblings.

The living arrangements of the siblings in the project were similar – 83 of 145 (57%) were living with their mothers and 45 (31%) were living with both parents, again often sharing accommodation with other family members.

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22   2 primary children had just turned 9 at the time of intake

Health Issues

Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

UN Convention on the Rights of Indigenous Peoples

There were 20 primary children (or 19% of total) who were documented to have some type of health problems – diagnosed, self-reported or observed by EFWs. Those problems included chronic heart or breathing problems (n=6); FASD[23] (n=4); speech, hearing and vision problems (n=4); ADHD[24] (n=2); and other problems (n=5) including obesity, autism and HIV. EFWs suggest that the incidence of FASD among WTPT children is likely higher, but that they were not comfortable making those types of assessments without clinical training or support. In the year prior to project intake, three of these children used an emergency room and two additional children were documented as having been admitted to the hospital.

There were also 14 siblings who were documented to have had some type of health issue (including asthma, ADHD, FASD, anxiety, depression, allergies, speech problems, heart murmur, and obesity).

Abuse History

According to the project referral criteria, every child in the project was exposed to family violence. In most cases, the child's father, step-father or a "father figure" was identified as an abusive person (n=32, 54% of 59 primary children for whom this information was available), followed by mother or "mother figure" (n=9, 15%) and both parents (n=7, 12%). Others included grandmothers, grandfathers, siblings, cousins, uncles or extended family. In many instances the family violence was perpetrated by several people in the family.   In 27 families (43% of 63) the child was living together with the abusive person at the time of intake.

Almost 80% of the primary children for whom information was available witnessed verbal, emotional or psychological abuse (n=49 of 63), and 29 of them experienced verbal, emotional or psychological abuse as well (46%) (Figure 8). Almost half (n=30) witnessed physical abuse and 7 were documented to have experienced this type of abuse. Children were also exposed to many other types of abuse, including threats of abuse, property destruction, as well as financial, cultural, spiritual abuse and neglect.

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23   Fetal Alcohol Spectrum Disorder, note that the prevalence of these disorders is likely underestimated

24   Attention Deficit Hyperactivity Disorder

Figure 8. Primary Child's Exposure to Abuse
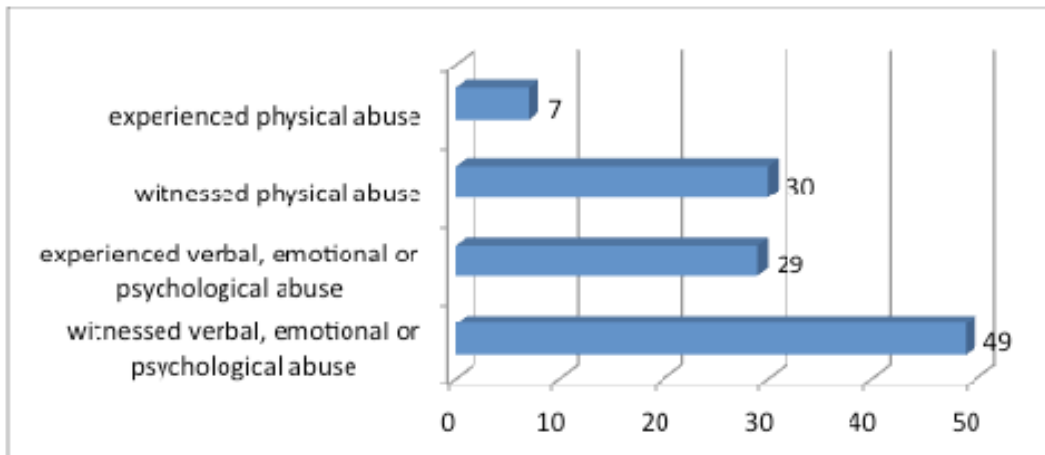
The children were exposed to various types of abuse for a period of time ranging from one to 8 years. In thirty-six cases, mothers thought that their children were impacted by their exposure to family violence. They described issues such as anger, violence and physical or verbal aggression; bedwetting; withdrawal or listlessness; being easily distracted; oversensitivity to others; blaming of self or others; sadness and depression; as well as sleep disorders and nightmares.

Twenty-three children (34% of 67 with this information), and 17 siblings have had some type of involvement with Child Welfare prior to project admission, ranging from investigations, apprehensions, active involvement and support agreements as well as guardianship orders. In some of these instances the children were involved with Child Welfare upon the mother's request, as they were attempting to protect their children from the abuse.

In addition to abuse, many of the primary children experienced traumatic events throughout their lives. Such events were identified in 44 of the cases and many of those cases included death of a parent a close relative or a friend, death of a pet, parental separation, conflict or domestic violence, apprehension by Child Welfare, as well as addictions and homelessness.

6.2   Description of Adult Caregivers

Most of the information describing adult caregivers was gathered about the primary caregivers only. Those caregivers were most likely to consistently participate in the project and develop relationships and trust with the EFWs required to support information gathering activities.

Demographic Information

Most primary caregivers were female (n=104, 73% of 142 total) and they were between 19 to 73 years of age, median age of 36. Of those 86 caregivers who identified their marital status, 40 were in a common law relationship, 20 were single and 12 were married. In addition to English,

some caregivers spoke other languages, including Cree (n=22), Stoney (n=12), Dene (n=1) and Chipewyan (n=1).

Relationship to Child

About sixty percent of the children (n=67) were accompanied to the project by three other family members or fewer, and the other half was accompanied by four or more family members (there were 5 children who were accompanied by seven, eight or ten family members).   As illustrated in Table 5 below, mothers represented over half of the adults in the project. There were also 20 fathers or step-fathers, 20 grandparents and 12 aunts or uncles in the project.

Table 5. Relationship of the Participating Adults to the Primary Child

Relationship	Number	Percent
Mother	79	55.6%
Father	20	14.1%
Grandmother	12	8.5%
Grandfather	8	5.6%
Aunt	8	5.6%
Uncle	4	2.8%
Adult sister	2	1.4%
Adult brother	1	0.7%
Unspecified female	3	2.1%
Unspecified male	5	3.5%
Total	142	100.0%

Employment and Living Situation

Over half of the caregivers relied on social assistance through First Nations or Indian and Northern Affairs Canada[25] (n=54 of 97, 56%) as their primary sources of income. Other sources of support outside of employment included the Child Tax Credit (n=41), spouse/partner (n=11), Alberta Works (4), Employment Insurance (n=3), Assured Income for Severely Handicapped or Disability pension (n= 3 each), pension, child support or other family or friends (n=2 each). Thirteen of these caregivers relied on employment for their primary income source.   While most of these adults lived in stable housing at the time of intake (n=60), many were in transitional or short-term housing options or homeless (n=18).

Health

Almost half of the caregivers were experiencing addictions issues at the time of intake (n=24 or 46% of 52 instances in which this information was available). Those addictions often included alcohol, drug or prescription drug addictions. Some of the other caregivers also have had

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25   Indian and Northern Affairs Canada, often referred to as INAC, had their name changed in 2011 to Aboriginal Affairs and Northern Development Canada

addictions in the past and/or were living in a household with individuals who were struggling with addictions.

Seventeen caregivers (about a third of 56 with this information) were identified as having had some type of mental health concern – diagnosed, self-reported or observed by EFWs. Those issues included depression, anxiety, Post Traumatic Stress Disorder and ADHD. Again, there may have been instances of FASD, but the EFWs thought they needed additional training and support to identify this. There were also nine caregivers in the second phase who had some type of physical health issue, including permanent damage due to injury, diabetes and breathing problems.

Abuse History

Most of these caregivers have had a long-term history of abuse – including abuse by partner as well as other family members. At the time of intake, eight caregivers had some type of a protection order in place. Forty-four caregivers described a perpetrator of intimate violence as ex-husbands or ex-common-law partners (n=19), current partners, common-law or husbands (n=20) and boyfriends or ex-boyfriends (n=5). These women experienced all types of abuse including cultural, physical, emotional/verbal, and financial abuse and in some cases also including sexual abuse, stalking, property destruction, neglect, abduction, spiritual abuse and harm to pets. Some of these caregivers also experienced violence from other family members (e.g., children, friends, in-laws brothers, cousins or grandparents) - nine caregivers in the second phase described such experience, and, in some instances, these individuals were sent by the abusive partner. Twenty eight adult caregivers also indicated that they had witnessed either physical and/or sexual abuse as children. For some this abuse was part of their residential school experience.

Twenty seven adult caregivers have stayed at a shelter before, including the shelter participating in the WTPT project. Caregiver shelter use reflected their significant abuse history - their number of previous shelter stays ranged between 1 and 20 per person (an average of almost 7 times).

SECTION VII.   SERVICES PROVIDED BY THE PROJECT

Services provided were varied and tailored to the holistic needs and requests of the families. As such, the service was highly individualized and responsive to family preferences. Initially, much effort was focused on trust and rapport building and included community feasts and other social, cultural, recreational and educational opportunities for the families to meet each other and also spend time with the EFW to get to know her. Practical concerns such as housing, income support, transportation, clothing and school supplies, safety, and food were also commonly addressed. As trust grew, and families felt comfortable with disclosing needs and personal struggles, the more therapeutic interventions could begin. Activities were chosen to meet each family's physical, emotional, mental and spiritual needs. They were delivered as one-on-one interventions, family focused interventions and/or in a group modality. As therapeutic activities deepened, the rate at which clients accessed the shelter and other services increased. The exact nature of the intervention evolved in five unique ways in five unique communities in response to strengths and gaps in local services and the skills and interests of individual EFWs. The WTPT approach is not a recipe book of specific techniques. It is a framework for understanding and a philosophy of intervention based on core principles and shared assumptions.

7.1   Project Services

Over the period of 45 months of project operations the Eagle Feather Workers recorded a total of 7,174 different service contacts with project participants, including case management sessions, family counselling sessions, talking circles, talks with Elders and family group conferencing sessions as summarized in Table 6 below. As shown in the table, while many of those services were attended by the primary participating children or their primary caregivers, many secondary caregivers also received some of these services. Siblings also received some of those services, although their participation in project services was not tracked due to EFW workload considerations. Those services helped children express their feelings and emotions about the abuse and other traumatic events in their lives and provided an opportunity for the families to understand reasons for children's behaviours and to identify ways to support them.

The table also compares the number of different services provided in two project phases. Phase II was shorter than Phase I, and less resourced explaining why there were usually fewer services provided in that phase. There were some exceptions, however. Some of those exceptions (e.g., higher number of family group conferencing with primary participants as well as case management and individual counselling sessions with secondary caregivers in Phase II) are likely anomalies because they are clustered in one or two shelters and are associated with specific families or individuals. Other exceptions (e.g., higher number of talks with Elders and Talking Circles) reflect an increased emphasis in Phase II on Aboriginal culture and traditions.

Table 6. Services Provided by the Project by Type of Participant and Phase

Types of Activities	Primary Participants		Primary Caregivers		Secondary Caregivers		Total
	Phase I	Phase II	Phase I	Phase II	Phase I	Phase II	
Case Management with EFWs	858	629	789	799	41	234	3350
Individual Counselling Sessions	279	125	552	238	49	117	1361
Talking Circles	276	312	236	236	12	20	1092
Family Counselling Sessions	125	125	137	123	28	10	548
Talks with Elders	114	123	93	113	18	17	478
Family Group Conferencing Sessions	32	130	36	120	8	19	345
Total	1684	1445	1843	1629	156	417	7174

In addition to the project services described above, the project also provided or coordinated different types of activities for the families, including:

• Educational activities such as mentoring, tutoring, homework clubs, learning about businesses and careers, self-care, learning about musical instruments, art activities and learning to sew (321 in Phase I and 153 in Phase II);
• Traditional and spiritual activities such as round dances, praying or attending church, smudging, pipe ceremonies, learning about traditional ceremonies from Elders, drumming, storytelling, different roots and medicines that are used in ceremonies, sweats, Sundance ceremonies, powwow competitions (210 in Phase I and 98 in Phase II) – in general, more work with Elders took place in Phase II because of lack of clinical supports in that Phase;
• Sports activities such as picnics, swimming, camping, soccer, fishing, sliding, pool, slip and slide water play, foose ball, gym work-outs, horsemanship camp, parachute activities, curling, quadding, amusement park trip, dancing talent show, (174 in Phase I and 84 in Phase II); and,
• Provision of basic needs supports such as gift certificates, prizes, clothing, gift baskets, holiday gifts, food, snacks and beverages, household items, towels and bedding, baby supplies safety bags, sports equipment, car fuel, furniture, school supplies (221 in Phase I plus 166 in Phase II). Again, the reduction on project funding contributed to lower numbers in Phase II. Appendix J provides detailed listing of all community workshops, events and interventions provided by the WTPT project.

7.2   Project Referrals

EFWs also made many referrals and they made those multiple times, as illustrated in Figure 9 below. In both phases, the EFWs most frequently referred families to Basic Needs Agencies, which included referrals for transportation, clothing, financial assistance, housing or food (n=219 and n=103 in phases I and II). Other frequently occurring referrals were to employment agencies (in Phase I - n=147) and to counselling agencies, including wellness or suicide

prevention/crisis centres (n=105 and n=42). A comparatively large number of referrals were also made to health and community agencies. There were also some referrals to children's services (n=27 and n=11) which occurred when EFWs had a concern regarding the safety of children in the family or to connect the family with other Children's Services programming such as educational programs and counselling. There were fewer referrals made in Phase II likely because it spanned a shorter period of time, fewer families participated with a different set of needs, there was a change in EFWs, and there was an interruption in project continuity.

Figure 9. Types of Referrals Made by Phase
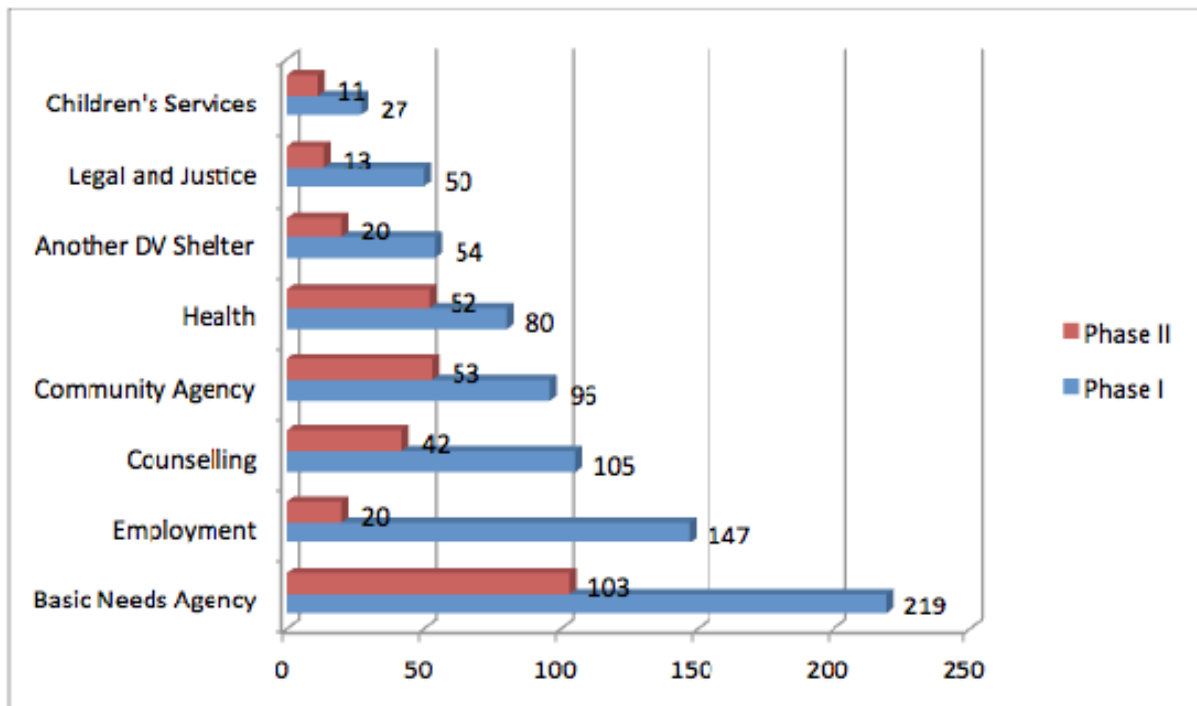
In the course of their work with the Walking the Path Together Program, families also connected with activities and supports provided by other agencies in their communities (Figure 10). Almost all families accessed individual, family counselling and supports (84%), many also accessed skill building activities which included mentoring, life skills training, parenting skills training, social and communication skills training, employment support and educational activities (73%). A substantial number of families during Phase I (66%) also accessed cultural and traditional learning activities or supports which included storytelling, ceremonies and feasts. During Phase II many of those types of activities were provided as part of the project often as part of the Elder support, explaining the low number of families that went outside of the WTPT to receive this type of support.   Conversely, there were more families during Phase II that connected with other organizations for sports, arts and other recreational activities (63% as compared to 10% during Phase I). Improved data collection procedures may explain additional records of linkages with medical and housing agencies during Phase II.
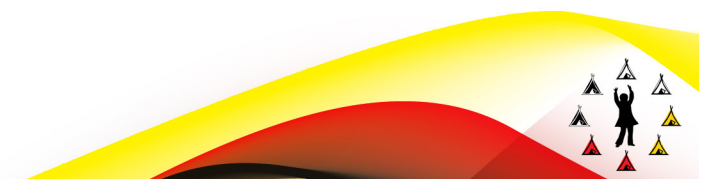
Figure 10. Other Services and Supports Accessed by Participants (by Phase)
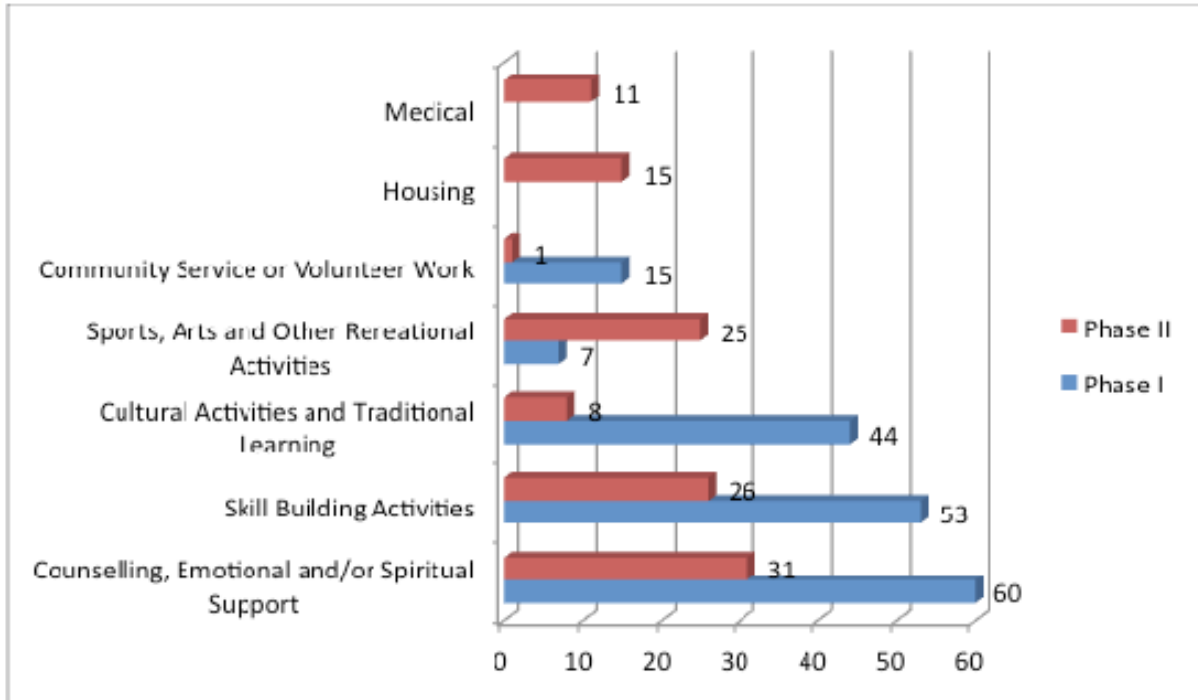
The value of referrals and linkages provided to families is illustrated in the story below.

> One night, Tyler witnessed his mother and father being attacked inside their home. Tyler's mom escaped with Tyler and his siblings. His father eventually recovered from the beating. The event's impact on Tyler surfaced in the form of severe anxiety attacks. Tyler began bottling his emotions and withdrew from everyone around him. He feared going anywhere in the community, including school.
>
> The Eagle Feather Worker engaged Tyler in play therapy, spent lots of time with him and referred him to counsellors, all of which helped guide him past the trauma. The Eagle Feather Worker even organized a hypnotherapist counselling session for the whole family.   Tyler is happier now and is better able to express his feelings. After the family counselling session, Tyler came to his mom and said: "Mom, I feel loved."

## 7.3 Issues Addressed and Skills Training Provided

EFWs developed healing plans and set goals with project participants. The types of issues that were addressed in each particular quarter and the skills training the participants received reflected those goals and healing plans.

The types of issues addressed were compared across the two project phases. Figure 11 below focuses on the issues that were recorded by EFWs as having been addressed, not necessarily suggesting that a particular issue that was not addressed was not actually present for a particular family.

As shown in the Figure, the issues that were addressed with two-thirds or more of the

participants in both phases included parenting, family violence and childhood issues. The chart also reflects education and grief and loss, which were additional issues tracked in Phase II, suggesting the importance of those issues to the participants. In general, the list of issues confirm that the main challenges faced by the participants are associated with poverty as well as historical and childhood trauma.

Figure 11. Types of Issues Addressed by Phase
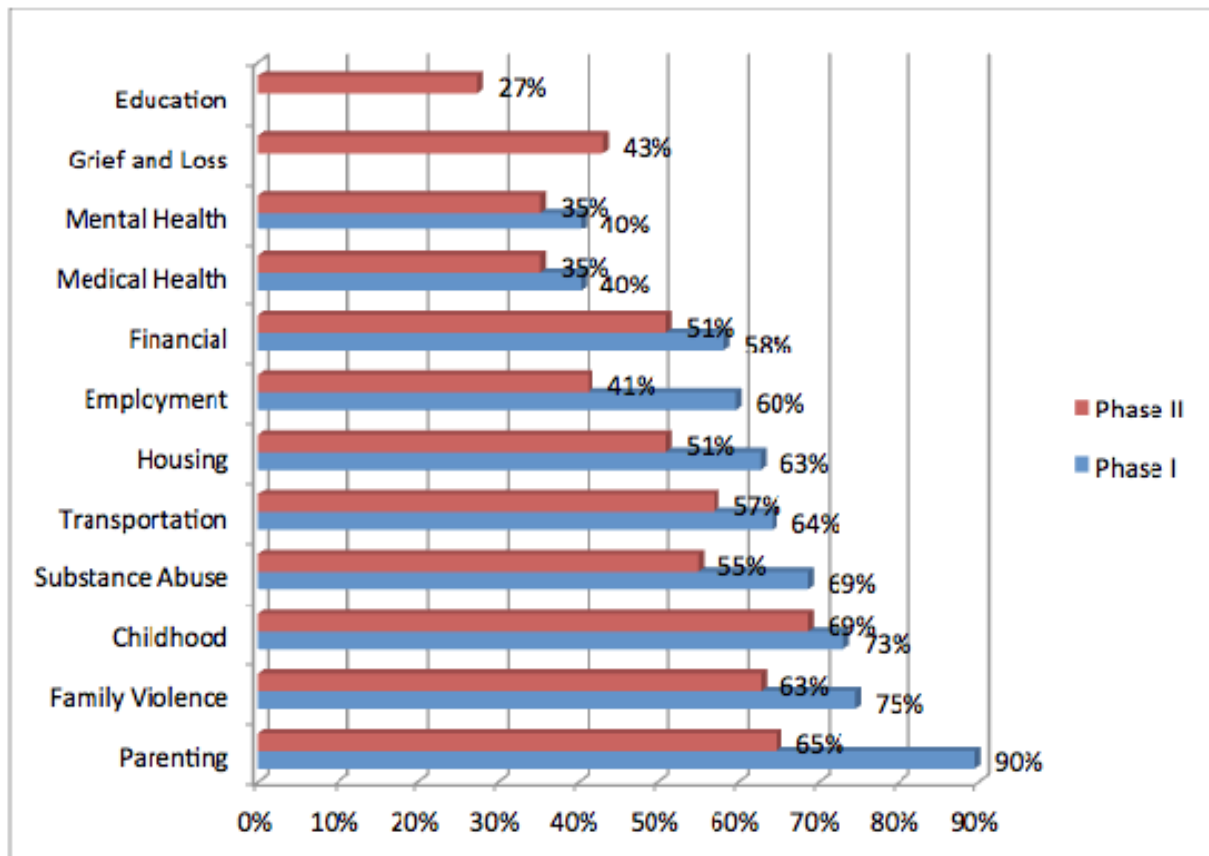
As illustrated in Figure 12, skills training provided in the course of WTPT project often focused on communication skills, parenting skills, social skills, life skills and, to some degree, safety planning skills. Communication, social and parenting skills represented the primary focus for many project participants in both phases. Proportionally, there was less skills training provided in the second phase, likely due to the shortage of resources available.
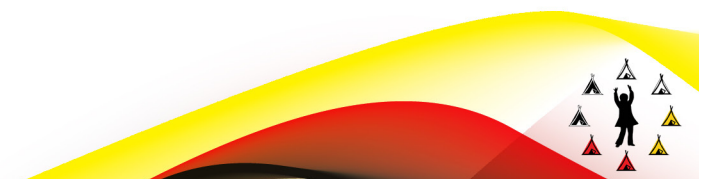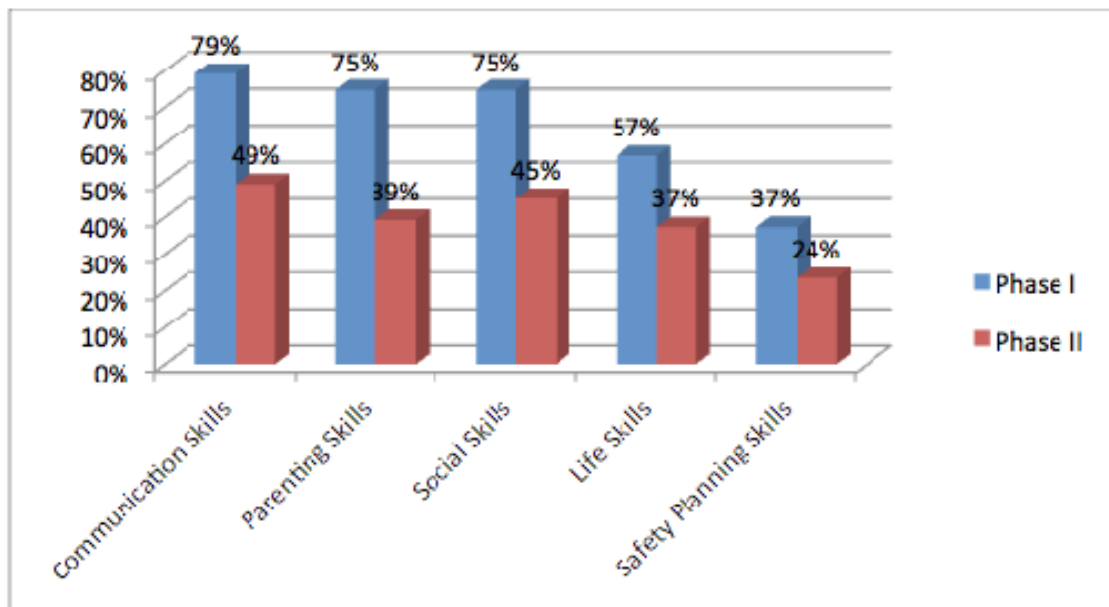
Figure 12. Skills Training Provided by Phase

It also became clear over the course of the project that the concept of a formal safety plan as currently used in other shelters is not as relevant to women living on reserves as safety planning is already ingrained in their everyday life. Ultimately, the frequency with which safety planning was recorded did not reflect the actual work that took place in the project. As a result of the project the shelters now have available the POP TARTS tool[26] that is designed to guide a conversation about safety in a way that is more relevant to women living on reserves. The tool helps women prepare themselves and their children to recognize dangerous situations. It looks at "signs" in the Abuser's behaviour, "signs" that they may see in their children, and the women's own feelings and intuitions.

_____

26   Protection, Options, Planning: Taking Action Related to Safety; described in detail in the Draft Guide

SECTION VIII.   PROJECT RESULTS

All activities of the EFWs were scrutinized at multiple levels, in part to observe how the families faired and in part to record what intervention techniques were both feasible and helpful. The evaluation matrix identified several key areas where the project was expected to produce results for project participants and some other areas also emerged over the course of project implementation. Those areas included project participation and engagement, cultural linkages, domestic violence and abuse, employment, housing, basic needs, child welfare involvement, school involvement, drug and alcohol use, criminal justice involvement, health and readiness to take action with respect to abuse.

Multiple sources were used to gather this information. An intake form completed at the time of project start-up had information about participants' background, history and demographics. There were a total of sixteen quarterly progress reports completed beginning with a report at 6 months after project start-up, concluding Phase I at 26 months after project start-up and concluding the project at nineteen months after Phase II started.

Progress reports gathered information about project services and supports and participants' progress in the areas of interest. A discharge form was also completed documenting the Eagle Feather Workers' descriptions of circumstances of participants' exit from the project (Appendix D).

8.1   Caregivers' Goals

Specific service targets were also defined by each family at intake, assessed periodically as time passed, and compared against case outcome at discharge. Targets were diverse and included goals related to caregivers (e.g., better parenting skills, higher confidence in shaping a happy life) and the children (e.g., more cooperative play, higher rate of compliance with family rules, greater happiness). Different types of goals were quantified during Phase II, as reflected in Figure 13 below. As can be seen from the figure, strengthening parenting skills, strengthening family relationships and relationships with children as well as to have an opportunity for participation in cultural and spiritual activities were the goals most often identified by the caregivers.
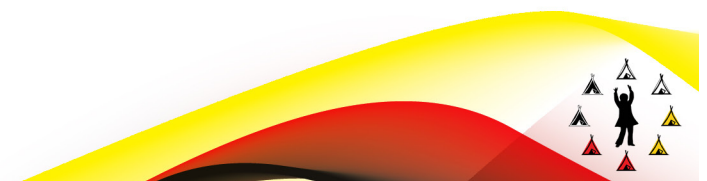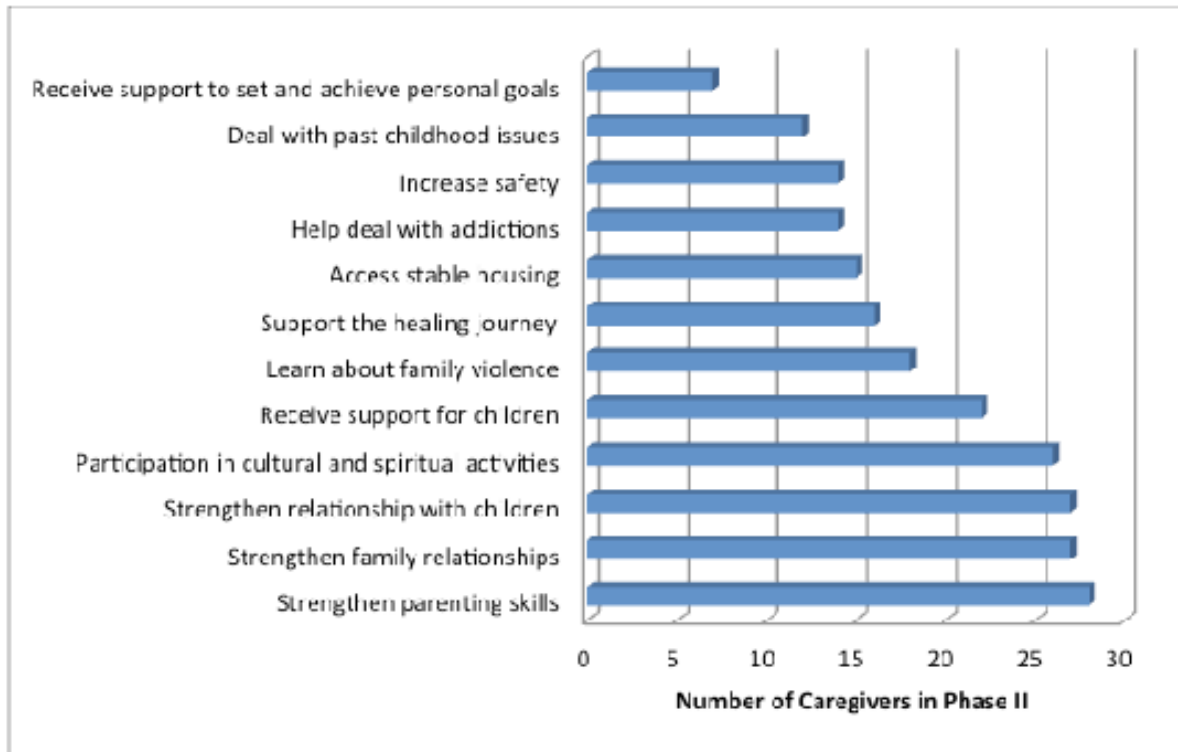
Figure 13. Caregivers' Goals Identified in Phase II

These goals are further contextualized by the comments caregivers provided in Phase I:

> • *My kids and I needed a lot of [emotional] support. I thought I'll try anything. I had totally given up. Couldn't function, couldn't work. We were isolated because of what was going on [with my husband]. He would come to our place, scare the kids. He harassed us. My family didn't know how to deal with it. People just back off, get tired of trying to help. [My hope was] that I would learn to deal with everything I had to deal with. I didn't want to feel bad anymore. I couldn't think straight. I never really had anybody I could turn to, to talk to. Everyone had given up on me.*
> • *To change my bad ways, to being a good parent.*
> • *For me to be a good parent, to be independent and for my children to be respectful to me and other people.*
> • *I wasn't really doing anything with my life. I wanted to move forward.*
> • *My children saw their father beat me up and then he committed suicide. I knew it would affect them one day, so I always wanted them to get counselling.*
> • *I just wanted my kids to know there's help, that there are people out there but you have to go out there and use the services. You can't just sit there.*
> • *[My biggest hope was] to live in a safe, healthy environment and for help getting my other kids back [from care].*

8.2   Eagle Feather Workers' Perceptions

Eagle Feather Workers recorded their perceptions of the family's experience in the project at project conclusion or the participant's exit from the project. As shown in Figure 14, at least some of the Eagle Feather Workers' goals and hopes were achieved for almost 80% of the participants in each project phase. This illustrates that the project cannot claim to have achieved complete success with all families. This is an expected and normal outcome for programs working with high needs families. Simply put, some families needed more than what the project could give. We can't minimize the depth of issues many families faced, the layers of trauma and despair, and the crushing weight of systemic barriers like poverty and the legacies of residential schooling. The roots of today's struggles run very deep in some families and we only scratched the surface with a few of them.
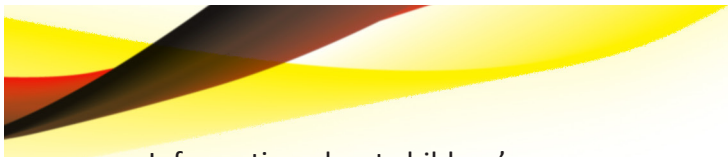
Figure 14. Achievement of Goals by the Families by Phase
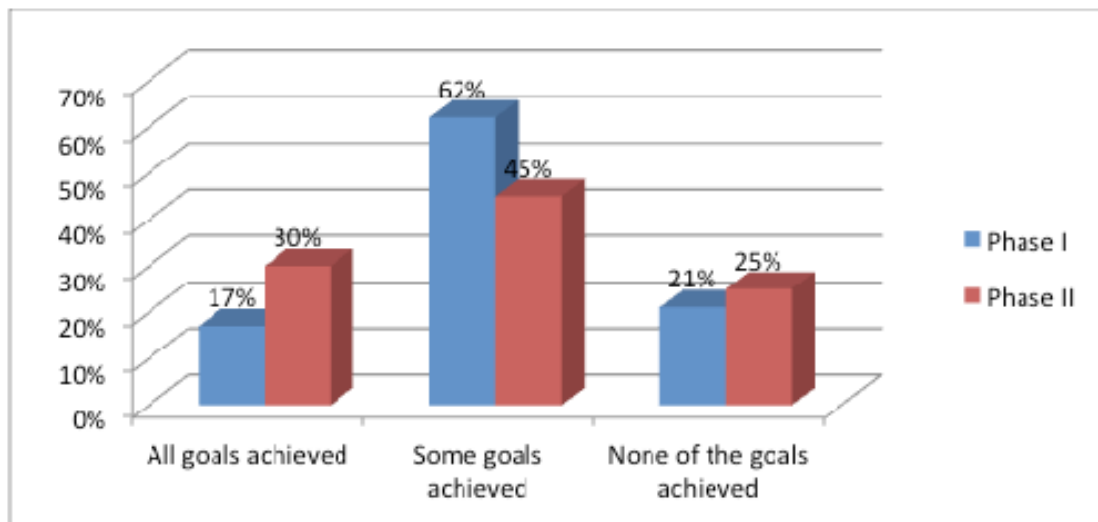
Financial stressors and not having their basic needs met was one of the main challenges for the families participating in the WTPT project. No one will move far on a healing journey when they are hungry or sick or have no place to sleep tonight so a big part of the partnering process focused on physical needs, the need for shelter, nourishment, warmth, safety and health. Families in survival mode will spend all their energies on meeting the basic needs for today. For some families healing may need to wait until people can meet the basic needs of themselves and their children.

In the case file and discharge summary, EFWs noted increased understanding among caregivers about unhealthy relationship dynamics, increased treatment readiness for abusive partners, entrance into addictions programs, ability to maintain sobriety over time, increased self-esteem and confidence in a happy future, greater skills at parenting and child behaviour management, increased life skills, better parent/child relationship, and increased awareness of their culture. In addition, several caregivers gained employment and some returned to school and/or started a business.

Information about children's progress was gathered differently in the two phases, improving and simplifying the process later on in the project. For children, observed progress during Phase I included increased awareness of culture, increased pride in their heritage and culture, lower rates of exposure to family violence, less exposure to the criminal behaviour of adults, good friendships formed with other WTPT children, better school attendance, less conflict with siblings, and increased compliance with parental expectations.

During Phase I EFWs documented their observations for 49 children and their families, as summarized in the list below. Clearly, there was a segment of the participant group who were not engaged in the project and hence we cannot conclude that the project met their needs. However, EFWs made good progress with the majority, as reflected in EFW reflections quantified below.

> • The project helped keep the child and caregiver safe, as caregivers learned more about family violence and learned how to keep themselves and their family safe and were able to provide violence free environment for their children (n=16).
> • EFW's described how the family was motivated to participate in all project offerings and appreciated that all of the services provided in one place (n=13). They also described how the relationship and trust were established with the caregiver and the child (n=5), and, in some cases, success was simply described as spending some time with the child and caregiver and getting to know the family (n=2).
> • In many cases, EFWs described the project impact as a decrease or cessation of substance abuse in the family or by the caregivers (n=10).
> • For some adult caregivers the project helped strengthen their self-esteem, increase their independence and sense of empowerment, address life management issues and develop a healing plan (n=8).
> • The project also provided an opportunity for the caregiver to spend more (and more quality) time with the child and support reunification of siblings (n=7).
> • Several caregivers became employed (n=5), some moved to a more affordable, stable and suitable housing (n=4) and others returned to school or started some type of training (n=3).
> • The project supported the family in making connections with other community resources, such as mental health supports, life skills training or a domestic violence program for a caregiver or support to help address child's special needs (n=5).
> • EFWs also described increased caregiver cultural awareness or the family members' attendance of cultural activities as some of their goals or hopes that were achieved for the family (n=2).

Figure 15 quantifies children's progress during Phase II from the EFWs perspective. The information in the Figure illustrates progress, in particular, in children's school situation, attitudes towards abuse (i.e., not taking on responsibility for abuse), and improved connection to culture.

Figure 15.   Children's Progress During Phase II
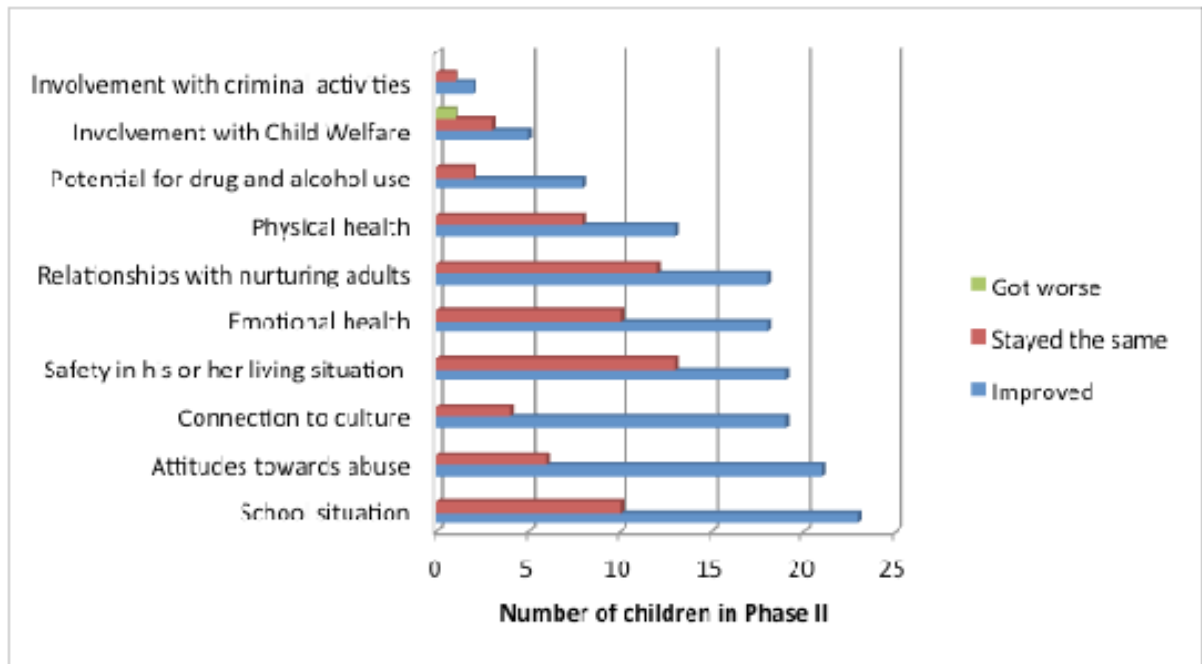
The story below provides one example of how WTPT helped one family:

> The family was in trouble: the couple had heavy addictions, were constantly fighting and separating, and scrambled to provide for their children. The couple were in and out of jail for committing property offences. Amidst all this chaos, their children struggled with school and the older children repeatedly ran away. The family was under investigation with Child Welfare.
>
> One day, both parents decided to become part of the Walking the Path Together project. They began meeting regularly with the Eagle Feather Worker. After many ups and downs, they overcame their addictions. The family attends Walking the Path Together activities and the couple is building stability for their children.
>
> Now, both parents work fulltime. The older children returned to the family, and all of the children are happy and attending school. The mother confided in her Eagle Feather Worker that without this project, they would have lost their children and she would have permanently separated from her husband.

The Eagle Feather Workers also identified several issues that presented the greatest challenges in working with the families (n=84), as summarized in the list below.

   • In many instances, the EFW's described challenges related to engaging the caregiver so that she or he could be consistently involved and committed to the project (n=26). Some of those caregivers were not able to be involved due to financial problems or lack of access to a vehicle, having to work or manage a large household. In other instances it was an issue of trust that the service was confidential and that their privacy would be maintained.

• In many other cases, EFW's identified an adult caregiver's unresolved childhood issues, trauma they experienced, mental health, and personality as challenging for the EFW's to manage (n=22).
• The caregiver's choice to return to or to become involved with another abusive partner was also identified as a challenge in EFW's work (n=4).
• Addictions issues also presented a challenge, as this made it unsafe for EFWs to visit or, in general, to work with the caregivers if there was an active addiction by a parent, guardian or others in the home (n=21).
• In some instances, the family moved (n=5) or the child was apprehended and so could not be located (n=3).
• EFWs also identified instances when the problems among the participating caregivers presented a challenge (n=9) or when there was interference or lack of support from other caregivers or family members (n=14).

8.3   Perceptions of the Caregivers

Caregivers agreed that the program should continue, that their lives had changed for the better, and that they would recommend the program to a friend. Reluctance had initially been voiced by a few people, mostly concerns about confidentiality or wondering about the time commitment required. In the end, people were glad they signed up.

Benefits voiced by adult participants were many. They didn't have to tell their stories repeatedly to different people, they had one person to call in a crisis, they could ask for help with whatever they needed help with, and they appreciated that the EFW could come and see them rather than having to attend appointments at an agency. They liked that involvement could last for two years and that the EFW would check in with them periodically, just to see if things were okay. Asking for help can be difficult. They appreciated the financial assistance and how their children could enjoy fun activities. They liked getting deeply connected to one person so they could open up about issues they don't usually disclose to service providers. These are some of their comments:

> • I think [shelters] should have had programs like this to begin with. I felt like I had no help, no one to turn to. With [my EFW], I have somebody there. She was somebody I could talk to. I'm glad she's here. It's so much better for my kids. They're happier. That's all I wanted for them.
> • Usually the workers only focused on me and not my children. When I started the program, I needed help with my children, especially with my one son who was struggling with everything. [My EFW] made appointments for us at [a program]. She arranged for me to talk to the principal when my children had problems in school, she arranged transportation and babysitters. She also had one-on-one sessions with me and my children.
> • I used the shelter a lot, to take a break. After I would leave, I would feel so alone. That was it. It probably made all the difference that I had someone [my EFW] to call. I got stuck in a pattern, leaving and going back, sinking lower and lower. I'd stay in my room more, stay for shorter and shorter times. Having my EFW made it easier to come back. Before, I felt so low, going back there. What are they going to think, me coming back? Getting

*to know [my EFW], knowing she was here, I felt safer. I started to feel good about coming
here [to the shelter]. … The last time my husband moved back home, he said "This doesn't
feel like my house anymore, not like my family." I said, yah, it me and the kids' house now.*
*• It's more in your face. Most counselors just sit back and study you. Now, I've got
somebody on my side, finally.*
*• Sometimes, you're afraid to tell [that you are in an abusive relationship] because you
don't want your kids apprehended. Out there [in the community], they paint a picture of
shelters, that they're going to take your kids.*
*• [In shelter] you had to do your own thing. There was no one to really help you with
anything. It was just like, "go look for a place." [My EFW] helped me to get a place, helped
talk for me.*

Most of all, they made changes in their lives they clearly linked to the support of their EFW.
Here are some of their comments:

*• [My EFW] taught me to ask for help when I need it. Not to be ashamed for needing help
and not to be afraid to ask for help. She is encouraging and she believes in everyone. She
never gave up on me and my kids. She supported me through everything and told me
never to give up even when things don't go as planned or when something goes wrong.
She taught me to stay strong and to believe there's always a good reason when things
go wrong. If something goes wrong that I have to face it and go for it again or go for
something else. With all the work she did with me and the support she gave me, I believe
that my life will work out fine. My children are well-mannered, well disciplined and
respectful, as well as caring and loving. I am so grateful they listen and respect me and
others. They play with children their own age and act their own age. I really think my life
and my children's lives will be wonderful.*
*• [My Eagle Feather Worker] has helped me stay in a positive mind and attitude. She has
helped me realize that alcohol should not be a part of my life. I've been sober for quite
some time thanks to her. She opened my eyes.*
*• [If we hadn't had Walking the Path Together], I probably would have lost my children to
the system. My husband and I would have split.*
*• I would probably still be with my kids' dad, in an abusive relationship, where nothing
was good. I wouldn't have my own place. I would still be asking people for things, asking
people for money. It brought up my self-esteem, gave me another way of looking at
things, that I had a choice. I didn't have to be in that relationship.*
*• The families who worked together, we're connected now, like a family. My children, it
has raised their self-esteem. That makes me feel good.*
• I learned to stand on my own two feet.
• My kids aren't fighting as much, and they became good friends with the other kids.
*• I'm a better parent than I was before. Not only do I tell my children I love them but I
show them more love now than before. I have more patience with them; I give them
praises when they do a good job when they're helping me. I take time to play with them.*
*• I am able to stand up for what I believe in and know that it's okay to make mistakes. I
have faith in myself.*
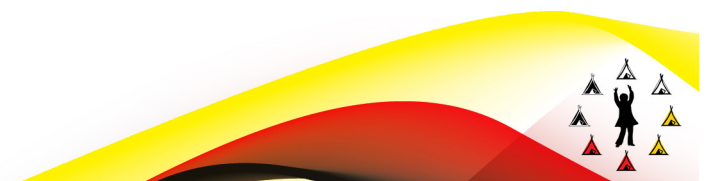
*   *My children wouldn't be aware of the kinds of abuse there are. I always ask and tell my children to let me know if there are different kinds of abuse that happens to them to let me know as soon as someone tries anything with them.*

8.4   Changes Over Time

The project results were also measured by comparing the participants' status at intake and over the course of their participation in the project. Oftentimes information gathered at intake was incomplete, as relationships and trust between participants and the Eagle Feather Workers have not yet been developed. In those instances the first six month or the first year of project participation in each Phase were used as baselines to measure progress[27].

As noted earlier in the document, the project supported 108 children who were identified as primary participants, 156 caregivers including both primary and other adult caregivers and 193 siblings. Progress information was gathered specifically about the primary participating children and, in some instances their caregivers as well.

Project Participation and Engagement

The families remained in the project for an average of about eighteen (Phase I) to sixteen (Phase II) months. About 54% of them (n=58) remained in the project for over eighteen months – proportionally fewer did so in the second phase, likely because the second phase was shorter in length (Figure 16).

Figure 16. Length of Time in the Project by Phase
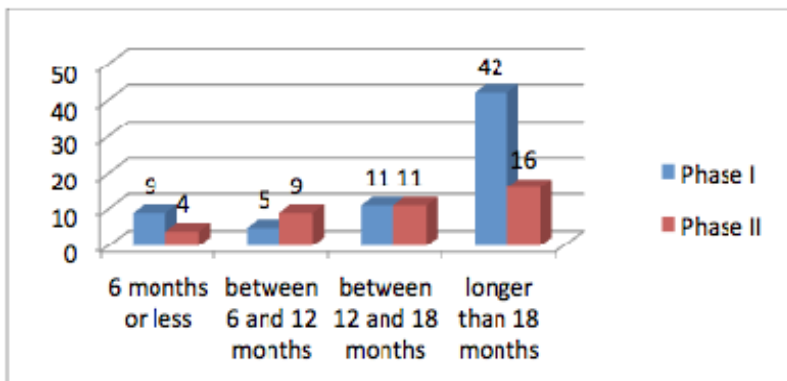
Most of the 67 families were actively participating over the two year span of the project. The number of active participants per quarter ranged between 49 and 55 families in Phase I and 26 and 37 families in Phase II, only dropping in the last quarter of each phase, when the project was wrapping up. This long-term family engagement in the project provided families with an opportunity to build relationships and trust with the EFWs, helped them move forward with their healing plans and is a significant area of success for the project.

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27   Note that in order to describe the progress that took place in each phase the calculations in this section add the number of participants in each phase, thereby counting those who participated in both phases twice.

Cultural Linkages

Some of the children coming to WTPT had never been exposed to their culture and traditions. It was the project's philosophy that children need exposure to their culture to enhance their self-esteem, self-image and identity to deal with the exposure to family violence and other traumatic events. The project offered multiple cultural activities including traditional parenting, jigging, powwows, round dance, smudging, Elder involvement and many others which resulted in increased exposure to culture and traditions and expressions of pride in their heritage among most of the children in the project.

- There were 308 instances recorded of family participation in WTPT traditional and spiritual activities. In addition to the opportunities that the project provided, 71 families were also connected with cultural and traditional learning opportunities in the community.
- Ultimately, 85 of 108 (79%) primary participating children were observed expressing pride and commitment to the First Nations heritage at least once in the course of the project and 42 of them (53%) were observed expressing pride and commitment in 4 or more quarters of the respective phase.

Domestic Violence and Abuse

The project minimized children's exposure to violence by completing safety plans or equivalent with the caregivers, supporting many abusive persons to enter counselling and helping decrease the amount of contact between the child and the abusive person. At the conclusion of each

> "Because of the particular demographics of the Aboriginal people – a younger and more rapidly growing population – it is imperative and of utmost urgency that this issue be examined and solutions be found to prevent Aboriginal children from being exposed to violence in the home and becoming future perpetrators and victims of violence. This perhaps is fundamental in stopping the 'cycle of violence' that exists in many Aboriginal communities in Canada."
>
> Exposure to Violence in the Home: Effects on Aboriginal Children, Discussion Paper (2001: 16).

phase over half of the children were no longer exposed to violence, and many understood the consequences of violence and that it is wrong as illustrated in the story and the summary below.

> In addition to experiencing family violence in her home, young Sara was suffering sexual abuse at the hands of her father. The Eagle Feather Worker who helped uncover this arranged for Sara and her mother to get to a safe place. The father was charged for the abuse and is thankfully out of Sara's life.
>
> The Eagle Feather Worker connected Sara with appropriate services and she received intense counselling. She is now living in a secure location and has the on-going assistance needed to restore hope and trust in others. With this help, she has been given the chance for a healthy future.

- Information about circumstances of the abusive persons was available for 71 primary participants. Over the course of each phase almost half of these abusive persons (n=35)

entered counselling or began working with EFW and 33% (n=24) left the community or stopped all contact with the family.

• Of the 87 children for whom information about their contact with the abusive person was recorded in each of the two phases, 29 (33%) had either no contact or only periodic contact with the abuser in the course of their participation in the project. For an additional 15 children (17%), the frequency of their contact with the abusive person decreased over the course of the project to either periodic or no contact. Of the remaining children, 43 children (49%) either lived together with the abusive person over the course of the project or started living together as the project continued.

• According to project referral criteria, every child in the project was exposed to family violence at the time of intake. Of 99 children for whom exposure to violence was recorded in each of the two phases, 34% were not exposed to violence over the course of their participation in the project. Another 22% were exposed to violence early on in the course of the participation but there was no exposure to violence as they continued in the project. The remaining 44% children continued to be exposed to violence over the course of their participation in the project.

• By project completion, 36 of 96 children (37%) understood that violence is wrong. An additional 16 children (17%) started to openly talk about violence in their homes or at school, became aware of different types of violence, or indicated that they did not like it and understood the consequences of violence.

Employment, Housing and Basic Needs

Many of the families in the WTPT project did not have a permanent place to live and often lived with their friends or relatives, moving from house to house. Many of the caregivers were also without a job, and families struggled from day to day to have their basic needs met. Transportation was also a significant issue for many of these families, due to their financial situation and the remote locations in which they are living.

EFWs worked with these families to address their employment, housing and other basic needs and often this had to be done before engaging in the intervention or healing work. EFWs also often transported families to pick up groceries and to appointments and those instances provided a valuable intervention opportunity in a quiet place and without interruptions.

At least 10% of Phase I caregivers who were not employed at intake became employed and 25% who were unemployed or without education at intake became students. Many other families were also connected with services and supports necessary to help them address their employment, housing and basic needs as illustrated in the story and the summary on the next page.

Jackson's family needed most of all to have a safe and stable place to live, so the children could get settled into one school and start making friends. Once the family moved in to the shelter's second-step housing, their EFW started helping with budgeting, grocery shopping, general housekeeping skills and supporting Jackson's mother to develop assertiveness with the children and setting limits. The pressing issue was getting Jackson to school, an on-going, daily struggle.

The EFW was in the right place at the right time one day with Jackson when they saw some homeless people panhandling money outside a store. He asked what they were doing and she explained that they had no jobs because they had not finished school. A light bulb went on in his head as if he saw his future. He start going to school. More than that, he enjoyed school and caught up quickly. After a few months, the family moved into a house secured from a family member. The house, it turned out, was in desperate disrepair and child welfare officials thought it was not suitable for children. So the family returned to shelter which was crowded with several other large families. Jackson's mother's optimism deteriorated and she started drinking heavily leading ultimately to apprehension of the children. It took a few months, but the mother eventually entered a residential program and got sober. She is on track to get the kids back and start again with a second-step housing placement. The EFW will continue to work with the family to get housing and provide encouragement. Their journey continues.

• Over the course of the project, about 42% of primary caregivers identified employment as one of their primary income sources (n=45 of 107). By comparison, fourteen of those working while in project were not employed at the time of intake. (Employment was also the second most frequently provided program referral (particularly in Phase I) and EFWs worked with over half of the families to address employment issues.
• Seventeen of the Phase I caregivers, none of whom were in school at project intake (25% out of 67) started going to school.
• EFWs most frequently referred families to basic needs agencies (n=322 referrals) and recorded a total of 387 instances in which families received basic needs supports such as gift baskets, gift certificates, prizes, clothing, gift baskets, safety bags, furniture and school supplies. Transportation was a concern identified for about 70% of the families.
• When women who live on reserves leave their partners, band housing goes to the male "head of the household". Women then must engage in a lengthy process of trying to obtain band housing. EFWs helped over 60% of the families connect with housing support services over the course of their involvement with the project.
• Information about the child's housing was available for 100 children. Of these children, 76% lived in band housing throughout their participation in the project. Another 15 children were in the shelter at least once while in project. Phase II participants were least likely to live at the shelter – only two of them did so and while a number of them lived in subsidized or family housing (n=9).
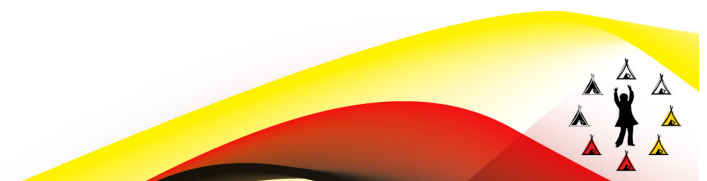
Child Custody

> "The Committee heard that women who were victims of violence often avoided seeking help from health or social service organizations for fear that their children would be apprehended by child welfare authorities, as Darcie Bennett, Campaigns Director, Pivot Legal Society, pointed out: "One of the key themes that came out of the last project we did with women who were involved with the child welfare system as parents was on male violence in their lives. It manifests itself in a lot of ways, but one of the biggest is actually fear of calling police if there's violence in the home, because they've seen children apprehended. ... A number of witnesses warned the Committee that the child welfare system was the modern-day equivalent to residential schools, and suggested that it would be difficult to stop the violence in Aboriginal communities until we can somehow stop the tide of Aboriginal children who continue to be taken away from their families."
>
> *Call into the Night: An Overview of Violence Against Aboriginal Women (Standing Committee on the Status of Women*) (2011: 11, 13)

EFWs worked hard to keep the families together, supporting caregivers in their roles as parents (some communities were holding Traditional Parenting Workshops), using Family Group Conferencing to help make decisions about child care and well-being, and working closely with the Children's Services partners. As illustrated below, the reports to Child Welfare did appear to decrease over the course of the project and more children were living in safer situations at project completion. However, in some instances it was in the best interest of the child to involve Child Welfare and some children in the project were taken into the care of the government.

During Phase I there were no reports to Child Welfare recorded over the course of the project for a large majority of the participating children (n=48, 75% of 64). For another 7 participants (11%) such reports were recorded only in the first year of the project and none were recorded in the second year of their project participation. There were 9 children (14%) with reports to Child Welfare during or towards the end of their participation in Phase I. By comparison, 32 primary children in Phase I (41% of 78) had some type of Child Welfare involvement prior to the WTPT project as documented at the time of intake.

Over the course of the project almost all primary caregivers (between 83 and 90 percent depending on the project phase) were provided with parenting information and support.

School Involvement

The EFWs worked in partnership with the children's schools so that the child could receive holistic, wrap-around supports from service providers. Over the course of project implementation some of the parents became more involved with their children's education and learned how to support their children's progress in school. As a result, the project recorded decreases in incidents of school violence, number of classes missed and number of lates for some of the WTPT children, as highlighted in the story and summary on the next page.

Jake's family suffered extensive trauma at the hands of their abusive father. To escape the violence, Jake, his mother and his siblings moved a lot from shelter to shelter, and from the couches of various family members and loyal friends. This constant shifting contributed to a life without structure and stability; foundations in the maintenance of everyday living.

Seven-year-old Jake absolutely refused to go to school and forcing him didn't work. This boy had witnessed a lot of abuse between his parents and as little boys do, Jake idolized his father as a powerful role model. As a result, Jake had taken on a "Man of the House" role, even though he was the middle child in the family. His assumption of this role manifested itself in aggressive, forceful, 'parenting' behaviours towards his siblings, and a manipulative, controlling relationship with his mother. He also had trouble with authority figures in school.

The Eagle Feather Worker at the shelter in his community had many conversations with Jake. Over time, these talks suggested he was afraid his mother would be hurt if he left her, or that she would be gone one day when he returned home from school.

• In Phase I, there were 4 children for whom incidents of school violence were recorded and for all but one child those incidents were recorded in the first 9 months of the project only. Over the course of Phase II, 12 of 21 children showed improvement with respect to school violence at least once.
• In Phase I, incidents requiring school discipline were recorded for 3 children also within the first 9 months of the project only. In Phase II, there were 22 children for whom information about requirement for school discipline was recorded. Of these children, 12 (55%) demonstrated an improvement in this area.
• In Phase I, there were 12 children (18%) who had missed a significant number of classes while participating in the project. For half of those children missed classes were recorded in the first year of the project only. In Phase II, all but three children were recorded as attending school over the course of the project and the attendance of 23 (62%) was described as having improved at least once during the project.
• In Phase I, there were 5 children for whom a significant number of lates was recorded. For three of those children the lates were recorded in the first year of the project only. During Phase II, 18 children (49%) were documented at least once over the course of the project as reducing the number of times they were late to school.
• In Phase II, 26 of 37 (70%) children for whom this information was documented were described as having improved their academic achievement at least once during this phase.
• Almost all of Phase II children for whom this information was available (33 out of 37 or 89%) were described at least once as having improved their social skills in school.

Drug and Alcohol Use

WTPT is primarily a prevention project, so it is not surprising that only one of the primary children in the project experimented with drugs or alcohol while in project. On the other hand, EFWs worked with many caregivers to address their addictions. As shown in the discussion below, there was some decrease in drug and alcohol use among caregivers and over a third of those caregivers were connected with substance abuse treatment in the community, as illustrated by a quote from the project participant and the summary on the next page.

[My Eagle Feather Worker] has helped me stay in a positive mind and attitude. She has helped me realize that alcohol should not be a part of my life. I've been sober for quite some time thanks to her. She opened my eyes (Walking the Path Together client, September 2011)."

• Of the 108 primary caregivers for whom this information was available, 41 (38%) had no recorded instances of drug or alcohol use in the course of the project. Instances of use were initially recorded for 35 other caregivers (32%), but none were recorded at the conclusion of their involvement with the project, and for remaining 33 primary caregivers (31%) instances of use were noted over the course of their project participation or in the second year of the project.
• Of the 69 second caregivers for whom this information was available, 16 (23%) had no recorded instances of drug or alcohol use in the course of the project.   For 13 participants (19%) instances of use were recorded early on in their project involvement but not at the end of their participation, and 39 secondary caregivers (57%) continued drug or alcohol use throughout or in the second year of their participation.
• Over the course of the project, family members of 31 participating children (29%) were connected with substance abuse treatment in the community.

Criminal Activities

As with drug and alcohol use, there were no instances in which the primary children were involved with criminal activities. The EFWs supported families to assist in reduction of criminal activities among other family members, and to prevent future engagement in such activities by the primary children. The EFWs addressed this issue using family conferences or meetings, working with the local police departments to co-facilitate presentations and bringing in Elders to engage in traditional activities and prayers. As shown below, the recorded instances of criminal involvement among caregivers or other participants appeared to decrease for some families.

• There were 74 families that were not involved in any type of criminal activities over the course of the project (67%)[28]. There was criminal involvement among 13 families (12%) but those instances were only recorded in the first project year and not in the second project year. There was criminal involvement recorded throughout family participation in the project for the remaining 24 families (22%).

Health Concerns

EFWs helped address health concerns by identifying them in discussions with the caregivers, linking caregivers with appropriate medical services, and, in some cases, providing transportation and accompaniment to appointments or hospital visits. Information gathered over the course of the project suggests that there was some reduction in instances of self-injury among participating children as well as in the emergency and hospital room use among both children and caregivers.

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28   Note that EFWs were unsure about the involvement of 15 of these families.

• There were no instances recorded of hospital and/or emergency room use for 87% of the children (95 of 109). For 8 of the remaining 14 children, such incidents were recorded in the first project year (12%), for the other 5 children (8%) – in the second project year or throughout their participation in Phase I and for one child during Phase II.

• Instances of self-injury were recorded for 5 children and for all but one of those children those instances were recorded in the first project year only.

• For 69% of the primary caregivers (73 of 106) there were no instances recorded of hospital and/or emergency room use. For 15 of the remaining 33 caregivers (14%) such instances were recorded in the first year of each phase only and for the 18 caregivers (17%) such instances were recorded towards the end of each phase or throughout their participation. There were only 9 such instances recorded for secondary caregivers.

• In general, almost all families were assessed as healthier as a result of the project – they were eating better and more nutritional meals, there was a significant improvement in their personal hygiene and cleanliness, and fewer children were malnourished when project concluded.

Readiness to Take Action (n=63)

Project primary caregivers completed the Danger Assessment[29] survey several times over the course of their participation in the project. For the EFWs, the tool helped them understand the level of risk that the caregivers experienced and plan their intervention accordingly. For the caregivers who completed the tool, it helped increase their awareness with respect to the danger they were in impacted their readiness to seek help from police, to keep their children safe and to take additional action to stay safe. At project conclusion caregivers' readiness to take action was assessed as high or as having increased for about 70% of the caregivers in the project.

• Likelihood that the caregiver would seek help from the police was rated as low, high or neither low or high. Those ratings were then examined to determine how they changed over the course of the project. The readiness of about half of the caregivers (n=54, 52%) was rated as high throughout their participation, and the readiness of 17% caregivers increased over the course of the participation. The readiness of the remaining caregivers either stayed neutral (13%), stayed low (5%), or decreased (13%).

• Likelihood that the caregiver would take action to keep his or her children safe remained high over the course of project participation for 62% of the participants and increased for 13% additional caregivers. The likelihood to take action remained neutral or low for 14% of the participants and decreased for 11% of the caregivers.

• Caregiver's readiness to take additional action to stay safe remained high for almost half of the participants (n=56, 55%), increased for additional 15% of the caregivers. Caregiver's readiness remained neutral or low for another 18% of the caregivers and decreased for another 12% caregivers.

29   See WTPT Danger Assessment report by Jacquie Campbell for more detailed information about Danger Assessment administration and results.
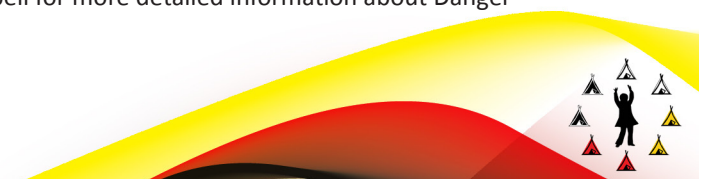
8.5   Social Return on Investment

 "The social return on investment (SROI) methodology is a principles-based approach that values change for people and the environment that would otherwise not be valued. It assigns monetary value to traditionally non-valued things such as the environment and social value" (The City of Calgary, 2011). The components of the SROI usually include a Theory of Change and monetizing the change using financial proxies. This section includes the SROI analysis completed upon conclusion of Phase I.

Theory of Change

If 7 year old Aboriginal children and their siblings who live on reserve and who are impacted by family violence receive culturally appropriate intervention over a two year period, then there will be improvement in their intimate and community relationships and they will become strong leaders in their home and community in their adolescent and adult years.

Social Value Created

WTPT service delivery model creates significant social value. Primarily, value is created through addressing the inter-generational root causes of violence. By decreasing abuse and violence in the families, addressing inter-generational trauma, building self-esteem through reconnection with culture, and focusing on parenting and life skills the project:

* reduces costs for the schools, associated with behavioral incidents, school absenteeism, and vandalism,
* reduces demand for justice system resources required to respond to domestic violence incidents or other crime (e.g., police and court time),
* increases productivity and stability of family members (e.g.., through reconnection with education, employment, and stable housing),
* prevents family break-down and reduces child welfare costs as fewer children become involved with Child Welfare or go into government's care,
* reduces personal and financial costs associated with addiction and addiction treatment,
* reconnects the family with necessary services and supports such as child care and counselling, but also reduces reliance on other supports such as domestic violence shelters, and
* reduces health costs for the whole family through decreased hospital use and doctor visits.

Overall, value is created in the community by empowering and strengthening families so that they can be safe and productive in their communities.

Value of Annual Investment

WTPT project spans a course of three years, although the project intervention actually lasted 26 months. The first year of the project was devoted to project development activities.
The SROI ratio indicates that the overall social value of investment in the WTPT project is $5.42

for every dollar invested. This is the composite of two years of value creation, including $5.05 in social value created in year one and $5.80 in year 2.

It should be noted, however, that the ratio presented through this SROI analysis is a conservative estimate of the overall social value created by WTPT. Due to the inability to monetize many intangible outcomes (e.g. increased sense of safety, increased self-esteem etc.), and due to the application of different discounts (e.g. attribution to account for the amount of change potentially attributable to others), the social value presented here is only part of the total social value created through investment in the WTPT project. The SROI ratio is also limited and is an underestimate, as it does not account for value realized over a long-term to all project participants. The full SROI analysis is provided in the SROI WTPT workbook and an Executive Summary provided separately.
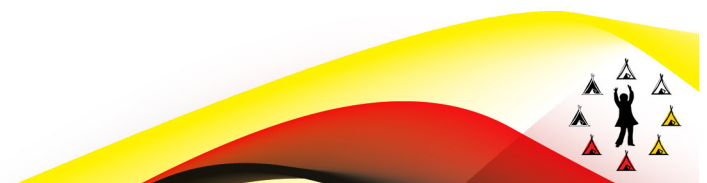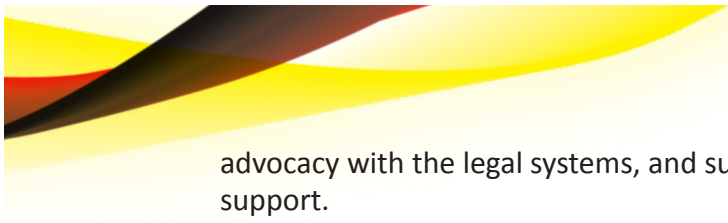
IX.   SUMMARY AND NEXT STEPS

9.1   Project Highlights

The information presented in this report demonstrates that WTPT is valuable to the community and the clients that it serves. Some highlights are as follows:

• The project represented a partnership between First Nations and mainstream organizations and brought together five on-reserve shelters, Alberta Council of Women's Shelters, the Centre for Children and Families in the Justice System (CCFJS), and Dr. Jacquelyn Campbell of John Hopkins University School of Nursing.

• The key strengths and successes of the project were realized when the partners came together in a process of networking, sharing, learning together and supporting each other. Appreciative Inquiry process in particular, and its focus on engagement, possibilities and strengthening the capacity to be successful was effective in engaging partners from all backgrounds and ensuring commitment to culturally competent and responsive approaches.

• The project helped develop culturally relevant program resources for child residents of on-reserve shelters that were previously lacking, and particularly a model for service delivery based on a long-term, intensive and flexible approach and principles of strength-based intervention, matched to the context and needs of the children; as well as a Danger Assessment Tool revised specifically to better meet the needs of Aboriginal women resident on reserve.

• Phase II provided an opportunity to integrate services into daily shelter operations. The second phase helped build more structure into EFW's activities and develop a closer supervisory relationship between the EFW and the Shelter Director. This second phase also provided an opportunity for an increased emphasis on Aboriginal culture and traditions particularly through the involvement of the Elders in service delivery and supports.

• The project was able to reach its target population, which was Aboriginal children living on-reserve who lived or had lived with violence at home. Although focused on latency-age Aboriginal children, the project also supported their caregivers and extended families. In all, 108 families with a child about seven-years of age agreed to join the project. There were 156 adults acting in a caregiver role to these children plus 193 older or younger siblings.

• In the course of the project, the Eagle Feather Workers provided multiple and varied services for families that matched their needs, interests and requests and included a range of activities such as mentoring, life skills training, counseling, emotional and/or spiritual support, substance abuse treatment brokerage, sports, arts and other recreational activities, cultural activities/traditional learning, employment support, housing support,
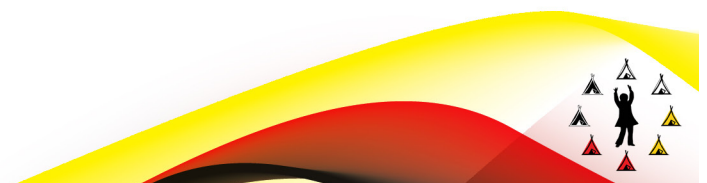
advocacy with the legal systems, and support to access medical and/or mental health support.

• Multiple staff training and support activities were put in place to ensure implementation success and included community visits, training materials, one-on-one mentoring and support, formal training three times a year, and bi-weekly teleconferences.

• WTPT data monitoring requirements represented new processes for most of the participating shelters. Extensive training and individual support were provided to the EFWs and the shelters to assist in the information gathering work and the capacity of the shelters to gather information is now substantially improved.

• At least some of the Eagle Feather Workers' goals and hopes were achieved for almost 80% of the families participating in each project phase.

• For children, observed progress included increased awareness of culture, increased pride in their heritage and culture, lower rates of exposure to family violence, less exposure to the criminal behaviour of adults, good friendships formed with other WTPT children, better school attendance, less conflict with siblings, and increased compliance with parental expectations.

• For caregivers, EFWs noted increased understanding about unhealthy relationship dynamics, increased treatment readiness for abusive partners, entrance into addictions programs, ability to maintain sobriety over time, increased self-esteem and confidence in a happy future, greater skills at parenting and child behaviour management, increased life skills, better parent/child relationship, increased awareness of their culture and reduction in involvement in criminal activities. In addition, several caregivers gained employment and some returned to school and/or started a business.

• Financial stressors and not having their basic needs met were the main challenges for the families participating in the WTPT project. Those needs were many, including safe and stable housing, financial assistance, transportation, clothing, food and particularly, nutritious food. No one will move far on a healing journey when they are hungry or sick or have no place to sleep so a big part of the service delivery focused on physical needs, the need for shelter, nourishment, warmth, safety and health. For some families healing had to wait until people could meet the basic needs of themselves and their children.

• SROI WTPT service delivery model creates significant social value. The SROI ratio indicates that the overall social value of investment in the WTPT project is $5.42 for every dollar invested. This is the composite of two years of value creation, including $5.05 in social value created in year one and $5.80 in year 2[30].

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30   Note: reduction in value in the second year is primarily a reflection in the increase in funding that the program received in the second year of program operations.

• The project produced several important materials, including the Walk Proud, Dance Proud Guide and multiple tools described within the Guide as well as the culturally appropriate WTPT Danger Assessment and Circle DA tool. These tools were reviewed favorably by the domestic violence professionals in the community and the DA Project demonstrated the applicability of those tools to off-reserve shelters in the province.

9.2 Next Steps for WTPT

Funding for WTPT supported shelters to develop, implement and evaluate new and innovative programming for First Nations children and their families – programming previously unavailable to children and families in on-reserve communities. The shelter staff and the communities have learned much through this project and those learnings, as well as the tools and the Guide developed over the course of the project, will continue to be used and will benefit others. The shelters will incorporate the knowledge gained through WTPT into their strategic planning and daily shelter operations and the project will create a ripple effect of a mature, ongoing project providing a template upon which new programs can be founded.

Sustainable funding to ensure that the work continues benefitting more women, children, and families is of primary concern to the shelters at the moment. Shelter stakeholders believe that WTPT is an important project for children and families and that, without sustainable funding, their critical needs will not be addressed: "You can turn a kid around, but its lots of intensive work…someone giving them the time. The project needs to continue because the kids need the time, the nurturing". They suggested that financial resources going forward should be sufficient to support two full-time EFWs, long-term programming, access to transportation and sufficient space for the WTPT project to deliver workshops in the community. They are concerned that, without this project, women will return to the shelter, that there will be an increase in suicides and in number of children apprehended into government's care. Some shelters have fundraising opportunities that will allow them to continue at least with some parts of the project. Those shelters intend to use the manual to train workers to work with children and to run new groups for children in the community. Some also suggested that, in the future, the project should focus on those who are "not visible", who are not identified through Child Welfare or the police and who don't want to be known as needing help.

All that being said, On-Reserve Shelters need to receive durable funding to support the women and children needing their services – as well as being able to assist in meeting their most basic needs (i.e., housing, food, boots in winter) . The resources made available to implement Walking the Path Together by both the Federal and Provincial governments made a significant change, which is reflected in the Social Return on Investment attached to this report. This initiative cries out for ongoing sustainable funding. While the on-reserve shelters are able to build on some of the tools developed, and we have shared them with others to use, it is with a heavy heart that we see a successful project end without a means to continue in a way that could significantly impact children exposed to violence on reserve.
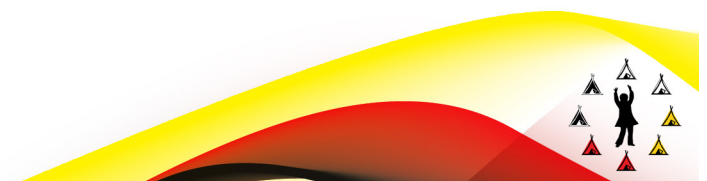
APPENDIX A: EVALUATION MATRIX

Walking the Path Together Tools:
Evaluation Matrix

ACWS
Alberta Council of
Women's Shelters

Authors
Dorothy Sam, Carolyn Goard and Irene Hoffart

Acronyms and Abbreviations

ACWS Alberta Council of Women's Shelters

AI Appreciative Inquiry

CCFJS Centre for Children and Families in the Justice System

DA Danger Assessment

DV Domestic Violence

EFW Eagle Feather Worker

HOMES Hull Outcome Monitoring and Evaluation System

INAC Indian and Northern Affairs Canada

NCPC National Crime Prevention Centre

NNADAP National Native Alcohol and Drug Abuse Programme

NSAG National Stakeholder Advisory Group

MOU Memorandum of Understanding

PGC Project Guidance Circle

SROI Social Return on Investment

WTPT Walking the Path Together

Evaluation through Appreciative Inquiry

Evaluation plays a critical role in Walking the Path Together. It enables improvement in practices and processes, and provides a strong foundation upon which an enduring programme can be built. As such, the need to undertake the project carefully, consistently, with purpose and commitment is evident. This can only be done if an evaluation plan is developed that defines key questions, data collection methods, performance indicators, and frequency of evaluation activities, as well as if the designated team members assume responsibility for its implementation.

The evaluation plan created for Walking the Path Together supports the characteristics, methods, and outcomes of the programme as described without reiteration within associated documents (such as the business, project, and training plans). It includes a systematic collection of information that will enable assessment of the programme and improvement of its effectiveness, as well as inform decisions about future events, strategies, and processes. It is built upon a core set of assumptions that define limitations, potential challenges, and requirements.

To support the commitment to utilize the process and philosophy known as Appreciative Inquiry (AI) throughout this project, it was determined that:

> (a) the evaluation plan's design and data collection methods would be guided by the questions the evaluation seeks to address;

> (b) the evaluation plan would benefit from the use of a mixed-method approach involving a variety of qualitative and quantitative data collection methods, data analysis strategies including, but not limited to, record review, analysis, comparison, and calculation,; and deliverables such as charts, graphs, reports, and statements; and

> (c) with the support of the Project Manager, Eagle Feathers, Project Guidance Circle (PGC members, and involvement of stakeholders, (including funders, partners, and sponsors) this project would not only improve understanding of evaluation, it would better serve information needs and increase commitment to use the results.

Appreciative Inquiry and participatory, collaborative, and responsive approaches to evaluation share several concepts, values, and goals in common. These include:

1. An emphasis on social constructivism whereby participants learn and grow together through asking questions, reflecting and exchanging dialogue;
2. Use of interviews as a key data collection method;
3. Commitment to conducting culturally competent and responsive studies;
4. Grounding in storytelling— a common qualitative data collection technique;
5. View of inquiry as ongoing, iterative, and integrated into organization and community life;

6. Inclusion of many voices;
7. A systems orientation that includes a structured and planned set of processes;
8. Value of truth and honesty that come from participants' experiences and the stories they tell;
9. Use of findings for decision-making and action; and
10. Strengthening of the capacity to be successful through enabling confidence in decisions, awareness of options, and ability to focus on results and achievements.

Appreciative Inquiry can be applied in a wide variety of evaluation contexts and used for many different purposes. It is readily adapted to all project components and can be used when and where appropriate. Using AI fosters a fresh and positive view of evaluation because it is more engaging, illustrates possibilities, and creates hope for a better future. As a result, it may:

(a) increase the richness of the data collected;

(b) help the evaluator obtain important contextual and stakeholder information;

(c) improve the efficiency of the data collection process;

(d) increase participants' level of trust and participation in the evaluation; and

(e) embrace the diversity of participants' experiences and opinions.

Consideration of the nature of Walking the Path Together and its participants provides additional support for the decision to reframe evaluation using Appreciative Inquiry. It encourages the involvement of all stakeholders, builds a collective capacity and is narrative-rich and, as a result, AI creates data that provides the means for analysis of high points and successes to build more positive experiences in the future. Ultimately, AI supports the vision of Walking the Path Together.
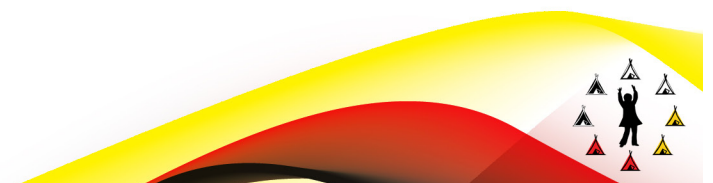
Walking The Path Together
Evaluation Matrix

<u>**Key Questions Summary**</u>

INFORMATION ABOUT TARGET GROUP PARTICIPANTS
 1. What is the count of project participants?
 2. What other project participant characteristics other (personal) are noteworthy?
 3. What is the participant's[1] situation (external to person, i.e., secondary participants[2])?
 4. What other influences, external to the participant must be considered (e.g. community)?

INFORMATION ABOUT PROGRAMME ACTIVITIES AND OUTPUTS
 5. How many and what were the professional services provided by the project?
 6. How many and what were the activities organized and delivered by the project?
 7. In how many and what types of activities and services external to the project did the participants engage?
 8. How many and what were the types of documents and other resources produced?
 9. What issues arose during participation?
 10. How were challenges addressed?

INFORMATION ABOUT PROGRAMME PARTNERS AND STAFF
11. What were the number, types and nature of community partnerships?
12. How many and what type of project partner meetings were held?
13. Were staff selection practices, training, and skills adequate?
14. Were some recruitment strategies more effective than others?
15. In what ways and with how many people was the Appreciative Inquiry process utilized?
16. In what ways and with how many people was the Danger Assessment (DA) tool utilized?

INFORMATION ABOUT PROJECT OUTCOMES
17. To what extent did the project reach its target population?
18. Did the intervention meet the needs of the participants?
19. Were project activities implemented as planned?
20. What were the emerging strengths, weaknesses and opportunities related to project implementation?
21. Did the project produce the expected results for participants?
22. Did the project produce the expected results for other project stakeholders?
23. What factors influenced the dropout rate?
24. Are there indications of a positive relationship between return to shelter and safety?
25. Did the project partnership meet the needs and expectations of all eight partners?
26. Is there a relationship between a participant or community's level or type of involvement in the project and the extent to which they experience positive outcomes?
27. Was the project more successful in achieving outcomes with certain subgroups or communities than others?
28. Were there any unanticipated outcomes of the project (either positive or negative)?
29. Did budget actual results meet or exceed expected results?
30. Is the appropriate structure in place to maintain the project? An Overview of the Walking the Path Together Project

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1 Primary Participants in this document refer to the seven year-olds enrolled in Walking the Path Together.
2 Secondary Participants in this document refer to the siblings, primary family members and caregivers of the Primary Participant.

INFORMATION ABOUT TARGET GROUP PARTICIPANTS (PRE-INTAKE YEAR) - KEY QUESTIONS 1 THROUGH 4

Key Questions	Data Collection Tools and Instruments	Performance Indicators	Frequency of Data Collection
1. What is the count of project participants?	• Screening summary [3] • Intake forms • Discharge form	<u>Potential Participants</u> • # of potential participants approached to enter the programme • # of potential participants screened to meet criteria • # potential participants declined and referred to other programmes <u>Primary Programme Participants</u> • # participants completing programme • # dropping out and drop out rate • # of participants receiving services directly from the project • Length of stay in programme <u>All of the above categorized by</u> • # Type of client (i.e. primary, siblings, primary family members) • Age (i.e. children 6-11, youth 12-17, youth 18-24, other) • Recognized in the community as Aboriginal (i.e including First Nations, Métis, Inuit)	• At intake [4] • At discharge

2. What other project participant characteristics other (personal) are noteworthy?	• Client Intake form
	• Danger Assessment Survey
	• Child Safety Plan
		• Involvement with family, sports, traditional and other activities
		• Pride in their First Nation heritage
		• History of poor school attendance
		    ◦ number of school days missed]
		    ◦ number of late days
		• History of child's self-injury (record frequency and severity, (e.g. hospitalization required, etc.)
		• History of substance abuse
		    ◦ length of time participant abused drugs
		    ◦ number of times participant used drugs
		• History of criminal activities
		    ◦ groups at risk of offending (children, siblings, family members)
		    ◦ history of gang involvement
		    ◦ attitudes accepting violence as normal
			• At intake

3 No screening form has been developed as the information about clients is verbally shared by the Eagle Feather Workers and summarized by the Programme Manager in interim reports. It is assumed that the manager will be using "Criteria Checklist" as a guide.

4 Information collected for the purposes of intake form may require up to a month to gather.

Key Questions	Data Collection Tools and Instruments	Performance Indicators	Frequency of Data Collection

3. What is the participant's situation (external to person, i.e., secondary participants)	• Intake forms
	• Child Safety Plan
	• Child/Teen Questionnaire
		• Absence of positive role models in the child's life
		• History of poor family-school link
		  ◦ attendance by primary caregivers at parent/teacher conferences
		  ◦ other communication with school regarding absences and late days
		  ◦ volunteering in school
		• Presence of factors compromising parenting
		  ◦ history of alcohol/drug use by family members
		  ◦ ineffective parenting skills (include here Child Welfare status and involvement because of abuse/neglect)
		  ◦ presence of mental health issues
		  ◦ low education levels
		  ◦ unstable employment
		  ◦ living/housing circumstances
		  ◦ contact with abusive person/people
		  ◦ presence of serious health issues
		• History of exposure to domestic violence
		  ◦ Frequency
		  ◦ Type of exposure
		  ◦ Types of injury
		  ◦ Severity of injury
		  ◦ Relationship with the abuser
		  ◦ Orders or restrictions related to domestic violence in place
		  ◦ of times returned to shelter in the past
		• Presence of any traumatic events throughout child's life (e.g. death, injury, separation, etc.)
		• Presence of significant events associated with the primary participant's siblings (e.g. health, drug use, behaviour, pregnancy, gangs, etc.)
			• At intake

4. What other influences, external to the participant must be considered (e.g., community)?	• Media resources • Testimonials • Research by subject area experts	• # of traumatic impactful events in the community (e.g. suicides or deaths in the community at large, etc.) • Political situation • Natural disasters • Unemployment	• Summarized by the Project Manager in the quarterly reports

INFORMATION ABOUT PROGRAMME ACTIVITIES AND OUTPUTS - KEY QUESTIONS 5 THROUGH 10

Key Questions	Data Collection Tools and Instruments	Performance Indicators	Frequency of Data Collection

5. How many and what were the professional services provided by the project?	• Case notes
	• Client progress report
	• Referral tracking form
		• Frame all services in a holistic framework, (i.e. those addressing mental, physical, emotional and spiritual wellness and balance)
		• For each service below count
		  ◦ # provided by programme (total per quarter)
		  ◦ #, average, % clients, siblings family members attending
		  ◦ Length of sessions
		  ◦ Length of time to facilitate and deliver, including travel time
		  ◦ Staff-/participant ratios
		  ◦ Type of activity (e.g. phone, face to face, etc.)
		  ◦ Location of activity
		  ◦ Who is involved (e.g. child, siblings, mother, collateral contact, etc.)
		• Types of services provided by programme
		  ◦ individual counseling (e.g. emotional support, spiritual support, etc.)
		  ◦ family group conferencing
		  ◦ family counseling (e.g. substance abuse, employment support, case management, housing support, medical/mental health support, etc.)
		  ◦ skills training (e.g. life skills, parenting, safety planning, social, communication, etc.)
		  ◦ education activities (e.g. tutoring, homework clubs, etc.)
		• Mentoring sessions
		• For each referral indicate
		  ◦ # [children, siblings, family members] referred
		  ◦ whether or not linkages with referrals were made by the participants
		• Referrals to [5]:
		  ◦ Schools
		  ◦ Police
		  ◦ Child welfare
		  ◦ Wellness centres
		  ◦ Health centres
		  ◦ Income Support
		  ◦ NNADAP
		  ◦ Elders
		  ◦ Band Council
		  ◦ Churches
		  ◦ Housing services
		  ◦ Victims Services
		  ◦ Community members
		  ◦ Human Resources
			• Ongoing for case notes
			• Progress reports on a quarterly basis

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5 This information will help to determine the extent of community support. It can also identify any problem areas in respect to service providers.
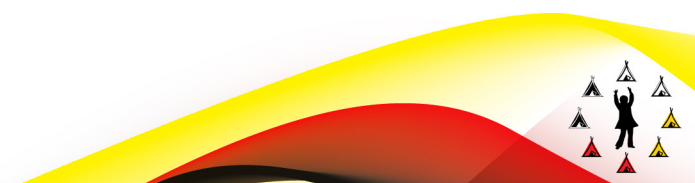
Information about programme activities and outputs – continued

Key Questions	Tools and Instruments	Performance Indicators	Frequency of Data Collection

6. How many and what were the activities organized and delivered by the project?	• Case notes
	• Client progress report
	• Sign-in sheets
		• Frame all activities in a holistic framework, (i.e. those addressing mental, physical, emotional and spiritual wellness and balance)
		• For each activity below count
		  ◦ # provided by programme (total, per quarter)
		  ◦ #, average, % clients, siblings family members attending
		  ◦ Length of sessions
		  ◦ Length of time to facilitate and deliver, including travel time
		  ◦ Staff/participant ratios
		  ◦ Type of activity (e.g. phone, face-to-face, etc.)
		  ◦ Location of activity
		  ◦ Who is involved (e.g. child, siblings, mother, collateral contact etc.)
		• Types of activities
		  ◦ traditional activities
		  ◦ elder engagement
		  ◦ family activities [6]
		  ◦ culturally appropriate activities (e.g. sweat, powwows, round dances, etc.)
		  ◦ Types and number of recreational activities (e.g. sports activities, art activities, etc.)
		  ◦ community service or volunteer activities
			• Ongoing for case notes and sign-in sheets
			• Progress reports on a quarterly basis

7. In how many and what types of activities and services external to the project did the participants engage?	• Field observations
	• Case notes
	• Client progress report
		• For each activity/service record
		  ◦ # of participants attending
		  ◦ type of participants attending
		• Types of professional services provided
		  ◦ medical/mental health support
		  ◦ mentoring
		  ◦ life skills training
		  ◦ Counseling (e.g. emotional and/or spiritual support, etc.)
		  ◦ parenting skills training
		  ◦ family support and counseling
		  ◦ education activities (e.g. school credits recovered, tutoring, homework clubs, alternative school classes, etc.)
		  ◦ social and communication skills training
		  ◦ substance abuse treatment
		  ◦ employment support
		  ◦ case management
		  ◦ housing support
		• Types of activities provided
		  ◦ sports activities
		  ◦ arts activities
		  ◦ other recreational activities
		  ◦ community service or volunteer work
		• Cultural activities/traditional learning (e.g. storytelling, ceremonies, feasts, etc.)
			• Field observations
			• Ongoing for case notes
			• Progress reports on a quarterly basis

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6 Activities/services will also be tracked in accordance with the NCPC Performance Monitoring Report Template.

Information about programme activities and outputs – continued

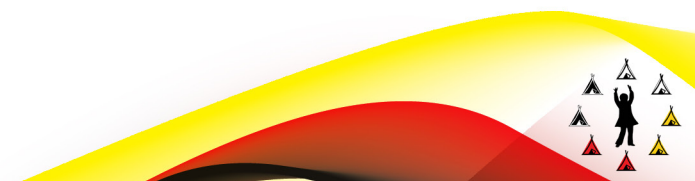| Key Questions	Tools and Instruments	Performance Indicators	Frequency of Data Collection

8. How many and what were the types of documents and other resources produced?	• Project files
	• Case notes
	• Client progress report
		• For each product #, description and frequency of dissemination
		• Knowledge products produced by the project
		  ◦ prevention materials
		  ◦ print documents (e.g. posters, brochures, pamphlets, project protocols, Memorandum of Understanding, contracts with partners, business plan, case forms, project reports to funders, etc.)
		  ◦ electronic resources (e.g. website, newsletters, etc.)
		  ◦ media releases
		  ◦ multimedia resources
		  ◦ intervention tools
		  ◦ intervention resources (e.g. training documents, manuals, etc.)
		• Resources given to families
		  ◦ basic or instrumental supports distributed (e.g. baskets, gift certificates, etc.)
		  ◦ supportive resources (e.g. safety plans, orientation paperwork, programme documentation, etc.)
			• Ongoing for case notes and project files
			• Quarterly for client progress reports

7. In how many and what types of activities and services external to the project did the participants engage?	• Case notes
	• Project files
	• Client progress report
	• Media resources
	• Testimonials
	• Research by subject area experts
	• Minutes of Project Guidance Circle meetings
	• Interviews with Eagle Feather Workers (EFWs)
	• Field observations
		• # and types of issues related to participants
		• # and types of issues with resources
		• # and types of issues with program delivery
		• # and types of issues external to the participant
		  ◦ # of traumatic impactful events in the community
		  ◦ suicides or deaths in the community at large
		  ◦ political situation
		  ◦ natural disasters
		  ◦ unemployment
			• Ongoing (e.g. case notes and project reports, minutes, media resources etc.)
			• Quarterly for client progress reports

10. How were challenges addressed?	• As above	• The management of challenges will strengthen the programme and lead to more satisfied project participants, sponsors, and partners	• As above

Key Questions	Data Collection Tools and Instruments	Performance Indicators	Frequency of Data Collection

11. What were the number, types and nature of community partnerships?	• NCPC partnership form	• Provide the following for
		   ◦ Project Guidance Circle (PGC) partnerships
		   ◦ community Level partnerships
		• Listing of project partners since project started
		   ◦ name
		   ◦ sector
		   ◦ brief description of contribution
		   ◦ purpose of partnership
		   ◦ length of partnership (start and end date)
			• NCPC form completed by Eagle Feathers for each shelter on a quarterly basis

12. How many and what type of project partner meetings were held?	• Project Guidance Circle(PGC) meeting minutes • Schedules and/or calendars	• Frequency of meetings, types of meetings (e.g. face to face, teleconferences, etc.) • # of PGC meetings • # of teleconferences with members of the PGC • # of teleconferences of National Stakeholder Advisory Group • # weekly teleconferences with Eagle Feather Workers(EFWs) • # weekly consultations with Project Manager • # of site visits with Project Managers • Weekly teleconferences for supervision with child/mentor advocates	• Ongoing
13. Were staff selection practices, training, and skills adequate?	• Project plan • Training plan • Meeting attendance records • Responses to meeting invitations • Telephone Interviews • EFWs Interview guides • Meeting minutes	• # of people invited to attend a group interview session • # of people who participated • # and types of activities with an AI focus • # and types of resources with an AI focus	• Ongoing
14. Were some recruitment strategies more effective than others?	• As above	• Length of duration with the programme • Quality of participant feedback	• End of project
15. In what ways and with how many people was the Appreciative Inquiry process utilized?	• Project plan • Training plan • Meeting attendance records • Responses to meeting invitations • Telephone Interviews • EFWs Interview guides • Meeting minutes	• # of people invited to attend a group interview session • # of people who participated • # and types of activities with an AI focus • # and types of resources with an AI focus	• Ongoing

INFORMATION ABOUT PROJECT OUTCOMES Key questions 16 through 19

Key Questions	Data Collection Tools and Instruments	Performance Indicators	Frequency of Data Collection
16. In what ways and with how many people was the Danger Assessment tool utilized?	• Danger Assessment (DA) • Case notes	• # of participants who were invited to undertake a Danger Assessment (DA) • # of participants who agreed to undertake a DA • Types of recommended changes, if any, to the DA, (to ensure that the tool is culturally appropriate)	• Every 6 months
17. To what extent did the project reach its target population?	• Screening summary • Intake forms • Discharge form • Sign-In Sheets • Individual interviews • Group interviews	• # of at-risk children who participated in the project • # of families excluded or declined involvement • Service dosage • Subject attrition • See also items from questions 1,2,3 Above compared to initial project expectations using statistical analysis and qualitative feedback	• Quarterly reports
18. Did the intervention meet the needs of the participants?	• Interviews with EFWs • Use of an Appreciative Inquiry (AI) process • Observation • Discussion • Exit interviews (i.e. monitoring of programme dropout and reasons, and also with those still in programme)	• Continued engagement of children in project • Satisfaction of families with service Determine using statistical analysis and qualitative feedback	• Exit interviews at service conclusion • Rest on quarterly basis
19. Were project activities implemented as planned?	• Case notes • Client progress reports • Sign-in sheets • Schedules and/or calendars • Interviews and discussion • AI	• Length of service delivery period • Types and number of services provided (see questions 5-10) • #,, types and nature of community partnerships (see questions 11-15) Above compared to initial project expectations	• On quarterly basis

Information about project outcomes - continued

Key Questions	Data Collection Methods	Performance Indicators	Timeline
20. What were the emerging strengths, weaknesses opportunities related to project implementation?	• Use of an AI process • Interviews with EFWs • Interviews with Directors • Other	• Monitor strengths, weaknesses of project management (e.g. caseload size, preventing burn-out and worker safety have emerged to-date, etc.) • Monitor the issues emerging with regards to project implementation (e.g. implementation changes, scope of presenting issues of children and parents, barriers to engagement of both direct clients and their families, duration of service, barriers to service retention, ideal modality of intervention, service targets, skills sets, resources and tools required, role of peer supervision, service gaps in communities, and role of cultural teachings, circumstances that prevent effective intervention or dictate timing of an intervention, identifying any presenting issues which are beyond the scope of this type of intervention, etc.) • Monitor opportunities related to community partnerships (e.g. strengthening existing links, focusing on the requisite allied resources needed, detailing benefits and any challenges of peer supervision and the support of PGC, etc.) • Other lessons learned	• On quarterly basis

Information about project outcomes - continued

| Key Questions	Data Collection Methods	Performance Indicators	Timeline

21. Did the project produce the expected results for participants?	Quantitative:
	• Discharge form
	• Progress reports
	• Child / Teen Questionnaire
	• Attitudes Towards Violence Questionnaire
	• Safety Plan
	• Police records
	
	Qualitative:
	• Exit Interviews
	• Interviews with EFWs
	• Use of an AI process
	• Case notes
	• Contact (e.g. with children, caregivers, school, police, etc.)
		• #of at-risk children who completed the programme
		• # of money saved through intervention strategies
		• # and types of leadership activities undertaken
		• Children feel pride and commitment to First Nation heritage
		  ◦ increased involvement in traditional, family and sports activities
		  ◦ # children who express pride and commitment to First Nation heritage
		• Children engage in helpful coping and avoid costly coping behaviours
		  ◦ reduced incidence of self-injury
		  ◦ reduced incidence of drug or alcohol use
		  ◦ # children participating in family and sports activities
		  ◦ reduction in hospital/ER utilization
		• Children's relationship with their primary caregiver is based on trust and stability
		  ◦ # of supportive adults in child's life
		  ◦ score demonstrating improvement in child caregiver relationship
		  ◦ child regularly lives with a primary caregiver
		  ◦ reduction in Child Welfare involvement
		• Children remain engaged in school and envision school completion as a realistic goal
		  ◦ # of incidents requiring school discipline
		  ◦ grades completed at school
		  ◦ # of incidents of school violence
		  ◦ projected earnings post high school graduation
		• Children avoid development of values and attitudes condoning violence
		  ◦ score demonstrating improvement on a survey measuring child's attitudes
		• Children are not engaged in criminal behavior
		  ◦ of police callouts
		  ◦ # of hours of court time
		  ◦ Cost of legal services
		  ◦ Probation case load
		  ◦ Number and type of criminal behaviours that child engages in
		• The child and his/her caregiver are not exposed to violence
		  ◦ a safety plan is in place for the child and his/her caregiver
		  ◦ # of instances of victimization (i.e. by type including incidences of witnessing violence)
		  ◦ women report increased capacity to keep themselves and their children safe
		  ◦ reduction in domestic violence shelter utilization
			• Ongoing
			• Quarterly
			• End of project

Information about project outcomes - continued

Key Questions	Data Collection Methods	Performance Indicators	Timeline

22. Did the project produce the expected results for other project stakeholders?	• Interviews with community stakeholders
	• Review of police records
	• Review of news releases
		• Impact on community stakeholders
		  ◦ Child Welfare workers, teachers, social assistance workers understand the level of risk women and children are experiencing
		  ◦ Child Welfare workers, teachers, social assistance workers provide better services (e.g. better communication, knowing when to intervene, etc.)
		  ◦ the service providers are working together to help the families
		• Violence and crime in the community are reduced
		  ◦ police records indicate a reduction in criminal activity and violence in the community
		• Reduction in property damage in the community
		• # of news releases in respect to programme
			• Ongoing
			• Project end

23. What factors influenced the dropout[7] rate?	• Intake forms • Case notes • Safety plan • Discharge form	• Reasons for dropping out contextualized using the participants' background and services received	• Tracked as dropouts take place and reported quarterly
24. Are there indications of a positive relationship between return to shelter and safety?	• Intake forms • Case notes • Safety plan • Discharge form	• # of times returned to shelter • Length of stay in shelters Above compared to indicators of client safety	• At intake • When leave/ return during project
25. Did the project partnership meet the needs and expectations of all eight partners?	• Use of AI process • Interviews • Discussions	• % of satisfactory feedback • Themes arising from partner feedback	• Biannual PGC meetings

7 Dropout is when a client decides to no longer participate in the programme or is asked to leave due to unman-ageability or safety reasons.

Information about project outcomes - continued

Key Questions	Data Collection Methods	Performance Indicators	Timeline
26. Is there a relationship between a participant or community's level or type of involvement in the project and the extent to which they experience positive outcomes?	• As in questions 21 and 22 • AI	• Types of outcomes achieved compared to service dosage received • See question 21 and 22 for expected outcomes	• Quarterly • End of project
27. Was the project more successful in achieving outcomes with some subgroups or communities than others?	• As in questions 21 and 22	• Types of outcomes achieved by different client groups • See questions 21 and 22 for expected outcomes • Determine whether there is an interaction between outcomes, services provided and client groups	• Quarterly • End of project
28. Were there any unanticipated outcomes of the project (either positive or negative)?	• AI	• Types of unanticipated outcomes	• Ongoing
29. Did budget actual results meet or exceed expected results?	• Budgets	• Compare budgets and expenditures with funding expectations	• Ongoing
30. Is the appropriate structure in place to maintain the project?	• Project plan • Meeting minutes • Discussions with project sponsors	• # of staff interested in remaining with programme • Other necessary resources are in place (e.g. resource people, NSAG, PGC, Project Manager, and funding, etc.)	• Ongoing
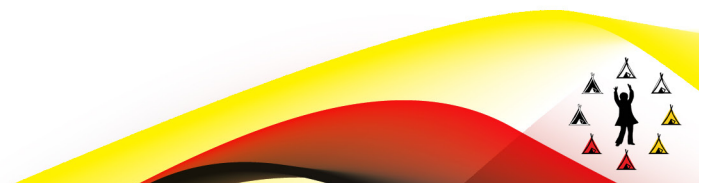
APPENDIX B:
Intake Forms

CAREGIVER INTAKE

Please complete one of these forms for each caregiver in the family who accesses the programme. Information can be gathered from shelter intake, file information or by asking questions of the caregiver.

For Outcome Tracker (OT) Purposes: Check 'no' for "Primary family member"

General Information About the Caregiver

1. Primary family member • yes • no

2. Programme Name: _____

3. Outcome Tracker Number: _____

4. Intake completed by _____

5. Date of Admission to the WTPT Project: _____(mm) _____(dd) _____(yy)

6. Name: _____

7. Contact Information

   Phone #: home _____cell: _____work:_____

   Address: _____

8. How did the Caregiver hear about WTPT project?

   ❏ Word of Mouth   ❏ Another participant
   ❏ Eagle Feather Worker   ❏ Other shelter staff
   ❏ Brochure   ❏ Community resource
   ❏ Media   ❏ Involved in first phase of WTPT
   ❏ Other (specify_____)

9. DOB: _____(mm) _____(dd) _____(yy) Age: _____   Gender: ❏ female ❏ male

10. Caregiver type: ❏ Primary   ❏ Second Adult Caregiver

11. Caregiver's current marital status:

❏ Common law   ❏ Married
❏ Separated (Married or Common Law)   ❏ Single
❏ Not in a relationship   ❏ Dating
❏ Other (specify): _____

12.   Relationship to the primary participant:
❏ Parent   ❏ Aunt or uncle
❏ Step-parent   ❏ Foster parent
❏ Grandparent   ❏ Other (specify_____)

13.   Name of community where Caregiver lives: _____

14.   Does the Caregiver live on a reserve?   ❏ yes ❏ no

        If yes, name of the reserve: _____

15.   Name of Caregiver's First Nation: _____

16.   Language(s) spoken in the home: _____

17.   What is the Caregiver's primary income source?

❏ Employment   ❏Assured Income for Severely Handicapped
❏Employment Insurance   ❏ Social Assistance (Alberta Works)
❏ Child Tax Credit   ❏ Parent or Parents
❏ Disability pension (not including AISH)   ❏ Other family or friends
❏ Pension (CPP, OAS, Private)   ❏ Student funding
❏ Spouse/Partner
❏ Social Assistance through First Nations or Indian and Northern Affairs Canada (INAC)
❏ Student funding through First Nations or Indian and Northern Affairs Canada (INAC)
❏ Child Support Payments
❏ No income
❏ Other (specify_____)

18.   At admission into WTPT project, where is the Caregiver living?

❏ Own home   ❏ Friend's home
❏ Partner's home   ❏ Women's shelter
❏ Family's home   ❏ Other (specify_____)
❏ Student Housing

19.   In the year before WTPT what services did the Caregiver receive?

❏ Counselling, Emotional and/or spiritual   ❏ Social and Communication Skills Training
❏ Family Support and Counselling   ❏ Employment Support

❏ Substance Abuse Treatment
❏ Medical/Mental Health Support
❏ Case Management
❏ Housing Support
❏ Sports Activities
❏ Arts Activities
❏ Mentoring
❏ Life Skills Training
❏ Parenting Skills Training

❏ Education Activities
   (e.g., credit recover, Tutoring, homework
   clubs, alternative school classes)
❏ Other Recreational Activities
❏ Cultural Activities/Traditional Learning
   (e.g., storytelling, ceremonies, feasts)
❏ Community Service or Volunteer Work
❏ Other (specify _____)

Information About Legal Issues

20.   Family Law issues requiring legal support
       ❏ Parenting orders (access/custody issues)
       ❏ Separation
       ❏ Divorce

21.   Protection Orders currently in place
       ❏ Court of Queen's Bench Order (Civil)   ❏ Emergency Protection Order (Civil)
       ❏ Restraining Order (Civil)   ❏ Peace Bond (Criminal)
       ❏ Laying a Private Information

22.   Other legal issues requiring support
       ❏ Child financial support   ❏ Maintenance enforcement
       ❏ Spousal Support   ❏ Accessing personal belongings
       ❏ Housing   ❏ Employment
       ❏ Debt   ❏ Divorce
       ❏ Other (specify)_____

Information Related to Family Violence

23.   Did the caregiver experience intimate partner violence? • yes • no
       If yes, who was the abuser?
       ❏ Boyfriend or Girlfriend   ❏ Ex-Partner (or Ex-Common-Law)
       ❏ Ex-Boyfriend or Ex-Girlfriend   ❏ Husband or Wife (Current)
       ❏ Partner (Common-Law)   ❏ Ex-Husband or Ex-Wife

       Type of abuse experienced (intimate partner violence only):
       ❏ Cultural Abuse   ❏ Emotional Abuse   ❏ Neglect
       ❏ Stalking   ❏ Financial Abuse   ❏ Sexual Abuse
       ❏ Physical Abuse   ❏ Property Destruction   ❏ Verbal Abuse
       ❏ Spiritual Abuse   ❏ Threats of Abuse   ❏ Psychological Abuse
       ❏ Abduction   ❏ Pet Abuse   ❏ Witness to Abuse

24. Did the caregiver experience other family violence? ❏ yes ❏ no

   If yes, who was the abuser?
   ❏ Daughter   ❏ Friend
   ❏ Son   ❏ In-Law (Father)
   ❏ Father   ❏ In-Law (Mother)
   ❏ Mother   ❏ Other Relative (specify)

   Type of abuse experienced (other family violence only):
   ❏ Cultural Abuse   ❏ Emotional Abuse   ❏ Neglect
   ❏ Stalking   ❏ Financial Abuse   ❏ Sexual Abuse
   ❏ Physical Abuse   ❏ Property Destruction ❏ Verbal Abuse
   ❏ Spiritual Abuse   ❏ Threats of Abuse   ❏ Psychological Abuse
   ❏ Abduction   ❏ Pet Abuse   ❏ Witness to Abuse

25. Has the abuser sent other people to abuse the Caregiver? ❏ yes ❏ no

   If yes, who were the people the abuser sent?

   ❏ Gang member
   ❏ Other girlfriend or boyfriend
   ❏ Family
   ❏ Other (specify)_____

   Type of abuse experienced (By other people abuser sent only):
   ❏ Cultural Abuse   ❏ Emotional Abuse   ❏ Neglect
   ❏ Stalking   ❏ Financial Abuse   ❏ Sexual Abuse
   ❏ Physical Abuse   ❏ Property Destruction ❏ Verbal Abuse
   ❏ Spiritual Abuse   ❏ Threats of Abuse   ❏ Psychological Abuse
   ❏ Abduction   ❏ Pet Abuse   ❏ Witness to Abuse

26. Has the Caregiver ever experience childhood trauma? ❏ yes ❏ no

   If yes, what types of trauma did the Caregiver experience? (check all that apply)

   ❏ Residential Schools
   ❏ Foster Home or Homes
   ❏ Death/Suicide of a Family Member

❏ Physical Abuse (experience or witness)
❏ Emotional Abuse (experience or witness)
❏ Sexual Abuse (experience or witness)
❏ Other childhood trauma (specify _____)

27.   Has the Caregiver ever stayed at a domestic violence shelter before?   ❏ yes ❏ no

If yes,   number of times Caregiver stayed in this Shelter: _____
          number of times Caregiver stayed at another emergency Shelter: _____
          number of times Caregiver stayed at a second stage Shelter: _____

28.   What are the main issues the Caregiver sees as causing the violence or other abusive
       behaviour in the home (check all that apply)?

❏ Alcohol   ❏ Unemployment
❏ Drugs   ❏ Lack of basic needs in home
❏ Gambling   ❏ Financial stress
❏ Mental health   ❏ Homelessness
❏ Jealousy   ❏ Childhood trauma
❏ Extended family
❏ Other (specify _____)

Information about Addictions and Mental Health

29.   Describe Caregiver's addiction issues, if any:

❏ Addiction issues in the past
❏ Addiction issues currently
❏ Never had any addiction issues

30.   If Caregiver has addiction issues, describe type of addiction:

❏ Cocaine   ❏ Prescription
❏ Heroin   ❏ Marijuana
❏ Methamphetamine   ❏ Opiates e.g. oxycontins – specify _____)
❏ Alcohol   ❏ Other addictions – specify
                                       (e.g., gambling, eating disorder) _____)

31. Are there any addiction issues with the individuals living in the home who are not considered caregivers or siblings of the primary participant?   ❏ yes ❏ no

32. Does the caregiver have any diagnosed, self-reported or observed mental health issues?
❏ yes ❏ no

    If yes, please describe type of mental health issue below

    ❏ Depression
    ❏ PTSD (stress)
    ❏ Anxiety
    ❏ Suicide attempts
    ❏ Other (specify_____)

33. Are there any mental health issues with individuals living in the home who are not considered caregivers or siblings of the primary participant?   ❏ yes ❏ no

34. Any other comments re: addictions and mental health issues in the family?
_____
_____
_____

35. Does the Caregiver have any physical health issues?   ❏ yes ❏ no

If yes, please describe: _____

Goals and Hopes for the Programme

36. What are the Caregiver's main hopes for how WTPT can help? (select as many as apply)

   ❏ To strengthen relationship with children
   ❏ To strengthen family relationships
   ❏ To receive support for children
   ❏ To strengthen parenting skills
   ❏ To help deal with addictions
   ❏ To access stable housing
   ❏ To increase safety
   ❏ To learn about family violence
   ❏ To have an opportunity for participation in cultural and spiritual activities
   ❏ To receive support to set and achieve personal goals
   ❏ To deal with past childhood issues
   ❏ To support the healing journey
   ❏ Other (specify _____)

37. If there is any other important information to know, please list it here:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Walking the Path Together

PRIMARY PARTICIPANT INTAKE

Please complete one of these forms for the primary participant. Information can be gathered from shelter intake, file information or by asking questions of the mother, father or other adult caregivers in the programme.

For Outcome Tracker (OT) Purposes: Check 'yes' for "Primary family member"

General Information About the Primary Participant

1.	Primary family member		❏ yes		❏ no

2.	Programme Name: _____

3.	OT Number: _____

4.	Intake completed by _____

5.	Date of Admission to the WTPT Project: _____(mm) _____(dd) _____(yy)

6.	Name: _____

7.	Emergency Contact:_____(name)_____(tel)

8.	Gender:	• female • male

9.	Date of Birth: _____(mm) _____(dd) _____(yy) Age: _____

10.	Name of Primary Participant's First Nation: _____

11.	Name of the community where the primary participant lives: _____
	_____

12.	Does the primary participant live on a reserve?	❏ yes ❏ no

	If yes, name of the reserve: _____

School Information

13.	Is the primary participant currently attending school?	❏ yes ❏ no

14.	Grade in school (if applicable):	K	G1	G2	G3	G4	G5	G6

15.	Name of School _____

16.	Name of Primary Teacher _____

Information about Primary Participant's Parents and Other Adults

17.	At admission into WTPT project, what were the primary participant's living arrangements?

Living With (check as many as apply)
❏ Mother
❏ Father
❏ Extended family
❏ Parent's friends
❏ Foster Parents
❏ Other (Specify)_____

Living in (check one)
❏ Shelter
❏ Band Housing
❏ Student Housing
❏ Other (Specify) _____

18.	Name of the biological mother: _____

19.	Name of the biological father: _____

20.	Name of the mother figure (if applicable): _____

21.	Name of the father figure (if applicable): _____

22.	Are the primary participant's biological parents living together?	❏ yes ❏ no

23.	What are the current primary participant's custody arrangements?

❏	Mother has sole custody
	Does father have visitation rights?	❏ yes ❏ no	❏ unknown
❏	Father has sole custody
	Does mother have visitation rights?	❏ yes ❏ no	❏ unknown
❏	Joint custody
	❏ usually lives with mother
	❏ usually lives with father
	❏ lives half time with each parent
❏	Other (specify)
❏	Not Applicable

24. Are there any other nurturing adults in the primary participant's life? ❏ yes ❏ no

1. First Name_____ Relationship _____
2. First Name_____ Relationship _____
3. First Name_____ Relationship _____
4. First Name_____ Relationship _____

Primary Participant's Health

25. Does this primary participant have any special needs (health, mental health, etc)?
❏ yes ❏ no

If yes, what are those special needs?
❏   Anxiety   ❏ Learning challenges
❏   Depression   ❏ Speech problems
❏   PTSD (stress)   ❏ Sight problems
❏   Allergies   ❏ Hearing problems
❏   FASD   ❏ Diabetes
❏   ADHD   ❏ Weight problems
❏   Other, specify _____

If the primary participant has mental health issues, then those issues are: (please describe by checking as many as apply below)

❏ self-reported   ❏ observed   ❏ diagnosed

26. Use of medical services by Primary Participant in the last year:

Number of times used Emergency Room in the last year   _____
Number of times used Ambulance in the last year   _____
Number of times admitted to a hospital in the last year   _____
Total number of days stayed in the hospital over the last year _____
Reasons for the most recent hospital admission   _____

Any additional comments about primary participant's health:
_____
_____

Primary Participant's Exposure to Family Violence

27. Did the primary participant witness or experience family violence? ❏ yes ❏ no

28. Who is the abusive person in the primary participant's life (check as many as apply)?
    ❏ Biological mother
    ❏ Biological father
    ❏ Step-mother or mother-figure
    ❏ Step-father or father-figure
    ❏ Other family (specify) _____
    ❏ Other caregiver (specify)_____

    What is the degree of contact of primary participant with the abusive person?
    ❏ Live together
    ❏ Periodic contact in the community unsupervised
    ❏ Periodic contact in the community supervised
    ❏ No contact
    ❏ Other (specify)_____

29. Are there any restraining orders or other legal restrictions on access to this primary participant by any person or persons? ❏ yes ❏ no

    If yes, please identify those persons and relationship to Primary Participant below:

    1. Name_____ Relationship _____
    2. Name_____ Relationship _____
    3. Name_____ Relationship _____

    If yes, please identify any Protection Order or Orders currently in place that directly affect access of the abusive person or persons to this primary participant (check as many as apply):

    ❏ Court of Queen's Bench Order (Civil)   ❏ Emergency Protection Order (Civil)
    ❏ Restraining Order (Civil)   ❏ Peace Bond (Criminal)
    ❏ Laying a Private Information

30. <u>Type of abuse witnessed (check as many as apply):</u>

❏ Cultural Abuse	❏ Emotional Abuse	❏ Neglect
❏ Stalking	❏ Financial Abuse	❏ Sexual Abuse
❏ Physical Abuse	❏ Property Destruction	❏ Verbal Abuse
❏ Spiritual Abuse	❏ Threats of Abuse	❏ Psychological Abuse
❏ Abduction	❏ Pet Abuse	

Type of abuse experienced (check as many as apply):

❏ Cultural Abuse	❏ Emotional Abuse	❏ Neglect
❏ Stalking	❏ Financial Abuse	❏ Sexual Abuse
❏ Physical Abuse	❏ Property Destruction	❏ Verbal Abuse
❏ Spiritual Abuse	❏ Threats of Abuse	❏ Psychological Abuse
❏ Abduction	❏ Pet Abuse	

31. What behavior is Primary Participant expressing that might be related to exposure to violence?

❏ Listlessness	❏ Physical/verbal aggression
❏ Withdrawal	❏ Anger/rage
❏ Sadness/depression	❏ Blaming of others
❏ Oversensitivity to others	❏ Boastful
❏ Unworthiness	❏ Hyperactivity
❏ Blaming of self	❏ Easily distracted
❏ Bed wetting	❏ Nightmares
❏ Other specify _____	

Any additional comments about primary participant's exposure to abuse:
_____
_____

Child Welfare Involvement

32. Has Child and Family Services had any involvement with regards to this primary participant currently or in the past? ❏ yes ❏ no

Child Welfare Investigation - file then closed ❏ yes ❏ no

If file was opened, then please indicate the nature of the involvement below.

	Closed	Open
Family Enhancement Agreement (Support Agreement)	❏	❏
Custody Agreement	❏	❏
Permanent Guardianship Agreement	❏	❏
Temporary Guardianship Agreement	❏	❏
Access Agreement	❏	❏
Secure Services Certificate	❏	❏
Family Support for Children with Disabilities Agreement	❏	❏
Financial Assistance Agreement	❏	❏

Other Information about the Primary Participant

33.   According to the Caregivers, what are primary participant's particular strengths?

❏ Artistic   ❏ Good listener
❏ Athletic   ❏ Hard worker
❏ Bright and talented   ❏ Helpful
❏ Caring and loving   ❏ Humble
❏ Considerate   ❏ Humorous
❏ Cooperative   ❏ Inquisitive
❏ Creative   ❏ Loves school
❏ Energetic and fun   ❏ Polite
❏ Friendly   ❏ Respectful
❏ Other (specify _____)

34.   What is the Caregivers' greatest concerns about the primary participant?

❏ Aggressive
❏ Appears sad/depressed
❏ Low self-esteem
❏ Loss of identity
❏ Lack of respect
❏ Problems communicating
❏ Does not want to attend school
❏ Has challenges learning in school
❏ Health concerns
❏ Withdrawn
❏ Other (specify_____)

35.   Has the primary participant experienced any traumatic events throughout his/her life? (e.g. death, injury, separation, etc.)
_____
_____
_____
_____

36.   Is there any other important information about the primary participant?
_____
_____
_____
_____

SIBLING'S INTAKE

Please complete one of these forms for the primary child's Sibling. Information can be gathered from shelter intake, file information or by asking questions of the mother, father or other adult caregivers in the programme.

For Outcome Tracker (OT) Purposes: Check 'no' for "Primary family member"

General Information About the Sibling

1.   Primary family member   ❏ yes   ❏ no

2.   Programme Name: _____

3.   OT Number: _____

4.   Intake completed by _____

5.   Date of Admission to the WTPT Project: _____(mm) _____(dd) _____(yy)

6.   Name: _____

7.   Emergency Contact:_____(name)_____(tel)

8.   Gender: ❏ female   ❏ male

9.   Date of Birth: _____(mm) _____(dd) _____(yy) Age: _____

10.   Name of Sibling's First Nation: _____

Information about Sibling's Parents

11.   At admission into WTPT project, with whom was the sibling living? (check as many as apply)

❏ Mother   ❏ Parent's friends
❏ Father   ❏ Foster Parents
❏ Extended family   ❏ Other (specify)_____

12.   Name of the biological mother: _____

13.   Name of the biological father: _____

Sibling's Health

14.   Does this sibling have any special needs (health, mental health, etc)? ❏ yes   ❏ no

        If yes, what are those special needs?
        ❏ Anxiety   ❏ Learning challenges
        ❏ Depression   ❏ Speech problems
        ❏ PTSD (stress)   ❏ Sight problems
        ❏ Allergies   ❏ Hearing problems
        ❏ FASD   ❏ Diabetes
        ❏ ADHD   ❏ Weight problems
        ❏ Other, specify _____

Other Information about This Sibling

15.   Issues related to sibling at Intake

        ❏ FASD
        ❏ Physical health issues
        ❏ Mental health issues
        ❏ Trouble with the law
        ❏ Alcohol/drug use
        ❏ Gang involvement
        ❏ Runaway
        ❏ Pregnancy
        ❏ Child welfare involvement
        ❏ School issues (e.g., truancy, poor participation)
        ❏ Other
          (Specify) _____

16.   What help does the sibling require from WTPT to help address those issues?

❏ Community referrals
❏ Family counselling
❏ Individual counselling
❏ Traditional and spiritual activities
❏ Skills training
❏ Basic needs support
❏ Involved police/RCMP
❏ Recreational activities
❏ Other
   (Specify)_____

17.   Has the sibling experienced any traumatic events throughout his/her life? (e.g. death, injury, separation, etc.)
_____
_____
_____
_____

18.   Is there any other important information about this sibling?
_____
_____
_____
_____

APPENDIX C:
PARTICIPANT PROGRESS REPORT AND SUMMARY

This form documents progress and changes over the course of a family's involvement with WTPT. Please complete the first progress report 4 months after intake into the WTPT Project, and then again every three months, and again when you close the file. To be completed by Eagle Feather Worker.

When complete, please forward this form to the Project Manager.

Participant OT number: _____ Date of completion: _____

❏ 4 months (Jun 30, 2012)   ❏ 13 months (Mar 31, 2013)   ❏ 22 months (Dec 31, 2013)
❏ 7 months (Sep 30, 2012)   ❏ 16 months (Jun 30, 2013)   ❏ 25 months (Mar 31, 2014)
❏ 10 months (Dec 31, 2012)   ❏ 19 months (Sep 30, 2013)

Caregivers This Quarter

Primary Adult Caregiver:_____(relationship to primary participant)
Second Adult Caregiver: _____(relationship to primary participant)

SECTION ONE. PROJECT SERVICES AND FAMILY ACTIVITIES

Project Services

1. Project services attended by the primary participant (7-year old child)

____ (#) Case Management with Eagle Feather Worker
____ (#) Individual Counseling Sessions
____ (#) Family Group Conferencing
____ (#) Family Counseling
____ (#) Talks with Elder
____ (#) Talking Circles

2. Project services attended by the primary adult caregiver

____ (#) Case Management with Eagle Feather Worker
____ (#) Individual counseling sessions
____ (#) Family Group Conferencing
____ (#) Family Counseling
____ (#) Talks with Elder
____ (#) Talking Circles

3. Project services attended by the second adult caregiver

____ (#) Case Management with Eagle Feather Worker
____ (#) Individual Counseling Sessions
____ (#) Family Group Conferencing
____ (#) Family Counseling
____ (#) Talks with Elder
____ (#) Talking Circles

Other Activities Organized by Project Attended by Family Members

4. Educational Activities

❏ Mentoring
❏ Tutoring
❏ Homework Clubs
❏ Art Activities
❏ Board games and puzzles
❏ Other (Specify) _____

❏ Learning to Sew
❏ Learning to Cook
❏ Learning to Hunt
❏ Learning languages
❏ Learning about computers

5. Traditional and Spiritual Activities

❏ Learning to Dance
❏ Learning about Ceremonies
❏ Attending Sundance Ceremonies
❏ Learning traditional languages
❏ Drumming
❏ Drum making
❏ Participating in Round Dance
❏ Learning about culture/traditional activities from Elders
❏ Other (Specify) _____

❏ Attending Church
❏ Attending Sweat
❏ Pipe Ceremonies
❏ Smudging
❏ Traditional games
❏ Participating in Pow Wow Competition
❏ Praying

6. Sports

❏ Hockey
❏ Baseball/soft ball
❏ Soccer
❏ Swimming
❏ Horseback riding
❏ Other(Specify) _____

❏ Rodeo
❏ Picnics
❏ Camping
❏ Fishing

Issues, Skills Training, Documentation and Basic Needs this Quarter
7. Types of Issues Addressed this Quarter

❏ Childhood
❏ Parenting
❏ Substance Abuse
❏ Family Violence
❏ Employment
❏ Housing
❏ Financial

❏ Medical Health
❏ Mental Health
❏ Transportation
❏ Grief and Loss
❏ Education
❏ Other (Specify) _____

8. Skills Training Organized by EFW this Quarter
❏ Life Skills
❏ Parenting Skills
❏ Safety Planning Skills
❏ Social Skills
❏ Communication Skills
❏ Other (Specify) _____

9. Forms and Documentation Completed This Quarter
❏ Safety Plan
❏ Danger Assessment
❏ Protection Options Plan (POP)
❏ Other (Specify) _____

10. Basic or Instrumental Supports distributed This Quarter
❏ Baskets
❏ Bus tickets
❏ Clothing
❏ Food
❏ Gift certificates
❏ Holiday-specific gifts
❏ Household items
❏ School supplies/Backpack
❏ Sports equipment (bicycles, etc.)
❏ Other (Specify) _____

11. Referrals Made This Quarter

❏ Hospital	❏ Counselling Agency
❏ Physician	❏ Wellness Centres
❏ Health Service	❏ Suicide Prevention/Crisis
❏ Mental Health Services	❏ Transportation
❏ Pregnancy Outreach	❏ Clothing
❏ Police Services/RCMP	❏ Financial assistance/Income Support
❏ Probation	❏ Housing
❏ Domestic Violence Court Programme	❏ Food
❏ Victim Services	❏ Child Protection or Family Enhancement Services
❏ Elders	❏ Child Support Services
❏ Band Council	❏ National Native Alcohol and Drug Abuse Programme
❏ Churches	❏ Employment
❏ School	❏ Other (Specify) _____
❏ Another DV Shelter	❏ No referrals made this quarter

Other Activities and Services Received by the Primary Participant or Family Outside of Project

❏ Counselling, Emotional and/or Spiritual Support (for participants)
❏ Family Support and Counselling (for families of participants)
❏ Substance Abuse Treatment
❏ Medical/Mental Health Support
❏ Case Management
❏ Housing Support
❏ Mentoring
❏ Life Skills Training
❏ Parenting Skills Training

❏ Social and Communication Skills Training
❏ Employment Support
❏ Education Activities (e.g. credit recover, tutoring, homework clubs, alternative school classes)
❏ Sports Activities
❏ Arts Activities
❏ Other Recreational Activities
❏ Cultural Activities/Traditional Learning (e.g. storytelling, ceremonies, feasts)
❏ Community Service or Volunteer Work
❏ Other (Specify) _____

SECTION TWO. WHAT RESULTS DID THE PROJECT PRODUCE FOR THIS PARTICIPANT THIS QUARTER?

12. In the last quarter, did you observe the primary participant expressing pride and commitment to the First Nations Heritage?   ❏ yes   ❏ no

If yes, please check below to describe primary participant's expression of pride and commitment:
❏ Participating in traditional activities (e.g., dancing, drumming)
❏ Expressing interest in heritage (e.g., asking & talking about culture and traditions, showing a willingness to learn about Aboriginal traditions and culture)
❏ Other (Specify)_____

If no, please check below to explain why not:
❏ Not permitted or encouraged by caregivers
❏ Not interested
❏ Other (Specify)_____

13. Were there instances of self-injury this quarter by primary participant?   ❏ yes   ❏ no
Examples of inflecting injury to self include hair pulling, head banging, scratching.

Drug and Alcohol Use

14. Were there instances of drug and alcohol use this quarter by the primary participant?
❏ yes   ❏ no   If yes, please answer questions below

Types of drugs used
❏ Cocaine
❏ Heroin
❏ Methamphetamine
❏ Alcohol
❏ Prescription
❏ Marijuana
❏ Opiates, e.g. Oxycontins
❏ Other (Specify_____)

Frequency of drug use
❏ Monthly or less
❏ 2 to 4 times per month
❏ 2 to 3 times per week
❏ 4 times a week or more

15. Were there instances of drug and alcohol use this quarter by primary adult caregiver?
❏ yes ❏ no If yes, please answer questions below

Types of drugs used
❏ Cocaine   ❏ Prescription
❏ Heroin   ❏ Marijuana
❏ Methamphetamine ❏ Opiates, e.g. Oxycontins
❏ Alcohol   ❏ Other (Specify_____)

Frequency of drug use
❏ Monthly or less
❏ 2 to 4 times per month
❏ 2 to 3 times per week
❏ 4 times a week or more

16. Were there instances of drug and alcohol use this quarter by second adult caregiver?
❏ yes ❏ no If yes, please answer questions below

Types of drugs used
❏ Cocaine   ❏ Prescription
❏ Heroin   ❏ Marijuana
❏ Methamphetamine ❏ Opiates, e.g. Oxycontins
❏ Alcohol   ❏ Other (Specify_____)

Frequency of drug use
❏ Monthly or less
❏ 2 to 4 times per month
❏ 2 to 3 times per week
❏ 4 times a week or more

Health

17. Were there instances of hospital and/or emergency room utilization this quarter by primary participant? ❏ yes ❏ no

If yes,   # of times used Emergency Room this quarter _____
          # of times used Ambulance this quarter _____
          Number of times admitted to a hospital this quarter _____
          Reasons for hospital admissions _____
          Total number of days stayed in the hospital this quarter _____

18. Were there instances of hospital and/or emergency room utilization this quarter by primary adult caregiver? ❏ yes ❏ no

If yes, # of times used Emergency Room this quarter _____

# of times used Ambulance this quarter _____

Number of times admitted to a hospital this quarter _____

Reasons for hospital admissions _____

Total number of days stayed in the hospital this quarter _____

19. Were there instances of hospital and/or emergency room utilization this quarter by second adult caregiver? ❏ yes ❏ no

# of times used Emergency Room this quarter _____

# of times used Ambulance this quarter _____

Number of times admitted to a hospital this quarter _____

Reasons for hospital admissions _____

Total number of days stayed in the hospital this quarter _____

Primary Participant's Caregivers

20. Describe the primary participant's relationship with their primary caregivers and other adults

What was the total number of adults who were prominent and nurturing in primary participant's life this quarter? _____(number)

What was the relationship of those adults to the primary participant (check as many as apply)?

❏ Parent(s)
❏ Step-Parent(s)
❏ Grandparent(s)
❏ Aunt(s) or Uncle (s)
❏ Sibling(s)

❏ Other family
❏ Family friend(s)
❏ Teacher(s)
❏ Coach(s)
❏ Community support worker
❏ Other (specify relationship)

21. What was the primary caregiver's primary income source this quarter?

❏ Employment
❏ Employment Insurance
❏ Child Tax Credit
❏ Disability pension (not including AISH)
❏ Pension (CPP, OAS, Private)
❏ Spouse/Partner

❏ Assured Income for Severely Handicapped
❏ Social Assistance (Alberta Works)
❏ Parent or Parents
❏ Other family or friends
❏ Student funding
❏ Child Support Payments

❏ Social Assistance through First Nations or Indian and Northern Affairs Canada (INAC)
❏ Student funding through First Nations or Indian and Northern Affairs Canada (INAC)
❏ No income
❏ Other (specify_____)

22. Primary Participant's living arrangements this quarter

Living With (check as many as apply)
❏ Mother
❏ Father
❏ Extended family
❏ Parent's friends
❏ Foster Parents
❏ Other (Specify) _____

Living in (check one)
❏ Shelter
❏ Band Housing
❏ Student Housing
❏ Other (Specify)_____

23. Describe primary participant's involvement with Child Welfare this quarter

Has there been a change in Child Welfare status since the last quarter? ❏ yes   ❏ no

Child Welfare Investigation - file then closed   ❏ yes   ❏ no

If file was opened, then please indicate the nature of the involvement below.

	Closed	Open
Family Enhancement Agreement (Support Agreement)	❏	❏
Custody Agreement	❏	❏
Permanent Guardianship Agreement	❏	❏
Temporary Guardianship Agreement	❏	❏
Access Agreement	❏	❏
Secure Services Certificate	❏	❏
Family Support for Children with Disabilities Agreement	❏	❏
Financial Assistance Agreement	❏	❏

If the primary participant was out of primary caregiver's custody in the previous quarter, was the primary participant returned to the primary caregiver's custody this quarter?   ❏ yes   ❏ no

24. Describe primary participant's custody arrangements this quarter

Has there been a change in primary participant's custody arrangements since the last quarter?
❏ yes   ❏ no

If yes, what are current custody arrangements?

❏ Mother has sole custody
   Does father have visitation rights?   ❏ yes   ❏ no   ❏ unknown
❏ Father has sole custody
   Does mother have visitation rights?   ❏ yes   ❏ no   ❏ unknown
❏ Joint custody
   ❏ usually lives with mother
   ❏ usually lives with father
   ❏ lives half time with each parent
❏ Other (specify)
❏ Not Applicable

School

25. School Information

Is the primary participant currently attending school?   ❏ yes   ❏ no

Grade in school (if applicable):   K   G1   G2   G3   G4   G5   G6

School Successes and Challenges this Quarter (check mark if 'yes'):

	Improved	Stayed the same	Got worse	N/A
Academic Achievement				
Attendance				
Lateness				
Incidents requiring school discipline not including violence				
Incidents of school violence				
Social skills in school				
Other (specify)				

Any additional comments about primary participant's involvement in school this quarter
_____
_____

Criminal Activities

26. Describe family's involvement with criminal activities this quarter

Were there any police calls, charges or convictions related to the primary participant's caregivers this quarter? ❏ yes ❏ no

If yes, indicated the total number of police calls this quarter for:
_____(total #) Property Offences
_____(total #) Violence Offences
_____(total #) Other Offences (Specify) _____

Was or were the caregivers sentenced   ❏ yes   ❏ no

If sentenced: ❏ serving sentence in the community   ❏ serving sentence in an institution

Exposure to Violence

27. Describe the primary participant's expression of values and attitudes towards violence this quarter

_____
_____

28. Danger Assessment

Score on the Danger Assessment this quarter: _____

29. Exposure to Violence

Has the primary participant been exposed to violence this quarter? ❑ yes ❑ no

If yes, answer questions below:

Experienced	Not at all	Once per month or less	A few times per month	A few times per week	Daily
Physical abuse					
Emotional abuse					
Other types of abuse (spec- ify)					
Witnessed					
Physical abuse					
Emotional abuse					
Other types of abuse (specify					

_____# Times stayed in an emergency domestic violence shelter this quarter
_____# Times stayed in a second stage domestic violence shelter this quarter

30. Relationship of the abusive person to the primary participant this quarter:

_____

31. Degree of contact of primary participant with abusive person or persons this quarter

❑ Live together
❑ Periodic contact in the community – unsupervised
❑ Periodic contact in the community – supervised
❑ No contact
❑ Other (Specify) _____

32. Describe any notable changes to circumstances of abusive person or persons this quarter

❑ Entered counselling in the community   ❑ Charged with assault
❑ Began working with EFW   ❑ Lost job
❑ Entered addictions treatment   ❑ Incarcerated
❑ Became involved in child's life   ❑ Released from jail
❑ Increased threats or harassment of family ❑ Stopped contact with family
❑ Started a healing journey   ❑ Left community
❑ Other (Specify) _____

33. Caregiver readiness to take action regarding safety
(complete only for caregivers whose safety is an issue)

For Primary Adult Caregiver

Readiness to take additional action to stay safe now	❏ Low ❏ Partial ❏ High
Likelihood she/he would seek help from police now	❏ Low ❏ Partial ❏ High
Likelihood she/he would take action to keep children safe	❏ Low ❏ Partial ❏ High

For Second Adult Caregiver

Readiness to take additional action to stay safe now	❏ Low ❏ Partial ❏ High
Likelihood she/he would seek help from police now	❏ Low ❏ Partial ❏ High
Likelihood she/he would take action to keep children safe	❏ Low ❏ Partial ❏ High

Information about Siblings

34. Did any of the primary participant's siblings receive project services this quarter?

If yes, please describe those siblings below:

1. Date of birth:___(mm)_____(dd)_____(yy)   Gender: ❏ male ❏ female
2. Date of birth:___(mm)_____(dd)_____(yy)   Gender: ❏ male ❏ female
3. Date of birth:___(mm)_____(dd)_____(yy)   Gender: ❏ male ❏ female

Complete items below only if one or more siblings received programme services this quarter.

35. Issues related to siblings this quarter

❏ FASD
❏ Physical health issues
❏ Mental health issues
❏ Trouble with the law
❏ Alcohol/drug use
❏ Gang involvement
❏ Runaway
❏ Pregnancy
❏ Child welfare involvement
❏ School issues (e.g., truancy, poor participation)
❏ Other (Specify)_____

36. How were siblings' issues addressed?

❏ Community referrals
❏ Family counselling
❏ Individual counselling
❏ Traditional and spiritual activities
❏ Skills training
❏ Basic needs support
❏ Involved police/RCMP
❏ Recreational Activities
❏ Other (Specify) _____

SECTION THREE. ISSUES THAT AROSE THIS QUARTER RELATED TO PARTICIPATION

37. Other relevant issues related to primary participant's participation this quarter not described above

Describe Issues
_____
_____

How were the issues addressed?
_____
_____

Overall comments/summary of EFW on progress, successes, challenges, major changes, any barriers to progress etc. over last 3 months:
_____
_____
_____

Walking the Path Together

APPENDIX D:
DISCHARGE SUMMARY – PRIMARY PARTICIPANT

Please complete this form when you close the file. In order to close the files for the caregivers and siblings, you will also need to enter their discharge dates in Outcome Tracker.

1. Primary Participant name: _____

2. Outcome Tracker no.: _____

3. Date file closed: _____ (mm/dd/yyyy)

4. Please describe the closing of the file with this family:
    ❏ File closed at a good time / family got full service
    ❏ File closed too soon / family did not get complete or enough service

5. Please use the list below to identify reasons for file closure (check as many as apply):

    ❏ All issues resolved so service no longer needed
    ❏ Second phase of WTPT project concluded
    ❏ Child or children moved from the community
    ❏ Could no longer locate family
    ❏ Child or children taken into care/apprehended
    ❏ Caregiver no longer wants to be involved with WTPT project
    ❏ Partner does not want the family involved with WTPT
    ❏ The new guardian of child(ren) does not want to be involved with WTPT
    ❏ No longer safe for worker to continue with this family
    ❏ Other _____

6. Describe the degree to which the family members achieved their goals.

    ❏ All family's goals and hopes were achieved
    ❏ Some of family's goals and hopes were achieved
    ❏ None of family's goals and hopes were achieved

7. The goals and hopes this family achieved were:

❏ To strengthen relationship with children
❏ To strengthen family relationships
❏ To receive support for children
❏ To strengthen parenting skills
❏ To help deal with addictions
❏ To access stable housing
❏ To increase safety
❏ To learn about family violence
❏ To have an opportunity for participation in cultural and spiritual activities
❏ To receive support to set and achieve personal goals
❏ To deal with past childhood issues
❏ To support the healing journey
❏ Other (specify_____)

8. What factors and family strengths were helpful in working with this family? (check as many as apply)

❏ Family had safe and stable housing
❏ Family had access to reliable transportation
❏ Family could meet their basic needs (food, clothing, school supplies etc.)
❏ Family had family support
❏ The caregiver(s) were committed to nurturing the children
❏ The caregiver(s) were committed to keeping the children safe
❏ Caregiver(s) were able to keep her/himself safe
❏ The abusive person or persons recognized he/she needed help
❏ The father or father-figure was a good role model
❏ The mother or mother-figure was a good role model
❏ The caregiver(s) had strong ties to their culture/wanted to strengthen ties to their culture
❏ Family had strong spiritual/religious beliefs
❏ Children were committed to the programme
❏ Caregiver(s) were committed to the programme
❏ Caregiver(s) and/or other family members stopped abusing alcohol and/or drugs
❏ Family members felt that they could trust Eagle Feather Worker
❏ Other (Specify)_____

9. What factors represented barriers to helping this family? (check as many as apply)
- ❏ Family did not have a vehicle or access to a vehicle
- ❏ Family had financial barriers
- ❏ Active addiction by a parent, guardian or others in the home
- ❏ Parent's or guardian's mental health issues
- ❏ A child or children with extremely high needs
- ❏ Caregiver did not have family or other support in the community
- ❏ Family didn't trust that service was confidential and that their privacy would be maintained
- ❏ High conflict in extended family/families
- ❏ Disagreements between parents/caregivers about best interests of the children
- ❏ Caregiver(s) were not committed to the programme (did not participate regularly, did not support child's participation, had limited time to be involved)
- ❏ The abusive person or persons didn't want to be involved with WTPT
- ❏ Caregiver(s) had unresolved childhood issues
- ❏ Transient family
- ❏ Other (Specify)_____

10. What factors represented systemic barriers to helping this family? (check as many as apply)
- ❏ Lack of housing in this community/inability of family to qualify for housing
- ❏ Lack of access to public transportation in the area
- ❏ Lack of access to addictions treatment
- ❏ Lack of access to mental health care
- ❏ Inability to get specialized service for a special needs child (e.g. FASD)
- ❏ Other (Specify)_____

11. Focusing on the primary participant, how has his or her life changed since you first opened this file?

	Improved	Stayed the same	Got worse	N/A
Safety in his or her living situation (extent to which he or she is exposed to or at risk for abuse)				
School situation (including attendance, performance and attitude towards school)				
Connection to culture/pride in cultural heritage				
Attitudes towards the violence/abuse at home (e.g., feeling responsible for causing it or stopping it)				
Use or risk of potential to use drug and alcohol				
Physical health				
Emotional health				
Relationships with nurturing adults				
Involvement with Child Welfare				
Involvement with criminal activities				
Other (specify)				

12. Lessons learned: Reflecting on your experiences working with this family, what did you learn about providing services to families affected by violence at home? Was this family a good referral to the WTPT project? Was there anything you would do differently?

_____
_____
_____
_____
_____
_____
_____
_____
_____

APPENDIX E:

"Walking the Path *Together*"

Evaluation Plan – Focus
(Telephone) Interview Guide

1. What, in your view, has been the greatest achievement of the "Walking the Path *Together*" project? What are the strengths of this project?
2. What has been your role in this project?
3. What is the unique contribution of the "Walking the Path *Together*" project to Aboriginal children and their families?
4. What has surprised you the most over the course of this initiative?
5. Think back on your experience with this project, and remember a peak experience – a significant change that stands out for you, a change in which you felt most involved, most engaged, or most proud of your work or engagement with project organizers and participants? What was going on? Who was involved? What did you contribute to the experience? What were the key factors that made it possible?
6. If you had three wishes for the continued evolution of the "Walking the Path *Together*" project's work in the community and the world to make more of these peak experiences possible, what would they be?
7. In your opinion, what would it look like to have achieved the objectives of the "Walking the Path *Together*" project?
8. What can you do to ensure the success of this project?
9. Imagine that you have been asleep for three years, and when you awake, you watch a television show about the success of the "Walking the Path *Together*" project. Part of the reason for this success is the evaluation plan project organizers designed and implemented to gather timely and useful information for decision making and action relative to the programme and participants. The evaluation system has been so successful that the Canadian government has announced that the collaborators of this project will be receiving an award for outstanding evaluation practice. What do you learn about this evaluation system from watching this television show? What does it do; how does it work; what type of information does it collect; who uses the information; and how is the information used?

APPENDIX F:
Log Frame Graphic

APPENDIX G:
Eagle Feather Worker Job Description
The Eagle Feather Worker reports directly to the Director.

Duties and Responsibilities:
• Develop and implement individualized services for children and their families
• Implement the programme in the community, at community level
• Develop and initiate holistic interventions for children who witness family violence
• Create awareness about the project in the community
• Conduct home visits in a safe manner as per strategy developed with the Director
• Assess the danger and safety of children and respond to assessments appropriately
• Facilitate family group conferencing with family and other agencies, as necessary
• Facilitate and/or organize workshops on awareness of family violence and the healing journey of families affected by violence
• Facilitate group interventions on topics related to healing and family violence
• Participate in training activities as directed by the Director
• Be committed to community education on family violence and healing
• Complete other duties as assigned by the Director

Working Conditions:
• Case load = 10 to 15 families
• Commitment to confidentiality
• Flexibility to work weekends and evenings
• Valid drivers license and access to a reliable vehicle
• Commitment to professional development
• Criminal records check and Child welfare check

Skills, Knowledge, Experience:
• Knowledgeable of legislation and protocols pertaining to women and children
• Working knowledge and understanding of child development
• Working knowledge and understanding of impact of family violence on child's development
• Demonstrated ability to engage children & their families
• Knowledgeable about community resources, culture, history
• Must have First Aid Certificate for children
• Must have suicide prevention training
• Experience with home visitation and safety
• Communication – skilled (verbal, written)
• Must have computer skills
• Multi-lingual, English and _____ First Nations language(s)
• Knowledge of _____ First Nations language(s) and culture

Qualifications:
• Social Work or Early Childhood Education Diploma or Degree
• 2 - 3 years working experience with children who have had trauma in their lives
• Family Group Conferencing or Constellation Certificate, an asset
• Danger Assessment Certificate, an asset
• Applied Suicide Intervention Skills Training (ASIST), an asset
• Non-violent Crisis Intervention (NVCI), an asset

APPENDIX H:
Training Activities

Training Activities
Elder's Teachings (Linda Oldpan, Michael Merrier)
Self Care (Rosa Medicine-Traveller)
Whatever It Takes Model (CCFJS)
Danger Assessment Certification (Dr. Jacquelyn Campbell)
Family Group Conferencing Certification (Blue Quills College)
Circle of Courage (Dr. Martin Brokenleg)
Appreciative Inquiry (Roxanna Stumbur)
Home visitation and Hazard Assessment (CCFJS)
Client Intervention (CCFJS)
How to Connect and Engage Clients (CCFJS)
Motivational Interviewing (CCFJS)
Ways of Interviewing Clients (CCFJS)
Vicarious Trauma (CCFJS)
Data Collection Forms (ACWS)
Outcome Tracker system (ACWS)
Consultation and One-on-One Mentoring with EFWs (CCFJS & ACWS)
Group mentoring (CCFJS & ACWS)
Cost/payoffs - Working with clients (EFWs)
How to Empower clients (CCFJS)
Working with Caregivers with Addictions Issues (CCFJS)
Knowing When a Client is Ready to Make a Change in their Life (CCFJS)
Stress Management (CCFJS)
Lateral Violence (CCFJS)
Outcomes Conference (ACWS)
Team-building (Rosa Medicine-Traveller)
Communications with EFW & PGC (Rosa Medicine-Traveller)
Conflict Resolution (Rosa Medicine-Traveller)
Individual EFW meetings with CCFJS
What to do When a Client Becomes Empowered (CCFJS)
Working with Adults with FASD (CCFJS)
Working with Adults with Brain Injury (CCFJS)
Indigenous Women in Leadership Training (Banff Centre)
Attachment, Trauma and Brain Development (Dr. Bruce Perry)
Traumatic stress response in First Nations Communities - What have we learned (Kathleen Gorman)
Aboriginal Literacy and Parenting Skills – ALAP , (Literacy Alberta)
Aboriginal Parenting After Violence (Further Education Society of Alberta)
2BBoys (West Coast Empowerment Training)
Men as Victims
Mending Broken Hearts, Healing Unresolved Grief

Danger Assessment

Jacquelyn C. Campbell, PhD, RN, FAAN
Copyright 2004 Johns Hopkins University, School of Nursing
Corrections to calendar scale 2/3/2010

2012 Calendar

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage, choking
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

January 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

March 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

DANGER ASSESSMENT

Jacquelyn C. Campbell, PhD, RN, FAAN

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Corrections to calendar scale 2/3/2010

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage, choking
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following.
("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

Yes	No		
_____	_____	1.	Has the physical violence increased in severity or frequency over the past year?
_____	_____	2.	Does he own a gun?
		3.	Have you left him after living together during the past year?
			3a. (If have *never* lived with him, check here____)
_____	_____	4.	Is he unemployed?
		5.	Has he ever used a weapon against you or threatened you with a lethal weapon?
_____	_____		5a. (If yes, was the weapon a gun?_____)
_____	_____	6.	Does he threaten to kill you?
_____	_____	7.	Has he avoided being arrested for domestic violence?
_____	_____	8.	Do you have a child that is not his?
_____	_____	9.	Has he ever forced you to have sex when you did not wish to do so?
_____	_____	10.	Does he ever try to choke you?
		11.	Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, Meth, speed, angel dust, cocaine, "crack", street drugs or mixtures.
_____	_____	12.	Is he an alcoholic or problem drinker?
		13.	Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?
_____	_____		(If he tries, but you do not let him, check here: ____)
		14.	Is he violently and constantly jealous of you?
_____	_____		(For instance, does he say "If I can't have you, no one can.")
		15.	Have you ever been beaten by him while you were pregnant?
_____	_____		(If you have never been pregnant by him, check here: ____)
_____	_____	16.	Has he ever threatened or tried to commit suicide?
_____	_____	17.	Does he threaten to harm your children?
_____	_____	18.	Do you believe he is capable of killing you?
		19.	Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?
_____	_____	20.	Have you ever threatened or tried to commit suicide?

_____ Total "Yes" Answers

**Thank you. Please talk to your nurse, advocate or counselor about
what the Danger Assessment means in terms of your situation.**

APPENDIX J
Workshops, Events & Interventions

Walking the Path Together: Activities and Interventions

Community Workshops
Anger Management
Traditional Parenting
Woman's Life Management Life Skills
Lateral Violence
Dealing with Trauma
Techniques in Dealing with Anger
Making a Teepee and Family values
Women's Group
Kid's Group
Drum-making
Self-esteem
Regalia-making
Sewing groups
Rapper Litefoot (kids esteem workshop)
Child/Parent Group
Picking sage/sweet grass and protocols
Spousal Assault (Working with Men)
Volcano in my Tummy (Working with Children)
Family Budgeting
Kid's Anger Management
7 Teachings
Nutrition
Addictions
Mental Health
Why my Kids Make me so Angry;
Safety Planning (Group-setting with Children)
Violence Awareness
Mothers and Daughter's Groups
New Directions Domestic Violence workshops
Cycle of Violence and Finding our Voices
Healing in the Community
Actions Speak Louder than Word Conflict Resolution
Grief and Wellmess
Women Having "Mother" Issues
Learning to Talk About Childhood Issues
Learning to Can
Coming to Womanhood Ceremony

Community Events

Meet & Greet
Walk a Mile in Her Shoes
Father's Day Cards
Beach day
Birthday parties
Learning to jig
Learning to cook
Dream-catcher making
Movie night
Camping
Cultural Camp
Hand games
Soccer
Baseball
Natice Dancing
Drumming
Pool Party
Kids Drop-in
Making pouches for smudge
Teens reading with kids
Family Violence Awareness Walk
Talk Back the Night
RCMP Meet and Greet
Calaway Park Outing
Stampede Outing with family
Arts & Crafts Night
Powwow
Rounddance
Reading with kids
Skating
Making Decorations
Potluck dinner
Kid's after school activities
Field Trips with Children
Community Feast
Easter egg hunt
Canada Day Events (i.e. parades & activities)
BBQs (Family & Back to School)
Attending sweats
A Day at the Park
Haunted House
Halloween Activities
Magician Show
Puppeteer
Horseback riding

Interventions

Individualized Healing Plans

Healing Plans (in groups, collages, verbally)

Motivational Interviewing

Empowering Clients

Hierarchy of Needs in the context of First Nations

Client Interventions (brain-storming and problem-solving)

Enrolling children into sports (i.e. Hockey, baseball, soccer)

Volcano in my Tummy (Working with Children)

Transportation (Time with the Caregivers and Children)

Giftcards (Connecting with clients and Engagement)

Looking at ways of working with Child Welfare and Schools

Danger Assessment

Danger Assessment & Medicine Wheel

Tree of Life Activity with Family

Intervention Manual

Working with Men (Sucker Creek)

Letting Go Ceremony

Treatment Centres

Children in Cadets

POP TARTS

Clinical Hypnotherapy sessions - working with Children and Caregivers

APPENDIX K:
Time Tracking Forms

Why are we tracking time?

The Project Guidance Circle is looking at ways to make Walking the Path Together an ongoing shelter program. In order to do this, and to calculate needed funding for both Walking the Path Together and your shelter, we must have a complete picture of the activities that are done in conjunction with all other staff as well as those that are done separately. In addition to informing program sustainability, Shelter Directors will have additional information in order to support their staff and understand workloads. We thank you for your help in working together to provide the full picture of shelter work to our funders.

How will we track time?

PGC and ACWS developed two forms to track time:
- Form tracking the time that WTPT Eagle Feather Workers spend on all of their activities in the shelter – including those with WTPT participants and on their behalf, as well as other activities they do in the shelter. This form is called WTPT Eagle Feather Workers Activity Tracking.
- Form tracking the time that other shelter staff spend supporting WTPT participants. This form is called WTPT Shelter Activity Tracking.

Both forms and relevant instructions are attached below.

How often will we track time?

- The shelters will track their activities by completing the two forms on a daily basis over a period January 1 to March 31, 2013.

Who will be responsible for time tracking?

- Eagle Feather Workers in each shelter will be responsible for tracking their time using WTPT EFW Activity Tracking Form on the daily basis.
- Shelter Directors and designated staff in each shelter will be responsible for completing the WTPT Shelter Activity Tracking form on a weekly basis.

What will happen with the time tracking information once the forms are completed?

- For the purposes of the initial testing, the information from both forms will be entered into Excel spreadsheet for analysis and review.
- Shelter Directors will meet with the EFWs, other staff and as PGC to discuss the results of time tracking and determine next steps.
- The discussions will assist the PGC in developing a plan to transition to an integrated shelter programme model as well as the unique expressions of this plan in each of the participating shelters.

Walking the Path Together
Eagle Feather Workers Activity Tracking Form
Month, Year

Shelter Name _____

Staff Name _____

Type of Staff ☐ EFW Full Time _____ (position)

☐ EFW Part Time _____ (position)

Date (month/day/year)	WTPT Participants Present				WTPT Participants Not Present				Other
	Face to Face	Client Groups	Travel with client	WTPT client-related work	Travel w/o client	Meetings	Admin. tasks	Clinical Consultation	Non WTPT-related work

Walking the Path Together
Eagle Feather Workers Activity Tracking Form
Instructions, Definitions and Suggested Process

Instructions

1. EFWs will track this information on a daily basis using the form provided above.

2. The activity tracking will take place from January 14th to April 12th, 2013

3. For each day EFWs will enter the number of hours spent on each type of activity. Please enter time in 15 minute intervals, e.g., 15 minutes, 30 minutes, 45 minutes, 1 hour and 15 minutes, etc.

4. EFWs will enter the information into Excel spreadsheet.

5. EFWs will meet with Shelter Director to discuss the time tracking, as suggested below.

In order for this process to be meaningful to the EFWs, the shelter, the Project Guidance Circle and ACWS, the completed form serves as a starting point for discussions between the Shelter Director and EFWs and possibly others about how WTPT work can be best co-ordinated and supported within the shelter. You may use the following process to guide your discussions:

> • Shelter Directors review, on a weekly basis, the OT summary report of the hours for the specific tasks completed by the Eagle Feather Workers. This may be done by the Shelter Director or prepared by staff assigned this function.
> • Shelter Directors can then present information from the time tracking in a supportive way with a message that it is important for Shelter Directors to understand how EFW's time is spent in order to provide them with the necessary support and supervision.
> • Shelter Directors may use the time tracking report as a framework to discuss workload issues and/or challenges that the Eagle Feather may be experiencing.
> • Shelter Directors may also use the time tracking report to identify possible areas where the Eagle Feather Workers may need additional support or to identify areas for improvement. For example, if the time tracking indicates that the Eagle Feather is spending only a quarter of her time in face to face work with clients and half of her time in travel and a quarter of her time in Administrative work – this may indicate that the Eagle Feather needs support in organizing her time more efficiently or perhaps the Shelter Director can strategize with the Eagle Feather about ways to minimize the travel time. If an Eagle Feather indicates that she is spending half of her time with Administrative work then the Shelter Director may explore with the Eagle Feather worker the challenges she may be experiencing in this area.

6. Each shelter will submit all completed daily spreadsheets to ACWS every Monday during the testing period: January 21, January 28, February 4th, February 11, February 18, February 25, March 4, March 11, March 18, March 25, April 1 and April 8 and April 15.

Eagle Feather Workers Activity Form – Continued

Definitions

WTPT Work – WTPT Participants Present

Face to face hours
> • Includes hours spent in any phone conversations, texting, or meetings with individual WTPT participants (e.g., child, primary caregiver, other caregivers, siblings) in office, participants' homes or other locations, not including travel

Group hours
> • Includes only groups with at least one WTPT participant. Count the total number of hours spent in all such groups.

Travel with WTPT participants
> • Hours spent traveling to and from participant's home with WTPT participants, transporting WTPT participants

WTPT Work – WTPT Participants not Present

WTPT-participant related work
> • Any advocacy or referral services provided on behalf of a WTPT participant when they are not present; e.g., discussions with income support, housing officials etc.

Travel without WTPT participant
> • Travelling without WTPT participants – e.g., to and from their homes, to other locations on WTPT participants' behalf or to meetings, training or supervision related to the WTPT project

> Meetings/training
> • Staff training, supervision, consultation, staff meetings or other meetings related to WTPT

Administrative tasks
> • Paperwork, data entry, and any other administrative work related to WTPT

> Clinical consultation
> • Participating in clinical consultation with ACWS clinical consultant

Non WTPT Work
> • Any other shelter duties not related to WTPT or WTPT participants

Walking the Path Together
Shelter Activity Tracking Form
Month, Year

Shelter Name _____

Week starting (Mondays only) (month/day/year)	Transportation	Groups	Childcare	Support & Advocacy	Meetings/ Administrative tasks	Supervision	Other tasks	Total hours

Walking the Path Together Shelter Activity Tracking Form
Instructions, Definitions and Suggested Process

Instructions

1. Shelters will track this information on a weekly basis using the form provided above. Each shelter will develop procedures and processes to ensure that information is tracked and is not forgotten or lost before it is entered at the end of each week.

2. The activity tracking will take place between January 1 and March 31, 2013.

3. The form will only track information pertaining to the shelter work **with WTPT program participants** as provided by shelter staff who are **not WTPT Eagle Feather Workers**.

4. The form will be completed by individual shelter staff who are not WTPT Eagle Feather Workers, documenting the total amount of hours the spend on WTPT related activities in each category. The form will also be completed by Shelter Directors documenting all of their WTPT-related activities. The form does not need to be completed if no WTPT-related activities took place in a particular week.

5. Shelter Directors and/or designated staff will collate all of the completed forms into one aggregated form for the shelter.

6. Each shelter will submit the overall weekly shelter spreadsheets to ACWS at the end of each month in the testing period: on January 31, February 28 and March 31 2012.

7. Information will be analyzed and discussed at the PGC to inform next steps.

Definitions

• *Transportation:* Traveling to and from participant's home with WTPT participants, transporting WTPT participants, travelling without WTPT participants – e.g., to and from their homes, to other locations on WTPT participants' behalf or to meetings, training or supervision related to the WTPT project

• *Groups:* Includes only groups with at least one WTPT participant

• *Childcare:* Includes only instances in which at least one WTPT child was present

• *Support/Advocacy:* includes any phone conversations or meetings with individual WTPT participants (e.g., child, primary caregiver, other caregivers, siblings) in office, participants' homes or other locations; and any advocacy or referral services provided on behalf of a WTPT participant when they are not present e.g., discussions with income support, housing officials etc. not including travel.

• *Meetings/Administrative Tasks:* Includes any paperwork, data entry, administrative work, meetings or consultation related to WTPT, meeting related to walking the path, e.g., PGC meetings. For the most part these activities would be completed by Shelter Directors or their designates.

• *Supervision:* time Shelter Directors or their designates spend supervising WTPT staff or activities.

• *Other Tasks:* Includes all other activities not covered. Please specify what those activities in the table.

Walking the Path Together

1. About the Walk Proud, Dance Proud Guide

In general, I found the Guide useful in my work.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

2. Does the Guide have enough tools and materials to help you replicate this program in your community?

- ◯ Yes
- ◯ No

3. Please explain your answer.

[text box]

4. In general, I found the Guide and materials and tools in it culturally appropriate for work with First Nations or Aboriginal families.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

5. What could we have done better to make this guide more culturally appropriate?

[text box]

6. Which of the following tools in the Guide did you find particularly useful? Please check as many as apply.

- [ ] The Feather Approach
- [ ] 20 questions about lateral violence in the workplace
- [ ] Checklist for planning a Walking The Path Together Programme
- [ ] Eagle Feather Worker Job Description
- [ ] Body Tracing Exercise
- [ ] Self Care Medicine Wheel
- [ ] Checklist for qualifying for a Walking The Path Together project
- [ ] Grounding Techniques
- [ ] Stages of quitting drugs or alcohol
- [ ] Elements of relapse prevention
- [ ] The Historical Loss Scale
- [ ] Signs of FASD
- [ ] Checklists of children's worrisome features
- [ ] Generic circle group format and energy boosters
- [ ] Four safety strategies women seek from shelters
- [ ] Seven principles of traditional parenting for today
- [ ] Checklists of healing strategies
- [ ] POP TARTS: Protection, Options, Planning: Taking Action Related to Safety
- [ ] Healing Plan Samples

7. Please explain why you selected these tools as potentially useful in your organization.

8. Having reviewed this documentation I am more likely to initiate a program similar to Walking The Path Together in my agency.

- ( ) Strongly Agree
- ( ) Agree
- ( ) Neutral
- ( ) Disagree
- ( ) Strongly Disagree

9. Is there further clarification or information that you would require before using this Guide?

( ) Yes

( ) No

10. If you said yes, what information or clarification would you require?

11. Are there any other comments you would like to share with respect to the Guide and its use?

( ) Yes

( ) No

12. Please provide any additional comments here.

13. About the Walking the Path Together Social Return on Investment Case Study (SROI).

The Social Return on Investment Case Study provided valuable information.

( ) Strongly Agree

( ) Agree

( ) Neutral

( ) Disagree

( ) Strongly Disagree

14. I would be interested in developing an Social Return On Investment in my agency.

( ) Strongly Agree

( ) Agree

( ) Neutral

( ) Disagree

( ) Strongly Disagree

15. I think that Social Return On Investment is an important approach to program advocacy and evaluation.

◯ Strongly Agree

◯ Agree

◯ Neutral

◯ Disagree

◯ Strongly Disagree

16. Do you have any other comments with respect to the Social Return on Investment Case Study and its use?

17. The Walking The Path Together Business Case provided valuable information to help me plan my program.

◯ Strongly Agree

◯ Agree

◯ Neutral

◯ Disagree

◯ Strongly Disagree

18. I would use the Walking The Path Together Business Case to help develop a similar case for my program/agency.

◯ Strongly Agree

◯ Agree

◯ Neutral

◯ Disagree

◯ Strongly Disagree

19. Any other comments with respect to the Walking The Path together Business Case and its use?

20. Please use the space below to share any other thoughts or suggestions you might have about the Walking The Path Together program and its tools and materials.

21. What did you find most useful about the Guide?

22. Please complete the following questions to help us understand a little bit about your background and experience. Please provide as much information as you feel comfortable.

Your name:

23. Name of your organization

24. How would you describe the work of your organization?

- ◯ Women's shelter
- ◯ Counselling agency
- ◯ Domestic violence agency
- ◯ Government service

Other (please specify)

25. What is your role in the organization:

- ◯ Management
- ◯ Administration
- ◯ Front-line staff

Other (please specify)

26. How long have you been employed in your current position:

◯ One year or less

◯ Between one and three years

◯ Between three and five years

◯ Over five years

27. What is the name of the community you work in?

28. Thank you for participating in the survey. We will use these results to finalize the Walking the Path Together materials. Please let us know if you would like to receive information about these updates.

◯ Yes

◯ No

29. If yes, please provide us with an e-mail address.