

FINAL EVALUATION
OF THE
URBAN MULTIPURPOSE ABORIGINAL YOUTH CENTER UMACY – 2000 – 2001

HEALING THE NATION – ONE FAMILY AT A TIME

A PERSONAL & PROFESSIONAL DEVELOPMENT PROGRAM

For 'Adult Children at Risk

September 12, 2000 to June 15, 2001



certify that the project meets:	Ja certifie que le projet satisfait
All applicable program terms and conditions.	Toutes les modalités du programme
<i>[Signature]</i>	7/03/02
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All funding criteria.	Tous les critères de financement
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DESIGNED & IMPLEMENTED BY

THE ANCHORAGE COUNSELLING & REHABILITATION SERVICES INC.

Prepared by: Arlene Lowery
BSc.N, RRP, MA (Counselling)
Executive Director

Submitted: July 17, 2001

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CONFIDENTIALITY OF NAMES OF PARTICIPANTS.

Note: ONLY THOSE NAMES for Anchoring Hopes Peer Counselling Center are shared in this evaluation. All others privacy will be respected. A list of all 79 Participants is on our file.

INTRODUCTION:

On behalf of The Anchorage Counselling & Rehabilitation Services Inc., as Executive Director, I would like to thank Canadian Heritage, for the opportunity to implement the first Urban Multipurpose Aboriginal Youth Center (UMAYC) Initiative in Regina, Saskatchewan.

In particular, we wish to thank Yvonne Vizini, Initial Project Officer, along with Rod Durocher, Senior Project Officer, and the Regina Aboriginal Youth Advisory Committee, for sharing in our vision for the program, Healing the Nation – One Family At A Time. We realize that without these people, we would not have had the opportunity to facilitate healing to so many. Thanks!

As Mr. Durocher, reflected recently, we did reach the people that the UMAC's were set out to reach. *Twenty-seven reserves were represented in the 78 Participants we served in the 10 months of the program.* Most of our referrals came from the Participants themselves as they responded to our marketing efforts. This is a strong indication that these 'at risk' people want our help. They desire a positive lifestyle change.

Participants came to us from a variety of sources, staying for varying lengths of time. Some went to jobs, others had family crises and family problems to resolve, and some relapsed in their addictions. Others made the long journey of 10 months, and were able to participate in a 'rite of passage' from the program to another level. We believe all benefited in some way.

We provided Professional Counselling and Support Services to a significant number of the Participant's children, and to their concerned parents. Our caseload fluctuated from week to week, which presented challenges for us. Staff changes and financial duress in February, 2001, were two other factors that we had to contend with.

As you read this evaluation, I am certain that you will come to appreciate our struggles with this target group, as well as our successes. The Anchorage played a vital role in effecting positive lifestyle changes within a significant number of Aboriginal Participants and their families.

The challenge in positively effecting change with this target group, is a great one, but not impossible. As a country, we owe it to the First Nations and Aboriginal peoples, and their children, to assist them 'to break free from the abusive cycles' that have oppressed them for decades, during one of Canada's darkest hours - **the legacy of Residential School Abuse.**

Integrated long-term professional programs are most definitely the answer! Band-Aid solutions have proven useless.

The Regina UMAC Initiative offers hope and healing to the Aboriginal Peoples. As our current Project Officer conveyed to us; our program is meeting the needs for those people "who have fallen through the cracks". *But -- We've only just begun!*

Appendices (as enclosures) for Reference and Interest:

- **Appendix A: Survey on ‘High Risk Factors’ for this Target Group. Group A**
- **Appendix B: Survey on ‘High Risk Factors’ for this Target Group. Group B**
- **Appendix C. Outline of Course Content and Curriculum**
- **Appendix D. The Wall & Participants Narratives**
- **Appendix E. Circle Centered Drawings**
- **Appendix F. Excerpts from Social Services Report 2000
and Reflections on Why our Program is Needed.**
- **Appendix G. Revisions to the Curriculum**
- **Appendix H. Revised Executive Summary & Pamphlet– either enclosed / or on your file.**
- **Appendix I. Group Picture - either enclosed / or on your file.**
- **Appendix J. Leader Post Articles of Interest:**
 - Articles October 2000**
 - i. **Grand Opening – October, 2000.**
 - ii. **Article of Chief of Police -Cal Johnson – On Societal Native Woes.**
 - iii. **Rod Durocher – the UMAC Vision**
 - iv. **The Anchorage’s adopted logo–a Canadian Heritage Site**
 - Articles May 2001**
 - i. **Children’s Advocate Death Review – Leader Post Article May 17, 2001.**
 - ii. **Early Treatment of Addicts. - Leader Post Article June 09, 2001**
 - iii. **SOCIAL SERVICES – to Utilize COMMUNITY Based Organizations more
– the Job is Too Big!**
- **Appendix M The Barriers and Challenges that our Agency Encountered,
from the Department of Social Services and Canadian Heritage.**

Part A: THE NEED FOR OUR PROGRAM in the CITY of REGINA**A.1 PREAMBLE:**

The Social Services Report 2000 (Appendix) clearly reflects the need for our program within our city. We are allotted fewer government dollars and resources to deal with our social problems, than is Saskatoon, for example, and yet we have *a higher number of 'at risk Aboriginal parents' whose children go into care with Protection Services.* Instead of rehabilitating the family, which takes time and resources, *children are being put back with the parent(s) which with a significant number of these children, still at risk.*

All children are too precious for us to play Russian Roulette with. Social Services only too often 'turns a blind eye', and children go into risqué situations, to meet up with more abuse, and even death. A Summary of Child Death Reviews (08/96 -12/98) was released in the legislature in May, 2001, reported the needless deaths of children, that occurred while in the care of their parents within one year of having been in the care of the Minister of Social Services / Protection Services. **The 62 children's deaths that were used for the study, represented only 14 % of the total.** That percentage is all that is required to do such a study – but *let's not turn another blind eye to the additional 381 that also died in this time frame of only 28 months.*

Dr. Deborah Parker-Loewen was very concerned with the non-compliance of Social Services to legislated requirements and policy standards, that were noted on several files, *and remains "a continuing concern which requires urgent attention."*

Social Services Minister Harry Van Mulligan, indicated that the number of reports to non-compliance of parents to Court Orders concerning their children, was a major factor in the deaths. **Yet, non-compliance should always be expected without having provided long-term intensive integrated rehabilitation programs, like ours, to rehabilitate the parent and the family.**

These parents who are addicted and not being responsible, should have a condition assigned to receiving their welfare check, and that is **no treatment and positive change – no money.** In these cases the children need to remain safe while the parent(s) are made to attend a program like this to become rehabilitated – no matter how long that takes.

It is a known fact that shorter programs are only Band-Aid solutions, which don't work.

Our main goal must always be to rehabilitate the parent(s) and reconcile the families.

The extended family, often the grandparents should not have to be burdened with their children's children. Children need and deserve at least one healthy parent. This may seem like the ideal and that I am not being realistic.

What is realistic that a significant number of these parents can be rehabilitated and children returned to their parents in a healthy, safe environment.

We want our program to be a pilot-project in Canada to show that in fact we will start to see positive results, where otherwise would be tragic lives /family situations.

A **Family Systems Approach** is needed and a long-term integrated 'holistic' rehabilitation program must be available to them. Any parent can take parenting classes and continue to take them, and pass them, *but still not be a safe parent*. Why? - because they have never entered into a healing process *to be healed from the Inside - Out*.

It is imperative to develop a program that works - and that is what we are in the process of doing. This takes a team of professionals and an integrated program of all subject areas: Communications / relationships, anger - understanding its source, how to control and resolve the unhealthy, destructive anger - violence, family issues / losses, health matters, professional counselling & group therapy, art therapy, industrial arts, home economics, upgrading, and preparation for the work place.

This needs to take place in a caring environment, under one roof initially, so as to coordinate their rehabilitation program for optimum effectiveness. Our staff must be there to resolve crises, provide guidance, stability and continuity, as a parent would.

Our rehabilitation model must be a Parental Role Model. Until they reach that day when they are able to leave the nest, *and fly, perhaps soar, on their own*.

It is imperative that this target group, *get sober, get healed, and become a contributing member of society*. To do less is an injustice to the ones who are suffering. When one suffers we all suffer, that is why we must heal together.

- ◆ **Table One 6b.** this is what happens on **CHECK DAY** according to one Participant.
- ◆ **Appendix Leader Post Article** that tells about the **pro-active and restorative measures that Ontario** is taking with their **Social Assistance Program**. *This is responsible government*, one that is demonstrating a 'Parental Role Model' that shows they care - **this is 'tough love'**. Since most of this target group has lacked a solid Parental Role Model when growing-up, they are looking to society to meet that need for them. They need nurturing, caring, education, jobs and 'tough love'. After all, within each of them is a 'wounded child' who is trapped in their pain. They can only learn to parent once they have the opportunity to 'safely' enter into the healing journey. When they feel together, hopeful and have direction, only then *can they really become the Parent they really want to be!*

We need to believe in this target group that they can do it, as they do not believe in themselves. Labeling them Fetal Alcohol Effect, Fetal Alcohol Syndrome, even if they are, only gives a message to them that they are damaged and will never be OK.

This target group represents valuable Human Resources.
Without the help that we can offer, they will continue to be sickly, die early deaths, and repeat the tragic and harmful cycles of abuse -
Therefore, we must act decisively and quickly, as Dr. Parker-Loewen has suggested.
If we do not, slowly but surely the First Nations and Aboriginal peoples
in particular, will self-destruct - Canada owes them more - history confirms that!