UNDERSTANDING A PROSPECTIVE FAMILY PRESERVATION PROGRAM FOR THE NORTHWEST TERRITORIES HEALTH AND SOCIAL SERVICES AUTHORITY

A Project Report

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By

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INTRODUCTION

This report presents a summary of research conducted as part of a 500-hour MSW practicum from September 2017 to April 2018, which was directly overseen by the Northwest Territories Health and Social Services Authority (NTHSSA) Director of Child, Family, and Community Wellness, as well as the NTHSSA Manager of Child and Family Services for the Beaufort-Delta Region. Additional oversight and feedback was provided by the NTHSSA Territorial Manager of Child and Family Services, and the NTHSSA Manager of Social Programs and Child and Family Services for the Yellowknife Region. This body of research is part of a larger initiative to identify preventative and supportive programming to enhance family and community wellbeing for families working with Child and Family Services (CFS) in the Northwest Territories (NWT). As identified in *Building Stronger Families: An Action Plan to Transform Child and Family Services* (Action Plan), there is a need for preventative and supportive resources for families working with CFS. The *Action Plan* asked whether an increased focus on prevention and additional supports for families would mitigate the reasons or likelihood of involvement with CFS, and if so, what types of prevention programs and forms of support would be required.[1] This body of research explores the potential role, suitability, and efficacy of a family preservation program within CFS across the NWT, as a part of the developing preventative and supportive programming infrastructure that is needed for family and communities working with CFS.

To understand the potential role of a family preservation program for the NWT, this report will present a range of perspectives that were derived from: a brief scan of documentation highlighting the service delivery context relevant to this project, interviews with front-line staff within Child and Family Services across the NWT, interviews with family preservation program providers outside of the NWT, as well as a literature review. Due to the time constraints of this project, research ethics approval was not requested, which would have allowed us to incorporate important perspectives such as previous clients of Child and Family Services who may be most likely to receive the type of preventative programming that is being examined, as well as Indigenous community representatives from each region. This is a significant shortcoming of this project and would be an important perspective and voice to capture when considering future needs and programming realities that are appropriate for each community.

Lastly, although all researchers strive for objectivity, ethically we must acknowledge the ways in which we unintentionally influence the process and outcomes of our inquiry. As a resident of the NWT of

[1] Northwest Territories Health and Social Services. (2014, August). Building Stronger Families: An Action Plan to Transform Child and Family Services. Yellowknife, NT.

only four years, and as a white, middle-class, educated, able-bodied, and culturally western person, I must acknowledge not only my limitations in understanding the needs of programming that is significantly intended for Indigenous communities, but also the enormous potential for culturally inappropriate interpretations and recommendations. I have worked as a Family Preservation worker in Yellowknife for almost four years, and the questions developed for the interviews are largely based on observations from my work, although may also be inherently biased by those experiences. Lastly, as a social worker adopting an Anti-Oppressive Practice (AOP) perspective, I see the power inherent in the research process that has the ability to manifest certain voices and perspectives, sometimes at the expense of others. I do not believe this means that we cannot have these important conversations or ask these important questions, but I must acknowledge that people from different walks of life may have asked other, more important questions, and may have also given different, more relevant answers. To work towards a better representation of the community and the needs of people, we have tried to build bridges of communication where possible, most notably by speaking to those who are working directly with the families and individuals that we wish to serve. It is my hope that this body of research opens up larger conversations that continue to esteem, include, and create space for the voices of those we intend to support with these initiatives.

ACKNOWLEDGEMENTS

This project would not have been possible without the guidance and support of the following people, who not only provided me with this opportunity, but invested their time and imparted their wisdom, allowing me to grow in this experience. My sincere thanks go to my practicum supervisors, Ruth Anne Blake and Nathalie Nadeau; you are both so exceptional in your own work and practice, I have seen firsthand how your ethical leadership has created initiatives, workplaces, and programs imbued with integrity and social work values, that has created real and meaningful change for the families that you serve. It was nothing short of an honor to learn from your wisdom and experience, and I am humbled that you both found the time to invest in this endeavor. Thank-you for your guidance, support, direction, and feedback.

This project had considerable support from Elske Canam, who worked to get approval for this this practicum project and navigated the various layers of bureaucracy to make this possible as well as offering your professional insights and experience along the way – thank-you! To Kristy Jones, your feedback, guidance, and problem solving on this project was invaluable, and I am so grateful that you were able to become a part of this, and that I had the opportunity to work with you.

What brought this project to life was the involvement and perspectives of those who participated in the interviews, and I am humbled to have been given the chance to speak to and learn from so many dedicated, passionate, knowledgeable professionals who have devoted themselves to serving their communities, working against injustice, and honoring and speaking to sometimes difficult truths to find a better way forward. If I have learned anything from this experience it is that the individual makes all the difference even amidst these large systems that we work in, and the individuals that I had the honor to speak to have indeed made valuable change.

A heartfelt thank-you goes to my family who always brings me back to center, and for all of their love and support, and for believing in me. To my friends, who always reignite my passion and help me to see the horizon, thank-you for your inspiration during this time.

Last but not least, I am so thankful to the Tłı̨chǫ community and land that I have been a guest in for the last four years, and to have been given the opportunity to live and work in this beautiful community.

This project is dedicated to the clients of Child and Family Services who I have had the most humbling honor to work with and serve, and who have taught me more about life, resilience, sadness, justice, beauty, and humility than anyone else.

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SECTION 1: WHY A FAMILY PRESERVATION PROGRAM?

Current Context

Overview of the Northwest Territories

The NWT is one of three Canadian territories and has a population of 44, 520[2] with about 20,000 living in Yellowknife, the Territorial capital. There are 10 major ethnic groups – North American Indian (36.5%); English (17.2%); Canadian (14.7%); and Ukrainian (3.5%). The *Northwest Territories' Official Languages Act* recognizes the following eleven official languages – Chipewyan; Cree; English; French; Gwich'in; Inuinnaqtun; Inuktitut; Inuvialuktun; North Slavey; South Slavey; Tłįchǫ. As of 2012, there are 34 official communities in the NWT. Population varies from Yellowknife with 20,834 people, to Kakisa with 45 people. There are differences in governance from each community, with some governed by various types of Indigenous oversight, while others are designated as a city, town, village, or hamlet, and governed as municipal corporations. Yellowknife is the most populace community, however Behchokǫ is the largest Indigenous Community with a population of 2,227, 91.5% of whom are Indigenous. Inuvik is the largest Inuvialuit community with a population of 3,192, with 38.9% of whom are Indigenous. The only Indigenous Reserve is the Hay River Reserve, located in Hay River. The five largest municipalities by population are:

Municipality	2017[3]
• Yellowknife	20,834
• Hay River	3,734
• Inuvik	3,192
• Fort Smith	2,562
• Behchokǫ	2,227

Overview of Social Service Delivery in the Northwest Territories

The Northwest Territories Health and Social Services Authority (NTHSSA) is responsible for the design and delivery of Territorial health and social services across the NWT.[4] Established in 2016, the NTHSSA is an amalgamation of previously independent health and social services authorities across the NWT, and now coordinates the service delivery of six regional health authorities, which includes the Beaufort Delta, Sahtu, Dehcho, Fort Smith, Yellowknife, and Stanton Territorial Hospital. Exceptional to

[2] NWT Bureau of Statistics. (2017). Population Estimates by Community and Region as at July 1, 2017. Yellowknife, NWT: Government of the Northwest Territories. Retrieved from: https://www.statsnwt.ca/population/population-estimates/bycommunity.php

[3] Ibid

[4] Northwest Territories Health and Social Services Authority. (n.d.). *About Us.* Retrieved from https://www.nthssa.ca/en/about-us

this is the Hay River Health and Social Services Authority which continues to operate under its own Board of Management, as well as the Tłı̨chǫ Community Services Agency which will continue to deliver health and social services in the Tłı̨chǫ communities.

Within the NWT, and as an important component of Health and Social Services, Child and Family Services (CFS) is delivered under the authority of the *Child and Family Services Act (Act),* whose accountability falls under the Minister of Health and Social Services.[5] Service delivery is then delegated to the regional health authorities by way of a Delegation Order under the *Act*, in addition to the appointment of a Director of Child and Family Services, who ensures that the provisions in the *Act* and its Regulations are carried out. More recently, there have been relevant changes within the service delivery structure of CFS. Preceding, and with the creation of *Building Stronger Families: An Action Plan to Transform Child and Family Services* (2014), CFS has replaced the existing information management system, implemented a standardized approach to screening child protection reports with clear response timelines in relation to reports that are screened-in for investigation, and implemented a tool for assessing immediate safety needs and future risks of harm with the Structured Decision-Making (SDM®) tools.

Currently within CFS, the Yellowknife office has three Family Preservation workers offering family preservation supports internally to families who have a status with CFS, whereby status may comprise of situations where child protection concerns have been substantiated, and situations whereby families have approached CFS staff for services under voluntary agreements. The first of the positions was launched in January 2007, the second in December 2012, and the third in May 2014. One position is currently funded, while the other two remain un-funded. The supports offered through this program range from in-home visitation to assist with various areas of problem-solving; workshops for parenting, anger management, nutrition, and child mental health; supervising visits or facilitating home visits between parents and children in care; connecting clients to community resources and supports; and liaising between the child protection worker and the client. Currently, no formal family preservation program framework has been adopted or implemented, and service delivery is based on worker training and abilities, the request for service from the Child Protection Worker, and the needs of each client and family, therefore making existing supports flexible.

History and Context: The Need for a Prevention Program within CFS

The *Building Stronger Families* action plan identified significant changes to be made to the structure and delivery of CFS across the Northwest Territories, to help families achieve better outcomes

[5] Northwest Territories Health and Social Services, 2014 August

for children and their families when they receive services under the *Child and Family Services Act*.[6] As a precursor to this, the Standing Committee on Social Programs of the 16th Legislative Assembly (2010) made 73 recommendations for the improvement of the *Act* and the delivery of child and family services. Additionally, in October of 2013 the Office of the Auditor General of Canada undertook an audit of the Northwest Territories Child and Family Services (CFS) Program and presented 11 recommendations that included enhancing prevention programming.[7] The Standing Committee accepted those 11 recommendations, and added an additional 19 recommendations, making for a cumulative 103 recommendations. Among these recommendations, there included a greater "focus on prevention and early intervention, helping families to stay together and heal," and a shift towards "taking the least intrusive measures possible (…), with increased emphasis on collaborative processes to solve family problems."[8] The *Building Stronger Families* action plan predominantly focuses on significant improvements to the service delivery structure of CFS itself and does not explicitly detail what preventions services will be developed, although it strongly identifies the need for these prevention and early intervention programs for families working with CFS.

The emerging shift towards preventative and supportive programming is timely and needed, given the broader National and Territorial context. The Canadian Human Rights Tribunal most recently issued its fourth compliance order against the federal government, arguing that they had failed to grasp the seriousness and emergency of the discrimination of First Nations children in child welfare services, due to underfunding. In response to the compliance order, the Minister of Indigenous Services responded that "when we successfully shift the focus from the apprehension of children from their families toward preventing the apprehension and the reunification of families that is, in fact, what the tribunal describes as a channel of reconciliation."[9] The urgency to move towards a preventative and reunification focused child welfare system is also reflected at the Territorial level, where trends indicate that although there has been no increase in the proportion of children who have been removed from their homes and communities, there has also been no decrease in these rates between 2006 – 2016, and there has simultaneously been an increase in the rates of apprehension less than 72 hours.[10]

Indigenous children continue to be overrepresented in the system of CFS, whereby there has

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[6] Ibid
[7] Ibid
[8] Ibid, p. 1
[9] Barrera, J. (2018, February 1). Ottawa to increase funding for First Nations child welfare services. *CBC News.* Retrieved from http://www.cbc.ca/news/indigenous/ottawa-fnchildwelfare-tribunal-1.4513951
[10] Government of the Northwest Territories. (2016). Annual Report of the Director of Child and Family Services 2015-2016: Including the Years 2006-2007 to 2015-2016. Yellowknife, NT. Retrieved from http://www.hss.gov.nt.ca/sites/hss/files/resources/cfs-directors-report-2015-2016.pdf

been a statistically significant increase in the number of Indigenous children among children who have a status with CFS, and no decrease in the rates of statuses among Inuit children.[11] Although statistically the Indigenous population comprises only about half of the Territory's population, 95 percent of the approximately 1,000 children who receive child protection services each year are Indigenous.[12] In 2011 the Assembly of First Nations undertook a major study to investigate the overrepresentation of Indigenous children, and identified that this was known to be correlated with the impacts of residential school experiences, poverty, and addiction.[13] The 2014 *Report of the Auditor General* also identified the compounding factor of the detrimental effects and profound familial disruption on Indigenous families caused by the system of residential schools.[14] Lastly, the *Annual Report of the Director of Child and Family Services 2015-2016* identified that the most common reason for families becoming involved with CFS was due to instances of neglect related to such factors as poverty, housing, substance abuse, and mental health related to trauma. Therefore, while the causes for the overrepresentation of Indigenous children in child welfare are complex, the Territorial situation is congruent with, and reflective of, broader national and systemic trends of overrepresentation whereby Indigenous children experience higher instances of neglect resulting from exposure to risk factors and multiple disadvantages that are themselves a product of colonial histories and practices.[15]

The *Annual Report of the Director of Child and Family Services 2015-2016* also presented data indicating important shifts for families working with CFS. Although the number of First Nations children receiving services from CFS continues to increase, the report indicated that there has been an increase in the number of children in the NWT able to remain in their home while their families receive services. Also, the trends of overrepresentation due to neglect speak to the need for the development of prevention supports that address the complex challenges that families face, as well as the importance of continuing to develop prevention supports that "promote the integrity and continuity of the family (as) as essential

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[11] Ibid

[12] CBC News North. (2014, November 19). Child advocates want fewer aboriginal children in child welfare: 95% of N.W.T. children under protection are aboriginal. Retrieved from http://www.cbc.ca/news/canada/north/child-advocates-want-fewer-aboriginal-children-in-child-welfare-1.2840176

[13] Northwest Territories Health and Social Services. (2014, September). *Annual Report of the Director of Child and Family Services 2013-2014: Including the Years 2004-2005 to 2013-2014.* Yellowknife: Author.

[14] Office of the Auditor General of Canada. (2014). *Report of the Auditor General of Canada to the Northwest Territories Legislative Assembly – 2014: Child and Family Services, Department of Health and Social Services and Health and Social Services Authorities.* Retrieved from http://www.oag-bvg.gc.ca/internet/docs/nwt_201403_e_39100.pdf

[15] Trocmé, N., Knoke, D., & Blackstock, C. (2004). Pathways to the overrepresentation of Aboriginal children in Canada's child welfare system. *Social Service Review,* 78(4), 577-600. DOI: 10.1086/424545

measure when considering the best interests of the child."[16] Within CFS, the report also demonstrated no change to the rates of families accessing Voluntary Support Agreements, potentially speaking to the lack of any significant preventative supports currently being offered within CFS.[17]

Due to the nature and complexity of challenges that Indigenous communities face, additionally in relation to the system of child welfare, it becomes a most essential undertaking to understand the existing service delivery framework, and work towards culturally based family interventions that must be coupled with culturally based community development approaches to redress structural challenges for the safety of children.[18] When this initiative is undertaken, federal, provincial, territorial, and Aboriginal governments will be seen as fulfilling the Truth and Reconciliation Commission of Canada's *Calls to Action* to provide "adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so."[19]

What is a Family Preservation Program?

History of Family Preservation Programs

Arising out of a nuanced history, the first model for a family preservation program was established in 1974 through the HOMEBUILDERS program in the United States of America (USA), with the goal of strengthening families and providing out-of-home alternatives for children and families working with child welfare agencies.[20] The HOMEBUILDERS model provided a framework for short-term, intensive, in-home, crisis intervention services that supported and taught skills to families who were at imminent risk of out-of-home placement. This program expanded alongside USA federal requirements for child welfare organizations to provide proof of reasonable efforts to prevent or eliminate the removal of children from their homes, and work towards reunification. Although the HOMEBUILDER's model is still one of the most recognized family preservation models, due to changes in state funding and experimentation with different approaches to service delivery, family preservation has come to be defined not only as a specific

[16] Government of the Northwest Territories. (2016). Annual Report of the Director of Child and Family Services 2015-2016: Including the Years 2006-2007 to 2015-2016. Yellowknife, NT. Retrieved from http://www.hss.gov.nt.ca/sites/hss/files/resources/cfs-directors-report-2015-2016.pdf

[17] Ibid, p. 18.

[18] Blackstock, C., & Trocmé, N. (2005, March). Community-based child welfare for Aboriginal children: Supporting resilience through structural change. *Social Policy Journal of New Zealand*, (24), 12-33.

[19] Truth and Reconciliation Commission of Canada. (2012). Truth and Reconciliation Commission of Canada: Calls to Action. Winnipeg: Manitoba, p. 1. Retrieved from: http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

[20] Martens, P. (2009). *IFPS Toolkit: A comprehensive guide for establishing & strengthening Intensive Family Preservation Services.* Idaho, US: National Family Preservation Network. Retrieved from: http://www.nfpn.org/Portals/0/Documents/ifps_toolkit.pdf

program and framework within child welfare, but also more broadly as a philosophical approach to helping at-risk families. Both the program and philosophical basis of family preservation acknowledges that many children can be safely protected within their homes when parents are provided meaningful supports to make change, intending to offset the additional risk of trauma resulting from the separation of families.

Program Goals

Across service delivery variations, the goals of family preservation are primarily aimed at: keeping children at home in a safe, stable, and nurturing family environment; improving parenting capacity and overall family functioning; improving children's well-being; and preventing unnecessary out-of-home placement or preparing for family reunification where this is consistent with protecting children from significant harm.[21] There can be significant variability in how these goals are realized from program to program. What distinguishes a family preservation program from that of other prevention, intervention, or in-home support programs, is that in servicing families working within child welfare organizations, and being situated within or alongside child welfare organizations itself, it has the ability to address:

1) The complex and interrelated challenges that families face, that lead to an increased risk of child abuse or neglect, and;

2) The unique challenges that families may face, potentially making them more vulnerable, *because* they are involved with a child welfare organization.

The first point acknowledges the direct causal relationship between potential risk of child abuse or neglect in relation to the complexity of personal and systemic challenges, that is characteristic of families working with child welfare organizations. Family preservation programs are developed around the understanding that singularly focused support programs would remain insufficient in the goals of keeping children safe, improving overall family functioning, and keeping families together. Therefore, they can provide supports ranging from parenting education and support, in-home crisis intervention, child development and behaviors, life-skills and problem-solving, connecting to other community services, and supporting in the areas of mental-health, addiction, and domestic violence. The second point acknowledges that although the child welfare system works to maintain the safety of children, it has inherent challenges in working with parents and caregivers due to is mandated nature, its legal and

[21] Family & Community Services. (May 2014). *Intensive Family Preservation Program Guidelines.* North South Wales, United Kingdom: NSW Government. Retrieved from http://www.community.nsw.gov.au/__data/assets/pdf_file/0003/320799/tab_7a_-ifp_program_guidelines_may_2014.pdf

procedural complexity which can be disempowering for already vulnerable families, in addition to how its legislative focus on the "best interests of the child" often individuates the wellbeing of children apart from the wellbeing of their families or communities, possibly engendering practices that do not ultimately support parents or families to be the ones making change for the safety of their children.[22] To mitigate these factors, family preservation programs are able to support families during potentially vulnerable times, such as investigations, access visits, changes in placement, helping a family meet the goals outlined in their child protection status, liaising and advocating between the family and child protection worker, and leveraging family strength rather than a focusing on family problems, to help families make change. In this sense, it is in its unique relationship to child welfare organizations, in addition to the specific clientele and their related challenges, that allows for family preservation supports to assist clients in specific ways that would not be within the scope of other prevention, intervention, or in-home support programs.

Program Eligibility

Accounting for program variability, there are eligibility criteria within family preservation programs that determine which families they can provide support to within a child welfare agency. Typically, eligibility criteria are determined by the nature of supports and services that the family preservation program offers, as in the case of intensive services that may require a court order, whereas others may have different referral processes and can therefore identify other family criteria. Comprehensively, families are typically not eligible for service if: a) the risk of significant harm is so high that a family preservation service is unlikely to adequately ensure child safety, b) either or both parents may be complicit in an allegation of abuse or neglect that may be a criminal offence, c) if a parent or caregiver is unwilling to protect the child/children against future harm, d) intra-familial sexual abuse has been substantiated and there is no protective parent/caregiver, or the offender still has access to the child, and e) the safety of workers or others when working with the family would be seriously compromised, and the service provider cannot reasonably manage the risk to their staff.[23]

Program Efficacy

[22] Kline, Marlee. (1992). Child welfare law, "Best Interests of the Child" ideology, and First Nations. *Osgoode Hall Law Journal, 30*(2), 375-425.

[23] Family & Community Services. (Sept 2016). *Intensive Family Preservation Service Provision Guidelines*. North South Wales, United Kingdom: NSW Government. Retrieved from: http://www.community.nsw.gov.au/__data/assets/pdf_file/0014/320801/IFP_SPG_Sept16.pdf

Also accounting for program variability, the efficacy of family preservation programs is varied due to a lack of consistent measures, ambiguity around what constitutes an effective outcome and how it should be measured, and in some instances a complete lack of program measurement. Some research has pointed to the difficulty in proving a causal relationship between family preservation programs and preventing out-of-home placement, and has suggested that improvements in overall family functioning are the best way to assess program efficacy.[24] Family preservation programs with high fidelity to program frameworks that use out-of-home placement as an indicator of efficacy, such as the HOMEBUILDER's model, boast a success rate varying from 73% to 91% for families avoiding placement at 12 months following the initiation of service, depending on the definition of placement, client population, geographic location, program maturity, and other factors.[25] Factors required to ensure the proper assessment of program efficacy include: a) that appropriate families have been targeted for service, and that measures for determining appropriateness are not flawed, b) that outcomes are appropriate and clearly identified, c) that measures for assessing client outcomes are appropriate and meaningful, d) that treatment models and modes of intervention are compatible with client needs, e) that workers espouse and demonstrate program values, f) and that legislative guidelines are being followed.[26]

[24] Bagdasaryan, S. (2005). Evaluating family preservation services: Reframing the question of effectiveness. *Children and Youth Services Review,* (27).
[25] Institute for Family Development. (2018). *Homebuilder's Internal Evaluation.* Program Evaluation and Research*.* Accessed: http://www.institutefamily.org/programs_internaleval.asp
[26] Denby, R. & Curtis, C. (2015 July). Why special populations are not the target of family preservation services: A case for program reform. *The Journal of Sociology & Social Welfare*, 30 (2).

SECTION 2. RESEARCH

Interview Summaries of Family Preservation Programs Outside the NWT

Purpose

To better understand the possibilities for existing family preservation models, their corresponding practice-based evidence,[27] and the potential suitability for implementation in the Northwest Territories (NWT), interviews were conducted with family preservation program supervisors and coordinators across Canada from November 2017 to January 2018.

Methodology

Purposive expert sampling methods were used to identify potential programs and program supervisors to interview, and criteria included they provided family preservation program supports, their geographic location (having representation from most provinces and territories, as well as targeting communities that had geographic/spatial similarities to the Northwest Territories), their community population (serving predominantly Indigenous communities, as well as having a similar population size), and relationship to a child welfare organization (so as to distinguish between other preventative or supportive service, and focus on those providing preventative supports to families working in some capacity with a child welfare organization).

Forty-one (41) organizations/programs were contacted across Canada to request interviews, with a breakdown of ten (10) from British Columbia, six (6) from Alberta, four (4) from Saskatchewan, eleven (11) from Manitoba, nine (9) from Ontario, and one (1) from the Yukon. Initial phone calls were made to the primary organization to obtain the individual contact information of the program supervisor/coordinator, and then individual emails were sent to the supervisors/coordinators explaining the project and requesting their voluntary participation. Of all the organizations contacted, seven (7) agreed to be interviewed, including:

Organization	Interviewee Role / Position	Program
Ranch Ehrlo Society, Saskatchewan	Director of Family Treatment Programs	Intensive Family Preservation Program
SIGN Family Preservation Program, Saskatchewan	Program Manager	SIGN Family Preservation Program
Sandy Bay Ojibway Child & Family Services, Manitoba	Executive Director CFS	Family Support Service Program

[27] "Practice-based evidence" denotes an informal program or practice "best practice" in a given context, based on successfully measured outcomes or professionally informed opinion, although not yet formally identified as an evidence-based practice.

Sagkeeng Child and Family Services, Manitoba	Prevention Service Supervisor	Prevention Services
Yukon Health and Social Services, Yukon	Program Manager to the Family Support Program	Family Support Program
North Eastern Ontario Family & Children's Services, Ontario	Service Manager – North to the Family Preservation Program	Family Preservation Program
Family Services of Greater Vancouver, British Columbia	Manager of the Vancouver Family Preservation and Reunification Program	Vancouver Family Preservation and Reunification Program

Once interest was expressed by the supervisor/coordinator, the interview questions were sent in advance (see Appendix A for Interview Questions), and a one-hour phone interview was scheduled. At the time of the interviews, participants were re-informed about the purpose of the interview and that I would be recording their answers in a document that would be shared with my practicum supervisors and used internally for the NTHSSA. The interviews were qualitative and semi-structured in nature.

Findings

A thematic analysis was used to identify patterns and themes across the data, to conceptualize broad generalizations about family preservation programs and their potential applications. All programs that were interviewed could be classified along several significant variables, resulting in three predominant models of family preservation programs:[28]

Model 1: Intensive	**Model 2: Mid-Range**	**Model 3: Parenting Education & Referral**
Intensive services: duration of 6 to 12 weeks, with 12 to 20 hours of contact with the family per week. Workers carried caseloads of approximately 2 families at one time.	Mid-range services: a duration of anywhere from 6 weeks to 1 year, with variable (approximately 1 to 3) hours of contact with the family per week. Workers carried caseloads of approximately 5 to 10 families at one time.	Parenting Education: duration variable, with variable contact hours with the family per week. Workers carried caseloads of approximately 12 to 15 families at one time.
The program is external to / independent of the child welfare agency, although services families referred by the child welfare agency	The program operates internally or externally to the child welfare organization, although in both cases families are referred by the child welfare agency.	The program operates internally to the child welfare organization, and receives referrals from the child welfare agency

[28] The classification of these three models are my own, are based only upon the programs interviewed, any may be represented differently across other literature and research.

Based on the Homebuilder's model for intensive family preservation services	Program models were varied or non-identifiable. Whether the programs adhered to one particular approach was dependent on the organization.	Program model was varied or non-identifiable, and services offered did not adhere to one particular approach.
Provides support to families for an array of needs, including parenting, mental health, trauma, addiction, family and individual functioning, problem solving, life skills, child development, and resource referrals	Provides support to families in the areas of parenting, budgeting, problem solving, child development, communication, and resource referral.	The sole focus of program is to provide parenting support and education, and refer to other services for all other family needs
Supervisors spoke to high success rates of achieving family reunification, overall family functioning, or reducing the risk of child abuse and neglect	Supervisors spoke to variable success rates, ranging from high to non-existent / not recorded. Success rates for reunifying families were most significant when the program was operating within a child welfare organization that also practiced with a strong family centered, strengths-based orientation.	Overall success rates were variable, outcomes measured were variable, and sometimes success and outcomes were not measured at all.

Other notable differences across the programs included:

Relationship to the child welfare organization:

- this was largely determined by a) the existing legislation of the child welfare agency, b) the funding available for the FP program (directly funded through the child welfare agency, or a recipient of block funding), and c) the practice approach and framework within the existing child welfare agency (and whether there was congruence, or not).
- There were three types of relationships between the child welfare agency and the family preservation program; a) where the family preservation program operated external to the child welfare agency, b) where the family preservation program operated internal to the child welfare agency, and c) where the family preservation program operated internal to the child welfare agency, but operated as a parallel service stream that diverted low risk families from the child protection stream and into a preventative, supportive stream.
- All programs spoke to working closely with child protection agencies, although this varied based on working within or without the child welfare agency, requirements for information sharing, to what extent the family preservation program/worker intentionally addressed existing child

protection concerns, and how much they would incorporate the CPW into their work with families, or not. The interviews did not highlight any one of these approaches as more effective than the others, as these arrangements were made based on the existing service structures and the needs of families.

How services were offered:

- There were differences across programs in how they delivered their services; all programs had a component of in-home visitation where different supports could be offered, while other programs additionally offered services through community or resource centers that were accessible to their clients, or other community members.
- Programs also differed in terms of when they would begin to engage a family in relation to child welfare service delivery. Some family preservation programs would become involved with the family during the investigation process, others would become the primary worker immediately after the point of investigation, while others would become involved only with the referral of the child protection worker during the course of family service.

Existing/surrounding community:

- If the surrounding community had extensive and existing resources, the family preservation programs focused on connecting families to those resources, in addition to providing basic parenting education and support. If diverse resources did not exist in the surround community, the family preservation program became the primary resource and offered a variety of supports and areas of intervention.

Ability to address the complex and/or systemic challenges families are facing:

- Programs varied in their ability to provide complex supports, ranging from individual interventions to addressing more systemic challenges that made families more vulnerable, and likely to become involved with a child welfare agency. Programming and interventions ranged from basic parenting education, to more complex interventions addressing systemic challenges related to poverty, housing, mental health, addiction, and advocacy.

Integration of community capacity building:

- Programs varied in their integration of community capacity building approaches[29] and ranged from attending community service providers meetings and referring clients to community

[29] "Community capacity building" refers to the promotion of a local community's ability to develop, implement and sustain their own solutions to problems in a way that helps them shape and exercise control over their physical, social, economic and cultural environments. In the literature review included in this report, community capacity building was identified as an

resources; to developing community resource centers for education and respite; to family group conferencing and community group conferencing.

Ways to incorporate culture:

- Programs varied in their ability to meaningfully incorporate culture. These approaches ranged from more superficial (finding a translator, referring to cultural resources) to more substantive (hiring workers from predominant culture, putting resources into developing cultural programming options). Programs also demonstrated different interpretations of concepts such as cultural sensitivity, and cultural competency.

Case Studies

To illustrate examples of program models that indicated especially high success rates of family reunification and preservation, two interviews will be highlighted to demonstrate effective family preservation programming, as well as what different program frameworks could look like.

Family Support Service Program, Sandy Bay Ojibway Child and Family Services, Manitoba:

In Manitoba, child protective services have a centralized intake for the province that screens all incoming families with child protection concerns. When a family is deemed in need of child protective services, and depending on their level of risk, they either begin to work with Child and Family Services, or are diverted to a Family Support Services stream internal to the child protection agency that will help the family preventatively address their challenges and potential risk factors. Once a family is assigned to the Sandy Bay regional office, they are then assigned to a Family Enhancement (FE) worker who carries a case load of approximately eight families each. The FE worker will provide in-home supports to improve family functioning, enhance parental competencies and education, help parents understand child development, and develop other skills to manage their households. As the majority of families become involved with them because of neglect related to poverty and housing, the FE worker also helps the family to meet some of their basic needs such as accessing food, shelter, learning how to pay their bills, and manage their finances through budgeting. Because this program also serves only Indigenous families, the FE program offers group programs and have developed a cultural community site to give their families the option of culturally relevant services. The FE program also works to build community capacity through community group conferencing, where community members and service providers come together to problem-solve supports for families with complex needs. This model indicated high success rates of family preservation

important program component when providing supportive services to Indigenous communities working with a child welfare organization.

and reunification, although it was expressed that these success rates were also because of changes made to the service delivery structure of the child protection agency itself, whereby advocacy around funding and legislation has permitted more flexible approaches that address the challenges families are facing, as well as challenging legislation that they felt created barriers for parents in working towards family reunification. Lastly, the interviewee spoke to many ways that the child protection agency had adopted a strength based, family centric, and anti-oppressive culture that was practiced at all levels of the agency, that has resulted in a more supportive and preventative approach to social work practice with families.

SIGN Family Preservation Program, Saskatchewan:

The SIGN program is an intensive family preservation program that operates external to child welfare organizations in Saskatchewan and is contracted out by the provincial government to offer supports to families working with Child and Family Services. Once they receive a referral from the child protection organization, a worker will see the family within 72 hours to assess their need for service. A family preservation worker will make a plan with the family to focus on the specific issues that led to the child protection concern, as well as other needs the family identifies, and can provide support in the areas of effective parenting, child development, mood management skills and mental health support, communication, assertiveness, problem solving methods, basic life skills, budgeting, accessing child care, and connecting to other agencies for continued supports, most often for mental health and addictions. FP workers also receive training in trauma and working with addiction, to be able to support their families on a short-term basis. This program is not only intensive in the broad scope of support it can provide, but also in the amount of contact a worker has with a family. Different from most intensive programs, the SIGN program does not offer 24 hours of support but does work with families from 10 to 20 hours per week, with each worker carrying approximately 2 families on their case load. Services are offered over the span of 6 to 12 weeks, and assessments are also completed at the onset with families, and reviewed often with the family and child protection worker to determine if a family is meeting their goals, and to assess what continued supports are needed. Additionally, the SIGN program created two Family Resource Centers in two communities, where they offer Triple P for further parenting support, as well as respite care for parents to access while they are addressing some of their issues. In order to build in cultural supports to their program, they also have a cultural program coordinator who assists families in connecting to cultural programming and community elders that exist in the community. Once it is determined that a family is meeting their goals and is stabilized, services will be terminated. Families

receive follow-up meetings to see their progress at 2, 4, 6, and 12 months after service, whereby if it is understood that the family is struggling again then supports are continued for a short period of time.

Conclusion

Based on the findings of these interviews, there is a significant diversity of approaches and capacities across all of the family preservation models interviewed, ultimately demonstrating a large degree of flexibility in what a family preservation program can offer, and how it can be utilized. Appreciating these program variables can be helpful in understanding what the possibilities are for a family preservation program for the NWT, also indicating the importance of first identifying the needs of families working with Child and Family Services across the NWT, and what is possible with the existing service structure and landscape.

Interview Summaries of Interdisciplinary Service Providers Across the NWT

Purpose

To better understand the needs of a family preservation program within CFS in the NWT, and within each region, interviews were conducted from February to March 2018 with key staff across the NWT who could speak to the needs of families that they have worked with, as well as the experiences of families working with CFS.

Methodology

Purposive expert sampling methods were used to identify potential interview participants, and criteria included that they worked in some capacity within CFS in the NWT, or that they worked in a preventative capacity with the same or similar clientele as CFS. The practicum coordinator at the University of Calgary, as well as a staff member from GNWT's Corporate Planning Reporting and Evaluation department, were contacted to inquire if research ethics approval was needed to speak to participants; in both cases it was determined approval was not needed, as the purpose of these interviews was to inform program development and direction, and not for publication.

To initiate the interview process, the NTHSSA Director of Child, Family, and Community Wellness sent an email to all regional CEO's and managers to inform them that I would be contacting their staff to request participation in this project. Thirty-eight (38) interdisciplinary service providers were contacted via email to request their participation, whereby the project was explained, and the purpose of the interviews were outlined. For non-responses, an additional email and phone call were made to invite the service provider to participate. Once interest was indicated in participating, a date and time were

established for the interview, and the interview questions (see Appendix B and C for respective interview questions) were sent in advance of the interview. Of all the service providers contacted, seventeen (17) agreed to be interviewed, including:

Region	**Communities Represented in Regional Interview**	**Number of Staff Interviewed in Various Positions**
Yellowknife Region	Yellowknife, Fort Resolution, Lutselk'e	• 4 in CFS in Yellowknife in various roles • 1 CPW in Fort Resolution • 1 CPW in Lutselk'e • 1 Healthy Families worker in Yellowknife
Beaufort Delta Region	Inuvik, Fort McPherson, Tuktoyaktuk, Aklavik, Tsiigehtchic, Paulatuk, Sachs Harbor, Ulukhaktok	• 4 in CFS in various roles
Fort Smith Region	Fort Smith	• 2 in CFS in various roles
Dehcho Region	N/A	• N/A
Sahtu Region	Norman Wells, Déljne, Fort Good Hope	• 3 in CFS in various roles
Hay River Health and Social Services Authority	Hay River	• 1 CPW in Hay River
Tłjchǫ Community Services Agency	N/A	• N/A

Additionally, to acknowledge the cultural relevance of participant perspectives, there were five (5) participants who identified as being Indigenous from various regions in the NWT, and two (2) that identified as being Indigenous from communities outside of the NWT. In terms of including interdisciplinary service provider perspectives, we had intended to include more interviews with Healthy Families workers across the NWT, however due to time constraints had to limit this.

At the time of the interviews, participants were re-informed about the purpose of the interview and that I would be recording their answers in a document that would be shared with my practicum supervisors and used internally for the NTHSSA. It was explained to participants that their interviews would be anonymous, that only general summaries of their interviews would be shared, and that non-identifying copies of their interviews would be saved. The interviews were qualitative and semi-structured in nature and took approximately 1 to 1.5 hours to complete. Once the interviews were completed, they were edited and the notes were sent back to the interviewee to review, to ensure compliance with their responses. Once all interview notes were reviewed, summaries were completed for each region capturing a concise version of what was said in each interview, as well as the frequency that it was said across

respondents in the same region. A thematic analysis was then conducted, and a further summary was completed identifying important themes arising out of regional interviews. A final synopsis of these thematic summaries was created, to be included in the body of this report for regional findings. Due to the limited number of participants who were interviewed, the results are in no way statistically representative and cannot be extrapolated to any significant extent, but do capture the qualitative observations of important community stakeholders.

Shared Themes Across Regional Interviews

Despite significant differences that were identified across regions that are relevant to the formulation of a potential family preservation program, there were also significant consistencies across regions that are important for consideration. These consistencies included:

Reasons for Involvement with CFS

- Across all regions, respondents noted that the main reasons why families become involved with CFS are: neglect related to inadequate caregiver or supervision, drinking and addiction, domestic violence, mental health related often to trauma, and poverty which was often compounded by inadequate housing and food scarcity.
- Although there was variability across the services that workers most often referred clients to, based on services available in the community or lack thereof, the diversity of services referred to potentially indicates the complexity of the needs of clients who are working with CFS.
- This is relevant in considering the scope of services for a potential family preservation program, as services should concretely address the diverse and specific needs of families working with CFS.

Existing Supports and Services

- The amount of resources available to clients varied from region to region, and from community to community. There were challenges in the existing service delivery structure for all communities ranging from a general lack of supports and services in a community, a lack of staffing to fill existing supports and services, or having significant barriers to existing supports and services for vulnerable clients (e.g. program eligibility criteria, wait lists, or perceived unsuitability of services in cases of cultural sensitivity, overly formalized or inflexible service delivery such as availability only during traditional office hours, or incompatibility between client needs and scope of service).
- In all regions, workers spoke to the variety of ways that they worked to mitigate the gaps in services, such as through relocating clients to other communities, Telehealth, contracting privatized services, or out-of-Territory treatment programs. Many respondents also addressed

the shortcomings of these solutions, whereby privatized services were difficult to find or did not meet the client's needs, or in cases where a client was relocated to receive services, respondents noted that these seemed to be temporary solutions as nothing in the client's environment had changed and they would regress upon returning to their community.

- Most regional respondents identified a need for an additional in-home visitation program to specifically support and assist clients who are involved with CFS. It was identified that particularly high-risk and vulnerable clients, such as those most likely to become involved with CFS, may be less likely to access community supports and programs.
- Relevant to a prospective family preservation program, these findings suggest the need to formulate a program that is not based on referring client to existing services but can itself deliver direct client supports in the complex areas of need identified.

Culture and Community Capacity Building

- All regions identified the need for increasingly culturally sensitive and inclusive services, beginning at the level of direct one-on-one practice, as well as offering cultural programing or communal space to further integrate this into supports and services.
- It was further identified that there is a significant need for ongoing training and supervision to continue to incorporate culturally sensitive social work practices when working with predominately Indigenous communities. Also, respondents identified a need for training to understand the cultural differences from region to region, and community to community.
- Many respondents spoke to the cultural uniqueness in their region and community and highlighted the importance of honoring these differences across Indigenous cultures in the NWT. A significant theme that emerged in all regional interviews was the need to incorporate culturally sensitive approaches in contrast to, or alongside, culturally competent approaches,[30] whereby a process of exploring cultural identity with each family and individual is practiced so as to understand the significance and experience of culture individually, rather than assuming a uniform cultural application. There was strong cross-regional indication of the need to simultaneously include culturally sensitive and culturally competent social work practice and service delivery.

[30] Culturally competent approaches often seek to identify core cultural content that is assumed to be shared by most people within a cultural group, although is also criticized for assuming a static and uniform identification with culture. Increasingly, significant bodies of research have encouraged a culturally sensitive process-oriented approach, whereby the meaning and lived experience of culture is explored individually, and then incorporated into service delivery. These two approaches need not be mutually exclusive and may enrich each other.

- Many respondents identified the need for hiring practices that were more representative of local communities and spoke to the need for intentionally educating or building up local people as important resources, to then offer services.
- Due to the complexity of the needs and challenges within many Indigenous communities, alongside the historical trauma that is a part of many families working with CFS, respondents indicated the importance of increasingly adopting community focused and capacity building approaches, whereby the expertise and capacity for protecting children and strengthening families is built into the community itself. Approaches that were commonly cited across regions included strengthening networks with other service providers to collaboratively address the complex needs of families, engaging the community in public education and awareness, bringing practices such as Plan of Care Committees, Family Group Conferencing, or Mediation into child welfare practices, and adopting individual social work practice to be more collaborative and flexible in working with families and their extended networks of support.
- This is relevant to a prospective family preservation program that would have to incorporate culturally sensitive and enriching practices as an essential part of service delivery, as well as include community capacity building approaches by way of mentorship programs, community and public education and awareness, and individual capacity building for one-on-one supports.

Identified Program Needs of a Prospective Family Preservation Program

All regions identified areas of support most needed for families working with CFS, and also spoke to the need of a "support worker," detailing the types of areas that they could provide support in. This feedback could be used to understand the potential scope or focus of a prospective family preservation program. The areas of support most identified by respondents included:

- Supporting clients working with CFS: a support worker who is familiar with CFS and who is connected to CFS at arm's length, but who is not a CPW. This person would help the family to address the child protection concerns in a supportive way. Respondents noted that there would be less of a power differential between a client and this support worker, so they could more effectively work collaboratively with the family. Respondents suggested that this worker could also be an effective advocate for the family. There were specific areas of services that respondents identified families needing support in, most notably during investigations and access visits. During investigations respondents identified the need for a support worker to explain the process and to help families connect to resources and to a lawyer, or just to have a support person for all families

that screen-in. During accessing visits, respondents identified the need to help families prepare for visits, to facilitate the visits in a more natural setting, to offer parenting education and skill building, to help focus the visits towards reunification, and to help the family during visit transitions such as back into the home. Some respondents also suggested having a worker to create relationships and build support between the foster parents and the biological family, for children in care. Lastly, some respondents suggested that families could use additional support to begin to access collaborative decision making in CFS such as concurrent planning, or Family Group Conferencing, which a support person could be a part of.

- In-home and one-on-one supports: respondents identified in-home and individual supports as needed in order to access high-risk families who may be less likely to attend community programs. Respondents identified that an in-home support worker could assist with: parenting supports and skills, budgeting, domestic violence, mental health, budgeting and financial education, drinking and addiction to assist the family in coming up with safety plans, after-care support after returning from treatment, helping the family connect to appointments, having support regularly in the home and on a long term basis to help create more long-term change, relationship building within families, helping families acquire life skills and tools to be self-reliant and give them a sense of purpose, and a one-on-one worker for children and youth.
- Community based supports: respondents indicated a need for a community-based prevention support program. Suggestions for this included: incorporating the broader community in programs that teach life skills, offering parenting, offering cultural activities and programming, providing community education programs for family violence, integrating other service providers and Elders to support families, incorporating a healing component and focus, and helping other people in the community to become experts in child welfare and safety. In some regions, respondents identified the need for a separate community space to access prevention supports, to help families connect to others and develop their own informal supports, and to include families without a status with CFS so as to reduce the stigma of accessing supports. Respondents also noted the importance of a support worker connecting clients to other community supports, providing respite or child care, and working to create community engagement among services and community members.
- Practice approach: respondents spoke to the needed practice approach for a potential support program. These suggestions included programming that is: strength-based, prevention focused, provides intensive and long-term supports, able to support limited capacity or learning

disabilities, uses modelling and mentorship to build skill and capacity, and that can work with mental health, addiction, and trauma. Respondents noted the importance for this program to be flexible in its service delivery, such as service delivery hours, as well as its eligibility criteria.

- Other areas of support: respondents spoke to other areas where clients needed support, including more supports for men and dads, emergency or crisis supports for adults; food supports or connecting clients to ongoing food supports, supports for poverty, and supports for housing.

Skills, Knowledge, and Abilities of Potential Family Preservation Workers

Respondents were asked to comment on their perceptions of what skills, knowledge, and abilities would be needed by a prospective family preservation worker, to successfully offer prevention supports. Responses included (in order of frequency):

- Skills: having a clinical skill set and counselling skills; skills in working with trauma; working with addiction; generalist social work skills; group facilitation, group work, and presentation skills; working from a strength-based approach; client centered approach; working with learning disabilities or clients with FASD; working with conflict and crisis; strong assessment skills; working with family violence; mediation skills; effective communication skills; strong relationship building skills; incorporating spirituality; working from a collaborative approach; Anti-Oppressive approach; and using a harm reduction approach.
- Knowledge: knowledge of local culture and customs; knowledge of history of residential schools, intergenerational trauma, and colonization; knowledge of basic child protection practice or standards; knowledge of the region and community, and resources; knowledge of grief and loss; history of social work; an understanding of relationships and family dynamics; and being able to identify theoretical practice approaches and inform one's practice based on that.
- Abilities: having life experience; someone who has gone through their own healing; having empathy; being non-judgmental and not impose one's values and judgements on the client; being committed and open to ongoing learning; organized; transparent and honest; community oriented and participative in community; being Indigenous themselves; being able to speak the language; being open minded; having respect; resourceful; professional; having a good work ethic; being curious about the client and community; culturally sensitive; being creative; being able to bring people together to work together; to share knowledge and information with clients; and to be creative in finding resources for clients.

The Experiences of Families Working with CFS

Although an analysis of the organizational workings of CFS was not within the scope of this research report, there was significant information coming out of the interviews that spoke to the experiences of families working with CFS, existing procedures and processes that impact the outcomes of families working with CFS, and are therefore relevant to a potential support program for clients working with CFS. The following observations are important considerations for CFS in itself, but are especially relevant to this report insofar as it should determine how a potential family preservation program would be situated in relation to CFS, based on practice and value congruence or incongruence, so as to maximize support for families.

- Cross-regional feedback indicated that CFS can potentially be a difficult system and organization for families to work with, due to its mandated nature and the power imbalances between workers and clients. The history of the child protection system in the NWT as in the rest of Canada, in relation to Indigenous communities, often reproduces personally and culturally retraumatizing practices due to child placement, cultural exclusion, and a lack of control and decision-making input in the process. Respondents noted significant ways that these imbalances could be mitigated, including personal practice approach and culturally sensitive decision making. Respondents identified the need for additional supports for the families working with CFS, to mitigate the ways in which they may become more vulnerable *because* they are working with CFS.
- The majority of regions identified the persistence of stigma and fear in working with a child welfare organization, due to the mandated nature of the service and the possibility of having a child removed from the home. Although respondents noted that this could be mitigated through a strong working relationship with families, they noted that this may also not occur, and that there continues to be a need for education about the organization, and more collaborative approaches used to offset these power imbalances.
- Although there were differences across regions regarding areas where families may struggle in working with CFS, the two areas that respondents identified as being most significant were in the investigations process, and during access visits. Respondents noted that the investigation process was often intrusive for families, that it was difficult for the worker to adopt a more collaborative approach due to the sensitivity of the process, and that there is often a lack of resources for families during this time. Respondents noted that more punitive social work practices may put barriers in place for parents to have access visits, that they may focus more on parent deficits

during visits, and that access visits may be too artificial to facilitate meaningful parent-child connect. Respondents indicated the need for additional support for parents during these times.

- Many respondents across all regions identified the need for social work practice approaches within CFS, as well as in preventative and supportive programming, to adopt more family-centered practices in contrast to the "best interest of the child" approach inherent in child welfare legislation. Respondents noted the significance of this given the particular history and relationship of Indigenous peoples to child welfare organizations, whereby the "best interest of the child" ideology has been used to individuate the needs of children apart from their families, and consequently separate children from their families and communities. Without discounting the need for child safety, respondents noted that adopting a family-centered practice approach was seen as mitigating potentially divisive interpretations of child-centered practices.

Impact of Leadership on Organizational Culture, Social Work Practice, and Client Outcomes

- Across regions, there were significant differences noted about the perceived approaches of managers and supervisors who led regional offices in the service delivery of CFS. What was significant within each region, was the perceived relationship between the social work value base and practice approach of regional leadership and its direct impact on organizational social work values and practices, that furthermore directly impacted the nature of service delivery and outcomes for clients working with CFS. In regions where staff perceptions noted organizational leaders as demonstrating strong anti-oppressive, strength-based, culturally sensitive, and prevention focused social work practice, workers noted higher levels of work satisfaction and efficacy in their own work, noted their own social work practice adherent to these same professional values, and indicated better outcomes for clients, most specifically around fewer permanent status for children in care and higher rates of family reunification. This was in sharp contrast to regions where respondents perceived punitive and judgmental practice approaches on behalf of management, thereby reinforcing maladaptive social work practice approaches among staff, resulting in punitive service delivery to clients, thereby negatively impacting client outcomes.
- In order to support families working with CFS, irrespective of additional prevention supports built into the child protection system, there appears to be a significant need to ensure organizational leadership approaches are congruent with social work values and practice approaches such as anti-oppressive, strength-based, client-centered, collaborative, culturally

sensitive, and prevention focused, as a primary determinant of client support and outcomes for families working with CFS.

Individual Social Work Practice Approach

- Across all regions, respondents spoke to the relationship between individual practice approaches and the perceived influence on outcomes for clients. Interviewees identified key social work practice approaches that positively influenced client outcomes, the worker-client relationship that itself impacts client outcomes, and the general experience of families working with CFS. The identified practice approaches most often included: Anti-Oppressive, strength-based, client/family-centered, collaborative, culturally sensitive, trauma informed, prevention focused social work practice at all levels of the organization.
- Respondents indicated the need for ongoing training and supervision to develop and implement these intentional social work practice approaches. Also, many respondents noted the importance of all northern social workers receiving ongoing training and education to bring awareness of the history of Indigenous peoples in the NWT, as well as the history of the relationship between Indigenous peoples and child welfare organizations, so as to incorporate this awareness into their practice.

Client Feedback and Outcomes

- Each region noted a lack of any process to gather feedback about services received through CFS, and several respondents indicated the need for a formalized process in order to ensure program accountability, and client input into services received.
- Many respondents identified a general lack of procedures used to assess client outcomes working with CFS, or also inconsistent approaches varying from worker to worker. Some respondents indicated a potential strength of the new SDM model as introducing formalized assessments into their work with families, although they were still in the preliminary stages of adopting these processes.
- With regards to a potential family preservation program, in order to determine the efficacy of the program and ensure it is meeting the needs of clients, there is a need to identify both processes for client feedback, program evaluation, practice evaluation, as well as assessments for client outcomes.

Regional Analysis of Findings

Each region had its unique service delivery strengths and gaps, in relation to differing client needs and diverse cultural contexts. These regional summaries will capture themes within each community that are relevant to potential service development or provision. These regional summaries will only address themes not captured in "Shared Themes Across Regional Interviews," or when the needs and opinions differed from all other regions.

Yellowknife Region[31]

Yellowknife, Dettah, and N'dilo

The city of Yellowknife and surrounding area have a population of approximately 21,373.[32] Significant regional themes, in addition to the shared regional themes, included (see Appendix D for full thematic summary):

- The city of Yellowknife has more services and supports available to clients than any other region, although respondents indicated that due to a variety of barriers for services, they still did not feel that there were adequate supports for their clients. Respondents spoke extensively about a general lack of supports, in addition to a lack of prevention-oriented supports, or intensive programming in the areas of family supports and treatment, addictions treatment, and mental health supports related to trauma.
- One of the most prevalent themes identified for clients working with CFS in Yellowknife, was the impact of punitive social work practices among management and leadership within the organization, that directly impacted service provision. In consideration of a potential family preservation program servicing families working with CFS, this could suggest the importance of establishing leadership and supervision for the program independent of leadership within CFS, and the need for the program to be situated within a more congruent environment. Respondents also identified the need for this or other prevention support programs to be in a separate location, whereby families can have a safe space to go, and to connect with supports and other families.
- Respondents noted additional considerations for supporting families working with CFS including: mentorship or modelling programs to support clients who have limited cognitive capacity or

[31] The Yellowknife Region typically includes the City of Yellowknife, Dettah, N'Dilo, Fort Resolution, and Lutselk'e. For the purposes of this report, a separate analysis was done for the City of Yellowknife, and Fort Resolution and Lutselk'e, due to their population differences.

[32] All population statistics are taken from: NWT Bureau of Statistics. (July 2017). *Population estimates by community and region as at July 1, 2017.* Government of Northwest Territories. Accessed: https://www.statsnwt.ca/population/population-estimates/bycommunity.php

delays; building in supports for families with children in foster homes, to help the foster parent and biological parent work together; to ensure greater cultural representation and access for children in foster care, and developing cultural sensitivity in foster homes; supporting families when they come back from treatment; and implementing practice approaches that increase family influence in decision making, such as Family Group Conferencing.

Lutselk'e and Fort Resolution

Lutselk'e and Fort Resolution are within the Yellowknife region, and have a combined population of approximately 873. Significant regional themes, in addition to the shared regional themes, included (see Appendix E for full thematic summary):

- Respondents in these communities identified a significant shortage of supports and services for families that work with CFS, and a need for additional supports in the areas of mental health, domestic violence, more supports for children and teenagers, in-home supports to address parenting, budgeting, problem solving; and supports for parents or teenagers transitioning back from treatment.
- Respondents identified that in these communities, cultural programming would most likely include on-the-land activities.
- Respondents noted the need for existing services to work together to address complex challenges, and the need to begin to educate and include the community in being responsible for ensuring the safety of children and families.

Healthy Families, Yellowknife

One interview was conducted with a Healthy Families worker in Yellowknife. Although the project timelines did not permit the inclusion of more Healthy Families workers, this interview has been included so as to identify important themes of a prevention, support program that often works with similar families as CFS, and can therefore offer practice wisdom to other potential prevention support programs. Significant program themes included (see Appendix F for full thematic summary):

- The Healthy Families (HF) program is a long-term, intensive, in-home visitation program that supports parents with children 0-5, to increase parenting and life skills in order to build protective factors into the family. The program also offers a variety of community programming, based on community and client need. Although the HF program likely works to support many of the same clients as those working with CFS, the program scope is different in terms of program eligibility, and program scope.

- The respondent provided many areas of practice wisdom that would be relevant to offering a potential prevention support program to vulnerable clients. These suggestions included:
    - A focus on community programming: having more parenting programs available to everyone in the community, and not only available for those who qualify for in-home visitation. By offering groups to all families in the community, there is a chance for families with more skills to connect with and mentor families needing more skills. This can also reduce the stigma for accessing services.
    - Having a curriculum or standardized program framework to inform the delivery of services, and to ensure a baseline. Also, there is a need to have a weighted caseload for quality assurance.
    - Establishing client outcomes, feedback, and program monitoring: using pre and post measures for services received; client outcomes are assessed using an observation tool for every home visit, which is also documented, noting specific strengths and areas for growth that can be evaluated over time; surveys or phone surveys should be conducted on an ongoing basis to gather client feedback about the services offered.
    - Ongoing clinical and reflective supervision: workers need to be supported to work with high-risk families and there has to be a reflective component to supervision; supervision is needed to implement and evaluate training; all staff should be monitored during direct client contact and given feedback on practice approach; ongoing supervision can furthermore support worker mental health.

<u>Beaufort Delta Region:</u>

The Beaufort Delta region has an approximate population of 6,673, and the interview summary includes the communities of Aklavik, Fort McPherson, Inuvik, Paulatuk, Sachs Harbor, Tsiigehtchic, Tuktoyaktuk, and Ulukhaktok. Significant regional themes, in addition to the shared regional themes, included (see Appendix G for full thematic summary):

- As the amount of existing services varied from community to community, the gaps in services also varied across the region. Respondents spoke to the need for creativity when helping clients access existing supports and services. Also, there was a need for more supports in certain communities, or ways to staff unfilled positions, such as building up community capacity to meet certain needs. One strength that many respondents identified was the existence of culturally relevant programs and supports in some communities, established by the local Band or Inuit Corporation.

- Overall, respondents identified a need for more prevention oriented, one-on-one or in-home supports to address the complex needs of families working with CFS. These supports would ideally help a family build capacity to address the existing child protection concern, and to help support the families to meet their goals for change.
- Respondents identified strong management and social work practices adopting an anti-oppressive, culturally sensitive, prevention focused approach, that positively impacts client outcomes. As a result, a potential family preservation program could work more closely, or alongside the child protection organization due to its compatibility of values and practice orientation. Respondents also specifically noted the benefits of having a support person who could work with the family to understand certain processes within CFS, in a supportive way, but who was not a CPW, or someone who has less of a power imbalance between themselves and the client than a CPW.
- Lastly, respondents identified significant cultural differences from community to community, and the need for potential support workers to get to know the local customs and cultural practices, and to then integrate them into programming.

Fort Smith Region:

Fort Smith has a population of approximately 2,562. Significant regional themes, in addition to the shared regional themes, included (see Appendix H for full thematic summary):

- Respondents were able to identify a variety of existing supports for clients, but also identified significant barriers in accessing them. In addition to program wait lists, respondents most notably spoke to a lack of anonymity when accessing services in a smaller community, as well as a lack of culturally relevant supports available.
- Respondents identified needed supports in the areas of: more programs for dads; more support with drugs and alcohol; emergency or crisis supports for adults; and a support worker at arm's length from social services but who can support the family in working with CFS.

Sahtu Region:

The Sahtu region has an approximate population of 2,545, and the interview summary includes the communities of Déljne, Fort Good Hope, and Norman Wells. Significant regional themes, in addition to the shared regional themes, included (see Appendix I for full Thematic Summary):

- Respondents noted differences in services available to families, depending on the community. Across all communities there were however significant gaps in service. Respondents identified

supports for domestic violence, family violence, community education about violence and the intergenerational impacts of violence, and a shelter for women fleeing violence, as a significant gap in the community.

- Additional areas of support included: supporting foster parents to work with biological parents for kids coming in and out of care, after-care supports for people returning from treatment, helping families connect to food supports, and having a family advocate.
- Respondents also noted that in the Sahtu region there lacked strong community inter-relations, and that there was no significant involvement between CFS and the local Band to offer community driven supports and programs.

Dehcho Region:

The Dehcho region has an approximate population of 3,034, and includes the communities of Fort Liard, Fort Providence, Fort Simpson, Jean Marie River, Nahanni Butte, Kakisa Lake, Sambaa K'e, and Wrigley. No services providers contacted in this region agreed to be interviewed for this project.

Hay River Health and Social Services Authority:

The community of Hay River has an approximate population of 3,734. Significant regional themes, in addition to the shared regional themes, included (see Appendix J for full Thematic Summary):

- The respondent indicated that it was a general lack of services in the community, or barriers to existing services, for families working with CFS. The respondent noted that there was culturally relevant programming with the Reserve, however they had also discontinued some of their existing programming.

Tłı̨chǫ Community Services Agency:

The Tłı̨chǫ Community Services Agency services the communities of Behchokǫ̀, Gametì, Wekweeti, Whatì, and has an approximate population of 3,176. No service providers contacted in this region agreed to be interviewed for this project.

Literature Review: Executive Summary & Key Findings

Purpose

As an important first step in understanding effective or promising practices relevant to a family preservation program within Child and Family Services in the Northwest Territories, a literature review was conducted (see Appendix K for the full literature review). Given the demographics of the communities

and families working with Child and Family Services in the NWT, and wanting to understand the best approaches in providing support programs in this context, this review asked the question *"what interventions are effective for Indigenous children and families working with family preservation programs within the context of child welfare organizations?"*

Methodology

Using the four variables of a) effective interventions or best practices, b) Indigenous children and families, c) family preservation programs, and d) child welfare organizations, journal databases and grey literature sources were searched in February 2017 for research on this topic. Although there was accessible grey literature available on the topic, there was no scholarly research available speaking to all four variables, making this an under-researched topic. Publication and article relevance was again determined by whether it was produced between 2000-2017, and whether it had two or more of the key words / search criteria intersecting as its focus. The majority of the publications accessed did not meet all the criteria stated for the initial research question, and there was no literature found examining all the intersecting variables of Indigenous families accessing family preservation programs within child protection services, and effective interventions therein. The literature that was selected did focus on at least two intersecting key areas, such as best practices in working with Indigenous families and communities, best practice in family preservation programs in child welfare, and best practices in working with Indigenous families in the child welfare context. When searching for only a few of the research variables, more scholarly and peer-reviewed articles were available, and were included in the literature review.

Findings

Within the literature addressing at least 2 of the 4 research variables mentioned above, the findings offered broad principles and areas of support rather than specific approaches or program components. This was with exception to the Homebuilder's Model, an intensive program model used and researched widely, which did not fit the criteria for scholarly research and so was omitted from this literature review, although not to discredit the merit of the model itself. Within the literature, areas of effective programming and support were broadly focused on improving overall family and individual functioning to reduce the likelihood of child abuse or neglect. These areas of programming and support in family preservation programs included: parenting education, in-home supports, assistance with problem solving, stress reduction and emotional regulation for parent and child, skills for improved communication, home skills, building social supports and community connections, and other variable

supports that were specific to the needs of the families being serviced or the community. The research identified significant outcomes for families receiving FP program supports, most notably in the areas of improving overall family functioning, improving communication between parents and children, having less stress, reducing conflict, learning different forms of discipline, finding common goals within the family and working towards them, increased self-efficacy in being able to make changes within the family, and regaining a sense of control over their lives. There was limited research on the efficacy of the specific interventions offered due to the diversity of models used within all domains of support. What was identified generally for family preservation program was that these interventions were most effective when they were strength and empowerment based, when they were offered for a minimum of 12 visits or 6 months duration, and when they had a component of social support.

Parenting Support & Education

Within the literature, the only family preservation intervention that received comprehensive reviews, were those offered to provide parenting support and education. There was a broad acknowledgement of the importance of providing parenting support and education when working with Indigenous families, due to how colonialism and the legacy of residential schools have undermined traditional child rearing practice, and how parental experiences of abuse and neglect have negatively affected individual parenting capacity. Parenting support and education programs generally were seen to improve emotional regulation in both parent and child, improve parent-child interaction, child behaviors and competency, problem solving and collaboration, self-efficacy and self-sufficiency, and nurturing and responsive parenting approaches. There was much discussion about the cultural applicability of parenting support and education programs, and the need for cultural relevance in parenting programs when providing service to Indigenous families. The literature provided mixed reviews about the cultural relevance of parenting support programs provided, and discussed how the use of Indigenous facilitators made the programs more culturally relevant, although the content of the materials provided could still be reflective of western culture and values, thereby reinforcing the need for culturally relevant parenting support programs to be substantively rooted in Indigenous culture, values, and traditions.

Culture & Community Capacity Building

In providing preventative supports to Indigenous families more broadly, there was significant reoccurrence in the literature of the importance of making culture a central component of support services. The literature confirmed that family functioning was very much shaped by culture, and that traditional approaches to Indigenous parenting and family relationships were indeed distinct from other

cultures. As cultural continuity and enculturation are positively associated with individual and community wellbeing, there is a need for programs to be culturally appropriate and to reinforce and transmit cultural knowledge. Until this is better understood and implemented, several researchers claimed that mainstream family preservation program models will remain incongruent with Indigenous beliefs, values, and ways of life, thereby making them ineffective. However, the research reviewed did not prescribe a specific approach to incorporate culture, and seemed to acknowledge the need for flexibility in how to achieve this.

Lastly, within the context of child welfare, there was significate research that acknowledged the complexity and structural nature of the challenges that Indigenous families face that result in their overrepresentation in child welfare organizations. It was recommended that for any services provided to Indigenous families within the child welfare context, they must address the etiological and diverse drivers that make these families especially vulnerable and thereby overrepresented in the child welfare system; thus, interventions that seek to only improve individual and family functioning will remain incomplete and ineffective. The literature identified the need for culturally based family interventions to be delivered alongside culturally based community development approaches in order to redress the structural challenges to the safety of Indigenous children and families. In utilizing community capacity building approaches when working with Indigenous families, the research offered broad principles rather than specific techniques, so as to provide flexibility to each community to adopt their own culturally relevant community strategies. The general principles identified for culturally relevant, community capacity building included:

- Community ownership: having the full inclusion of the community in all aspects of program development and implementation, moving away from reliance on expert-driven child welfare workers that result in lower levels of community ownership.
- Relationship: building a relationship with the community and work to integrate into it, so that workers can begin to engage the community and work towards the community's gradual assumption of responsibility for family well-being and child safety. Community engagement would include helping the community to develop and implement plans to prevent child maltreatment.
- Education and resources: workers can raise awareness about the nature of child protection, and opportunities for enhanced family support. Workers would also identify, increase, and promote resources for families to obtain preventative, non-judgmental help when they needed it. Workers

and organizations would then institutionalize the provision of resources to help community resources become sustainable.

- Prevention and ongoing supports: researchers identified the need to move away from short-term and reactionary work, and move towards longer time frames for offering services so as to build trust, identify real needs and appropriate responses, and then evaluate the effectiveness of the initiatives.

Conclusion

At the conclusion of this literature review we can confirm that although there was no direct research evaluating what specific practice approaches were most effective for family preservation programs working with Indigenous families in the child welfare context, there were significant practice principles identified including the need for a variety of services that improve overall family functioning, offering parenting education and support, meaningfully including culture and community capacity building, are strengths and empowerment based, and services that are approximately 6 months in duration. The lack of literature addressing the effectiveness of specific approaches in family preservation may point to the need to more thoroughly review grey literature sources and program publications that speak more explicitly to program and practice approaches, and their efficacy. The lack of existing formal research in this area may also point to the need to identify current practice-based evidence within existing family preservation programs, which may illuminate family preservation program options relevant to the Northwest Territories.

SECTION 3. CONCLUSION

Returning to the initial question posed in the *Building Stronger Families* action plan regarding what type of prevention and support programs are most suitable for families working with CFS, this report has demonstrated the applicability of a family preservation program in providing support to mitigate the reasons for likelihood of involvement with CFS. As previously identified, a family preservation program is uniquely suited to not only address the complex issues that families experience that make more vulnerable and therefore more likely to become involved with CFS, but additionally can directly support families in addressing barriers that arise out of the service delivery structure of CFS. As a result of these unique program characteristics, a family preservation program is best suited to not only build capacity within families working with CFS, but consequently mitigate their reasons for involvement and future involvement. Given the flexibility of program delivery options, and based on the needs of families identified in the NWT regional interviews, a family preservation program is able to directly support a vast array of needs for families working with CFS. Lastly, in considering the service delivery context within the NWT, whereby a significant majority of families receiving service and children in care are Indigenous, a family preservation program is in a unique position to redress the issue of the overrepresentation of Indigenous families and children involved with CFS, making it of the utmost urgency and importance that steps be taken to develop these much needed supports.

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SECTION 5. APPENDICES

APPENDIX A
INTERVIEW QUESTIONS FOR FAMILY PRESERVATION PROGRAMS OUTSIDE OF THE NWT

Program and practice components

- What services does your program offer?
- How many FP workers do you have? How many families do they have on their caseloads at one time?
- What is your referral process?
- How does your program help families improve their overall functioning? How does it reduce the risk of child abuse or neglect?
- Does your program have a way to address or support the multiple, or complex issues that your clients face?
- In your opinion, of all the services that you offer, what do you think families find to be most helpful? What do you think most improves family functioning in terms of reducing the risk of child abuse or neglect?
- What skills, knowledge, and abilities do workers in your program have that make them successful in working with families?

Working with community and culture

- Does your program have any mechanism to foster community strength, or capacity building, in addition to supporting individual families or clients?
- Is your program culturally responsive or relevant to the clients that you work with? If so, how do you ensure your service is culturally relevant?

Families within child welfare organizations

- Are you aware of any particular challenges that families may face when they are working with CFS?
- If so, does your agency offer any support to families to lessen those challenges?
- How do you work with child welfare organizations? What is the nature of your relationship with child welfare organizations?

Client outcomes, feedback, and program monitoring

- Do you have any ways to get client and family feedback about your services offered? Is this feedback helpful in understanding service effectiveness? How is this feedback used?
- How do you assess outcomes of clients in your work?

APPENDIX B

INTERVIEW QUESTIONS FOR INTERDISCIPLINARY SERVICE PROVIDERS IN CFS IN THE NWT

Existing Programs & Services

- In your community, what are some of the main supports that you refer clients to, or that you find are helpful to the families you are working with?
- In terms of addressing the reasons why children experience neglect or abuse (and come into contact with CFS), what are the gaps in services in your community? What supports could families use that they are currently not receiving in your community?
- What services currently exist in your community to support parent-child relationships, healthy parenting, and overall family functioning to prevent child abuse or neglect?
- If a family/client has needed a service that was not in your community, were you able to come up with another solution? If so, what did you do? (E.g. satellite services, contracting out services, bringing the family to another community, etc.).

Working with community and culture

- In your community, what would culturally appropriate support services specific to Child and Family Services look like? Or, what would make CSF and related supports more culturally relevant?
- Does your program have any mechanism to foster community strength, or capacity building, in addition to supporting individual families or clients?

Working with families who are working with a child welfare organization

- Once a family is working with CFS, can you think of any ways that they struggle in working with your organization? What are the ways in which families become more vulnerable in working with CFS (e.g. during investigations, during access visits, during transitions to different homes, during treatment, etc.)? Are there any processes or procedures of CFS that could put additional strain on a family or family relationships?
    - If you were able to provide an answer to that, are there any existing supports to help them during these times?
    - If not, what type of support could families use during those times?

Client outcomes/feedback/program monitoring

- Do you have any ways to get client and family feedback about your services offered? Is this feedback helpful in understanding service effectiveness? How is this feedback used?
- How do you assess outcomes for clients in your work?
- Do you feel that your work is effective? How? Why? Why not?
- What skills, knowledge, and abilities do you think would be needed by someone to successfully offer family and prevention supports in your community?

APPENDIX C
INTERVIEW QUESTIONS FOR HEALTHY FAMILIES WORKERS ACROSS THE NWT

Existing programs and services

- What services currently exist in your community to support parent-child relationships, healthy parenting, and overall family functioning to prevent child abuse or neglect?
- In your community, what are the gaps in services that you notice families most need?
- What services would be most needed in your community to help families prevent child abuse or neglect? What services are lacking that would help improve overall family functioning in terms of reducing the risk of child abuse or neglect?
- In the program that you currently work for, what supports does your program offer that helps improve family functioning in terms of preventing child abuse or neglect?
- If a family/client has needed a service that was not in your community, were you able to come up with another solution? If so, what did you do? (E.g. satellite services, contracting out services, bringing the family to another community, etc.).

Working with community and culture

- In your community, what would culturally appropriate support services like? Or, what would make support services more culturally relevant?
- Does your program have any mechanism to foster community strength, or capacity building, in addition to supporting individual families or clients?

Families working with a child welfare organization

- Are you aware of additional challenges that families working with CFS may face in your community? Is your program able to assist families in working through those difficulties? What program can assist them with that?

Client outcomes/feedback/program monitoring

- Do you have any ways to get client and family feedback about your services offered? Is this feedback helpful in understanding service effectiveness? How is this feedback used?
- How do you assess outcomes for clients in your work?
- Do you feel that your work is effective? How? Why? Why not?
- What skills, knowledge, and abilities do you think would be needed by someone to successfully offer family and prevention supports in your community?

APPENDIX D
THEMATIC SUMMARY YELLOWKNIFE REGION - YELLOWKNIFE

Existing Programs & Services

In your community, what are some of the main supports that you refer clients to, or that you find are helpful to the families you are working with?

- The services most frequently referred to are (in order of frequency): Integrated Case Management; Income Support; Mental Health/Counselling; Addiction supports (Withdrawal Management Services, Tree of Peace, AA); Food Supports; Healthy Families; Family Preservation Program; Housing; Side Door and Hope's Haven; Adult Services; A New Day Program; recreation programs; and child care, especially for single parents.
- Most respondents indicated that although there were a variety of services for clients in the Yellowknife region, there were many barriers for clients including rigid eligibility requirements, waitlists, the service approach being too traditional, and generally not believing that the service helped the client to address their needs.

In terms of addressing the reasons why children experience neglect or abuse (and come into contact with CFS), what are the gaps in services in your community? What supports could families use that they are currently not receiving in your community?

- Respondents reported that the main reasons why families became involved with CFS was because of neglect related to alcohol and drugs, physical violence, and sexual abuse.
- There was a general response that CP workers did not feel there were enough supports for families who are working with CFS, that there is a lack of prevention supports and CFS becomes involved too late, and that the supports that a CPW can provide are limited because they are mandated and short-term.
- There is a general lack of supports and programs that are preventative in nature, and that are collaborative, strength-based, and support families in relation to their capacity, and to develop their capacity over time.
    - Within CFS: respondents spoke to the importance of adopting practices such as concurrent planning, and Family Group Conferencing.
    - Within Family Preservation: the existing Family Preservation Program needs to have its own office where, we should be connecting every family we work with to family preservation, to have a program in-house that is available to all families that screen-in.
- Respondents indicated the need for treatment/intense programming in Yellowknife related to family treatment, addiction treatment, and mental health treatment.
- A need for cultural supports and programming, cultural activities, and incorporating elders into programming and supports.
- A need for more services, meaningfully focusing on: trauma, domestic violence, relationship building in families, maintaining attachment, and counselling.
- To have a safe space, or Centre that people can go to, to access preventative supports, develop their own informal supports, and have a place to go where there is no stigma.

- Services need to be able to work with people who have limited capacity or cognitive delays, and to provide support through modelling and mentorship.

What services currently exist in your community to support parent-child relationships, healthy parenting, and overall family functioning to prevent child abuse or neglect?

- The services most frequently identified were: Healthy Families, the Family Preservation Program, and the Centre for Northern Families.
- There was a general response about the limits of these programs, either not having enough staff, or not focusing directly on the needs of families working with CFS.

If a family/client has needed a service that was not in your community, were you able to come up with another solution? If so, what did you do? (E.g. satellite services, contracting out services, bringing the family to another community, etc.).

- Resources have been outsourced for: out-of-territory family treatment, private psychologist, and treatment for addiction.
- Respondents stated that there were difficult criteria families had to meet to be eligible for out-of-territory treatment, or that when outsourcing private services within territory, it took a lot of time and in the end, could not meet the specialized needs of the client.

Working with Community and Culture

In your community, what would culturally appropriate support services specific to Child and Family Services look like? Or, what would make CSF and related supports more culturally relevant?

- Training: respondents indicated needing more training to understand the history of the community and its people, to understand the culture and values of the people they work with, and to have training on how to work with the population they work with.
- Cultural curiosity: in contrast to culturally competent approaches that assume knowledge of a person's culture, respondents indicated the need to adopt a culturally curious approach, where they try to understand what culture means to each person, and then build our approach and related supports around that.
- Flexibility in programming: respondents stated that to incorporate a more culturally sensitive approach, greater flexibility was needed in supports and services. This included making services less formalized by having them outside of the office, having more programming on the land and incorporating food and music, and having flexibility in the hours a service is offered.
- Community and client involvement: respondents spoke to the need to incorporate families and communities in the ownership and decision-making process, as related to services and support. This included having Family Case Conferences, or Family Group Conferencing. Respondents spoke to the need for clients to feel some ownership over the supports they are receiving.
- Foster homes and children in care: respondents reported a strong need to incorporate culture for children in care. This included having more Aboriginal foster homes, having mandatory training for cultural awareness for non-Aboriginal foster parents, making it mandatory for non-Aboriginal foster parents to participate in cultural community events with children in care, supporting the

relationship between biological parents and foster parents, and for permanent children to coordinate their connection to culturally relevant community supports.

Does your program have any mechanism to foster community strength, or capacity building, in addition to supporting individual families or clients?

- Respondents reported that they did not incorporate community capacity building into their work, mostly because of a lack of time, and a lack of relationships with community members.
- Suggestions for how to work from a community capacity building approach included: establishing a better relationship with the local Band, developing community partnerships and including more people in keeping children safe. Having integrated case management meetings, having a plan of care committee, and investing in people who can be resources to a family.

The Experiences of Families Working with a Child Protection Agency

Once a family is working with CFS, can you think of any ways that they struggle in working with your organization? What are the ways in which families become more vulnerable in working with CFS (e.g. during investigations, during access visits, during transitions to different homes, during treatment, etc.)? Are there any processes or procedures of CFS that could put additional strain on a family or family relationships?

- Management and supervision: respondents spoke strongly about how the practice approach of management and supervisors directly affected the work culture, and direct service provision to clients. Respondents indicated that management/supervisors had a practice approach that was punitive for families, was inconsistent, and was also imposed on workers to then enforce on families. Respondents reported that management and supervisors needed better education and training, needed to model good social work practice to workers, need to provide supervision to workers to ensure they do not also develop bad practice habits and values, and to ensure consistency among workers.
- Punitive practice approaches: respondents indicated that because of the nature of leadership in the Yellowknife office, there were punitive practice approaches among workers that negatively affected clients. Respondents stated that workers routinely measured clients to their own privileged beliefs and values, disproportionately documented clients deficits and were problem focused, that they do not work collaboratively with clients and would impose their own opinion or expectations, show a lack of respect to clients, add to client's trauma by making them often feel embarrassed, disempowered, and humiliated, workers do not adopt a reflect practice and are not accountable for how they push families into crisis, workers have inappropriate relationships with families and will only establish relationships with the children but not the biological parents, and that workers do not appropriately work with resistant clients and instead frame it as individual deficit.
- Investigations: respondents reported on families struggling during the investigation process because the investigating worker goes through the process of the investigation but does not look at how to support the family, does not include the family's understanding of what they need to work on, pulls out all supports for a family during an investigation (e.g. family preservation), and

assessments are not done with the family and are only reflective of worker perceptions. As part of this, respondents noted that the court process is difficult for families and can be very punitive.

- Access visits: respondents indicated that access visits could be difficult for families, as workers may create barriers by way of cancelling if a parent is late for a check-in, bringing visits back to the office if one is missed, being shamed by a worker if you miss a visit or are late, and then focusing on documenting negative things that may happen during a visit. Access visits were also seen to be punitive by reinforcing unrealistic parenting expectations and attachment, and not providing support or guidance to parents during their visits.
- Lack of prevention and reunification: due to worker time constraints, respondents reported not having the time to provide full support to families that they are working with, or to build a supportive relationship with their client. Also, due to high turnover with workers, it was difficult to establish supportive relationships with clients, where more work could be done to focus on prevention.
    - If you were able to provide an answer to that, are there any existing supports to help them during these times?
        - The Family Preservation program
        - The CPW can work with the family to develop a plan that is specific to the family
    - If not, what type of support could families use during those times?
        - Personal practice approach: respondents spoke to the need for developing a standardized practice approach based on focusing more on relationship building and understanding the family, having less colonial social work practice, meeting the clients where they are at and understanding their perception of their needs, having realistic expectations, being strength-based and non-judgmental, understanding the importance of attachment, being collaborative with clients and putting the power back in their hands and having the family make key decisions, and focusing on supporting the parent who can then support the child.
        - Training and supervision for CPWs: respondents indicated the need for proper and more frequent training and supervision for workers and for supervisors, having clinical supervision for staff, having supervisors mentor, observe, and evaluate staff, and having more training to understand the experiences of their clients.
        - Investigations: respondents suggested that more supports need to be built into the investigation process, being fully transparent with families during this process, and including family preservation workers as a part of investigations to support families.
        - Access visits: working to remove barriers for visits so that families can have more visits, having the visits in a more natural setting, having family preservation involved in visits to support parenting education, and access visits should be given with the intent to unify families and not penalize them.
        - Areas of support: focusing more on trauma, supporting families when they come back from treatment, providing preventative supports to families who no longer have a status with CFS, helping to build up family connection and supports,

helping families acquire life skills and giving them a purpose, building more flexibility into services with flexible hours, and having more flexible solutions (e.g. respite, flexible funding, resources to give a family).

- Community and Culture: respondents spoke to the need for greater inclusion of community and culture. This included building up community resources to assist the family, supporting the whole family and not just the safety of the child, using mediation and Family Group Conferencing, and developing a supportive relationship between foster parents and biological parents.

Client Outcomes/Feedback/Program Monitoring

Do you have any ways to get client and family feedback about your services offered? Is this feedback helpful in understanding service effectiveness? How is this feedback used?

- No: respondents indicated that there is no feedback collected, other than verbal. Respondents stated that there is no process to follow up on negative feedback from clients, and the need to have a formal process to address this.
- Respondents indicated the importance of having a mechanism to gather client feedback, and for clients to have some input into the service they are receiving.

How do you assess outcomes for clients in your work?

- Respondents stated that they do not assess outcomes for clients; that they informally assess outcomes by whether they close a file or whether a family becomes involved again; and that they don't accurately assess client outcomes because they use their personal judgements to assess progress.

Do you feel that your work is effective? How? Why? Why not?

- Yes: some respondents stated that they feel their work is more effective because of their personal practice approach with families, and their own life experience that they can bring to their practice.
- No: some respondents stated that they do not feel their work is effective, because the general experiences of families working with CFS is punitive, not empowering to families, and continues to colonize Aboriginal families.

What skills, knowledge, and abilities do you think would be needed by someone to successfully offer family and prevention supports in your community?

- Skills: strong assessment skills, having a clinical skill set, experience working with similar population, and skills in working with trauma and addiction.
- Knowledge: knowledge of working with trauma, addiction, basic child protection practice or standards, culture and history of residential schools, history of social work, an understanding of relationships and family dynamics, and being able to identify theoretical practice approaches and inform one's practice based on that.
- Abilities: having life experience, someone who has gone through their own healing, having empathy, patience, being non-judgmental, transparent and honest, resourceful, professionalism, organized, having a good work ethic, and being committed and open to learning.

APPENDIX E
THEMATIC SUMMARY YELLOWKNIFE REGION – LUTSEL'KE AND FORT RESOLUTION

Existing Programs & Services

In your community, what are some of the main supports that you refer clients to, or that you find are helpful to the families you are working with?

- The services most frequently referred to are (in order of frequency): Groups run by child protection workers on parenting, grief, addiction, and social skills for children and youth; the addiction program; Mental Health counsellor; Housing; school psychologist; and the addiction program.

In terms of addressing the reasons why children experience neglect or abuse (and come into contact with CFS), what are the gaps in services in your community? What supports could families use that they are currently not receiving in your community?

- Respondents reported that the main reasons why families became involved with CFS was for family violence; neglect related to drinking and addiction; inadequate supervision or caregiver; mental health; issues with parenting; and poverty.
- Respondents noted a general lack of services and programming to address various family issues, in the community.
- There is a need for programs and supports for: mental health; domestic violence; early prevention services for children and teenagers, and for parents of young children; and in-home supports that address parenting, budgeting, and problem solving, as not everyone will come to groups for this.

What services currently exist in your community to support parent-child relationships, healthy parenting, and overall family functioning to prevent child abuse or neglect?

- Respondents noted that as child protection workers, they were the primary service and support for parents in the community.
- In both communities, there is also family counselling and therapy.

If a family/client has needed a service that was not in your community, were you able to come up with another solution? If so, what did you do? (E.g. satellite services, contracting out services, bringing the family to another community, etc.).

- Treatment: sending families and youth for treatment, although stated that when the family or youth returns to the community they revert back to their initial challenges and problems.
- Because the CPW is the only option for families, they just do the work together and may not refer out of the community.

Working with Community and Culture

In your community, what would culturally appropriate support services specific to Child and Family Services look like? Or, what would make CSF and related supports more culturally relevant?

- Cultural practices included in programs and supports: having services in their own language; having on-the-land programs; including culture into parenting and identity.

- Including participants perspectives and decision making: including the voice of people in the community for what they would like to see; understanding client's decision making based on their culture.

Does your program have any mechanism to foster community strength, or capacity building, in addition to supporting individual families or clients?

- Collaborating with community members: having inter-agency meetings to discuss service needs and create collective effort; collaborate with the Band and the Chief; collaborate and incorporate elders.
- Educating the community: doing public promotion on different issues relevant to the community.

The Experiences of Families Working with a Child Protection Agency

Once a family is working with CFS, can you think of any ways that they struggle in working with your organization? What are the ways in which families become more vulnerable in working with CFS (e.g. during investigations, during access visits, during transitions to different homes, during treatment, etc.)? Are there any processes or procedures of CFS that could put additional strain on a family or family relationships?

- Management and supervisors: respondents spoke to difficulty with significant decisions being made in Yellowknife for families that are not in Yellowknife; workers felt unsupported by management and have difficulty accessing resources to provide supports to families.
- Lack of support for families: there is a lack of time to support families; there is a lack of resources to support families; families may not receive any real support for the duration of their status with us.
- Areas of service where families struggle: the investigations process is intrusive and intimidating for families; there are challenges for the family whenever someone leave for treatment, and also when they return.
- Stigma and fear: there is stigma for families if they are working with us; families may feel that CFS is a punitive agency.
    - If you were able to provide an answer to that, are there any existing supports to help them during these times?
        - Personal practice approach: trying to support the parents; understanding the parent's decisions based on their culture.
    - If not, what type of support could families use during those times?
        - There is a need for an oversight board for Child and Family Service, to be accountable to the communities.
        - Building up community supports: collaborating with other service providers to meet the needs of the family; helping other people in the community become experts in child welfare as well; including elders more.
        - Personal practice approach: using self-reflective practice to assess social location and culture in relation to clients; having an Anti-Oppressive Practice approach; being culturally sensitive; being strength based; being collaborative and including

client's voice in decision making; and having AOP and culturally sensitive approaches supported through supervision.

- More support services: helping families access inter-provincial supports more easily; an in-home support worker; a support worker to support families in harm reduction with their drinking.

Client Outcomes/Feedback/Program Monitoring

Do you have any ways to get client and family feedback about your services offered? Is this feedback helpful in understanding service effectiveness? How is this feedback used?

- Respondents only receive verbal feedback.

How do you assess outcomes for clients in your work?

- Collaboration with the client: respondents noted asking clients how they think they are doing; working with a client to evaluate progress and change their approach if it isn't working; basing outcomes on the goals of the client and what changes they want to make.

Do you feel that your work is effective? How? Why? Why not?

- Respondents said they felt both effective and ineffective, however they do feel more effective when there is a good relationship with the client.

What skills, knowledge, and abilities do you think would be needed by someone to successfully offer family and prevention supports in your community?

- Skills: having generalist social work skills; group facilitation; counselling and group work; incorporating spirituality into work; working from a strength-based and collaborative approach.
- Knowledge: having knowledge of working with learning disabilities, knowledge of intergenerational trauma and attachment trauma.
- Abilities: willingness to learn; open and curious about the client and the community; having gone through their own healing and being healthy themselves; being Aboriginal will help them to be accepted in the community; being culturally sensitive; being community oriented and participating in the community.

APPENDIX F
THEMATIC SUMMARY YELLOWKNIFE REGION – HEALTHY FAMILIES

Existing Programs and Services

What services currently exist in your community to support parent-child relationships, healthy parenting, and overall family functioning to prevent child abuse or neglect?

- Healthy Families: this is the program focus for HF, and we build protective factors into families using a strength based and trauma informed approach.
- Healthy Families currently offers programming in the jail for fathers. One program uses their current curriculum, and the other group is called "Fatherhood: The Indigenous Men's Journey."
- The services most frequently referred to are: food banks; Centre for Northern Families; Public Health; voluntary services through CFS; Income Support; Alison McAteer; Yellowknife Association for Community Living; and the Child Development Team.

In your community, what are the gaps in services that you notice families most need?

- Community programming: having more parenting programs available to everyone in the community, and not only available for those who qualify for in-home visitation; by offering groups to all families in the community, there is a chance that a strong family can connect to a family that needs more skills, this can also reduce stigma for accessing services.
- Peer mentoring: having programs where stronger parents can connect with or be matched up with parents who need more skills.
- Program eligibility: having programs for ages 3-5, as there is a gap.

What services would be most needed in your community to help families prevent child abuse or neglect? What services are lacking that would help improve overall family functioning in terms of reducing the risk of child abuse or neglect?

- Program flexibility: having programs with more flexible times to be able to include the whole family.
- Supports for fathers: more groups or supports for dads are needed.

In the program that you currently work for, what supports does your program offer that helps improve family functioning in terms of preventing child abuse or neglect?

- Healthy Families: HF is a long term, intensive, in-home visitation program that works with families to increase parenting and life skills over a lengthy period of time. It works to build protective factors into families, and the approach is strength based and trauma informed.

If a family/client has needed a service that was not in your community, were you able to come up with another solution? If so, what did you do? (E.g. satellite services, contracting out services, bringing the family to another community, etc.).

- When a family moves, a HF worker will connect them to the resources in their community.

Working with Community and Culture

In your community, what would culturally appropriate support services like? Or, what would make support services more culturally relevant?

- Being culturally sensitive, not culturally competent: the respondent spoke to culture as being a dynamic thing that changes from person to person, and therefore the need to understand what culture means for each person, family, and then meeting the family where they are at.
- Building cultural sensitivity and curiosity into existing curriculums and tools: the respondent noted that this is done through ongoing supervision, reflection, and training to review how to adopt our practices to be culturally sensitive.

Does your program have any mechanism to foster community strength, or capacity building, in addition to supporting individual families or clients?

- The Healthy Family program focuses on in-home visitation, although each worker is responsible for running one community group as well.
- There is a lack of staff and resources to fund more community groups.

Families Working with a Child Welfare Organization

Are you aware of additional challenges that families working with CFS may face in your community? Is your program able to assist families in working through those difficulties? What program can assist them with that?

- Stigma and fear: clients feel stigmatized in working with CFS, and there is always fear that their kids will be taken away.
- Punitive approach: there may be a problem focused approach for workers in CFS
    - What can assist with that?
        - Having more community programs, so there is not as much stigma for working with CFS.
        - Support workers to help families problem-solve, and to advocate for any challenges they experience in working with CFS
        - Training and reflective supervision: workers need to be supported to work with high risk families; there has to be a reflective component to supervision, and to help to apply training; workers receive help from supervisors to implement their training; the supervisors should be familiar with using the same tools that the staff are using; there should be mental health supports for staff and it should be continually discussed with workers and workers should be supported to be healthy; training new workers with a more strength-based, solution-focused, and supportive approach (e.g. also training new social workers and students in this approach).
        - Curriculum: home visitor core training for all staff; all staff should have a curriculum tool to ensure a baseline for their work.
        - Having a weighted caseload for quality assurance.

Client Outcomes/Feedback/Program Monitoring

Do you have any ways to get client and family feedback about your services offered? Is this feedback helpful in understanding service effectiveness? How is this feedback used?

- Pre and post measures: at the point of intake there is a protective factor survey done with the family, that is done again when services are being terminated. This helps provide a self-identified measure of what learning has occurred for the family.
- Supervision: all staff are monitored twice a year in home visits and given feedback; phone surveys are conducted once per year to gather client feedback about services offered. This feedback is then used to see what needs to change in their program.

How do you assess outcomes for clients in your work?

- Parent-child observation tool: every home visit is documented, and we note specific strengths and areas for growth, and we see this over time.

Do you feel that your work is effective? How? Why? Why not?

- Yes: the respondent noted that they have families who do not want to graduate from the program, and who will also return for service.

What skills, knowledge, and abilities do you think would be needed by someone to successfully offer family and prevention supports in your community?

- Skills: using a parent-centered approach
- Knowledge: n/a
- Abilities: n/a

APPENDIX G
THEMATIC SUMMARY BEAUFORT DELTA REGION

Existing Programs & Services

In your community, what are some of the main supports that you refer clients to, or that you find are helpful to the families you are working with?

- The services most frequently referred to, depending on region (in order of frequency): Healthy Families program; Child, Youth, and Family Counsellor; Health Canada counsellors; Elders; Community Wellness worker; Medical (nurses, physio, speech); Inuvialuit Regional Corporation on-the-land and related wellness programs; RCMP; Women's shelter run by the Mental Health and Addictions Program; Victim Services; Child care; Aftercare program – Project Jewel; Public Health; Gwich'in Tribal Council runs wellness camps in Inuvik; Income Support; Career Development; Healthy Babies in Inuvik.
- Respondents indicated inconsistencies among services with a lack of programming in some communities, a lack of staff for existing programs in some communities, and a lack of consistency across programs that are in multiple communities.

In terms of addressing the reasons why children experience neglect or abuse (and come into contact with CFS), what are the gaps in services in your community? What supports could families use that they are currently not receiving in your community?

- Respondents reported that the main reasons why families became involved with CFS was because of alcohol and drugs, inappropriate supervision or caregivers, and exposure to domestic violence.
- Gaps and barriers in services: there were significant gaps in existing services from community to community, due to a lack of full time staff or positions, a lack in services in some communities, or because some positions are currently unfunded. Clients may have to wait for workers to come to their community or may have to leave their community to access resources. Other barriers to service included wait times, eligibility criteria, and extensive paper work.
- Client needs included: more prevention supports such as a worker to help families solve their challenges and address barriers, or who could help address the child protection concerns with the family to prevent further over-representation of Aboriginal families involved with CFS; therapeutic supports or one-to-one worker for children and youth; housing supports; budgeting and financial education; respite supports for families;
- Location of services: all respondents stated the need for more one-on-one/in-home programming as high-risk parents were less likely to attend groups, groups were not tailored enough individually, and groups did not address individual barriers for attending programs.

What services currently exist in your community to support parent-child relationships, healthy parenting, and overall family functioning to prevent child abuse or neglect?

- Services most frequently mentioned were: The Healthy Families program and the Community Wellness Worker.

- Limitations to these programs throughout the communities: Healthy Families is offered in 3 out of 8 communities in the region, every community does not have a counsellor, and Community Wellness workers are also limited throughout the region.

If a family/client has needed a service that was not in your community, were you able to come up with another solution? If so, what did you do? (E.g. satellite services, contracting out services, bringing the family to another community, etc.).

- Resources have been outsourced for: domestic violence / shelters, and out-of-territory treatment programs; workers have been contracted out for respite and one-to-one work; sending workers to different communities to offer services; bringing families to the community to access services; hiring casual staff to provide support to families; using Telehealth to connect family members across communities.

Working with Community and Culture

In your community, what would culturally appropriate support services specific to Child and Family Services look like? Or, what would make CSF and related supports more culturally relevant?

- Respondents acknowledged that there were restraints in the *Child and Family Services Act* that limited how culturally relevant a worker could be, as well as standards not being applied uniformly, and policies that limited how a worker could assist extended family to care for children (which would ensure placement would be culturally appropriate).
- Culturally sensitive organizational practices: respondents stated that as an organization they could be more culturally sensitive by incorporating community cultural standards for client assessments, decision making, and plan of care assessments; having someone from the community or cultural group offer services; offering more cultural programming; connecting clients to Indigenous programs and supports; and supporting cultural sensitivity through ongoing supervision, coaching, and training.
- Personal practice approach: respondents indicated that a large part of working in a culturally sensitive way came down to their own approach This included promoting cultural safety through cultural curiosity and not making assumptions about culture; working collaboratively with the family; showing respect and kindness to the family; being strength-based as a way to be culturally sensitive; and developing strong relationships with clients.
- Training and education in: respondents indicated needing ongoing training and education in acknowledging the cultural diversity of the North and among Indigenous groups, and being knowledgeable about cultural similarities and differences in the region; understanding the impact that colonization and the system of child welfare has had on Indigenous peoples.

Does your program have any mechanism to foster community strength, or capacity building, in addition to supporting individual families or clients?

- Respondents indicated degrees of community strength and engagement, based on the community that they lived in. Some respondents indicated strong inter-agency collaboration to address client needs, other respondents indicated that they work to connect families to community resources and to let them know about all existing resources, while one respondent

said that they did not have time to do more community work, or that there were other organizations who focused more on community work.

The Experiences of Families Working with a Child Protection Agency

Once a family is working with CFS, can you think of any ways that they struggle in working with your organization? What are the ways in which families become more vulnerable in working with CFS (e.g. during investigations, during access visits, during transitions to different homes, during treatment, etc.)? Are there any processes or procedures of CFS that could put additional strain on a family or family relationships?

- Social work practice challenges: respondents indicated certain social work practice challenges that make it difficult for families they work with. Respondents stated that there are often staff shortages; it takes time to put in support for families; we focus too much on policies and procedures and not actual time spent caring for our families; social workers have a lack of training; and there is a lack of adequate /clinical supervision.
- Individual practice approaches: respondents stated that individual practice approaches can make families more vulnerable. This included: punitive and judgmental approaches of workers; having unrealistic expectations for families; assessments of clients are biased by worker judgements; not taking into account the historical trauma of clients they are working with; not using a harm reduction approach because it is seen as enabling; and framing client actions and decisions as maladaptive or as failure.
- Stigma and fear: parents may feel fear and shame in working with CFS; families may have difficulty building relationships with the social worker because of this; a family may have historical involvement with CFS and so the relationship is complicated; clients may have concerns of anonymity/lack of confidentiality working with CFS; and clients may feel triggered in working with CFS and we misinterpret their anger.
- Investigations: the investigation process is difficult for families; families are most vulnerable right after an apprehension and families are more likely to decline when we remove children from the home; and workers need to prioritize attachment more.
- Access visits: barriers may be put in place for families to get their access visits (e.g. they have to call so many times before a visit, they have to attend so many counselling sessions before getting a visit); access visits are in an unnatural environment in the office.
- A lack of supports: once a family is involved with CFS they may struggle to address the child protection concerns due to a lack of supports; it is hard for social workers to adequately address the chronic issues that their clients face; there needs to be more supports in place for parents with addiction, to help them prepare for access visits.
    - If you were able to provide an answer to that, are there any existing supports to help them during these times?
        - Management and leadership practices: respondents indicated that a variety of management and supervisor approaches helped to build an environment of support and care at all levels of the organization, which helped to ensure appropriate support for clients. This included: having leaders with strong Anti-

Oppressive approaches; leaders who show a lot of care for the community and encourage their staff to work that way; leadership creates a safe learning environment where workers can come to problem solve when they have made mistakes; leaders reinforcing the values of respect, dignity, and compassion with clients; leaders reinforcing the history of the people and how it impacts the client, and to be less punitive; leaders educating staff on cultural norms and realistic expectations for their clients; and providing consistent supervision to workers to explore worker bias and judgements.

        - Individual practice approaches: respondents stated that they felt they were able to positively impact client experiences and outcomes by their individual practice approaches. This included: collaborating with families; being strength-based; being careful how the worker presents themselves to families; being accountable to clients when the worker makes a mistake; encouraging the family to include and invite their personal supports to meetings; and looking for the least intrusive measure of support, and always trying to offer prevention or voluntary services.
    - If not, what type of support could families use during those times?
        - Support worker: respondents indicated a need for families to have some type of support worker that could: work with the family to understand the investigation process or the court process, in a supportive way; a support person who is connected to child protection but is not a child protection worker, and can help the family address the child protection concerns; who is compensated and not helping the family on a voluntary basis; who has less of a power imbalance between themselves and the client (than a CPW); who can help the family come up with a safety plan for drinking; who can support the family during access visits and to help them understand the process for access visits and to make them less artificial; and a worker who can be in the home to help the family with parenting, budgeting, helping the family connect to appointments, connecting to community supports, and respite.

Client Outcomes/Feedback/Program Monitoring

Do you have any ways to get client and family feedback about your services offered? Is this feedback helpful in understanding service effectiveness? How is this feedback used?

- Respondents reported: that there was no process to gather client feedback, that there was a survey distributed at reception but that there was not any client response, that informal feedback was collected from clients, and that all clients were given the contact information of supervisors so that they could provide feedback if they wanted to.

How do you assess outcomes for clients in your work?

- In collaboration with client: respondents discussed setting goals with client and reviewing them in collaboration with clients.
- Involvement with CFS, and placement as a measure of outcome: many respondents indicated that a significant outcome for families was whether they had previous involvement, frequency of

involvement, and whether a child is returned to a family or has a permanent status, is an outcome. Respondents indicated that the new information system, Matrix, will more easily track these outcomes.

Do you feel that your work is effective? How? Why? Why not?

- Personal practice approach: respondents indicated feeling they were effective in helping families achieve outcomes when their personal practice approach was strength and prevention focused, and that they were less effective when they used a power-over approach.
- Respondents indicated that they felt less effective when a child changed to permanent status, and the family was no longer working towards reunification.

What skills, knowledge, and abilities do you think would be needed by someone to successfully offer family and prevention supports in your community?

- Skills: counselling skills, mediation skills, presentation skills, having the skills of a social worker.
- Knowledge: working with trauma and coping techniques; working with grief and loss; having an understanding of the region, history, and people in the community; understanding the impacts of colonization and residential schools; knowledgeable of community resources, or willingness to learn about these; knowledge of the local customs; to have a practice approach that is Anti-Oppressive, strength-based, harm reduction, and client centered.
- Abilities: being organized; be willing to become involved in the community; to be culturally focused and sensitive, to have cultural curiosity, to respect and honor perspectives that are different from your own; being from the community can be an advantage and a disadvantage; to demonstrate empathy, understanding, open-mindedness, respect, and creativity.

APPENDIX H
THEMATIC SUMMARY FORT SMITH REGION

Existing Programs & Services

In your community, what are some of the main supports that you refer clients to, or that you find are helpful to the families you are working with?

- The services most referred to are (in order of frequency): Healthy Families; Food supports; Housing; Income Support; Community Counselling/Mental Health and Addictions; Victim Assistance; Community Wellness Workers; RCMP; the Band; Services Canada; Youth Justice; the Friendship Centre; the Recreational Centre; Churches; AA and Al Anon; Tapwe House.

In terms of addressing the reasons why children experience neglect or abuse (and come into contact with CFS), what are the gaps in services in your community? What supports could families use that they are currently not receiving in your community?

- Respondents reported that the main reasons why families become involved with CFS are: neglect related to alcohol and drugs; inadequate supervision or inappropriate caregivers; domestic violence; breakdown in family caregiving arrangement with extended family.
- Barriers to existing services: waitlists; inconsistencies among services; lack of anonymity in accessing certain supports (e.g. groups); supports are not culturally sensitive.
- Financial gaps: there is a lot of poverty and it is difficult to manage existing resources; there is a lack of affordable recreation; there is a lack of affordable childcare and respite.
- Needed services: supports for men and dads; emergency or crisis supports for adults; more in-home/one-on-one supports as high-risk clients may be less likely to attend community groups.

What services currently exist in your community to support parent-child relationships, healthy parenting, and overall family functioning to prevent child abuse or neglect?

- Services that address parenting include: Healthy Families; the Midwife program' programming at the library.

If a family/client has needed a service that was not in your community, were you able to come up with another solution? If so, what did you do? (E.g. satellite services, contracting out services, bringing the family to another community, etc.).

- Treatment for family issues and addiction, however respondents stated that families may still experience the same challenges when they return from treatment.
- Online addictions support: there is AA online, although not all families have access to a computer.
- Domestic violence: some clients have been sent to the Women's Shelter in Yellowknife

Working with Community and Culture

In your community, what would culturally appropriate support services specific to Child and Family Services look like? Or, what would make CSF and related supports more culturally relevant?

- Incorporating Aboriginal culture into services: incorporating Elders; working with the Bands; creating a space for people to come together to share culture; having on-the-land programming.

- Having more Aboriginal representation among staff in CFS and incorporating Aboriginal culture into services through CFS.
- Cultural sensitivity rather than competency: workers should adopt the practice of being sensitive and curious about culture, and not assuming they know what culture means to each person.

Does your program have any mechanism to foster community strength, or capacity building, in addition to supporting individual families or clients?

- Collaborating with other service providers: having an inter-agency committee; strengthening client's relationships to other service providers; developing relationships with other service providers to be able to advocate for clients more effectively.

The Experiences of Families Working with a Child Protection Agency

Once a family is working with CFS, can you think of any ways that they struggle in working with your organization? What are the ways in which families become more vulnerable in working with CFS (e.g. during investigations, during access visits, during transitions to different homes, during treatment, etc.)? Are there any processes or procedures of CFS that could put additional strain on a family or family relationships?

- Stigma and fear: there is stigma in being associated with CFS; there is fear that a CPW will take their children away; the CPW has a lot of power over the client and this creates resistance and anger.
- Personal practice approach: workers may have a difficult approach with clients; workers may not be aware of the power differential between themselves and clients; workers may reinforce client's experiences as victims and may not practice from a strength-based approach.
- Organizational challenges: CPW's have the dual relationship of having to investigate clients but also build a relationship with them; the CPW does not always have the time to help adults who are in crisis; workers are constrained by timelines and inflexibility in addressing challenges families face; these times lines result in workers often imposing change on their clients; there is a lack of leadership and direction around encouraging workers to incorporate culture in working with their clients.
- The investigation and court process are very intimidating for families.
    - If you were able to provide an answer to that, are there any existing supports to help them during these times?
        - Personal practice approach: how we approach working with clients; working from a supportive and preventative approach; encouraging voluntary supports; exploring all existing supports with families.
        - With SDM the Family Strength Assessment tool makes it easy to talk about the challenges with families, because it also focuses on their strengths.
        - Connecting clients to lawyers and child advocates.
    - If not, what type of support could families use during those times?
        - Personal practice approach: strength-based approach; focused on building relationships; being non-judgmental; having realistic expectations for clients;

being honest and transparent; not imposing worker values onto clients; seeing clients as a person and not as the incident that occurred.

- Support worker: someone at arm's length in social services, but who can support the family working with social services; someone who understands the process in CFS but who isn't a child protection worker, and who can assist the family in a more neutral, supportive way.
- Programs: more programs for dads; more support with drugs and alcohol.
- Child Protection Worker: have CPW's specialize in different areas of child protection to prevent having dual roles with clients; social workers need better and more consistent training in terms of people skills and communicating with clients.

Client Outcomes/Feedback/Program Monitoring

Do you have any ways to get client and family feedback about your services offered? Is this feedback helpful in understanding service effectiveness? How is this feedback used?

- Verbal feedback

How do you assess outcomes for clients in your work?

- With the SDM we have assessment tools such as Risk and Safety.
- We look at whether a family has a change in status, as a positive outcome (from protective to voluntary services).
- We develop goals with our clients and we look at their achievements, no matter how small.

Do you feel that your work is effective? How? Why? Why not?

- Yes: social workers play an important role in people's lives; I have helped save many children and families; I think my work is effective because of my personal approach with families and my ability to build relationships with families, and because they come to me for help.

What skills, knowledge, and abilities do you think would be needed by someone to successfully offer family and prevention supports in your community?

- Skills: working with drugs and alcohol; working with conflict and crisis; effective communication skills.
- Knowledge: n/a
- Abilities: being able to incorporate culture, being sensitive and open to culture, and not making assumptions about culture; strong relationship building skills; being involved in the community and being able to bring people together.

APPENDIX I
THEMATIC SUMMARY SAHTU REGION

Existing Programs & Services

In your community, what are some of the main supports that you refer clients to, or that you find are helpful to the families you are working with?

- Services most frequently referred to are (in order of frequency): Mental Health and Addictions Counsellor; Income Support; Victim Services; Healthy Families; RCMP; Adult Services; Home Support Services; Health Canada (counselling for residential school survivors); Health centers; Foster Family Coalition; Women's Shelter (out of community); Wellness Worker; recreational programs; the Band.

In terms of addressing the reasons why children experience neglect or abuse (and come into contact with CFS), what are the gaps in services in your community? What supports could families use that they are currently not receiving in your community?

- Respondents reported that the main reasons why families became involved with CFS was because alcohol and addiction; domestic violence; parenting; and poverty and poor living conditions.
- Gaps in services: women's shelter, domestic violence supports, and community education about family violence and the effects on children; supports for addiction and mental health; after care for treatment programs; lack of food supports and resources; parenting supports and programming for providing parents with skills, education, and awareness to care for their children; supports for poverty and poor living conditions.
- Service barriers included: a lack of consistent CPW's in the communities; there is a high turnover for staff in programs, or the staff is only part-time, so clients become reluctant to engage; people in the community may not be comfortable working with certain staff; the lack of housing in some of the communities makes it difficult for potential staff to come to live there; language barriers between workers and families if English isn't their second language.
- Lack of resources: there is a general lack of resources in the community for families, and there are challenges in staffing with existing resources; the local band has not engaged in proactive solutions; there is a lack of clear communication between certain service providers (e.g. CPW and RCMP).

What services currently exist in your community to support parent-child relationships, healthy parenting, and overall family functioning to prevent child abuse or neglect?

- Services include: The Community Wellness Worker does healthy parenting; Healthy Families program, although one respondent stated that they do not refer to this because they were not aware of any programming being offered for this in the community; Mental Health Counsellors; Voluntary Support Agreement (VSA) and Support Services Agreement (SSA) through Child and Family Services.

If a family/client has needed a service that was not in your community, were you able to come up with another solution? If so, what did you do? (E.g. satellite services, contracting out services, bringing the family to another community, etc.).

- Out-of-community referrals: Alison McAteer in Yellowknife or the shelter in Inuvik for women fleeing domestic violence; we send people out of the communities to access Health Canada counsellors who address trauma related to residential school.
- Out-of-Territory referrals: treatment programs for youth to address behavioral issues; for addiction; or for family treatment.
- Bringing community services together: Telehealth Services; one respondent said they have advocated for services from other communities to assist the client while staying in the community.
- Limitations: one respondent noted that sending clients out to treatment may be ineffective because their environment has not changed and there are no supports in the community to assist them when they return.

Working with Community and Culture

In your community, what would culturally appropriate support services specific to Child and Family Services look like? Or, what would make CSF and related supports more culturally relevant?

- Incorporating culture into supports: on-the-land activities; incorporating Elders; youth can attend Culture Camp through the Foster Family Coalition; trying to connect foster kids to culturally appropriate placements; engaging the Band; communicating with clients in their own language; having people from the communities deliver the programs and providing them the training to do that.
- Having cultural community events to promote culture and education.

Does your program have any mechanism to foster community strength, or capacity building, in addition to supporting individual families or clients?

- Working together as a community to educate, bring awareness, and to work together to address the deeper problems in the community; creating a child welfare committee; creating an inter-agency committee.
- Educating the community: using local radio stations to discuss important community topics; having social workers provide public education; public awareness to reduce stigma and shame around certain issues (e.g. FASD).

The Experiences of Families Working with a Child Protection Agency

Once a family is working with CFS, can you think of any ways that they struggle in working with your organization? What are the ways in which families become more vulnerable in working with CFS (e.g. during investigations, during access visits, during transitions to different homes, during treatment, etc.)? Are there any processes or procedures of CFS that could put additional strain on a family or family relationships?

- Fear and a lack of trust: because of the history of First Nations peoples, client are very vulnerable and may be easily intimidated in working with CFS; clients may be afraid to work with CFS because of the worker's power to take their children.
- Individual practice approach: sometimes social workers have imposed their own goals on a family and have not made good decisions with a family, and this has made the family more vulnerable; having a punitive practice approach.

- Barriers to working together: the majority of clients are not well educated, and they may be confused or overwhelmed by our system; clients may not understand the worker because of the language barrier; workers have tremendous power over families; some workers may put up barriers for clients – they will only meet clients in office, client must be on time, etc.; if a worker does not have a good relationship with a client it will affect the client's ability to make change.
- There is a lack of supports to help families work towards reunification.
    - If you were able to provide an answer to that, are there any existing supports to help them during these times?
        - Individual practice approach: being strength based; solution focused; collaborative; prevention focused; always examining the existing supports within a family and building on those strengths; being transparent and honest with clients; focusing on relationship building; always speaking with respect, understanding, compassion, and empathy; being non-judgmental; meeting the client where they are at.
        - Resources: involving natural family supports as much as possible; encouraging kids to get their own lawyers if they are over 12.
        - The SDM is bringing more consistency to service delivery and decisions are made more collaboratively and not just by the one worker. Supervisors can be more aware of a breakdown between the worker and the family.
        - Creating stronger connections between foster parents and biological parents, as a way to support biological parents and work towards reunification.
    - If not, what type of support could families use during those times?
        - Practice approach: having realistic expectations for clients; having compassion and respect for clients; bringing people together to support each other; putting supports in place for families; being strength based; being solution focused; focusing on prevention; moving away from shame and blame; collaborating with families; educating families about all existing resources; being more community focused.
        - A family support worker who can: be present in the home on a regular basis to help and teach parents new skills; support families to work towards reunification; work with the family to help educate them and help them build skills; share parenting skills and tools; helping clients to access more programs; giving families tools and skills to build self-reliant; supports that can be involved for longer periods of time, as change takes time.
        - Other supports: a child care worker to help with the kids; having a family advocate; having foster parents work to support the biological family, for kids coming in and out of care.
        - Community: working together with other service providers more; educating the community more; to develop resources in the community as there is a general lack of resources.
        - During investigations a family can be connected to resources more, to give the parents more skills

Client Outcomes/Feedback/Program Monitoring

Do you have any ways to get client and family feedback about your services offered? Is this feedback helpful in understanding service effectiveness? How is this feedback used?

- Verbal feedback
- One respondent stated that many clients don't give feedback because they may not think that it will change anything.

How do you assess outcomes for clients in your work?

- Respondents stated that they are only able to informally assess outcomes, but that they would like formal mechanisms in place to be able to assess their work with clients.

Do you feel that your work is effective? How? Why? Why not?

- One respondent stated that they felt they were more effective in their role because they were from the community in which they worked.
- One respondent stated that they felt they were not as effective when families had ongoing, complex issues that they were not able to change.

What skills, knowledge, and abilities do you think would be needed by someone to successfully offer family and prevention supports in your community?

- Skills: sharing knowledge and information with parents and the ability to find resources for clients; counselling skills; working with trauma and family violence;
- Knowledge: knowledge of working with clients who have FASD; knowledge of the culture, traditions, history, and way of life; knowledge of intergenerational trauma and residential schools; knowledge of CFS.
- Abilities: having a client centered approach; having a community focus and working to bring people together to build a stronger community; being empathetic with clients; meeting people where they are at; not imposing your own judgements or expectations; having patience; having life experience; being open minded; respecting people; the ability to build relationships and communicate with people; someone who is local and can speak the language; openness to learning.

APPENDIX J
THEMATIC SUMMARY HAY RIVER HEALTH AND SOCIAL SERVICES AUTHORITY

Existing Programs & Services

In your community, what are some of the main supports that you refer clients to, or that you find are helpful to the families you are working with?

- The services most frequently referred to are: community counselling, Healthy Families, family members, and churches.
- Barriers were identified for existing services, such as long wait lists, and short service duration that may prevent clients from engaging.

In terms of addressing the reasons why children experience neglect or abuse (and come into contact with CFS), what are the gaps in services in your community? What supports could families use that they are currently not receiving in your community?

- The respondent reported that the main reasons why families may become involved with CFS was due to unresolved trauma, addiction issues, relationship issues, and parent-child conflict / lack of parenting skills.
- A general lack of services: the respondent noted a lack of services for all of the above reasons why families become involved with CFS.
- Barriers to existing services: including a long wait list for counselling, programs being discontinued on the Reserve, and services not being put into place quickly when clients are willing to engage.

What services currently exist in your community to support parent-child relationships, healthy parenting, and overall family functioning to prevent child abuse or neglect?

- Community counselling; Elders; the Reserve offers some on-the-land programs for families; family members.

If a family/client has needed a service that was not in your community, were you able to come up with another solution? If so, what did you do? (E.g. satellite services, contracting out services, bringing the family to another community, etc.).

- Out-of-Territory treatment referrals are done through the Community Counsellor
- The respondent stated that they were often able to be creative to meet family's needs, and so these other solutions were not explored as much.

Working with Community and Culture

In your community, what would culturally appropriate support services specific to Child and Family Services look like? Or, what would make CSF and related supports more culturally relevant?

- Individual practice approach: understanding the history of colonization; being aware of not imposing one's own values, or western values; having realistic and culturally appropriate expectations for families; having compassion, patience, and understanding for families; focusing supports on prevention and offering support over longer periods of time, if needed.

Does your program have any mechanism to foster community strength, or capacity building, in addition to supporting individual families or clients?

- The respondent noted that in developing individual capacity and strengths, that client can then bring that to their community.
- The respondent had previously developed a community-based program, but it was not used.

The Experiences of Families Working with a Child Protection Agency

Once a family is working with CFS, can you think of any ways that they struggle in working with your organization? What are the ways in which families become more vulnerable in working with CFS (e.g. during investigations, during access visits, during transitions to different homes, during treatment, etc.)? Are there any processes or procedures of CFS that could put additional strain on a family or family relationships?

- Constraints within the child welfare system: workers have to enforce the Act and child protection standards that may make it difficult to build relationships with families; because workers have to document everything about a family, it can be hard for families to share with workers; the timelines in child protection do not allow us to fully include cultural standards and practices, as well as the time needed to make meaningful change; time used doing paperwork takes the worker away from time that could be spent working with their family.
- Trust and fear: because workers have the authority to take children from families, there can be a lack of trust.
    - If you were able to provide an answer to that, are there any existing supports to help them during these times?
        - Individual practice approach: working to maintain children in the home as much as possible; focusing on prevention supports; working from a place of understanding, compassion, and patience; understanding the client's definition of their needs and problems, and not imposing worker assumptions and values.
    - If not, what type of support could families use during those times?
        - Having CPW's specialize in certain functions in child protection, in order to avoid dual roles and relationships between workers and families.
        - Support services: having a family support worker; having a community-based prevention program that teaches life skills as well as incorporates a healing component; offering more respite care, food supports, and creative solutions to family needs; assisting parent's during access visits, to teach them skills to work towards returning their kids to their home; encouraging foster parents to support families.

Client Outcomes/Feedback/Program Monitoring

Do you have any ways to get client and family feedback about your services offered? Is this feedback helpful in understanding service effectiveness? How is this feedback used?

- Only verbal feedback is received from clients.

How do you assess outcomes for clients in your work?

- We complete a risk assessment with families and evaluate to see if they need continued supports.
- We case plan with families, which helps us identify what a family is working towards and if they have met their goals.

Do you feel that your work is effective? How? Why? Why not?

- The respondent stated that worker efficacy was dependent on how complex the client's needs were, and whether they were open or resistant to services.

What skills, knowledge, and abilities do you think would be needed by someone to successfully offer family and prevention supports in your community?

- Skills: a client/family centered practice approach, being able to work with clients at their level.
- Knowledge: of historical trauma, addiction, mental health, Indigenous communities, and the impacts of colonization.
- Abilities: flexible, open-minded, non-judgmental, passionate.

APPENDIX K
FULL LITERATURE REVIEW

As an important first step in understanding effective or promising practices relevant to a family preservation program within Child and Family Services in the Northwest Territories (NWT), a literature review was conducted. Given the realities of the communities and families working with Child and Family Services in the NWT, and the primary objectives of support programs typically offered through child protective services, this review asked the question *"what interventions are effective for Indigenous children and families working with family preservation programs within the context of child welfare organizations?"*

Databases and grey literature sources were searched throughout February of 2017. Grey literature included a preliminary scan of research and relevant documents available on Google Scholar, with search criteria including variations and combinations of "child welfare," "child protection," "family preservation," "best practice," "Aboriginal," "Indigenous," and "community-based interventions." This initial search largely produced minimal scholarly documentation from the 1990's on family preservation program evaluation as well as its original model, the HOMEBUILDER's program. There was also diverse research and documentation on the overrepresentation of Indigenous within child welfare, the need for family reunification for Indigenous families, the need for culturally competent practices in working with Indigenous families, the importance of Indigenous families having self- determined and operated child welfare organizations and legislation, the loss of culture for Indigenous families within the context of child welfare organizations, problematic policy within the child welfare context for Indigenous families and communities, and the need to strengthen Indigenous families and related research on resilience and community capacity building. Grey literature by way of organizational publications were found in "The Child Welfare League of American Family Preservation," the "National Family Preservation Network," the "Council on Accreditation for Family Preservation," "Intensive Family Preservation Services," "First Nations Child and Family Caring Society of Canada," the "Anisnabe Kekendazone Network Environment for Aboriginal Health Research (AK-NEAHR)," "Child Family Community Australia," and the "Australian Institute of Family Studies." The relevance of articles, publications, and information was assessed by whether it was produced between 2000 - 2017, and whether it had two or more of the key word / search criteria intersecting. Papers that focused only on one of the key word search criteria but no more were excluded.

Within this preliminary search, I also took note of predominant or reoccurring journals that had scholarly, peer-reviewed articles for these search criteria, and through the University of Calgary database searched for relevant journals. Searches for journals included “child and family,” “child and youth,” “Aboriginal,” “child welfare,” “family social work,” “community,” and “child abuse neglect.” Databases used included the Child and Youth Services Review, Child and Family Social Work, Journal of Child Abuse and Neglect, Child Welfare, Child and Adolescent Social Work Journal, and Journal of Public Child Welfare.

There were a variety of journals presented that subsequently produced scholarly and peer-reviewed articles on variations and combinations of the key words used in the initial literature search. Publication and article relevance was again determined by whether it was produced between 2000-2017, and whether it had two or more of the key words / search criteria intersecting as its focus. The majority of the publications accessed did not meet all of the criteria stated for the initial research question, and there was almost no literature found examining specifically the intersection of Indigenous families accessing family preservation programs within child protection services, and effective interventions therein. The literature that was selected did focus on at least two intersecting key areas, such as best practices in working with Indigenous families and community, community capacity building for Indigenous families and communities, best practice in family preservation programs in child welfare, and community capacity building approaches in child welfare.

During the course of the research process, several shifts occurred in the words used to find relevant resources and articles, based on what was appearing in search outcomes. Searches for “family preservation” often produced material about keeping families together rather than the program itself, and as such “family preservation program” was used instead, although potentially excluding other important or effective family support models that may exist within or outside of child welfare agencies. When evaluating the health and wellbeing of Indigenous families, the word “resilience” was often present throughout the literature and thus research was gathered for this concept in order to better understand practices that facilitated resilience in Indigenous families. Also, at one point in evaluating the research there was much acknowledgement that effectively supporting Indigenous families included supports beyond the individual family itself due to the nature of intergenerational trauma and community and cultural dislocation. Thus, a search for “community capacity building” “community capacity building in the context of child welfare,” and “community capacity building for Indigenous peoples” was included. Although there seemed to be significant acknowledgement of the need for community capacity building within child welfare, there proved to be minimal research on the application of this, although there was

significant research on community capacity building approaches within Indigenous communities. Lastly, although it would have been ideal to gather research that was conducted primarily with Indigenous families and communities within Canada, this proved somewhat limited and so eventually relevance was expanded to research conducted for countries that were also working with identified Indigenous populations, such as Australia and the United States.

Synthesis of Key Findings

Within the literature there was no apparent research that captured all of the multiple factors relevant to the research question, and as such an examination of key findings will be an examination of individual components of the question. To begin, for an understanding of family preservation program best practice interventions, and from there, best practices with Indigenous populations, the research outlined several different formulations of family preservation supports themselves, specifically in the child welfare context. The literature presented distinctions of family preservation services being preventative or reactive programs, with preventative programming being defined as that which seeks to prevent abuse or maltreatment and often occurs outside of engagement with child protection agencies, whereas reactive programs were those that intervened after an incident of abuse or neglect, in an attempt to prevent further abuse or neglect. As such, only reactive programs were further analyzed because of their association with parents interacting with child welfare services. Within the scope of reactive programs, there were three primary types of family preservation programs: intensive family preservation services (IFPS), which provide short-term in-home supports for approximately 10 hours per week, providing counselling, crisis intervention, advocacy, training, and concrete supports (Council on Accreditation 2017; Kauffman 2007; Kirk & Griffith 2007; Kirk & Martens 2014); multi-component family preservation services provide a variety of services based on the needs of the family, including stress reduction, parenting training, problem solving, social support, basic skills, home safety, home cleaning, addiction support, and relationship support (MacLeod & Nelson 2000); and social support or mutual aid supports, which are often focus on building and enhancing informal supports and community involvement through recreational activities, discussion groups, and support groups that are facilitated by parents with prior involvement with child welfare agencies. (Ibid). For all program variations situated within the child welfare context, the explicit goal of these programs was to prevent out-of-home placement, work towards family reunification, improve family functioning, or assist with child behavior problems and social supports (Channa, Stams, Damen, et al. 2012; Kauffman 2007).

Although there was much beneficial literature outlining the strengths and weaknesses of the different variations of family preservation programs, because of the program similarity between the multi-component program orientation to that which is currently offered in Yellowknife, an analysis of the literature focused on interventions within that particular framework. Among the diverse services offered in a multi-component family preservation program, the literature did not capture the effectiveness of each intervention or what made it successful, but rather explained the most significant outcomes that were achieved through these interventions. Through offering a variety of supports including parenting education, in-home support, problem solving, stress reduction, social support, and home skills, families were most successful at improving family functioning by way of improving communication between parents and children, having less stress and a reduction in conflict, learning different forms of discipline, finding common goals and working towards them, increased self-efficacy with being able to make changes within the family, and regaining a sense of control over their lives (Kauffman 2007). These services and interventions were most effective when they were strength and empowerment based, when they were offered for a minimum of 12 visits or 6 months duration, when they had a component of social support, and when they were offered to participants of mixed socio-economic status rather than only low socioeconomic status (MacLeod & Nelson 2000).

Although the literature consistently noted a positive correlation between these supports and improved family functioning, there was no conclusive evidence that these interventions had a positive correlation with directly preventing out-of-home placement, the primary goal of family preservation services (Channa, Stams, Damen et al. 2012; Kauffman 2007), and that any apparent relationship was one of association and was not causal. Furthermore, because of the timing of these interventions, due to them being offered after an instance of abuse or neglect rather than in prevention of, these programs were argued to be more prone to relapse for the families accessing services, suggesting the best way to measure the effectiveness of the program was to measure individual increases in family functioning (Bagdasaryan 2005).

Of all the interventions offered within the multi-component family preservation model, or any family preservation model due to its centrality in all the models, the only intervention that was specifically evaluated in detail was the effectiveness of parenting supports and education. Most researched seems to be the Triple P: Positive Parenting Program, that which is also currently offered to parents within the Yellowknife region. This program was identified as a best practice and effective intervention because of its use of a self-regulatory model of intervention that assists in developing skills such as regulating

emotions, problem solving, collaborating, evaluating outcomes and readjusting approaches, developed in both parents and children, resulting in increased self-efficacy, self-sufficiency, and positive, responsive, and nurturing parenting approaches (Sanders & Mazzucchelli 2013). In an analysis of the program's effectiveness with Indigenous parents in Northwest Ontario, parents self-reported that they had improvements in the areas of overall parenting skills by offering alternatives to what they had previously learnt and alternative forms of discipline, increasing the amount and quality of parent-child interaction, and improvements in child behavior and competency (Houlding, Schmidt, Stern, et al. 2012). Strategies that were specifically helpful in disseminating the content of the Triple P program included group work, role plays, self-evaluation, program flexibility, and that the workshops were facilitated by Indigenous persons as well (Ibid). These factors identified parenting programs in general, and the Triple P program more specifically, as an effective intervention used in family preservation program services so as to improve family functioning.

Within the literature there was discussion around the significance of parenting education and support in working with Indigenous families specifically, and in enhancing Indigenous family wellbeing and capacity. The literature discussed how colonialism and the system of residential schools have undermined traditional child rearing practices (Muir & Bohr 2014), how parental experiences of abuse and neglect have negatively affected individual parenting capacity (Ibid), and how the impact of these traumatized and impacted family attachments have reverberated through the community and individual lives of Indigenous peoples (Haskell & Randall 2009). There have been significant calls to action for communities, service providers, and child welfare organizations specifically to re-establish traditional parenting skills and practices that have been lost for generations (Truth and Reconciliation Commission of Canada 2012), to ensure that these supports and services are culturally appropriate, and to report on the effectiveness of these services (Truth and Reconciliation Commission of Canada 2015).

In consideration of the applicability and effectiveness of parenting support programs for Indigenous families, the literature presented mixed reviews. In the case review of the Triple P program offered to Indigenous families in Northwest Ontario (Houlding, Schmidt, Stern, et al. 2012), parents self-reported that they felt that the program content was culturally relevant because of Indigenous work books, Indigenous facilitators, and the use of visual strategies. They also reported that as the program originated in Australia it was often difficult to understand the accent and vocabulary used, and that depictions of Indigenous Australian families were heavily scripted and hard to relate to. As an anecdotal critique, based on the Triple P material provided in Yellowknife, this author would also add that the

"regular" material compared to the "Indigenous" content is virtually identical, with exception of the illustrations and look of the material. Thus, to say that the material is culturally appropriate in the specific case of the workshop in Northwest Ontario, it may have more to do with it having been taught by Indigenous facilitators rather than the congruence of the material itself to traditional cultural values and expressions. There was significant literature offering broad critiques of the ways in which parenting education specifically, and as reflective of western support services more broadly, thereby functions as a form of colonization through which Indigenous values, traditions, and approaches are obscured, erased, or made only peripheral while efforts to superficially adapt interventions to various cultural groups may make the intervention more acceptable although still ultimately leaving the central colonizing function in tact (Johnson, Garner Walters, & Armstrong 2015).

When considering the effectiveness of interventions of family preservation programs supporting Indigenous families, although there were no specific interventions that were found in the literature to be identified as best practice, there was a significant reoccurrence of the importance of making culture a central component of the work and support. As the literature made clear, without making any homogenizing categorizations, approaches to traditional Indigenous parenting and family relationships were indeed distinct from other cultures, and that family functioning is very much determined and shaped by culture (Scott 2013). And yet, there is still limited evidence to describe how well Indigenous families function or what the factors were that contribute to harmony or dysfunction (Walker & Shepherd 2008), thereby suggesting that an understanding of how to meaningfully incorporate Indigenous culture into family services and supports is still largely underdeveloped. Some researchers expressly identified cultural identity as a key aspect of resilience (Bennett 2015; Tousignant & Sioui 2009), and it was suggested that at the core of the trauma experienced by Indigenous peoples is their loss of culture and community, a loss that has been a central factor in the inner dissonance felt which further impairs spiritual, mental, physical, and emotional health, thereby making child and family healing and wellbeing largely dependent on cultural healing (Bennett 2015). As cultural continuity and enculturation are positively associated with individual and community wellbeing (Haskell 2009, p. 86), there is a specific need for best practice programs to also be culturally appropriate services that specifically reinforce and transmit cultural knowledge. Until this is further explored and implemented, some researches have claimed that mainstream family preservation program models will remain incongruent with Indigenous believes, values, and ways of life, thereby making them ineffective (Johnson, Walters, & Armstrong 2015).

As an extension of the significance of the role cultural healing has in the wellbeing of Indigenous individuals, children, and families, when working with Indigenous families there were several researchers who acknowledged the importance of those working in child welfare being able to acknowledge the complexity and range of issues that most Indigenous families face as a result of the legacy of colonialism, the systemic and structural nature of these challenges and forces of oppression, as well as practices that still fundamentally colonize. Furthermore, because of the extent of external and systemic issues that confront Indigenous peoples and communities, it was also stated that any services or interventions that only seeks to improve individual and family functioning will necessarily remain incomplete and ineffective. Notable researchers in the child welfare context have launched criticism at the system's myopic focus on the wellbeing of the child individuated out of their communities and cultures, which undermines an understanding and focus on the etiological drivers of child maltreatment that Indigenous families disproportionately encounter, such as poverty, isolation, racism, socio-economic exclusion, substance abuse issues, and historical trauma (Blackstock & Trocmé 2005). Thus, as part of best practice in working with Indigenous families, "culturally based family interventions must be coupled with culturally based community development approaches to redress structural challenges to the safety of Indigenous children" (Ibid).

Contrary to the sparse research available on the specific interventions suitable for improving family functioning for Indigenous families within the child welfare context, there was much more prevalent research on effective approaches in working on community capacity building for Indigenous communities. Rather than offering principles however, several articles noted the importance of developing organic and responsive approaches based on principles, rather than specific techniques, so as to allow the flexibility of each community and culture identifying strategies relevant to them (Kimbrough-Melton & Melton 2015). One of these central principles was community ownership, and to have the full inclusion of the community in all aspects of program development and implementation, and to move away from the dominant approach of reliance on expert-driven child welfare workers that result in low levels of community ownership (Wessels 2015). The first step identified in this process was getting to know the community and to integrate into it, whereby workers can then begin engaging community in shifting an understanding towards the community's gradual assumption of responsibility for family well-being and child safety (Ibid). Once that has occurred, and continues to occur, workers would then work to raise awareness about the nature of child protection and opportunities for enhanced family support, they would mobilize the community to become engaged in developing and implementing plans to prevent child maltreatment, they would work to increase resources for families to obtain non-judgmental help when

they need it, and they would then institutionalize the provision of resources to help it become sustainable (Ibid). Lastly, other researchers suggested the need to shift our focus from short-term and reactionary work, and move towards longer time frames for offering services so as to build trust, identify real needs and appropriate response, and evaluate the effectiveness of the initiatives (Child Family Community Australia 2016). Although these recommendations would not be exclusive to a child welfare organization or even a family preservation program working therein, these broader principles were demonstrated to be effective in engaging with Indigenous families and communities in these contexts, and would result in more effective work with Indigenous families that would result in a reduction of the number of children who will go into care.

Conclusion and Recommendations

At the conclusion of this review we can confirm that there was no direct research evaluating what approaches or interventions were effective for family preservation programs to utilize in working with Indigenous families in the child welfare context, which would prove a significant area for future research given the overrepresentation of families working with child welfare services. In the context of research, some authors noted the need for further research to understand the inter-relationship between community development and child maltreatment rates involving Indigenous children, given that it holds the promise of reducing the over-representation of Indigenous children in the child welfare system (Blackstock & Trocmé 2005). In the area of direct practice, the literature noted several areas to be built upon, beginning with child welfare organizations more broadly recognizing the significance of community capacity building in preventing child abuse or maltreatment, asking to what degree they are prepared to meaningfully support sustainable community development approaches to reduce drivers of maltreatment (Child Family Community Australia 2016; Blackstock & Trocmé 2005), and then working towards developing these initiatives, of which a reorientation of individually focused family preservation programs to include community enhancing endeavors could most definitely be a part of. Lastly, these results highlight the importance of further areas to be explored in answering the research question, beginning with a review and understanding of important practice-based principles for family preservation programs, in lieu of identifiable practice approaches, as well as turning to a review of existing programs to understand practice-based evidence in lieu of concrete evidence based practices.

APPENDIX L

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