Evaluation Of The Carrier Sekani Family Services

Family Support Services Program

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Abstract

This case study reports on how an action research evaluation resulted in the re-conceptualization of the Carrier Sekani Family Services (CSFS) Family Support Services (FSS) Program. The study was based on a logic model analytic framework and Senge’s five disciplines of learning organization theory and practice. The purpose of the evaluation was to strengthen the capacity of the CSFS FSS Program to deliver effective, culturally-driven services to vulnerable Aboriginal children and families. Based on the evaluation, the action learning research team proposed program changes and new initiatives.
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Dedication

In memory of my late father Mitch Ogen (1935-2005) who was a strong Aboriginal Stellat’en man, a father, grandfather, great grandfather, uncle, and brother. He was the pillar of strength in our family and loved by all. He strived and worked hard to ensure that the quality of life for his wife and seven children was adequate. He had a strong work ethic which he passed down to his children. His humility, gentleness and meekness are traits that I truly aspire to attain in this life time.

We believe that the Creator has entrusted us with the sacred responsibility to raise our families... for we realize healthy families are the foundation of strong and healthy communities. The future of our communities lies with our children who need to be nurtured within their families and communities (Morris in RCAP Vol., 3, 1992, p.11).
CHAPTER 1
Introduction

This case study reports on how an action research evaluation, using a logic model analytic framework and Senge’s (1990) five disciplines of learning organization theory and practice (see Appendix A), resulted in the re-conceptualization of the Carrier Sekani Family Services (CSFS) Family Support Services Program (FSS). The FSS program is comprised of five sub-programs. These include the: Family Support (FS) program, Home Support (HS) program, Bridging to Employment Life Skills (BELS) program, Community Linkages Soup Bus (CLSB) program, and Band Family Care Worker (BFCW) program. The case study discusses a) the background of CSFS and the FSS programs, b) the devolution of child welfare services to Aboriginal\(^1\) authorities, c) the relevance of using action research within a First Nations context, d) the connection between the philosophical tenets of Aboriginal culture and the theoretical framework of a learning organization, e) the application of the logic model, and f) the results of the five day action research process, which culminated in the development of logic models for each of the FSS programs.

This project was timely in that it coincided with the Ministry for Children and Family Development’s (MCFD) Redesign and Transformation Plan, which focused on building accountability measures into all funded Aboriginal services within the community of Prince George and the surrounding area.

\(^1\) For the purpose of this report, the term “Aboriginal authority” is used to describe both urban and First Nation entities (including single Band-based mandates and mandated agencies serving multiple First Nation communities).
Background

CSFS was incorporated in 1990 as a branch society of the Carrier Sekani Tribal Council to undertake the delivery of health, legal, and child and family services. The Carrier Sekani territory, primarily located in North Central British Columbia (see Appendix B), has a population of approximately 8,000 registered status Aboriginals in Prince George. Six thousand of these Aboriginals are of Carrier and Sekani ancestry and are scattered across 22 Indian Bands or First Nations (Statistics Canada, 2003). As reported by Adam, Holyk, and Shawana (2003):

Carrier people maintain a governance system commonly referred to as the bah’lats or potlatch. Four primary clans make up Carrier society (Bear, Caribou, Frog, and Beaver), each with several sub-clans. In the Bear or Likh ji bu clan there are five sub clans including the Black, Grizzly, Fox, Crow and Timberwolf clans. In the Caribou or Gilhanten clan there are four sub clans including the Mountain, Geese, Mask and Flag clans. In the Frog or Jihl tse yu clan there are four sub clans including the Marten, Thunderbird, Beads, and Ribbon clans. In the Beaver or Likh sta Mis yu clan there are four sub clans including the Grouse, Owl, Moose and Sun clans. (p. 2)

The Carrier Sekani Nation people were historically a nomadic population that survived through living their strong sense of community, family, and the value of a healthy environment. While the Carrier and Sekani people continue to maintain many of their historic values, the practices have been interrupted. Rebuilding and regaining healthy practices is a difficult and complicated task. The Carrier Sekani Tribal Council and CSFS are examples of rebuilding to regain a healthy community and health and well being of community members. Representing approximately six thousand citizens, CSFS
strives to bring citizens together, restore the use of existing community values, while mitigating harm, and introducing a higher quality of life to families.

In 1985 the Carrier Sekani Tribal Council established a portfolio to discuss issues that affected the health and welfare of the Carrier and Sekani people. Individual Chiefs from the board of directors of the Carrier Sekani Tribal Council were appointed to the health and welfare portfolio. One of their major concerns was child welfare, specifically the apprehension and adoption of Carrier and Sekani children. Child apprehensions were a pivotal issue that raised the political visibility of the social conditions of Carrier and Sekani communities. Elders expressed concern about the apprehension of children and the role this played in the breakdown of social structures, families, and communities.

During the late 1980s, the Tribal Council worked to increase the degree of health programming provided in the community. The first major success was the signing of a memorandum of understanding in 1987 between Tribal Chief Edward John and Minister of Social Services and Housing, Claude Richmond, to provide for the delivery of child welfare programming.

During the early to mid-1990s, the Carrier Sekani Tribal Council began to seek greater control over health services provided to Carrier and Sekani people. Through a series of resolutions the Tribal Council established a branch society that acted as their own legal entity to deliver health and social services called Northern Native Family Services, which was renamed Carrier Sekani Family Services in 1994. The society provided the Council with greater control over health services. Through negotiations with the federal government the Tribal Council gained control of some federally funded health programs, including income assistance.
Over the next several years CSFS organized prevention services in Carrier and Sekani communities that focused on child welfare concerns. Specific programs for patient liaison services, family court duty counsel, family violence prevention, out-patient treatment, public legal education, and foster parent recruitment were developed.

*Mandate of Carrier Sekani Family Services*

The specific goals of CSFS include the following:

1. Developing and delivering health, social, family, aboriginal justice, corrections and legal services in accordance with the needs, socio economic conditions, values, and beliefs of the Carrier and Sekani Nations.

2. Delivering all services in accordance with the great law of sharing wealth as set out by the Bah’lats system.

3. Developing, implementing, and enhancing Carrier Sekani human service philosophy and standards to deliver effective services to First Nations people living in the Carrier and Sekani territory.

4. Encouraging and initiating activities appropriate to the strengthening and unifying of human service workers and resources in Carrier and Sekani traditional territory.

5. In accordance with Carrier and Sekani philosophy and standards, developing and delivering training programs for the advancement and accreditation of human service workers employed within the Carrier and Sekani traditional territory.

6. Developing and delivering on-reserve child protection programs including:
   - Administering the Child, Family and Community Services Act as it pertains to the First Nations people within the Carrier and Sekani area.
Cooperating with the Director of Children and Family Development (MCFD) and any other persons offering family services including Elders and other community members.

Promoting the positive social functioning of children and families within the context of the Carrier and Sekani culture and maintaining the integrity of the family, community, and the First Nation to the fullest possible extent.

Providing efficient and accountable child and family services to Carrier and Sekani families.

Protecting children who are neglected or abused and placing them in an approved childcare resource, group home or institution. As well as providing financial and emotional support to foster parents and children in care (Carrier Sekani Family Services, 2002).
CHAPTER 2

Literature Review

This literature review begins with a brief overview of the devolution of child and family services to Aboriginal authorities to demonstrate the impacts of trauma resulting from a history of forced and unjustified removals of Aboriginal children and culturally inappropriate service to Aboriginal communities. A brief review of the action research, learning organization, and logic model evaluation literature was also undertaken as part of mapping out the theoretical frameworks that informed the evaluation design of the project.

Devolution of Child Welfare Services to Aboriginal Authorities

The division of constitutional powers in Canada is such that the Provincial and Territorial governments carry the legal mandate and responsibility for the welfare of children and families (Sinclair, Bala, Lilles & Blackstock, 2004). As a result, each province and territory has specific legislation providing protection for neglected and abused children. However, because matters affecting Indians and lands reserved for Indians fall within the federal domain when it came to the intersection of the division of constitutional powers in order to provide child and family services to Indians on reserves both levels of government placed the responsibility on the other party (Bellefeuille, 1990; Johnson, 1983). To further complicate matters, different provinces have taken various positions on the issue (Bellefeuille, 1990). The consequence of this jurisdicational squabbling was that up until the early 80s many reserves simply did not receive services made available to other Canadian families (Aboriginal Justice Inquiry, 2001). It should be noted that while the British North America Act and later the Constitution Act gives Canada the authority to enact legislation on behalf of First Nations peoples in areas such
as child and family services, Canada has never done so (Boldt & Long, 1988; Cassidy & Bish, 1989).

It is estimated that over 11,000 status Indian children were placed for adoption between the years of 1960-1990 (Canada, 1996). This statistic does not include children for whom Indian status had not been recorded or for non-status Aboriginal children. In his book *The Dispossessed*, Geoffrey York (1989) described the impact of the Sixties Scoop this way:

...the provincial child welfare policy was remarkably similar to the old policy of sending Native children to residential schools. Indeed, the seizure of Indian children began to escalate just as the residential schools were winding down in the 1960’s. In this way, the child welfare system simply replaced the residential school system, producing the same kind of damaging effects on the Native culture. It became the new method of colonizing Indian people after the residential schools were finally discredited. (p. 214)

The devolution of child and family services to Aboriginal authorities was initiated in the early 80’s under what is refer to as the “tri-partite process” in which tripartite agreements are between a First Nations government or tribal council, the federal government and a provincial government, and enable First Nations child welfare agencies to administer provincial, but not First Nations, law in matters of child welfare (Armitage 1993; Wharf 1993).

While the devolution of child and family services to Aboriginal authorities has resulted in a number of improvements for Aboriginal families, the larger political objective of Aboriginal Peoples to govern and self-determine their own culturally distinct, integrative, and holistic approach to social and cultural wellness has failed to
come about under the devolution of programs founded upon provincial standards and legislation (Bellefeuille, Ricks, & Garrioch, 1997; Cross, 1997; Wharf, 1993). For example, in spite of the many innovative developments resulting from the devolution process, Bellefeuille and Ricks (2003) writes:

...(a) the removal of Aboriginal children from their homes and communities has not decreased, (b) Aboriginal staff are increasingly frustrated by their inability to respond differently are burning out and choosing to leave child welfare practice, and (c) the community is becoming less tolerant, as the protection emphasis embraced by many of the Aboriginal agencies is utilizing the failed paternalistic approach exhibited by the non-Aboriginal agencies over the past half century. (p. 24)

Farris-Manning and Zandstra (2003) review of children placed in out-of-home care for the years 2000–2002 reports that of an estimated 76,000 children and youth living in out-of-home care, approximately 40 percent are Aboriginal. This is a significant number considering that fewer than 5 percent of children in Canada are Aboriginal (Human Resources Development/Statistics Canada 1996). In some provinces Aboriginal children comprise nearly 80 percent of children living in out-of-home care (Aboriginal Justice Inquiry, 2001; McKenzie, 2002; Trocmé, Knoke, & Blackstock, 2004).

The disproportionate number of Aboriginal children in out-of-home care emphasizes not only the effects of systematic oppression of Aboriginal communities but also represent the widespread failure of the current devolution policy. Even when Aboriginal agencies are granted the authority to deliver services, they are required to operate within provincial legislation and mainstream standards that fail to sufficiently consider socioeconomic, political, and cultural circumstances in First Nations
communities (Hudson & McKenzie, 2003). Thus, the right to self determination and optimal suitability of services to meet the unique needs of Aboriginal communities in ways that further the aims of community healing, capacity building are thwarted.

Holistic Perspective

Aboriginal cultures and their healing traditions are based on the interrelated health beliefs of the physical, social, emotional, and spiritual dimensions of the self that need to be in balance for optimum health (Nechi Health, 2000). The aim of holistic child and family services is the restoring of harmony (Bourgeois, 1998; Cross, 1997; Fournier & Crey, 1997; Hart, 2001). The holistic approach includes the use of natural herbs, traditional ceremonies, song and dance, the vision quest, prayer, the sacred sweat lodge, and the healing circle (Heinrich, Corbine, & Thomas, 1990; McCormick, Neumann, Amundson, & McLean, 1999). The fundamental philosophy underlying holistic healing practices is the interconnectedness of the individual with nature, family, community, society, and the universe (France, 1997; Garrett, & Carroll, 2000). Moreover, McKenzie (1997, p. 108) notes that holistic healing is important: “because it transcends the notion of helping in the narrow therapeutic sense. Instead, it emphasises the resilience of First Nation people, and their ability to utilize self-help and cultural traditions as a framework both for addressing problems and supporting future social development at the community level.” Voss, Douville, Little Soldier, and Twiss (1999) further adds that conventional social work practice generally operates using a deficit model of intervention, which attempts to respond to perceived weaknesses in the individual.

The holistic perspective embraces concepts of empowerment, collaboration, and healing from within (Brown, 2001; Lee, 1996; McCormick et al., 1999). Examples include community healing circles such as the Hollow Water Project in Manitoba, which
provides support, guidance and counselling to all those affected by sexual abuse, including the victim, the perpetrator, and respective families (Native Counselling Services of Alberta, 2001). Other examples include family group conferencing, family preservation, early intervention such as the head start program, and traditional cultural retreats (Libesman, 2004). While the main objective of the devolution process has been to transfer administrative responsibility over to Aboriginal authorities, a key countervailing issue is to facilitate a holistic approach to healing, autonomy and flexibility in service provision.

**Family Support Services Program**

The Family Support Services (FSS) program consists of five separate subprograms namely: Family Support (FS), Home Support (HS), and Bridging to Employment Life Skills (BELS), Community Linkages-Soup Bus (CLSB), and the Band Family Care Worker (BFCW).

*Family support.* Family Support (FS) is funded by MCFD and provides support and advocacy to Aboriginal children and families in the community of Prince George. This program has been in operation for 19 years. The program employs the Director/Supervisor of the Family Support Workers, one Intake Worker/Team Assistant, and three full-time Family Support Workers. The core objective of FS is to reduce the number of Aboriginal Children being taken into government care. The majority of referrals to the program are made through the child protection unit of MCFD. Aboriginal families referred to the program either have had their children removed or are at risk of being removed for reasons of neglect, or physical and sexual abuse. A major component of the program is the intake assessment which directs choice of intervention. At the time of the case study, approximately 70 families were involved with the FS program by
choice of the families. The length of the service is dependent on the needs defined in the initial assessment. The average length of service falls between 6 months to 1 year. The objective of the program is for Aboriginal families to realize their natural strengths and capacities and to live a healthy lifestyle with their children in their care.

The program specifically works with the parents in terms of support and advocacy and refers parents to various programs including but not limited to: parenting, alcohol and drug abuse, family violence, anger management, and life skills programs. The main components of the program include intake and casework, referrals to other support services, advocacy, and support. Within the action research process the following question was put to the FS team, “How can the FS programs provide more effective services to the children and families it serves?”

According to the contract with MCFD the desired outcomes are as follows:

(a) Children and families will have a greater understanding of their rights and responsibilities; parents will become more competent caregivers.

(b) Parents will be equipped to address the needs of the child at each stage of development and recognize developmental delays.

(c) Parents will attain the skills to manage their life; clients will access services and achieve goals as identified in service plans and children are returned to their homes.

(d) Clients will have service plans that are culturally appropriate.

(e) Clients will receive counselling.

(f) Clients will have a support person with them during planning meetings and assessments/investigations with MCFD Child Protection.
The service deliverables are to be managed by the urban Family Care Worker Supervisor. The expectation is for the program to provide parent education, child development and life skills such as budgeting, advocating for services, problem solving, communication, time management, manage access services on their own (Ministry of Children and Family Development [MCFD], 1999).

Home support. The main task of this program is to provide supervised visits for the parents of children who are in the care of MCFD. The HS program has been in existence within CSFS FSS program for the past seven years. This program employs a full-time Coordinator, one full-time Home Support Worker, and six part-time Home Support Workers. The desired outcomes stipulated in the contract are as follows:

(a) Children are safely cared for within their family home when parents are temporarily unable to do so.

(b) Regular family routines are maintained while natural, or foster parents are temporarily unable to do so.

(c) Parents improve parenting skills to adequately care for their children.

(d) Reduced family stress and improved long term family stability.

(e) Home Support Workers demonstrate the skills appropriate to the complexity of the case referred and purpose of service.

The specific service deliverables include:

(a) Provide goal-directed, time-limited services to a child or youth on the request of a Ministry of Children and Family Development social worker.

(b) A range of home support services identified as:

- Transportation of clients and/or clients children
- Training in basic homemaking and/or basic child care
- Personal care functions
- Transfer of function tasks

(c) Delivery of home support services in a timely manner, in a 1-24 hour(s) shift format.

(d) Observation of appearance, condition and behaviour of clients in order to ensure children's safety, reporting of any unsafe conditions to the referring District office and providing direct intervention if necessary.

(e) Provide Home Support Workers with skill set appropriate to the service request.

(f) Provide Home Support Workers who have an awareness of risk factors for children and youth and are clear on their responsibilities to report concerns under the Child, Family and Community Services Act (MCFD, 1999, p.2).

The desired outcomes for these programs include front-line workers possessing the skill set to conduct parent education, safety and awareness with children, and home management. The service deliverables include transportation of families as set out by a contract by the MCFD Child Protection Social Workers, training in basic home making, home management, and basic child care; and personal care functions, transfer of function tasks, and basic supervision of families.

_Bridging to employment life skills._ The Bridging to Employment Life Skills (BELS) program is normally funded by the Urban Aboriginal Working Group, which is a sub-committee of the Prince George Nechako Aboriginal Employment and Training Association (PGNAETA). For the 2006-2007 fiscal year the BELS program will be cost-shared with the Prince George Urban Aboriginal Strategy (PGUAS) through Indian and Northern Affairs Canada. The BELS program employs two full-time Certified Life Skills Coaches and has been in existence for the past six years. The BELS program is a twelve-
week life skills/pre-employment program that combines personal development, employment skills preparation, and job placements to employment disadvantaged participants of Aboriginal ancestry to increase employability. The goals of the BELS program are:

(a) To provide individual and/or group counselling to address issues that have prevented participants from obtaining and/or maintaining gainful employment or pursuing further education in the past.

(b) To assist participants to develop individual action plans that identify education and/or training required to reach their career goals.

(c) To increase the participants’ employment opportunities by delivering First Aid-Level 1, Food safe, First Host and Workplace Hazardous Materials Information System (WHMIS) certificate courses.

(d) To apply skills taught in the program by completing two one-week on-the-job work placements.

(e) To increase awareness of resources and services that exists in Prince George by touring Adult Learning Centres, Post Secondary Institutions and Training Institutions (Prince George Urban Aboriginal Strategy, 2006, p.1).

Community linkages-soup bus/homelessness program. The Community Linkages-Soup Bus/Homelessness Program (CLSB) program has been in operation for four years. The funding for the program is received from the PGNAETA Urban Aboriginal Strategy Homelessness Initiative. It employs a full-time Coordinator/Bus Driver; a part-time Assistant, and a Casual worker. The objectives of this program are to address the needs of a target population of homeless and high risk individuals, primarily Aboriginal, living in the City of Prince George and area. The program provides a mobile food service to
Aboriginal People (although no one individual is turned away) who are homeless or at-risk of becoming homeless.

The sub-objectives of this program are to strengthen the community linkages by developing a stronger cultural component that will serve as an aid for the reconnection of individuals to their culture, family, and community. The program partners with other agencies, such as the Northern Health Authority to provide nursing services to the individuals that are served. The CLSB program also has a small research component as it collects data on identifying training and employment needs, as well as identifying gaps in employment training services. This information is shared with other agencies in Prince George to enhance existing homelessness policies and programs.

The Soup Bus component provides a nutritional meal to the Aboriginal Homeless four (4) days per week, tentatively Monday through Thursday between 4:00 to 6:00 p.m. at the Carney Hill Neighbourhood Centre. The centre is situated in the VLA area where a majority of the impoverished families reside and at the Active Support Against Poverty shelter in downtown Prince George. The Soup Bus contracts with the Smokehouse Kitchen, a project of the Prince George Native Friendship Centre. The Smokehouse kitchen provides the Soup Bus with (575) meals per week. The meals consist of: a nutritional soup and sandwiches, fruit, and a drink. The soup bus staff also provides fresh fruit and vegetables to the service users as well.

Band family care worker program. The Band Family Care Worker (BFCW) program has been in existence since 1987 and is partially funded through MCFD and Indian and Northern Affairs Canada through the Delegated Agreement with CSFS. The BFCW program has sub-contracts with each of the First Nation communities namely: Wet’suwet’en First Nation, Burns Lake Band, Cheslatta Carrier Nation, Nadleh Whut’en,
Stellat'en, Takla Lake First Nation who employ a part-time FCW each, and Saikuz First Nation employs a full-time FCW. Yekooche First Nation contract subsidizes a full-time Community Development Worker. The Skin Tyee First Nation and Nee Tahi Buhn Bands do not have a worker or funding for a Band FCW. The Lake Babine Nation, T’lazt’en Nation and Nak’azdli Nation have their own contracts for their FCW with MCFD. The desired outcomes include:

(a) Children and families will have a greater understanding of their rights and responsibilities.

(b) Families will have a support person with them during planned meetings, assessments/investigations.

(c) Parents will become competent caregivers.

(d) Parents will be equipped to address the needs of the child at each stage of development and recognize developmental delays.

(e) Parents will attain the skills to manage their lives.

(f) Families will access services and achieve their goals.

(g) Parents will obtain the needed services.

(h) Families and children will have service plans that are culturally appropriate.

(i) Families, children and youth will feel supported.

The specific service deliverables of the Band FCW program include:

a) Provide families with information about their rights and responsibilities under the Child, Family and Community Services Act.

b) Attend planning meetings and assessments/investigations with Ministry for Children and Families Child Protection and provide follow-up.

c) Teach and demonstrate the following skills to families:
i) Parenting

ii) Child development

iii) Life skills

iv) Budgeting

v) Advocating for services

vi) Problem solving

vii) Communication

viii) Time management

ix) Home management

x) Access services on their own

The BFCW program assists families to develop strategies to meet their goals, and if MCFD is involved, to liaise with the Ministry’s Child Protection Worker. The Band FCW is to facilitate referrals to the Community Based Teams and assist families with the implementation of service plans, to participate in the development of culturally appropriate service plans for community members, to provide forums for community based awareness programs based on the unique needs of the community i.e. child welfare, etc., and develop and implement their own standards of community wellness (MCFD, 1999).

Action Research

Aboriginal peoples are deeply cynical about the capacity, motives, or methodologies of Western research. Linda Tuhiwai Smith (2000, p. 1), a Maori scholar in New Zealand, has this to say: “research is probably one of the dirtiest words in the indigenous world’s vocabulary.” From an Aboriginal perspective, the Western tradition of research brings to bear on any study of Aboriginal peoples, a different cultural
worldview and different set of values, different conceptualisation of such things as time, space and subjectivity, different theories of knowledge, and highly specialised forms of language and structures of power (Battiste & Youngblood Henderson, 2000; Chisholm, 1989; Colorado, 1988; Freire, 1994; Ladrière, 1977; Smith, 2000). As Bishop and Glynn (1999) assert, located within a positivist ontological and epistemological worldview, Western research has promoted and authorized the development of research methodologies that resulted in interests, agendas, and methods of research that remained firmly in the control of the researcher to whom the primary benefit accrued (Warry, 1990). As a result, Aboriginal scholars have sought to develop and promote appropriate methodologies for research for, by, and with Aboriginal people, which considers the interests of the community, rather than the larger society and academia (Battiste, 1998; Davis & Reid, 1999; Schiele, 1994).

Action research involves Aboriginal people as full partners in the research process and empowers them to define and address the issues that affect their lives (Hughes, Seidman, & Williams, 1993; Macaulay et al., 1998). According to Fisher and Ball (2002a; 2002b), action research provides a way of conducting research in a way that respects the use of Aboriginal knowledge and expertise to address issues. Fisher and Ball also point out that the non-hierarchical relationships and shared leadership that is characteristic of Aboriginal communities and organizations are consistent with the non-hierarchical relationships between the researcher and community in action research.

The four main guiding principles of action research; relationships, communication, participation, and inclusion also provide an ideal approach for gaining meaningful insight into complexities of Aboriginal issues (Dignan, 1998; Dickson &
Green, 2001; Szala-Meneok & Lohfeld, 2005). Relationships should promote feelings of equality for all people involved. They should maintain harmony which is similar and critical to the Aboriginal worldview. Conflicts should be resolved as they arise and through open and thorough dialogue. Another trait of relationships in action research is to accept people as they are (Greenwood & Levin, 1998; Fals Borda, 2001), not as some people think they ought to be, which aligns with the Aboriginal worldview. This principle also encourages personal, cooperative relationships (Greenwood & Levin, 1998), rather than impersonal, competitive, conflictual, or authoritarian relationships. The last principle of the relationships in action research is to be sensitive to people’s feelings and show respect and honor, another aspect of the Aboriginal worldview.

Action research requires effective communication on the part of those involved (Park, Brydon-Miller, Hall, & Jackson, 1993). Participants are expected to be truthful and sincere, and act in socially and culturally appropriate ways (Kemmis & McTaggart, 2000; Schachter, Teram, & Stalker, 2004). These principles are congruent with the Aboriginal worldview as listening and putting others’ needs first is a cultural expectation. To be honest and sincere and to be socially and culturally appropriate means to be respectful of yourself and others within the Aboriginal cultural context.

The participation in action research is most effective when it enables significant levels of active involvement (Ryan & Robinson, 1996). It enables people to perform significant tasks and everyone is included (George, Daniel, & Green, 1999). The participation provides support for people as they learn to act for themselves and this is very empowering especially from the Aboriginal point of view. It encourages plans and activities that people are able to accomplish by themselves and for themselves (Hendry & Farley, 1996; Minkler & Wallenstein, 2003). Finally, it deals personally with people
rather than with representatives and agents. Most traditional Aboriginal people are not mechanically inclined to operate computers and communicate through mechanical ways. They are much better at communicating in person and value the interpersonal communication.

The inclusion in action research involves maximization of the involvement of all relevant individuals and addressing all relevant issues (Minkler & Wallenstein, 2003). Relevant issues include the social, economic, cultural, and political and not just administrative or political agendas. The inclusion in action research ensures that cooperation with other groups, agencies, and organizations is in keeping with the holistic view of Aboriginal people. It ensures that the holistic approach is utilized and that family and community are important in all aspects of the research as they are important in all aspects of community and family life.

Participatory action research focuses on empowerment, democracy, equity, liberation, and life enhancement (Minkler & Wallenstein, 2003). These are key elements in the Aboriginal worldview and are used in all contexts such as: professional, organizational, and community contexts. The methodology that guides the research process is the thinking behind the actions taken to conduct the research. It is very simple in nature and it is not to be made complex or incomprehensible. In this research I have engaged in relationships that include participants as active and purposely involved in the research process.

Theoretical Framework of the Learning Organization

The concept of the learning organization (LO) challenges the dominant Weberian “bureaucratic” paradigm in which learning is strongly associated with a select few “educated” and “qualified thinkers” (Gould, 2000, p. 585). Unlike organizational
learning, a concept used to describe certain types of activity that take place within an organization, the learning organization refers to an organization that learns. The learning organization can be described as an organizational culture in which learning is not limited to training events but rather inherent in a set of processes located within the organization (Gould, 2000). In learning organizations, antiquated and erroneous ways of thinking are actively identified and corrected, and the vision of the organization is strongly promoted and supported by all its members (Cullen, 1999).

The holistic nature of learning within a learning organization can be compared to the Aboriginal medicine wheel and holistic worldview. An examination of Aboriginal culture believes there are fundamental differences that exist between the Western bureaucratic governance paradigm and the Aboriginal holistic paradigm. The bureaucratic governance paradigm is all about fragmentation, top-down decision making, and rationality. The holistic Aboriginal paradigm emphasizes balance, interconnection, power sharing, and relationships. In arguing the case for creating a learning organization, Senge (1990, p. 3) points out that "the human species is profoundly out of balance". His model of a learning organization is based on the practice of five disciplines, i.e., Personal Mastery, Mental Models, Shared Vision, Systems Thinking, and Team Learning which collectively offer a holistic paradigm.

**Personal Mastery**

The personal mastery intrigues me as I struggle with my own personal issues. I have worked with Carrier Sekani Family Services for the last fifteen years and have worked in the helping field for the past nineteen years. As an Aboriginal person and growing up in an Aboriginal community with impoverished community members I had no sense of personal mastery. In terms of the learning organization theory personal
mastery is how well we build capacity for each employee to pursue and develop personal mastery.

Mastery can be best understood in that old fashioned sense of continuous learning of skill and craft. We produced master carpenters and master teachers. Couple that sense of mastery with the search for personal vision and its alignment with the workplace vision and you now have employees in pursuit of personal mastery. Without it you have hard working competent employees stuck in basic compliance and job description purgatory. A commitment to personal mastery ensures that people are motivated by more than fear, promotion and money. Most would prefer continuous learning doing high quality work and being recognized as people. (Chartier, 2002, p.26)

As a result of our history Aboriginal people find it hard to find our true selves again. Our communities are plagued with a variety of social issues. In order for personal mastery to occur within our learning organization we need to look at ourselves as individuals and take into consideration our history and make amends with it. Only then can we move forward and not let what happened to us define us as Aboriginal people. Personal mastery is one of the key elements for an Aboriginal agency and needs to be implemented in every day practice of the agency. That would require us to engage in the process of mastering oneself in terms of personal healing. At the same time we must engage others holistically as individuals affecting change in our workplace for the betterment of Aboriginal children and families. This takes courage and commitment on everyone’s part.
Mental Models

Learning organizations have to be able to identify and smash mental models. Mental models are those assumptions, beliefs and attitudes that have been embedded in the workplace for years and often go unchallenged because they lie so deep in the heart of the organization. They live below the waterline and are hard to see and get at. They could also be a big factor in the frustration around many large change efforts. Even the best-planned change management process can hit the wall when it bumps up against organizational and personal mental models. Mental models are also huge barriers for innovation. [We tried that before or our policies will never allow it]. If an organization needs to learn it also needs to unlearn. Smashing mental models gets the unlearning done in order to create space for new learning. (Chartier, 2002, p. 48)

Mental models are important when looking at learning organizations as well as looking at it from an Aboriginal agency perspective. For Aboriginal people the mental models come through our history and our experiences of what has happened to the Aboriginal people in Canada. Because of our history, which is filled with atrocities, it is hard to see this society as a trustful place to live. As an Aboriginal person working in an Aboriginal agency that assists children and families, one of our mental models is that we have to strive for measly pockets of funding for our piece meal projects. In conjunction with that, we think that the rest of the agencies look down upon Aboriginal agencies as not “up to par” compared to the non-native counterparts. Simply put, I think it would be safe to say that most Aboriginal agencies do not think much of themselves. This gets in the way of achieving and moving to higher places in which we are confident to work and create visions that are meaningful to the people we serve.
Mental models are basically assumptions that we hold in place which in turn hold us in place. Some of these assumptions are unfounded, untrue, and keep us in a place where change cannot occur. For example, one of our belief systems is that as an agency we need to operate like a “mainstream” agency by having rigid rules and policies that restrict growth, movement, and flexibility and restrict creativity to do things differently. We adopt principles and philosophies that are not our own and try to incorporate them. This is part and parcel of the colonization process. It is like attempting to fit a square inside a circle, it is just not going to fit. As an Aboriginal agency we need to develop our own mental models and make them positive and reflective of our cultural worldview. Only then can we look at new and innovative ways of practicing social work within the agency’s policy and practice.

The biggest struggle of the learning organization is to get the vision and values of the organization off the wall and into the hearts and minds of the people. If traditional organizations tend to be overly led by policy, then learning organizations look to be primarily led by shared vision and values. Shared vision is quite simply your reason for existence. We have become experts at crafting the one or two paragraph, highly word-smithed, motherhood style mission statements backed up with lists of very high quality values. Some are done with passion and commitment, some for compliance. The real challenge is not in the drafting of vision and values but in making them real in terms of accountability, passion and relevance in the mailroom and every other corner of the organization. (Chartier, 2002, p.10)
Shared Vision

Shared vision is a key element in making positive, creative and innovative change within an agency. Personal visions need to be developed and shared so that they can be crafted into a shared vision. "Personal mastery is the bedrock for developing shared visions" (Senge 1990, p. 221). In order to develop a shared vision we need to look at ourselves individually. A shared vision is derived from our own personal vision. What is our belief and value system? As an Aboriginal person parts of my culture, language, and traditions have been lost over time due to the colonization process. My personal vision would be to bring those components back into my life; to be a Wet'suwet'en person who knows her culture, language, and traditions. To put this out as a possible shared vision in working within an Aboriginal agency means for me to put my personal vision on the table for others to hear and agree or disagree with. If I am one person who is Aboriginal and has lost my culture then many other Aboriginal people out there suffer from the same or similar losses. So it might be safe to assume that a shared vision of an Aboriginal agency working with Aboriginal children and families would be one that aspired to revitalize our language, culture, and traditions; and be proud of who we are as Aboriginal people.

Another shared vision might be to begin the holistic healing process within ourselves and promote and model healthy lifestyles so that we can mentor our families through this same process. Because a shared vision is owned by each person employed with the agency the holistic healing process would become a part of who they are as a person and shared with others. The book is correct when it states that: "It is rooted in an individual’s own set of values, concerns, and aspirations. This is why genuine caring about a shared vision is rooted in personal visions" (Senge 1990, p. 211). In an
Aboriginal agency such as Carrier Sekani Family Services that employs approximately ninety employees it would be important to get the employees, board members, and the member communities together to develop a shared vision.

The current vision statement (see Appendix H) was written by the CSFS board of directors. None of the staff, or community members had any input nor were they asked for their input. Although the vision states that: “together with our Elders we will promote healing and empowerment through legal, health and social services programs within Carrier Sekani Family Services” the statement does not encompass all that we could be and all that we could attain as a group. It would be worthwhile to revisit this vision statement and be inclusive of all parties that care about the agency’s mandate and its purpose.

When a shared vision is literally “shared” it can empower the staff, management, and community members. It is something personal and collective. It is not just the top management that plans the shared vision, it is all of the people involved. If we do not have common goals, dreams, or visions we become nothing, we walk aimlessly through life without any drive or motivation to do something different with our lives. Senge (1990) says it best in the Fifth Discipline:

> Visions that are truly shared take time to emerge. They grow as a by-product of interactions of individual visions. Experience suggests visions that are genuinely shared require ongoing conversation where individuals not only feel free to express their dreams, but learn how to listen to each others’ dreams. Out of this listening, new insights into what is possible gradually emerge. (p. 218)

One shared vision is the idea of compliance versus commitment. Compliance says that you do the bare minimum, you get by, your heart is not into the shared vision. The
committed person has a passion for the shared vision, you do more than your share, you
give more than your 100%, it takes you away from being in a comfort zone and just
working for a paycheque. Your heart and soul are in your work which makes it a personal
vision. Being an employee for Carrier Sekani Family Services I believe that I am a
committed, loyal, passionate worker who loves to help others and most of all our Carrier
and Sekani people.

*Systems Thinking*

Senge (1990) places systems thinking at the centre of the other four disciplines. It
provides the hub of “interconnectedness” around which the disciplines of personal
mastery, mental models, shared vision and team learning seem to revolve. Central to the
Aboriginal belief system is the notion of interconnection and balance between all four
elements of life, the physical, emotional, mental, and spiritual is essential for maintaining
and supporting good health (Bopp, Bopp, Brown, & Lane, 1985, Voss et al., 1999).

*Team Learning*

Team learning is the process of aligning and developing the capacity of a team to
create the results its members truly desire (Senge, 1990). Team learning requires us to
dialogue with each other thus ensuring that the team members speak the same language
and understand one another. Assumptions are a major area of concern when it comes to
team learning. It is a positive attribute when the team can voice their assumptions so that
they can be cleared and understood. Only then can there be no gaps in communication.

Another important aspect of team learning is to have no fear of repercussion when
team members are being honest in their feedback. We all can benefit from everyone’s
feedback when we are telling our truths. It is important to set ground rules for team
members to be able to feel safe when they share their concerns. It is important that the
power balance is equal and that titles are left at the door. Team learning ensures greater bonding between team members to allow each member to learn about one another especially their beliefs and values. “Team learning, learning organizations try to find ways to build continuous learning into teams in order to maximize knowledge management and promote faster learning (Chartier, 2002, p.62).”

The relatedness between the philosophical tenets of Aboriginal culture and the theoretical framework of the learning organization explains the inadequacies of the western bureaucratic paradigm as a model of governance for the Aboriginal community. Learning organizations offer an opportunity of restructuring an agency to allow for greater congruence for aboriginal workers and their cultural heritage. It provides cutting edge material and truly assists one to take an honest inventory and make changes in order to co-create a healthy atmosphere. Learning organization moves away from the traditional hierarchical top-down approach where authority, power, and control are exerted upon the employees and people that they serve. Carrier Sekani Family Services can benefit greatly from the learning organization approach as it is simple, easy, and achievable because it is congruent with our cultural values. Change can be good for the people and the employees. This theory has great promise for encouraging a nation. Results could be greater and the positive synergy could be contagious.

Logic Model Evaluation

Logic models are navigational charts that describe how a program will be implemented and what results are expected. They come in a variety of forms and have been used by evaluators over the past 35 years to guide program planning and evaluation (McLaughlin & Jordon, 1999; Wholey, Hatry, & Newcomer, 1994). There are five major
components of logic models (see Figure 1): implementation objectives, inputs, activities, outputs, and outcomes (Rush & Ogbourne, 1991).

![Logic Model Diagram]

Figure 1. Logic model

The implementation objectives state what the program hopes to do. Program inputs are any resources or materials used by the program to provide its activities (e.g., money, staff, volunteers, facilities, equipment, and supplies). Program activities are the services delivered by the program (e.g., training sessions, counselling, assessments). Examples of outputs are numbers of individuals served, number of referrals, and numbers of client contacts or contacts on their behalf with other agencies. Outcomes address what changes come as a result of project resources and activities. They assess the extent to which a program achieves its outcome-oriented objectives (Rush & Ogbourne, 1991).

The program evaluation logic model was used to evaluate the five sub programs that fall under Carrier Sekani Family Services FSS program. The main goal of the case study was to improve the design and delivery of the FSS program to better meet the needs of the Aboriginal children and families that access the service. This model is conducive to planning effective programs and enhancing existing services. The logic model is another useful way of looking at whether or not programs are on target in terms of goals and objectives.
CHAPTER 3

Action Research Process

A fundamental tenet of action research is that it often starts from critical theory (Tripp, 1990). Critical action research involves ensuring that the issue to be investigated and acted upon comes from the community and not an outside professional or funding source (Parks, 1993; Sankar, Dick, Passfield, & Swepson, 2001). In this case study, both staff and users of services formed the action research learning team. The action research process unfolded over a five day retreat in February 2005.

Phase One

The first phase of the five day action research process involved an examination of the five FSS programs by the Family Support Team. The intent was to capture what worked well and what needed to change. Following this day long process, it was the consensus of the group that the current emphasis underlying FSS services was primarily based on individual or single family’s needs rather than the group approach. The action research learning team felt that the focus of the programs was centered around the needs of MCFD (i.e., referrals to other service providers, assistance and support in court proceedings, transportation, family supervision, and moral support), rather than the users of the services.

Phase Two

The second phase involved a brainstorming session to develop a “wish list” of what the action research learning team wanted the five FSS programs to look like. The team strongly felt what was lacking in the various FSS programs was a focus on group work, with an emphasis on teens and those in need of addiction relapse support. In particular, the users of the services noted that they wanted more culturally related
activities such as learning to sew, knit, learn crafts, beading, hide preparation, drum and moccasin making, and learning their language. This group also indicated the need for a venue to network their wares and a place for child care, trading clothes, hairdressing, traditional teachings, canning, and food preservation such as berry picking, fishing, and bannock making.

The specific types of support groups identified by users of services included: drugs and alcohol, smoking, parenting, and job search. The group talked about groups for anger management, grief and loss, peer counselling, teenage supports, certificate programs, CPR classes, driver education, life skills, GED preparation, fundraising, community clean-up, community pride. Finally, other items brainstormed included home management training, budgeting, menu planning, literacy programs, healing circles, one on one counselling, cultural teachings, women’s and men’s (fathers’) groups, drop-in daycare, family activities, community kitchen, children’s activities, homework and tutoring, and Elder storytelling.

Phase Three

The third phase involved thinking about what the group wanted to achieve within the framework of the five themes using the learning organization model: personal mastery, team learning, system thinking, mental models and shared vision. Following a review of the five principles of the learning organization the group identified the following:

Personal mastery.

- Applying the personal mastery principle to the FFS program would mean acknowledging that we cannot offer integrity of service to others if we don’t know and honour ourselves.
- Personal mastery means to walk the walk, honouring self, progress not perfection, self-reflection to clarify what is important, authenticity versus ideals, honest communication versus ‘one-up manship’, ownership of your own healing process, ownership of your self care, genuineness versus faking it, and recognizing biases.

- It was acknowledged that the present culture was all about working too hard and too fast from an individual perspective.

- The team discussed their commitment to build on relationships.

- They decided that a self-care plan should be implemented from a holistic perspective to include: spiritual, mental, emotional and physical areas.

Further, that we need to work in our own lives as a person and as an employee of CSFS FSS programs.

Team learning. The values defined in column 2 of Figure 2, were developed and embraced by the action research learning team. These new values are to guide the team as we move forward.

<table>
<thead>
<tr>
<th>Status Quo</th>
<th>Action Research Learning Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-determined structure</td>
<td>Open and flexible</td>
</tr>
<tr>
<td>Complex</td>
<td>Simple</td>
</tr>
<tr>
<td>Academic</td>
<td>Life experience</td>
</tr>
<tr>
<td>Referral</td>
<td>Access</td>
</tr>
<tr>
<td>Compartmentalized</td>
<td>Holistic</td>
</tr>
<tr>
<td>Professional/Expert</td>
<td>Elder/Life Coach</td>
</tr>
<tr>
<td>Institutional research</td>
<td>Research for reality</td>
</tr>
<tr>
<td>Individual practice</td>
<td>Group awareness</td>
</tr>
<tr>
<td>Isolated</td>
<td>Shared experience</td>
</tr>
<tr>
<td>Dictatorial/Judgemental</td>
<td>Expressive/Problem solving</td>
</tr>
<tr>
<td>Specialized</td>
<td>Generalist</td>
</tr>
</tbody>
</table>

Figure 2. Team learning values.

Systems thinking. Systems’ thinking is a framework for seeing inter-relationships rather than issues and underlying structures rather than symptoms. The values that the
group considered crucial for system thinking were listed in an either/or context as illustrated in Figure 3. These values will foster the team in “thinking systems.”

<table>
<thead>
<tr>
<th>Status Quo</th>
<th>Action Research Learning Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual services</td>
<td>Team learning (group)</td>
</tr>
<tr>
<td>Limitations</td>
<td>Possibilities</td>
</tr>
<tr>
<td>Compliance</td>
<td>Committed</td>
</tr>
<tr>
<td>Mandated</td>
<td>Invested</td>
</tr>
<tr>
<td>Have to</td>
<td>Want to</td>
</tr>
<tr>
<td>Systemic</td>
<td>Holistic</td>
</tr>
<tr>
<td>Deficit</td>
<td>Strength building</td>
</tr>
<tr>
<td>Individual focused</td>
<td>Family, Community, Group focused</td>
</tr>
<tr>
<td>Singular</td>
<td>Multi-faceted</td>
</tr>
<tr>
<td>Crisis intervention</td>
<td>Prevention and Early Intervention</td>
</tr>
<tr>
<td>Reactive</td>
<td>Proactive</td>
</tr>
<tr>
<td>Hierarchical</td>
<td>Collaborative</td>
</tr>
<tr>
<td>Policy driven</td>
<td>Accountability</td>
</tr>
<tr>
<td>Institutional</td>
<td>Personal</td>
</tr>
<tr>
<td>Static</td>
<td>Situational/flexibility/fluid</td>
</tr>
<tr>
<td>Teaching</td>
<td>Facilitation</td>
</tr>
<tr>
<td>Linear</td>
<td>Circular</td>
</tr>
<tr>
<td>Focus on Weakness</td>
<td>Focus on strength</td>
</tr>
</tbody>
</table>

*Figure 3. System thinking values.*

*Mental models.* Bureaucratic mental models encompass and foster what traditional organizations look like, how they operate, and philosophies that they practice. We looked at the mental models that were getting in the way and explored mental models that would help us to achieve our goals (see Figure 4).

<table>
<thead>
<tr>
<th>Status Quo</th>
<th>Action Research Learning Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mistrust in Social Worker</td>
<td>Social Worker is supportive</td>
</tr>
<tr>
<td>Hierarchy</td>
<td>Equality/Circular</td>
</tr>
<tr>
<td>Racism</td>
<td>Equality</td>
</tr>
<tr>
<td>Deficit model</td>
<td>Strength-based</td>
</tr>
<tr>
<td>Dependency</td>
<td>Interdependent, Empowerment</td>
</tr>
<tr>
<td>Reactive</td>
<td>Proactive</td>
</tr>
<tr>
<td>Policy Driven</td>
<td>Community Driven</td>
</tr>
<tr>
<td>Service deficit</td>
<td>Solution-focused</td>
</tr>
<tr>
<td>Impersonal</td>
<td>Interpersonal</td>
</tr>
<tr>
<td>Unchallenged/Unquestioned limitations</td>
<td>Boundaries/Flexibility</td>
</tr>
<tr>
<td>Rule-based decision making</td>
<td>Value based decision making</td>
</tr>
<tr>
<td>Time limited outcomes</td>
<td>Self directed goal based outcomes</td>
</tr>
<tr>
<td>Band-aid solutions/surface</td>
<td>Foundation up/root of problem</td>
</tr>
</tbody>
</table>

*Figure 4. Mental models*
**Shared vision.** The team discussed and refined a vision statement for the Family Support Services Program. The new vision statement reads, *The Family Support Services Program staff agrees to empower community, families, and self through a holistic approach guided by an Aboriginal perspective.*

The following principles were identified as being core to the vision statement: Community, Empowerment, Culture, Responsibility, Respect, Accountability, Inclusion, and Relationship.

<table>
<thead>
<tr>
<th>Principle</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>The definitions of community mean sharing, bonding, being inclusive, and collective, relationship building, caring, ownership and responsibility, mutually supportive, have a positive attitude, a sense of belonging, having openness and transparency, respect, intrinsic value and interpersonal and interdependent.</td>
</tr>
<tr>
<td>Empowerment</td>
<td>The definition of Empowerment is to encourage, support, viewing the glass as being half full, positive, understanding, courageous, self responsibility, capable, respect, holding as able and accountable, listening, caring for, strength, bonding, esteem, show love, affection and empathy.</td>
</tr>
<tr>
<td>Culture</td>
<td>Culture means language, Elders, respect, our dance, the medicine wheel, spirituality, ceremonies, pride of who you are and where you come from, traditional teachings, family and community are viewed as important, showing care and concern for all young and old, gatherings are important, children are seen as gifts and are lent to us for a time, interconnectedness and family and community wellness, a sense of belonging and identity, embrace our values.</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Taking action and doing your part, honouring honesty and reliability, being humble and a clear understanding, finish what you start, having strength, networking, trust is a major factor, being capable and accountable and engaged with the people, having the ability to respond and take action for self and others.</td>
</tr>
<tr>
<td>Respect</td>
<td>What respect means to the group that you respect yourself and others and all things, honouring all, responsibility, honesty, inclusion, belonging, openness and transparency, trustworthy, modelling and mentoring and being involved.</td>
</tr>
<tr>
<td>Accountability</td>
<td>Investing yourself into the agency, being honest, having a clear idea of goals and objectives of the agency and its programs for the Carrier and Sekani people, having a purpose and promoting clear communication, taking action, initiating, holding self as able, and using “I” statements, promoting healing and wellness with self and others.</td>
</tr>
<tr>
<td>Inclusion</td>
<td>Ensuring that everyone feels included and belongs, all for one and one for all, open-minded, respectful, flexible, helpful, reliable, feeling</td>
</tr>
</tbody>
</table>
loved, non-judgemental, accepted, equal, fairness, transparency, encourage participation, sharing, trust, openness, welcoming, non-institutionalized, committed, ownership, real, relevant, meet people where they are at.

| Relationship | Relationships are very important in the work that we do with children and families. It is vital to have trust, respect, caring, trust in each other, time for self and doing self-care, networking, communicating by listening, taking responsibility and sharing it, being accountable, honest, inclusive, interconnectedness, balance, understanding, sense of humour, self confidence and esteem, accepting of self and others, and working collaboratively together, maintaining healthy boundaries. |

**Figure 5.** Principles of vision statement.

**Phase Four**

The final phase of the action research process involved using the logic model to map out the five programs based on the principles of the learning organization adapted to an Aboriginal social service organization (see Figure 6).

**Figure 6.** Aboriginal principles of the learning organization.
Program (shared) vision/Aboriginal worldview. The Family Support Services program staff will empower community, families, and self through a holistic approach guided by an Aboriginal, strength-based, ecological, and cultural perspective.

Personal mastery/lifelong learning. Each employee has a holistic wellness plan for self-care and is also implemented with each family case file as part of their goal work plan.

Team learning/all my relations. The staff of these programs will strive to be open, flexible, focus on life experiences, be accessible to the families, utilize Elders, focus on group facilitation and use a generalist approach to service delivery.

Systems thinking/interconnected. The program staff will work in collaboration with one another and other programs and services in the agency. The focus of the work will be proactive, preventative, and accountable. The approaches will be from Aboriginal, strength-based, cultural, and ecological perspectives.

Mental models/strength-based. The focus should be on building capacity within the agency staff by empowering and encouraging them. The program’s decision-making values are community-driven, solution-focused, interpersonal, interdependent, equality based.
CHAPTER 4
New Directions

As the action research learning team embraced the principles of the learning organization, the following changes were suggested to the FSS programs. It should be noted that shifting program service models and setting new strategic directions does not necessarily require a complete change in the existing program. In fact, some of the current approaches to support Aboriginal children and families will remain the same and provide a strong and dependable foundation for the changed programs to operate.

**Family Support Program**

The intake, assessment, case planning, coordinating support services, direct service delivery, record maintenance, and case review program components of the FS program remain unchanged. What changed was the focus of the activities and methods of coordinating services. The new approach will take a more holistic, culturally appropriate, and prevention focus in working with families (see appendix C to review the logic model of the FS program). In addition, the new staffing model will be adjusted as follows: (1) Supervisor/Director, (1) Intake Worker/Team Assistant, (1) Family Support Worker (FSW); (1) Cultural Support Worker (CSW); (1) Parent Educator Worker (PEW); (2) Certified Life Skills Coaches (CLSC).

*Intake worker/team assistant.* The Carrier Sekani Family Services parenting program will offer an open-intake process where families will not have to wait extended periods of time in order to build better relationships. The program will follow an aboriginal approach to child rearing and enhance families in a holistic manner.

*Family support worker.* The most successful aspect of this program has been the individual assistance for families attending court support or in need of advocacy. One-on-
one support has also proven successful especially when families and individuals require professional intervention and crisis support.

**Cultural support worker.** The cultural support worker is a vital component of the whole Family Support Program. It supports the notions of providing preventative and proactive service delivery approaches. It also is conducive to culturally appropriate service delivery with Aboriginal children and families. The emphasis on conducting family, community gatherings, and community events is important to preserving and strengthening Aboriginal families.

**Parent educator worker.** Support is an integral part of any program designed to assist individuals, families, and communities. Individuals who live without support can easily slip back into previous unhealthy patterns. Children and parents become isolated. This service focuses on helping people and communities to grow and become empowered and they are supported through the process. Natural networks that are cost effective and fluid will develop and replace other more intrusive interventions such as supports from family, friends and neighbors.

**Certified life skills coaches.** Programming for Therapeutic Life skills will enhance the ability of individuals to build their skills. Work placement and certificate training will offer community members employment possibilities previously unavailable to them such as working in offices, convenience stores, lumber mills, restaurants.

**Home Support Program**

The HS program shifted its focus from a Home Support Worker to a Children and Youth Worker that will coordinate programs for the children and youth. This proposed change will need to be negotiated with MCFD because of the contractual obligations CSFS has with MCFD for this program (see appendix D). The following are programs
that the team wanted integrated in the existing HS program that are funded through MCFD.

1. Children's and Youth life skills
2. Children and youth activities

*Children and youth life skills.* Through a program that focuses on children's life skills we can help develop the skills and tools that children will retain as they develop through their formative years. These workshops and activities will be specifically targeted for children, a unique group of learners who are the best candidates for learning at an early age the value of self care and preventative health. Some of the life skills that the children and youth will learn are communication, problem-solving, expressing feelings, and giving and receiving feedback.

*Children and youth activities.* Children are our future; we need to help them develop into persons with the skills to ensure the development of their health and happiness. This program (workshops and events) will focus on supporting children and youth so that we can empower them towards a healthy safe and inclusive life in their communities. Some of the skills that they will learn would be cultural activities such as learning how to bead and learning about the hunting and gathering techniques of the Carrier culture. School-aged children may also learn their own language, and drum making. Other generic activities would include recreational activities such as swimming, and joining the different leagues, baseball, gymnastics etc.

*Bridging to Employment Life Skills Training*

The Bridging to Employment Life Skills Training program (see appendix E) is funded by the PGUAS and application for ongoing funding is done on an annual basis by the PG Urban Aboriginal Working Group. The program will remain the same; however,
we are requesting that the program be funded by MCFD as it is stipulated in our current contract with MCFD for the urban Family Support Program.

Community Linkages Soup Bus Program

This Community Linkages Soup Bus program (see appendix F) is funded by the PGNAETA and PGUAHS. The funding is not annualized and is based on funding provided by the federal government. There are on-going negotiations on a provincial and federal level to continue the funding and have it annualized.

Band Family Care Worker Program

Presently, the BFCW program (see appendix G) is cost-shared with MCFD and the Child and Family Service program of CSFS. CSFS has (11) member bands within the society. Lake Babine Nation has a separate FCW contract with MCFD. Yekooche First Nation has a portion of the BFCW budget accounted for with the Community Development Social Worker. Saikuz First Nation requested that they retain their full-time FCW and agreed to re-vamp the job description to include preventative activities for the children and families in their community. Burns Lake Band, Wet’suwet’en First Nation, Cheslatta Carrier Nation, Stellat’en First Nation, Nadleh Whut’en, Takla Lake First Nation have part-time workers. Skin Tyee First Nation and Nee Tahi Buhn Band do not have any workers.

The BFCW program needs to shift from crisis intervention workers to Community Support Workers or Family Preservation Workers where they will be conducting cultural activities and Family Health Education for the families in their communities and also workshops and support groups. The overall goal of the program will be prevention of children being removed from their families.
The contracts with each of the respective bands will be revoked and the existing workers will become CSFS employees with the exception of Saikuz First Nation and Wet’suwet’en First Nation at their request. A separate proposal will be drafted and submitted to MCFD to fund full-time workers in the communities with a BFCW Coordinator.

Other Recommended Initiatives

In addition to the specific program changes, the following programs were also seen as important to the FSS program in terms of training, capacity building, and being able to secure a building that will include all of the programs that are recommended for the Family Support Services Program.

Train the Trainer

Training the trainer is an integral part of providing family support staff (within CSFS and in the communities) with the skills to deliver culturally appropriate services to the families that the Carrier Sekani Family Services team supports. This program aims to expand the skills, knowledge, cultural abilities, and competencies that is necessary and appropriate to build community capacity and pride.

Community Center

A community centre for families to access resources is critical for the success of families involved in our new services. The center will provide a gathering place and a safety zone for families in need of assistance. It will be a gathering place for families, friends and the community as a whole. The facility and its grounds will provide a cultural gathering place where ceremonies and elder story telling will be but a few of the benefits offered.
Family Mediation

For children, families, and communities to be strong and self-reliant, they must be able to work through individual, family, and community problems. Through Family Mediation, CSFS will be able to provide the resources, expertise, and training to help mediate family issues. Community cohesion will be enhanced and there will be less need for intervention or involvement of other agencies if families can work to create solutions to their own issues.
CHAPTER 5

Personal Reflections

The five day action research process was a very invigorating and refreshing experience for the program and everyone involved. It was a very respectful approach to reviewing our current programs. The staff bonded in a very unique way and there was a shared understanding between staff. The communication aspect was very informal which made it easier and more comfortable for the staff to be able to be candid and frank in their discussions, honesty and transparency was expressed which allowed each staff to be vulnerable and express who they are as people first. The participation level was 100%, the staff attended every day despite other work commitments and ensured that their voices were heard and understood. The inclusion aspect was again, very well received, everyone felt like they were the driving force and were excited that their opinions were being acknowledged, respected, and implemented. This process was very liberating in terms of the ability to think outside the box and to stray from our traditional methods of “research” of finding new and innovative ways to deliver these programs.

What I have learned from this experience was that change is possible in this present day system of “organizations” That if we can all agree that our Aboriginal people including ourselves, need to practice the holistic approaches to personal wellness we can move mountains together as a Nation. This process ead me to look at the individual (self and personal mastery) and then, to family, community, organization, and our Nation and view it from a macro level that one person can make a difference. As individuals and employees we are still a person and we need to strive for personal wholeness and need to practice what we preach so that we are modelling for the families that you can achieve a life of personal wholeness and wellness.
Conclusion

The Family Support Services Program within Carrier Sekani Family Services has been long overdue for a program evaluation that would overhaul the program and the outcome would be to have a more collaborative, empowering, inclusive program for the Aboriginal children and families who reside in the Prince George area. We are in the 21st century and themes, eras come and go and evolve from historical issues to present day realities. One thing is for certain that amends still need to be made with the Aboriginal people not only in Prince George but, also for the rest of the Nation. Healing and wellness are the guiding principles for all services to Aboriginal people. It must come from a true Aboriginal worldview, structural perspective, and the anti-oppressive perspective for our children and families to become whole once again.
References


Appendix B: CSFS Territory Map
Appendix C

LOGIC MODEL OF FAMILY SUPPORT

Implementation Objectives

Intake

Assessment

Referral

Case Management

Community Development

Inputs

Intake Worker & Workshop facilitator
$78720.00
Transportation Participants
Program supplies
Facility
Coffee
Referral list

Activities

Home visits
Transportation
Collect all info.
Counselling with families
Attend family court
Genogram Dev.
Goal work plan with families

Outputs (TARGETS)

# Intakes, referrals
# Home visits
# Phone calls
# of Abor. Ppl
# of members served band by

Outcomes

Short Term

Ppts feel welcomed, helped, empowered, understood
Ppts are have goals planned for self
Ppts feel encouraged
Ppts will receive specific service for self and children

Intermediate

Ppts understand self through assessment
Ppts understand family court process
Ppts feel supported
Ppts feel empowered in situation

Long Term

Ppts are more culturally aware.
Ppts are more aware of colonization, rez schools, 60s scoop,
Intergenerational patterns
Ppts know who they are.
Ppts know and learn language and culture and have pride

Ppts are aware of parenting to keep children safe
Ppts aware of self
Ppts know how to discipline children
Ppts and children are safe
Ppts know child development stages
To increase chances of children staying in the home

Ppts program staff are interconnected and interdependent.
Families are strengthened and preserved
Families are aware of intergenerational cycles
Families have their children at home safe
Families are identified and educated on culture, language & customs
Appendix D

LOGIC MODEL OF HOME SUPPORT

Implementation Objectives

Intake

Assessment

Referral

Case Management

Community Development

Inputs

HSW Coor $50,878.05
Facilities
Office equip.
PPTs
Visiting rooms
Furniture
Teaching material
Training
Transportation

Activities

To obtain basic information on all referrals
Ensure contracts are on file
Specific service required
Ensure forms are updated
Consult with SW

Outputs (TARGETS)

# of referrals
# of referrals accepted
# of referrals made
# of referrals rejected
# of referrals on waiting list

Outcomes

Short Term

Immediate access to services based on priority
Effective working relationship with MCFD, Families, CSFS staff
Families are reunified and fewer protection issues

Intermediate

Determine issues of concern for clients
To maintain clients' functional abilities to the least restrictive level
To improve quality of life for parents, children and families
Families are able to visit with

Long Term

To increase clients/families abilities to self manage
Children and youth are active and visible in community
Children & Youth have better quality of life
Fully funded services are implemented for children, youth.

To ensure families, children & youth are active in community with healthy activities
Families & community are connecting in a healthy manner
To increase chances of children staying in the home

To ensure effective working relationship with MCFD, CSFS, FP and other programs work together
Proposals are completed for programs needed for C & Y
To educate, inform Aboriginal parents of other parenting styles and ways to ensure the safety of the children
Appendix E

LOGIC MODEL OF BRIDGING TO EMPLOYMENT LIFE SKILLS PROGRAM

Implementation Objectives
- Intake
- Assessment
- Group Work
- Case Management
- Community Development

Inputs
- (2) Certified Life Skills Coaches
- Facilities
- Office Equipment
- Copier/Fax/Printer
- Office space
- Furniture
- Forms/Advertise
- Participants

Activities
- To obtain info on referral made from advertisements, MCFD, self, HRDC, Employment Counselors
- PIF completed
- Staff
- Phone
- Cell
- Transportation
- Assess individual strengths and needs.
- Interview possible ppts and conduct selection process
- Advocate for daycare subsidies, Assess training needs.
- To conduct life skills curriculum
- Ensure student files are in order
- Ensure within budget
- Ensure student attendance
- To ensure student files are updated, assessments, referrals, job placements, are completed, goal work plan
- To provide information to community agencies and pamphlets to families on life skills program, budgeting, problem solving, education and career options

Outputs (TARGETS)
- # of referrals
- # of completed assessments
- # of "no shows" for assessment
- # of completed assessments
- Characteristics
- # of referrals accepted
- # on waiting list
- Referral source

Outcomes
- Short Term
- Intermediate
- Long Term
- Students have a clearer knowledge of personal functioning, strengths, barriers, related to self, employment and training.
- Students will gain employment, or continue with edu or training, career direction
- PG will have a greater awareness of the Bridging Project goals and objectives and who can be referred to this program.
- Community linkages will occur and rapport with work placement agencies will be developed.
- Students will become active citizens to society

Characteristics
- # of referrals
- # of students
- # of work placements
- # of referrals to
- # of case files
- # of work placements
- # of referrals to
- # of reports completed
- # of presentations to community service providers
- # of reports completed

Community Development
- $120,000 funding for full year
- Coordinator
- Community service provider list
- Work placement agencies
- Facilities
- Office Equipment

Staff
- Case Files
- Office Equip.

Funding
- Community Development
- $120,000 funding for full year
Appendix F

LOGIC MODEL OF COMMUNITY LINKAGES SOUP BUS PROGRAM

Implementation Objectives

Intake

Assessment

Referral

Case Management

Community Development

Inputs

Coordinator

Assistant

Casual

Bus

Facilities

Office

Equipment

Activities

To ensure that all soup bus users are accounted for;
Demographics collected;
Surveys, Pamphlets are distributed

To complete the standard assessment format on all
who access service
Ensure statistics are completed
Info. provided

To ensure service users have referrals made for
housing, income, shelters, food sources, clothing,
counselling, access to health facilities, flu shots, services

To provide counselling,
To provide follow-up contact (1) week for 6 months.
To provide case management structure for care.
To provide referrals to CINHS, ASAP for food sources

Outputs (TARGETS)

# of soup bus users
# of homeless
# of at-risk homeless
# of meals served
# of children, &

# of assessments done
# of pamphlets handed out
# of referrals to other food sources

# Referred to various agencies
Characteristics of clients
# of services used

# of various types of contacts
# of clients intervention
# of homes found
# of referrals to assistance

Outcomes

Short Term

To obtain immediate access to services based
on priority
The hungry children, youth, families, homeless
will be fed
The homeless and at-risk homeless
will have more info.
On resources

To determine issues of concern to service users
Service users have a greater understanding
of community resources and are able to
find & retain a home
To improve quality of life for homeless or at risk of being homeless
persons with and their families

To increase clients/families
abilities to self manage
Service users are better equipped to assist
themselves to access support services.
Service users will have a good understanding
of poverty, homelessness and how to
attain a healthy lifestyle.

To increase chances of homeless of
finding homes, income, food sources,
clothing sources
To have support services for social
problems and issues
Service users have self esteem, confident
and have a home

Intermediate

To educate, inform
Aboriginal service users
of a healthy holistic
lifestyles and ways to
ensure their own safety
and well-being.
To ensure that the basic
needs are met for each
service user: food, shelter,
clothing, love and
belonging and know their
cultural identity.

Long Term

Coordinator

Assistant

Casual

Bus

Facilities

Office

Equipment

$187,728 of funding/yr

To provide information to community agencies and pamphlets to families on
parenting and home management, food sources, alcohol and drug
 counselling and treatment, life skills, housing information, income assistance.
To complete proposals to funding sources and assess funding

# of types of presentations
# of reports done
# of statistics completed
# of referrals submitted
Appendix G

LOGIC MODEL OF BAND FAMILY CARE WORKER PROGRAM

Implementation Objectives

Intake

Assessment

Referral

Case Management

Community Development

Inputs

Facilities
Transportation
Office Equip.
Office Supplies
(10) FTE's
(1) FTE Coord.

Activities

To complete holistic assessment on each family
Do genogram on each family
Complete statistics on demographics in community
Ensure all intake forms are completed/file

Outputs

(TARGETS)

# of intake forms completed
# of genograms done
# of referrals made

Outcomes

Short Term

To get immediate access to services based on priority
To ensure all children and families access needed services
A good understanding of social problems/issues in community

Intermediate

To determine issues of concern to clients
To maintain clients' functional abilities to the least restrictive level
To improve quality of life for persons with MS and their families

Long Term

To increase client/families abilities to self manage
Families have greater knowledge to services available in community
Families are aware of social problems and issues and have a greater understanding of needs for self, children and families

FBCW Coordinator
Facilities
Transportation
Office Equip.
Office Supplies
(10) FTE's
(1) FTE Coord.

$442,330.00 funds needed

Supervise each worker, review and assign caseloads, gather cultural curriculum, parent education, seek out facilities for programs, provide direction, support to workers, provide training for workers, create positive working relationships with community.

Traditional parent education curriculum
Do posters, pamphlets, newsletters, workshops, groups for parents in office and at home, individual, family and community

# of parent ed. Classes taught
# of pamphlets, newsletters, posters done, # of h/v

FSS program staff are interconnected and interdependent.
Families are strengthened and preserved
Families are aware of intergenerational cycles
Families have their children at home safe
Families are identified and educated on culture, language & customs

60

Community Development

BFCW Coordinator
Facilities
Transportation
Office Equip.
Office Supplies
(10) FTE's
(1) FTE Coord.

$442,330.00 funds needed

Supervise each worker, review and assign caseloads, gather cultural curriculum, parent education, seek out facilities for programs, provide direction, support to workers, provide training for workers, create positive working relationships with community.

Traditional parent education curriculum
Do posters, pamphlets, newsletters, workshops, groups for parents in office and at home, individual, family and community

# of parent ed. Classes taught
# of pamphlets, newsletters, posters done, # of h/v

FSS program staff are interconnected and interdependent.
Families are strengthened and preserved
Families are aware of intergenerational cycles
Families have their children at home safe
Families are identified and educated on culture, language & customs
Appendix H: Current Mission Statement

With the guidance of our Elders, Carrier Sekani Family Services is committed to the healing and empowerment of Aboriginal families by taking direct responsibilities for: health, social and legal services for First Nations people residing in Carrier and Sekani territory.