

# Helping to Overcome Addiction and Providing Education



## H.O.P.E. Program

---

**EVALUATOR:** Sarah Beatty, MSW – Research Assistant  
**ASSISTANT:** Megan Kelly – B.S.W. Placement Student  
**CONSULTANT:** Deborah Goodman, PhD - Manager of Research and Program Evaluation  
Child Welfare Institute, Children's Aid Society of Toronto

**EVALUATION FOR:** H.O.P.E. Program Advisory Committee

**DATE:** March 17, 2009

## ACKNOWLEDGEMENTS

The evaluation of the H.O.P.E. Program occurred because of the support, time and efforts from the...

Volunteers/Mentors

Potential Volunteers/Mentors

Service Recipients

Child Protection Workers

Supervisors

Children's Aid Society of Toronto, North Branch

H.O.P.E. Program Advisory Committee

Childcare Provider for Information Session

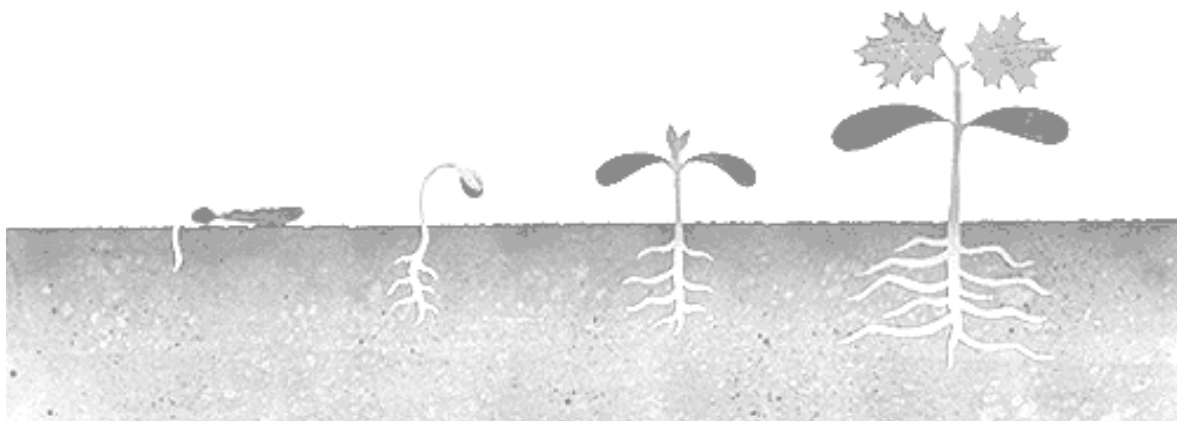
*Alcoholics Anonymous:*

*The story of how many thousands of men and women have recovered from addiction  
(book)*



## TABLE OF CONTENTS

Acknowledgements	1
Table of Contents	2
Executive Summary	3
1.0 Background: H.O.P.E. Program... Planting of the Seed	4
2.0 H.O.P.E. Program Description	4
3.0 H.O.P.E.: Program Evaluation	5
3.1 Objectives	5
3.2 Methodology	5
3.3 Sample	6
3.3.1 Clients/H.O.P.E. Service Recipients	6
3.3.2 Child Protection Workers	7
3.3.3 H.O.P.E. Volunteers/Mentors	7
3.3.4 H.O.P.E Advisory Committee	7
4.0 Findings	
4.1 File Review	7
4.1.1 Who is Referring to the H.O.P.E. Program?	
4.1.2 Who is Referred to the H.O.P.E. Program?	8
4.1.3 Supports and Collaterals Identified to Families with Addictions	9
4.2 Interviews	10
4.2.1 Service Recipients Responses	10
4.2.2 Potential Volunteers/Mentors Responses	13
4.2.3 Volunteers/Mentors Responses	14
4.2.4 Child Protection Workers (Intake and Family Service) Responses	17
4.2.5 Advisory Committee Responses	19
4.2.6 Combined Analysis of Responses	23
5.0 CONCLUSION	24
APPENDIX A	25



## EXECUTIVE SUMMARY: H.O.P.E. PROGRAM

### Purpose and Scope

The purpose of *Helping to Overcome Addiction and Providing Education* (H.O.P.E.) Program is to work and support parents involved with Children's Aid Society of Toronto (CAS-Toronto) to achieve permanent recovery from substance abuse and addictions through the unique services of the H.O.P.E. Volunteers/Mentors coupled with compliance with the 12-Steps Program. The focus of H.O.P.E. is on building strong families and children.

H.O.P.E. was piloted in 2006 in the North York and Scarborough Branches of CAS-Toronto. In September 2008, as a result of interest and growth in H.O.P.E., its Advisory Committee requested an evaluation be completed for the time-period May 2008 to January 2009. The objective of the evaluation on the pilot explores the perceptions and experiences of those involved with the Program.

### Research and Methods of Analysis

In collaboration with the H.O.P.E. Advisory Committee, the Child Welfare Institute (CWI) created a multi-method evaluation design. The evaluation was primarily conducted by Sarah Beatty, Research Assistant at CWI with assistance in analysis of the service recipient section by placement student Megan Kelly; supervision of the evaluation was by the Manager of Research and Program Evaluation at CWI.

Participation in the evaluation was voluntary. Data were collected from:

- |   |  |
|---|--|
| (a) Case audits (n=18)  | (d) Focus group with the Advisory Committee (n=12) |
| (b) Questionnaires with Potential Volunteers/Mentors (n=5),             | (c) Interviews with Volunteers/Mentors (n=3),      |
| (e) Telephone interviews with referring Child Protection Workers (n=7), | (f) Interviews with service recipients (n=4).      |

All qualitative responses were analyzed using a standardized discourse analysis process, where themes were developed from the responses of all those involved. Quantitative data were entered into and analyzed using the Statistical Package for Social Science (SPSS) 15.1.

### Findings

#### Strengths Identified

- √ Application of the 12-Steps Program WITH the H.O.P.E. Volunteers/Mentors.
- √ Creating changes for service recipients, potential Volunteers/Mentors, child protection workers, and CAS-Toronto policy

#### Areas of Suggested Improvement

- More information available to CAS-Toronto (all Branches).
- Need for more Volunteers/Mentors

#### Recommendations

1. Continued funding for the H.O.P.E. Program
2. Expand H.O.P.E. to all four Toronto children's aid societies

### Conclusions

Preliminary evaluation to date finds H.O.P.E. has a positive impact on the preponderance of the service recipients. An unanticipated but beneficial outcome of H.O.P.E. seems to "revitalize" child protection workers and empower other potential Volunteers /Mentors to share their experiences, strength and hope. Finally, the H.O.P.E. Program has also made contributions at the policy level, namely with the *Substance Abuse Guidelines*.



## 1.0 BACKGROUND: *H.O.P.E. PROGRAM...PLANTING THE SEED*

Drug addiction, the accompanying lifestyle and risk issues present as one of the most prevalent reasons for child welfare involvement. While the Society and families themselves can report successes, we have been challenged in many instances to find successful interventions that break through parents' intense craving for drugs without consideration of consequences.

The three H.O.P.E. volunteers have experienced severe drug addictions, led troubling lifestyles and had varying degrees of child protection involvement in the past. Together, they approached the Society in 2006 to explore the feasibility about developing a program where they would assist and mentor other women with similar problems. The H.O.P.E. volunteers assert this volunteer mentoring of "giving back" to be part of their carrying out the 12-Step Program. These three women each describe remarkable journeys of recovery, personal growth, and success in education and career. While they report both positive and negative interactions with child welfare, overall they viewed their relationships with their respective child protection worker as supportive to and instrumental in their recovery. Each H.O.P.E. volunteer remains involved in an educational program called *Landmark Education*, which requires community involvement and 'giving back' as one component of their program.<sup>1</sup>

The H.O.P.E. Volunteers/Mentors have been very proactive in pursuing their interest to 'give back' to the Society and help other women. They believe that CAS-Toronto appropriately promotes/requires involvement with formal drug treatment settings. Each of them describes their formal treatment involvement as very instrumental in starting their recovery process. They also contend however that without their involvement with a 12-Step Program they and others with severe levels of addiction would never have maintained a drug-free lifestyle; it was through these programs that their recovery preceded in earnest and was sustained.

The Society has had involvement with such 12-Step Programs through its service recipients in the past but usually at the service recipients' initiation rather than as a significant component to the Society's Service Plan. Listening to the women's experience has led to a greater understanding that the Society needs to expose many more parents to the option and added benefits of a 12-Step Program to assist in recovery.

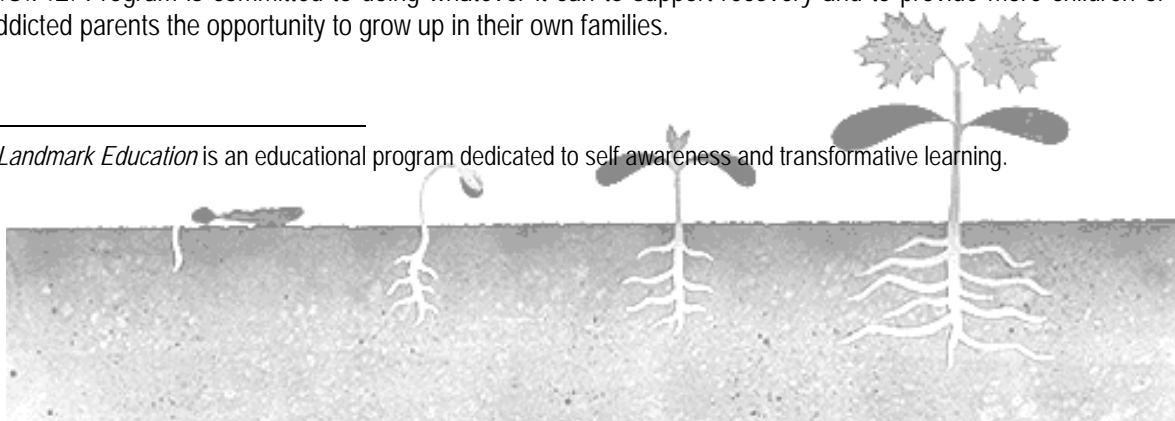
## 2.0 *H.O.P.E.:* PROGRAM DESCRIPTION

The *H.O.P.E.* Program strives to connect Society involved parents who struggle with substance abuse to connect with resources for treatment and support, in particular, the 12-Step Program (see Appendix A). These 'authentic voices' (women who are in stable recovery from very serious drug addictions and involvement with child welfare) are available to receive referrals from CAS-Toronto staff and parents themselves. H.O.P.E. volunteers/mentors encourage parents with substance abuse problems to not only receive treatment formally through established treatment services but will assist them to take part in an appropriate 12-Step Program.

To maximize the success of the H.O.P.E. Program its 'Volunteers/Mentors' do not report to the respective case worker about the specific nature of their meetings although the worker is advised of the contacts that are made. Exceptions include: if the service recipient asks them to do so or if the H.O.P.E. volunteer suspects child abuse or neglect. It is expected that specific information about their involvement and the related outcomes will be provided to the workers from parents themselves. The H.O.P.E. Program volunteers are accountable and report back to the Advisory Committee which consists of the Volunteers/Mentors, front-line workers, supervisors, branch directors, and some members of the substance abuse treatment field (i.e. Breaking the Cycle). This Advisory Committee has purchased the Alcoholics Anonymous book for all members who have become familiar with its content. Overall, the H.O.P.E. Program is committed to doing whatever it can to support recovery and to provide more children of drug-addicted parents the opportunity to grow up in their own families.

---

<sup>1</sup> *Landmark Education* is an educational program dedicated to self awareness and transformative learning.



## 3.0 *H.O.P.E.: PROGRAM EVALUATION*

### 3.1 *OBJECTIVES*

The vision and the implementation of the H.O.P.E. Program commenced in 2006. Since then the program has grown within the North and Scarborough Branches of the CAS-Toronto. The H.O.P.E. Program was purposefully limited to the above two branches in order to allow for the program's growth and development. There continues to be interest in the H.O.P.E. Program throughout CAS-Toronto. As cases are transferred to other branches and the word of the H.O.P.E. Program is spread within the Society, there appears to be a greater interest in the Program – at all four Branches of CAS-Toronto, other Children's Aid Societies, community collaterals and families within the community.

In September 2008, the H.O.P.E. Advisory Committee requested that an evaluation be completed on the H.O.P.E. Program. The objective of this first evaluation was to develop a better understanding of the lived-experiences of all those involved with the H.O.P.E. Program. This evaluation covers the time period of May 2008 to January 2009.

### 3.2 *METHODOLOGY*

The H.O.P.E. Program evaluation utilized a multi-method design; a convenience sample was employed for data collection given the small sample sizes in the pilot. A multi-method approach was used to capture the many different aspects and voices of the service recipients, service providers and those responsible for overseeing the program's implementation. The data that informed the evaluation were gathered through six methods:

- (1) *File Reviews* - All data were collected and analyzed in aggregate form.
- (2) *Questionnaires with the Potential Volunteers / Mentors* - All Potential Volunteers / Mentors who attended the first H.O.P.E. Program Orientation and Information Night were invited to complete a feedback questionnaire on the evening.
- (3) *Semi-structured interviews with the Volunteers / Mentors* - H.O.P.E. Volunteers were invited to provide consent to participate in a one-hour semi-structured interview.
- (4) *Focus group with the Advisory Committee* - All members of the Advisory Committee were invited to participate in a one-hour semi-structured focus group.
- (5) *Telephone interviews with referring Child Protection Workers* - All child protection workers who referred a family to the H.O.P.E. Program was contacted via telephone and invited to participate in a ten minute questionnaire. If workers were unable to respond to questions over the phone, they were offered the option of responding to the questions via email.
- (6) *Telephone interviews with the service recipients* - Fourteen (n=14) service recipients were invited to participate in a 20 minute telephone interview. Consent to participate was required. If they participated an honorarium of a \$25.00 gift card to the grocery store was provided. The financial resources needed for this honorarium were generously provided by the North Branch.



All questions used for the evaluation were pre-approved by the H.O.P.E. Program Advisory Committee, prior to information being gathered. Any changes and/or modifications to the questions and/or format of the data collection were reviewed by the H.O.P.E. Program chair for approval. For example, it was intended that a focus group would be held with the service recipients to discuss their perceptions of the H.O.P.E. Program. However, due to the small number of participants and short evaluation time period, it was felt in order to maximize the response rate that individualized interviews would be more effective.

To ensure confidentiality, all names and identifying information the evaluation may have received have been removed from the data. All participants were given non-identifying numbers. All of the data has been stored in a locked cabinet at the research offices of the CAS-Toronto, under the supervision of Deborah Goodman, Manager of Research and Program Evaluation. This raw data will be kept for seven years after the evaluation and then destroyed.

All qualitative responses were analyzed using a standardized discourse analysis process, where themes were developed from the responses of all those involved. Quantitative data were analyzed using the Statistical Package for Social Science (SPSS) 15.1.

### 3.3. *SAMPLE*

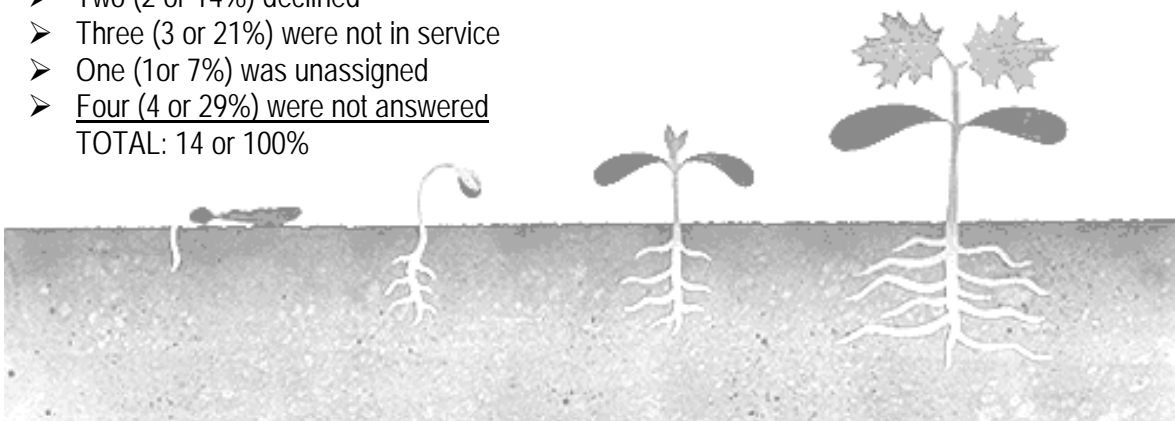
#### 3.3.1 *Clients/ H.O.P.E. Service Recipients (N=14; n= 4)*

This H.O.P.E. Program evaluation covered the period of time from May 2008 to January 2009. At the end of this time period, there were a total of 25 known service recipients who had contact with the H.O.P.E. Volunteers/Mentors (as noted by the Volunteers/Mentors themselves). Of those 25, 18 were able to be identified (72%; or a confidence interval of 90%). The remaining seven cases were not identified, as they were unable to be located within the CAS-Toronto Service System. One of the targets of the Advisory Committee for the next year will be to develop a process to track referrals more thoroughly from the Volunteers/Mentors.

Out of the 18 possible cases, 14 service recipients (nearly eight out of ten or 78%) were invited to participate in the evaluation. Of the 14, seven (50%) service recipients were not placed on the call-list based on information within the Service System, some service recipients no longer resided within the Toronto jurisdiction (4 or 29%), a safety alert was on file not to contact the family (1or 7%), whereabouts of service recipient indicated unknown (1 or 7%), and no contact information was provided (1 or 7%).

Megan Kelly, placement student, contacted service recipients in 2009 on January 15<sup>th</sup>, 21<sup>st</sup>, 22<sup>nd</sup> and 28<sup>th</sup>. Service participants were composed of women involved with, or still involved with, CAS-Toronto. The only requirement necessary for them to complete the survey was having contact with one of the H.O.P.E. Program Volunteers/Mentors within the past year.

- ❖ A total of 14 service recipients were contacted
    - Four (4 or 29%) out of 14 service recipients on the contact list consented to take part in the survey
    - Two (2 or 14%) declined
    - Three (3 or 21%) were not in service
    - One (1or 7%) was unassigned
    - Four (4 or 29%) were not answered
- TOTAL: 14 or 100%



### 3.3.2 Child protection workers (N=14, n=7),

Utilizing these 18 H.O.P.E. family cases, a total of 14 child protection workers were identified (78%), although other workers have referred to the H.O.P.E. Program but were not contacted. Reasons for not connecting with the worker include: workers referred families who have or have not made contact with a Volunteers/Mentors; workers left the employment of CAS-Toronto; workers were on-leave; and some workers did not remember making a referral to the program.

- ❖ A total of 14 workers were contacted
- 7 (50%) workers PARTICIPATED in the evaluation in December 2008
  - ✚ Three (3) of 7 workers provided feedback without completing the questionnaire
  - ✚ Three (3) of 7 workers completed the entire questionnaire via telephone
  - ✚ One (1) of 7 workers completed the entire questionnaire via email.
- 7 (50%) workers DID NOT PARTICIPATE in the evaluation
  - ✚ Three (3) of 7 workers denied making a referral to H.O.P.E.
  - ✚ One (1) of 7 worker were on leave
  - ✚ Three (3) workers didn't return RA invitation to participate in evaluation

Interviews with staff were completed in December 2008. One third of the child protection workers who participated in the evaluation were from on-going services at the North Branch (33%). The remaining workers were distributed equally between Scarborough Intake and on-going services (33%), and Etobicoke on-going services (33%).

### 3.3.3 H.O.P.E. Volunteers/Mentors (N=3; n=3)

The interviews with the three (3) H.O.P.E. Volunteers/Mentors occurred in December 2008 and January 2009. One in-person interview was conducted by RA, the other by the placement student. The third interview was conducted over the telephone. Each interview was between 35 to 70 minutes in length.

### 3.3.4 H.O.P.E. Advisory Committee (N=17; n=12)

In January 2009, there were a total of 17 Advisory Committee members. Of which, 12 members were available for the one-hour focus group. Researcher notes were taken during the focus group in order to obtain the perceptions of the Committee members.

## 4.0 FINDINGS

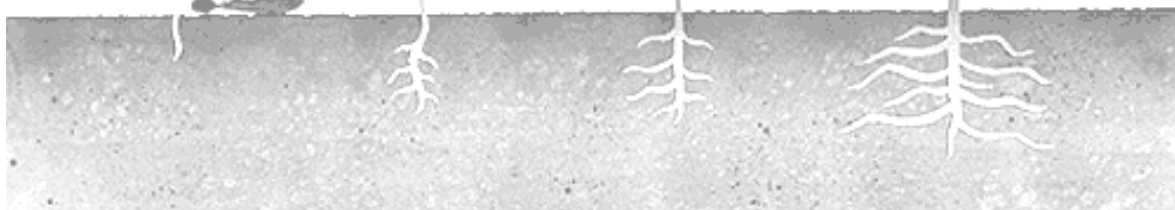
### 4.1 FILE REVIEW

#### 4.11 Who is Referring to the H.O.P.E. Program?

Two (2) types of groups refer service recipients to the H.O.P.E. Program

- Child protection workers (intake and family service),
- H.O.P.E. Volunteers/Mentors.

With respect to Group 1 - the workers, three (3) child protection workers (Family Service) have made more than one known referral to the H.O.P.E. Program. A large number of the referrals (42% or 8 out of 19 cases) are coming from supervisors' teams in the North Branch.





The second group - the Volunteers/Mentors indicate they provide mentorship to some individuals with addictions in the community, who have disclosed involvement with CAS-Toronto. The Volunteers/Mentors have informed these individuals about the H.O.P.E. Program and how to get involved.

The exact referral dates of the service recipients to the H.O.P.E. Program are unknown at this time. It is one of the objectives of the Advisory Committee to establish a more efficient tracking system of the referral dates, and amount of monthly contacts between the Volunteers/Mentors and the service recipients. It has been estimated that Volunteers/Mentors can have anywhere from zero contacts with service recipients in a month to over 35 contacts (i.e. telephone and/or in-person). The referrals appear to be equally distributed between two of the three Volunteers/Mentors, while the third Volunteers/Mentors appears to have much fewer referrals sent to them. The exact reason for this is unknown.

#### 4.1.2 Who is Referred to the H.O.P.E. Program?

File review analysis revealed greater details on the profile of the children/families referred to the H.O.P.E. Program during this program evaluation.

- Date that the family file was opened ranges from September 2005 to June 2008; out of the 18 identifiable cases, only two (2) cases have closed within this evaluation period.
- As of January 2009, out of 16 cases with data,
  - 8 (50%) of the children are with their primary caregiver.
  - 6 (37%) children are in the care of the Society under a supervisor order, temporary care or custody agreement (revised), Society ward or Crown ward.
  - 2 (13%) reside with other caregiver or kinship.
- Primary Eligibility Code: 15 of 18 cases (83%) have the primary eligibility spectrum rating as a 53B or 53A – *Caregiver with a Problem*; 3 of 18 cases were *Child Exposed to Adult Conflict*. While the secondary Eligibility Code: 9 of 18 cases (50%) had no secondary eligibility rating; 9 of 18 did and 6 of 9 (66%) were *Child Exposed to Adult Conflict or Partner Violence*.
- Out of the 18 identified cases, 6 (33%) had referral sources from *Other CASs*; 12 (66%) were referred by either *physician/ health services, police, school / educational services*, or were *self referrals*.
- New / Re-Opened / Hi Frequency of Re-opening
  - 4 of 18 cases (22%) had no previous openings with CAS-Toronto
  - 7 of 18 cases (39%) had one to three previous openings
  - 7 of 18 cases (39%) had four or more previous openings
- As expected, the majority (approximately 70%) of the H.O.P.E. cases are from North York and Scarborough Branches (H.O.P.E. Program was piloted in these two branches); most of H.O.P.E. referrals (n=25) occur at on-going services (21 of 25 cases or 84%).
- All (100%) of the 25 referrals were female and the majority of these mothers are single (11 of 25 or 44%); preponderance of women were the birthmother to the child(ren) and/or youth (24 of 25 cases or 96%); ages of these women range from 22 to 43 years of age; mean age is 35.56 years; according to Alcoholics Anonymous literature (2007), one-ninth of the membership in 2004 was under 30 years.
- Number of children under 16 years cared for by the women referred to H.O.P.E., ranges from one to seven children; most have young children under 16 (18 or 19 cases or 95%). The total of 50 children under 16 years may have been impacted as a result of their parents' being involved within H.O.P.E.



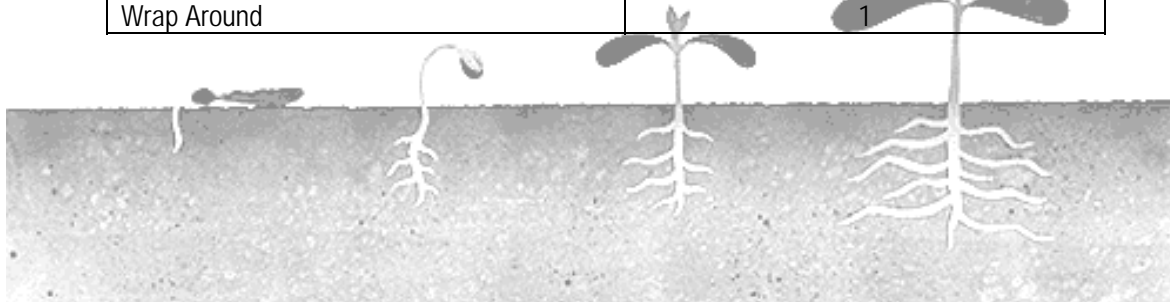
- Missing Data:
  - *Income Source* is unknown or missing in most cases (21 of 25 or 84%).
  - *Mother's Religion* is missing in half the cases (52%).
  - *Housing Type* is unknown or missing in most cases (21 of 25 or 84%).
  - *Racial Group* – one-third (32%) have missing data; of the remaining 18 cases, most (60%) identify as 'white'

#### 4.1.3 *Supports and Collaterals Identified to Families with Addictions*

Throughout this evaluation period, a review of what supports and collaterals were identified within the CAS-Toronto Service System occurred.

Out of the 18 identified service recipients, only thirteen (13) of the file reviews disclosed supports and/or collaterals for the families. Below is a list of the supports identified by the child protection workers and the number of times the support had been identified within these cases.

Supports / Collaterals Identified	Number of Times Identified
Doctor	6
CAS-Toronto	5
<b>H.O.P.E. Program</b>	<b>4</b>
Breaking the Cycle	3
Grandparents	3
Family Service Association	2
Ontario Substance Abuse Detection	2
Social Services	2
Therapeutic Access Program	2
Birthfathers	2
Jean Tweed	2
CAS-Toronto Placement Student	1
Woman's Own – A Detox Centre	1
Renascent	1
Teacher	1
Canadian Mental Health Association	1
Hospital	1
Pathways	1
Foster Parents	1
Wrap Around	1



Oasis Addiction Recovery Society	1
Woman's Habitat	1
<b>TOTAL</b>	<b>22</b>

It is promising to see the H.O.P.E. Program as the third most frequently identified support and/or collateral to service recipients with addictions. The remainder of supports and/or collaterals identified appear to be around issues of addictions, domestic violence, access to children and family members.

## 4.2 INTERVIEWS

A standardized process was used to review and analyze all responses from the interviews (qualitative data). All interview/focus group data were read, comments were noted and themes developed. Based on the questions asked, comments were divided into five response types:

- |   |                                     |
|---|-------------------------------------|
| 1 Service recipient responses,          | 4 Child protection worker responses |
| 2 Potential Volunteer/Mentor responses, | 5 Advisory Committee responses.     |
| 3 Volunteer/Mentor responses,           |                                     |

### 4.2.1 Service Recipient Responses (n=4)

The focus of the telephone survey was to engage service recipients of the H.O.P.E. Program in order to gain a greater understanding of their perceptions' of the service. The questions asked throughout the survey were both scaled, and qualitative. Service recipients were asked how much they agreed or disagreed to questions about their overall experience with the H.O.P.E. Program, including such aspects as: *knowledge about and purpose of the H.O.P.E. program, anti-oppressive practice within the program, overall successes, and overall satisfaction with it.*

Only four (4) service recipients completed the scaled questions on the telephone survey. With an overall population of fourteen individuals that could have potentially been interviewed, we would have needed to make contact with thirteen of those individuals in order to state our results with almost absolute certainty. However, as a result of the few responses, it is difficult to make any conclusions. It is important to note that all four service recipients "strongly agreed" that their H.O.P.E. Program volunteer/mentor was knowledgeable about the 12-Steps program for drug and alcohol addiction. Overall, the responses to these questions were quite positive, with no service recipients "disagreeing" or "strongly disagreeing."

This section of the telephone interviews focused on questions that were more open ended, and as such, allowed service recipients to present to the researcher volunteer what they believed to be their perceptions.

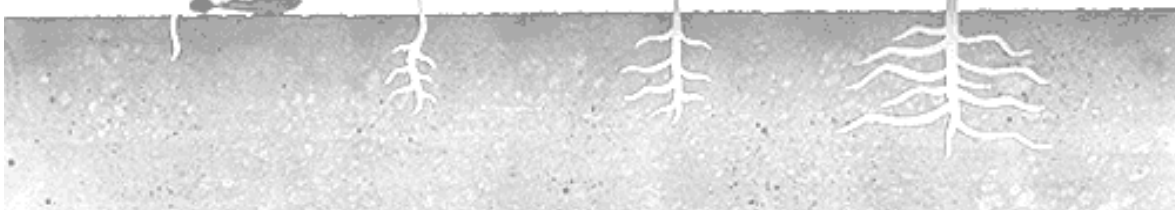
### Question 1

Perceptions of the H.O.P.E. Program (in general)?

*(a) Please describe the H.O.P.E. Program to me, in your own words.*

Analysis

- The women interviewed answered this question in different ways, but each and every one of them commented on the fact that the program was for women, children and families, who were impacted by drug use and abuse in their personal lives.



- All the women discussed the H.O.P.E. Program in a decidedly positive manner, saying things such as:
  - ✚ "The program was "great"
  - ✚ "It gave a "whole new perspective on life,"
  - ✚ "It gave me the strength...to go on"
- It would seem that although each woman experienced the program differently, they all had a positive view of the program and were glad that it had been implemented at CAS-Toronto.



*Please explain the greatest strength and/or weakness of the H.O.P.E. Program?*

Analysis

- The majority of the women interviewed put forth that their Volunteer/Mentor was the greatest strength of the program, for the fact that Volunteers/Mentors allowed the women to be themselves, and to no longer be ashamed of their situation, and ashamed of losing their children.
- In terms of weaknesses, it was unanimously agreed that it would be excellent if Volunteer/Mentors could have more time to spend with service recipients. However, most of the service recipients were sensitive to the fact that the Volunteers/Mentors were very busy, and had lives of their own. Some suggestions included more funding for the program so that there could be more Volunteers/Mentors, with less service recipients.

*(b) What is your perspective on the similarities (differences) between the H.O.P.E. Program and other addiction programs?*

Analysis

- They said it was similar to other programs because it included the 12-Steps; some said it was different from other programs, for the exact same reason. All the women felt as though the 12-Steps was an effective treatment option, with one saying: "12-Steps cleans your soul."
- The majority of service recipients also put forth that it was different because it was involved with CAS-Toronto; this meant that they had more support around losing their children,
  - ✚ "More knowledge on CAS and being a mother"
  - ✚ "The H.O.P.E. Program knows what its like to lose your child, so they are better to talk to in a crisis about something like that than your regular 12-Steps person."

**Question 2**

Perceptions of the H.O.P.E. Program Volunteer?

*(a) How do you feel the Volunteers/Mentors have helped or not helped to bridge communications between child protection workers and you (only with your consent)?*

Analysis

- Two said it was a positive experience and said: "My mentor helped me...
  - ✚ "...to have a really good relationship with my CAS worker,"
  - ✚ "[to see] the other side of it, that they [CAS] are there to protect the children."
- Two stated their Mentor did not contribute to an improvement between themselves and their worker because: a) the Mentor was not accessible or b) a positive relationship already existed

*(b) As a service recipient, tell me about your perspective on the impacts that the H.O.P.E. Program (as an intervention) has had on you and your family.*

Analysis

- Answering this question, majority (n=3) of the service recipients were very enthusiastic about the fact that the H.O.P.E. Program had "brought us back together," and helped to "reconnect with my family." Reunification was a theme that was easily identified when speaking with these women.
- The service recipient who did not express the same sentiments put forth that she had worked the 12-Steps on her own, and so the H.O.P.E. Program did not really have a discernible impact on her family.

*(c) How has the H.O.P.E. Program impacted your children?*

Analysis

- Two had their children enter CAS care but then had them returned to them, crediting the H.O.P.E. Program with getting:
  - ✚ "Into treatment quicker...which "got him home quicker."
  - ✚ "[H.O.P.E.] gave them their Mom back...they are very, very happy."
- One of the service recipients struggled with answering this question, because she did not have her child with her yet, but indicate: "He's coming!"



### Question 3

#### Perceptions of CAS-Toronto Engagement?

##### Analysis

- Of the four interviewed, three rated their H.O.P.E. Mentor as being “very engaged” with the program; and rated their CAS workers as appearing to be more engaged, as they had referred them to the program in the first place, and that workers were... “becoming more aware,” and “listening more”; finally, they indicated that CAS-Toronto was engaged in H.O.P.E. Program, stating
  - ✚ “They’ve really helped”
  - ✚ “They’ve been really helpful”
- Most said they were engaged with the H.O.P.E. Program, that they had worked very hard within the program and with their Volunteers/Mentors in order to get and stay clean, so that they could be reunited with their children. One woman explained, saying:
  - ✚ “I’m always in touch with [my Volunteer/Mentor], we go to meetings and stuff together.”

#### (a) Do you feel that CAS workers are knowledgeable about alcohol and drug addictions?

##### Analysis

- All women indicated that the levels of knowledge and understanding varied between workers.
  - ✚ “You can read all the books you want, you don’t have the same psyche...We’re screwed in the head.”
  - ✚ “I don’t think they understand that it’s an actual disease...workers think that you could just stop if you really wanted to...Obviously, if our children are taken away, it’s more severe than that.”

#### (b) Do you feel that the H.O.P.E. Program Volunteers were knowledgeable about drug and alcohol addictions?

##### Analysis

- The women were in complete agreement to this question: their Volunteers/Mentors were very knowledgeable about drug and alcohol addictions.
  - ✚ “Oh, yeah! Yeah, she knew everything there was to know about it.”
  - ✚ “They’ve done the 12-Steps”

### QUESTION 4

#### Perceptions of the Strengths and Weaknesses of the H.O.P.E. Program?

#### (a) What changes would you like to see in the H.O.P.E. Program:

##### Analysis

- Most said there should be an expansion of the Program to “... more areas throughout the Greater Toronto Area,” in order to reach a greater population of service recipients and more H.O.P.E. volunteers!
  - ✚ “More workers...Workers having less service recipients”
- Funding was discussed with the thought if there is more funding
  - ✚ “..they [Volunteers/Mentors] can be available more often”.

#### (b) What barriers (if any) have you experienced with the H.O.P.E. Program?

##### Analysis

- All of the service recipients stated that they had not experienced any barriers.



## 4.2.2 Potential Volunteer / Mentors Responses

In November 2008, the H.O.P.E. Program held their first Information Session at CAS-Toronto to formally introduce potential Volunteers/Mentors to the Program. In attendance were the three (3) current Volunteers/Mentors of the Program, three (3) members of the Advisory Committee, one (1) child protection worker who was interested in learning more about the Program, and five (5) potential Volunteers/Mentors.

Majority of the potential Volunteers/Mentors indicated that they learned about the H.O.P.E. Program through interactions with one or more of the current Volunteers/Mentors. The objective of attending the Information Session was to obtain more background information on the H.O.P.E. Program and its description, the criteria necessary to become a volunteer/mentor, the supports available and to respond to any questions that may arise. At the end of the Information Session, a brief questionnaire was distributed to all potential Volunteers/Mentors in order to obtain their feedback on the evening. A total of four potential volunteers/mentors provided feedback. The following are their responses:

### QUESTION 1

What made you interested in learning more about becoming a H.O.P.E. volunteer/mentor?

Analysis

- The four potential Volunteers/Mentors all indicated that they were interested in becoming a volunteer/mentor to *'provide help to others with addictions through the 12-Steps Program'*. One stated:
  - ✚ "My main focus is being a maximum service to women who suffer from the disease of addiction. When I heard about the H.O.P.E. Program, I was immediately interested because I love children and would like nothing more to see mothers recover from this hopeless disease. I am so glad that the H.O.P.E. Program was created to help those who are so greatly affected as I once was."

### QUESTION 2

Rating the Orientation Night?

Analysis

- The four potential Volunteers/Mentors were asked to rate on Likert-type scale, from "excellent" to "poor", their experience on the quality of the Information Night. The potential Volunteers/Mentors indicated that the information provided was informative and presented well and viewed as "excellent".
- As a result of the information obtained during the evening, the potential Volunteers/Mentors indicated that they would recommend others to the H.O.P.E. Program AND they are still interested in becoming a Volunteer/Mentor.
- There was no information presented that discouraged potential volunteers from applying to the Program.



**QUESTION 1: Perceptions of the H.O.P.E. Program (in general)?**

a) Please describe the H.O.P.E. Program to me in your own words?

Analysis

- All of the Volunteers/Mentors indicated that it is a “great opportunity for women to be introduced into the 12 – Steps program” and to “recover permanently from addiction.”

b) Please explain the greatest strength (weakness) of the H.O.P.E. Program?

Analysis

- It was clearly articulated that the greatest strength of the H.O.P.E. Program is the 12-Steps.
- A repeated theme that emerged was the need for more volunteers.

**QUESTION 2: Perceptions of being a H.O.P.E. Program Volunteer / Mentor?**

(a) Tell me what it is like to be a H.O.P.E. Program Volunteer?

Analysis

- The Volunteers/Mentors liked their mentoring role; descriptors such as “great”, “amazing” or “wonderful” were used to describe the opportunities to make a difference with service recipients, workers and the Society.

(b) Do you feel that you have an “authentic voice” within CAS-Toronto?

Analysis

- The volunteers stated that they had an authentic voice...
  - ✚ “As a recovered addict, I have an authentic voice”
  - ✚ [My voice] “worked to help create the advisory committee, [and] the Program.”
  - ✚ “Service recipients receive that authentic voice, not just the worker telling them (or someone who hasn’t been through it).”

(c) How do you feel your role has helped (with parents’ consent) to bridge communications between child protection workers and service recipients / parents?

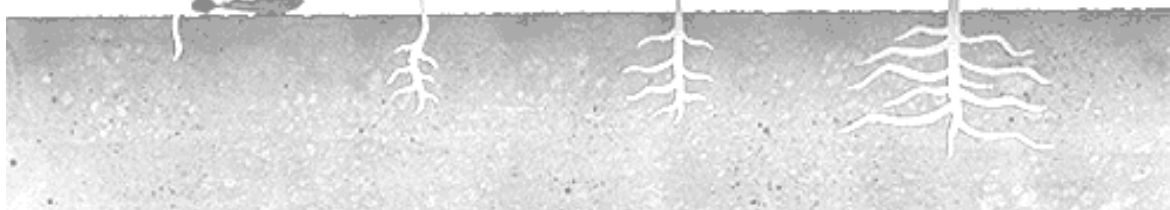
Analysis

- The Volunteers/Mentors indicated that they bridge the communication gap in two methods. One, they are “...able to talk to the service recipient and be at their level” which can be translated to the workers; and two, everyone involved (i.e. worker, service recipient and Volunteers/Mentors) understands that the Volunteers/Mentors have brief contact with the workers to inform them of any contact, but the service recipients are strongly encouraged to speak with their workers.

(d) As a volunteer, tell me about your perspective on the impacts that the H.O.P.E. Program (as an intervention) has on families involved with CAS-Toronto.

Analysis

- The theme that tends to be repeated by the Volunteers/Mentors on the impact that the Program has on families is about “planting the seed” of the 12-Steps Program. Several individuals may meet once with the Volunteers/Mentors about the Program and not return for a year. However, the seed has been planted.
  - ✚ “Even when someone re-lapses or attends a treatment centre, they know where the solution is. They know where to get it. While people, who haven’t been told, re-laps, attend treatment, they feel that there is no solution.”
  - ✚ [The] “impact is endless”





### QUESTION 3: Perceptions of the Advisory Committee?

**(a) What has been the most *helpful (least helpful)* about the Advisory Committee's approach?**

Analysis

- It was stated by the Volunteers/Mentors that the "committee meetings are great, and they really have an impact on deciding how to improve, grow and effect more people." The other Volunteers/Mentors indicated that the Advisory Committee has been helpful to disseminate knowledge about the H.O.P.E. Program to the child protection workers.
- The H.O.P.E. Program Orientation session to seek out potential volunteers has been extremely helpful. However, it was indicated that it would have been more helpful if the Advisory Committee sought more Volunteers/Mentors at an earlier date.

**(b) At the present time, the Advisory Committee has been set up with representation from yourselves (Volunteers), the North and Scarborough Branches (front-line workers and supervisors), CAS-Toronto Volunteer Services and some members of the substance abuse treatment field – if you could include anyone else to the Committee – who would you include? Please explain.**

Analysis

- While all of the Volunteers/Mentors indicated that they felt that everyone had been represented at this time, they did mention that with the growth and expansion of the H.O.P.E. Program into other Branches (Etobicoke and Downtown) and other Children' Aid Societies (JCFS) that the Committee may consider adding a few more people. These people may include "representatives from the Branches," "more males," "ex-service recipients who don't necessarily have to have an addiction issue."

### QUESTION 4: Perceptions of CAS-Toronto Engagement?

**(a) How engaged do you feel the following people are with the H.O.P.E. Program?**

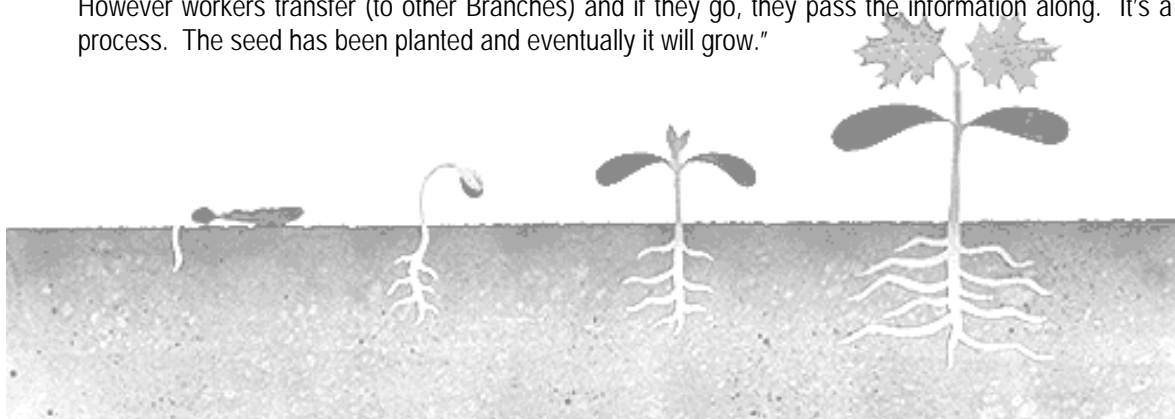
Analysis

- Volunteers/Mentors indicated that both themselves and the Advisory Committee are "eager to help" others.
- It appears that the child protection workers "are inspired and continue to call. They have started to change their thought process and other workers will do the same." While, other workers haven't made referrals. At the present time, it was indicated that workers tend to focus on "treatment", and "drug screens" because that is what has always been done, it is important to get "H.O.P.E. Program to come into their heads."
- Since the H.O.P.E. Program has only been available in the North and Scarborough Branches, it was difficult to indicate how engaged CAS-Toronto is as a whole. When the Program does go into the other Branches, "we can't just put up a flyer on the wall because there are already so many flyers", it is important to engaged and connect with those workers who "haven't heard our stories, they haven't been touched."

**(b) Do you feel that CAS-Toronto's knowledge about addiction is more, less or just the same since the H.O.P.E. Program commenced in 2007? Please explain.**

Analysis

- There was a general consensus that CAS-Toronto has more knowledge about addictions since the H.O.P.E. Program began. However, it was qualified that the "Scarborough and North Branches know a little bit more. However workers transfer (to other Branches) and if they go, they pass the information along. It's a slow process. The seed has been planted and eventually it will grow."



## QUESTION 5: Perceptions of the Strengths and Weaknesses of the H.O.P.E. Program

### (a) What changes would you like to see, in respect to the H.O.P.E. Program:

#### Analysis

- The Volunteers/Mentors presented many recommendations for improvement to see in the H.O.P.E. Program.
  - ✚ "A guidebook (or protocol) on the rules and regulations for H.O.P.E. Program Volunteers/Mentors to actually take service recipients through the 12-Steps."
  - ✚ "Expand to different Branches of CAS-Toronto and the four Toronto CASs"
  - ✚ "CAS to introduce [service recipients] to the 12-Steps earlier... 12-Steps helps on life's terms, for when things are great and when they aren't."
  - ✚ "Workers to mandate the H.O.P.E. Program for service recipients who are using drugs (court)."
  - ✚ "The H.O.P.E. Program should take service recipients right off the bat; only give service recipients six weeks to get into treatment. Having initial supports increases the chance for a successful recovery in treatment. As well, there is not enough support after treatment" to which H.O.P.E. Volunteers/Mentors could provide assistance with that.
  - ✚ "I would like the H.O.P.E. Program known in the different treatment centres"
  - ✚ "Parents, families or friends to advocate for service recipients involvement in programs like AA or CA or H.O.P.E."

### (b) What barriers (if any) have you, as a volunteer experienced?

#### Analysis

- Many of the Volunteers/Mentors indicated that "time constraints" have been a barrier for them due to other commitments in their lives, and to deal with the volume of service recipients being referred. This led to the need to seek out more Volunteers/Mentors.
- There was still the feeling by some Volunteers/Mentors that stereotypes, "prejudices and stigmas are still attached to the view of addicts and alcoholics" by child protection workers.
- When working with service recipients, the volunteers have indicated that service recipients are engaged with H.O.P.E. Program, but they "have no daycare available to them through H.O.P.E." and this presents as a barrier for the service recipients. In addition, without service recipients being aware of the Program, they tend to "think that there are no supports for addicts, or for families and friends of addicts" and this can make them fearful in disclosing their addictions to child protection workers.

## QUESTION 6: Other Perceptions

### (a) Where would you like to have the H.O.P.E. Program go in the next five years?

#### Analysis

- The primary perception of all of the Volunteers/Mentors for the H.O.P.E. Program is to:
  - ✚ [Grow into] "every branch of CAS-Toronto, CCAS, JCFS and NCFST, and to grow across the county."



#### 4.2.4. Child Protection Worker Responses (Intake & Family Service) Responses

Some child protection workers disclosed that they have been personally impacted by addictions within their families, or that they have experienced addiction issues with service recipients. They've "...come to realize that few things work but 12-Steps is one that does." Workers noted that it has been helpful to have the H.O.P.E. Program which provides education and support around the 12-Steps; the program provides clarity and it is a "realistic" approach to addressing addiction issues.

Only four (4) child protection workers completed the scale questions on part of the questionnaire. While there are not enough responses to draw upon any conclusions at this time, it is interesting that three out of the four workers agreed to the following as a result of their clients having a H.O.P.E. Volunteer/Mentor:

- ✓ Service recipient(s)' understanding of substance use and its negative impacts on their ability to care for their children "improved" or "much improved"
- ✓ Service recipient(s)' understanding regarding taking responsibility for his/her addiction "improved" or "much improved"
- ✓ Service recipient(s) were able to identify their own personal strengths while participating within the H.O.P.E. Program.

#### QUESTION 1:

**Explain the most significant thing learned in working with the H.O.P.E. Program?**

Analysis

- There was an overwhelming response by the child protection workers that the greatest thing learned from the H.O.P.E. Program was a "better understanding of the 12-Steps Program." They indicated that they learned more because "it wasn't presented as a research topic, but rather through the lived experiences of the volunteers." This provided "credibility" to the Program.
- Overall, child protection workers indicated that they had a better understanding of addictions and how it related to children and their families as a result of the H.O.P.E. Program. This provided workers with an overall sense of hope for their service recipient(s) with addictions. Majority are satisfied with the services of the Program.

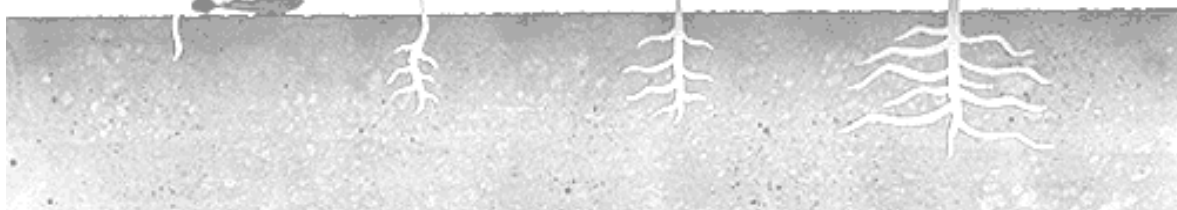
#### QUESTION 2:

**How did you introduce the H.O.P.E. Program to your service recipient(s)?**

The advertisement about the H.O.P.E. Program has occurred in a variety of methods, including:

- Information sessions,
- Team meetings where the Volunteers/Mentors attends,
- Office visits by the Volunteers/Mentors,
- Supervisors suggesting the Program,
- Co-workers suggesting the Program,
- Case transferred with the service recipient in the Program,
- Email updates from Advisory Committee,
- Brochures and contact cards, and
- Service recipients informing workers

The child protection workers indicated one or a combination of the above methods was used to inform them about the Program. However, majority of the workers commented that the best advertisement for the Program was through their personal interactions with the Volunteers/Mentors – information sessions, visits to the Branches and visits to the teams.



Once informed of the Program, the workers indicated that they referred service recipients to it. An overwhelming number of workers felt that the referral process was easy to understand and they were clearly able to explain the purpose of the H.O.P.E. Program to their service recipient(s). Many workers commented on the fact that the service started when the service recipient(s) needed it. However, a couple of workers indicated that due their service recipients' unable to connect with the Volunteers/Mentors right away, often resulted in a delayed process.

Analysis

- Majority of the child protection workers indicated that they identify to their service recipients "that there is hope., based on details of Volunteers/Mentors experiences and outreach. Feelings of hopelessness are a big part of the addiction and you will gain insight and value through the H.O.P.E. Program." The workers indicated that they will connect with their service recipient and Volunteers/Mentors in a number of ways – either through providing the contact numbers to the volunteers/service recipients, in-person introductions to the service recipients and Volunteers/Mentors. One worker stated that they "explained CAS is not involved with volunteer and service recipient", there is only follow-up on frequency and overall progression. "I found that this is a useful approach."

### QUESTION 3:

**If you could change one thing about the H.O.P.E. Program, what would it be?**

Analysis

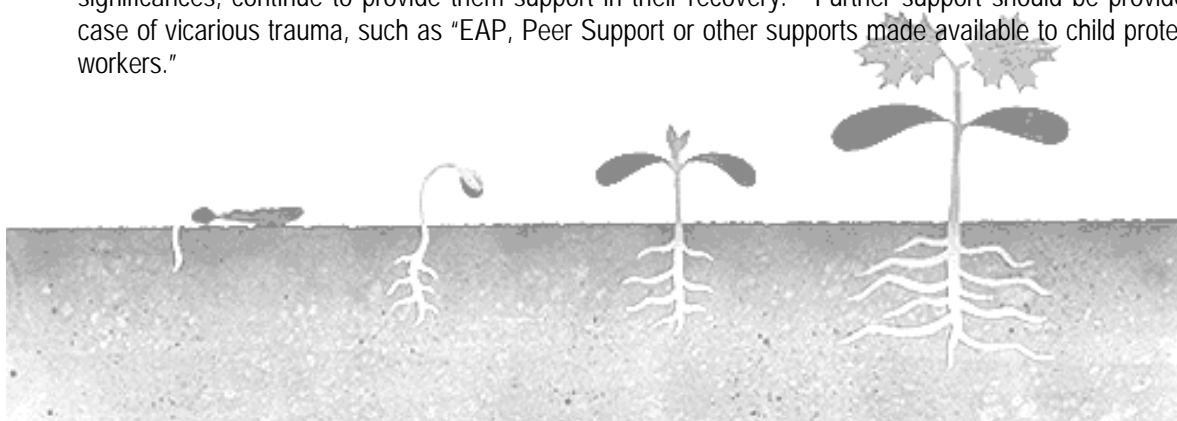
- The child protection workers indicated that one of the things that they would like to change is being able to connect more easily with the Volunteers/Mentors; while workers didn't indicate that they personally had difficulty connecting with the Volunteers/Mentors, their service recipients had expressed a "lack of ability connect to with Volunteers/Mentors." Workers noted:
  - ✚ "[If a] volunteer cancelled the meeting and the next time, the meeting was on a different date and time; then the worker receives feedback that the family is not meeting the volunteer enough and this resulted in a conflict."
  - "[The Volunteers/Mentors] will call [service recipients] back, but if a service recipient calls on Monday and they don't receive a call until Wednesday, then they may personalize and internalize the lack of call-back as [the Volunteers/Mentors] are not interested."
- Some child protection workers stated that "more information to the Branches" is required. This information should include clearer information on the type of communication that workers and the Volunteers/Mentors can have in order to obtain the updates on their service recipients. "Either via email, or monthly updates only around attendance – yes or no; progressing through the 12-Steps – yes or no."

### QUESTION 4:

**If you could keep one thing the same about the H.O.P.E. Program, what would it be?**

Analysis

- There was an overwhelming response by the child protection workers that the H.O.P.E. Program should "not change the volunteers. They are crucial in meeting with families." And, the "entire concept of it is great".
- One worker clearly stated that the Volunteers/Mentors should be "paid and recognized for their significances, continue to provide them support in their recovery." Further support should be provided in case of vicarious trauma, such as "EAP, Peer Support or other supports made available to child protection workers."



## QUESTION 5: Additional Comments

### Analysis

- The child protection workers indicated additional comments in respect to the referral process and different approaches to the H.O.P.E. Program. The following are some of their comments:
  - ✚ View of Volunteers/Mentors
    - "They are the bravest people on the earth".
  - ✚ Referral Process:
    - It would be helpful if the referral process included the following information: "what dates are access visits, counselling times, employment, etc. that the service recipients have to do, and coordinate their free time with the free time of the volunteers. Otherwise, the service recipients may be viewed as not meeting all of their appointments."
    - The initial contact process should include the option of the Volunteers/Mentors calling the service recipient back which provides "more of a feeling that they cared."
  - ✚ Different Approaches:
    - It was mentioned by a couple of workers that "if a group opportunity be available for H.O.P.E. that it would be useful." This was a suggestion in conjunction with the one-to-one meetings with the Volunteers/Mentors.
    - One worker expressed the complication of setting time limits on the process due to court requirements. "Workers can be frustrated when service recipients are committed, doing the right stuff, open about their addictions, not giving up" but time is running out, there is "added pressure" for both the worker and service recipient.

### 4.2.5. Advisory Committee Responses

## QUESTION 1: Perceptions of the H.O.P.E. Program (in general)

(a) Please describe the H.O.P.E. Program to me in your own words.

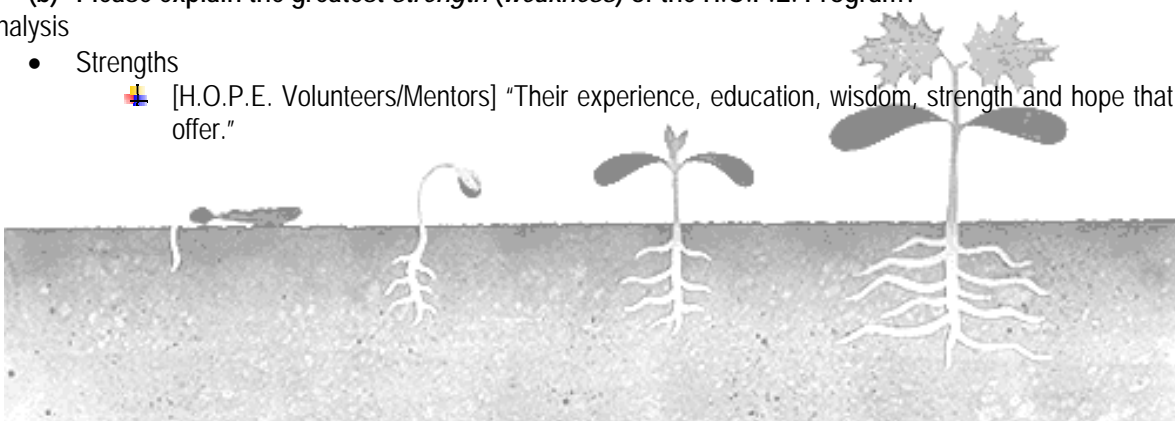
### Analysis

- Many Advisory Committee members commented that the H.O.P.E. Program is about providing "survivor support" and the "opportunity (for service recipients) to connect with individuals (Volunteers/Mentors) who have been through the recovery, with similar experiences"
  - ✚ "12-Step mentors to get them through the steps – that is what it is!"
- Quite a number of times Advisory Committee members stated that it is about nurturing the 12-Step Program seed in individuals with addiction issues.
  - ✚ "The seed is planted, and they are on their way. They never forgot the transaction, so when they feel that they are ready, they will come back."

(b) Please explain the greatest *strength (weakness)* of the H.O.P.E. Program?

### Analysis

- Strengths
  - ✚ [H.O.P.E. Volunteers/Mentors] "Their experience, education, wisdom, strength and hope that they offer."



- ✚ How H.O.P.E. Program has positively impacted many different parts of the CAS-Toronto, both in practice and policy. Examples include: “de-stigmatizing families with addictions”, “educating workers”, “outreach to the community” and “creating organization change – such as the *CAS-Toronto Substance Abuse Guidelines*.”

- Weakness

Advisory Committee members were unable to indicate any overt weaknesses of the H.O.P.E. Program at this time, but did indicate three areas that could be improved in the next year or so:

1. *Possible program amendments*: Increase the “number of Volunteers/Mentors, number of referrals”, address “language issues – i.e. Tamil-speaking Volunteers/Mentors” and increase the “number of men” referred to the program.
2. *Promoting the program*: “Getting the word out about the Program and keeping it out” will be a challenge, due to the overall reduction in referrals being made internally and externally to CAST
3. *Providing administrative support*: It would be helpful to have a “specific staff support which is needed to nurture the program more (2 days per week).”

## QUESTION 2:

### Perceptions of being a H.O.P.E. Program Volunteer / Mentor

**(a) Do you feel that the Volunteers have an “authentic voice” within CAS-Toronto?**

Analysis

- There was an overwhelming response of “YES” by the Advisory Committee members that the Volunteers/Mentors have an authentic voice. It was agreed that since the Volunteers/Mentors have had experience in the past with addictions that they can provide a valuable perspective “to all those involved – workers, service recipients, and not just CAS.” It appeared that there was an agreement that “the Volunteers/Mentors are the face of H.O.P.E.”

**(b) How do you feel the Volunteers have helped (with parents’ consent) to bridge communications between child protection workers and service recipients / parents?**

Analysis

- Volunteers/Mentors bridge the communication gap between child protection workers and service recipients by displaying a feeling of hope to all those involved.
- Volunteers/Mentors “revitalize” the child protection workers and the interaction causes workers to have an “increased understanding of their service recipients’ experiences” and to approach their service recipients in a manner that was from the “heart/experience rather than a theoretical framework.”
- Workers who “experienced H.O.P.E. can pass it along” and “provide authenticity” to their work with service recipients.

**(c) As a Committee member, tell me about your perspective on the impacts that the H.O.P.E. Program (as an intervention) has on families involved with CAS-Toronto.**

Analysis

- Personalized, fast approach (no waitlists) that connects service recipients to the 12-Steps Program.
- Families are impacted by being provided alternative solutions to their addictions, beyond the realm of a treatment facility.
- At a policy level, H.O.P.E. has impacted families through their recommendations of *CAST’s Substance Abuse Guidelines*; the recommendations now reflect a stronger commitment to the 12-Steps Program.



**QUESTION 3:  
Perceptions of the Advisory Committee**

**(d) What has been the most *helpful* (*least helpful*) about the Advisory Committee's approach?**

Analysis

- The Advisory Committee members indicated that the most helpful part about their approach to supporting the H.O.P.E. Program has been all the meetings with the "same common goal" coming together. The richness of the members' experiences and/or knowledge provides "legitimacy and expertise to the Program." While the "mutual excitement" by the members "demonstrates energy, hope, success which ultimately creates good synergy."
- At the present time, the committee's approach appears to be accommodating to all of those involved. However, it was suggested that it may be more helpful in the future to hold the meetings at different times (perhaps the evenings), as members have other commitments (i.e. "pick-up children after school and employment outside of CAS").

**(e) At the present time, the Advisory Committee has been set up with representation from the Volunteers, North and Scarborough Branches (front-line workers and supervisors), CAS-Toronto Volunteer Services and some members of the substance abuse treatment field – if you could include anyone else to the Committee – who would you include? Please explain.**

Analysis

- The Advisory Committee members suggested that the following may be useful to add to the committee as the H.O.P.E. Program expands (in no particular order): Branch (North, Scarborough, Etobicoke and Downtown) representatives, Child and Youth Worker, Long-term Care Worker, Youth, JCFS, CCAS, and NCFST. It was also suggested that if the Program expands beyond drug and alcohol addictions, that gambling should be included to the program.

**QUESTION 4:  
Perceptions of CAS-Toronto Engagement**

**(f) How engaged do you feel the following people are with the H.O.P.E. Program – Volunteers/Mentors, advisory committee, and child protection workers? Please explain.**

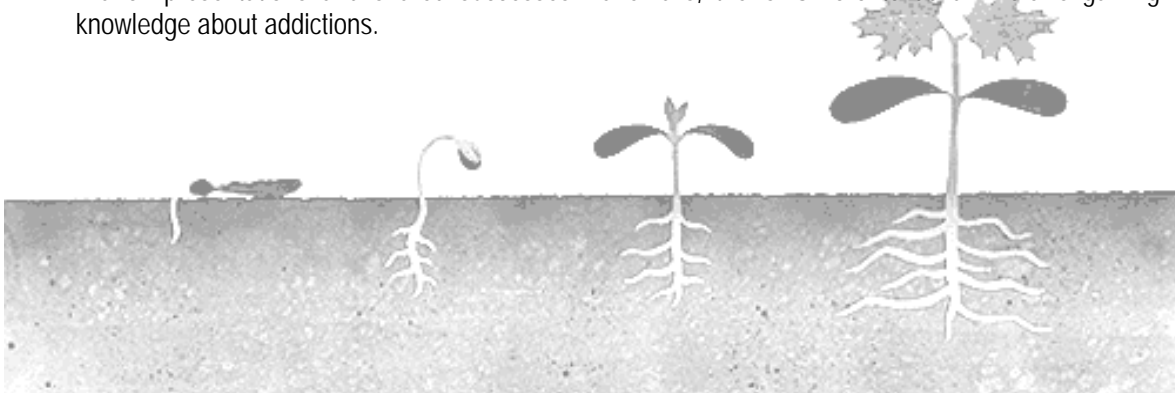
Analysis

- The Advisory Committee members stated that the H.O.P.E. Program Volunteers/Mentors were the most engaged because they are the ones who are working with the CAS-Toronto service recipients, and educating and empowering child protection workers. While the Committee is "pretty engaged, but not as much as the Volunteers/Mentors because they are doing all of the work". As for the child protection workers, it is felt as those who are engaged are really engaged and those workers who aren't engaged, more needs to be done.

**(g) Do you feel that CAS-Toronto's knowledge about addiction is more, less or just the same since the H.O.P.E. Program commenced in 2007? Please explain.**

Analysis

- The members indicated that CAS-Toronto has increased their knowledge about addictions. There seems to be a slow growing movement towards the 12-Steps Program, in that utilizing the H.O.P.E. Program is more of an experience, rather than referral. Through telephone conversations between Volunteers/Mentors, Branch presentations and shared successes via emails, the CAS-Toronto as a whole is gaining more knowledge about addictions.



### QUESTION 5:

#### Perceptions of the Strengths and Weaknesses of the H.O.P.E. Program

(a) What changes would you like to see, in respect to the H.O.P.E. Program

Analysis

- The Advisory Committee members stated that they would like to strengthen the Program by obtaining some funding (internal or external to CAS-Toronto) to assist with paying for the Volunteers/Mentors cell phones, purchasing of AA books, and TTC tokens for service recipients and childcare to attend 12-Steps meetings. It would also be helpful to have staffing support in CAS-Toronto to assist with administrative details.
- One of the greatest strengths of the Program mentioned by the members was the “no waitlists” for service.

(b) In respect to the H.O.P.E. Program, what barriers (if any) have you, as an Advisory Committee, experienced?

Analysis

- A barrier that continues to be brought up by the Advisory Committee members is around “language issues.” It was noted that many families with addictions in the Scarborough area are Tamil-speaking (amongst other languages). As a result of this barrier, fewer individuals can be referred to the Program at this time.
- Members are aware that child protection workers require updates on the progress of families involved with the H.O.P.E. Program. However, there is a sense that the process to obtain updates is not known well enough by workers. The update process can occur “in the form of a telephone case conference between the worker, Volunteers/Mentors and service recipient”.
- It was the observation of one member who stated that “staff have what I call referral fatigue – workers are not referring service recipients to many programs (internal or external).” The reasons for this ‘referral fatigue’ are unknown at this time.

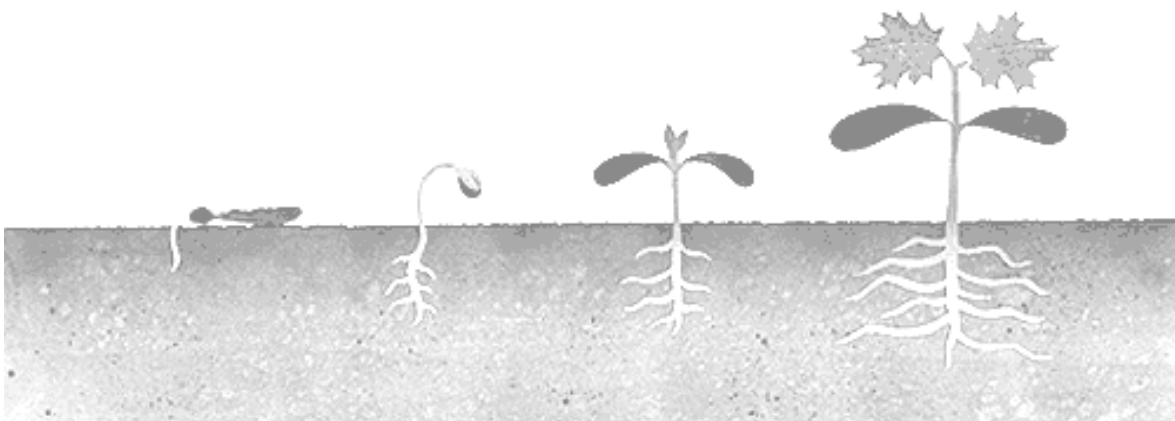
### QUESTION 6:

#### Other Perceptions

(a) Where would you like to have the H.O.P.E. Program go in the next five years?

Analysis

- The Advisory Committee members spoke about “managing the growth of the Program” as the Program continues to expand itself naturally within the various Branches at CAS-Toronto and into other child welfare agencies, such as JCFS. It would be ideal if this Program could be implemented into all four Toronto CASs.
- The members spoke about continuing to inform child protection workers about the Program through “road shows every six-months”. This would “revitalize” workers to hold onto H.O.P.E. and “to show workers that it is possible.”





#### 4.2.6 Combined Analysis of Responses

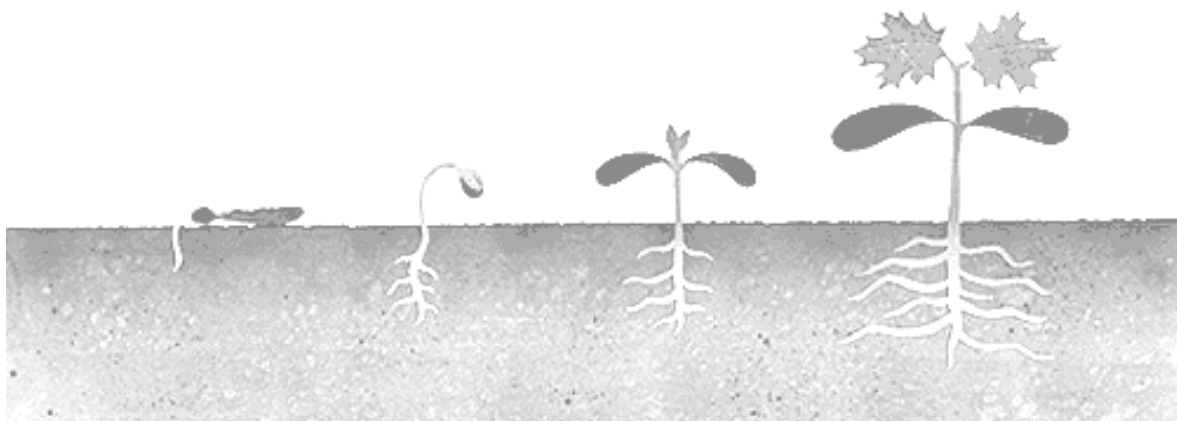
Aggregated analysis of the themes that emerged throughout all participants' responses was synthesized into overall themes. Once formed, the themes were sorted into three (3) topics:

(+) Strengths identified, (-) Areas of suggested improvement (?) Recommendations.

The categories were further divided into five sub-topics:

a) H.O.P.E. Program b) Volunteers/Mentors c) Child Protection Workers d) Advisory Committee e) CAS-Toronto Policy

TOPIC	ANALYSIS OF ALL PARTICIPANTS DATA COMBINED				
	H.O.P.E. Program	Volunteer/Mentor	Child Protection Worker	Advisory Committee	CAS-Toronto Policy
( + )	Greatest strength of H.O.P.E. Program is: 1) 12-Steps, 2) Volunteers/Mentors  H.O.P.E. provides a personalized, fast approach to connect service recipients' with an addiction to the 12-Steps program.	Volunteers/Mentors are crucial to the success of H.O.P.E. because of their authentic voices, "experience, education, wisdom, strength and H.O.P.E.."  Planting the 12-Steps seed to permanent recovery from addictions	Workers who have been educated about H.O.P.E. have made referrals or utilized the Volunteers/Mentors for consultations about addictions.	All AC members come together with a common purpose and appear to be enthusiastic about the Program.  Organized the first Orientation Session.	Created "organization change" as noted, via suggestions on the <i>CAS-Toronto Substance Abuse Guidelines</i> .
( - )	Need more information available to CAS-Toronto; specific information pertaining to how to obtain updates on service recipient(s)' progress.	Need more time available for the Volunteers/Mentors to spend with service recipients, if needed.  Need for more Volunteers/Mentors	Workers need to have more information about the Program, in order to increase referrals.	Committee meetings should not be held for such long periods of time.	Need a formal protocol on how to take service recipients through the 12-Steps
( ? )	Need more funding available to the H.O.P.E. Program  Need to grow & develop the Program within the four Toronto CASs.  Referral process should connect service recipient to Volunteer/ Mentor based on availability  Consider group meetings for Program	Need to increase the number of Volunteers/ Mentors, including individuals who are male, who can speak other languages (e.g. Tamil)  Volunteers/Mentors should be provided honorariums and have access to supports (e.g. Peer Support Program)	Increase the number of referrals to the Program.	Continue to promote H.O.P.E. and increase knowledge about the 12-Steps program.  As H.O.P.E continues to grow, include appropriate representatives	None identified



## 5.0 CONCLUSION

*“Each day,  
somewhere in the world,  
recovery begins when one alcoholic talks to another alcoholic,  
sharing experience, strength and hope.”*

(Alcoholics Anonymous, forward xxii)

Thus far, the H.O.P.E. Program has done just that for CAS-Toronto – provided hope for those mothers starting the recovery process. When the H.O.P.E. Program Volunteers/Mentors began sharing their experiences, strength and vision of what H.O.P.E. could be, should be, and needed to be, their authentic voices about recovering from addictions through the 12-Steps created changes:

- (1) Within eight months (May 2008 – January 2009), 25 identified service recipients have been referred to the H.O.P.E. Program. Many more may have been informed of the Program. The seed has been planted in these individuals who have received the service. Hope has been instilled in many more (e.g. service recipients, family workers) that recovery from an addiction is possible through the 12-Steps.
- (2) The child protection workers indicated that they were “revitalized” and “empowered” to see the Volunteers/Mentors strength and hope that as individuals who had addictions were able to overcome it using the 12-Steps.
- (3) Potential Volunteers/Mentors within the Toronto community and service recipients who went through the 12-Steps have indicated interest in being a part of the H.O.P.E. Program. They would like to contribute their experiences, strength and hope to this “revolutionary Program.”
- (4) The H.O.P.E. Program has been consulted for their recommendations on the *CAS-Toronto Substance Abuse Policy*.

Overall, this evaluation provides evidence that the H.O.P.E. Program has made significant changes at many different levels of the CAS-Toronto. As the Program continues to grow and be nurtured by the Advisory Committee, the CAS-Toronto will be able to reap the benefits that enable individuals to achieve permanent recovery through the 12-Steps program from addictions with the focus on building strong families and children.



## APPENDIX A

These are the original Twelve Steps as published by Alcoholics Anonymous. The Twelve Traditions accompany the Twelve Steps, the Traditions provide guidelines for group governance. They were developed in Alcoholics Anonymous (AA) in order to help resolve conflicts in the areas of publicity, religion and finances

12 Steps	12 Traditions
1. We admitted we were powerless over alcohol—that our lives had become unmanageable.	1. Our common welfare should come first; personal recovery depends upon AA unity.
2. Came to believe that a Power greater than ourselves could restore us to sanity.	2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. Made a decision to turn our will and our lives over to the care of God <i>as we understood Him</i> .	3. The only requirement for AA membership is a desire to stop drinking.
4. Made a searching and fearless moral inventory of ourselves.	4. Each group should be autonomous except in matters affecting other groups or AA as a whole.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.	5. <b>Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.</b>
6. Were entirely ready to have God remove all these defects of character.	6. An AA group ought never endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Humbly asked Him to remove our shortcomings.	7. Every AA group ought to be fully self-supporting, declining outside contributions.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.	8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.	9. AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Continued to take personal inventory and when we were wrong promptly admitted it.	10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.
11. Sought through prayer and meditation to improve our conscious contact with God <i>as we understood Him</i> , praying only for knowledge of His Will for us and the power to carry that out.	11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
12. <b>Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.</b>	12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

