START Evaluation

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Executive Summary

Program Purpose

The Selkirk Team for At-risk Teens (START) is a multi-agency program that targets youth with complex challenges and involvement with multiple social service agencies. The program aims to implement a network of supports for each client and provide coordinated services from the social service agencies involved. START uses a youth-centered approach in which the supports and interventions are designed with the youth's unique strengths and challenges in mind. Finally, START utilizes team-based planning and intervention stages that *promote collaboration and communication between team members, clients, family, and* community supports.

Methods

This evaluation used a multi-facet approach to data collection that encompassed both quantitative and qualitative methodologies to study the START program.

- We accessed the START client database to assess client demographics, risk factors, client success, collaboration between agencies, and client activities.
- We designed staff and agency on-line surveys to assess perceptions of START from collaborating agencies.
- We designed client and family open-ended interviews to assess perceptions of START and program successes.
- We held focus group sessions to assess strengths and challenges of the START program.
- We created a logic model for the START program and appraised other relevant theoretical models for multi-agency collaboration.

Results

Target population:

- The average age of START clients was 14 and 65% of clients were male.
- 37% of clients were aboriginal and 22% were Metis.
- 32% of clients were not enrolled in school when entering the START program.
- 88% of clients had a chaotic family situation and 41% had been in a CFS placement.
- 72% of clients had a family history of substance abuse.
- 53% of clients had been arrested at least once.
- 60% of clients admitted substance abuse interferes with their daily functioning.

- Agency representatives generally reported that START had increased their awareness of youth challenges and risk factors.

Inter-agency collaboration:

- Agency representatives generally reported that START had increased collaboration between agencies, based on both quantitative analysis of the client database, focus group answers, and open-ended survey questions.
- Focus group participants reported that collaboration had increased since START was implemented and that this collaboration directly benefitted their clients and saved the agencies time and resources.
- During interviews, parents of START clients agreed that collaboration through START benefitted their children.
- Overall, stakeholders reported increased collaboration and coordination of social service agencies through the START program.

Client outcomes:

- Clients and parents who were interviewed spoke very highly about the START program. They felt that they achieved successes that were not otherwise possible.
- Clients and agency representatives reported improved relationships between clients and social services and normalization of some services that had an associated stigma.
- The START database revealed that 80.0% of START clients had improved attendance or performance at school. Focus group responses and client/family interviews corroborated this notion.
- Survey and focus group responses indicated that in many cases, START was able to improve client living situations or family relationships.
- The START database revealed that 86.4% of START clients accessed services that were not previously utilized. Survey and interview responses indicated that START screening results in more appropriate referrals to social service agencies.

Stakeholder support:

- START clients and agency representatives generally turned in glowing endorsements for the START program.
- Survey and interview responses indicated a high level of stakeholder satisfaction with the START program.

Summary

Our overall findings are very favorable towards the START program. Program goals and objectives have been largely achieved. START has succeeded in learning more about youth challenges and activities, increasing inter-agency collaboration, achieving positive client outcomes for the vast majority of START clients, and rallying support for the START program. The team-based case planning and monitoring model is unique in Manitoba and operates in a manner consistent with the best practices in the literature. The program received strong endorsements from clients, family members, and agency representatives and all stakeholders acknowledged the strong leadership demonstrated by the Program Coordinator.

Areas Targeted for Improvement

- Stakeholders indicated that START requires increased financial resources and personnel in order to keep up with the growing demands of the community and prevent overloading the Program Coordinator who already has an excessively large caseload. This was consistently regarded as the biggest and most urgent challenge for the START program.
- Stakeholders reported that there is a lack of policy mandating collaboration from the social service agencies and that agency policy change or government legislation mandating inter-agency collaboration would facilitate and motivate coordination.
- Stakeholders agreed that a formal evaluation was needed to properly define the target population's challenges and activities.
- Stakeholders reported a lack of standardized documentation within the START program but cautioned that this may be difficult to achieve due to the highly individualized interventions designed for START clients.

List of Recommendations

1. That START create standardized forms that will allow them to document client information, agency involvement, crisis intervention, care planning and implementation, goals, and team progress.
2. That START continues to use the electronic database designed by the researcher to record client information.
3. That START access and compile information on a control group so that meaningful comparisons can be made between clients with and without START involvement.
4. That START carefully examines their age criteria for enrolment and justifies these criteria to stakeholders.
5. That START creates an advocacy arm of the program to alleviate some of the pressure from the Program Coordinator and to help secure funding.
6. That START generates a theoretical model for the START program.

Chapter 1: Introduction

1.1 Program Overview

The Selkirk Team for At-Risk Teens (START) program is a collaborative network of youth-serving resources involved with high-risk youth in Selkirk, St. Clements, and St. Andrews, Manitoba. The network exists to cater to youth whose complex challenges require a multi-faceted approach. START was founded in 2002 as a collaborative effort between the Lord Selkirk School division (LSSD), the Royal Canadian Mounted Police (RCMP), Probation Services, and Child and Family Services (CFS) following discussions between social service agencies with the recognition that a collaborative approach may be warranted for youth in the area requiring intervention from multiple agencies. START is headed by a Program Coordinator who facilitates information flow and collaboration among the program's six partner agencies: LSSD, RCMP, Manitoba Justice Community and Youth Corrections, CFS, the Interlake-Eastern Regional Health Authority (IERHA), and the Addictions Foundation of Manitoba (AFM). START does not replace the services of any of these agencies; they merely provide a framework that facilitates multi-agency involvement.

START has assisted one hundred and ninety youth and their families in the last ten years. A youth may be referred to the START program by any of the partner agencies or by a concerned parent or guardian. If the referral comes from a partner agency it must be accompanied by a Screening Referral Form and a Consent to the Disclosure of Personal Information Form. The program coordinator reviews the forms, gathers additional information from the referring agency, and presents the case to the Screening Committee which determines if a START intervention is appropriate for each case. The criteria for START involvement are threefold:

1. The client must be between the ages of 11 and 17.
2. The client must be involved with a minimum of three social service agencies.
3. The referring agency requires assistance to effectively support the client.

Once a START case file has been opened the program coordinator will meet with the youth and their family in an informal setting to learn more about the youth's unique situation. At this stage, the coordinator may focus on crisis intervention and client safety. As the START staff learns more about the youth, a risk assessment (RA) is completed. The RA covers topics such as criminal activity, substance abuse, academic achievement, domestic issues, and peer relations, and is designed to give a robust profile of the youth's specific at-risk activities and challenges. However, since START takes a youth-centered approach, the youth's strengths and supports are also listed so any interventions can be better tailored to the individual. The RA should make clear which agencies' resources would most benefit the youth. Selected agencies and individuals will then come together to form the "team", which will create a holistic action plan tailored to the

youth and their family. START aims to be culturally competent and includes cultural supports, such as Elders and Aboriginal CFS agencies, in the team when needed. The team will come together with the youth and their family on a monthly basis to reassess the action plan, set goals, and monitor progress. The START program has held 1753 of these case conferences over the last ten years. The informal or "roundtable" meetings facilitated by START are effective for developing lines of communication between the youth and the team and between the youth and their family. The youth and family are always involved and they should be the driving force in the planning and implementation stages so that they are truly invested in the action plan. All members of the team, including the youth and their family, are held responsible for completing the action plan.

START deems a case successful if at least two of the following occurs:

1. They were able to attain better knowledge of the youth's at-risk activities.
2. They were able to create a safety plan that was successful in protecting the youth.
3. The youth attended and participated in school more than they previously had.
4. They have a better understanding of the youth's challenges and they have used this knowledge to assist them in that area.
5. Services were accessed through the START team that were not previously utilized.
6. The youth's living situation and relationships with family or guardians have improved.

Using these parameters to determine success, START has maintained a success rate of 90-95% over the last ten years. In 2006, they received the Manitoba Attorney General's Safer Communities Award. This award honours organizations and individuals making outstanding contributions to crime prevention in Manitoba.

Beyond their role in facilitating collaboration, START has organized and sponsored many Communicating and Coping with Your Teen parenting courses and has aided in implementing programs modeled after START in other communities, including the DART program in Dauphin the STAR program in Stonewall and FYRST in the Northeast Interlake Region.

1.2 Staffing and Management

This section will describe the roles and responsibilities of each START staff member. The START staff consists of a Program Coordinator, a Screening Committee, and a Steering Committee (FIGURE 1). START has also implemented the CRAFT program, which falls under the START umbrella and provides support to family members of people with addictions. In addition to committee members, agency employees who act as team members for specific cases are also important to the staffing model.

FIGURE 1: START Staffing Model.
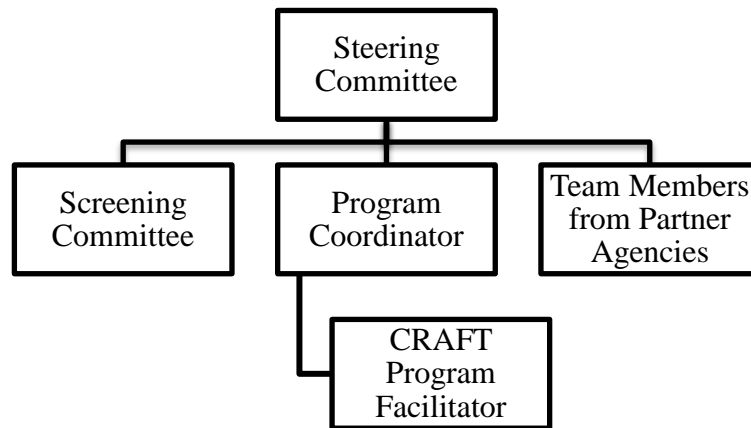
Currently, all managerial and coordination functions are carried out by the START Program Coordinator, Tammy Thompson. According to the START policy manual, her responsibilities are divided into three parts: client advocacy, program administration, and supervision.

As a *client advocate,* the coordinator has the following roles:

- Determine which agencies would be beneficial for each client's team and request their involvement
- Complete client assessments and foster a supportive relationship with the client and family
- Maintain client files and present updates at Screening Committee meetings
- Liaise with case workers from each agency
- Provide orientation and training to new committee members
- Implement evaluation and monitoring strategies for each case to determine the team's efficiency in aiding the client
- Secure resources

As a *program administrator,* the coordinator has the following roles:

- Maintain the policy manual
- Complete monthly reports to Human Resources and Skills Development Canada, the Department of Justice, and the Department of Family Services
- Complete monthly reports to the Screening Committee and bi-monthly reports to the Steering Committee

- Complete meaningful and quantitative annual reports to funders
- Chair Screening Committee meetings and case conferences
- Prepare and monitor the annual budget
- Evaluate the program on an on-going basis and make recommendations to the Screening and Steering committees
- Maintain community awareness
- Create funding applications
- Submit a bi-weekly time-sheet to the Lord Selkirk School Division

As a *supervisor*, the coordinator has the following roles:

- Supervise the CRAFT facilitator and complete an annual performance evaluation
- Promote CRAFT and ensure ongoing referrals

Under START policy, the coordinator is expected to work independently and must be flexible in order to deal with a broad spectrum of clients, team members, and agencies.

The Steering Committee is responsible for the governance of START and considers issues like funding, policy, staffing, evaluations, and public relations. They meet a minimum of four times per year but have met up to ten times per year as required. Currently, this committee consists of **two CFS members** (a program manager and a social worker), **two RCMP members** (the Officer in Command for the Selkirk Detachment and a Staff Sergeant), **two Probation Services members** (the Area Director and a probation officer), **five LSSD members** (the Superintendent, the Assistant Superintendent, the High School Vice Principal, the Junior High Principal, and a school social worker), **one AFM member** (a supervisor), **two IERHA members** (a Community Mental Health youth intake worker and a Public Health nurse), **one Service Canada member** (a programs officer), and the **START Program Coordinator**. The present Chairperson of the Steering Committee is also the High School Vice Principal.

The Screening Committee is responsible for screening new referrals, reviewing case files, monitoring the caseload of the Program Coordinator, approving case closures at the recommendation of the Program Coordinator, and proposing policy changes to the Steering Committee. They also develop evaluation strategies and promote community awareness. They meet a minimum or four times per year but have met up to twelve times per year as required. Currently, this committee consists of one representative from each of the RCMP, CFS, LSSD, and Probation Services, as well as the Program Coordinator.

The Program Coordinator oversees case management and documentation. A case file consists of the Screening Referral Form, the Consent to the Disclosure of Personal Information Form, case conference minutes, the Risk Assessment Form, referrals to partner agencies, and any

other information gathered pertaining to the client. A detailed record of each case conference is created and information is entered into a standardized form to facilitate easy data collection and knowledge translation of information. Tasks and responsibilities for each team member are recorded so the Program Coordinator can follow up between meetings. Notes on goals and progress made by the client are also included so the Program Coordinator can report back to the Screening Committee. The Risk Assessment Form covers a broad range of risk factors, but also conveys the client's strengths and interests, and indicates who is present to support the client.

1.3 Program Goals and Objectives

This section will outline the START program's goals and objectives. **Program objectives** are more proximal and should drive the daily workings of the program. **Program goals** are long-term objectives and are concerned with changing community attitudes and behaviors.

1.3.1 Program Goals

1. Utilize a holistic approach to support youth with complex needs.
2. Reduce recidivism.
3. Empower youth and their families to engage in pro-social activities.
4. Enhance coordination and collaboration between social service agencies.
5. Enable access to social service agencies that would not otherwise be used.
6. Improve relationships between youth and social service agencies.

Assessing program goals involves first, determining if the goal is clear and measurable, and second, determining if the goal has been met based on our evaluation data. **Goals 1, 3, 4, and 6** are somewhat abstract and may be difficult to measure. Success may be best measured based on responses and themes from interviews and focus groups with clients and stakeholders. **Goal 2** is very clear and straightforward but would be best measured using a case-control research design, which is beyond the scope of this evaluation. **Goal 5** is also clear and may be measured by comparing services accessed before START involvement to services accessed after START involvement. This data will be present in the case files and surveys.

1.3.2 Program Objectives

1. Develop and foster positive relationships with partner agencies.
2. Identify and address risk factors and challenges.
3. Convene team members and secure supports for the youth.
4. Provide intensive and supportive case management.
5. Empower youth and their families to make positive changes.
6. Develop safety and action plans to protect the youth.

7. Hold the youth, parents, and stakeholders accountable for achieving set goals.
8. Make appropriate referrals to social service agencies.
9. Monitor and document progress.

Objectives should be necessarily less abstract than goals and may be easier to measure. **Objective 1** may be measured based on responses to surveys to be completed by members at each agency. Specific questions will be asked about satisfaction with and support for the START program. **Objectives 2 and 8** will be assessed by compiling data from START risk assessments and referral forms and comparing their risk assessment method with other standard methods. **Objective 3, 4, 5, and 7** will be assessed based on responses to interview questions posed to START clients and their families. **Objectives 6 and 9** will be measured by compiling information from case files on client progress and activities.

1.4 Evaluation Goals and Objectives

This section will outline the goals and objectives of this evaluation. The objectives will be the means by which the goals, or comprehensive outcomes, are achieved.

1.4.1 Evaluation Goals

1. Evaluate START's ability to identify and address the issues that have put youth at risk.
2. Determine if START has enhanced the collaboration between agencies currently working with at-risk youth.
3. Evaluate changes in attitudes and behaviors after START involvement.
4. Appraise client and stakeholder perceptions of START.

1.4.2 Evaluation Objectives

1. Review literature on multi-agency programs.
2. Analyze case files for START clients.
3. Host focus groups with management and stakeholders.
4. Develop client and stakeholder surveys.
5. Interview program coordinator and members.
6. Interview clients and parents.
7. Create a logic model for the START program.

1.5 Evaluation Questions

This section will list the questions this evaluation hopes to answer. These questions were chosen based on suggestions from the RCMP, who requested the evaluation, the Program Coordinator, as well as ideas generated when reviewing the goals and objectives of both the program and the evaluation.

1. Has implementation and recordkeeping followed a clear plan?

2. Are social service agencies working more collaboratively?

3. Did START attain knowledge of youth's at-risk activities and challenges?

4. Have appropriate referrals taken place and new services accessed?

5. Are positive outcomes being achieved for START clients?

6. Do clients and stakeholders support the program?

7. What challenges does the START program face?

8. What improvements could be made in the START program?

Chapter 2: Literature Review

We identified two theoretical models that are relevant to the START program. We feel that START has incorporated many of the tenets of these models, but has also included several principles that are not present in any model we have seen. The two theoretical models we will discuss are:

i.   The Wraparound Process
ii. Walker's Theory of Change

2.1 The Wraparound Process

The Wraparound Process is an individualized care coordination and case management process for youth and families with complex challenges. The idea was conceived in the 1980's and since then, the term 'wraparound" has evolved to describe any program that aims to provide flexible and multi-modal services to youth and families, essentially "wrapping" the youth or family with services and supports (Walter, 2011). The process has been adapted by programs across Canada and the United States that have undergone extensive evaluations. The Office of Juvenile Justice and Delinquency Prevention lists several Wraparound initiatives for which evidence for success measures have been replicated in multiple evaluations. The National Wraparound Initiative was established in the United States in 2003 and Wrap Canada was incorporated in 2008, to serve as national resources for programs that implement the Wraparound Process.

The Wraparound Process is based on ten principles (NWI, 2004).

1. **Voice and choice:** the youth or family drives the process and their perspectives are given priority.
2. **Team based:** a team of informal and formal supports is assembled around the youth or family.
3. **Natural supports:** family members and community supporters should participate in the process.
4. **Collaboration:** team members must cooperate and share responsibility.
5. **Community-based:** the process should promote integration in family and community life.
6. **Culturally competent:** beliefs, culture, values, and identity of the youth and family are respected.
7. **Individualized:** goals and plans are customized to the youth and family.

8. **Strengths based:** goals and plans build on the youth and family's skills and assets.
9. **Persistence:** the process can always be revised to promote positive outcomes.
10. **Outcome based:** goals are in line with measurable success indicators and progress is consistently monitored.

Wrap Canada has identified three components that are essential to the Wraparound Process. First, there is a Facilitator that engages the youth or family and begins the planning and team assembly process. Second, the community must be mobilized to support the youth and family. Third, a system level partnership between service agencies must be in place so that supports can be rendered more efficiently. Once these components are in place, the Wraparound Process can be implemented. This process is generally separated into four phases. First, in the **engagement phase**, the facilitator engages the youth and family so that they understand what the program entails. Any crises are stabilized immediately and the facilitator tries to identify the youth's challenges and strengths. Team members are identified. Second, in the **team-based planning phase**, the team creates safety and action plans customized to the youth and family. All goals and plans are documented. Third, in the **implementation phase**, the plans are carried out, monitored, and modified as needed. All stakeholders are held accountable for their responsibilities at regular meetings. Finally, in the **transition phase**, planning is limited to natural supports and the youth graduates from the wraparound process (Debicki, 2009).

At its core, the Wraparound Process is based on a series of paradigm shifts that sets it apart from other programs. While other programs tend to focus on the needs of the professionals and allows them to guide the planning, Wraparound allows the youth to direct the process so their needs are met. While other programs often view at-risk youth as possible threats that the community must neutralize, Wraparound views at-risk youth as assets the community must realize. While other programs utilize standard action plans for all clients, Wraparound is flexible and can be tailored to each youth or family. These paradigm shifts are relevant to the START program and similar paradigm shifts in the START catchment area will be discussed later on.

2.2 Walker's Theory of Change

The Wraparound Process described above is based only loosely on program theory, despite being implemented at hundreds of locations in the United States. Walker and Matarese (2011) have proposed that programs that use of a wraparound approach (note difference between Wraparound and wraparound) should be grounded in theory that drives program implementation and development. Their Theory of Change is laid out much like a logic model and shows how inputs for a wraparound program leads to effective teamwork, which in turn leads to short-term process outcomes for the team and the client. These short-term outcomes allow the client and family to achieve intermediate outcomes via two interacting "routes of change". These routes of change will lead the family to longer-term outcomes.

As this Theory of Change is appropriate for multi-agency wraparound initiatives, we summarize the components of the Theory here. The inputs that Walker lists as essential for these types of programs are highly skilled and well-trained facilitators or "coaches", the ten principles of the Wraparound Process, and the phase and activities of the Wraparound Process. These inputs will allow teamwork that is values-driven, or focused on and driven by the needs and strengths of the client and family. Short-term outcomes will include team members who are values-driven, committed, motivated, optimistic, and creative. They will be able to devise goals and service plans that are tailored to the client. The two "routes of change" that diverge from these process outcomes are:

1. Formal services and natural supports tailored to the client and family.
2. Family asset realization through enhanced confidence, planning and coping skills, and confirmation of a positive identity.

These routes will allow the client and family to arrive at long-term outcomes such as goals set by the team, family empowerment, safety, access to needed social services, and community integration.

After reviewing and testing the Theory of Change, Walker and her development team posited four key elements to a wraparound program:

1. Grounded in a strengths perspective
2. Driven by underlying needs
3. Supported by an effective team process
4. Determined by families

In order to implement these elements, staff coordinating the program must have a unique skill set. They must be able to identify strengths and assets in the client and family, present these strengths to a team, manage a team to accomplish goals, document progress, manage crises, utilize and coordinate team strengths, motivate others to recognize strengths in the family and client, mobilize team members, and use team and family strengths strategically. This skill set will be of importance when we discuss START's success.

Chapter 3: Methodology

3.1 Research Questions

When deciding to initiate an evaluation of START, the RCMP designed a series of questions they hoped would drive the evaluation to provide meaningful results. These questions are included here because they shaped the methodological aspects of the evaluation. If a question could not be answered by accessing RCMP and START databases, the concept was incorporated into the questionnaires, focus groups, and interviews.

Increased Police Awareness of Risk Factors, Resources, and Referral Procedures

1. Has RCMP awareness of risk and protective factors of START clients increased?
2. Does the START risk-screening result in an accurate youth risk profile?
3. Has RCMP awareness of youth-serving resources improved?
4. Are processes for making referrals clear?
5. Are roles and responsibilities clear?

Increased Community Satisfaction with RCMP Youth-Related Services

1. Has the START screening process resulted in appropriate referrals?
2. Have police-youth relationships improved?
3. Are youth referred to START following through with the interventions put in place by the team?
4. Are community resources working more collaboratively?
5. Do stakeholders share common goals for the program?

Increased Referrals to Youth Treatment and Intervention Programs by RCMP

1. How has the distribution of case clearances (charge, warning, caution, referral, extra-judicial sanction, other) changed under the program?
2. What individual risk factors, total risk scores, offence types and demographics characterize youth being referred by the RCMP to the START program and how do these characteristics compare to youth being charged and given probation?
3. Have the number of programs based on this model increased?
4. Does START have sufficient capacity to meet the needs of youth in the detachment area it covers?

Decreased Recidivism

1. What are the recidivism rates of sampled youth 24 months post-offence?
2. Do recidivism rates differ for youth who have and have not been referred for START assessment?

Program Management

1. Are records adequate to monitor program performance, particularly recidivism, and other outcomes?
2. Has program direction and support been adequate for those implementing the program at pilot sites?
3. Has training been sufficient to meet program goals?
4. Has implementation followed a clear plan?

Program Relevance

1. Is risk assessment and referral of youth an appropriate role for the RCMP?
2. Do stakeholders support the program?

Program Challenges

1. What have been the main challenges in implementing and maintaining the program?

3.2 Focus Groups

Two focus groups were undertaken as a way to gain insight into the experiences of the social service agencies that collaborate with START. Focus groups are small group interviews that usually include six to ten individuals focused on a topic of common interest to research participants. (Bryman and Teevan, 2005) When focus group participants are brought together, group dynamics can generate new thinking about a topic which will result in a much more in-depth discussion. Advantages of focus groups include gathering information on how groups of people think or feel about a particular topic, providing insight into why certain opinions are held, improving the planning and design of new programs, and providing a means of evaluating existing programs. Focus groups also allow researchers to "assess the substantive content of verbally expressed views, opinions, experiences, and attitudes" of respondents. (Berg, 1998)

All focus group participants were either currently working or had previously worked in social service agencies who partner with START. The interaction between the social service agencies during the focus groups sessions would provide for a more thorough understanding of

how START works and operates. Both focus groups were conducted with seven participants. The social service agencies represented in the focus groups included the RCMP, Probation Services, the IERHA, AFM, LSSD, and CFS. The focus groups were semi-structured with nine open-ended questions used to guide the participants.[1] Follow-up questions were asked during the discussions to gain additional insights used for the evaluation. The first focus group session lasted one hour and ten minutes the second session took place over one hour and fifty minutes.

The focus group questions were divided into three sections. The first section of questions asked participants to identify themselves and the social service agency they represented followed by a set of questions asking about their perceptions of the strengths and weaknesses of the START program. The second set of questions addressed the START program's ability to identify and address risk factors for youth in the program. The third section presented questions regarding START's ability to both offer and coordinate social services for at-risk youth and their families. By interviewing staff and external agencies regarding these topics the responses collected would provide valuable insight into the strengths of START and help identify areas of improvement.

Analysis of the focus group transcripts was undertaken using thematic analysis. In thematic analysis the task of the researcher is to identify a limited number of themes which adequately reflect the textual data. Responses are coded so as to link the data together based on substantive similarities across responses. On the basis of the coding, the researcher identifies themes which integrate substantial sets of the coding. It is recommended that the researcher be very familiar with the data in order to undertake thematic analysis. (Howitt and Cramer, 2008) For this reason, it is generally suggested that researchers carry out the data collection themselves such as conducting their own in-depth interviews and focus groups. In this case the primary researcher was responsible for conducting both the interviews and focus groups as well as coding the data and thus a thematic analytical approach was appropriate.

3.3 Questionnaires

The primary advantage of focus groups is the examination of group interactions and as such it is important to use the information at the group not the individual level. For example, focus groups are not a valid way to understand how much progress an individual client or participant has made toward his or her own goals. Also, because focus groups are usually made up of a very small number of people who voluntarily participate, researchers cannot assume that the focus group participant's views and perceptions represent those of other groups that might

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[1] See Appendix A.

have slightly different characteristics. To overcome some these limitations surveys were also undertaken with the same social service agencies involved in the focus groups.[2]

A participatory approach to the construction of the questionnaires was undertaken. Participatory approaches allow the population to be surveyed to have input into the types of questions which will be included in the questionnaire. Participatory approaches offer a number of advantages. First the data collected is directly relevant to the needs and interests of stakeholders. Through interaction and clarification of the survey instrument evaluators can learn more about the program being studied and its nuances while refining the instrument itself. This process should make the overall evaluation and survey instruments more meaningful to potential respondents and ideally gather responses that are more thoughtful and valid. (Weinrath et al, 2009) Participatory approaches will also lend credibility to the findings and recommendations. (Rossi, Lipsey and Freeman, 2004) The survey was developed using an iterative process in which multiple drafts were prepared and the questions streamlined and improved according to feedback so that the questions were appropriate for their targeted audiences.

Survey development began after conducting the focus groups and analysis of the transcriptions of the responses therein. The researcher felt that it was important to get a sense of how the individuals directly working with START felt about its delivery. The survey questions were developed based on the answers provided in the focus groups and in consultation with the START coordinator who was able to provide background information regarding the organizations involved with START, how clients become involved in START, and the types of obstacles that clients and social service agencies often face when working together. The finalized questionnaire solicited agency feedback on perceptions of START success, collaboration between the various social service agencies involved with START, and how START may have benefited or failed its clients.

Similar to the focus groups the survey was divided into three sections. The first section of the questionnaire was agency specific. Questions were designed specifically for respondents who worked for the RCMP, LSSD, AFM, CFS, IERHA, Probation Services, Manitoba Justice, and those involved with START with no affiliation to the aforementioned programs. These questions were used to assess the impact that START has had for clients in each of the agencies involved with the program. Questions included whether or not START had helped to improve relationships between START clients and the various social service agencies and if respondents believed that START fostered collaborative relationships between these agencies.

The second section assessed various outcome and success measures for START clients including whether or not START helped to prevent future criminal behavior among clients, if START helped clients achieve the goals outlined in the case conferences, and whether or not agencies had attained a better knowledge of youth at-risk activities. Respondents were also asked to rank the most important challenges faced by youth in the START catchment area.

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[2] See Appendix B.

The third section of questions was used to identify potential challenges the START program faces as well as the respondent's perceptions as to how beneficial START has been to clients, social service agencies, and the wider community. Questions solicited respondent feedback and allowed them to rank various performance measures of the program.

Both randomized response categories and reversal questions were used in the second and third sections of the questionnaire to avoid response set bias.[3] For example, question twelve on the survey asked respondents to rank the most important challenges faced by youth in the START catchment area from (1) most important to (7) least important. The seven challenges presented to respondents were randomized to avoid any biases in how people respond to the question based on the order of the responses presented. To ensure reliability in responses variants of the same measure were asked using multiple questions. For example, respondents were asked about the collaborative nature of the START program in both the first section and second sections of the survey. Examining the consistency of the responses to these types of questions provides a measure of the reliability of respondent answers.

The final survey consisted of eighteen questions with numerous sub-questions contained therein. The majority of the close-ended questions were comprised of Likert scale questions with a range of one to five with "1" being "Strongly Agree", "2" "Somewhat Agree", "3" "Neither Agree nor Disagree", "4" "Somewhat Disagree" and "5" "Strongly Disagree". Additionally there were yes/no questions with space left for the respondents to explain their answers, one question that asked respondents to rank on a scale of one to seven what were most important challenges faced by youth in the START catchment area, and one question asking respondents how often they are able to achieve various success criteria with START clients. For this question the Likert scale was ranked from "1" "Always" to "5" "Never". In between those extremes were "2" "Usually", "3" "About Half the Time", and "4" "Seldom". The survey ended with multiple open-ended questions to provide respondents the opportunity to elaborate upon their answers and to allow any further information to be divulged.

3.4 Client and Family Interviews

Face-to-face interviews have numerous advantages including high response rates and few incomplete answers. Researchers can also clarify questions that may be misinterpreted, probe for answers, and ask additional questions based on the responses of those they are interviewing. (Maxfield and Babbie, 2001) Furthermore, interviews help achieve a number of important evaluation objectives including understanding START from the point of view of the involved parties. Interviews also allow for a "voice" to be given to the research participants by allowing the researcher to appreciate the thoughts and feelings of the interview respondents, learn what

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[3] Response set bias is the tendency for a respondent to answer a series of questions in a certain direction regardless of their content.

respondents felt worked well, and to facilitate ideas on how to improve START. To incorporate these advantages into the evaluation face-to-face interviews were undertaken with selected START clients and their parents/guardians. The information gathered from these interviews gave a much more thorough understanding of how START operates.

The interviews undertaken for this evaluation were semi-structured. Semi-structured interviews allow the researcher to "approach the world from the subject's perspective". (Berg, 1998) Researchers accomplish this through the use of unscheduled probes and questions that arise within the interview process. An interview guide was used to direct the interviews meaning that there was no set order to the questions as the question order could be altered to reflect the conversations and the responses that research participants provided.   The interview guide included thirteen open-ended questions for START clients[4] and sixteen open-ended questions for family members.[5] Open-ended questions add more depth to the interview process and help to understand respondent's subjective interpretations of the survey questions. (Nardi, 2003)

The study respondents were allowed to choose where they would like to meet to provide them with the most comfortable setting to undertake the interviews. The majority of interviews occurred at the respondents place of work, school or in the START office. Due to the semi-structured nature of the surveys, depending on how respondents answered the questions different follow up questions and probes were asked. When follow up questions were factored into the analysis the majority of the interviews were between fifteen and twenty questions in length. This variability in responses and questions led to differences in the length of the interviews which ranged from a low of thirteen minutes to a high of fifty minutes in duration.

The interviews with START clients covered four separate sets of questions. The first set of questions examined how the clients became involved in the START program and perceptions of their initial thoughts and feelings of being referred to START. The second set of questions assessed whether clients felt START adequately provided social services and supports, how goals were outlined in their case conferences, and how collaboration between social services agencies helped or hindered those goals. The third section asked questions about relationships with the RCMP and how client thoughts and feelings towards the RCMP and other social service agencies may have changed as a result of working with those agencies within the framework of START. The final section asked clients how START impacted their lives and provided an opportunity for clients to elaborate on anything not covered by the questions up to that point in the interview.

The parent/guardian interview schedule was adapted from the client interview and had many similar questions with the exception of changes in wording to make the questions directed towards parents/guardians. The interview questions covered the same four sets of questions as the client interviews but also added a fifth section which included questions about how the START program positively or negatively impacted relationships with their children.   These

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[4] See Appendix C.
[5] See Appendix D.

questions included how START helped or hindered their understanding of the difficulties their children were dealing with as well as parent/guardian responsibilities in helping their children achieve the goals outlined in the START case conferences. By asking the same questions of these respondents as the clients the researcher was able to move the questions in different directions depending on the position of the interviewee.

3.5 START Client Database

The paper-and-pencil client file system that was historically used to characterize START clients was compiled by the START administrator into an electronic Excel database for the purposes of the evaluation. Information from the client files was anonymized so that the researcher and those with access to the database could not identify respondents within the database. The Excel database was then imported into SPSS[6] version 19.0 for analysis.

The electronic START client database contains information on 74 START clients from 2004 onward. For clients to meet the criteria for inclusion in the database they would either have had to have been in START for a minimum of one year or had their case files been closed. The database encompasses client demographic information including age at referral to START, how long they were in the program, ethnicity, sex, and educational attainment. The database also tracked criminal charges, alcohol and drug use history, school achievement and attendance, relationships with family, peers and acquaintances, sexual history, risk factor assessment scores, how they were referred to START, as well as various success indicators. The database was comprehensive with less than three percent of the database containing missing information.

Analysis of the START client databases encompassed both descriptive[7] and inferential statistics,[8] including frequency tables, measures of central tendency,[9] measures of dispersion,[10] and correlational analysis.[11] The data contained in the database was used to learn more about START clients, track client success, analyze collaboration among social service agencies,

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[6] SPSS in an acronym for Statistical Package for the Social Sciences. SPSS is a data analytics software package used for statistical analysis, data management, and data documentation.

[7] Descriptive statistics are used to describe the sample of information that is in a database and commonly include the demographic characteristics of respondents or respondent's answers to survey questions. (Rosenthal, 2001)

[8] Inferential statistics are used to make predictions to a population based on the results found in the sample data. (Rosenthal, 2001)

[9] Measures of central tendency examine "typical values in the data" and commonly include the mean (average), median (value that splits the distribution in half), and the mode (the most frequent response). (Hann, 2009)

[10] Measures of dispersion examine "how spread out the data is" and commonly include the range (distance between highest and lowest values), the variance (spread of scores in a distribution), and the standard deviation (spread of scores around the average). (Hann 2009)

[11] Correlational analysis assesses the degree of relationship that exists between two or more variables. The higher the correlation between two (or more) variables the more strongly related those variables are to one another, the lower the correlation between two (or more) variables the weaker the relationship that exists between those variables. (Hann 2009)

examine whether client risk scores affect success rates, and assess the most common activities that put START clients at risk.

3.6 Sampling Procedures

The researcher targeted four separate groups to participate in the focus groups, interviews, and questionnaires. These groups were directly involved in the START program and included:

1. Former clients of START
2. Parents/guardians of both current and former START clients
3. START staff
4. START collaborating agencies including: the RCMP, LSSD, AFM, CFS, IERHA, Probation Services, Manitoba Justice, and those involved with START with no affiliation to the aforementioned programs.

Both current and former collaborators within the START program were interviewed in a focus group setting to gain a longitudinal perspective on the program. Seventeen individuals were contacted to participate, three ultimately dropped out of the study (82.4% response rate). Seven client and/or parents/guardians of START client interviews were undertaken out of a possible eight (87.5% response rate). With respect to staff and social service agency groups we attempted to survey as many current and past collaborators with start as we could find available. Of the forty-four respondents who were provided an opportunity to complete the survey, forty surveys were returned (90.9% response rate), thirty-five of which were filled out in their entirety (79.5%).

There were not enough START client cases, resources or time to obtain a large random sample for the client and parent/guardian interviews. Instead a non-probability quota sampling strategy was used to achieve a minimum number of cases for analysis. To avoid issues with ethics, START clients had to be over the age of eighteen to participate which meant that only clients who were no longer in the START program could be interviewed. Furthermore, participants would have to have had current contact information, be available, and willing to respond if they were to be included in the study. The START program coordinator selected a range of clients and parents/guardians who had different experiences with the program.

3.7 Ethics

The research was conducted under the auspices of informed consent. Subject participation was voluntary, that is, research participants were apprised of study content prior to involving themselves in any of the focus groups, interviews, or surveys. Neither coercion nor deception was used and participants were free to withdraw from the study at any time. All

research participants were eighteen years of age or older which precluded the use of parental consent.

Active consent was obtained for each of the focus groups and the interviews. Focus group and interview participants were asked to sign a consent form that provided background information on the evaluation. The consent form explained the study procedures, expected duration of study participation, as well as the types of questions that would be asked of participants.

Active consent was also obtained for the questionnaires, which were completed electronically[12] and were entirely anonymous. The anonymous nature of the surveys meant that participants were not asked to sign a consent form. Instead respondents were asked to indicate that they acknowledged they understood the purpose of the research and consented to have their answers used in the evaluation by checking a box at the beginning of the questionnaire. Similar to study design for the focus groups and interviews, survey respondents were provided information as to the purpose of the study, expected duration of the study, and the types of questions that were to be asked prior to completing the questionnaire.

All data in the client files were anonymized (names and contact information were removed from study) so that no one who had access to the database could link a particular response to a particular client in the START program. Consent to use the information in the database was granted by the START coordinator who oversaw the data entry and has the authority to grant use of the data contained within.

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[12] The surveys were administered using Survey Monkey. Survey Monkey is online software program that allows questionnaires to be created, developed, distributed, completed, and analyzed online.

Chapter 4: Results

4.1 Resources

The START Program Coordinator is responsible for preparing and monitoring the annual budget, creating funding applications and completing meaningful annual reports to funders. In 2012-2013, funds for the START program were collected from Service Canada, Manitoba Department of Justice, Manitoba Department of Family Services, the City of Selkirk, Lord Selkirk School Division, the RM of St. Clements, Manitoba, and the RM of St. Andrews, Manitoba. Included in the budget were in-kind contributions offered by the RCMP and LSSD. These contributions included office space, phone services, materials, furniture, and conference room rental from the RCMP and administrative support and accounting services from LSSD. In-kind contributions did not include personnel hours from the social service agencies.

The budget was divided into the following expense categories: staff wages, mandatory employee related costs (MERCS),[13] mileage, professional development, program materials and computer supplies, meeting expenses, client support costs, and additional programs. Staff wages included the Program Coordinator's salary and the CRAFT facilitator's salary. In 2012 two parenting seminars were also added to the budget.

Of the funding received in 2012-2013, 31% came from Service Canada, 17.1% came from the Department of Justice, 15.5% came from Department of Family Services, 9.3% came from the City of Selkirk, 18.6% came from LSSD, 4.7% came from the RM of St. Clements, and 3.9% came from the RM of St. Andrews. Of contributions in kind, 45.2% came from LSSD and 54.8% came from the RCMP. Funding was not adequate to cover all program costs for the fiscal year and an overage was utilized for this purpose.

Funding was allocated so that 84.6% of funds were used for staff wages, 7.5% for MERC's, 2.1% for mileage, 0.8% for professional development, 0.8% for materials and computer supplies, 0.5% for meeting expenses, 0.8% for client supports, and 3.0% for additional programs. Again, surplus funds were utilized to cover the costs of additional programs. The total cost of the program was $84,565.

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[13] MERCS are the mandatory employer portion of EI, CPP and Worker's Compensation.

4.2 Quantitative Analysis of Client Database

The START program specifically targets youth who meet certain high-risk criteria. In order to better understand the clients that START is servicing, this chapter will provide an overview of their demographic characteristics and at-risk activities of those clients. This analysis will also help assess whether or not the START program is accessing its intended target population.

Since 2004 there have been 74 youth that had either been in the START program for a minimum of one year or had their cases closed. (FIGURE 2) Across the eight years of data START has averaged 9.3 new admissions per year (SD[14] = 0.94). The number of clients admitted into the start program has ranged from a low of five clients during the first year of the program to a high of fourteen clients in 2010.

Figure 2: Start Client Admissions by Year
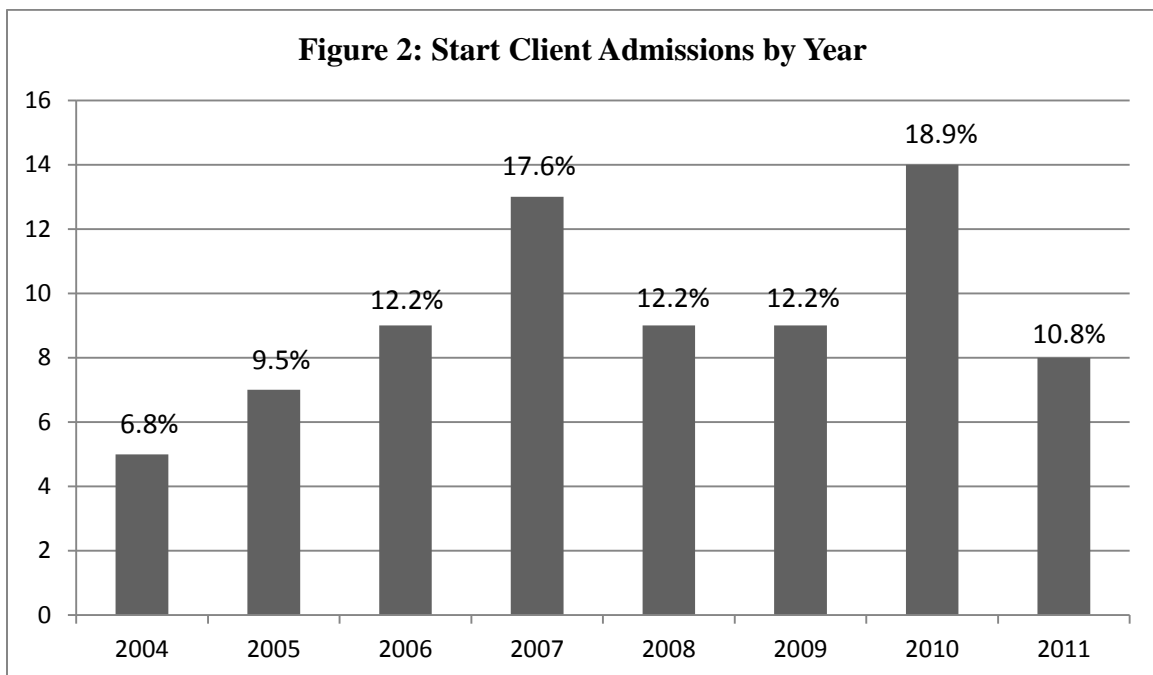
Clients remained in the START program for an average of 25.5 months (SD = 13.80 months). The duration of time spent in START ranged from a low of six months to a high of sixty-four months. Clients most commonly spent between thirteen and eighteen months in the program with 16.5% of clients involved in the program for a year or less and 6.0% of clients remaining in the program for more than 48 months. (FIGURE 3)

Figure 3: Duration in the START Program

Duration	Percentage
0-6 Months	1.5%
7-12 Months	15.0%
13-18 Months	19.5%
19-24 Months	15.0%
25-30 Months	16.5%
31-36 Months	15.0%
37-42 Months	1.5%
32-48 Months	9.0%
49-54 Months	1.5%
55-60 Months	3.0%
61-66 Months	1.5%
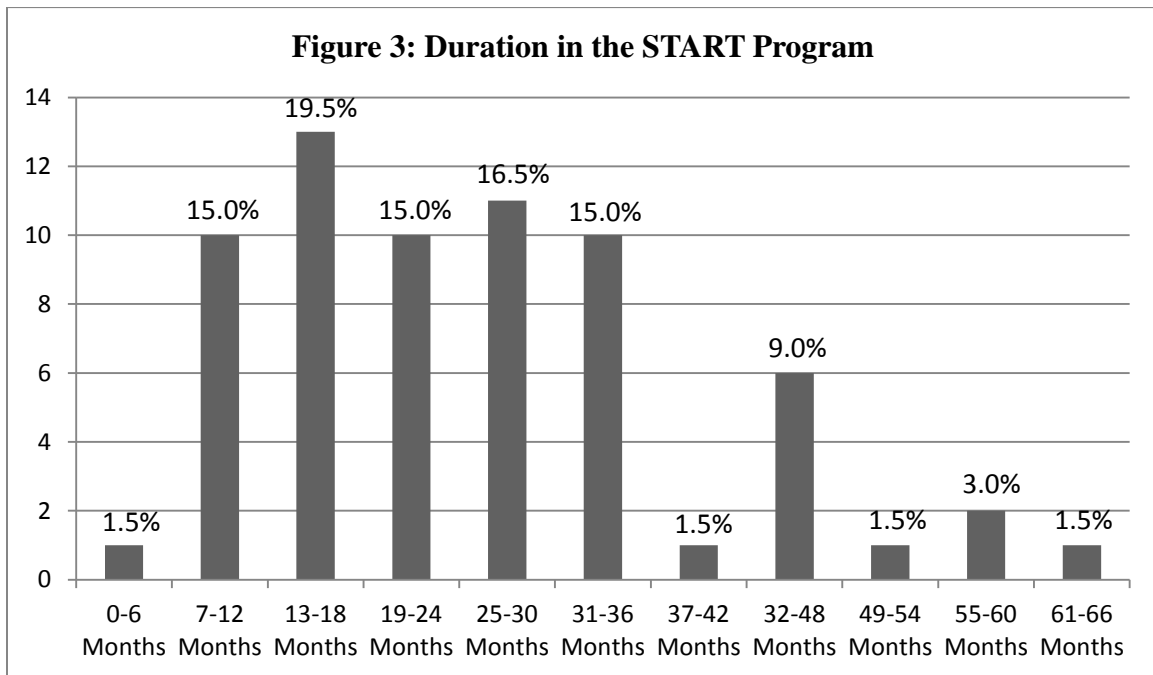
Demographic Characteristics of the START Client Population

     The average age of clients when they are first referred to START is 14.08 years (SD = 1.48 years). The youngest client enrolled into START was eleven years old and the oldest seventeen years of age. (FIGURE 4) Clients aged thirteen to fifteen made up the majority of those being referred to START (70.3%) with age fourteen being the most common age for clients to be referred (33.8%).

Figure 4: Age Distribution of START Clients
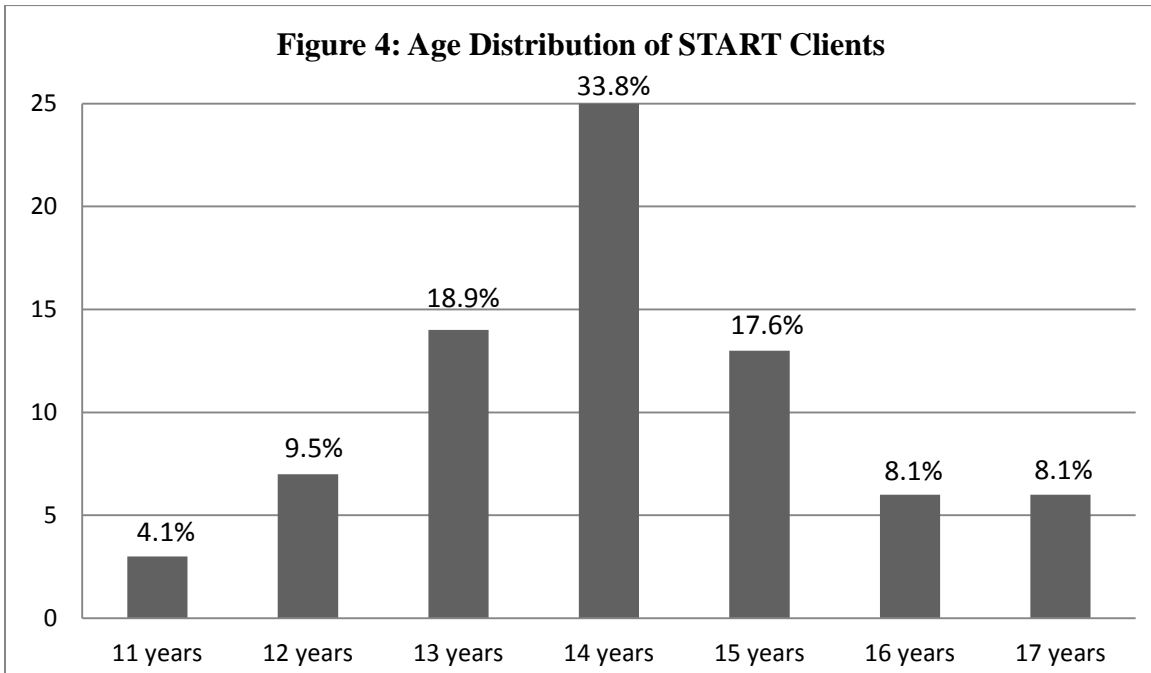
Forty-eight of the seventy-four clients referred to START have been male (64.9%) compared to twenty-six females (35.1%). (FIGURE 5) There have been more males referred to START in each year of its existence with the exception of 2009 wherein five females were admitted compared for four males. In the last three years there has been a slight increase in the proportion of females referred to START (37.9%) compared to the first four years of the program (30.2%).

Figure 5: Sex Distribution of START Clients
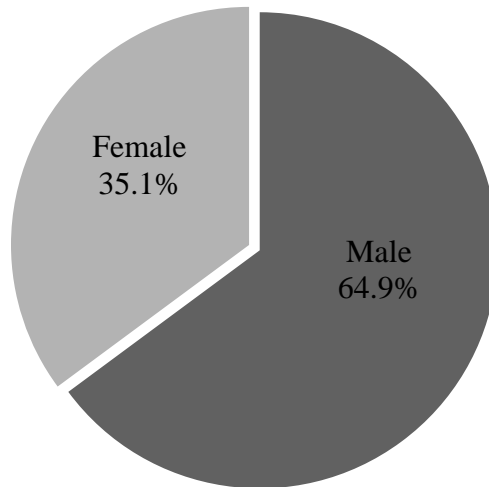
Analysis of START clients indicates that those from Aboriginal and Metis backgrounds are overrepresented in the program. Clients identifying as Aboriginal make up 36.5% of the START population followed by 21.6% of clients who identify as Metis. All other ethnicities were combined into a separate category which comprised the remaining 41.9% of START clients. (FIGURE 6)

Figure 6: Ethnic Composition of START Clients
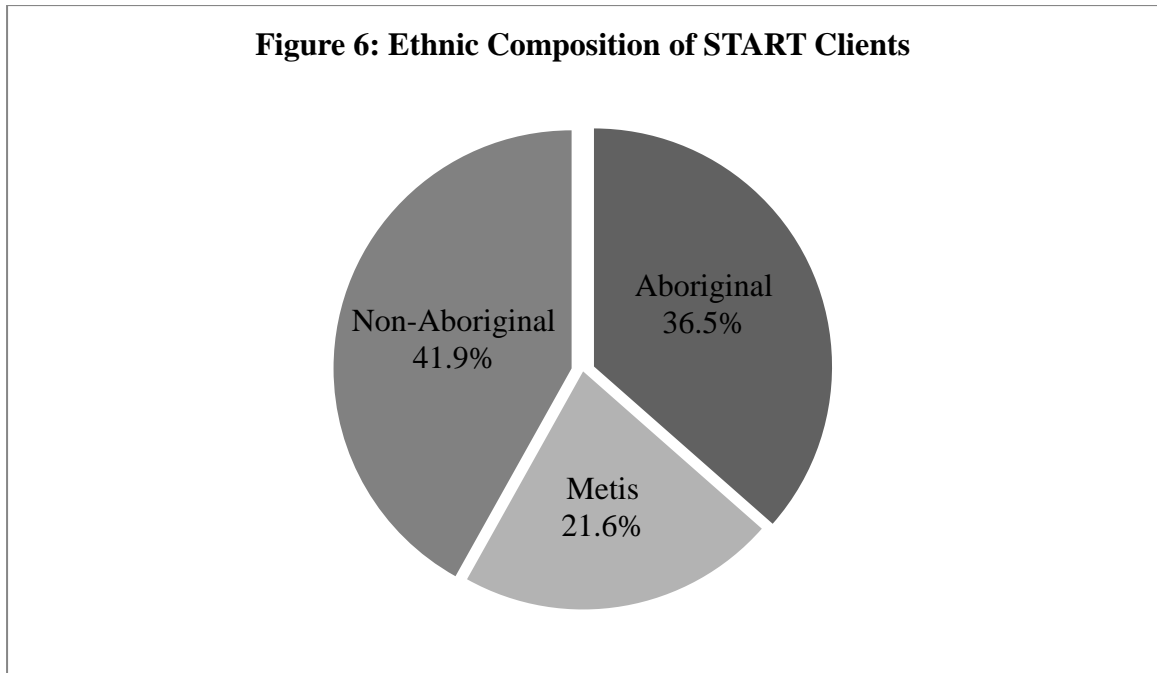
Clients have on average obtained 8.4 years of education (SD = 1.37 years) at the time of being referred to START. (FIGURE 8) Educational attainment ranged from a low of five years (2.9% of START clients) to a high of eleven years (7.4%). The single largest educational category was eight years of education (32.4%). Those with eight to nine years of education accounted for 63.3% of START clients.

Figure 8: Educational Attainment of START Clients

Years	Percentage
5 years	2.9%
6 years	7.4%
7 years	8.8%
8 years	32.4%
9 years	30.9%
10 years	10.3%
11 years	7.4%
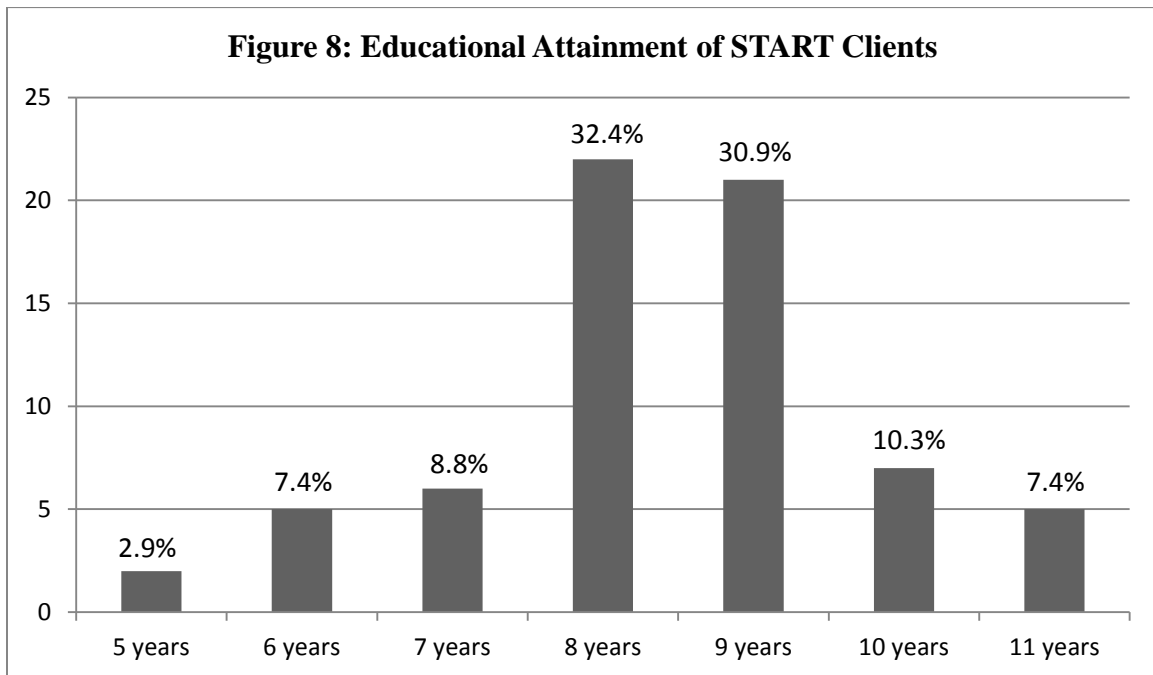
Since 2008 there has been a gradual increase in the educational attainment of those referred to the START program. (FIGURE 9) In 2004 clients had on average 7.2 years of education whereas in 2011 clients had 9.5 years of education. The start and end points for the data also indicate the lowest and highest educational attainments across the seven years of data.

Figure 9: Educational Attainment by Year of Referral to START

Year	Years of Education
2004	7.2 years
2005	8.8 years
2006	7.8 years
2007	8.3 years
2008	8.0 years
2009	8.4 years
2010	8.7 years
2011	9.5 years
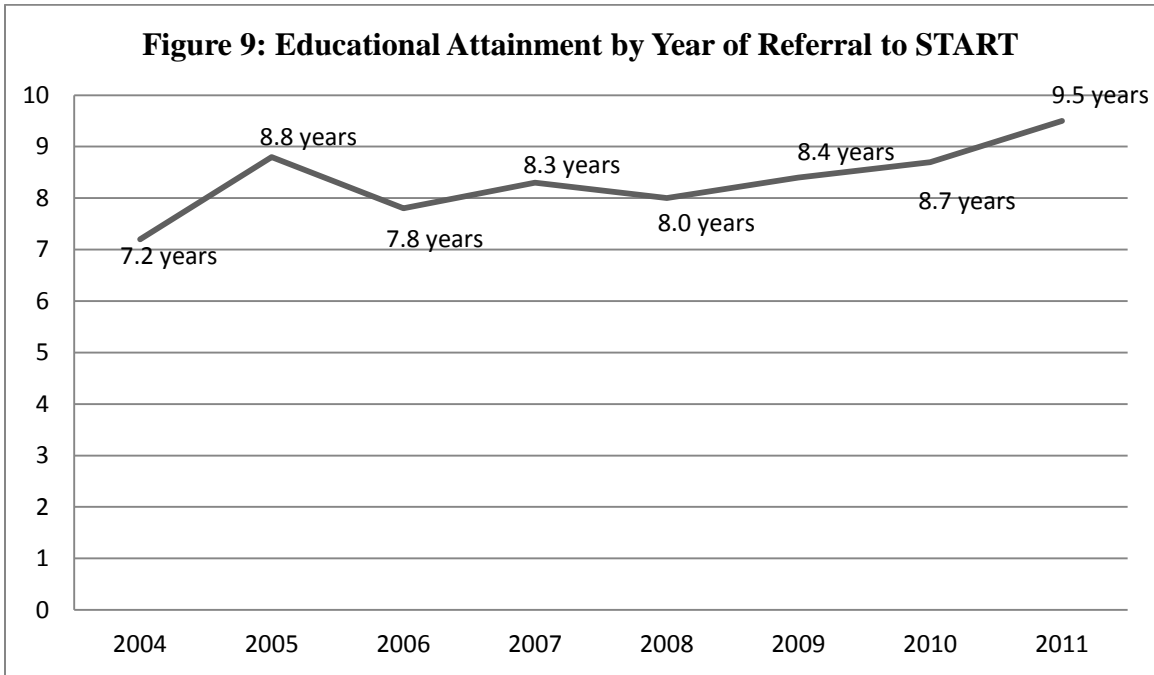
Criminal History

Over half (52.7%) of START clients had been arrested before the age of sixteen. Of those that had been arrested, fourteen (35.9%) had at least two prior offenses and 28.2% had at least three prior offenses. Eight clients (10.8%) had charges laid while they were on probation and one (1.4%) had charges laid while in custody. The most common charge was assault, with 40.5% of clients having been charged with this offense. The second and third most common charges were mischief/wilful damage (24.3%) and theft (20.3%) respectively. (TABLE 1)

Table 1: START Client Criminal History		
Criminal Charge	*N*	*%*
Assault	20	40.5
Mischief/Wilful Damage	18	24.3
Theft	15	20.3
Breach Probation	9	12.2
Alcohol Related Offenses	9	12.2
Break & Enter/Unlawful Dwelling	7	9.5
Weapon Offense	6	8.1
Sexual Offense	4	5.4
Possession/Trafficking Drugs	4	5.4
Possession Stolen Goods	2	2.7
Arson	2	2.7
Charged (Other)	16	21.6

Substance Abuse

Substance abuse appears to be a common characteristic of START clients with forty-four clients (59.5%) admitting that substance abuse interferes with their daily functioning (TABLE 2). A significant proportion of START clients had both used alcohol (75.7%) and solvents or drugs (78.4%) underage. Furthermore 60.8% of START clients admitted to use alcohol regularly and 67.6% reported regular use of solvents or drugs. Nine START clients (12.2%) had also been either charged or convicted of an alcohol related crime, while four (5.4%) clients had been either charged or convicted of a solvent/drug related crime. Overall 28.4% of START clients admitted to committing crimes in order to obtain or be able to purchase intoxicants.

Table 2: Intoxicant Use Among START Clients		
Intoxicant	*N*	*%*
Has Used Alcohol	56	75.7
Has Used Illicit Drugs/Solvents	58	78.4
Regular Use of Alcohol	45	60.8
Regular Use Illicit Drugs/Solvents	50	67.6
Charged/Convicted of an Alcohol Offense	9	12.2
Charged/Convicted of an Illicit Drug/Solvent Offense	4	5.4

<u>Education and Employment</u>

While the average START client had just over eight years of education, twenty-four of the seventy-two clients (32.4%) were not in school when enrolled in START (TABLE 3). Forty-seven clients (63.5%) reported being truant, forty-one (55.4%) reported having poor relationships with their peers in school, and twenty-four (32.4%) had poor relationships with their teachers. Lack of success in school was common among START clients with thirty-seven (50%) having failed at least one grade level and another sixty-six (89.2%) reporting poor scholastic achievement. Poor achievement has been linked to behavior issues (Tremblay et al, 1992) so it is not surprising to see that more than half (51.4%) of clients reported poor school behavior. Fifty-one (68.9%) START clients had been expelled from school while forty-six reported some involvement with school guidance councillors or social workers.

Table 3: Scholastic Achievement		
Variable	*N*	*%*
Not in School	24	32.4
Truant when Enrolled in School	47	63.5
Failed a Grade/Not Promoted	37	50
Poor School Achievement	66	89.2
Poor School Behaviour	38	51.4
Suspended/Expelled from School	51	68.9
Poor Relations with Peers	41	55.4
Poor Relations with Teachers	24	32.4

Only thirty-three of the seventy-four START clients (44.6%) reported having been employed. Of those that had been employed seven out of the thirty-three (21.2%) clients admitted to being fired from at least one of their jobs. (FIGURE 10)

Figure 10: Employment History of START Clients
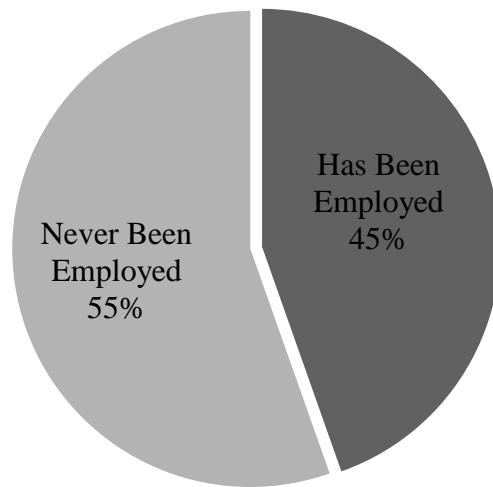
<u>Family and Home Life</u>

The most common variable found across START clients was the presence of a "chaotic family situation" which touched almost all (87.8%) of those enrolled in the program. (TABLE 4) The majority (82.4%) of START clients had either a poor or no relationship with their father and nearly half (44.6%) reported either a poor or no relationship with their mother. Not surprisingly, 78.4% of clients reported a lack of supervision, influence, and parental control. Nearly half (48.6%) of respondents reported being away from their home often and 40.5% had at some point been in a CFS placement.

Table 4: Family Structure		
Variable	***N***	***%***
Chaotic Family Situation	65	87.8
Poor/No Relations Mother	33	44.6
Poor/No Relations Father	61	82.4
Poor/No Relations Siblings	21	28.4
Lack of Parental Supervision/Influence/Control	58	78.4
Has been in CFS Placement	30	40.5
Client Often Away from Home	36	48.6

<u>Peer Relations</u>

Sixty-two START clients (83.8%) reported that better use of their leisure time could be made and 71.6% admitted having few pro-social interests. (TABLE 5) Nearly half (45.8%) of START clients reported feeling socially isolated. When client-peer relations were examined 33.8% of START clients conveyed having peers outside of their age range, while over two-thirds of (67.6%) those clients reporting having criminal acquaintances and friends.

Table 5: Peer Relations (N=74)		
Variable	*N*	*%*
Better Use of Leisure Time	62	83.8
Few Pro-Social Interests	53	71.6
Reported Feeling Socially Isolated	34	45.8
Peers Outside Age Range	25	33.8
Criminal Acquaintances/Friends	50	67.6

Almost half of START clients (47.3%) reported having some sexual experience. (FIGURE 11) Another 12.2% of respondents indicated they were promiscuous and 9.5% stated they were unconcerned with birth control. Despite the high numbers of sexual experience, promiscuity, and lack of concern with birth control only one START client had a child of their own.

Figure 11: Sexual Experience

No Sexual Experience 52.7%

Has Sexual Experience 47.3%
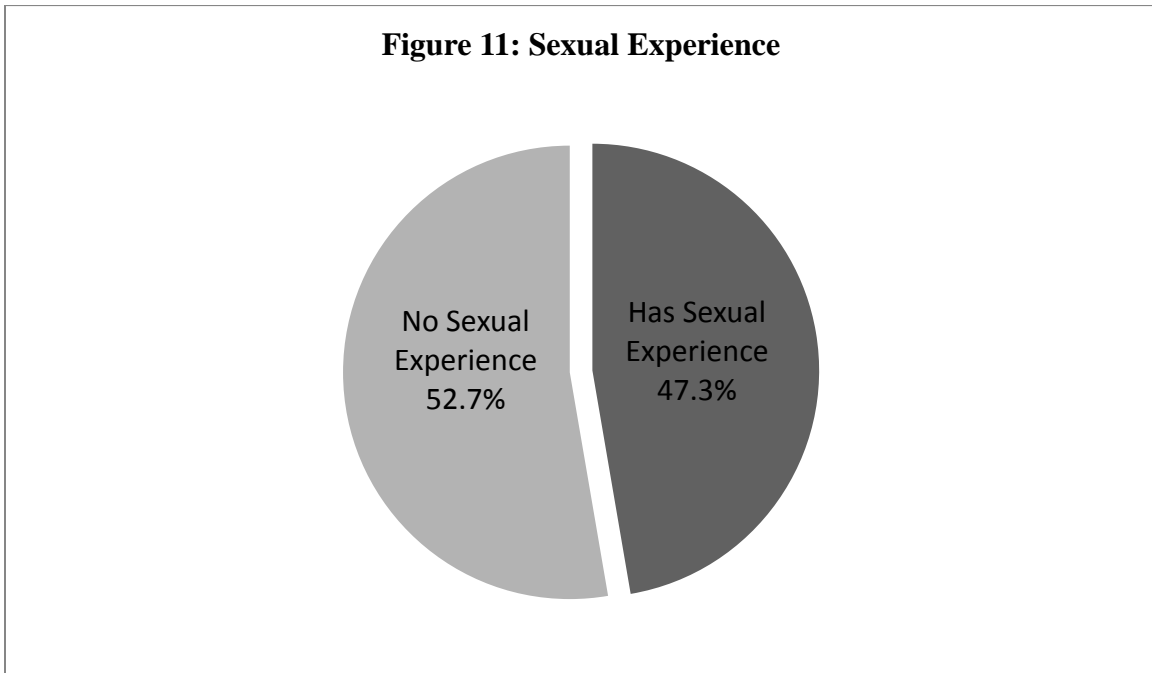
With a large number of START clients reporting chaotic family relationships it is not surprising to see that over half (56.8%) report having problematic living arrangements. (TABLE 6) Frequent address changes were also reported by 17.6% of START clients, 12.2% reported living away from their parents/guardians, and 58.1% reported living in a high crime area/community.

Table 6: Living Accommodations of START Clients		
Variable	*N*	*%*
Lives Away from Parents/Guardians	9	12.2
Problematic Living Arrangement	42	56.8
Frequent Address Changes in the Last Year	13	17.6
High Crime Area/Community	43	58.1

Psychological Factors

A history of abuse was also prominent among START clients with 14.9% having reported being sexually abused, 23.0% physically abused, and 35.1% having witnessed some form of abuse in the home. (FIGURE 12)

Figure 12: Abuse History
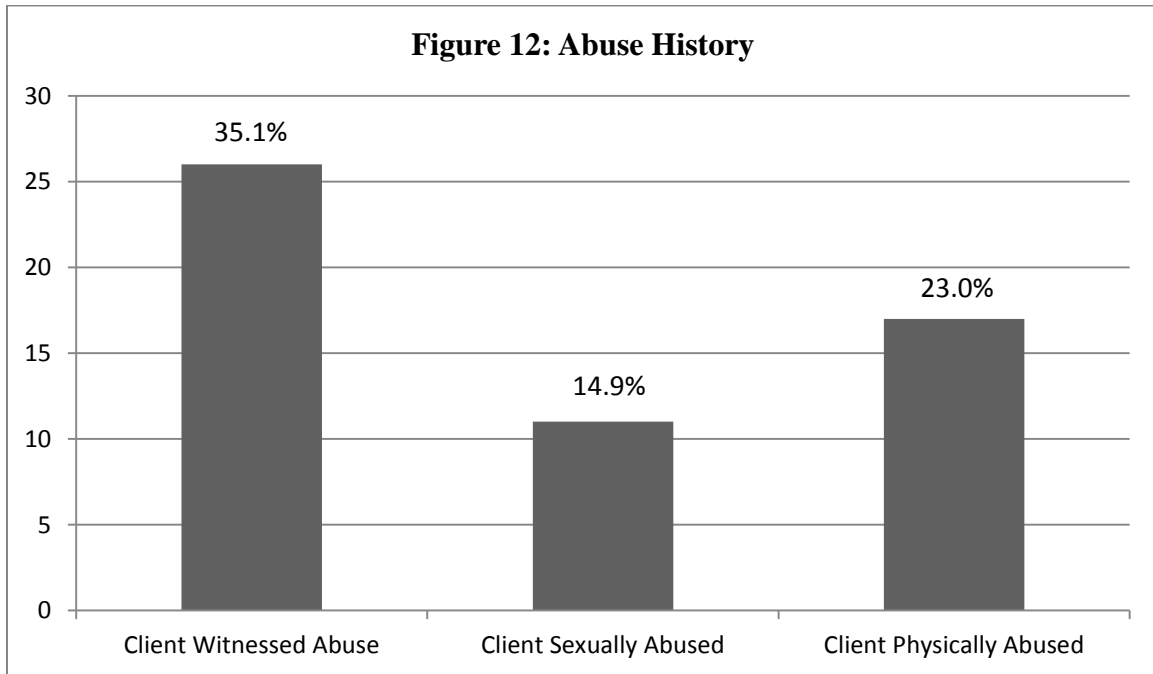
Family history of substance abuse, mental illness, and criminal activity were all characteristic of the family structure of START clients. (FIGURE 13)   Substance abuse (71.6%) was most common characteristic followed by criminal history (37.8%) and psychiatric history (29.7%).

Figure 13: Family History of START Clients

Criminal History	Psychiatric History	Substance Abuse History
37.8%	29.7%	71.6%
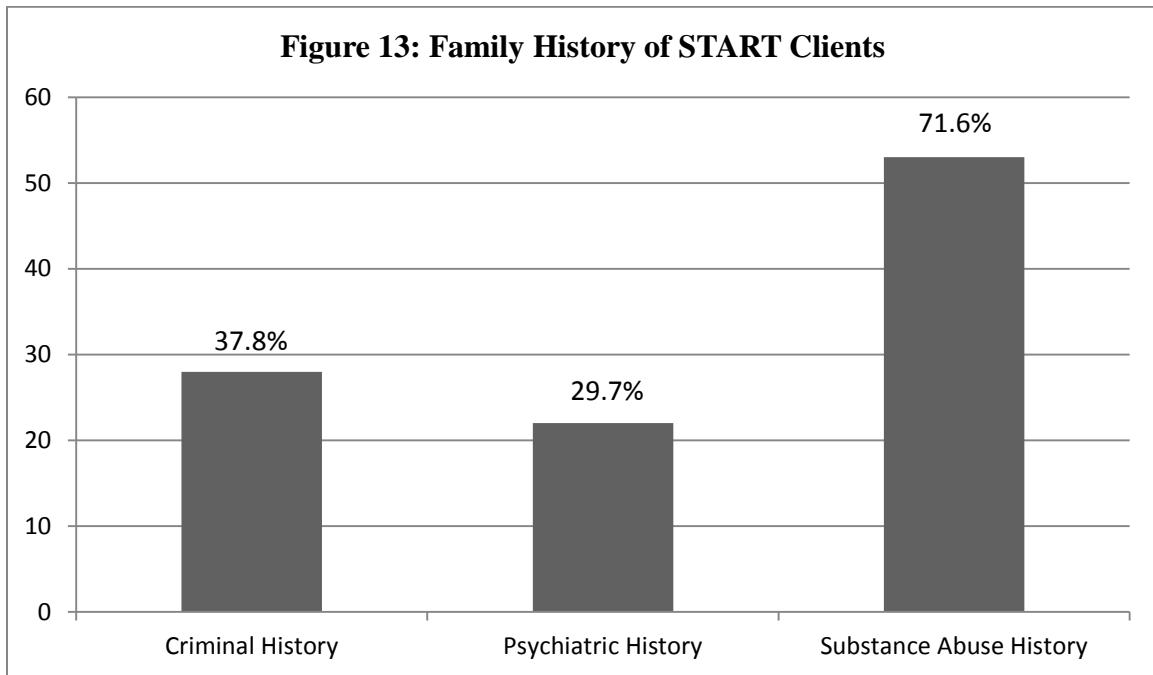
Total Risk Score

Each client who enters the START program has a preliminary risk assessment completed. The risk assessment consists of eighty-two questions divided into seven different categories as follows: criminal history, substance abuse, education/employment problems, family problems, peer relation problems, accommodation problems, and psychological factors. A score of "1" is applied to each of the questions if the question applies to the client. The total of each of the questions are added together to create a "risk to reoffend score" and risk level. Scores can range from a low of 0 to a high of 82. Risk levels are assessed based on the following criteria:

- Low Risk: Score of 23 and lower
- Medium Risk: Score between 24 and 31
- Medium-High: Score between 32 and 38
- High: Score between 39 and 49
- Very High: Score of 50 and higher

START clients are most commonly characterized by having medium to high risk to reoffend (29.7%). (FIGURE 14) Clients at very high risk to reoffend comprise 4.1% of the participants in the START program whereas 23.0% are at low risk to reoffend. The high risk categories (medium-high, high, and very high) comprise 56% of the START client population.

Figure 14: Risk Level of START Clients

<u>Referrals</u>

The LSSD was the most prolific referral agency, referring 36.5% of clients to START. (FIGURE 15) The RCMP was second in terms of total number of referrals, comprising 25.7% of all referrals. In total nine[15] different social service agencies have referred a client to the START program.

Figure 15: Referrals to START by Social Service Agency

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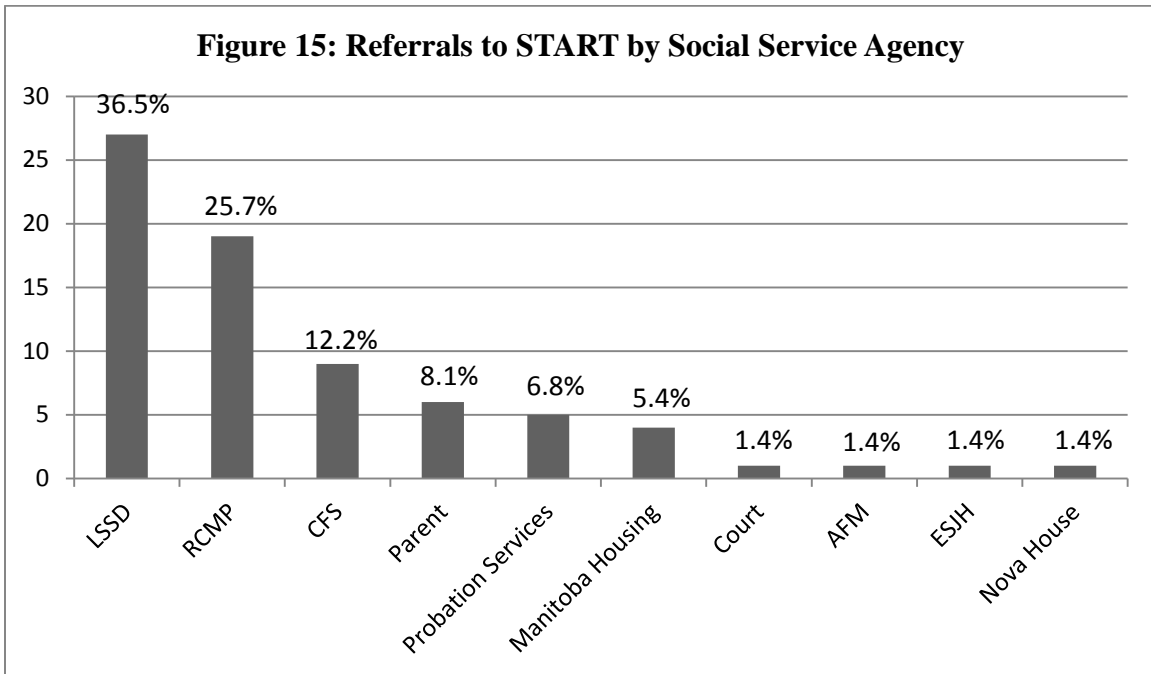
[15] Parents also made up 8.1% of referrals.

Seven different social service agencies were part of the network of agencies accessed by START clients. (FIGURE 16) Due to the age range of clients in START it is not surprising to see that LSSD is the most commonly accessed service, having been utilized by 87.8% of clients. Relatedly, START clients often had extensive criminal histories and problems with their family situations and thus the RCMP (77.0%) and CFS (67.6%) were the next most common social service agencies accessed by respondents. CRAFT was accessed the fewest number of times at 17.6%.

Figure 16: Social Service Agencies Accessed by START Clients

Agency	Percentage
LSSD	87.8%
RCMP	77.0%
CFS	67.6%
Probation Services	33.8%
Mental Health	31.1%
AFM	25.7%
CRAFT	17.6%
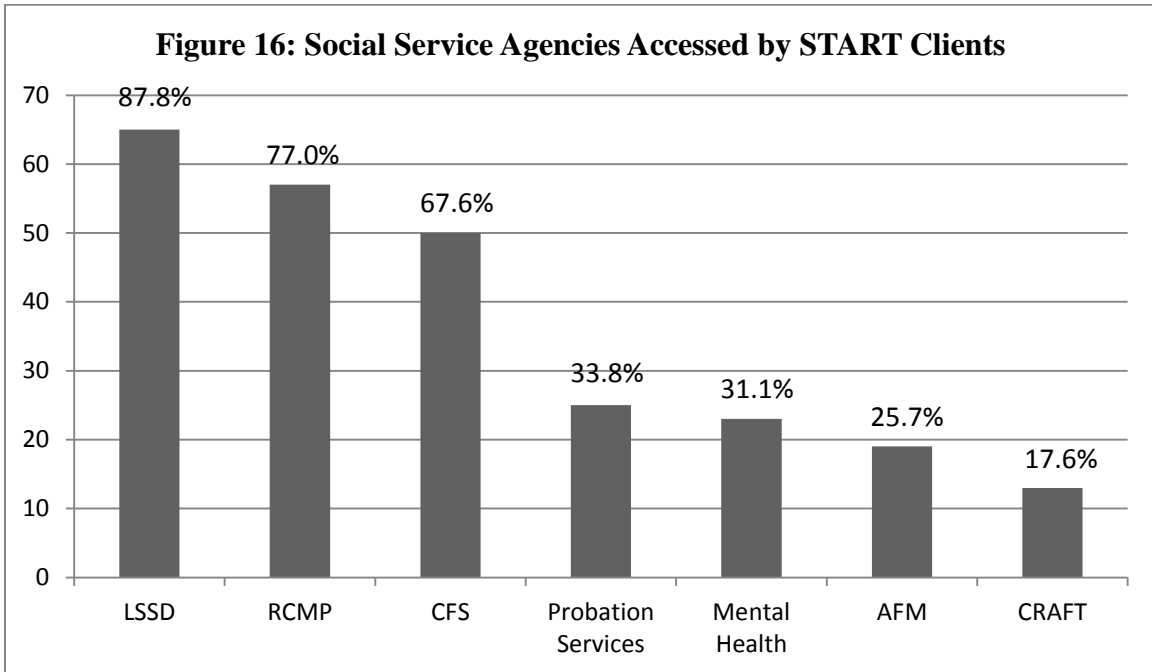
<u>Success Indicators</u>

START has identified six different success indicators when working with their clients. The six success indicators are as follows:

- Attained a better knowledge of youth at-risk activities
- Created a safety plan that is successful in protecting the youth
- Improved attendance and participation in school
- Increased understanding of the youth's challenges
- Accessing services through START that were not previously utilized
- Improved living situation and relationships with family/guardians

On average success in each of the aforementioned six criteria was achieved 84.8% of the time. Attaining a better knowledge of youth at-risk activities the most achievable success indicator (100%) whereas in comparison increased understanding of youth challenges was the least attainable success indicators (72.9%). (TABLE 7)

Table 7: Success Indicators (N=74)		
Success Measure	*N*	*%*
Improved Living Situation/Relationship with Family	49	81.6
Accessed Services that were not Previously Utilized	59	86.4
Increased Understanding of Youth Challenges	48	72.9
Improved Attendance/Performance at School	65	80.0
Created a Successful Safety Plan	33	87.9[16]
Attained a Better Knowledge of Youth at-risk Activities	38	100.0

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[16] 28 of the 33 safety plans created were deemed successful resulting in a success rate of 84.8%.

The number of success indicators for each of the seventy-four clients was tabulated to examine success rates. The average number of success indicators achieved was 4.09 (SD = 1.59). (FIGURE 17) Only one client on file achieved zero success indicators and one client achieved all eight indicators.[17] Four was the most common number of success indicators achieved and was accomplished by 28.4% of START clients.

Figure 17: Number of Success Indicators Achieved

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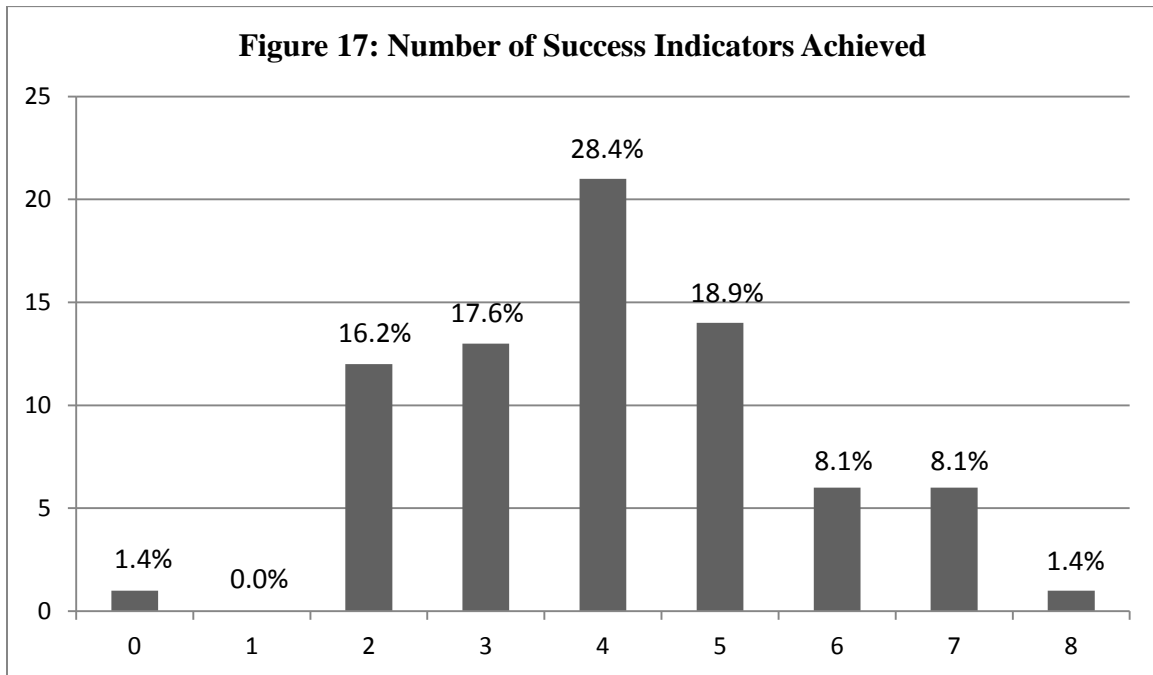
[17] Note that the client dataset separated "safety plan created" from "safety plan successful" as well as separated "living situation improved" from "improved relationships with family/guardians" and therefore the number of success indicators could potentially add up to eight.

4.3 Quantitative Analysis of Questionnaire Responses

Quantitative survey results were entered into Microsoft Excel and analyzed using SPSS version 19.0. In total forty out of a possible forty-four surveys were attempted for a response rate of 90.9%. Of the forty surveys five of surveys (12.5%) were not completed in their entirely.

Eight different social service agencies were canvassed for the survey. (FIGURE 18) The majority of the surveys were returned from respondents representing LSSD (27.5%), CFS (17.5%), and the RCMP (15%). The number of responses ranged from a low of two from Manitoba Justice to a high of eleven from LSSD. When the "other" category was examined two questionnaires were returned from the River East Transcona School Division (RETSD) and one respondent represented Public Health.

Figure 18: Response Rates by Social Service Agency (N=40)

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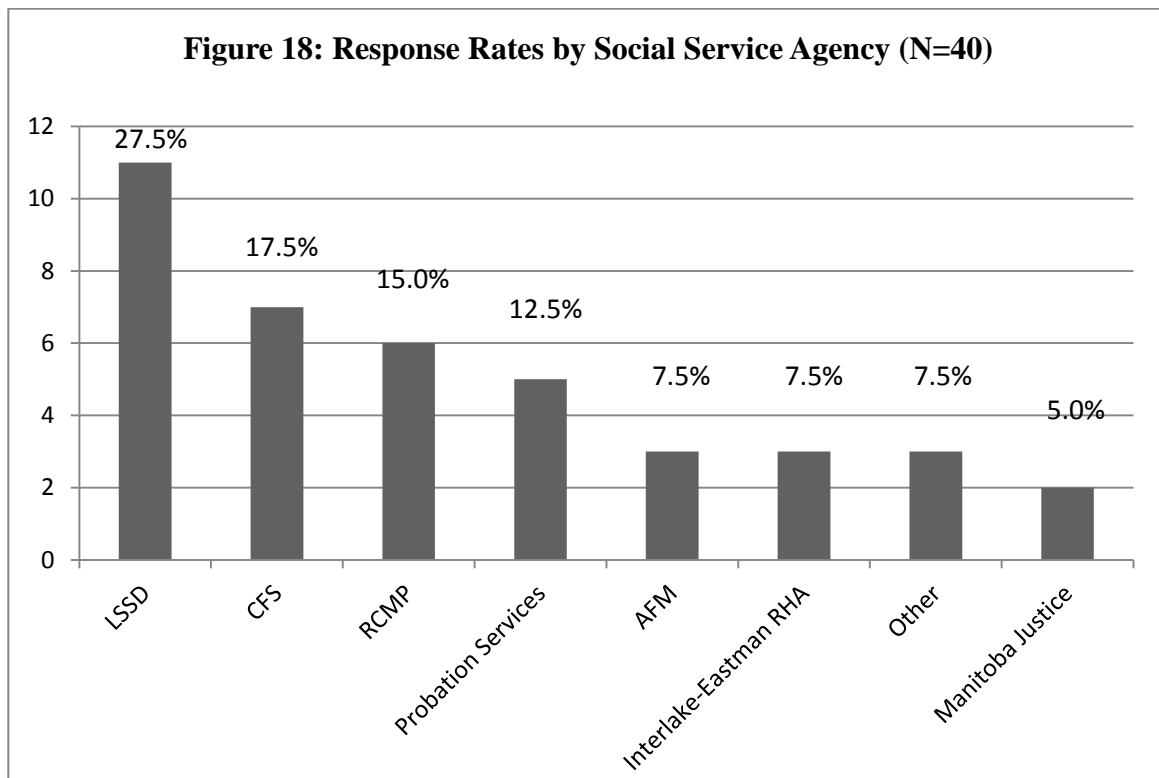
[18] The other category included two respondents from the River East Transcona School Division and one respondent from public health

The forty social service agency workers surveyed were asked a series of Likert scale questions, yes/no questions, and open-ended questions discussing the strengths and weaknesses of START. All the questions were divided into three sections: agency specific questions, outcomes and success measures, and challenges and benefits.

RCMP Responses

Two sets of questions were asked of RCMP respondents, the first set of questions examined the perceived benefits of the START program for the RCMP while the second examined the effect START has on the attitudes and behavior of its clients. In total 83.3% of respondents strongly agreed with the statement "START has increased RCMP awareness of the risk factors that place youth at-risk" (FIGURE 19)

Figure 19: Derived Benefits of START for the RCMP (N=6)

■ Strongly Agree   ■ Somewhat Agree

|	Increased Awarness of the Risk Factors that Place Youth-At Risk	Improved RCMP-START Client Relationships	Improved RCMP-Parent/Guardian Relationships	Removal of Stigmas Associated with Working with the RCMP
Strongly Agree	83.3%	83.3%	66.7%	33.3%
Somewhat Agree	16.7%	16.7%	33.3%	66.7%
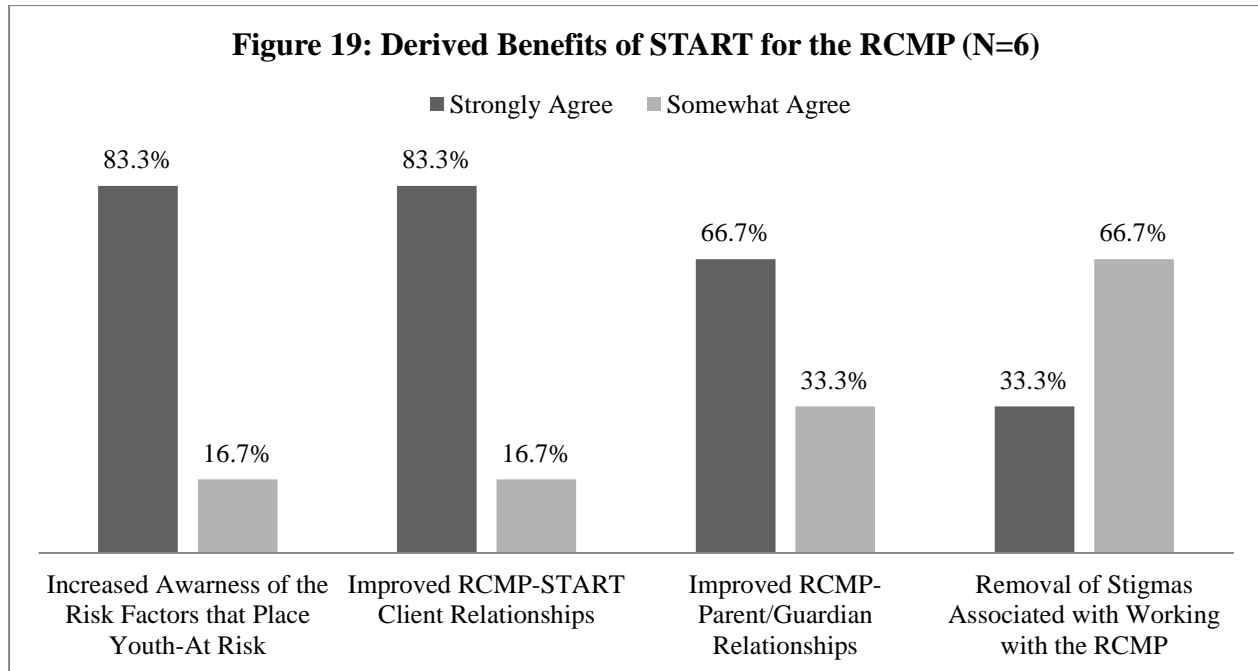
Knowledge of the factors that place youth at risk was a defining point of many of the open-ended comments found in the survey.

> *"START has a pro-active role in addressing issues before they impact the broader community through criminal justice involvement, substance abuse issues or homelessness."*

Examination of the survey findings revealed 83.3% of respondents strongly agreed that "START has improved RCMP-START client relationships", while 66.7% strongly agreed that "START has improved RCMP-parent/guardian relationships." A further 33.3% of respondents strongly agreed that "START has helped to remove some of the stigmas associated with client/family involvement with the RCMP".[19]

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[19] It should be noted that the remaining respondents for all the questions in this section answered "somewhat agree" indicating a very high degree of agreement that the RCMP derives considerable benefit from the START program. In other words 100% of respondents answered "strongly agree" or "somewhat agree" to each of the questions with no respondents indicating disagreement.

The second set of questions focusing on respondents from the RCMP examined attitudinal and criminal behavior changes among START clients. (FIGURE 20) For each of the following questions "START has increased awareness of the protective factors that decrease risks for youth", "START has improved the attitudes within the RCMP toward at-risk youth", and "START has helped prevent criminal activity among its clients" 50% of respondents answered "strongly agree". For the question "START clients are less likely to continue to display criminal behavior compared to other youth", 33.3% of respondents answered strongly agree, 50% somewhat agree, and 16.7% neither agree nor disagree.

Figure 20: Effects of START on Attitudinal and Criminal Behavior Change (N=6)

■ Strongly Agree   ■ Somewhat Agree

Increased Awarness of Protective Factors that Decrease Risks for Youth	Improved the Attitudes within the RCMP Toward At-Risk Youth	Helped to Prevent Criminal Behavior Among START Clients	START Clients are Less Likely to Continue to Display Criminal Behavior
50.0% / 50.0%	50.0% / 50.0%	50.0% / 33.3%	33.3% / 50.0%

Open-ended responses frequently touched on the issue of crime reduction.

> "[START] has reduced that reoffending behavior drastically and it has provided opportunities for our clients to grow, develop, and become productive member of society."

> "START keeps kids in the community, in their families, in school and out of custody, and reduces the pressure on the justice and social service systems."

> "The wider community benefits through reduction in crime, better use of financial resources (taxes) that may go towards reacting to the results of crime/poor attendance, drug use, etc. These youth are also part of the community, so anything that can assist them in improving their personal quality of life to become more responsible members of society also benefits the community overall."

The potential benefits of the START program were also asked of respondents from the LSSD. Of those respondents, 90.9% strongly agreed with the statement "START has increased my knowledge of ways to support at-risk youth in the school" while 72.7% strongly agreed with the statement "START has improved attitudes toward at-risk youth in the schools." (FIGURE 21)

Figure 21: Derived Benefits of START for LSSD (N=11)
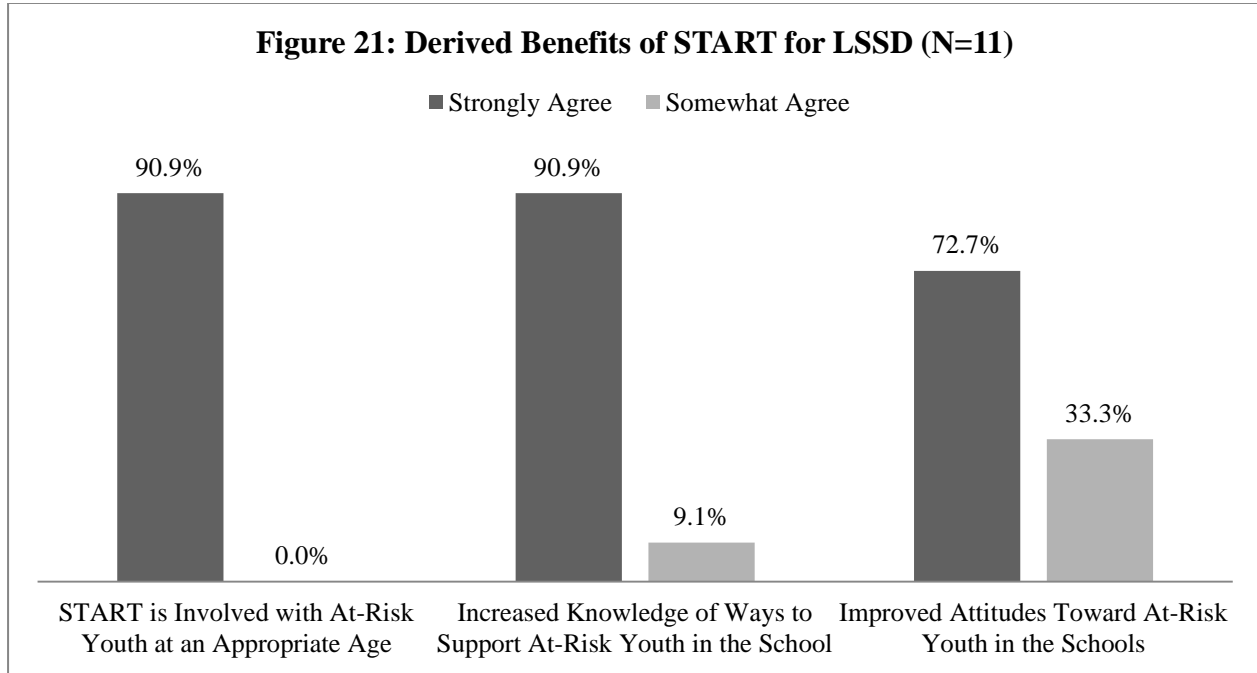
It was very common for respondents to discuss the impact that START has had on the school system's ability to work with at-risk youth.

> "START has given teachers, administrators and clinicians more resources and options to help students who are at risk and to engage with parents to develop intervention strategies."

> "Our school has benefited greatly with many of the START kids making positive gains on many levels and getting some of the help they desperately need via greater understanding and advocacy."

Although 90.9% of LSSD respondents strongly agreed that "START is involved with at-risk youth at an appropriate age", some of the comments from other agencies do not necessarily agree.

> "I would like to see START extended to younger children and their families because that is where it starts!! We are at a cusp where we need more personnel because the number of kids is growing at a rapid pace!"

> "It would be nice to have younger kids involved earlier in life to help gather together a team to surround the child and the family to be preventative."

"I would really like to see START expand to younger kids. Sometimes we get them a little too late and they are already entrenched in some really risky behaviour. If we could support the kids and their families younger, we would probably have even greater success."

Beyond the effect that START has had on the school system's ability to work with at-risk youth, there was also considerable agreement among respondents that their clients saw both improved attendance and performance in school as a result of their participation in START. (FIGURE 22) One hundred percent of respondents either "strongly agreed" or "somewhat agreed" to the statement "START action plans are successful in improving school attendance", while 90.9% of respondents either "strongly agreed" or "somewhat agreed" to the statement "START action plans are successful at improving school performance."

Figure 22: Effects of START on School Attendance and Performance (N=11)
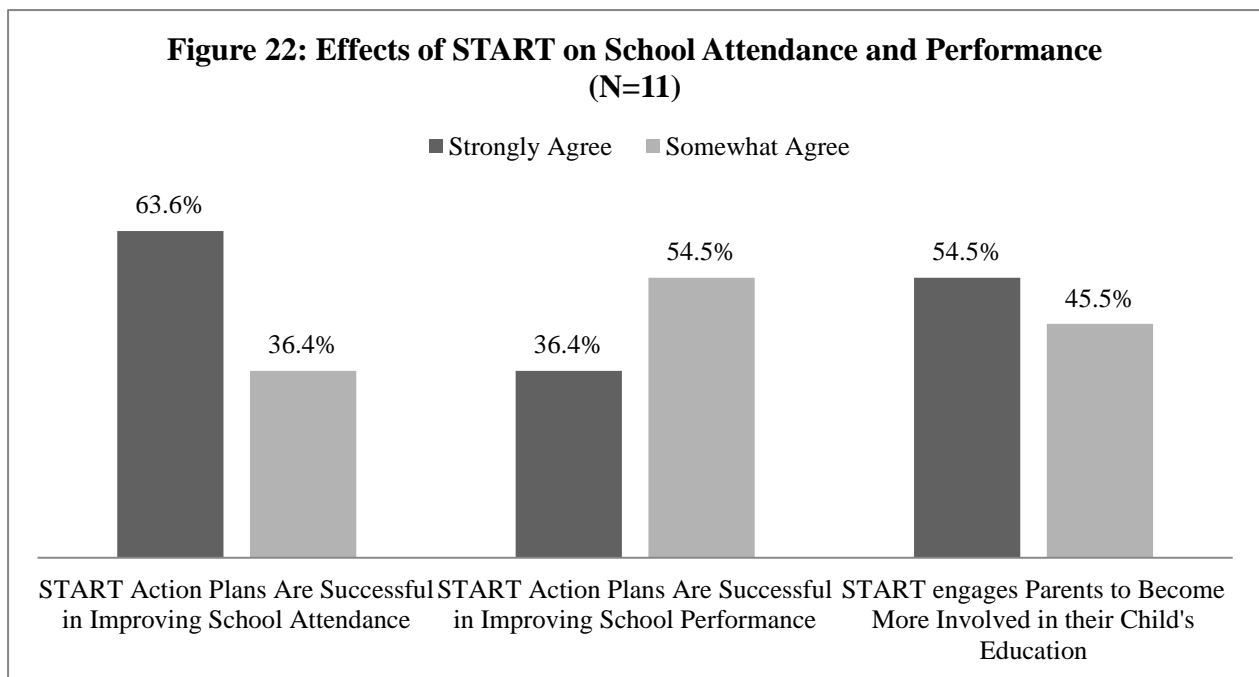
Lack of school attendance was often perceived as the most important risk factor for youth in the community.

> *"START has drawn the community services of Selkirk together. Schools are willing to take chances on children they would normally not because of the increased support of the community agencies. Given the higher supervision levels and attendance at school community safety is enhanced. (Non-attendance at school is a very high risk factor)"*

> *"If we did not have START, we would have already lost many of these kids from the school system. We know that education is the ticket out of some of the difficult environments these kids are in. START has helped us to create "wrap around" service, which is helping our kids stay in school. It's a wonderful thing!"*

<u>CFS Responses</u>

The derived benefits of the START program for CFS included appropriate referrals and removal of stigmas associated with CFS. (FIGURE 23) Using these measures 71.4% of respondents from CFS somewhat agreed with the statement "The START screening process results in appropriate referrals" with 14.3% neither agreeing nor disagreeing and another 14.3% stating they somewhat disagreed. Relatedly, 57.2% of respondents either strongly agreed or somewhat agreed to the statement "START has helped to remove some of the stigmas associated with family involvement in CFS."

Figure 23: Derived Benefits of START for CFS (N=7)

■ Strongly Agree   ■ Somewhat Agree

71.4%

42.9%

14.3%

0.0%

The START Screening Process Results in Appropriate Referals to CFS   START has Helped Removed Stigmas Accociated with Working with CFS
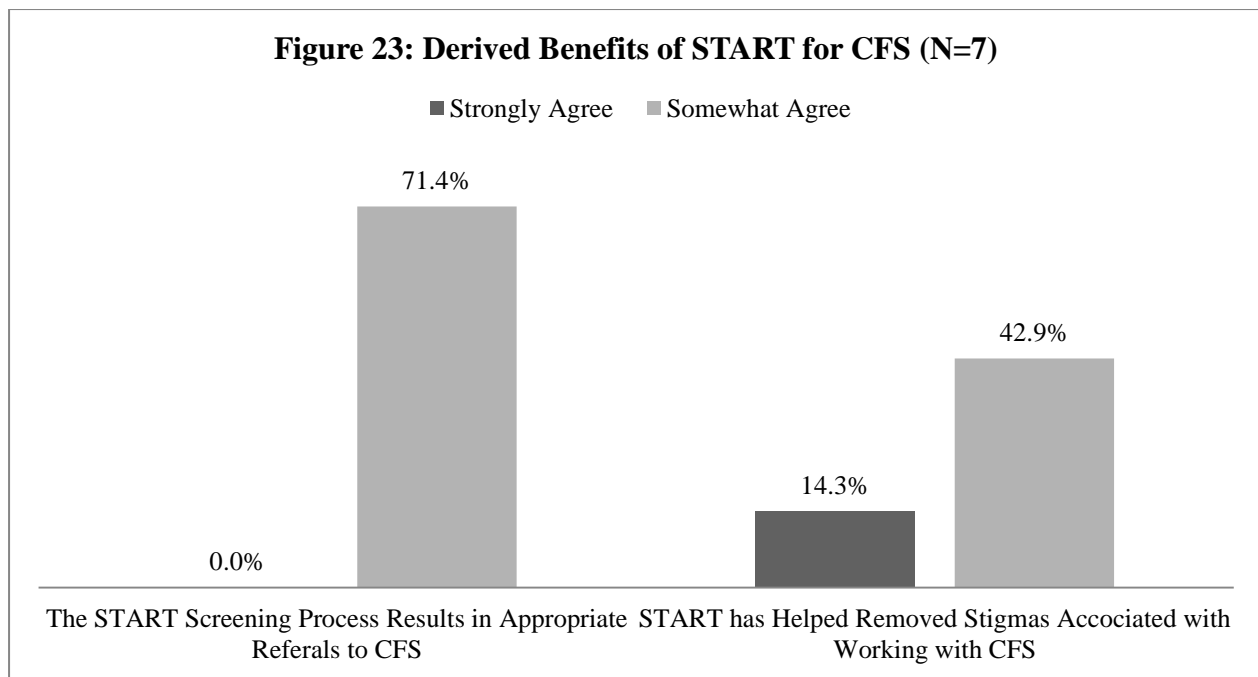
The lower rates of agreement concerning derived benefits of the START program compared to other social service agencies extended to the open-ended responses. Those responses indicated a disconnect between START and CFS when it comes to information sharing.

"They [START] do excellent reports but fail to share them with CFS."

While negative comments were more common among CFS respondents than other social service agencies the majority of comments were not undesirable:[20]

"[START] Helps me feel like there is a team working with the youth/family and all the responsibility is not just on me at CFS – there are others out there that are caring and concerned and want to be part of the solution - may have different ideas and resources and connections that I don't have - which are helpful."

---

[20] Outlying responses have a fairly significant effect on the data when small sample sizes (N=7) are examined. The one negative response should be interpreted on its own merits and not indicative of a systemic issue in the program.

"CFS action plans can only spell out what is expected from [the] client and from [the] CFS agency. That is limiting. START brings all involved parties to the table for planning and holds them accountable to the team for results."

"START has allowed case managers to work more collaboratively with other agencies. START also provides support in case planning and has access to additional information and programming. START brings a new angle of information and can assist CFS in determining further needs."

In terms of the effect START has on client and family relationships, 57.2% of CFS respondents either strongly agreed or somewhat agreed to the statements "START has improved CFS-START client relationships" and "START has improved CFS-parent/guardian relationships. (FIGURE 24) A further 71.4% of respondents felt that START helped to improve their clients living conditions.

Figure 24: Effects of START on Family Relations and Living Situations (N=7)
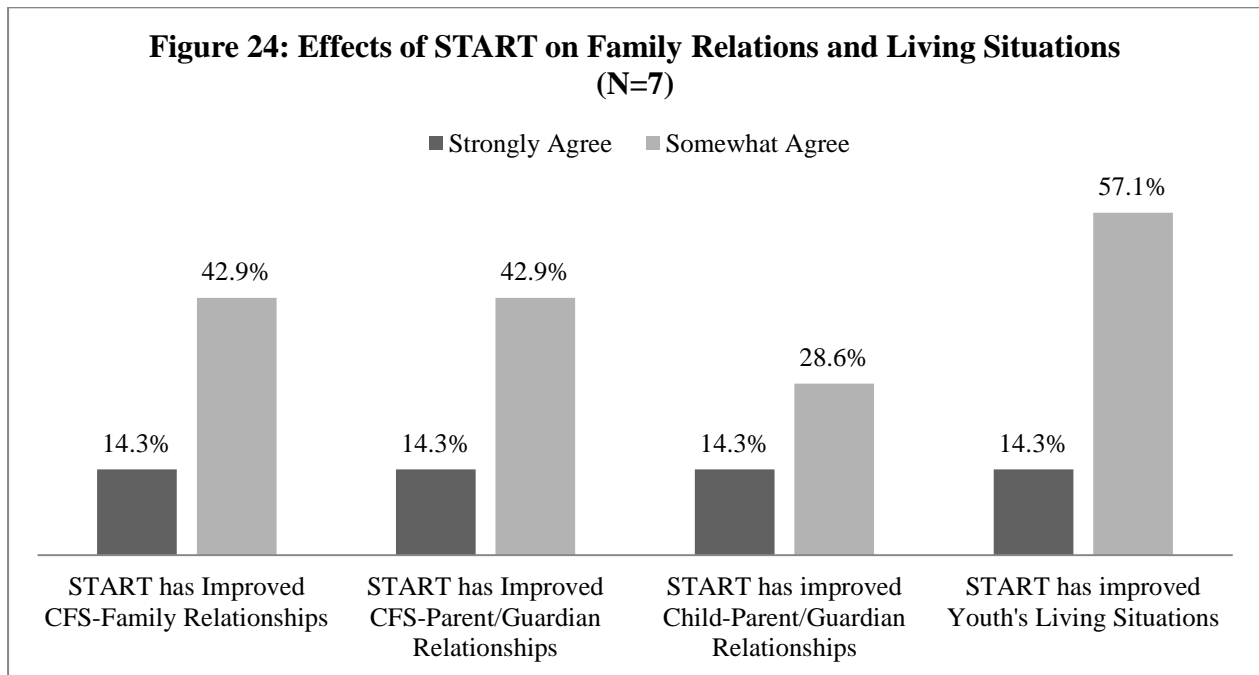
While only 42.9% respondents felt that START improved child-parent/guardian relationships, there were numerous examples of statements made by respondents which indicated success in that area.

"Helps families feel supported by all of the professionals, helps families get educated on the risk factors affecting their child, see the total picture of what is affecting their child, helps families feel a part of the planning as opposed to a part of the problem."

"START provides clients and their families with an opportunity to voice their concerns about where families need or want assistance, and helps makes the link with agencies who can provide those services. More information available to parents and youth results in the opportunity for families to make better life decisions."

Respondents from AFM provided a very positive view of the benefits derived from START. One hundred percent of respondents strongly agreed that "START has improved AFM-START client relationships", while all respondents either strongly agreed or somewhat agreed that "START has improved AFM-parent/guardian relationships". (FIGURE 25) Half of the respondents strongly agreed that "START had removed some of the stigmas associated with involvement in AFM" the other half neither agreed nor disagreed with that statement.[21]

Figure 25: Benefits of START for AFM (N=2)
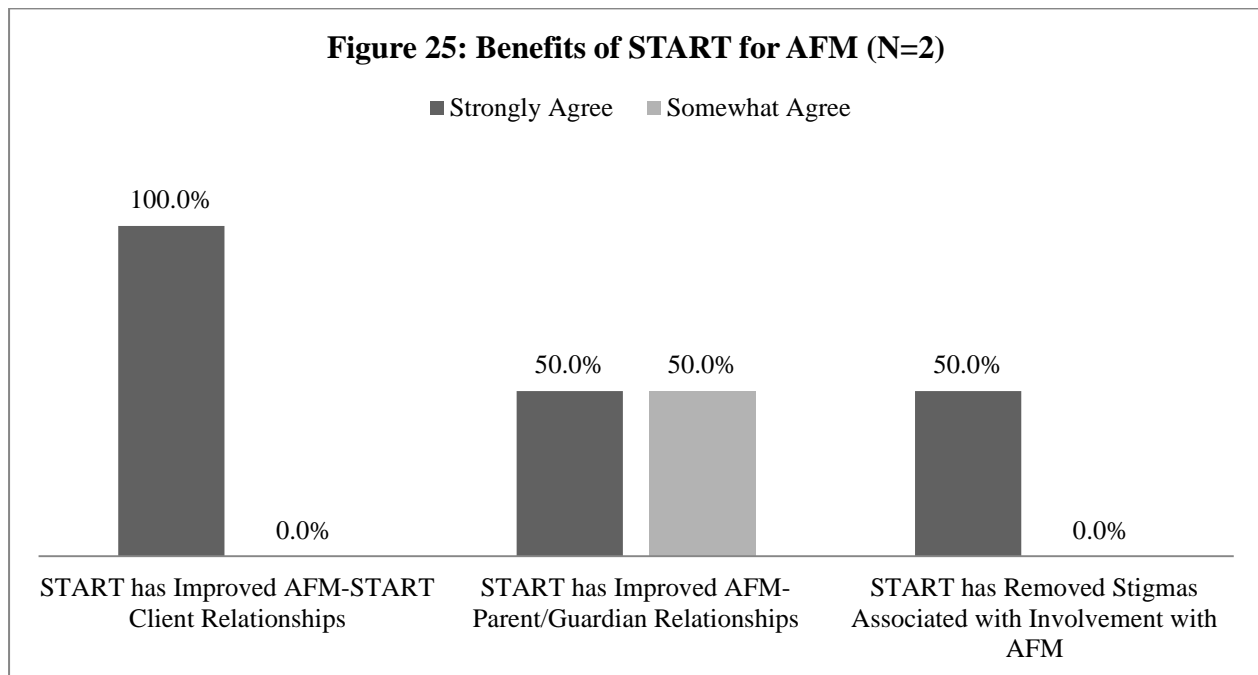
Comments were suggestive of being able to improve service delivery to clients and their families by increasing the network of resources available to them.

> *"START is a valuable resource because it gives me a place to refer clients that I cannot assist under my agency role. Sometimes families require assistance beyond what I can do for them, and START is able to assist with youth concerns in this area."*

---

[21] The small sample size for this group (N=2) however means that results should be interpreted with some caution as findings may not be representative.

Both respondents either strongly agreed or somewhat agreed to the questions "The START screening process results in appropriate referrals to AFM" and "START has helped to identify additional issues in youth that may otherwise have not been identified." (FIGURE 26)

Figure 26: Effects of START on Referrals and Identifying Addiction Issues (N=2)

■ Strongly Agree   ■ Somewhat Agree

50.0%   50.0%   50.0%   50.0%

The START Screening Process Results in Appropriate Referrals to AFM   START has Helped Identify Additional Issues in Youth That Might Have Gone Unidentified Otherwise
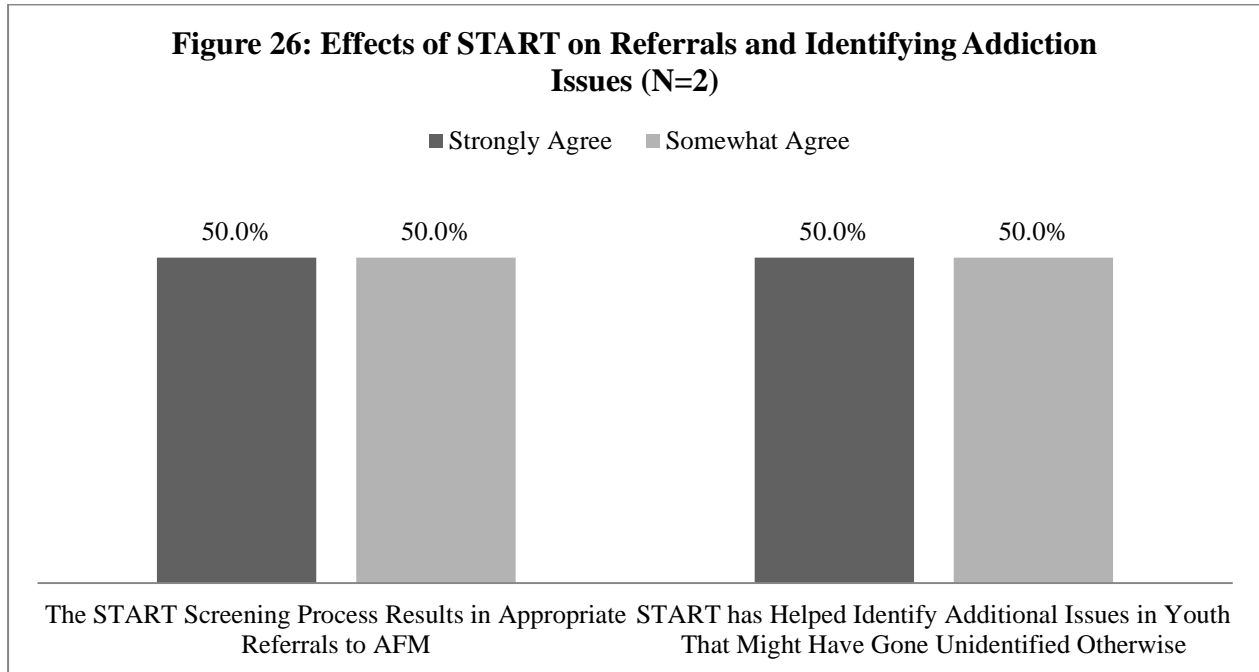
Many of the comments suggested that working with other agencies has helped to improve accountability and follow up of START clients.

"We have specific guidelines in terms of what we can do or who we can contact. START extends those guidelines to work more closely with appropriate agencies."

"The collaboration between agencies helps each of us to be far more effective and efficient. It also brings another layer of accountability to one's decisions and follow ups."

The derived benefits of START for the IERHA include proper referrals, identifying mental health concerns, and removing stigmas associated with mental health.[22] Both respondents somewhat agreed to the statements "The START screening process results in appropriate referrals to the Interlake-Eastern Regional Health Authority" and "START has helped to remove some of the stigmas associated with seeking help for mental health concerns." (FIGURE 27) One respondent somewhat agreed that "START has helped identify mental health concerns in START clients that might not otherwise have been identified" while the other survey respondent neither agreed nor disagreed.

Figure 27: Derived Benefits of START for Interlake-Eastern RHA (N=2)

■ Strongly Agree   ■ Somewhat Agree

	Helped to Refer Youth with Mental Health Concerns to the Proper Agencies	Helped Identify Mental Health Concerns that Might Not Otherwise have been Identified	Helped Remove Some of the Stigmas Associated with Seeking Help For Mental Health Concerns
Strongly Agree	0.0%	0.0%	0.0%
Somewhat Agree	100.0%	50.0%	100.0%

Community support was often identified as one of the positive impacts START has provided for their clients.

> *"[START} provide[s] knowledge skills and tools for clients to reach new goals toward positive change. Raises awareness of community supports and motivates them to reach out. Supports and guides families, providing hope."*

> *"I have seen parents be able to breathe again, knowing they were not alone. The kids, whether they admit it or not, seem to like know someone cares. Most of the kids have made positive gains on numerous issues in their lives…"*

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[22] Small sample sizes for these questions (N=2) makes it difficult to generalize the findings of the survey to the larger population. Findings should be limited in scope to just the survey respondents.

<u>Challenges Facing START Clients</u>

Understanding the challenges that face at-risk youth is a key component of what START is trying to accomplish and as such respondents were asked to rate those challenges from most important (1) to least important (7). The mean scores received from the respondents are reported in Table 8 below. Unstable home life was the most important risk factor identified, followed by drug and alcohol abuse, then poor school attendance and achievement.

Table 8: Challenges Faced by Youth in the START Catchment Area Ranked in Order of Importance (N=36)	
Category	*Mean Score[23]*
Unstable Home Life	1.64
Drug Abuse	2.89
Alcohol Abuse	3.53
Poor School Attendance/Academic Achievement	3.67
Intellectual and Developmental Disorders (including FASD)	5.17
Mental Illness	5.25
Gang Involvement	5.86

---

[23] Lower scores indicate higher importance placed on the challenges faced by youth in the START catchment areas (scores ranged from 1 = most important to 7 lease important).

When respondents were asked to identify the risk factors involved in making a decision to refer a client to START the multi-faceted nature of risk in the catchment area becomes evident.

"Combination of factors - school attendance has fallen, behaviour is becoming violent, possible use of drugs/alcohol, involvement with the law & other agencies and agencies may be working in isolation in regards to this student."

"Drug/alcohol problem, family issues, poor school attendance, CFS involvement, behaviour issues, criminal involvement, mental health problem, association to negative peers etc...

"Lack of community resources involved, substance use, negative peer associations, no positive leisure and recreational activities, mental health and child welfare concerns."

"Inability of parents to cope with stressors/issues involving their child, where clients have concerns outside my mandate but they are involved with (or should be involved with) other START partner agencies, youth behaviour issues, family violence in the home, abusive behaviour by youth towards parent and/or drug/substance abuse by the youth."

START has identified six different success indicators when working with their clients. The six success indicators are as follows:

- Attained a better knowledge of youth at-risk activities
- Created a safety plan that is successful in protecting the youth
- Improved attendance and participation in school
- Increased understanding of the youth's challenges
- Accessing services through START that were not previously utilized
- Improved living situation and relationships with family/guardians

When asked to rate how successful START has been in achieving those indicators responses ranged from a low of 72.9% for increased understanding of youth challenges to a high of 100% for attaining a better knowledge of youth at-risk activities. (FIGURE 28)

Figure 28: START Success Indicators (N=36)
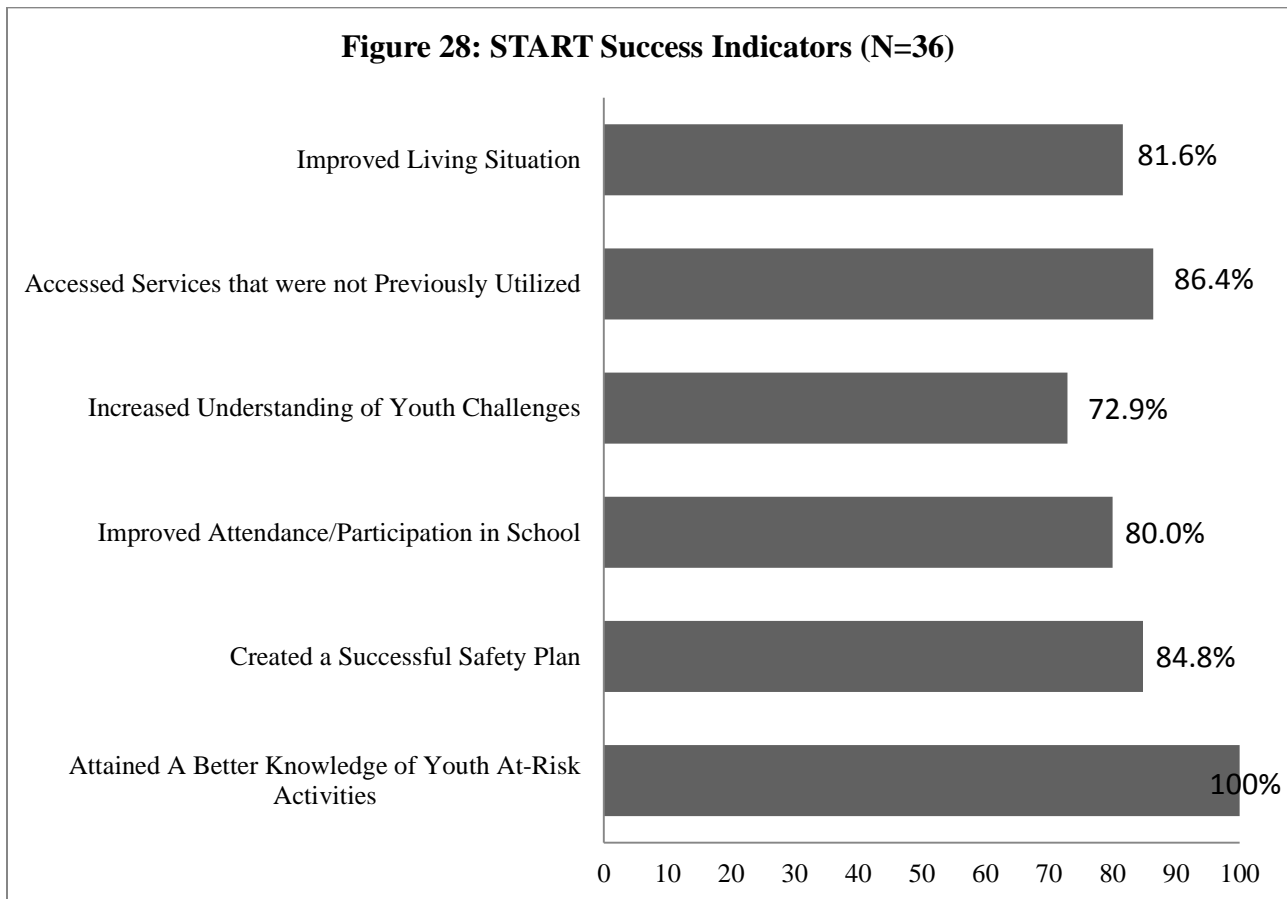
There is definite consensus that the START program has been successful in achieving the goals that have been set out by the program.

"I am very proud to be a part of START! Everywhere I go agencies are NOT as organized as we are here in Selkirk. Our kids have a whole community helping them to make good choices and they have a network of support that is second to none. All children who have significant challenges in their lives should have the type of support that START is able to offer to our at risk youth in this catchment. Many of the students who have been involved with START would never have made it i.e. finished school, found employment, left a life of crime etc. if they had not had the support of START!"

"From an agency perspective -- agency reps are far more knowledgeable regarding the mandates of other agencies & so can be more efficient/effective. Agency reps know each other because of the inter-connections so support for clients is increased. As the program has been around for quite some time & has had many successes, parents are aware of it, and have been known to access it, directly. Whenever we are able to assist youth in decreasing any 'at-risk' behaviour - the wider community benefits, on so many levels."

"I believe that the staff involved in the START Program have increased job satisfaction. They see successes with these kids and are motivated to keep working with these kids. I believe that staff are more knowledgeable of resources available to families. Staff are more likely to use a collaborative approach with non-START kids and are more willing to look outside the box for non-START kids, just like they do for START kids."

Respondents were also asked about some of the challenges faced by the START program. Only 31.5% of respondents felt that START has sufficient capacity to meet community needs, 17.2% felt that START had sufficient financial resources to meet client needs, and 23.5% felt there was sufficient personnel available to meet the needs of START clients. (FIGURE 29)

Figure 29: Challenges to START

■ Strongly Agree   ■ Somewhat Agree

22.9%		
	14.3%	17.6%
8.6%		5.9%
	2.9%	
Sufficient Capacity to Meet Community Needs	Sufficient Financial Resources to Meet Client Needs	Sufficent Personnel to Meet Needs of START Clients
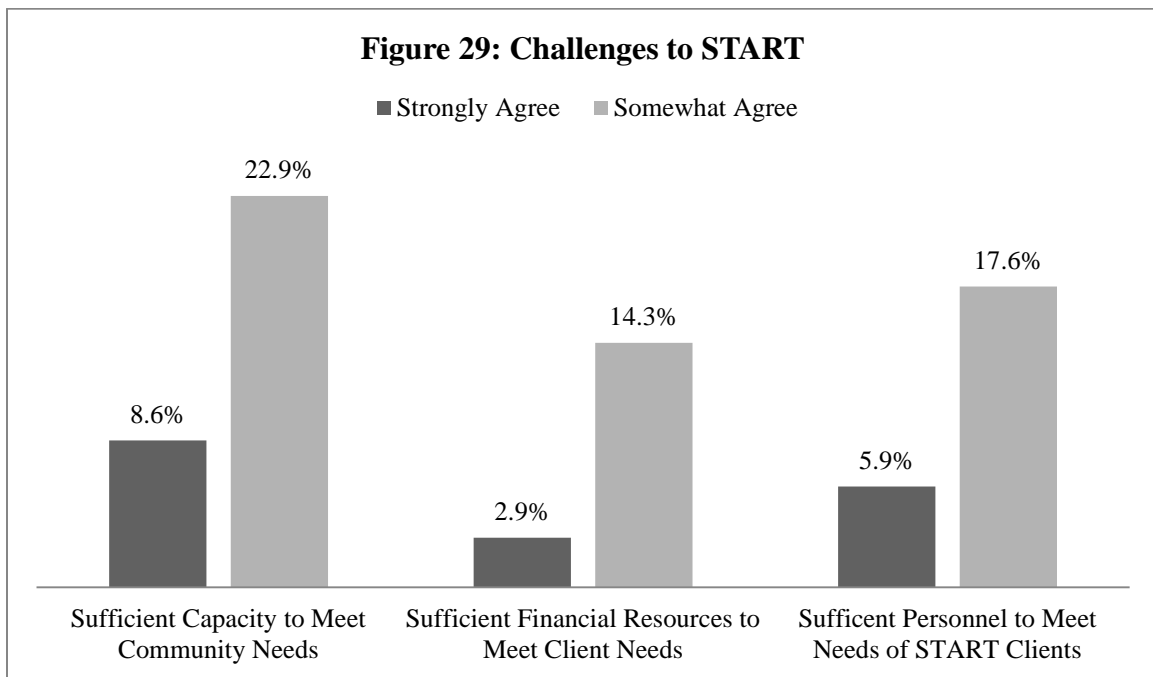
Numerous examples existed to elucidate these points.

"Increased access to funding would allow the START Program Coordinator more time to spend with kids - Given that we are at the highest number of cases we have ever had, I'm concerned we are reaching our capacity....then what? I'm concerned that we are near the point of not being able to meet the demand and the implications of that."

"Tammy is amazing and seemingly endless in her energy and passion but could probably use an extra pair of hands at times especially for the administrative aspect."

"There is a need for another START coordinator due to growing needs in the community and area, and the program needs consistent funding and benefits tied to it. Current funding is year by year as departments have money, there is no pension plan or health benefits tied to the position or program. Clinical supervision or supports provided for the coordinator and team as they deal with some very complex and high risk cases. A long term commitment by government to support and stand behind START (multi agency case management programs) in a meaningful way."

When the agencies were polled as to whether the START program had increased collaboration among social service agencies the answers were nearly unanimous. One hundred percent of the respondents from the RCMP, LSSD, and AFM either strongly agreed or somewhat agreed that START had fostered collaboration between social service agencies. (FIGURE 30) CFS was the lone dissenter but still had 71.5% of respondents agreeing that START helped agencies collaborate.[24]

Figure 30: Percentage of Respondents Agreeing that START Has Helped Facilitate Collaboration Between Social Service Agencies
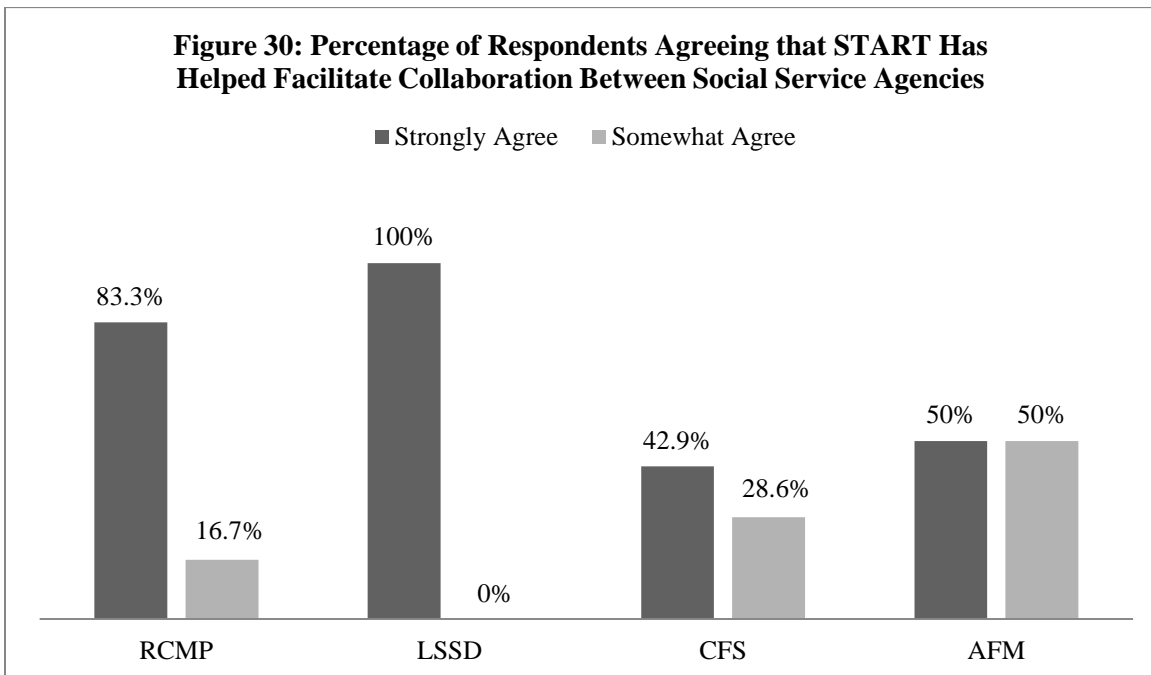
The advantages of collaboration among social service agencies were a common theme amongst survey respondents.

> *"Historically, all agencies worked in silos. Now we have open dialogue with other agencies so we are able to better support students and families as well as work more efficiently. There is not the duplication of services and more eyes are on the student so we know very quickly when the student begins to falter. There isn't the same kind of "guess work" that there used to be with our kids."*

> *"START provides a unified community effort, where all agencies and partners are in contact and communicating with each other. This aids in increasing accountability of the agency partners, as well as accountability of youth and their parent/guardian.*

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[24] It should be noted that according to START attendance records representatives from CFS were the least likely to attend the meetings between clients and their agency partners.

START also has more flexibility to fill service gaps where other agencies may be limited due to traditional agency mandates."

"START has opened very clear lines of communication and cooperation between my social service agency. There are very clear protocols in place with START which assures the accurate and appropriate sharing of information."

Closely related to collaboration is the ability to make referrals to supporting social service agencies. Respondents were asked whether the START referral process was clear. Respondents from the RCMP (100%) and LSSD (91.9%) strongly agreed that the process of making referrals to START was clear compared to only 42.9% of those from CFS. (FIGURE 31)

Figure 31: Percentage of Respondents Agreeing that The Process of Making Referrals to START is Clear

■ Strongly Agree   ■ Somewhat Agree

	Strongly Agree	Somewhat Agree
RCMP	100.0%	0.0%
LSSD	90.9%	9.1%
CFS	42.9%	42.9%
AFM	50.0%	50.0%
Interlake-Eastern RHA	50.0%	50.0%
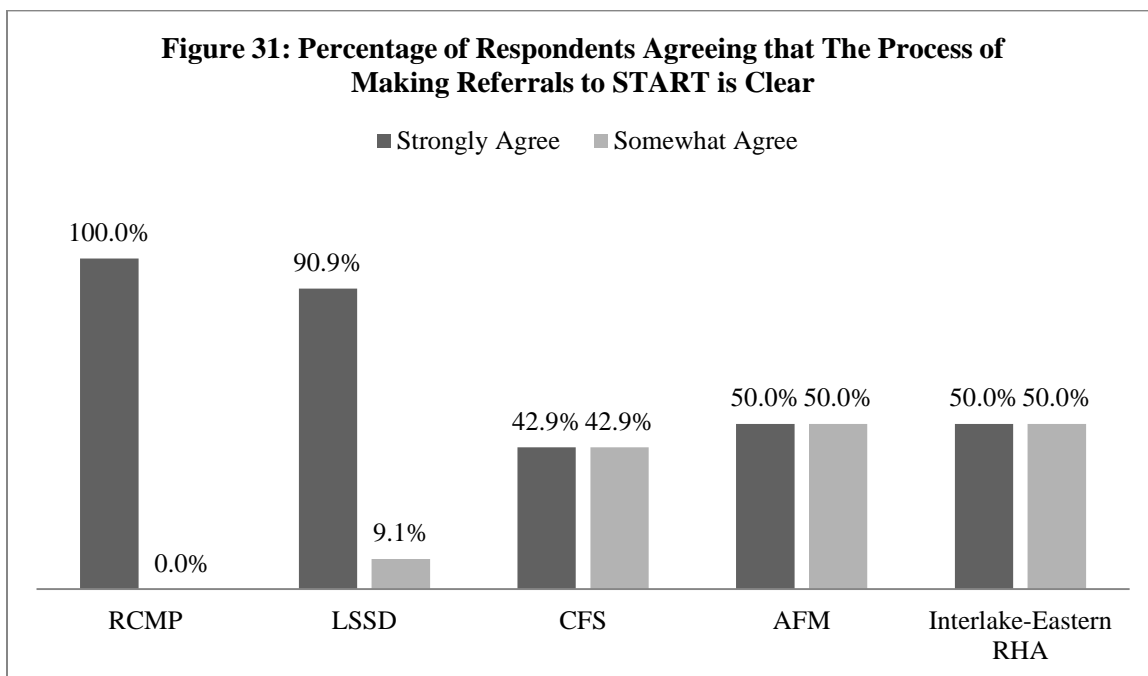
Adherence to a proper referral process is one method of ensuring clients will be representative of the target population.

"[START] helped connect all of the agencies and service providers in the area where there may have been gaps prior. Helped connect these professionals and build trust and partnerships, working toward a goal together. Gives the sense that there is caring professionals involved in their community, looking out for their kids and well-being. Gives a sense that kids at risk will not be lost or fall through the cracks - that as a community "we" will look after each other, care for each other and support each other."

The majority of survey respondents indicated they had referred at least one client to START. (FIGURE 32)

Figure 32: Percentage of Respondents Who Have Referred a Client to START

No
28%

Yes
72%
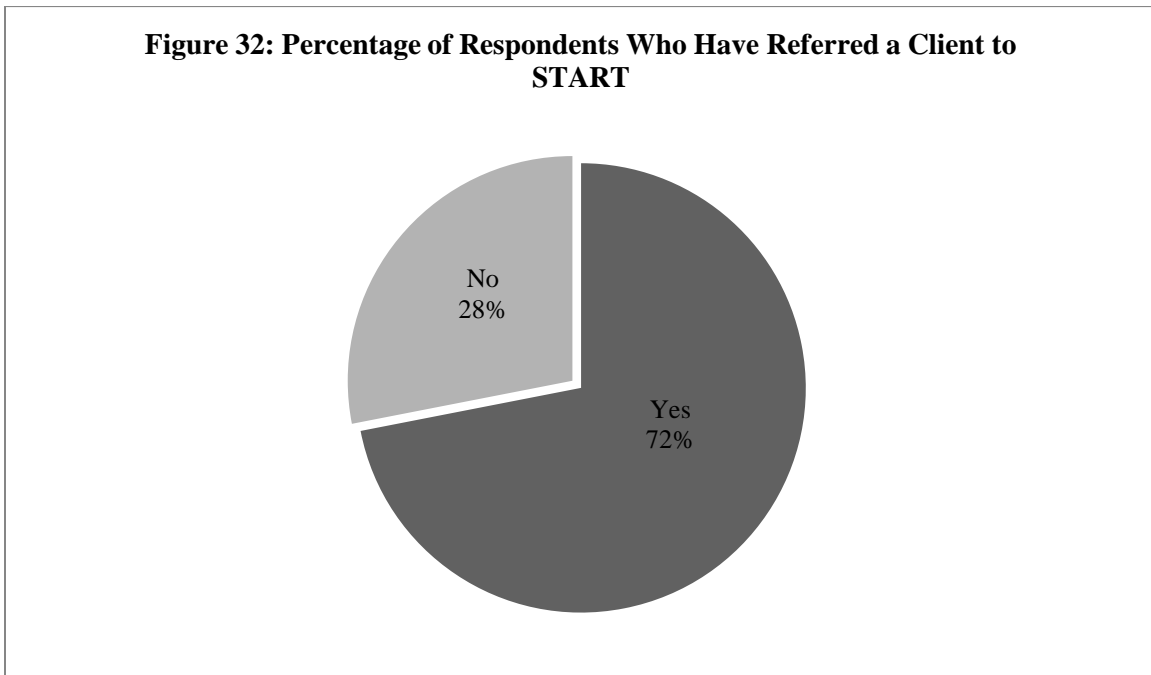
Collaboration was another common theme when discussing referrals.

"START has assisted in increased official supervision as agencies share their contact with one and another. For example if Probation services are supervising weekly as well as CFS and School social worker. That youth has three supervision contacts a week with the same case plan. Much more supervision and follow up."

"[START] provides a well - organized vehicle for various agencies to collaborate in order to better meet the needs of our youth. This collaboration can then provide a means of accountability for agency actions or lack of action. Plans of action are more inclusive & comprehensive - which ensures a better outcome & also helps to ensure that the plan doesn't 'fall by the wayside' - which we know can happen when only 1 agency is in charge. It is also a comfort zone or buffer if a particular family is averse to dealing with a specific agency."

Most respondents (80%) indicated that their level of assessing risk factors in youth had gotten better since working with START. Of the remaining respondents 13% indicated their comfort level in assessing risk factors had not gotten better and 7% stated they were uncertain. (FIGURE 33)

Figure 33: Has Your Comfort Level Assessing Risk Factors in Youth Increased Since Working with START (N=36)

Uncertain
7%

No
13%

Yes
80%
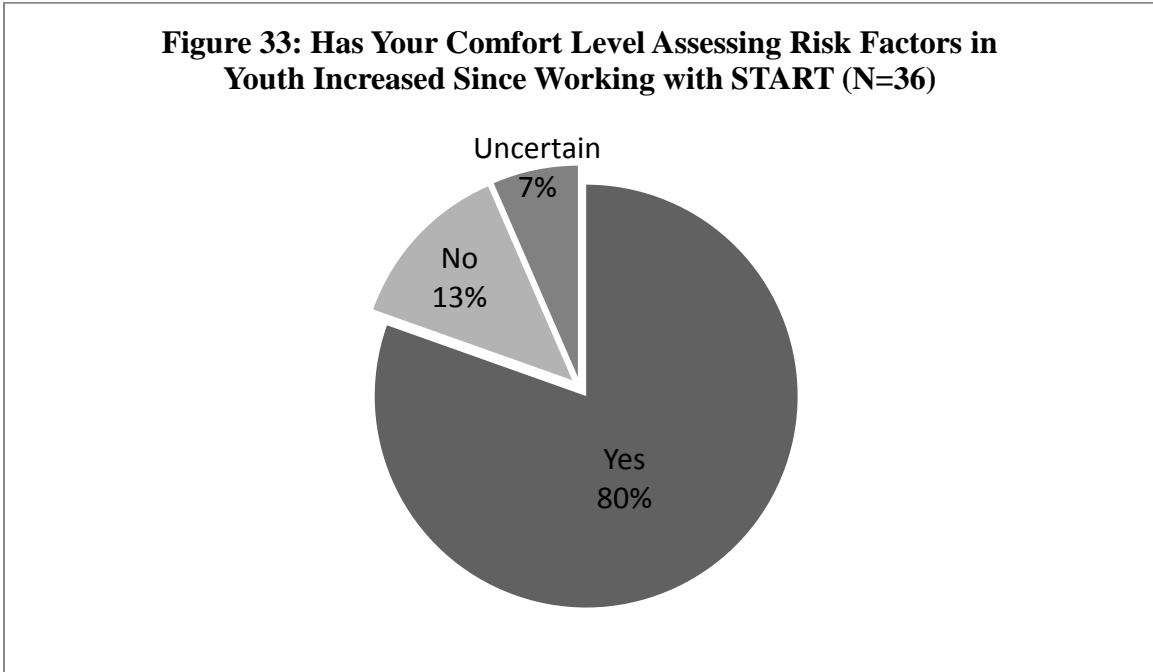
4.4 Themes from Focus Groups

Eleven themes were identified from focus group discussions. These themes were loosely based on questions the researcher asked but the conversation was ultimately driven by the focus group participants.

1. START has improved collaboration between social service agencies.

2. START has improved relationships between social service agencies.

3. START has improved accountability.

4. Improved collaboration benefits START clients.

5. START is different from other programs for at-risk youth.

6. START has changed the way cases involving at-risk youth are handled.

7. START has improved relationships between youth/families and social service agencies.

8. START has benefitted the clients it serves.

9. START has benefitted the community it serves.

10. START faces certain challenges.

11. Certain improvements could be made to the START program

Theme 1: START has Improved Collaboration between Social Service Agencies

Both focus groups discussed the impact START has had on collaboration between the partner agencies. There was a general agreement that collaboration has increased since START was implemented. Several participants felt that collaboration was non-existent before START.

A CFS employee:

"It created the collaboration. It didn't exist."

An RCMP Officer:

"Before we had our silos and police are famous for that. 'I'm a police officer, I'm not a social worker', and this team dispels all that."

A CFS worker:

"Its great to be able to come around the table and everyone being able to get all the information at one time versus a client saying this to one person and that to another. It helps with the whole management of a client."

An AFM worker:

"This allows us to be able to come together on the most challenging cases and all of our respective agents are working with them. It's so valuable. We really need to continue and even expand that kind of approach."

A CFS worker:

"I've had a lot of experience with high risk programs, and good ones. I probably see this as one of the best programs I've ever seen and I think you're probably going to hear the general tone here that the agencies out there do very poorly working together. What START did right from the beginning was it brought the major players together for sharing of information and it really filled in the cracks that are so obvious in the systems out there. I've never seen a system work as effectively together. So in many ways it made the programs more effective independently not just as a group working together."

Theme 2: START has Improved Relationships between Social Service Agencies

The participants in the focus groups were very collegial and there seemed to be a great amount respect between the START members. It was discussed that the increased collaboration and cooperation helps to build trust between the agencies by improving the knowledge of how each agency functions.

A probation officer:

> *"What I found with the introduction of the START program and the trust levels that were built amongst the agencies that the school was now willing to take a chance on kids with behavior problems given the fact that the program had developed trust and support for the school to allow this to happen."*

A mental health professional:

> *"I think it also provides that clarification regarding what everyone's roles are…. its allowed everyone the opportunity to kind of understand what everybody does and doesn't do."*

A school administrator:

> *"The nice thing about START is you have that permission to be able to share confidential information and there's so much you can do when you have that. I think that happens because of the respect of the program and the people sitting around that that information is only being used to benefit the child, not to undermine or speak harshly of the family or the referral."*

Theme 3: START has Improved Accountability

One theme that was identified in the focus groups was the enhanced accountability due to the fact that the Program Coordinator holds each team member responsible for completing tasks outlined at the case conferences. The team members must follow through on the goals set for the client and provide the appropriate resources to help them succeed.

A probation officer:

> *"I think another dimension is that it holds each agency accountable for what they're responsible for with these high-risk cases…. It really drives home that there's a joint case plan initiative that people prioritize and the other agencies, you come to the next meeting and you need to answer for what you've done. You've got to own up, not just to your own boss but to the community so I think its tremendous."*

Theme 4: Improved Collaboration Benefits START Clients

Ultimately, the goal of increasing collaboration is to improve services for at-risk youth and their families. Focus group participants discussed the fact that they feel better equipped to help their clients if they can understand the entire spectrum of challenges the client faces. Not only does this help them when participating in a START case, but they indicated that their expanded knowledge base also helps them deal with clients outside of START.

An AFM worker:

> *"Well there are just a lot of eyes on the kid. It makes it so much harder to slip through the cracks. So that's a huge thing."*

A mental health professional:

> *"When I came here and I found out about the START program, I thought 'I need to get with Tammy.' I said 'how's it going to be talking to CFS and probation,' and she said 'here's who you call for CFS, call this person at the school, and call this person for probation. Its not a big deal, whoever you want to talk to, they'll chat with you.' And I thought ok, now this is what I need because I don't function well on my own. I don't think I do a good job with families, kids on my own, by myself, without looking at the bigger picture and I was really happy to see the START program had already created that environment so that when I came in I wasn't on my own."*

A school administrator:

> *"I had a student in and I said I think this is Mental Health but I don't really know and in the end I'm chatting with [a Mental Health employee] about what's presenting to me. Well that's a way better use of fifteen minutes on a phone call instead of sending this parent off to be on an intake and how long a process and then I don't even know if they went and is there anything we can do. It's the time on the front end that pays off in the long run. It didn't decrease the number of people any of us are seeing but it makes a more efficient use of that time too."*

A school administrator:

> *"Coming from the school perspective, the most important thing to my teachers is they didn't get that homework done last night. What you want to say to them, 'if you had sat around that START table, you would have heard that Mom was drunk and beat up Dad and the police had to come*

and then this happened and that happened and there were weapons and blah blah blah. Math homework's just going to be a little over on the scale today.' So it helps to prioritize those risk factors and where to start attacking instead of me sitting there honing in this kid about the stupid math homework when really, they've got bigger fish to fry and we're just glad they came to school to get out of that unsafe environment and kind of stabilize out. So that has helped and I've found that that has helped the teacher's at the school too to step back and say that thing maybe wasn't the most important and they're taking the time to ask the question now. I mean they still care about that homework but they're learning to step back for a second and say help me to understand first.

A probation officer:

"We had this kid who wasn't in school. His previous father figure was a drug addict or a drug dealer. His real dad is a gang member in Winnipeg and his current father is domestically abusive and also selling drugs and his mom uses crack. And [the school] let him violate school rules just to get him to school. He could smoke occasionally. They would turn a blind eye to some things just to get him to a school."

A school administrator:

"My first year as a school administrator, we had a little grade 7 boy and as soon as a teacher went close to him, fuck off fuck off fuck off and he would run out the other side. Of course, I get the discipline and I accessed a START member and I found out that this kid was abused by his father. The boy, as a toddler, was dangled out the second story window, threatening Mom to drop him. He witnessed his mother shoot his father. The kid was abused from the word go. He'd attend elementary school with blood coming out his ears from being knocked around. Well no wonder you couldn't get close and no wonder he used that word. So our goals now were don't say 'fuck off fuck off fuck off.' Say, 'shut up shut up shut up.' By the end of the year it was 'shut up shut up shut up' and we kind of trained the teacher who was very black and white, you can't get close to him. He's an abused child. You have to speak to him from a comfortable distance. It's about education. I was able to make a better decision based on the information I got regarding that kid."

A CFS worker:

> *"You can resource out without having the person ever come in and have to be part of child welfare or things like that because of the expertise around the table, which is famous for START. They have all that expertise and the family doesn't have to be part of that agency to have that expertise applied to their case and I think that's a valuable piece."*

The START members are all extremely experienced in their own fields and many have been involved in other programs with similar goals. They feel that START is more productive than other programs because it focuses on the youth to provide a individualized intervention.

A mental health professional:

> *"I've had the opportunity to work in other areas of Manitoba and in Saskatchewan as well with different multi-agency committees and I always knew they didn't work. They were always a bunch of professionals sitting in a room talking about the kid and then we went home. And we never talked to the family and we never talked to the kid. And until I started in this region I didn't realized how poorly it was working until I started with START. And START is something that's done with kids and families, it's not done to them."*

A school administrator:

> *"You know in education, you attend a lot of meetings that are very, very unproductive and frustrating. START is never like that. You go to a case meeting, or any meeting to do with START, there's focus. Goals are set and there's accountability afterwards."*

A probation officer:

> *"The team that's assigned to that particular individual meets with the parents and the youth. At that meeting the prior goals, are reviewed. They could be to attend school or improve attendance or improve their attendance at AFM meetings. Then they talk about any issues or problems within the home for that month and then we talk about the next set of short-term goals. And when I say we, the youth is there setting the goals too, and the parent. Because we all know that if the youth is involved in his own intervention plan it's much better because they commit to it."*

The participants enjoyed the fact that START is separate from other agencies and the Program Coordinator is impartial.

A CFS employee:

> *"I like the fact that we have one coordinator and that person is impartial to all the organizations and that child. What I find is that the kids will go*

to in this case Tammy the coordinator and tell her all kinds of stuff that they wouldn't tell me as child welfare and then Tammy is able to say 'ok lets go and talk to this person' so we end up being able to provide better services to kids because of the fact that we have an impartial person at the head of it."

Theme 6: START has Changed the Way Cases Involving At-Risk Youth are Handled

START members are very adamant that a START intervention is very different from any other intervention these youth may have received. It is unique in both the way it provides support and the way it intrinsically views our youth.

A probation officer:

> *"At inception, START was designed to look at the kids, problem kids, not that he's a criminal problem, he's a school problem, he's a mental health case, or he's a CFS case, but rather he's a community case, a community kid, and a community family."*

A mental health professional:

> *"I really like that fact that it focuses on helping the child and focuses on the positives and its not seen as something punitive so to me that is huge."*

They spoke of the impact knowing the "big picture" of a client's situation has had on the way they deal with their cases.

A probation officer:

> *"We can now prioritize them a little better. If problems at home are a problem, well we can move the twenty-five hours community service back a bit or work around this. You know to come together with a workable plan rather than overwhelm people. I feel with these kids we need to go with baby steps and small attainable goals because for so long they've never reached or attained a goal…Imagine a kid going to [his probation officer] and he's got to do A-B-C. Goes to school has to do A-B-C. Goes to CFS has to do A-B-C. Goes to you [AFM] has to do A-B-C. Holy crap I'm not going to make it. "*

A school administrator:

> *"We'd have a very one-dimensional focus when we're dealing with a kid because we didn't have any interaction with the agencies and I think we've made better decision as administrators gathering information from Mental Health, from AFM, from corrections to get a better picture of the family and what the student needs and in the school system those are concrete walls."*

<u>Theme 7: START Has Improved Relationships Between Youth/Families and Social Service Agencies</u>

The participants felt that START clients are more aware of the supports that are available to them and feel better about accessing those supports.

A CFS employee:

> *"I think clients definitely have a better understanding of what's available for them in the community."*

A school administrator:

> *"I think we normalize some of the resources because I know for many of the agencies there might be a stigma that's attached. Maybe they don't want to go to mental health because people are going to think I'm crazy but by being able to have those different people at the table and having Tammy speak to those people and have it come from a place of support, rather than 'you're crazy'."*

The participants discussed how their clients feel much more supported when they are in the START program. There is a network of caring and supportive adults that they would not have had if dealing with each agency independently. The clients like the fact that the professionals work with them, not around them

A mental health professional:

> *"The interventions from Mental Health or AFM may not be the most helpful thing, it's just that there's a group of people here for no other reason than for you. That is it. They are here for you, to help you because they care. They're not even here because they have to be, it's because they want to be and that message alone can be sometimes the most helpful factor."*

A CFS employee:

> *"We're dealing with tough kids with really tough issues, and families. But the one thing is, that when these parents come to these meetings they are so empowered that it's not the professionals on one side of the table and the parents on another. So I think that they're really seeing that this is a non-judgmental group that respects them and all we want is the best for their kids."*

A school administrator:

> *"It means a lot to some kids, it really makes a difference. I can come to a safe place where I can be with friends and where I want to be and people care about me. It's powerful."*

Theme 8: START Has Benefitted the Clients it Serves

   The participants agreed that the term "success" means something different to each client. Some of the measures of success mentioned included graduating from high school, improving relationships with their family, improving self-esteem, decreasing self-harming behavior, decreasing substance use, not violating a probation order, or even just staying alive.

An RCMP officer:

> *"I think success is a very fluid concept, it's very individual, client-based. Some days you're happy the kid's alive, another time you have a kid graduating grade twelve. I mean we all measure success differently…and you don't want to be bound to some artificially created goals for the sake of satisfying a goal assessment. It's kind of a paradox."*

A school administrator:

> *"Well in the school setting, it is getting a high school diploma and keeping them in school working towards that, whether it's a mature student one or the regular diploma. I mean that's huge in our society and that's huge for that kid. We've had kids walk across those podiums and they're the first in their family to graduate high school. Nobody ever dreamed it was possible."*

A CFS worker:

> *"Adolescence is a time when there's probably more friction amongst kids and their parents, and I think the one thing that START does is give parents and families another chance to make that connection"*

A mental health professional:

> *"How do you measure success with at risk kids, with high risk kids, you know? Sometimes it's just getting them through these tumultuous years safely and letting them know there are resources there and planting the seeds that down the road you know you can always reach out. I think just forming positive relationships is a success for some of these kids."*

An AFM employee:

> *"A kid can stay high risk through their whole involvement with START but it doesn't mean there haven't been successes along the way."*

The participants felt that many START clients would be out of school or in jail had it not been for START involvement.

A school administrator:

> *"Bill 13 says kids have now have to stay in school until they're eighteen. Well, with what resources? START is one way to help keep the kid until they're eighteen. And when they don't go to school, who's going to go out and chase them if they're not a START kid?"*

Theme 9: START Has Benefitted the Community it Serves

The focus group participants suggested that START is a more efficient use of resources than traditional methods of dealing with at-risk youth.

A mental health professional:

> *"When you look at the cost of CFS involvement or having a kid in care, I mean the costs of those services are way more expensive than having a kid in START."*

A probation officer:

> *"Our department, justice gives $11,000 to START. The RCMP contributes, that's another portion of justice. The school contributes and CFS gives about the same, about $10,000. Its peanuts compared to what we actually accomplish with kids and their values. Peanuts."*

A school administrator:

> *"So every one of those thirty-four [youth] would be involved with three agencies. That's huge. Figure a case manager per, times three. And some kids have four. Can you imagine? I think at that case conference last week that kid had almost ten people around the table and I was starting to count up how many people were there and I'm like, how much money would be tied up if we weren't working together? Imagine that."*

Since START tries to engage the entire family in the planning and implementation stages, the participants felt that they are able to reach beyond the client and provide supports for parents or caregivers as well.

An AFM employee:

> *"One also starts to almost see the parent as a client almost too in many cases and there are resources offered to parents. There are the parent programs that have shot off of START so there is support for the parents as well so that's a strength."*

A CFS employee:

> *"What START does, I really think it makes parents feel safer to make some of those scary decisions for their kids. Sometimes you're going against what your kid is wanting, you're having them picked up and placed somewhere. That's a tough thing for a parent to do. I think that*

trust that we establish with parents, we empower them to make those decisions."

A school administrator:

"I think a lot of times these are at-risk families who feel like they don't have any power left and they don't feel like they can climb up that mountain and take it back. So it's about empowering them to move forward."

Several participants suggested that they feel more comfortable dealing with at-risk youth apart from START, thanks to the experience and knowledge they gained from the START program.

A school administrator:

"I can be more effective at helping to prevent problems too. A student has gone through CFS and she's missing now from us for several weeks. They moved to Winnipeg we were told, but she's still not enrolled in a school anywhere. Before START I wouldn't have known what to do or who to call, but now I know. I called and I said I'm not getting off this phone with the CFS agency until you put me in contact with the CFS worker or the supervisor and I'm not hanging up until you tell me where this girl is and why she's not enrolled in a school. That's where she needs to be and I know what I need to do next. And she's not even a START kid but that's the kind of thing where I know how to be more effective and were not sitting at an inquiry saying what happened to that girl and why has she been dead for five weeks and nobody knew that she was gone or lost? So that's just another example I think of the benefits."

Theme 10: START Faces Certain Challenges

Participants in both focus groups noted that the Program Coordinator's workload has been steadily increasing and is now beyond what most would consider a manageable caseload. Both focus groups discussed the "need for another Tammy." They worried that if she needed to take time off or took a new position, no one would be able to effectively take her place. They voiced concern over what will happen to youth who cannot be accepted into the program. They also worried about START's ability to secure and sustain funding and about the lack of policy surrounding what they can and cannot do.

A mental health professional:

> *"At what point in time are we going to start taking on more than we can effectively deal with? And then if we don't take them on and they're sitting on the wait list, what's going to happen to them while they're sitting there waiting? Are they going to be ten times worse than they were?"*

A CFS worker:

> *"It's kind of scary because how far can you stretch one staff person. And then what do we do if we end up with a wait list of at-risk kids?"*

A probation officer:

> *"Our workload is based on how many clients we supervise in the community. This is over and above. I take time away from what I'm supposed to be doing to operate here and that is very difficult at times and it adds a tremendous amount of pressure to the individuals."*

A school administrator:

> *"Tammy has to do all those funding requests and meet with all the agencies. How much time is that away from meeting with kids and families? What a huge waste of a good resource? If it was a mandate and it did come through the government, provincial, federal, whatever it is, at least we could focus in on what we all want to do, which is helping kids and the families, instead of hours and hours of wasted time."*

An RCMP officer:

> *"She takes from her time and energy to go hat in hand to justify a job that's critical. Every year."*

An AFM employee:

> *"A significant portion of this is Tammy's effort and skill level and the frustration for her is that she's not tied to any government position. She has virtually no pension, no employment security. Another improvement would be for the government to solidify funding or get some sort of a position identified with whichever department. The problem is, because it's also federally funded and provincially funded, where does it belong? Where is its home? It's definitely an issue."*

A CFS worker:

> *"We're showing the need and we need probably another body to be out there. But again, we want to do that carefully. The need's absolutely there but we want to do it carefully because we don't want to dilute it. We don't want to lose the effectiveness of what's happening right now."*

Participants in the morning focus group discussed the fact that since there has not been an evaluation of the program, the target population is not clearly defined.

A CFS worker:

> *"We seem to have more high risk kids than at risk kids which can put us into different funding models so I think one of the biggest challenges is trying to define our population. Who are we really dealing with, at risk or high risk and I think we still struggle with that."*

They also discussed the fact that without adequate resources, START is only able to focus on very high-risk youth, while at-risk youth also require their services.

An RCMP officer:

> *"If you only have so many dollars and people to work with you tend to focus on the high risk. The fire is here, rather than the smoldering one over there."*

The participants in the focus groups discussed that START requires the parents or guardians to "buy into" the program, but there are some youth that have no natural supports and no one to help them enrol in the START program.

A CFS employee:

> *"Sometimes the child wants to be involved but if we can't engage with the parents then it limits what were able to do with the child. You have to have the buy in from the parents."*

Theme 11: Improvements Could be Made to the START Program

It was suggested that perhaps START should incorporate programs for younger children, when interventions may be more proactive than reactive.

An RCMP officer:

> *"The kids that I'm dealing with in START are the ones that were in Head Start[25]. It's the same families. Identical families. So it's coming from much younger than when our criteria comes into place here."*

A school administrator:

> *"We know their older brothers and sisters have either been in START or they've been in our other alternative programs so it seems to me why wouldn't we even pull that back a little bit and start to coordinate services for these younger kids when we have a really good chance of bumping in the supports when you can see their older siblings have kind of gone down this path."*

Two participants in the afternoon focus group suggested that START develop a long-term follow-up tool so that clients could be tracked four, six, and twelve months after their case is closed. They did caution, however, that this would only add to the workload of the current Program Coordinator.

A mental health professional:

> *"It's one thing to maintain stability when everyone's sitting around the table cheering you on, but how do you do on your own? And when you don't do well, are you reaching out?"*

Both focus groups discussed the importance of advocating for START. They feel this is necessary to secure funding and also to make sure the community is aware of the resources available to them.

A school administrator:

> *"If there's one improvement that could be made to the START program that would be to set up an advocate group to promote START, whether it*

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[25] Note: START is not part of or affiliated with Head Start. The Head Start Program is offered to Aboriginal children (First Nations, Metis, and Inuit) who are 3 and 4 years of age in Selkirk, MB. They provide bus transportation, nutritious snacks, crafts, exciting field trips, and the opportunity to make life-long friendships for children. Parent Council, social events, and parent workshops are made available to the families to empower them to bring forth their unique abilities and further develop as role models for their children and community

be alumni or current START members, to maybe lobby for some of this funding. I mean, we all know what we do and we do a damn fine job of it but do others know? Does our MLA know?"

The participants agreed that further changes to the way services are delivered to at-risk youth will only take place following support from government or a mandate for multi-agency collaboration. This is needed both to secure funding and to make collaboration a priority for service agencies.

A probation officer:

"We're going to Gimli to start up START and we started in Stonewall and there's one in Dauphin, a version of it, and there's interest in Thompson and Morris. I think what would help is a wider legislative mandate or support from the government to endorse multi-agency high-risk case management processes, some sort of a direction from the government to mandate the different agencies to collaborate on agencies like this."

A school administrator:

"I agree. The provinces of New Brunswick and Nova Scotia have done that and I think it would be good for us too."

A probation officer:

"There was one or two department heads that continuously did not come because it was not a priority for them at all and I think they took on some political pressure from other members of the team and they started coming. Some recognition and direction from government to make this more of a priority would resolve that because it would give those department heads the impression that this is a priority from the government and were going to do it. And I think people will make time then."

Finally, the participants discussed the need for ongoing learning about the community they serve.

A CFS worker:

"I think we need to continue to educate the community. I think also we need to be right on top of how things are changing out there.

4.5 Client Accounts

Six interviews were completed with START clients or their parents and guardians. Two current START clients were asked about their experiences with START and two parents, one foster parent, and one great-grandparent were interviewed regarding the effect of START on their children's lives.

The first START client who was interviewed had Fetal Alcohol Spectrum Disorder and found it difficult to communicate with the interviewer. His aide helped him to tell his story and he was able to answer several questions. The client and his aide described how he returned to school after he enrolled in START and has received several excellent report cards. He also was employed by a local company and received valuable job training. The client felt that although he may have been able to find work on his own, he would not have gone back to school had it not been for START. He also was referred to Mental Health through START and received the therapy he needed.

> *"I feel good in the meetings. Things are going better. I got pills for my medication."*

He indicated that he felt comfortable working with the START team but now that he is having to transition to adult services he feels lost and finds it difficult to connect with new respite and mental health workers. His aide confirmed this and added that,

> *"Right now Tammy's not working with [this] family and the parent's preconceived ideas of mental health workers have returned because they've lost that association with someone they were comfortable with and now they're supposed to move on to this new worker and it's not happened. And part of that is the parents' lack of ability to help with that transition, their preconceived ideas of what mental health might do, and that whole idea of what [START Client] thinks of the RCMP, [START Client] on a one-to-one basis will embrace anyone whether they're in uniform or not. That would not be the same viewpoints of that family. That's not something taught in the home so oftentimes it's a matter of helping the kids rise above the preconceived ideas of what school authorities or RCMP or the law would be. Their opinions are often tainted before we ever get the chance to work with them and seriously I think if you can help the parents you help the kid."*

After the interview the Program Coordinator explained:

> *"We kind of have two different sets of clients, the ones where you work through the issues and send them happily on their way and then there's the kids like [START Client] who will struggle into adulthood because of what their issues are. I think if you're looking for that comparison, [Aide] just kind of offered, saying we kept [START Client] for as long as we could, until he was eighteen and a half, but now that he's transitioning there are some difficulties there."*

The second client who was interviewed spoke very highly of the START program and said that they helped her immensely. She said that at first,

> *"I didn't want them to help me. I felt like I could handle my own problems."*

Then START helped her to set goals and referred her to get help for her addictions.

> *"I know I was trying to quit smoking but that was kind of hard and they were there when I had my addiction to huffing and that. They helped me out with that."*

She discussed how START has helped change her attitude towards the RCMP officers who she is in contact with.

> *"I've been involved with the police quite a few times so I didn't really like them but I realized they were helping me out and I started respecting them."*

She talked about what her life would be like if she hadn't been involved with START. She said that she would likely not have gone back to school, where she is doing well and enjoys her classes.

> *"I think I would still be with CFS and would have an addiction or be in jail."*

In this section we provide two accounts from parents of youth involved in the START program.

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THE JOURNEY

Before START…

She was struggling in the community with getting into the wrong crowd, skipping school, not participating in anything, getting into drugs and alcohol, and it hit a point where I had to involve the police and talk with the school a lot about the problems that were going on and it was becoming too much for myself to handle alone. I ran in one spot for a year or two and I just kept watching my daughter go backward, backwards, backwards and some pretty terrible things happened to her that year. She was beaten by a group of girls. She got into drinking where she was not aware of what would happen to her once she was passed out and I'm sure things happened. I spent nights walking under the Selkirk bridge looking for my daughter at three in the morning and it just was too much on my own with not a supportive spouse or ex-spouse to help with anything. It was too much.

> ## "The right people sitting at the table and putting their energies towards this one little person is phenomenal."

Getting involved…

So they suggested the START program. They explained it to me some and then I got in touch with Tammy and she explained it more. I thought anything would help but I didn't realize that it would be such a good help.

Making the connection…

My daughter missed most of grade 10. She skipped school. She didn't attend. Through the START meetings and through the people that Tammy brought into the meetings, she was actually diagnosed as being intellectually challenged. I knew there was something wrong and I had taken her to mental health and to the doctor. I had taken a lot of steps because I knew there was something missing, something wasn't right. But in having the whole meeting and discussing things, she got reassessed and I couldn't make it happen. But Tammy did.

A team effort…

It's like everybody's sitting at the same table, listening, getting the same information at the same time and they kind of allocate in which direction, who's going to do which part of helping with whatever the situation is. Whether it be the police or the guidance counsellor or Tammy or the teachers or the psychologists. It was, for me, to run around and have to have individual meetings like that and to be a single mother with jobs, it made it really difficult. You go to one place and you tell them the story and you tell them what's happening. Then you go to the next person and you go to the next person. Whereas at a START meeting, everyone was there at the same time and they all got the same information and shared and went from there. It was so much easier for me.

Repairing relationships…

I had stopped calling for help and at one point my daughter hurt me with the door. She kicked the door as I was trying to run away from her and it hit me in the back and kind of reinjured me and I just took it and I stopped calling the police because some of the ways they handled me hurt. It was too frustrating for them to come and then leave and say 'hey we're not her parents'. But once it was laid out and with a few more phone calls from Tammy here and there for more assistance for me, it has helped a lot. Before I had just stopped calling for help. I had stopped using them even though I really did need them.

Back to school…

I can't tell you the change in my daughter. They got the school and the program that she's in now. She doesn't fight me in the mornings to go to school. She enjoys it. She likes her teachers and I would still be like I was when she was in grade 10 and she'd be skipping school and I wouldn't know why. When I got this report card, she read it to me. She was pumped. She read it to me, she said 'Mom, sit down. You're going to really like this and you're going to want to go to Boston Pizza with me after.' So I said 'What is it?' And she read me her report card and it was just, I had to pick it up and read it. It was incredible. I put it one the fridge, and everybody who came in would look at it and say 'she's doing incredible'. So we went to Boston Pizza.

Focus on families…

I have my daughter back and I feel more supported as a parent with a special needs child. I feel like I hit a big roadblock because I didn't know what was happening with my daughter. It was so nice to have people say positive stuff back at you, to say you're doing fine, you're doing great, maybe try this, maybe try that. When you have interferences from outside people that constantly, they see my daughter kick in the front door and they just say 'throw her out. Don't let her stay there.' Everybody's got their opinion so being at the START meetings refocused me and kept me clear. Other people just wrote her off and to turn around now and see how she's doing so well. I just feel that I couldn't have done what the START program did on my own. I don't know where I would be today, I don't know where my daughter would be today if I hadn't got her into this

program and gotten help and gotten support. Especially when you're a single parent, I know people hear that all the time and it's a common thing these days for people to be single parents but when you have to run a household and you have to pay a mortgage and you have to still provide for that child, you're at work and people are calling you and telling you your daughter is in a bad situation it is scary as hell. You have to be at work because you need to provide but you know your daughter's out there running around and not safe. So it gave me that. It gave me back her safety, her life.

The biggest difference…

It's my daughter's safety. My daughter put herself in situations where she could seriously have died and I would say over and over, 'that's very unsafe.' Having other people talking to her that she knew were safe adults and were only saying things for her safety, she seemed to listen better.

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"If I hadn't ran into the START program, I don't know where my daughter would be right now."

</div>

THE JOURNEY

Before START…

There was a lot of miscommunication and things were falling through. There was no follow through. You don't know what's out there. The school, the foster parents, we're not always aware what's out there.

Getting involved…

He was basically a very, very troubled child and we had many, many programs involved trying to get him the right kind of help. I believe it was through the school that there was a referral.

Making the connection…

He was the kind of kid where nothing was ever his fault so it brought attention to that and he started taking more responsibility. It just brought a lot of awareness about what was going on and also there were resources that Tammy had to offer that I wasn't aware of or the agencies weren't aware of. So we were just sitting around the table sharing and discussing the needs of [my son] and what we were doing with it and what we were lacking and how we can give more support.

"With the meetings everything was brought together and addressed and the ball was rolling. It was rolling fast and we noticed a huge, huge difference in our guy."

A team effort…

I think, without a doubt, the group meetings and the follow-up was huge. That's something that I can't do on my own. It doesn't happen to bring people together like that and to have someone coordinate that was huge. It's hard too, when you're so busy and to have someone do that for you and follow up with each and every person at that table was huge. We even had doctors and psychologists involved and it got that big. Someone would suggest that and there was follow up so he got what he needed. That was never there before.

Repairing relationships…

That was one of the things that Tammy addressed with the social worker. 'What are you going to do for her because she has a kid who has a crisis and when it comes down to

calling someone in an emergency there's no one there to help.' So I actually had to drive him one time with the baby in the car to the perimeter to meet the crisis unit, which is ridiculous because he's out of control. No one was listening to me and what I had to say and my concerns. They would say call this number and it was just passing the buck. Well when you're the crisis unit it is not the time to pass the buck. You need to have a plan.

Sometimes you're afraid to get the police involved but them sitting down with him talking about things in a different environment, I would say it warmed my opinion of the RCMP and what they're there for. There is a little more respect. He had the I don't care, screw everybody attitude and when they took the time to talk and spend time with him I think it was a respect issue and knowing that these people do care about me.

START makes a difference…

I actually have two boys, one that was involved with START and one that never was and I can tell you in a five year span there's a huge difference in the one that had the START program. My other guy has fallen through the cracks. There's just no help because there's no voices being heard, there's no follow through. Social workers come and go so things get left and they don't get followed up with, whereas with START the ball was rolling and things were getting done and they were getting done now. There was a huge difference in the resources that we used when I compare the two boys. Huge.

Changing lives…

Today he has moved away and he's working and he's still staying in touch and he was on a path where it was going to be jail. So I believe that START is hugely responsible for that.

> ## "It made a huge curve in the path he chose. I'm not sure we'd be where we are without it."

4.6   Pilot Programs

A hallmark of the best-studied programs for at-risk youth is that the program may be implemented at additional sites with similar results. Program theory and organization must be clear enough that secondary sites can follow the original model with high fidelity and achieve the same positive outcomes when evaluated. These results mean that the program is based on sound theory and that outcomes are significant and not limited to a single target population. The success of the START program has been recognized by people dealing with at-risk youth in similar situations in neighboring communities in the province of Manitoba. Interest in multi-agency collaboration has also been sparked by recent national inquiries in which conclusions were drawn that multi-agency collaboration could have averted tragedies for some at-risk youth.

The START Program Coordinator has helped mentor programs modeled after START in Dauphin and Stonewall, and is in the process of mentoring a coordinator for a program in Gimli. Other communities have expressed interest in implementing similar programs. These communities share most facets of the target population defined by this evaluation and struggle to adequately deal with youth with complex needs. Therefore, the START model seems appropriate for implementation at secondary sites in Manitoba.

The Dauphin At-Risk Teen (DART) project in Dauphin, Manitoba was implemented in 2007 and follows the START model of coordinated case planning and multi-agency collaboration, with specific goals to help youth stay in school or secure employment. The Southwest Teens At Risk (STAR) program in Stonewall, Manitoba was implemented in 2009 and utilizes a team approach with collaboration between Manitoba Justice, Child and Family Services, Manitoba Health, Interlake-Eastern Regional Health Authority, RCMP, Probation Services, Addictions Foundation of Manitoba, and the Interlake School Division. STAR's specific goals are to assist youth and their families to identify harmful behaviors and barriers to success by instituting community and family supports, coordinating resources, and creating personalized interventions. Finally, the FYRST program in Gimli is in the process of hiring a Program Coordinator and will be operating by the end of February, 2013. FYRST will follow the START model to assist youth ages 12-17 in the Northeast Interlake region. Collaboration will involve, Community and Youth Corrections, Department of Justice, Child and Family Services, RCMP, Interlake Regional Health Authority, Evergreen School Division, Addictions Foundation of Manitoba, and the RM of Gimli.

The START model appears to be well suited to Manitoba communities because it seeks to enhance existing services. The agencies that START brings together are already operating in these communities wherein START provides a platform for them to work more efficiently under strong central and impartial leadership. Community mobilization

theory is centered on the ability to institute natural community and family supports to help clients achieve their potential. As such, a motivated and highly-skilled Program Coordinator who is well-trained in START theory is needed to implement START pilot programs at secondary sites. Likely, the most important determinant of the success of these pilot programs will be the Program Coordinators training in START theory so that the "team-based case management" and "client-directed approach" aspects are not lost. Additionally, willingness of different branches of social services to collaborate will vary between communities so some START spinoffs will operate with more ease than others.

These programs will require formal evaluation in order to ascertain if the START model has been implemented with high-fidelity, whether positive outcomes are repeatable, and if the model theory is suited to varying target populations. Once these evaluations have taken place, START may be deemed a promising program with quantifiable and reliable positive outcomes for clients.

Chapter 5: Modeling the START Program

This section will describe a logic model for the START program (FIGURE 34). A logic model, sometimes called a theory of change, is a tool used to evaluate the effectiveness of a program. It describes the relationships between the situation in which the program intervenes, inputs, outputs, short and long term outcomes, and external influences. First, the logic model outlines the situation, the clientele to be reached, and the reasons for implementing the program. Second, the program inputs are listed, including financial resources and personnel. Third, the program outputs are listed, which includes both a summary of activities and the program participants. Fourth, program outcomes are separated into short, medium, and long-term goals. Generally, short term goals are centered on changing awareness, attitudes, and knowledge, medium term goals are centered on changing behaviors and policy, and long term goals are centered on changing the overall economic, social, and political situation. Finally, the logic model also indicates how external influences affect each of the four categories listed above. Since this logic model will be used to aid an evaluation, research questions relevant to each category are also included.

Figure 34: Logic Model of the START Program

External Influences on Process
Funding and resources
Support from agencies
Challenges and strengths of community youth and families
Stigma associated with agencies

External Influences on Outcomes
Reluctance to participate
Communication and systems barriers
Efficiency of individual agencies
Lack of agency policy
Political awareness

Long-term Outcomes

Identify barriers to collaboration
Understand the challenges faced by community youth and families
Foster a culture of collaboration
Improve relationships between agencies
Enhance individual services by broadening knowledge base
Reduce gaps in services
Reduce barriers to service access
Empower youth and families
Create a safer community
Provide evidence for START success
Secure START resources
Advocate with local officials for policy change
Determine best practices for multi-agency collaboration

Inputs

Funding from RCMP and partner agencies
Partner agencies
Leadership and planning
Facilities
Knowledge base and skills of the Coordinator

Medium-term Outcomes

Help the youth and family understand their challenges and realize their strengths
Involve the youth and family in creating an action plan
Set meaningful and attainable goals for the team
Implement a holistic action plan
Provide support for all team members
Monitor and document progress
Hold all team members accountable for achieving set goals
Improve school attendance/performance
Improve living situation/family relationships

Short-term Outcomes

Motivate social services to collaborate
Identify youth in need of multi-agency intervention
Facilitate extrajudicial case clearance
Engage youth and their parents to participate
Create safety plans to stabilize crises
Learn about the client and family's strengths and challenges
Assemble a team customized for the youth
Enable collaboration and communication agencies

The Situation

Youth with complex behavioural and psychosocial challenges who require intensive care management and involvement from multiple social service agencies

Outputs

Activities
Steering meetings
Screening meetings
Networking and collaboration
Case conferences
Action plans
Referrals
Parenting workshops

Clients
At-risk youth
Families of at-risk youth
Community

Measurement of Process Indicators
How many and which youth have been reached?
Did START attain knowledge of at-risk activities, strengths, and challenges?
Have appropriate referrals taken place and new services accessed?
Are agencies working more collaboratively?
Are resources adequate and sustainable?
Are plans and records clear and adequate?

Measurement of Outcome Indicators
Were safety plans successful?
Were client-specific goals achieved?
Do clients and stakeholders support the program?
Has the START model been implemented elsewhere?
Is advocacy adequate?

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Chapter 6: Assessment

6.1 Organization and Quality of Records

For START to be properly evaluated program transparency is required along with clear delineation of the roles and responsibilities of those within the structure of the organization thereby making those within the organization accountable. Accountability depends on the free flow of information between and within the social service agencies that partner with START and as such the quality of record keeping must also be assessed. We proposed that these organizational qualities would be best assessed by examining responses and themes from the surveys and focus groups, examining the database of client information, and assessing the availability of information that is currently not being tracked by START.

Evaluation Question 1: Has implementation and recordkeeping followed a clear plan?

By all assessment the implementation of START has followed a clear plan of action. The roles and responsibilities within the START staffing model are clearly stated and transparent. The role of the program coordinator is divided into the three distinct roles of client advocate, program administrator, and supervisor. The steering and screening committees are also clearly differentiated with the roles and responsibilities of each outlined. Thematic analysis of the focus groups indicated that role of the program coordinator is understood by all involved. Furthermore there is an understanding of what each social service agency brings to the table when attending case conferences. The transparency of the START program has helped spawn other START spinoff programs such as DART, STAR, and FYRST. While the program coordinator wears many hats, each of her roles within the program appears to be understood by all involved.

With many organizations recordkeeping does not progress at the same rate as the development of organizational structure. It is not uncharacteristic for data collection to be last facet of an organization to mature and this is also indicative of START. Until this evaluation, record keeping was conducted using paper records which make the evaluation of success measures difficult to elucidate. Moreover records that existed prior to the current Program Coordinator taking on the position were either missing or were not accurately recorded. The paper records that were available for analysis were transcribed by the program coordinator into an electronic database which allowed for proper

statistical analysis, the results of which ultimately supported the notion that START is effective in achieving the success indicators outlined for their clients.

The recording and sharing of other types of information such as meeting minutes and client reports across agencies were also specified in the surveys as a possible way to improvement recordkeeping and data management. The problems with data sharing seemed to be most evident with CFS.

As noted in this report, another drawback with regards to record keeping is the lack of a case-control research design which is a hallmark of model programs elsewhere. Case-controls could be used to evaluate the effectiveness of START in reducing criminal activity and recidivism rates. Unfortunately such information was not available for use in this report. Information gathered from the interviews, focus groups, and surveys nevertheless provided plenty of anecdotal evidence that criminal activity among START clients did in fact decrease as a result of participation in the program. This information was obtained not only from RCMP officers who noted that recidivism appears lower for clients who enter START compared to similarly at-risk kids who are not part of the program but also from former START clients which admitted that without the START program they would probably have left school for a life of crime.[26]

In summary, organizational structure and roles and responsibilities are clearly outlined. However there appears to have been some inconsistencies with record keeping prior to the current program coordinators involvement in the program and CFS would like to see more information forthcoming both in terms of meeting minutes and providing reports when requested. Each of these perceived imperfections were found in a minority of the surveys and shouldn't be indicative of systemic problems but could be used as an example of how the program could be improved.

6.2 Inter-agency Collaboration

A major program goal is to enhance coordination and collaboration between social service agencies. Collaboration is important when trying to apply holistic care plans to youth with complex needs because it brings all the supports the youth requires together and allows them to communicate and share knowledge about how they can best support the youth. For this reason, one goal of this evaluation is to determine if START has improved the collaboration between agencies. We proposed that this would best be measured by examining responses and themes from surveys, focus groups, and interviews.

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[26] In one comparative measure a parent of a START client indicated they saw significant progress in one of their children who participated in START but not in their other child who continued on a wayward path in part because he did not have the same social supports found in START.

Evaluation Question 2: "Are social service agencies working more collaboratively?"

100% of RCMP, LSSD, and AFM survey respondents and 72% of CFS survey respondents agreed with the statement "START has helped facilitate collaboration between social service agencies". In the open-ended response section, respondents wrote that this collaboration allows "more eyes to be on the [client]", fills service gaps, increases accountability to team plans, increases efficiency, and allows a "comfort zone" in the case that a family is uneasy dealing with a specific agency.

Improved collaboration was a major theme in the focus groups. Participants spoke of the silos that were present before START and the lack of inter-agency communication. Several participants spoke of "bringing the major players together" and filling gaps in the system. Both focus groups agreed that this collaboration benefits START clients. First, collaboration allows for strength in numbers. If a need is missed by one caseworker, it is likely to be noticed by another. Participants discussed feeling more confident in their work if they are aware of the "big picture". Collaboration may also save clients' and START members' time and energy by communicating solutions to problems without having the client go through a long intake process. School administrators and teachers are able to find out reasons for difficult behavior and help support the student through difficult times. They are more willing to have students in the school if they understand the challenges the student faces.

The focus groups also discussed that collaboration improves relationships between the agencies. START has helped each agency understand how the other agencies operate, which makes caseworkers feel more comfortable making referrals for their clients. START has helped to build trust between the agencies. This trust may be due to simply being familiar with one another, but is also likely due to the fact that each member sees how the others are dedicated and motivated to help youth. 94% of all survey respondents either strongly or somewhat agreed that all agencies involved in START share the same goals. This understanding and level of trust allows the school division to keep difficult students in school because they know they can rely on other agencies for support. An increased trust level compels the agencies to share more information, which helps everyone work more effectively for the client.

Finally, the participants discussed how collaboration improves accountability of the agencies for the client's progress. Team members must account for their roles in completing plans set out at case conferences. Accountability to a team would not have existed before START, as agencies certainly did not have to answer to one another. The participants felt that accountability makes team members work more efficiently.

Parents who were interviewed talked about how collaboration allowed their children to succeed. Several parents discussed how difficult and time-consuming it is to go to each agency and tell your story over and over to get help. START allowed them to meet with everyone all at once. Often, agencies would be brought onto the team that the family never thought to access.

Survey respondents and focus group participants also indicated that collaboration benefits the team members involved in START cases. The support they receive from other team members at START helps them stay motivated on difficult cases. The sense of camaraderie that comes with being part of a successful team functions to increase job satisfaction. Collaboration also helps to reduce stress related to the job because team members feel less isolated and overwhelmed.

Overall, professionals and clients involved with START agree that there has been a significant improvement in the amount and quality of collaboration between the agencies and that this collaboration is beneficial for both START clients and START team members.

6.3 Knowledge of Clients' Activities

In order for START to design successful strategies to protect and empower youth, team members must gain insight into each client's challenges and activities. Defining their target population is also important when securing funding and drives program development. For this reason, one of the goals of this evaluation is to determine if START has collected meaningful information about the youth and families it serves. This information should include demographic characteristics, factors that have placed the youth at-risk or criminal or anti-social behavior, challenges the youth and family faces to success, and activities in which the youth partakes. We proposed that this would be measured by analyzing the client database and survey responses.

Evaluation Question 3: Did START attain knowledge of youth's at-risk activities and challenges?

Demographic characteristics and activities of START clients were derived from the client database. It was found that 65% of START clients are male, 37% are aboriginal, 22% are Metis, and the average age of enrollment in START is 14.

32% of clients were not going to school when they were enrolled in START, 50% had failed at least one grade level, and 90% reported poor performance at school. 69% of

clients had been expelled from school. 72% of START clients have few pro-social interests and 68% have criminal friends or acquaintances.

88% of START clients felt they had a chaotic family situation, 82% had poor or no relationships with their fathers, 45% had poor or no relationships with their mothers, and 41% had been in a CFS placement. 58% of clients live in a community with high levels of crime.

35% of START clients have witnessed abuse in the home, 15% were sexually abused, and 23% were physically abused. 38% of clients have a family criminal history, 30% have a family history of mental illness, and 72% have a family history of substance abuse.

53% of START clients have been arrested at least once and 29% have three or more prior offenses. The majority of these criminal charges were for assault, mischief, and theft. 60% of START clients admitted that substance use interferes with their daily functioning and 28% had committed a crime in order to obtain intoxicants. The majority of START clients are rated as very high, high, or medium-high risk to reoffend based on the risk assessment when they enroll.

The majority of referrals to the START program came from either LSSD or RCMP. 77% of referred clients had involvement with the RCMP, 68% had involvement with CFS, 34% had involvement with probation services, 31% had involvement with Mental Health, and 26% had involvement with AFM.

Success measures were also listed in the client database, two of which are "improved knowledge of clients' at-risk activities" and "improved knowledge of challenges facing START clients." Analysis of the client database indicated 72.9% of cases as meeting the former success measure and 100% as meeting the latter. Furthermore, 80.0% of clients demonstrated improved attendance and participation in school an important marker for future success.

Overall, important and meaningful statistics were derived from the client database to give a clear impression of START clients' challenges and activities.

Survey questions were also designed to determine team members' knowledge of clients' activities and challenges. 100% of RCMP respondents either strongly or somewhat agreed that START had increased their awareness of risk factors that place youth at risk, increased their awareness of protective factors that decrease risk for youth. 100% of AFM respondents either strongly or somewhat agreed that START had helped identify addiction issues that might have otherwise gone unidentified. Respondents ranked "unstable home life" as the most important challenge faced by youth in the START catchment area. They ranked drug abuse as the second most important, alcohol

abuse as the third most important, and poor school attendance as the fourth most important challenges.

83.0% of all respondents felt that START had "increased understanding of youth challenges" and 78.0% felt that START had "attained a better knowledge of youth at-risk activities."   80.0% of all respondents felt that START had increased their level of assessing risk factors in youth.

It would seem that most START team members feel that they have gained valuable knowledge about the youth in the community they serve.

6.4 Outcomes for Clients

The ultimate impetus for the START program's existence and development was the need for more positive outcomes for youth and families in the community. The program works to achieve positive outcomes by assembling a team of motivated and dedicated professionals around the client, working with the client to develop a set of personal goals, developing and implementing a holistic action plan that will help the team and the youth achieve the set goals, and supporting the youth and team members throughout this process. Because each client receives a customized network of supports and has their own personal challenges and goals, the outcomes sought will be different for each client. Two universal positive outcomes that may be sought for most clients are "empowerment to engage in pro-social activities" and "access to and support from social service agencies that would not otherwise be used." START uses a set of success indicators in their records and the client database revealed that the majority of START clients achieve **four or more** success factors. In this section we will examine outcomes for START clients derived from the client database and as explained by team members, family members, and clients.

Evaluation Question 4: Have appropriate referrals taken place and new services accessed?

The goal of increasing collaboration is to enhance the services delivered to the client and family. Often the youth enrolled in START have not received the services they need to overcome their challenges with addictions or mental health. Since the Program Coordinator is on good working terms with many agencies she is able to assemble supports around the youth. This type of networking often results in referrals to agencies the youth either would not have accessed or, if they had previously been accessed, results

in more successful interactions with the agencies. This will be discussed further in the next section.

Evaluation Question 5: Are positive outcomes being achieved for START clients?

Safety

Some START clients require immediate crisis intervention and stabilization. For these clients, before an entire team is assembled, the Program Coordinator quickly assesses the situation and calls upon professionals that can stabilize the situation. A safety plan is designed to help maintain this stabilization so that the client can effectively take part in the START program. According to the client database, safety plans were created for 45% of clients and 85% of these safety plans were successful at protecting the youth.

During the focus group discussions, a case was mentioned where a client was experiencing a psychotic episode but the parent would not cooperate to get help. START was able to contact Mental Health and secure an immediate placement in a rehabilitation facility. Several examples were alluded to by focus group participants in which clients were extricated from violent situations because START members close to the client were aware of the danger and contacted the authorities. During interviews with parents, we heard about START's ability to intervene in situations where young clients were being influenced by older acquaintances to engage in criminal activity or substance use.

We feel that START is successful at stabilizing crises and creating successful safety plans. This success is possible in part because of the Program Coordinator's rapport with and esteem from the RCMP and other agencies.

Improved Relationships with Social Services

For youth and families, participation with certain agencies has a stigma attached that may deter potential clients from seeking help. Some youth in need of Mental Health services may refuse help because they don't want their family and peers to think they have a mental illness. For other agencies, youth may have a negative view of them because of their parents or older siblings have had interactions and impressed upon the youth that the agency is unfair or untrustworthy. On the other hand, some agencies may have a negative view of youth in the community because they do not understand what has caused the problematic behaviour. Employees of both LSSD and the RCMP may be frustrated with difficult youth and families and may be less responsive to their needs. In order for youth to feel comfortable seeking help from their team members, these relationships often need to be repaired.

100% of RCMP survey respondents either strongly agreed or somewhat agreed that START had improved RCMP-youth relationships, that START had improved RCMP-parent relationships, and that START had removed some of the stigma associated with interacting with the RCMP. 100% also either strongly or somewhat agreed that START had improved the attitudes of RCMP officers towards at-risk youth. 100% of LSSD survey respondents either strongly or somewhat agreed that START had improved attitudes toward at-risk youth in schools and that START had increased knowledge of ways to support at-risk youth in schools. 90% of CFS survey respondents either strongly or somewhat agreed that START has helped remove some of the stigma associated with working with CFS. However, only 57% of CFS respondents agreed that START had improved CFS-family relationships. 100% of AFM survey respondents strongly agreed that START has improved AFM-client relationships and 100% either strongly or somewhat agreed that START had improved AFM-parent relationships. Only 50% of AFM respondents agreed that START had removed some of the stigma associated with AFM involvement. 100% of IERHA survey respondents somewhat agreed that START had helped remove some of the stigma associated with seeking help for mental health concerns.

An improved relationship between youth/families and social service agencies was also a theme identified in the focus groups. LSSD employees felt that START had normalized many services by approaching referrals from a place of support and making the youth feel that they were not being judged. They discussed how being supported often makes these youth feel more amenable to seeking help.

The male client who was interviewed indicated that he and his family had not wanted to seek help from Mental Health but with support from START he had been hospitalized and now has medication for psychosis. Once he had aged out of the START program and had to access adult mental health services on his own, his family's preconceived ideas about Mental Health returned and he is finding it difficult to interact with the new caseworkers. The female client who was interviewed discussed how she is much more respectful towards police officers now that START has helped her to understand what they are trying to do. One parent who was interviewed talked about no longer calling the RCMP because she felt that they did not understand her daughter's challenges and that they did not want to intervene. START was able to reach the RCMP and give suggestions as to how to better approach this family. A foster parent who was interviewed spoke of not having anyone to call in case of a crisis with her son. START was able to repair her relationships with CFS and the RCMP so that she was able to get help in case of a crisis.

The results from the survey indicated that, with the exception of CFS, the agencies felt that START had improved their relationships with at-risk youth. The results from the focus group indicated that team members saw that youth were more likely to

seek help when they felt supported by the agencies. The interviews with clients and families seemed to indicate that START had warmed most clients' opinions of the RCMP and in some cases CFS and AFM.

<u>Improved Attendance or Performance at School</u>

The client database indicated that 80.0% of START clients had improved attendance or performance at school. Of all survey respondents, 69.0% felt that START had improved client's attendance or participation in school. 100% of LSSD survey respondents either strongly or somewhat agreed that START action plans are successful in improving school attendance and 90% either strongly or somewhat agreed that START action plans are successful in improving school performance. The survey responses indicated three reasons that allowed START to accomplish these goals. First, respondents felt that START had increased knowledge of ways to support at-risk youth in the school and that attitudes toward at-risk youth in school had improved. Second, respondents felt that schools were willing to "take chances on children they normally would not because of the increased support of the community agencies." Third, respondents felt that START engages parents to become more involved in their child's education.

Focus groups and interviews confirmed these ideas. Participants from LSSD discussed how they are better equipped to deal with at-risk youth when they can access information about their home life and challenges through the START program. We heard numerous examples of this in practice, including one example where a client was continually not finishing his homework and START revealed that domestic violence, family alcoholism and substance abuse, family criminal activity, and constant visits from the RCMP were likely hindering his ability to complete his homework. Teachers and administrators are much more likely to make an effort to be supportive if they know what is happening to the child. Support from teachers likely motivates youth to attend school. Additionally, there seems to be an idea in the community that START clients are being taken care of and there is less risk involved in keeping them in school. Administrators may feel that they can have the client attend classes because if something goes wrong the school has support from agencies that they trust, because of their involvement with START. Finally, by engaging parents in the decision-making process, parents feel more vested in their children's education. They may have felt that a high school diploma was out of reach for members of their family but with a support network they may feel empowered to set goals for their children.

Both clients interviewed said that they would not have returned to school had it not been for the START program. START was able to get them into alternative programs suited to their abilities and they are both doing well in school. Several parents who were interviewed said that their children would not have returned to school had it not been for

the START program. These results indicate that START is successful at improving school attendance and performance.

Improved Living Situation or Relationships with Families

The majority of START clients have a chaotic home life or problematic living arrangements. The client database indicated that START was able to improve the living situation or family relationships for 81.6% of their clients. Only 43% of CFS survey respondents agreed that START has improved child-parent relationships but 71% either strongly or somewhat agreed that START had improved youths' living arrangements. Of all survey respondents, 61% agreed that START had improved living situations or family relationships. Of all the challenges facing community youth, survey respondents ranked an unstable home life as the most important challenge.

There may be several reasons as to why START is not always able to improve a client's living situation. Often the factors that caused their living situation to be unstable are beyond the youth's control and if START is unable to engage all family members stability may be difficult to achieve. RCMP focus group participants discussed that justice often mandates where the youth must reside without taking into account how problematic the living situation is. The client database indicated that the majority of START clients have family history of at least one of domestic violence, substance abuse, criminal behaviour, mental health issues, or child abuse. These issues are extremely complex and without new mandates from CFS and government officials, START may not be able to make drastic changes in this part of their clients' lives.

Despite these issues START is able to help many clients improve their family relationships. By involving families in planning and goal setting, the family's needs and concerns are shared with CFS and RCMP who may then be able to provide better support. Supports for parents may also play a role in improving home life. Parents may be referred to Mental Health or AFM when their own challenges are realized at START meetings. The parenting courses may also help to improve home life by providing coping and communication methods. Finally, START meetings are designed to help all team members understand their strengths and challenges. Parents and guardians likely feel that they understand more about their child as a result. Focus group participants discussed how START gives youth and families another chance to connect with one another during difficult years. They talked about how parents who come to case conferences often feel empowered to make difficult decisions for their children because they now have people who will support them through the process.

One great-grandparent who was interviewed and is raising her teenage great-grandchildren said that without START she would not have been able to secure custody of her great-grandson who was living with her very troubled granddaughter. Because of

their close relationship with the family, START is able to advocate for placements that will benefit the youth but may not have been thought of by CFS. Other interviews confirmed that START helped youth to improve their relationships with their family

These results indicate that START may have difficulty improving living situations for youth because of the complex nature of problems in the home and lack of policy regarding best practices for youth with a chaotic home life. However, by providing a network of supports and resources for families, START is successful at improving family relationships.

Decreased Recidivism

There was no detailed information about recidivism in the client database. 83% of RCMP survey respondents either strongly or somewhat agreed that START has helped to prevent criminal behaviour among START clients and 83% either strongly or somewhat agreed that START clients are less likely to continue to display criminal behaviour.

Support for Addictions and Mental Health Issues

The client database revealed that 86.4% of clients had accessed services that were not previously utilized. The two main agencies that may be under-accessed among at-risk youth are AFM and Mental Health. We have already discussed how START has helped to normalize these agencies and encourage clients to access their services, but in many cases the client or family may not realize they need these services or there are barriers to accessing them.

Of all survey respondents, 75% agreed that START had allowed youth to access services that were not previously utilized. 100% of AFM survey respondents either strongly or somewhat agreed that the START screening process results in appropriate referrals to AFM and that START has helped identify addiction issues in youth that might otherwise have gone unidentified. 100% of IERHA survey respondents somewhat agreed that START helps refer youth with mental health concerns to the proper agencies.

The mother of the male client interviewee was medicating her son with marijuana to try to lessen his attention deficit disorder symptoms, which may have worsened the symptoms of his psychosis. START was able to intervene and get the client a placement in a facility that would treat his mental illness. On his own, the client would likely not have ever sought help for this. The mother of one client who was interviewed discussed how she had sought help for her daughter from Mental Health but interacting with the agency on her own was difficult and time-consuming for a single-mother. START in collaboration with Mental Health was able to provide an appropriate referral which resulted in a diagnosis of a learning disability and a placement in an alternative school program.

These results indicate that START is successful at identifying youth who need referral to AFM or Mental Health and helps clients and families overcome goals to accessing services including unawareness, time constraints, communication barriers, and stigmatization.

Empowerment and Self-esteem

Not all positive outcomes for clients are tangible or measurable. The focus group participants extensively discussed the less definable positive outcomes for their clients. START case planning is driven by the client and family and a sincere effort is made to learn about their individual challenges and strengths. For many clients and parents this may be the first time in a long time where their opinions were valued and their participation encouraged. By assembling a team of caring and dedicated professionals who consider the youth a community asset that has yet to be realized, the clients feel valued and supported. START team members feel that this message of support is often the most positive outcome for their clients. Taking part in the decision making process makes the client and family feel empowered to make positive changes in their lives and the impact of self-esteem cannot be underestimated for at-risk youth.

6.5 Relevance and Stakeholder Support

Based on the information gathered from the client database, surveys, focus groups and interview questions, we conclude that the START program is very relevant to the community it serves. There seems to be no shortage of youth who meet the START enrolment criteria as evidence by both the number of youth START has reached and the possibility of creating a waiting list. Since multi-agency programs are being used more and more extensively across Canada and their importance has been stressed in several recent national and provincial inquiries, we feel that the START program fills a very real need in this community.

Evaluation Question 6: Do clients and stakeholders support the program?

We have heard glowing endorsements for START from agency representatives, clients, and families. Team members spoke extremely highly of the Program Coordinators skills and dedication. A few agencies have also demonstrated their support by providing funding to keep the program going. Client and family accounts of their relationships with START were very moving and many indicated that they had recommended START to others in similar situations to their own. Overall we feel that stakeholders and clients are very satisfied with the START program.

6.6 Challenges

No program is without its challenges and the START does face some obstacles to being even more successful. Challenges for the START program were identified in the focus groups and survey questions, while interviewees largely opined that they would not have changed anything about their interactions with START.

Evaluation question 7: What challenges does the START program face?

Lack of Sufficient Financial Resources and Personnel

Only 32% of all survey respondents agreed that START has sufficient capacity to meet community needs, only 17% agreed that START has sufficient financial resources to meet client needs, and 24% agreed that START has sufficient personnel to meet client needs. Survey respondents wrote that a second Coordinator is needed to manage the large number of clients START currently has and that sustained funding and government support are needed to maintain the program. They also suggested that administrative support is needed for the START program.

The focus group participants discussed how the Program Coordinator's caseload is beyond what is considered manageable by most agencies. They felt that there is a need for a second coordinator and were concerned about the risk to the community if START had to create a waiting list. The focus group participants voiced their frustration that the Program Coordinator has to struggle to secure funding on a yearly basis. This takes time and energy away from clients and the participants felt that they should not have to justify START's critical role in the community on a yearly basis. The participants also voiced frustration that the Program Coordinator position is not sanctioned by any organization or government agency. This means that there is no job security or pension.

Several START members did caution that while START likely needs a second coordinator they do not want to dilute an already effective process. We heard resounding praise for the current Program Coordinator from team members from all agencies, clients, and families, and we heard on more than one occasion that it would be difficult to find another person who works as diligently and energetically as she does for community youth.

Lack of Policy Mandating Collaboration

The focus group participants extensively discussed that need for policy changes at the agency and governmental levels to ensure funding and mandate collaboration. Some agencies do not include time spent with START when determining employees caseloads, which can lead to them being overworked or having little motivation to take part in START. Some agencies may not feel that START involvement is a priority and without agency policy change these problems are unlikely to resolve. At the governmental level, there is no policy in Manitoba that mandates inter-agency collaboration.

Lack of a Formal Evaluation

Until now START has not been formally evaluated. This has led some team members to feel that the target population of the START program is not well defined. Focus group participants discussed that dealing with very high-risk youth is different from dealing with at-risk youth. Without additional information and knowledge of their clients' characteristics they are not always sure how to design interventions. There is concern that funding will be difficult to secure until there is a clear picture of START's target population.

Standardizing Documentation/Document Sharing

We refer to two reviews on inter-agency collaboration that highlight the importance of clear communication, information sharing, and IT compatibility (Sloper, 2004; NSW, 2010)

Chapter 7: Conclusion and Recommendations

Our overall findings are very favourable towards the START program. We feel that START is accomplishing most of their goals and objectives and that they share many qualities of the most successful multi-agency care management programs documented in the literature and that they have achieved success without the benefit of formal systems level collaboration policy. We feel that similarities to other successful and well-evaluated programs lend merit to the START program beyond that which we document in this evaluation. START's Program Coordinator embodies much of the skill set required for coordinators of the most prestigious and well-researched wraparound programs in North America. We can clearly identify paradigm shifts in the START program that are touted as necessary for asset-based wraparound models. START seems to go beyond most programs in their level of flexibility and cultural competence, as they provide services to a large Aboriginal population and also support very complex youth. We have provided evidence that START has increased collaboration between social service agencies and that this collaboration has resulted in positive outcomes for START clients. We have shown that clients and families strongly endorse the program and that START is fully supported by the participating agencies.

In this section we hope to provide some recommendations that will help START work more efficiently. We feel that many of these recommendations could be implemented without incurring much further costs, however we realize that some recommendations will be difficult unless more funding is acquired. In addition to these recommendations, we feel it necessary to point out that increased personnel would be extremely beneficial to the START program but we realize that under the current funding model this is impossible. Therefore we reserve recommendation regarding personnel at this time and focus our thoughts on advocacy and more proximal endpoints.

Recommendation 1

That START create standardized forms that will allow them to document client information, agency involvement, crisis intervention, care planning and implementation, goals, and team progress.

We feel that START will be better equipped for future evaluations with these forms in place and that they will be of value to the steering and screening committees as they make decisions surrounding START clients and the governance of START. Improved record-keeping will allow the steering committee to identify trends in the population START services and possible areas for improvement. We feel that client information could be more detailed, specifically to include data on recidivism, and that goals and action plans should be clearly documented and available to all team members.

Recommendation 2

That START continues to use the electronic database designed by the researcher to record client information.

We feel that the information compiled in the electronic database by the Program Coordinator gives a clear picture of START client characteristics. Paper records are comparatively less accessible compared to electronic records. The data held within the newly created electronic database is easily compiled to give up-to-date statistics on current clients and will be of use to the screening committee. Additionally, the electronic database can be shared with the agencies as requested and can be modified to suit the evolving needs of the program.

Recommendation 3

That START improves information sharing between the agencies.

Having all forms and data compiled electronically should help with information sharing but it would also be beneficial to have guidelines concerning how often and over what medium should data be communicated. This should help to resolve the issue over document sharing voiced by CFS.

Recommendation 4

That START access and compile information on a control group so that meaningful comparisons can be made between clients with and without START involvement.

Statistics comparing outcomes for similar youth with and without START involvement will provide more definitive evidence for START's impact that what is described in this evaluation. It has been suggested to us that this data may be accessible through the Manitoba Department of Corrections and Probation Services. Multiple case-control comparison evaluations are the hallmark of the most successful programs.

Recommendation 5

That START carefully examines their age criteria for enrolment and justifies these criteria to stakeholders.

Team members from several agencies opined that START should broaden the age range of clients they service. Most suggestions were to decrease the lower age limit to allow START to provide services to younger youth, especially in cases where older siblings are already in START or other alternative programs. The RCMP and LSSD both supported this idea, as they are the ones who would see at-risk youth developing through childhood. On the other hand, some team members and clients suggested that START should be able to continue working with clients past the age of seventeen. This would be

appropriate for clients with intellectual disabilities whose chronological age may not match their developmental age and who may be ill suited to adult social services. In any case, an examination of the age criteria is warranted.

Recommendation 6

That START creates an advocacy arm of the program to alleviate some of the pressure from the Program Coordinator and to help secure funding.

The Program Coordinator's job description is very extensive and we have heard many suggestions that advocating for funding may not be the best use of her time or skill set. It is our hope that some information provided by this evaluation could be used to promote the START program to local officials but perhaps former clients and family members could play a role in advocating for the START program. We realize the difficulty here is that the Program Coordinator is the only START team member not associated with an agency so she is the best suited to request funding from all agencies. We therefore recommend a joint effort to secure funding that involves conversation between all agencies involved.

Recommendation 7

That START generates a theoretical model for the START program.

We have provided a logic model for the START program but we feel that START should explicitly state the theory that drives their planning and development. We would refer START organizers to our brief literature review for an example of a theoretical model in a similar program. Having a theory base should help guide further program development and also provide clear direction for new team members who are not familiar with START. The theoretical model should be used to orient all team members to ensure that everyone is in agreement as to the program goals and objectives.

Chapter 8: Limitations of the Evaluation

The findings covered as part of this evaluation are limited in scope and the results section should be interpreted with caution. It is impossible to grasp all the social benefits and costs of the START program either numerically or qualitatively. These limitations stem from the lack of precision of the evaluation methods. The sampling techniques used in the study were not random and in some cases included very small numbers of respondents. Both of these sampling issues affect the generalizability of the findings beyond the already limited scope of the evaluation. The lack of random assignment of study participants also means that the respondents in the study may not be representative of those outside of the study. Small sample sizes meant that in some cases, it was difficult to measure the outcomes of START and if an outcome was measured it can be difficult to distinguish the contribution of START influences from that of external influences.

With this in mind almost the entire population of START clients was accessible for study as were the majority of those employed in social service agencies who are currently or were previously involved with START. When almost an entire population of data is available the problems inherent when utilizing a sample that is not random are minimized. Small sample sizes however are still subject to high levels of variability if just a single respondent answers questions differently than another. As a consequence, all of the findings displayed in the tables and figures were presented with their associated N values and cautions in how those results should be interpreted were made evident. Better data collection techniques, as outlined in the recommendations section of this report, including the use of a case-control study, coupled with larger sample sizes as the START program has more years of data to utilize will overcome the limitations outlined herein.

References:

Berg, B. (1998). *Qualitative Research Methods for the Social Sciences*. Third Edition. Allyn and Bacon. Toronto, Ontario.

Bryman, A. and Teevan, J. (2005). *Social Research Methods: Canadian Edition*. Oxford University Press. Don Mills, Ontario.

Debicki, A. (2009). *Spring Profile Paper*. Wrap Canada. Retrieved December 20, 2012 from http://www.wrapcanada.org/html/pdf/CanadaWrapOverviewMarch12,2009.pdf

Gordon, S. (1999). *Systems of care: promising practices in children's mental health, 1998 series, Vol. IV*. Washington DC: Center for Effective Collaboration and Practice.

Hann, M. (2009). An Introduction to Statistics for Canadian Social Scientists. Oxford University Press. Don Mills, Ontario.

Howitt, D. and Cramer, D. (2008). *Introduction to Research Methods in Psychology*. Second Edition. Pearson Education Limited. Essex, England.

Maxfield, M. and Babbie, E. (2001). *Research Methods for Criminal Justice and Criminology*. Third Edition. Nelson Thomson Learning. Toronto, Ontario.

Nardi, P. (2003). *Doing Survey Research: A Guild to Quantitative Methods*. Allyn and Bacon. Toronto, Ontario.

New South Wales Government. (2010).*Research to Practice Note*. NSW Interagency Guidelines. Retrieved December 29, 2012 from http://www.community.nsw.gov.au/kts/guidelines/collaboration/collaboration_index.htm

Rosenthal, J.A. (2001). *Statistics and Data Interpretation for the Helping Professions*. Nelson Thomson Learning. Toronto, Ontario.

Rossi, P., Lipsey, M.W., Freeman, H.E. (2004). *Evaluation*: *A Systematic Approach*. Seventh Edition. Sage Publications. London, England.

Sloper, P. (2004). *Child: Care, Health, and Development*, Vol 30 (6), 571-580.

Tremblay, R. E.; Masse, B.; Perron, D.; Leblanc, M.; Schwartzman, A. E.; Ledingham, J. E. (1992) *Journal of Consulting and Clinical Psychology*, Vol 60 (1) , 64-72.

Walker, J. and Matarese, M. (2011). *Journal of Child and Family Studies,* Vol 20, 791-803.

Walter, U. and Petr, C. (2011). *Social Work,* Vol 56 (1), 73-80.

Weinrath, M., Donatelli, G., Murchison, M., Cattini, M. (2009). *Impact Evaluation: Spotlight Intensive Supervision Program for Young Offenders*. University of Winnipeg.

Appendices

Appendix A: Focus Group Questions

I would like to start the focus group by having everyone introduce themselves and provide some background on their involvement in START, including the agency they are representing and the length of time they have been involved in START. After the introductions I would like to ask some questions regarding the START program itself.

Question #1:
In your opinion what are the strengths of the START program?

Question #2:
In your opinion what improvements could be made to the START program?

For the next set of questions I would like to discuss the START's programs ability to identify and address risk factors for youth in the program.

Question #3:
How has the START program been successful in identifying risk factors for the youth in the program?

Question #4:
How has the START program been successful in addressing those risk factors?

Question #5:
How has the START program increased the availability of social services to its participants?

For the next set of questions I would like to discuss the START's programs ability to both offer and coordinate the social services available to youth and their families.

Question #6:
Has the START program increased collaboration among social service agencies, and if so how?

Question #7:
How has collaboration increased the coordination of services for those in the START program?

Question #8:
Explain how you feel the START program has benefited its participants.

Question #9:
Is there anything that you would like to add that would help in the evaluation of START that hasn't been covered by the previous questions?

Appendix B: Social Service Agency Survey

(See Attached)

Appendix C: Client Interview Questions

1. Can you let me know how you became involved in START?

2. What were your initial thoughts and feelings about becoming involved with START?

3. Was START able to provide help/resources/access to social service agencies that you did not have before?
   How was START able to do this?

4. Was it easier to get the support you needed once you became involved in START?
   If yes, do you think that this was the result of the social service agencies working together?

5. Were the goals set forth in the case conferences clear and attainable?
   If yes, how did START ensure the goals were clear and attainable?

6. Were you better able to achieve the goals set out in the case conferences as a result of the support provided by START?
   Why or why not?

7. Did having the various agencies work together at the case conferences benefit you?
   Please explain

8. Were there any issues that START was unable to address/help you with?

9. What did you think about or what were your relationships like with RCMP prior to becoming involved with START?

10. Have your thoughts and relationships changed towards the RCMP since being involved with START?
    If yes, how?

11. Have your thoughts changed towards any of the other social service agencies you were involved with?
    If yes, how?

12. Please explain how being involved with START impacted your life.
    ie How would you child's life be different if they had not been involved in START?

13. Is there anything that you would like to add that was not covered in the interview?

Appendix D: Parents of START Clients Interview Questions

1. Can you let me know how your child became involved in START?

2. What were your initial thoughts and feelings about becoming involved with START?

3. Was START able to provide help/resources/access to social service agencies that you did not have before?
   How was START able to do this?

4. Was it easier to get the support you needed once you became involved in START?
   If yes, do you think that this was the result of the social service agencies working together?

5. Were the goals set forth in the case conferences clear and attainable?
   If yes, how did START ensure the goals were clear and attainable?

6. Was your child better able to achieve the goals set out in the case conferences as a result of the support provided by START?
   Why or why not?

7. Were you aware of your responsibilities when you attended the case conferences?

8. Did having the various agencies work together at the case conferences benefit your child?
   Please explain

9. Was START able to help you understand the difficulties that your child was experiencing?
   If yes how?

10. Were there any issues that START was unable to address/help you or your child with?

11. What did you think about or what were your relationships like with RCMP prior to becoming involved with START?

12. Have your thoughts/relationships changed towards the RCMP since being involved with START?
    If yes, how?

13. Have your thoughts changed towards any of the other social service agencies you were involved with?
    If yes, how?

14. Please explain how being involved with START impacted the life of you and your child.

   ie How would you child's life be different if they had not been involved in START?

15. What do you think is the single most important contribution that START made in helping your child?

16. Is there anything that you would like to add that was not covered in the interview?