

**How Community Support Workers facilitate Transitional Aboriginal Families'
Access to Health, Family Support, and Recreation Services**

A Families First Edmonton Report

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In this **Families First Edmonton** (FFE) report we explore how caseworkers can promote family capacity building and address the unique needs of low-income Aboriginal families with children who have moved to Edmonton from more isolated communities. This report was developed under the supervision of FFE Research Analyst, **Dr. Laura Templeton** and in consultation with **Aboriginal Initiatives, Human Resources, Ministry of Human Services**. We gratefully acknowledge the insightful contributions made by **Bert Auger** (Senior Advisor of Aboriginal Initiatives), **Marie Christie** (Manager of Employee Enhancement Initiatives), and **Sangeeta Sicking** (Manager of Organizational Support Initiatives) throughout this project.

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Table of Contents

Executive Summary	2
PART I: Introduction	3
<i>Overview of the Families First Edmonton Project</i>	3
<i>Focus of Report</i>	3
PART II: Case Note Selection and Analysis	4
<i>Identifying Transitional Aboriginal Families within the FFE project</i>	4
<i>Research Question</i>	4
<i>Demographic Profile of Transitional Aboriginal Families</i>	5
<i>Qualitative Content Analysis</i>	6
<i>Implications</i>	6
PART III: Findings	7
<i>Overview</i>	7
<i>Recommendations for Caseworkers</i>	8
PART IV: Conclusions	17
References	18

Executive Summary

Overview of the Families First Edmonton Project

Families First Edmonton (FFE) is a community-university partnership project¹ that is exploring whether delivery of health, family support and recreation services in a more coordinated way can improve the overall capacities of **low-income families**. Using a randomized control trial design, approximately 1,200 families were assigned to one of four groups (one self-directed group with no service delivery component and three service delivery groups). Families who were assigned to one of the three service delivery groups were assigned a **Community Support Worker (CSW)**.

Overview of Report

For this report, we asked: *What can we learn from the FFE case notes about how CSWs help facilitate transitional² Aboriginal families' access to health, family support, and recreation services in Edmonton?* This report summarizes the case notes that were documented by CSWs while working with **19 transitional Aboriginal families**. Similar challenges existed for the 19 families – regardless of how long they had been living in Edmonton. The 19 families selected for this study originated from 16 different Aboriginal communities. Six of the primary caregivers identified Cree as their first language. Primary caregivers (ages ranged from 20 to 48 years) reported living in Edmonton from less than a year and up to 35 years. Most families were headed by a lone woman with 1 to 8 children – however the total number of household members and who was living in the home changed during the time CSWs and families worked together. The 19 families often reported multiple barriers and social isolation through structural disconnections (e.g., lack of awareness, lack of money, inadequate transportation) and cultural disconnections (e.g., lack of access to an Aboriginal liaison). Findings are organized according to six recommendations: **1) build and maintain relationships with other workers and agencies, 2) offer practical support, 3) be persistent and creative, 4) be consistent, responsive, and flexible, 5) be trustworthy, non-judgemental, and exhibit transparent loyalty and, 6) enhance cultural competency.**

Considerations for Caseworkers

By concentrating on the process of CSWs working with families, this report reveals six ways in which caseworkers can support transitional families' experiences of barriers related to housing, food and materials, transportation, and family complexities. Although a family may present an urgent need (e.g., housing) when seeking specific programming, it is important for caseworkers to recognize the impact of multiple barriers. Non-Aboriginal low-income families and Aboriginal families (who are not moving between their traditional home and Edmonton) also commonly identify the barriers identified within this report. Yet barriers related to social determinants of health tend to be exacerbated for transitional Aboriginal families due to both structural and cultural disconnections.

¹Visit <http://www.familiesfirstedmonton.ualberta.ca> for more information about the FFE study and to view related reports.

² The term *transitional* in this report is used to refer to all FFE families who identified as Aboriginal and who reported inter-community movement (between Edmonton and a more isolated community of origin)– regardless of the reported number of years in Edmonton.

PART I: Introduction

Overview of the Families First Edmonton Project

Families First Edmonton (FFE) is a **community-university partnership project** that is exploring whether delivery of health, family support and recreation services in a more coordinated way can improve the overall capacities of **low-income families**. By using a community-based research approach, FFE maintains collaborative and mutually beneficial partnerships between the University of Alberta, government funders, and community organizations (e.g., *Edmonton Aboriginal Urban Affairs Committee, Bent Arrow Traditional Healing Society*).

Data for this project were collected between **December 2005** and **June 2011**. Eligibility for each family to participate in FFE required at least one child to be 12 years of age or younger when first enrolled in the study. Using a randomized control trial (RCT) design, approximately 1,200 families were assigned to one of four groups (3 service delivery interventions and 1 self-directed). Families who were assigned to one of the three service delivery groups (Family Healthy Lifestyle, Recreation, or Comprehensive) were assigned a **Community Support Worker (CSW)**.

Practitioners and policymakers, charged with providing the best health and social services to vulnerable populations, are concerned about the stresses experienced by Aboriginal³ families as they move between a more isolated community and an urban centre. The FFE project contains a wealth of information on low-income families living in Edmonton, including detailed accounts of the barriers faced by Aboriginal families who move between Edmonton and a more isolated community. **This report summarizes the case notes that were documented by CSWs while working with 19 transitional Aboriginal families who partook in the FFE study.** For more information about the FFE project and to view related reports and *Fact Sheets*, please visit <http://www.familiesfirstedmonton.ualberta.ca>

Focus of Report

This report summarizes a study developed in consultation with *Aboriginal Initiatives, Human Resources, Ministry of Human Services*. Since *Human Services* expressed concern with how to enhance relational⁴ practice, we asked: ***What can we learn from the FFE case notes about how CSWs help facilitate transitional⁵ Aboriginal families' access to health, family support, and recreation services in Edmonton?*** Bert Auger, Marie Christie, and Sangeeta Sicking of *Aboriginal Initiatives* co-developed the research question and provided support during the interpretive data analysis and dissemination process.

³The term **Aboriginal** in this report is used to refer to First Nations and Métis people. None of the families self-identified as Inuit.

⁴ A worker's conscious and intentional interactions with an individual exhibited by the use of **relational** skills (e.g., listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection) with a sensitivity to emotional and cultural contexts.⁰

⁵ The term **transitional** in this report is used to refer to all FFE families who identified as Aboriginal and who reported inter-community movement (between Edmonton and a more isolated community of origin)— regardless of the reported number of years in Edmonton.

PART II: Case Note Selection and Analysis

Identifying Transitional Aboriginal Families within the FFE project

This report highlights the experiences of transitional Aboriginal families (a subset of the 1,279 families that participated in the FFE project), as recorded by Community Support Workers (CSWs). This study was developed in consultation with *Aboriginal Initiatives in Human Resources (Ministry of Human Services)* to ensure the type of information selected for analysis met their policy and practice needs.

Of the 207 Aboriginal families who participated in FFE, **136⁶ were considered** for potential inclusion in our qualitative content analysis. The notes were reviewed to determine whether transitional Aboriginal families could be identified in our FFE sample.

Exploring the FFE data for accounts of physical movement between a more isolated community (e.g., **Reserve, Métis Settlement**) and Edmonton helped contextualize the experiences of one sample of Aboriginal families (a subset of Aboriginal families that participated in the FFE project). The findings and recommendations presented in this report are based on the case notes recorded by CSWs while they worked with transitional Aboriginal families.

Research Question

In response to the expressed interests of Aboriginal Initiatives in Human Resources, the following research question was posed:

What can we learn from the FFE case notes about how CSWs help facilitate transitional Aboriginal families' access to health, family support, and recreation services in Edmonton?

Selection of Case Notes

CSW case notes that contained evidence of families moving between their traditional home (e.g., Reserve or Métis Settlement) and Edmonton were included in this study. The goal of this selection process was **not** to find representative families or CSWs nor to generalize findings – but to help explore the experiences of transitional Aboriginal families when supported by CSWs.

It is important to note that the **19 families selected** for this report are **not** necessarily the *only* transitional families in FFE. Rather, these families are those whose case notes included **recorded discussions of movement** between traditional homes (e.g., Reserves or Métis Settlements) and Edmonton. This alone offers consideration for future practice since it is common for Aboriginal peoples to begin a relationship with a question or discussion of traditional family origin (e.g., *where are you from?*).ⁱ

⁶136 of the 207 Aboriginal families had up to 2 years of case notes as they were assigned to participate in one of the three service delivery interventions.

Demographic Profile of Transitional Aboriginal Families

The 19 primary caregivers originated from the following 16 traditional communities:

Beaver First Nation

Big Stone Cree Nation

Chipewyan First Nation (Fort McMurray)

Cold Lake Reserve (Bonnyville)

Enoch Cree Nation

*Fond Du Lac Métis Settlement (Saskatchewan)**

Little Red River Cree Nation

Louis Bull Reserve (Hobbema)

Meander River Reserve (Dene Tha' Tribe)

Mikisew Cree First Nation

One Arrow Reserve (Saskatchewan)

Paul Band First Nation (Duffield)

*Saddle Lake Reserve***

Samson Cree First Nation (Hobbema)

Sucker Creek First Nation

Whitefish Lake First Nation

**2 families*

***3 families*

Six primary caregivers identified Cree as their first and dominant language (mother tongue). Most families were headed by a lone parent (16 out of 19) who ranged in age from 20 to 48 years (with the majority in their thirties). Almost all primary caregivers were women (18 out of 19) in households of 1 to 8 children (typically 2 to 3 children). Some children living in the household were identified as *niece* or *nephew*. It is notable that over time, the number of household members would change, as other family members would stay for varying periods of time.

Approximately half of the families (9 out of 19) experienced multiple (2 or 3) CSWs over the course of their involvement in the FFE study. This is in addition to receiving ongoing support from multiple workers outside of FFE. The 19 families met with CSWs for as little as one month⁷ and for as long as two years (monthly visits were recommended but not always possible).⁸

The selection process revealed a natural division in the data that allowed for the following groupings (during analysis). Families (N = 19) who had lived in Edmonton for: 1 to 24 months (n = 8), 6 to 16 years (n = 5) and, 29 to 35 years (n = 6)

⁷One family withdrew from the program when the CSW reported unsafe conditions to Children's Services.

⁸Five families were involved for up to one year, fourteen families were involved for 1 to 2 years (the goal was for families to engage with CSWs for 18 to 24 months)

Qualitative Content Analysis

During our analysis, we asked:

- *After barriers were identified, what happened next?*
- *Did the family overcome a barrier?*
- *If so, what role did the CSW play in the process?*

To protect the confidentiality of families and CSWs, the following findings are presented according to categories revealed through qualitative content analysis. This report contains paraphrased and anonymized examples of the processes identified in the case notes.

- **Primary caregiver and lone-parent (or lone-mother)** is used throughout this section to identify the adult who was the main contact person for a Community Support Worker during the 2-year service delivery intervention.
- For brevity purposes, **CSW (or CSWs)** is used throughout this section to identify a family's **Community Support Worker**.

Implications

By focusing the analysis on the social service **process** (and not cause-effect), this report extends **beyond** the identification of **barriers**.

The **goals** of this study:

1. To promote conversations about how caseworkers can provide the best support for transitional Aboriginal families
2. To contribute to the current development of a caseworker competency profile for *Human Resources*
3. To highlight the importance of caseworker relational practice when supporting transitional Aboriginal families

PART III: Findings

Overview

Several themes emerged from the case notes within categories of transitional experiences and families' basic needs. Study findings contain evidence of how social isolation manifests in transitional Aboriginal families through structural or cultural disconnections. The 19 transitional families often experienced **structural disconnections** (e.g., lack of awareness, lack of money, inadequate transportation) and **cultural disconnections** (e.g., lack of an Aboriginal liaison) while trying to navigate resources and access support in urban Edmonton. A range of family crises and issues generally required external support from a CSW however; sometimes families accessed services independently and discussed their progress with a CSW.

Four key barriers were highlighted by CSWs throughout the case notes:

- **Housing**

The most common motivation for these families to seek housing in Edmonton was to leave an abusive relationship. High housing costs reduce the financial resources available for families to afford other social determinants of health such as food security or access to educational and cultural resources. A challenging housing situation (e.g., noise, temporary arrangements, lack of space due to crowding) impacts the health of all family members and potentially hampers a child's school performance.ⁱⁱ

- **Food and material goods**

Insufficient funds typically impede a family's ability to access food or materials. An additional challenge for low-income FFE families was inadequate access (e.g., lack of transportation) to food and material goods (e.g., clothing, household items).

- **Transportation**

The 19 low-income Aboriginal families in this study commonly cited lack of transportation as a barrier to accessing services and programs. Bus tickets, passes, and taxi chits (with 'no strings attached) were a basic need presented by families and when provided, increased their access to services and programs. Families also accepted personal rides from a CSW in order to satisfy other needs (e.g., housing, food). Transportation was not only a barrier for families trying to access services within Edmonton but also a challenge when trying to travel outside of the urban centre (e.g., visit relatives at their Reserve).

- **Family complexities**

Families are complex and so are the challenges they face together. Challenges take many forms (e.g., family violence, drugs and alcohol, criminal consequences, and child welfare involvement) and families can benefit from additional external support. For example, one CSW supported a primary caregiver's decision to call the *Child Abuse Hotline* during a face-to-face visit in the family's home, while another CSW was persistent when following legal protocol (due to domestic drug use). Family challenges were often complicated due to concurrent or multiple barriers. For example, a caregiver who was experiencing family stress and struggling to remain sober reported that she tried to attend substance support groups "but [would] only stay if someone [drove] and [picked] her up."

While reviewing the examples in this report, it is important to recognize that families in this study frequently experienced **multiple barriers** concurrently.

For example:

- a mother experienced abuse and required access to safe housing for her and her children
- a family needed to access the food bank but lacked the transportation to get there
- a mother expressed feelings of social isolation however lacked access to a phone or transportation

In addition to **ongoing and concurrent barriers**, most families openly shared pain and challenges with their CSW during times of acute **crisis**. Within the two-year time period of working with CSWs, these families reported current trauma associated with violent attacks (e.g., rape, beating, weapon use), child apprehension, sudden loss and grief, and serious illness. Families also shared memories of past personal or family trauma (e.g., personally recalling a childhood spent in foster care apart from siblings or retelling a parent's residential school memory).

Some families were isolated socially both locally and when in their community of origin. One primary caregiver who was facing eviction told her CSW that she would contact *Bissell Centre's* emergency housing later that day. After the CSW made several attempts to follow-up with the family, the primary caregiver called from her Reserve, where she had temporarily relocated due to eviction (and later returned to Edmonton). Another a primary caregiver did not want to return to her traditional home because it was "too violent [with] too many drug dealers and homicides."

Regardless of the amount of time living in Edmonton, similar transitional challenges were present. Safe housing was a critical need that emerged from the case notes, particularly for families who recently moved to Edmonton. For some families the first two years involved more than one move within Edmonton before they began to feel more at home. When moving to Edmonton from a Reserve or Métis Settlement, the transition commonly began in temporary housing (e.g., women's shelter) before settling into a longer term housing situation. Even decades later, housing (e.g., subsidized) for transitional Aboriginal families was still a challenge due in part to inadequate (*poor state of repair*) conditions (e.g., one family was concerned for their safety because "they did not have a back door"). One primary caregiver, losing hope and nearing eviction due to neighbour complaints about her boisterous children, even reported "it would almost be better [if they were evicted], as they would have a greater chance of getting into *Capital Region Housing*."

Recommendations for Caseworkers

By concentrating on the **process** of CSWs working with families – as opposed to solely focusing on the well-documented barriers and needs of low-income Aboriginal families – this study uncovered proactive ways in which caseworkers can support transitional families. The following section presents findings as process summaries. Examples of processes are summarized and organized according to six recommendations that emerged during analysis.

1. Build and maintain relationships with other workers and agencies

The case notes revealed how critical – and often difficult – it was for the worker to build relationships with other workers (e.g., child welfare worker on a Reserve; *Aboriginal Support Workers* in Edmonton) and agencies that were already involved with a family.

At times, families encountered barriers with other agencies which, required temporary intervention. For example, one caregiver struggled to coordinate child custody arrangements between Saskatchewan and Alberta. Some transitional families reported continual interactions with child welfare workers on Reserves or Métis Settlements and needed help negotiating that relationship. One CSW chose to contact a family's *Aboriginal Support Worker* to coordinate and ensure they “weren’t doubling services.” Another CSW suggested enlisting the support of an *Aboriginal Resource Worker* to help a lone-parent with a financial conflict that arose with her band. In another instance, a worker attempted to contact the family's SFI⁹ worker and advocated on their behalf (e.g., due to family's unreturned calls).

Most CSWs in this study tried to mediate and advocate for a family. For example, a worker accompanied a primary caregiver (who lived in Edmonton for approximately 10 years) to the *Alberta Works*¹⁰ office to meet with the SFI worker and submit a letter of support and a list of expenses associated with the re-instatement of a driver's license.

CSWs tried to advocate on behalf of families experiencing difficulties with accessing programs or services – and were sometimes unsuccessful. For example:

- CSW left messages for a family's SFI worker (e.g., not returned)
- CSW called the SFI supervisor to ask how the primary caregiver could apply for the *Homeless and Eviction Prevention* (HEP) Fund,¹ (because the family's landlord said he was serving an eviction notice in three days).
- CSW explained that the primary caregiver had already left messages
- SFI Supervisor said "they were very busy at the office and that she would relay the message to the SFI worker." trying to phone the primary caregiver again (but the number was still not in use)
- SFI worker eventually called back and indicated a list of required paperwork in order for the family to have access to the HEP Fund
- SFI worker also required a correction on the *Capital Region Housing* application before processing
- SFI worker indicated to CSW that assistance with this month's rent might be possible “if reasonable.”

Outcome: primary caregiver was evicted and temporarily returned to her Reserve.

⁹Support for Independence (SFI) is a program that provides income support to persons with or without disability. This program provides financial supports that cover housing, food, transportation, clothing, medical, familial responsibilities, and re-entry into the labour market (Alberta Human Services, <http://humanservices.alberta.ca/departement/premiers-council-ads-financial.html>)

¹⁰ The goal of Alberta Works is to help unemployed people find and keep jobs, help Albertans with low-income cover basic costs of living, and help employers meet their need for skilled workers. (Alberta Human Services, <http://employment.alberta.ca/>)

2. Offer practical support

In addition to building relationships with other support workers and service agencies involved with a family, CSWs wrote letters of support (e.g., funding or housing requests). For example, one primary caregiver (who lived in Edmonton for less than 2 years) asked her CSW for a letter asking the SFI worker if he could pay for her children's birth certificates and treaty cards (for health care and Leisure Access cards). The CSW wrote a letter in support – which worked.

When trying to secure adequate housing in Edmonton, families frequently encountered obstacles (e.g., numerous application procedures, waiting lists) that required the practical support of a worker. One primary caregiver said, "she was looking for alternative housing in a safer area, with a newer house to save on winter heating bills." The CSW suggested the Home Ed¹¹ program, assisted the primary caregiver in filling out the application, mailed it along with a letter of reference, and recommended that she make an appointment with a housing worker at *Boyle Street*.

Once housing was secured, lone-parent families expressed concern over paying rent on their own. Applying for rent subsidies was a common activity for these families and CSWs were quick to offer information (e.g., how to access a subsidy through *Alberta Works*). Yet, the pressures of housing unaffordability factored into unhealthy choices made on the part of primary caregivers (e.g., a mother and her children moved back in [with the children's father]...but then he started drinking again...). Living conditions were challenging for these families (e.g., "...[one primary caregiver] just paid her electricity and had been without power...she now needed to pay her gas bill..."). Families in crisis appreciated CSWs who provided administrative support (e.g., accessing, completing, submitting housing application forms; faxing a utility bill to the family's band), bus tickets for families seeking housing options, and contacted housing programs on their behalf. One CSW responded to the expressed needs of a family (who lived in

Some families required assistance from CSW while communicating between multiple housing programs. For example:

- Primary caregiver (living in Edmonton for less than two years) asked her CSW for a letter of support because she received a rental increase and wanted to get back on an affordable housing list ("once she signed up for the rent subsidy program, she was taken off of the list for affordable housing...").
- CSW provided the letter
- Primary caregiver "expressed ongoing concern about her rental increase" and added her name to multiple housing program lists (e.g., *Capital Region Housing*).
- Primary caregiver also asked her worker for information on two additional housing programs (e.g., *Northern Alberta Co-op Housing*) and an "off-reserve grant."
- The primary caregiver was on a waiting list for housing with one program and trying to find a copy of her *Capital Region Housing* agreement for her income support worker

Outcome: Unknown (CSW lost contact)

¹¹For more information on *Home Ed*, please visit: http://www.edmonton.ca/for_residents/programs/homeed-faq.aspx

Edmonton for approximately 10 years) by saying "he could come by and provide bus tickets and pick up her [housing] application and mail it...as she had no stamps."

Transitional families also experienced the need for food, household furniture and family items (e.g., clothing). For example, one primary caregiver (who recently gave birth) budgeted her finances based on receiving SFI cheques on Mondays. When her cheque did not arrive as expected she called her SFI worker and learned that information was needed about her new child. In the meantime, she accepted her other caseworker's offer of milk and formula "because she had run out." Her CSW said "in the future she can call her, anytime ...if she needs assistance with an issue related to food or health." Another CSW "dropped off a *Basically Babies* hamper" after visiting a primary caregiver and her newborn at the hospital. In response to families' need for beds, CSWs also mailed referrals to *St. Vincent de Paul* (a thrift store) or provided information about receiving a mattress from *Sleep Country Canada*. Lone mothers also expressed concerns over meeting the material needs of their children. For example, one primary caregiver communicated to her worker "that she would appreciate a couple of backpacks for [her children]." In response, the CSW travelled to the family's home and "dropped off two *Tools for School* backpacks."

3. Be persistent and creative

Caseworkers' approach to providing support can be more successful when considering the big picture while families try to achieve a healthy balance between traditional and urban lifestyles. Given the multiple barriers and stresses transitional families experience, there is often inconsistent communication and numerous cancelled or missed appointments with workers. To reduce frustration, we recommend that caseworkers look for creative solutions instead of taking a cancellation or no-show personally. Persistence and creativity are necessary given families' inconsistent access to a telephone or stable housing.

Frequently, CSWs encountered communication barriers due to phone disconnections. For most CSWs, persistence and creativity led to positive resolutions or outcomes. The following 5 strategies for reconnecting with families were found in the case notes:

- stopping by for unscheduled visits "while in the neighbourhood"

One CSW overcame the "phone not in use" obstacle and reconnected with the family by:

- sending a letter requesting the primary caregiver's new phone number
- driving to her residence to try to connect
- speaking to the residential manager (learned that the primary caregiver was spending a lot of time at her Reserve over the summer)
- leaving a "sorry I missed you" note at the residence
- trying to phone the primary caregiver again (but the number was still not in use)
- mailing a *lost contact* letter
- driving by the residence while in the neighbourhood – and **met with the primary caregiver!**

Outcome:

The primary caregiver indicated that bus tickets would be helpful so she could access support groups. The CSW sent 10 bus tickets via mail.

- leaving a “sorry I missed you” card
- mailing the same letter to multiple "known addresses" where the family had stayed in the past
- contacting other programs that the family was known to attend
- talking to neighbours or residential managers about the family’s whereabouts

These and other creative strategies may be helpful for caseworkers that also have difficulty engaging with a family on a regularly scheduled basis. Sometimes email correspondence also helped a CSW share resources, provide encouragement, and reconnect with families who were addressing difficult challenges. For example, one primary caregiver asked a CSW to send the maintenance papers that she needed to file. The CSW responded by sending a website link and encouragement (“good for you for being so proactive!”). Later, the CSW sent an email suggesting the primary caregiver contact the “*Aboriginal Women’s Professional Association*...[as] they have some mentoring programs available...[and they are] very informal and a good place to go for support...[including] childcare and transportation.” In this case, a follow-up email from the CSW helped re-initiate contact and schedule a face-to-face visit to deliver a bus pass.

Sometimes a family’s CSW also offered creative solutions to food security issues. For example, after a family repeatedly experienced difficulty trying to access food banks, one worker recommended a free meat program through *Alberta Fish and Wildlife*. The primary caregiver called, was put “on the top of their list,” and was happy since it sounded “promising that she [would] receive some [meat] this fall.”

4. Be consistent, responsive, and flexible

In this study, CSWs were encouraged to schedule regular (e.g., monthly) visits and maintain the relationship with a family for 24 months. On occasion, some transitional families coped with a crisis by calling a CSW’s mobile phone or stopping by a worker’s office. Some transitional families however, did not have access to a one consistent worker, and instead shared their story with up to three CSWs during a 2-year period (e.g., "he shared a lot about his situation, and implied that he was uncomfortable with having to repeat information to new staff"). This turnover can be especially difficult since most families were also involved with other service providers and agencies – making it even more complicated to coordinate all of their support services. While turnover is sometimes unavoidable, caseworkers are encouraged to maintain detailed notes so as to relieve the family from having to repeat some personal stories to an incoming worker.

CSWs frequently and promptly responded to the transportation needs of families. For example, one primary caregiver stated that [her child] was going to a probationary school, but had no bus fare to get there. Her CSW agreed to provide her with bus fare for [her child] to get to school, however he “could only give her tickets now, and would order a bus pass for next month.” The CSW arranged a face-to-face visit for the following day and delivered the bus tickets. Families frequently accepted bus tickets and offers of personal transportation CSWs.

Lack of suitable transportation was also a frequently cited obstacle to accessing food and household materials (e.g., difficulties encountered when trying to carry food home from a food bank). Some primary caregivers were comfortable calling their CSW and requesting help (particularly those trying to manage young children, a stroller, and groceries on their own). For example, one primary caregiver called her CSW because “she needed a ride from the *Salvation Army* downtown, as she had picked up groceries and there were too many to take home on the bus on her own.” The CSW responded by saying “he would meet her there in twenty minutes.” At the end of their meeting, another CSW provided a family with a ride “to the *Mustard Seed Church*, to collect a food hamper ...and provided her with a taxi coupon for a return trip.”

In addition to providing personal transportation to a food bank, a CSW also provided one primary caregiver with bus tickets “to get to medical, legal, and school appointments” during the month. Families trying to access housing support also benefited from transportation assistance. One CSW suggested that the primary caregiver “go to *Bissell Centre* to see if they can help her with housing.” Since the primary caregiver showed interest in going that day, the worker “gave her a ride to *Bissell Centre* as he was going back downtown.”

CSWs in this study provided families with a ride, especially if the destination was on the way to the worker’s office (e.g., after a home visit, a CSW drove the family to the food bank before it closed so they could pick up their hamper). CSWs were usually quick to respond when the family was in crisis such as a time when “[a primary caregiver’s] ride just cancelled so the worker said she would pick her and the children up in 10 minutes.” Family attempts to secure basic needs often occurred at critical times (e.g., no food for school lunches; family needs a safe place to live) and frequently required access to transportation. Caseworkers are encouraged to view providing rides as another opportunity for relationship engagement while meeting a very tangible need for a family that has limited options to get around the city. In many cases, immediate follow-up to phone messages left by families was critical. Developing a back-up plan with the caregiver or other supportive options should the worker be unavailable is also critical when supporting and building family capacity.

A quick response may be necessary:

- During a face-to-face visit a primary caregiver reported feeling suicidal.
- CSW encouraged her to call the doctor and make an appointment
- Primary caregiver called her doctor while the worker was there.
- CSW provided specific support referrals, one of which the primary caregiver had already received on her own.
- Since the primary caregiver mentioned, “she was planning on going [there] that day” the CSW offered to drive her

Outcome: The CSW did not leave the primary caregiver alone. The primary caregiver accepted the invitation and the CSW drove her to access a specific support service.

Sometimes an abusive situation followed families as they tried to leave their traditional home and relocate in Edmonton. For example, one caregiver reported that she recently found out about the family violence crisis team line through the *Ben Calf Robe Society* and felt better about “having someone to call if her ex-husband finds out where the family lives.” Other times, families would contact their CSW for direction. One CSW received an urgent call from a primary caregiver who was beaten by her boyfriend over the weekend – “she felt like it was a step backwards.” Her CSW provided bus tickets so she could seek medical attention, and later encouraged her to seek refuge in a shelter. Another lone-parent told her CSW about trauma experienced on the reserve, and more recently in Edmonton. When the primary caregiver expressed the need to move because she “felt unsafe,” her CSW supplied the phone number for a women’s shelter.¹² In another instance, a primary caregiver left a message for her CSW saying “she was scared for her life and might go to a shelter.” Her worker called back and told her to “call the police [and ask them] to take her to a shelter.” The primary caregiver called her worker from the shelter and said, “she felt much safer.”

5. Be trustworthy, non-judgemental, and exhibit transparent loyalty

Since some caregivers questioned, “where [a worker’s] allegiance lies” and expressed fear of judgement and a lack of trust, caseworkers are encouraged to follow the principles of *relational practice*.⁰ One caregiver freely discussed her family history (e.g., alcoholism and death in the family) and her previous drug use. The worker and primary caregiver talked about “her perspective today” and “how far she has come.” The CSW asked if she “ever thought about speaking with someone – just to talk about herself – as [the worker] had always found that to be therapeutic for herself.” The primary caregiver said “she did want to but didn’t like counselors because she found them too judgmental.”

Another caregiver reported, after living in Edmonton for a decade, a recent child apprehension due to suspected parental drug and alcohol abuse by a support worker. The primary caregiver’s drug test came back negative and she planned on having an assessment at the *Alberta Alcohol and Drug Abuse Commission*. The CSW responded by asking her how she felt from day to day and learned that she was “finding ways to deal with her anger and stabilizing her emotions.”

One primary caregiver reported that agencies shared her private information and expressed reluctance to participate in support groups for fear of judgement. Given that a lack of trust was also explained through accounts of past trauma, workers are encouraged to be explicit about program decisions and referral processes.

Aboriginal families recovering from past trauma or experiencing current hardship may also be sensitive to the body language of a caseworker.ⁱⁱⁱ Based on the likelihood that families’ perceive judgement, caseworkers are encouraged to develop an increased awareness of the facial expressions and associated body language they express during face-to-face visits.

¹² The worker made several attempts to contact her later but the family’s phone was disconnected.

6. Enhance cultural competency^{iv}

Enhancing cultural competency (e.g., gaining an understanding of traditional practices, particularly with respect to grief and healing; increasing body language awareness and sensitivity) is strongly recommended. In this study, some families experienced intense challenges, which necessitated the addition of traditional support. For example, sometimes there was an urgent need for the family to take part in traditional activities (e.g., funeral) at their home Reserve or Métis Settlement, but barriers (e.g., financial and transportation) made it difficult for families to return. Another primary caregiver shared that her “visit up north did her a lot of good. It was refreshing to see her family and [she hoped they would] all visit during the summer. She expressed that she gets a bit lonely and likes having the company. She also stated that it’s a lot of effort to take all the kids up on the bus.”

Family emergencies (e.g., illness or death) were often a reason for movement between Edmonton and a Reserve or Métis Settlement.

For example:

- when trying to follow-up with a family, a CSW was told “there was a family emergency and to try back at the end of next week.”
- the worker called later the primary caregiver shared that “she had been out of town for a few weeks as [two relatives had] passed away.”
- The CSW “asked if there was anything she could do for her and her family”
- The CSW proceeded to discuss recreation program information with the caregiver.
- Before concluding the phone call, the CSW shared that “she will be assigned a new family worker as this worker [was] leaving...”

Families also expressed the financial barrier associated with transportation that prevented them from moving freely between Edmonton and their traditional home. (e.g., “she would like to see her family on the Reserve but with the price of gas, she won’t be able to go [and] bussing wasn’t much cheaper”); however CSWs did not offer transportation funds for outside of the urban centre as “the cost would likely be covered” by a family’s respective band. Although one worker did not provide taxi fare to help with a family’s return from their traditional home, he did “provide 4 bus tickets [upon her return] to assist her in looking for housing.”

Decades after an initial move to Edmonton, proximity to services and lack of transportation continued to adversely affect some families. For example, one long-term resident of Edmonton felt “very isolated” in her neighbourhood because “a year ago there were no buses.” Although bus routes had since been added, she still found “everything [was] still so far away [with] no schools or major stores within 15 blocks.” The CSW called the *Canadian Native Friendship Centre* to inquire about daytime parenting or cultural programming and relayed the phone number to the primary caregiver. Whether she made cultural connections at the centre was unknown to the CSW due to a disconnected phone number. Another primary caregiver initially expressed interest in attending programs at *Bent Arrow Traditional Healing Society*. Later, when asked if she had attended any programming since the last meeting, she told her CSW that she “called them to find out about things, but she hasn’t gone because she can’t get there.” She appreciated the worker’s offer of bus tickets so she could get to the programs for support.

A multi-generational influence of drugs and alcohol also emerged and was complicated by other challenges. After decades of living in Edmonton, a primary caregiver expressed concerns over substance abuse within her family while she was also trying to find a job, inquire about the HEP Fund, and manage issues with her child's care in a group home. The CSW first provided the primary caregiver with the *Alberta Alcohol and Drug Abuse Commission* hotline number. Later, the CSW asked a co-worker for a list of "Native treatment centres" and provided the primary caregiver with four referrals via email.

Most families expressed social isolation as a barrier to accessing appropriate family services. For example, a family who recently moved to Edmonton was "pretty much unaware of the services and organizations that [were] available for help in Edmonton." Even after living in Edmonton for a decade, a family reported "no support from any other agencies and no association with any Aboriginal groups." One family reported that they "[did] not know anyone here and [had] no supports in Edmonton" and would like "Native activities for the children" and to see "the kids get involved in the community." Another primary caregiver "didn't really know anyone in the area" and felt "stressed and tired out" to the point of expressing "concern for how long her sobriety [would] last with all the stress." She was feeling isolated but motivated to engage with her community so the CSW provided counselling referrals (*YWCA Counselling, Native Counselling Services*) and recommended she call [the CSW] if she had any questions or concerns.

Access to adequate childcare was also a concern for lone-parent families in transition. One primary caregiver called her CSW because "she was really unhappy with her child's daycare [after learning] that they [were] hitting kids." The CSW asked the primary caregiver what she would like to do about the situation and she said, "file a complaint and possibly get her child out of the daycare." The CSW said she would get back to her with some information. Later, when discussing how things were going ... the primary caregiver said it was "a daily struggle" and she was feeling "so overwhelmed." The CSW gave her some information about services in the area. One of them was through Bent Arrow. The primary caregiver expressed that "she was really happy to receive the information as she said she is in need of some spiritual guidance." The CSW also gave her information on *The Native Healing Centre*.

When families requested information on Aboriginal activities, some CSWs responded by asking a co-worker for help, enlisting the services of an *Aboriginal Support Worker*, or by suggesting known programs to families. Although some families appreciated the extra support offered by Aboriginal workers, we did find that others expressed resistance to the idea of **stereotyped support**. Some families accessed urban Aboriginal programs and occasionally returned to their traditional home for support and activities. Other families reportedly cut all traditional ties due to differing spiritual, emotional, or social needs. Regardless of how long low-income Aboriginal families have lived in Edmonton or where Aboriginal families are in their lifestyle choices (e.g., feeling connected or disconnected from their traditional home), we recommend caseworkers *first* ask a family about their traditional home (e.g., Reserve or Métis Settlement) and increase cultural competence before attempting to tailor a service delivery program. Culturally responsive caseworkers ask *Where are you from?* as a first step to understanding how to meet the needs of an Aboriginal person and, in the process, can transcend personal barriers and create a rapport.^v

PART IV: Conclusions

The findings summarized in this report provide support for the Ministry of Human Services focus on enhancing relational practice and current development of a caseworker competency profile. A supportive relationship with a caseworker who provides clear assistance can help increase a family's resilience to multiple and ongoing barriers. Even after living in Edmonton for decades, families expressed still being overwhelmed with navigating "the system." By working with a CSW during a 2-year intervention program, one caregiver remarked that she was now "a better advocate for her child and herself", more proactive, and more effective at "anticipating problems ...able to plan better to avoid them." This caregiver became more aware of resources (and accessed them) and particularly enjoyed "sharing her knowledge of these resources with other members of her community."

Some families were already resourceful and just needed direction and help with making appropriate social connections. Many families appreciated tangible support (e.g., transportation to a food bank), especially early in the relationship or when experiencing an acute crisis, as opposed to attempting to access multiple services on their own (e.g., using a pamphlet).

The recent addition of the "New in Town Aboriginal Welcome Service"¹³ to the list of programs offered by *Bent Arrow Traditional Healing Society* is encouraging. Bent Arrow Traditional Healing Society, in partnership with Boyle Street Community Services and Boyle Street Aboriginal Services, *recognized a need to assist people transitioning to Edmonton whether they are planning to move here, already live here, or are moving back.*

Future Research

This report primarily explored the structural disconnections that transitional families experienced. Future projects may want to consider how different degrees of cultural connection act in concert with structural disconnections. Bert Auger¹⁴ illustrates Aboriginal cultural connections as *traditional* (living and working on their Reserve or Métis Settlement with very few ties to an urban centre), *transitional* (those who are not strongly tied to either urban or traditional culture), *bicultural* (comfortable living in both mainstream and traditional cultures, but may still have strong ties to tradition), or *integrated* (living and working in a town or city, with few ties to their Aboriginal heritage). Researchers and Aboriginal communities may benefit from recognizing and exploring the transformational relationship between varied degrees of cultural connections and social supports.

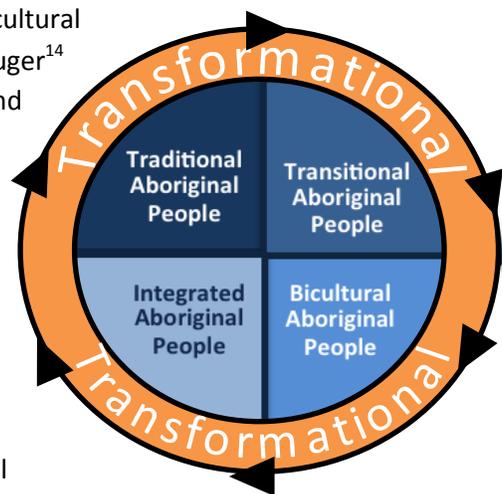


Diagram courtesy of Bert Auger

¹³For more information, please visit: <http://bentarrow.ca/programs-and-services/community-safety/new-in-town-aboriginal-welcome-service/>

¹⁴Special thanks to Bert Auger, Senior Advisor of Aboriginal Initiatives (Human Resources, Ministry of Human Services).

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ⁱⁱⁱ Lonne, B. (2012, October 23). *The evolution of the child welfare system*. Workshop presentation for the Alberta Association of Services for Children and Families. Edmonton: AB. Ministry of Human Services, Government of Alberta.

^{iv} For more information, please see the following online publication by Alberta Health Services (February, 2009): *Enhancing cultural competence: A resource kit for health care professionals*. Calgary, AB. Retrieved from http://fcr.albertahealthservices.ca/pdfs/Enhancing_Cultural_Competency_Resource_Kit.pdf

^v Social Planning and Research Council of British Columbia and the Centre for Native Policy and Research (2011, July).