

THE CHILDREN'S CIRCLE PROGRAM

An Evaluation

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INTRODUCTION

The Children's Circle Program at Native Child and Family Services of Toronto was initially established to meet the needs of Native children from multi-problem families. Such families have alcohol addiction as the dominant characteristic. These family experiences place these children at risk of developing low self-esteem, difficulties in relating to others, academic struggles in school, and physical health problems. They may also have fetal alcohol syndrome.

Because these children are heavily and consistently exposed to alcohol and possibly drug abuse as a way of life, they are high risk to abuse alcohol as they grow older. As well, their family socialization experiences ill prepares them to remain safe against the threats of abuses, either in their families, their neighbourhoods, or even amongst their peers. The special roles that these children take in their families, leave them emotionally weak, confused about their roles in relation to their parents alcohol abuse and poorly prepared for their next stages of their development.

Counteracting dysfunctional family influences, The Children's Circle Program aims to introduce positive experiences in these children's lives. Whether in school, agency or other community environments, the program seeks to help the children feel good about themselves, as they become more aware of the dangers of alcohol and drug abuse, and develop personal safety skills for coping with potential threats to their emotional well-being within and outside their families. Opportunities to share their issues are provided in a safe environment, provide the children with immediate sharing of their emotions, trust in other people as source of support, and specific skills for giving and getting help.

Structured and guided by a Native woman, these experiences take place in an culturally unique atmosphere combining fun and serious learning, following specific Aboriginal principles of healthy relationships.

THE EVALUATION

This formative evaluation project aims to contribute to the program development process through contributing to the program's evaluability, and through the evaluation of the it's initial implementation.

Program Evaluability

In preparing for program evaluability, we are primarily concerned with the program's eventual evaluation of impact, subsequent to a thorough development period. To this end, two sets of activities were completed: the documentation of a program model, and testing for methods of completeing an impact evaluation.

The **documentation of the program model** was completed in three ways:

- document analysis of (i) initial program descriptions, and (ii) staff group reports written after each circle
- observation of a sample of children's circles in three different sites
- interview\discussions with the staff concerning programm description and delivery

Document Analysis

The analysis of the initial program materials (See Appendix A) allowed a broad brush understanding of the children's needs and program objectives. As well, this analysis permitted an initial understanding of the "activities" (eg. education about alcohol abuse, introducing children to Native culture) which would be carried out to achieve each objective. The activities were used as a base-line and framework for more detailed descriptions as the program was implemented.

Immediately following each session, program staff wrote detailed group reports. In addition to documenting attendance, each report summarized session objectives, activities, issues and recommendations for improvements (See Appendix B). These reports were analyzed for information on the concrete activities completed, the implementtion issues, and the growth of the program.

Observations

The actual observations of program delivery were done systematically for three different circles in two locations, Eastview School and Native child and Family Services of Toronto. A fourth circle with adolescents was dropped from the sample due to the discomfort of the participants with the evaluator. The decision to drop this circle was taken after two sessions.

Each session of the sample children's circle was **videographed** from beginning to end. Videography allowed a careful description of the actual tasks within each activity

segment, at a level of detail not possible with simple observations or staff interviews. Viewing video segments was an excellent supplement to the content analysis of staff group reports.

Also, with the children's permission, video segments were used to up-date the Program Co-ordinator, and train a participant in the agency's Human Services Internship Program. Finally, video segments were shown to the children themselves to test the possible utility of video feedback in furthering the program.

Through a careful, albeit selective, process of observing several sessions during the first year, the details of the program's activities are described. Linking these activities to the program's objectives will constitute the **program model**.

Interviews and Participant Observations

From conversations with staff, the assumptions behind the various activities are documented. This rationale for "why" certain activities are done, that is what consequences are anticipated, is the **theory of the program**. Program detail and assumptions are documented in **Section A**.

Interviews were completed prior to program delivery, covering such topics as program plans, initial preparation for the first circles, and making arrangements with the schools. For the purpose of learning more about the program's technical planning, the evaluator also participated in the review of alcohol/drug abuse prevention videos for the program.

Conversations were held prior to, and following each circle, as well as during lunch. Conversations were also held about program delivery in the course of reviewing videos throughout the year.

Evaluation of Program Implementation

This project also contributes to the program development process through its evaluation of implementation. Program implementation is here conceived as a process of mutual adaptation between initial design and the realities surrounding implementation.

This involves an assessment of the relationship between the program as planned and the actual delivery. Challenges to conducting the services are identified, problem-solving is noted, and adaptations to the initial design are documented. Throughout the early delivery of services, the evolution and fine-tuning of the original model go hand-in-hand with the early practical experiences of the program.

Through the videoed observational process, supplemented by conversations with staff and group discussions with the children, the various "challenges" to carrying out program activities were noted. Since program delivery is ultimately a dynamic process, the on-going staff learning and specific program adaptations to the realities of delivery

are also documented. Challenges and adaptations are included in **Section B**.

The Children's Experiences

The analysis of a new program's early implementation would not be complete without taking note the participants' experiences. As well, this was an opportunity to try out different data collection methods with children. In preparation for on-going assessment and possibly a large-scale evaluation of the program's impact, several data gathering approaches were tested, including videography, individual self-administered questionnaires, and group interviews.

The results of this data collection are not intended to be definitive indicators of change, but more as learning about different methods. Secondly, the results will be considered as preliminary findings about how the children are responding to the program. The impact and methodological information is organized in **Section C**.

We now turn to Section A, beginning with a statement of the children's needs.

SECTION A

Statement of Needs

Well-designed programs in the human services typically begin with a clear statement of the problem for which the program has been designed. Ideally this would include a description of the assumed needs of the clients, which program structure and activities would address. For the Children's Circle Program, this material was initially provided in the document "Mooka'am: The Children's Circle".

For the Children's Circle Program, the problems and needs of children who are growing up in alcohol or drug abusing families are the needs. The needs statement for the program was initially formulated in the program description as follows:

An estimated 80%, or 520 children, of the Native Child and Family Services caseload are estimated to come from families with addictions. In the agency's experience to date, all apprehensions involve addiction as the primary reason for removal, although the families of these children have multiple problem. Thus the clients families may have any or all of poverty, violence (physical, sexual and emotional), sub-standard living conditions, criminality or other problems.

Given that the Children's Circle focuses primarily on Native children, what kinds of problems or issues might they bring to the program? The following description summarizes material from the initial program description (Pg.s 8-10):

Bonding Issues

The alcoholic parent or parents of children often are physically and emotionally unavailable to their children, thus depriving of the important bonding experience. Although such deprivation may impact the child's physical and emotional growth in a number of ways, it will most likely result in extreme difficulty forming relationships with others.

Emotional Issues

Within the dysfunctional family system of alcohol or drug abusers, a set of rules and roles provide unhealthy routines for the members, and generally sustain the addictive patterns without a major coming apart of the family. These rules and roles not only undermine the children's growth and development, but also prevent the family from changing towards well-being.

[Review current knowledge of rules and roles in addictive families]

For children, the major issues are the inability to trust, anxiety, depression, self-blame, and lack of attachment.

Socialization Issues

Because of their isolation, lack of interaction with other children, and poor role

modelling, the children of alcoholics are under-socialized. Most have to learn later than others how to get along with others.

Educational Issues

Unless they are the “responsible one” within the family, children of alcoholics put most energy into surviving, not learning. With poor self-esteem, low energy, and difficulty relating to others, they are poorly prepared for the demands of schooling. Nor do they receive the support and advocacy from their parents who are generally quite isolated from their children’s worlds.

Fetal Alcohol Syndrome and other Physical and Health Issues

Fetal Alcohol Syndrome (FAS) is a configuration of symptoms resulting from alcohol consumption during pregnancy. Among other characteristics, FAS children may display some physical deformities or retardations. Since these require specialized assistance, the Children’s Circle staff roles in this instance are identification and referral.

Emotionally and physically neglected children of addictive families may show other health problems, including what has been termed a general “failure to thrive”. Malnutrition, poor attention to physical needs, and carelessness about seeking medical assistance when needed, are some of the significant background factors.

To summarize, the children at Native Child and Family Services who are candidates for this program are as follows:

“They express very low self-esteem, blame themselves for their family trouble, are often depressed, fearful or angry. They have trouble identifying and expressing feelings, tend to be overly dependent or overly responsible, don’t trust and feel helpless. Because of associated neglect, their nutrition is well below standard, they have difficulty in school, or with the law, can’t meet developmental tasks, are under-stimulated and feel like second citizens with other children.”

(Mooka’am: The Children’s Circle, Pg.9)

Needs: The Initial Formulation

Given their family backgrounds, their roles in the family system, and their possible current physical and emotional characteristics, Children’s Circle program planners initially assumed that these children have the following needs:

- The need for experiences and interactions which build positive self-esteem
- The need to learn a culture-based value system with emphasis on sobriety
- The need for information about the nature and effects of alcohol and drug abuse
- The need to talk about their situations of being in addicted families
- The need for safety knowledge and skills for coping with their situations
- The need for opportunities which encourage an expression of their feelings
- The need to learn that they are not alone and that they can give and receive support from other children in similar situations

HOW DOES THE CHILDREN'S CIRCLE PROGRAM RESPOND TO THE CHILDREN'S NEEDS?

The Initial Formulation

As planned and documented initially, the Children's Circle Program was described as a combined prevention and treatment program.

