Cultural Aftercare Guidebook

THUNDERBIRD PARTNERSHIP FOUNDATION

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Introduction

Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations in Canada is a comprehensive, culturally-relevant, and evidence-informed framework designed to guide the way we address substance use issues for First Nations in Canada. The renewal process is seeking to promote a systematic approach through a variety of interrelated activities in order to enhance and renew First Nation community programs. The National Native Addictions Partnership Foundation (NNAPF)* plays a key role in the process of renewal implementation and has been engaging First Nation communities, service providers, representative organizations, and other partners in developing a variety of practical supports to guide program planning and service delivery according to the renewal framework model and elements.

Project Overview

The development of a *Cultural Aftercare Guidebook* is a renewal opportunity identified in the *Honouring Our Strengths* renewal framework. This guidebook has been developed to ensure that Indigenous culture is used to support the way community workers provide aftercare services to Indigenous individuals, families, and communities. Many clients leave treatment centres with a lack of knowledge about the aftercare supports in or around their communities. This renewal project will assist in providing support to community workers to provide these cultural aftercare linkages for the client.

Cultural aftercare is defined as "life-long, holistic support from a range of service providers as well as community and social supports...to help people and their families or other loved ones along their healing journey and to return to positive community life."[1] This renewal project will support community workers in providing these life-long, holistic supports to their clients.

This guidebook has been developed to ensure that Indigenous culture is used to support the way community workers provide aftercare services to Indigenous individuals, families, and communities.

Objectives

The objectives of this guide are to identify and analyze cultural aftercare as it applies to mental health and addiction health providers in Canada. Specifically, this guide aims to:

- Establish a definition for cultural aftercare;

- Define barriers to cultural aftercare;

- Identify the methodology used to determine cultural aftercare;

- Identify themes for best practice of cultural aftercare; and

- Create a guide based on culturally relevant, evidence-based best practices.

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1 Health Canada, *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada* (Ottawa: Health Canada, 2011), 31.

Cultural Aftercare

Cultural aftercare is specific support provisions which help clients to overcome low self-worth / confidence and help with developing skills for rebuilding broken relationships with family, spouses, and children. It does this by providing a rebirthing of self with culture, community, and others. Examples of cultural aftercare would include the following community and cultural activities within and near the client's community:

- visits with Elders
- beading
- drum making
- pow wows
- round dances
- re-learning language
- sweat lodge
- feasts
- healing/sharing circles
- naming ceremonies
- hunting/fishing
- berry picking

There are other cultural activities that could be used as a cultural aftercare support or service for the client. An example of this is in Seattle, Washington where Healthy Nations offers a cultural aftercare program called the Options program. This program created an atmosphere of pride and hope for many young people through exposure to culturally relevant experiences like beading. This program places referred youth in contact with recovery, culture, and caring adults.[2]

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2 Seattle Indian Health Board. *Healthy Nations Initiative.* Online. Available: http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/hni/Pages/seattle.aspx

Barriers to Cultural Aftercare

The *Continuum of Care - Admission and Discharge, Referral and Aftercare, and Available Services Survey* states that cultural aftercare barriers include:

- Lack of communication
- Lack of knowledge of their [community worker's] role
- Lack of respect for [the community worker's] role in client's treatment journey
- Lack of available services
- Lack of trust on client's part
- Geographical barriers
- Cultural differences within communities
- Lack of external supports and services

These are just a few barriers that were identified within the survey and continue to be barriers to effective aftercare.

As the National Native Alcohol and Drug Abuse Program (NNADAP) program looks into ways of removing the barriers to mental health and addictions treatment, it is also important to look at the long-term effectiveness of offering cultural aftercare services. Engaging children, adults, or older adults by reaching out to family members and other natural social supports may require a greater initial investment of community resources but it may also result in substantial decreases in long term health burdens for clients, community workers, families, and the community overall. Undertaking other case management services that do not involve direct client contact, such as discussing a coordinated cultural aftercare plan with a traditional healer, may not be part of the NNADAP mandate. However, ancillary services may be essential to ensure that those in need of cultural aftercare services will enter and stay in a cultural aftercare service long enough to get help that is effective and culturally appropriate.

Similarly, community health workers may be needed to bridge the gap between the formal health care system and cultural communities. Funds to support these community workers are scarce and, in the bottom-line environment of managed client/family substance abuse and mental health care, often nonexistent. Yet studies across many areas of health have shown that community health workers such as neighborhood workers, Indigenous health workers, and lay health advisers can improve outcomes for clients and their families when they have access to and utilization of health care and preventive services.[3,4]

Many First Nations and Inuit clients use alternative cultural or complementary health care. The need for cultural aftercare drives service use but the physical, financial, and cultural availability of aftercare services may influence the form that the service use assumes. It is important that community health care providers create avenues for working with cultural aftercare providers in order to foster greater awareness, mutual understanding, trusting relationships, and respect for continuing cultural treatment care for those with substance abuse and mental health issues. Clients and families may be more likely to take advantage of effective cultural aftercare if both the formal health and cultural care systems work together to ensure that clients and their families receive coordinated and truly complementary aftercare services.

Although providing aftercare services to meet the cultural and linguistic needs of clients/families leaving treatment or attending a community service may demand more of an initial investment than continuing services, cost-effectiveness studies have shown many benefits to providing culturally appropriate services.

3 M. Krieger, "Embodying inequality: a review of concepts, measures and methods of study," *International Journal of Health Services*, vol. 29, no 2 (1999): 295-352.

4 A. Witmer, et al. "Community Health Workers: Integral Members of the Health Care Work Force," *American Journal of Public Health* 85.8 Pt 1 (1995): 1055–1058. Online. Available: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1615805

What Should Cultural Aftercare Look Like?

The literature scan revealed three main, relevant themes that are linked to cultural aftercare and are wise practices for effective cultural aftercare:

• The promotion of community-based strategies and partnerships
• Integration of traditional and western aftercare initiatives
• Encouraging and promoting spiritual and cultural aftercare

Cultural aftercare can be:

• Delivering after treatment or community services to individuals, families, or groups in their cultural settings

• Mobilizing and empowering individuals, families, or groups to access cultural care services

• Helping to build community wellness by connecting individuals and families to culture

• Supporting behavioural change of the client, family, and community

• Providing aftercare to more than one client or family at a time

• Build capacity for trust in order to share openly/comfortably and decrease notions of psychological or cultural weakness

• Acquiring new cultural knowledge, skills, and behaviors; encouraging positive and realistic self-appraisal; fostering collective, intellectual, physical, spiritual, and emotional choices; developing a sense of life purpose; enhancing the ability to relate ethically and meaningfully with others; and increasing the capacity to engage in a cultural satisfying and effective style of living

• Equipping clients/families with the necessary cultural resources gives them a better chance of coping with or managing psychological concerns and possibly prevents substance abuse or mental health deterioration

• The cultural aftercare service becomes a vessel for transmitting accurate information, reducing cultural stigma, and eradicating misconceptions

Cultural aftercare should bring aftercare services to clients or families or mobilize them to access the services they need. Building trusting relationships with clients and families is an important initial step. Cultural sensitivity and advocacy are inherent in cultural aftercare because they support cultural health equity. Cultural aftercare programs should also recognize the difference of risk between the client and their families.

Cultural aftercare should promote cultural values/beliefs and the cultural community norms that support them. It focuses on both the reduction of immediate client/family risks and the promotion of longer-term wellness by accessing traditional cultural services. Successful cultural aftercare interventions share several characteristics including behavior change, restoring or building cultural values/beliefs, creating community cohesiveness, empowering clients/families, developing healthy relationships, and are culturally sensitive. The duration and intensity of the cultural programming approach to aftercare can also prevent and treat some substance abuse and mental health issues in the process. In the end, the community feels ownership and commitment to its health service delivery system when clients and their families receive more and better culturally appropriate aftercare services.

Engage Clients, Families, and Communities in Developing Services

One way to ensure that cultural aftercare services meet the needs of clients and families is to involve representatives from the community being served in the design, planning, and implementation of these services. Cultural aftercare programs that maintain active relationships with other community programs and cultural leaders are more likely to succeed. The program should provide a familiar and welcoming atmosphere that identifies and encourages cultural styles of practice tailored to clients and their families.

Encourage Client and Family Leadership

The movement to give the voice and leadership of clients and family members to substance abuse and mental health services has been growing steady over the past 30 years in NNADAP. However, cultural aftercare continues to be underrepresented in this arena.

Build on Natural Supports

Efforts to prevent substance abuse and promote cultural wellness should build on intrinsic community strengths such as spirituality, positive ethnic identity, traditional values, cultural teachings attainment, and strong cultural leadership. Programs founded on client, family, and community strengths have the potential for both ameliorating risk and fostering resilience.

Strengthen Families

Families are the primary source of care and support for the majority of adults and youth with substance abuse and mental health problems. Given the important role of family in the substance abuse and mental health system, it is essential that efforts be made to reduce cultural disparities. This can be done by including cultural aftercare strategies to strengthen families and mitigate the stressful effects of caring for a relative with substance abuse and mental health issues. Strong families are better equipped

to cope with adversity and to provide culturally healthy environments for their children. As with cultural aftercare interventions, family support and family strengthening efforts need to be tailored to their linguistic and cultural needs.

A key part of making cultural aftercare programs relevant is to develop them through a process of community involvement. Beauvais and LaBoueff[5] present a model of community action that progresses from a few interested people, to a core group, and then to a community task force. Each step involves increasing the number of community members committed to the idea of cultural aftercare programs as seen in the Hollow Water Community Project and other community changes.

Why Is Cultural Competency Important?

Culturally appropriate aftercare provided after substance abuse and mental health services may be the most important factor in increasing accessibility of services by First Nations and Inuit people. Developing culturally sensitive practices can help reduce barriers to access cultural aftercare. Knowing who the client or family perceive as natural/traditional helpers (Elders, traditional healers, seers, etc.) can facilitate the development of trust and enhance the client and family's investment in and access to cultural aftercare.

What Is Needed for Cultural Aftercare?

Cultural aftercare has not been very effective within some communities for many reasons (i.e., lack of time, lack of resources, lack of awareness of aftercare or cultural supports, etc.). However, aftercare interventions are a safeguard that could help clients and their families achieve their treatment goals; aftercare should be viewed as a necessary part of the treatment process and the continuum of their care. As communities begin to heal and start to utilize all of the community services to work in partnership with other communities or agencies, NNADAP workers will have the added resources needed to build healthy families and communities.

5 F. Beauvais and S. LaBoueff, "Drug and alcohol abuse intervention in American Indian communities," *International Journal of the Addictions* 20 (1985): 139 - 171.

Cultural Aftercare Performance Suggestions

Review these Cultural Aftercare Performance Suggestions to see how the NNADAP program can better meet the cultural aftercare needs of clients/ families.

Objective	Activity	Method
Increase organizational capacity	• Developing Memoranda of Understandings (MOUs) • Increase partnerships and collaboration with other service providers • Developing program mission statements that have the capacity to demonstrate the organization's value for cultural competence and care. It reflects the goals, purpose, and ideal intentions when working with clients and families with an availability component that "involves ensuring that the range and capacity of available services adequately reflects the needs of community."[6]	• Create service agreements and MOUs to maximize the use of limited resources • Creating program mission statements and establish goals and policies that ensure the delivery of culturally competent aftercare • Healthcare providers must become familiar with all the services and supports available (community and non-community) by developing a community linkage map
Increase funding support for cultural aftercare	• Seeking outside funding sources	• Seek outside funding sources through proposal/grant writing, fundraising, donations, etc.
Create community cultural aftercare awareness	• Build community awareness among leadership, employers, community businesses, community members, and health care providers to reduce social barriers and stigma	• Develop materials to educate community (brochures, bookmarks, pamphlets, newsletters, flyers, posters, fact sheets, chat rooms, websites, e-mail, videos, television, radio, social media, infographics, podcasts, invitation to participate in cultural activities, etc.)

6 A.J. Darnell and G.P. Kuperminc, "Organizational cultural competence in mental health service delivery: A Multilevel analysis," *Journal of Multicultural Counseling and Development* 34 (2006): 194-207.

Objective	Activity	Method
Provide program staff with mandatory cultural aftercare training from a variety of sources in order to improve their skills (Organizations that expect the entire organizational staff to be trained and competent demonstrate higher levels of cultural competency than those that only have this expectation for select staff. This is because the training of all staff expresses that culturally competent services are a standard across the organization.)	• Make use of the addiction special-ists (NNADAP) for disseminating educational information, training on substance use, intervention strategies, and aftercare planning	• Provide in-house and external trainings with peers, Elders, etc. • Participate in cultural activities • Develop a Cultural Aftercare Plan at the onset of client/family treatment
Be effective referral aftercare agents by improving client/fam-ily cultural aftercare planning and increasing access to these services and supports	• Incorporating traditional healers and community Elders in the Cultural Aftercare Plan is a service delivery that has proven to be effective in many First Nations healing programs/services	• Staff the community with at least one Elder to advise and/or provide community cultural knowledge to aftercare programming • Utilize case management strate-gies to assist with organizing and integrating services and supports • Facilitate client/family's ability to successfully enter, navigate, and exit needed cultural aftercare services and supports
Develop strength based cultural aftercare program materials	• Create program overviews, client/ family cultural aftercare work-books, lists of local service provid-ers, natural community supports, cultural activities with different clients/families/groups, monthly activity calendars, and newsletters	• Developing community cultural working groups or training sessions creates accountability, action, and delegation of responsi-bility
Develop cultural aftercare supports which encourage treatment transition services that allow the client/family to develop and grow in their natural setting	• Create cultural drop-in programs, traditional outpatient counseling, life-long continuum care cultural options, "halfway" support homes, transitional housing programs, in-home services, land based family programs, volunteering, mentoring, etc.	• Develop community programs and policies to support cultural healing and wellness with other agencies for presentations, workshops, discussion groups, training, elec-tronic or computer-based after-care, response to traumatic or stressful events, community wide aftercare, etc.

Cultural Aftercare Model

This proposed model is designed to help those planning and managing cultural aftercare activities to think through some of the broader issues related to aftercare.

The principles of substance harm reduction, client/family/community behaviour change, holistic health, and culture form the foundation for cultural aftercare in this model.

These four components placed within the context of the determinants of health (the surrounding circle) highlight how the interaction between community-based services and treatment services are vital in this process. The model also recognizes that the following four components are central to cultural aftercare delivery and should be considered during every step of the process:

• Client/family-centered focus with an understanding that broad social relationships and community contextual factors play an important role in shaping a client/family's health

• Integrated services

• Holistic care

• Culture-centred approach

Step 1 – Community Knowledge Gathering

Cultural aftercare would benefit from integrating community cultural knowledge, community involvement, and western therapy approaches. Engaging community members from all sectors is also a key factor for success that can be achieved through informal conversations, key informant interviews, focus groups, and other methods of engagement. Working with the leaders of clients/families can provide access to those who wish to remain hidden. These "gatekeepers" can facilitate or impede access to the client/family by protecting vulnerable client/family members who can be in competition with each other – shame or secrecy might stop some people from being open with other community members. "Gatekeepers" can also impede access to the client/family by legitimizing some

people to speak for everyone, protecting their agency or professional "turf," or defining culture for well-intentioned reasons (a desire to protect community members from stigmatization, intrusion, or harm), protecting colonial beliefs, or fearing a loss of control or income. Regardless of the reasons, they need to be included in the planning of cultural aftercare interventions.

The first step in developing cultural aftercare is to create a Community Strengths Profile and to assess the cultural aftercare situation. Cultural aftercare planning should be based upon accurate knowledge of the community's cultural demographics.

A Community Strengths Profile can consist of:

• What is known about the community's basic cultural demographics (i.e., characteristics, language speakers, cultural activities, community creation story, ceremonies present, number of Elders available, community and outside agencies, cultural mentors, cultural support groups or programs, natural environments for cultural activities, etc.)

• What is known about the client/family's behaviours (including natural networks), cultural needs, and their health status

• Linking the cultural strengths present in the community to known client/family behaviours and situations

• Identifying the relevant social determinants of health that affect the client/families

• The cultural aftercare needs of the community and which of those aftercare needs are not being met

• What is known about existing community service providers and services, stakeholder perspectives, potential partners, and recommendations based on past experiences including program evaluation information and the client/family's ability/willingness to access them

• Use the available information to measure cultural aftercare performance including client/family aftercare needs, effectiveness, and the impact of the cultural aftercare on client/family/community wellness

Cultural aftercare programs can also create their own data through the ongoing collection of statistics (e.g., client/family contacts, distribution of cultural aftercare materials, client/family referrals to traditional healers, etc.) and regular cultural aftercare activities and client/family satisfaction surveys.

Community Strengths Activity

How well are you able to describe the cultural or community strengths in your service area?
To what extent do you know the following demographics within the communities in your service area?
(Circle the number of your response for each area.)

	NOT AT ALL	BARELY	FAIRLY WELL	VERY WELL
Community environment	1	2	3	4
Community leaders	1	2	3	4
Community strengths	1	2	3	4
Educational aspirations	1	2	3	4
Birth/death rites	1	2	3	4
Community rites of passage	1	2	3	4
Ceremonies, practices, language	1	2	3	4

To what extent do you know the following characteristics of the people in your service area?
(Circle the number of your response for each area.)

	NOT AT ALL	BARELY	FAIRLY WELL	VERY WELL
Community historians	1	2	3	4
Informal supports and natural helpers	1	2	3	4
Formal social service agencies	1	2	3	4
Formal community leaders	1	2	3	4
Informal community leaders	1	2	3	4
Business or organization alliances	1	2	3	4
Advocates or gatekeepers	1	2	3	4
Traditional healers or spiritualists	1	2	3	4

Step 2 – Community/Treatment Centre Aftercare Planning

An effective Cultural Aftercare Plan can clearly describe a path from the first client/family visit to the achievement of final treatment exit and explain the steps along the way. Organizations must clearly identify mission statement, goals and objectives, and how to work effectively with treatment centres through service agreements and commitment before the cultural aftercare approaches and activities can identified.

What Are You Trying to Accomplish Through Cultural Aftercare?

The decision about which components to include in your culture aftercare plans is completely in your hands. It is important to solicit the opinions of your community members though to help you make this decision. For example, they may feel that establishing aftercare support groups is more important than recruitment. A sole focus on recruitment may convey the impression that you are only interested in increasing the size of your clientele and not in meeting the aftercare needs of your community. Also, community members may not have the financial resources to assist with fundraising. If recruitment is a major goal of your cultural aftercare activities, consider offering free transportation to demonstrate your sincerity and give people an opportunity to see what you can offer before they are asked to contribute their expertise. As another example, your community advisors may feel that the community needs cultural education more than it needs advocacy. Listen to their opinions carefully because they are in the best position to accurately assess cultural after-

care needs.

You will be in a good position to map out the components to include in your planning after considering their opinions, cultural preferences, available monetary resources, natural talents of community members, treatment needs, and obligations. After making decisions about which components will be part of your plan, it is time to identify the specific goals that your activities will address. You should try to identify one or two goals for every component. Keep in mind that goals are statements that say exactly what you expect to accomplish through each component. Listed below are some examples of aftercare goals and the component to which they are related:

Potential Goals

- Creation of culturally and linguistically appropriate pamphlets about the history of the community, community Creation Story, effects of federal and social policies (i.e., residential school, 60's scoop), need for language and culture, causes and treatment of substance abuse/mental illness, the need for cultural rebirthing, community cultural protocols, traditional services, etc.

- Sharing Circles to develop the community Creation Story, community cultural protocols, and activities

- Creation of a video or information night explaining different types of psychotropic medications and their side effects, using community champions in cultural recovery to share their experiences

- Compilation of a resource book containing the names, addresses, and telephone numbers of all substance abuse and mental health treatment programs, traditional healers, professionals, and agencies to provide aftercare

- Establishment of a Native language speaking family aftercare support group to increase language and cultural needs of client/families

- Development of a Culture Aftercare Plan template for clients and/or families that is community specific and includes collaboration with the treatment centre and outside agencies to provide seamless transition back into the community and continuous care

- Provide transportation/attendance for cultural land-based activities to reduce access barriers to cultural aftercare activities

- Develop agency pamphlets/calendars/newsletters/web pages that list information on community/treatment centre services such as education, housing, transportation, child care, employment, language classes, and parenting programs, etc. These can also help clients/families make long term cultural aftercare decisions and keep community/clients informed

- Develop community/aftercare statistics for reports to chief and council to lobby government officials to increase funding for substance abuse and mental health cultural aftercare services in the community

- Develop Community Aftercare Support Groups with recruitment for specific groups (youth, women, men) with specific Sharing Circle discussions (ceremonies, teachings, managing or learning a new life skill, etc.) to provide continuous support after treatment

- Develop advocacy for aftercare services in community so there is a continuum of care for clients and families

If the organization does not describe in detail what it is trying to achieve and how it will get there, it will be difficult to know if/when its objectives are reached.

Develop a Logic Model for Community Rebirthing

A **logic model** can be an effective tool to describe the path for cultural rebirthing. It also offers a means to engage staff, partners, treatment centres, clients, families, and community members in a collaborative partnership. Logic models are effective because they:

• Provide a simple visual presentation of the cultural aftercare logic (i.e., how it is supposed to work in order to achieve its expected results and make a positive difference in people's lives)

• Provide a "road map" or community story linking traditional language, ceremonies, programming activities, the people it will reach, and the expected results

• Facilitate planning, communication, and a shared understanding of the Community Rebirthing Plan

• Identify outputs and results and the indicators to measure them

• Identify partnerships that often begin as small initiatives and grow over time, adding new partners and programs. A single agency or a couple of individuals who strongly believe in the benefits of partnerships/collaboration and are willing to invest time and resources to create them frequently drives them. When designing your Community Rebirthing Plan, it is important to identify potential partners and to work collaboratively.

Organizations can go beyond inter-agency arrangements to create synergy by engaging community members and tapping their knowledge and expertise. Without this focus, partnerships remain a collection of independent agencies that coordinate their discrete activities but never come together to jointly develop and deliver cultural aftercare interventions. Examples of partnerships include working together on training with treatment centres, fund-ing proposals, collaborating on existing activities, measuring partnership performance, or conducting joint research as to what cultural aftercare activities are working and what needs to change between/within the agencies.

Some decisions to make when designing cultural aftercare planning are how to:

• Balance substance harm reduction principles and cultural wellness promotion

• Balance cultural wellness focus on community and client/family needs

• Reduce imminent harm while also promoting longer-term cultural wellness

• Decide whether to offer stand-alone client/family interventions or to integrate them with larger cohesive programs

• Determine whether to offer cultural aftercare in both open and private settings

• Decide whether to use traditional healers, Elders, community members, peers, or other workers or a combination

• Determine whether cultural aftercare services should be provided to client/families in their natural settings and/or mobilizing them to access conventional settings

• Determine whether the focus of cultural aftercare should begin with a specific community group (youth, women, men) or be client/family focused

Building a **culture of nurturing wellness that measures and manages performance** is an extension of the logic model and encourages community workers to become less focused on rebirthing activities and more focused on client/family results.

It is important to identify specific times to measure progress when designing cultural aftercare activities. Evaluation monitoring should be done at regular intervals to make sure the cultural aftercare is on track. From an operational perspective, this involves ensuring processes are in place to collect data monthly, quarterly, and annually with a commitment to review the information in a timely manner and develop strategies for improvement.

Evaluation efforts should be supported by training staff and partners to collect, analyze, and use data or by providing access to people who can do this type of work.

In addition, ethical and professional issues can be avoided by developing guidelines that underline key principles such as the importance of treating others as you would want to be treated; doing no harm and being respectful, culturally competent, and compassionate.

Develop Policies, Procedures, and Guidelines

A policy is typically described as a principle or rule to guide decisions and achieve rational outcomes. The term is not normally used to describe in detail what is done; this is normally referred to as either a procedure or protocol. Whereas a policy will contain the "what" and "why," procedures or protocols contain the "'what," "how," "where," and "when"— they outline how you will carry out the policies you set.

It is important to have a strong understanding of what you want to do (goals and objectives) with cultural aftercare and how exactly you will do it before you start developing policies, procedures, and guidelines.

A Community Rebirthing Plan for cultural aftercare should develop policies to address the following:

- Communication between agencies regularly and consistently (i.e., treatment centres and community services)

- Confidentiality, including informed consent procedures for information sharing

- Access to training from treatment centre for community, staff, or training for both agencies

- Development of cultural aftercare transition plan – who coordinates transition, roles, responsibilities, etc.

- Cultural competence to include community representation and cultural sensitivity

- Data security to ensure that sensitive information is protected to maintain trust in community with agencies and clients

- Linkage of cultural services, assess how referrals will be made and completed

- Personnel policies, particularly a code of conduct covering staff-client interactions

- Cultural safety of staff, clients, families, and cultural helpers

- How going to work with client / family / community / outside agencies / treatment centres to provide aftercare services, including criteria which justifies selection

- Policies, procedures, and operational guidelines will also be needed to address program specific issues such as case management as well as activities and counselling. Approaches to be used as codes of conduct include cultural practices and protocols, staff / client safety including plans for medical and psychological emergencies, crisis management, working with minors, land based program, scheduling, documentation, etc.

Formulating Your Community Rebirthing Plan

Your next meeting should involve members of your organization along with key informants or community members who are willing to provide feedback and suggestions. Identifying these key community agents is a critical part of your early cultural aftercare planning process.

It is important to involve community members at this stage in order to ensure that plans are relevant, responsive to the community's needs, and culturally meaningful. It is not suggested that community members attend the initial planning meetings because their presence may inhibit people who are opposed to the effort from making their feelings known to the group. However, at this point, community members should be given ample opportunity to air their opinions and concerns around cultural aftercare in light of the historical trauma experienced so that the attendance of community members can enrich the planning process without stifling opposition.

One of the most important parts of developing your Community Rebirthing Plan involves deciding on the major focus of your cultural aftercare activities. The first component is education of clients / families about the role of culture in wellness and healing, effects of colonialism, development of community Creation story, community cultural teachings / ceremonies, substance abuse, the nature of mental illness, mental illness causes and treatment, available services and resources, and current research.

The second component of the Community Rebirthing Plan is the formation of cultural-specific client / family support groups which are led by and focus on the experiences and problems specific to the community.

The third component is recruitment of community members into the local Community Rebirthing Plan.

Finally, the fourth component is advocacy on behalf of cultural aftercare needs of clients and their families through lobbying for better services and a more responsive substance abuse and mental health system.

See Appendix A – Frequently Asked Questions for Developing a Cultural Aftercare Strategy

Staff Training Needs

Developing and managing cultural aftercare community staff involves different approaches – some generic and some specific to the culture of the community. Generic approaches include building a shared understanding of the cultural aftercare goals, involving staff in planning and managing their work, respecting / utilizing community and staff expertise, and creating opportunities for professional and cultural growth.

NNADAP workers must be independent, flexible, and innovative self-starters. The qualifications of workers will vary based on organizational and service needs.

It needs to be decided whether cultural aftercare will employ traditional helpers and use volunteers such as natural helpers – client / family / community also need to be considered. This will depend on what the cultural aftercare program is trying to achieve and the specific skill sets needed to meet its objectives. It is also important to consider the contribution of the different types of community members as well as the challenges or demands on management. Studies have shown that using community members is an effective approach as well as peer workers who can access hidden and distrustful client / families and build their trust in the program.

However, the use of peers also poses challenges in terms of supervision, turnover, liability, and community perceptions. There is also a tendency to view volunteers as "free" resources. In fact, volunteers can be quite expensive in terms of training, supervision, and the amount of paid staff time required to ensure their motivation and quality

control. Most organizations that successfully use volunteers do so because they view volunteers as valuable assets with community knowledge, traditional healing, language, programming, service delivery that is worthy of attention and investment, and not a way to reduce costs.

Training programs can be based on an informal blend of logic and practical experience and incorporate the stages of change theory. The following should be requirements for in-house training (either formally or through on-the-job mentoring):

• Training must ensure credible and culturally competent field delivery.

• Engaging the community through community recruitment, cultural sensitivity, cultural safety, and communication.

• Community workers need to accept, internalize, and incorporate theory driven elements of cultural aftercare intervention in natural and credible interpersonal interactions with clients and families.

• Another approach to developing and managing staff is defining the competencies of cultural aftercare activities.

• Required knowledge also includes things like an organization's aftercare mission, statutory obligations (e.g., reporting child abuse), substance abuse use prevention, addictions and mental health, cultural competency, codes of conduct, case notes, and supervision of client / family. It also includes knowledge of the client / family language, Creation story, history, community, culture, and other service providers. Other skills related to the specifics of the cultural aftercare should be identified by the organization and may include community and healer cultural protocols, aftercare informal counselling, reporting, and personal and client / family safety.

• Staff responsibilities for burnout include knowing what it is, recognizing the warning signs in oneself and others, and seeking help for vicarious trauma. Supervision of cultural aftercare staff can become complicated by their work away from the office, often after office hours, and the discretionary powers they need to deal independently with a wide range of aftercare situations. Despite this, cultural aftercare staff still need to be held accountable for their decisions / behaviour and require supervision that is formal, structured, and regular.

Funding for Your Cultural Aftercare Effort

Given the limited funding available for NNADAP programming, it is a good idea to be aware of funding issues at the outset of your planning. However, you may wish to begin developing your Community Rebirthing Plan for cultural aftercare in the absence of identified funding. This way you can establish an ideal set of activities and fund the ones you can afford as you go along. Having aftercare plans in place puts you in a position to apply for money once you learn it is available rather than starting from scratch after you learn of potential funding mechanisms.
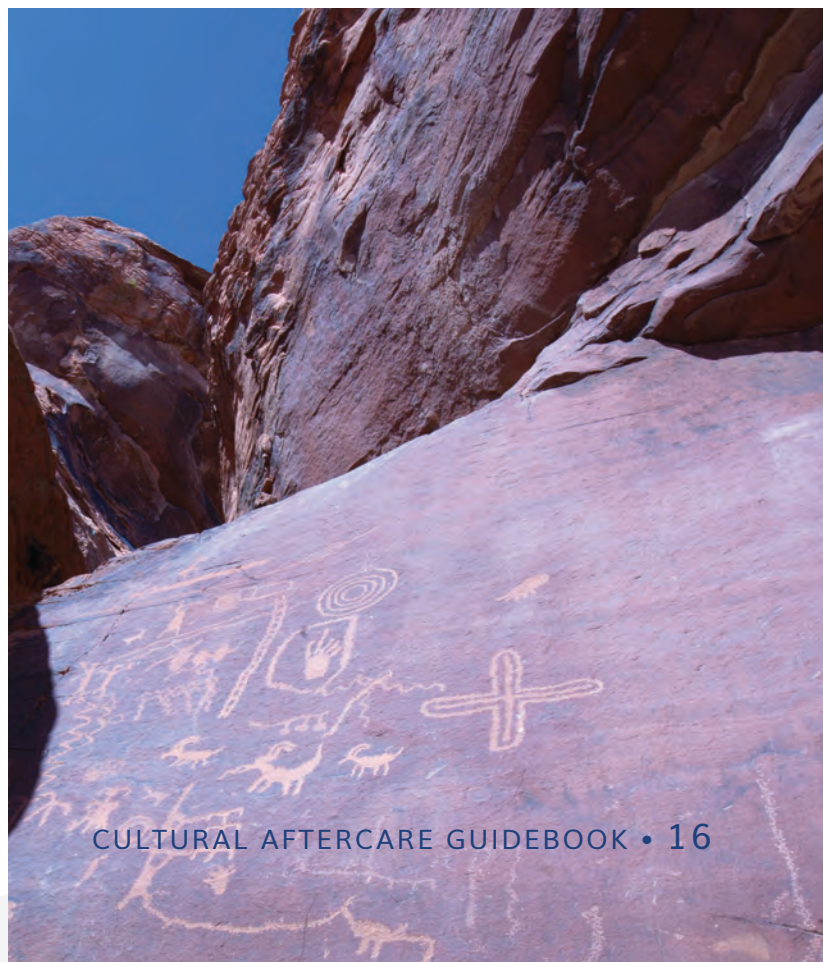
Step 3 – Community/Treatment Centre Delivery of Services

During the implementation phase you should put into practice the Community Rebirthing Plan described in your cultural aftercare framework, which may be based on the logic model. The primary services you need to include to mobilize clients / families are:

- Building healthy relationships with clients and families
- Integrating services
- Mobilizing the community
- Building cultural and aftercare capacity
- Advocating for those who are unable to advocate for themselves

Managing the Cultural Aftercare Program

- Program administration is a broad area that includes developing schedules, managing human resources and finances, using traditional healers / volunteers, managing and collecting data, etc. It is important to note that different programming choices will result in different administrative structures and levels of effort. For example, delivering clients / families to a counselling session or land-based program with an organization's van will require policies on driver certification and insurance, purchasing fuel, maintenance and repairs, cleaning the vehicle, scheduling client / family pick-ups, etc.

- This seems simple but all these tasks together represent a considerable amount of effort. If staff is required to clean and fuel up the van, this will be time not spent providing services with clients / families. This might be acceptable to program managers but it needs to be planned and understood from the beginning. Other administrative considerations are required when programs use traditional healers / volunteers including screening and police checks, staff training and community certification, liability and accident insurance, codes of conduct, scopes of practice, community protocols, and supervision.

Integrating Services

- Communities have complex needs that contribute to overall vulnerability (e.g., poverty, unemployment, crime, housing shortages, violence, trauma, mental health, and substance use issues) and must be addressed. Given that most agencies and programs do not have the capacity, resources, and mandates to meet all of their client / family needs, it is important to establish links and partnerships with those who come from a range of health, social services, education, community development, and social justice perspectives and who share the same mandate to protect and promote the wellbeing of people (i.e., treatment centres, social services, health, education, policing, etc.).

- Those who work with vulnerable populations encounter inefficiencies that undermine programming such as duplication, fragmentation, and inter-agency competition. Often concerns have been expressed that fragmented service delivery affects accessibility and this adversely affects the aftercare and wellbeing of the client / family.

- Attempts can be made to address these challenges at the macro (system-wide), meso (inter-agency), and micro (client / family) levels. For most agencies, the easiest response is to coordinate cultural aftercare plans / activities and share information with treatment centres / agencies. Unfortunately, such initiatives only work around the margins of systemic problems rather than envisaging a different way of working together to benefit the whole communities served.

- At the micro (client / family) level, program staff know the frustration of not being able to help clients access needed aftercare services unrelated to their mandate (e.g., housing) or to coordinate the delivery of these services. One solution appears to be the difficult work of building and sustaining strong inter-agency partnerships through Memorandums of Understanding (MOUs) that focus on providing clients / families with a single access point to cultural aftercare services and a wraparound (holistic) approach.

Strong partnerships and collaborative programming could solve several aftercare planning challenges including:

- Inefficiencies created by fragmentation, duplication, and inter-agency competition

- Use of traditional healers and practitioners in more than one community

- Nation unity to advocate for funding

- Client confusion and service access barriers

- Lost opportunities by organizations with similar foci and goals to better serve shared clients and families

Developing Partnerships Activity

Does your organization work collaboratively with programs that provide:
(Circle the number of your response for each area.)

	NOT AT ALL	BARELY	FAIRLY WELL	VERY WELL
Employment training?	1	2	3	4
Educational opportunity?	1	2	3	4
Housing?	1	2	3	4
Alcohol/substance abuse treatment?	1	2	3	4
Maternal/child health services?	1	2	3	4
Provincial health services?	1	2	3	4
Justice services?	1	2	3	4
Recreation services?	1	2	3	4
Social services?	1	2	3	4
Youth services?	1	2	3	4

Does your organization conduct an open house or similar event to which you invite providers, consumers, and others concerned with cultural aftercare service delivery to community? How often?

Does staff utilize cultural consultants (traditional healers, Elders)? Who can help them work more effectively within a cultural context of aftercare?

Staffing Activity

Does your organization hire natural helpers or other non-credentialed people as para-professionals?

Does your organization provide training that assists staff to work with client / families who are attending a cultural aftercare intervention?

Do staff routinely share cultural practice-based "success stories" involving clients / families in aftercare with others?

Referral Process

Another challenging aftercare issue is the **referral process.** Many believe that measuring the success of referrals is difficult due to confidentiality and privacy issues, uncertain inter-agency access, little time for follow-up, unpredictable clients / families, and the limits of existing partnerships. In addition, when cultural aftercare is offered by small community organizations, this challenge is magnified as their links to broader programming are often tenuous or even non-existent. Yet, it is also clear that this challenge must be faced if cultural aftercare programming is to deal effectively with their client's / family needs. Cultural aftercare programming frameworks can propose referrals as a means of introducing clients / family to more focused cultural holistic services or treatment and meeting needs that fall outside the organization's mandate.

Developing partnerships is an important part of building an effective referral process. A collaborative inter-agency referral network should be able to:

• Link clients to a needed cultural service / treatment in a partner agency
• Confirm with the partner agency that the referral was successfully completed
• Share information about the client / family needs and collaborate on a plan for aftercare
• Confirm with the client / family that the referred cultural service was the one that was needed and that they were satisfied with the services / treatment they received

See **Appendix B – Suggested Roles and Responsibilities in Cultural Aftercare Planning**

See **Appendix C – Client Cultural Aftercare Planning Guide**

Community Mobilization

Community mobilization is a dynamic process that involves planned actions to reach, influence, enable, and involve all segments of the community. Collectively, this process can create and build community awareness about culture and aftercare in order to encourage community action in pursuit of positive cultural change (rebirthing). When applied to cultural aftercare issues, it can also be:

• A capacity building process through which community members / groups / agencies plan, carry out, and evaluate cultural aftercare activities on a participatory and sustained basis to improve long term community wellness

• A way to develop community aftercare ownership and sustainability

Aftercare Community Ownership and Sustainability

1. Collective action: local people set their own agenda and mobilize to carry it out in the absence of outside initiators or facilitators
2. Co-learning: local people and others share their knowledge to create new understanding and work together to develop action plans with outside facilitation
3. Cooperation: local people work together with others to determine priorities; responsibility remains with community to direct the process
4. Consultation: local opinions are asked, community analyzes and collaboratively decides on a course of action, compliance, tasks are assigned; community decides the agenda and directs the process[7]

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7 Adapted from the chart found in L. Howard-Grabman and C. Storti eds, *Demystifying community mobilization: an effective strategy to improve maternal and newborn health*, (Washington, DC: USAID/ACCESS, 2007): 6.

Community mobilization is about empowering communities to develop and implement their own solutions through structures and methods they control by:

• Building upon existing cultural / community knowledge, social networks, etc.

• Defining cultural aftercare needs through community-based processes

• Shifting decision-making power

• Addressing underlying client / community vulnerabilities

• Community mobilization also has the advantage of increasing local acceptance and commitment, accessing knowledge and expertise (particularly around cultural knowledge / skills, aftercare, community issues), and gaining addition community support

NNADAP programs across Canada have involved community members in the work affecting them by including them in planning, implementation, and review of their programs and inviting them to join advisory bodies.

Community members are also valuable as they are able to gather data, recruit clients / families, and provide cultural knowledge / treatment, mentorship, support, marketing, etc. for aftercare programs through their networks.

In addition to these engagement activities, community members should be encouraged to organize themselves, advocate on their own behalf, and participate fully in the broader cultural aftercare policy discussions affecting them on a provincial and national level.

Building Cultural Community Capacity

Cultural community capacity building generally refers to the skills, infrastructure, and resources of organizations and communities that are necessary to affect and maintain cultural behavior / change. Cultural capacity building needs to be carefully planned, implemented, and measured. A simple cultural community strategy identifies and prioritizes aftercare capacity needs and develops a plan to meet them by recognizing the skills, knowledge, and processes relevant to the delivery of a specific cultural community aftercare program. Training, coaching, and sharing best practices can help build cultural community capacity.

Advocacy is the application of information and resources (including finances, effort, and votes) to affect systemic change and promote a cultural community agenda for aftercare; build coalitions of communities, stakeholders, and sympathetic community / council members; encourage decision makers to engage in the issue requiring legislative or policy changes and funding; and shift public and political attention towards a specific issue through the use of social media, public events, and letter writing campaigns. Like capacity building, advocacy is an activity best done in partnership with others. Also, if NNADAP is committed to community engagement, community membership should be a major player in the advocacy done on their behalf. Those who work with the most marginalized and disempowered community members must also consider their responsibility to go beyond the call of duty to advocate on their behalf as well.

Providing cultural aftercare services to substance abuse and mental health clients / families can be controversial and open to misunderstanding and attack. Problematic client / family behaviours such as missed appointments, cultural acculturation, dis-engagement, mistrust, high client, or family disputes can cause difficulties for cultural aftercare programs. Community attention can quickly shift to the question of whether the cultural aftercare program enables "bad behaviour."

The inability of programs and organizations to explain the importance of their cultural community aftercare work and their role in improving the holistic health of every community member can result in programs being cancelled or proscribed. Advocacy can play a role in reducing these risks by building support for cultural aftercare programming with community members and responding to incidents / criticism in a timely and factually accurate manner.

It is clear that successful cultural aftercare programs need to resist the temptation to "go around" an individual or an organization that is reluctant or critical. Certainly, no individual or small group should have veto power over community rebirth planning for needed cultural aftercare services. On the other hand, experienced program planners strongly suggest that programs:

• Complete and provide credible cultural aftercare data

• Coordinate cultural aftercare action with community in an advocacy campaign

• Develop specific advocacy goals based on culture and aftercare needs that ensure community buy in, ongoing support, and collaboration

Organizational Polices and Structures

Cultural aftercare will be less effective for community service programs until the availability of cultural aftercare, cultural healing/medicines, ceremonies, teachings, cultural competence training, and activities are part of the planning process. Knowledge of community culture, community involvement, resource linkages, staffing, organizational cultural aftercare policies and practices, and aftercare protocols should also be in place.

A cultural aftercare service delivery requires knowledge of community in regard to the demographics, cultural community norms and behaviours, cultural and social history, natural networks of support, language, Creation story, environmental stressors, cultural perspective of aftercare, and cultural strength based programming.

Language and Service Delivery

Language and service delivery are intimately connected with one another. There are several motivational factors for the provision of appropriate linguist and cultural services. Oral language training, interpretation, written, or translation services are all vital components to ensure effective communication in the service delivery between the organization and its service users. Language is intertwined with the culture of the community – it ensures cultural continuity for clients / families and reducing barriers to access.

Hiring and training community members creates positive role models for clients / families and affords additional opportunities to increase knowledge about the community culture. The organization can increase staff member retention by assessing staff cultural training needs, implementing training programs to meet these needs, and assessing previous cultural training attendance by staff. This retention strategy begins with the orientation of new staff and continues

Organizational Policies and Practices

The infrastructure support of cultural aftercare influences its delivery to the community. The organization demonstrates commitment to the underlying tenets of cultural aftercare services through its policies and practices. It provides a written confirmation that cultural aftercare programs / interventions are accessible, appropriate, effective, and respectful of the ethical and cultural diversity of the client / families to which they provide service.

Organizational Policies and Practices Activity

Read the following statements and decide, as a matter of formal policy, does your organization:

	POLICY	CONSIDERING POLICY	CURRENTLY WRITING FORMAL POLICY	POLICY IN PLACE
Use culture-specific instruments for aftercare procedures?	1	2	3	4
Use culture-specific aftercare approaches?	1	2	3	4
Envision community empowerment as a aftercare goal?	1	2	3	4
Review case practice on a regular basis to determine effectiveness of aftercare activities?	1	2	3	4
Provide or facilitate childcare?	1	2	3	4
Provide or facilitate transportation (e.g., van pick-up, ride sharing)?	1	2	2	4
Allow access after regular business hours (e.g., through agreements with other service providers, etc.)?	1	2	2	4
Consider *culture* in aftercare service plans?	1	2	2	4
Conduct aftercare training to community-based organizations, social service agencies, natural helpers, or extended families?	1	2	2	4
Take aftercare referrals from non-traditional sources?	1	2	2	4

Organizational Policies and Practices Activity

How well are aftercare policies communicated to staff? Does your organization reach out to:

	NEVER	SELDOM	SOMETIMES	REGULARLY
Indigenous religious leaders in community?	1	2	3	4
Medicine people, herbalists, or midwives that provide services in or to members of the community?	1	2	3	4
Broadcast or other social media sources within community?	1	2	3	4
Formal entities that provide counseling and/or treatment services?	1	2	3	4
Cultural organizations where people are likely to receive care, intervention, or deal with aftercare issues?	1	2	2	4
Other business alliances or organizations in community or surrounding area?	1	2	2	4

Step 4 – Community/Treatment Centre Shared Results

You should plan to evaluate whichever activities you decide to include in your cultural aftercare services. Although the idea of evaluation can be threatening or intimidating to some people, it doesn't need to be. The basic idea of evaluation is to gain an understanding of how well your cultural aftercare activities worked and how participants perceived them. This kind of feedback can then be used to redesign aftercare service components that were unsuccessful and to improve activities that were successful. Another reason to evaluate your cultural aftercare activities is to show potential funding agencies that your services are successful in accomplishing their goals. This section offers some suggestions regarding how you can plan and conduct both overall and strategy-specific evaluations. The intent here is to set up a rudimentary cultural aftercare evaluation component that provides you with feedback about participant satisfaction and with evidence of your cultural aftercare service effectiveness.

Measuring the cultural aftercare service performance is the final step in the process of developing and delivering a community aftercare service. It is done to:

• Determine the extent to which a cultural aftercare service has rolled out as planned (process evaluation)

• Look at changes in predisposing, enabling, or reinforcing aftercare factors (impact evaluation)

• Look at whether the provision of cultural aftercare intervention(s) / services has affected the holistic health of the client / family / community

• Determine what the aftercare improvement indicators are

• Look at whether the Community Rebirthing Plan met community needs

More simply, performance measurement determines if the cultural aftercare service is being delivered in the most effective way and if it is achieving the expected results. It focuses on ensuring that the service is making or associated with a positive difference for clients and families.

Service providers often identify the need for simple and practical cultural aftercare program evaluation. The following information ensures success:

• Identify the evaluation as a budgeted item with dedicate resources

- Increase capacity within organizations (including offering training and support from an evaluation consultant)

- Establish clear and realistic cultural aftercare guidelines / expectations including better reporting forms

- Develop standardized and flexible aftercare data collection tools

- Create opportunities to share cultural aftercare best practices and develop "evaluation champions"

A Performance Measurement Framework can be used to both monitor ongoing cultural aftercare activities and ultimately evaluate program impact. When developing a Performance Measurement Framework, one must decide what information will be needed to measure program performance and where that information will come from. Generally, a cultural aftercare service will want to evaluate the following:

- Did the cultural aftercare service do what it said it would in a timely and cost-effective manner?

- Did the cultural service reach a significant proportion of clients / families needing cultural aftercare?

- Did the cultural service contribute to the development of positive aftercare behaviours and situations (or the elimination of negative behaviours and situations)?

- Did these cultural changes in behaviours and situations contribute to improved holistic health / wellbeing and reduce the need for aftercare?

It is best to refer back to the logic model when developing a Performance Measurement Framework in order to ensure that it reflects what you set out to achieve. Remember that evaluating the cultural aftercare process is as important as evaluating aftercare outcomes.

Most cultural aftercare services can easily generate data on their activities. However, it is more complicated to measure cultural aftercare changes in client / family behaviours or holistic health status over time. Generating this type of data can require a significant amount of resources, time, and skill but it is necessary to measure the impact(s) of cultural aftercare.

Performance measurement is extensively and increasingly used to measure the performance of government programs. In comparison with evaluation, which usually undertakes special one-time measures and extensive analysis of the data gathered, performance measurement is characterized by regular and often more straightforward measurement of aspects of a program's performance. Performance indicators are used to track performance and feedback information to managers and staff. They can form the basis for reports on what has been achieved by the program.[8]

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8 J. Mayne, "Addressing attribution through contribution analysis: using performance measures sensibly," a discussion paper, (Ottawa, ON: Office of the Auditor General of Canada, 1999): 3-4.

Monitoring Progress

Successful cultural aftercare services are able to determine how much progress has been made towards achieving their objectives, when their goals have been met, and if they have deviated from their mandate / course. Regular monitoring allows for the identification of aftercare service successes and challenges along the way.

The monitoring criteria should be developed early in the planning process (Step 2) and measurable cultural aftercare indicators should be identified for each objective.

Share Success and Celebrate

The advantages of sharing cultural aftercare results and celebrating with others include:

• Keeping communication channels open

• Identifying what worked well and what didn't work well early in the process

• Maintaining momentum

• Determining if additional cultural aftercare resources are required

• Contributing to the overall understanding of how cultural aftercare works

• Building community, family, and client moral

• Recognizing the efforts of those involved in cultural aftercare service

Conclusion

Cultural aftercare activities have the potential to create positive changes in the lives of underserved and vulnerable populations as a means of reducing the gaps to aftercare services in First Nations and Inuit communities.

The conceptual model presented in this guidebook proposes a systematic approach to planning, delivering, and evaluating cultural aftercare activities while acknowledging that aftercare activities should be tailored to meet the specific needs of the client, family, and community for a Community Rebirth Planning.

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Appendix A: Frequently Asked Questions for Developing a Cultural Aftercare Strategy

This information would be helpful for any organization that is interested in attracting underrepresented members of the community for the purpose of client and family membership in cultural aftercare.

What is the cultural aftercare issue and why is it relevant?

Cultural aftercare uses the Indigenous culture of the individual / family / community to support the way community workers provide aftercare services. *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations in Canada* defines cultural aftercare as a "life-long, holistic support from a range of service providers as well as community and social supports […] to help people and their families or other loved ones along their healing journey and to return to positive community life." In order to develop an effective cultural aftercare strategy, organizations should ensure that they set clear goals, timelines, and outcomes for their aftercare strategy and ensure that their cultural aftercare methods are consistent, frequent, and relevant to the community.

How do individuals / organizations currently address the cultural aftercare issue?

Best practices for developing an effective cultural aftercare strategy include working with members of diverse groups for the purpose of information sharing and ideas generation to gain cultural aftercare competency. It is also important that the method and medium of the cultural aftercare strategy is readily available to target groups. This means that information sessions, materials, and face-to-face interactions should be held in a range of community spaces and in mediums that are both linguistically and culturally appropriate.

What can individuals and/or organizations do to address the cultural aftercare issue?

Developing an effective cultural aftercare strategy that is culturally competent requires a dedicated effort on the part of the organization. It is important to consider the different cultural groups that make up the community and understand that there is also diversity within groups that need to be acknowledged. Additional ways to effectively implement cultural aftercare to underserved groups in the community can include:

- Marketing flyers and posters where groups typically congregate. This can include libraries, recreation centers, places of worship, grocery stores, etc.

- Use newspapers, radio, websites, and social media to deliver information in culturally relevant languages.

- Hire employees with a similar heritage to the community the organization serves in order to increase cultural competency.

- Meet potential clients and families at their own locations.

- Offer information sessions at various locations within the community that detail what cultural aftercare services are offered by the organization.

- Partner with other organizations that currently work with clients and families.

- Increase cultural aftercare by interviewing members of different groups within the community in order to identify experienced aftercare needs and cultural challenges.

- Include pictures that represent the community when creating cultural aftercare material.

<u>What changes can people hope to see when the cultural aftercare changes are implemented?</u>

The traditional methods of aftercare are no longer appropriate or relevant in the growing and changing First Nation and Inuit communities. If an organization wants to successfully attract new clients / families and engaged partners, it needs to market cultural aftercare in ways that speak to diverse cultural aftercare needs in the community. Developing a successful cultural aftercare strategy requires a clear understanding of community members and those who would most benefit from cultural aftercare. Identifying gaps in aftercare service, determining how the aftercare service would best fit, and tailoring cultural aftercare service to meet the unique cultural needs of the community can increase participation and employment applications from communities.

Appendix B: Suggested Roles and Responsibilities in Cultural Aftercare Planning

Treatment Centre Roles and Responsibilities

Treatment aftercare planning for clients who require follow up and supports when they move from treatment programs to life in the community is necessary to ensure coordinated service delivery. The cultural aftercare planning process demands significant collaboration between treatment programs with clients, their family / support networks, community service providers, and outside resources / agencies who need to be responsible for implementing the treatment aftercare program. It is important that all those involved with the client work together and fulfill their individual roles and responsibilities to accomplish a successful aftercare transition. Treatment centres have an obligation to their clients' success by ensuring an aftercare plan and cultural connection are in place through:

• Treatment discharge planning
• Cultural aftercare program planning
• Coordination of cultural aftercare planning

Clients

Clients are the central members of the cultural aftercare planning team. Their role is critical in goal setting and decision making. Clients and their support networks should be active participants in cultural aftercare planning. Support networks may include family members, friends, traditional teachers / healers, spiritual advisors, community health staff, and others.

Clients, with help from their treatment / community workers and/or support networks, participate in cultural aftercare planning by:

• Attending meetings
• Sharing information with the team on his/her cultural needs, skills, and hopes for the future
• Becoming aware of options and the planning process
• Participating in assessment designed to identify current skills and needs
• Expressing his/her opinions in the decision making process
• Thinking about potential community experiences and a treatment completion date
• Choosing preferences for residential support services or planning to reside in their home
• Understanding the implications of leaving a safe treatment environment
• Contacting their Employer or Employment and Income Assistance for assessment of program eligibility

Community Agencies and Service Providers

Community service providers include community organizations that provide direct services for those eligible for aftercare supports – this may include community health workers. Community service providers can help aftercare planning teams by:

- Attending aftercare planning meetings as required
- Presenting specific information to teams about their services
- Assisting the team in determining the knowledge and skills critical for the client to transition successfully to community support services for aftercare
- Providing direction for clients and planning teams in preparing for, obtaining, and maintaining client aftercare needs
- Providing aftercare programs, services, support, and follow-up to clients and their families

Services / programs delivered by designated agencies or service providers can be either inside or outside of the community:

- **NNADAP Program** for aftercare planning needs, training, and implementation
- **Mental Health** services for mental health issues
- **Health Centre** for client medications and health issues
- **Social Services** for transportation and social assistance
- **Cultural Healers or Societies** for traditional healing, cultural, and social needs
- **Home Care** program for independent living, life skills training, or assistance
- **Community Living** to ensure physical, emotional, and social needs are met
- **Justice** for client legal issues
- **Community-Based Organizations** to support clients with intellectual, mental, and spiritual needs and their children, volunteering, and life purpose
- **Housing** to provide ongoing and new housing programs and services
- **Income Assistance** to provide financial assistance to help clients and their families move out of treatment
- **Education** to provide upgrading, courses, etc. to complete educational needs
- **Services to people with disabilities** to provide various programs and services that assist clients with disabilities

Traditional Healers and Cultural Support Networks

Traditional healers and others sanctioned by the community / family / client to make decisions are also key members of the cultural aftercare team. They can ensure that aftercare planning reflects the cultural interests and values of the client.

The Program Manager must ensure that clients have the opportunity to have a traditional person of their choosing in the process and attend planning meeting, etc.

The suggested roles of these team members include:

- Attending meetings
- Sharing their cultural knowledge, clients' interests, strengths, and needs with the team
- Supporting the client in the cultural aftercare process
- Participating in the decision making process
- Encouraging and helping clients participate in cultural aftercare planning
- Providing information on available cultural services and resources after graduation
- Supporting implementation of the cultural aftercare plan
- Sharing information about clients' cultural progress and future needs

Aftercare Services Administrator

The Aftercare Services Administrator or designate within a treatment centre or community assumes a leading role in aftercare planning and is responsible for:

- Initiating contact early in the client's treatment with designated personnel from community and family services, regional health authority programs and services, and others to discuss planning for identified cultural aftercare needs
- Providing consultation and professional learning opportunities to equip the Case Manager and the community staff for aftercare planning and implementation for client aftercare needs

Counsellors

Client programming should be a part of the aftercare planning process. The commitment and collaboration of counselors – both traditional and western – who are involved with the clients are critical. Counsellors are responsible for clients' Holistic Strength Based Discharge and Aftercare Planning which includes:

- Assessing the client's strengths, needs, interests, and performance
- Making connections between the aftercare planning goals of the clients with their life goals
- Helping clients who want skills training by identifying the requirements and preparing accordingly
- Initiating discharge and aftercare planning for clients early in the intake process
- Supporting and/or providing additional services when clients leave treatment
- Identifying Case Managers within the community and ensuring aftercare planning involves traditional healers and other community staff
- Ensuring that aftercare transition planning is coordinated with programming
- Involving community cultural services in transition
- Ensuring the involvement of client, community, family services agencies, and/or regional health authority programs and/or other services
- Ensuring planning is updated biweekly, or sooner if required
- Ensuring traditional healers are meaningfully involved in decision making
- Ensuring traditional healers have the information they need to make informed decisions
- Ensuring clients have the opportunity to have a traditional person of their choosing at aftercare planning meetings
- Establishing, maintaining, and retaining a client record of discharge and cultural aftercare plans
- Transferring the client discharge treatment file and supporting cultural information within one week of requesting it

Case Managers

An Executive Director or Health Manager can designate Case Managers. They assume the major responsibility for coordinating the aftercare planning and implementation process. The treatment activities of the client should be infused with aftercare planning. Executive Directors or Health Managers should assign one staff (i.e., Program Manager, lead counsellor, etc.) the responsibility for the treatment programming of the client as the Case Manager, unless another professional is more appropriate. Specific roles of Case Managers in aftercare planning include:

- Scheduling and facilitating aftercare planning meetings
- Determining discharge dates
- Determining members of aftercare planning team in consultation with client
- Facilitating agreement about the roles and responsibilities of members
- Monitoring implementation of aftercare planning
- Maintaining aftercare planning documents (i.e., assessments, transition planning, documentation of the aftercare plan, meeting notes, and other related materials)
- Updating plans every two weeks and keeping clients' files current
- Maintaining communication with aftercare team members
- Helping the client find services and resources available in/outside the community
- Ensuring appropriate referrals are made to the necessary support programs

Treatment Services Staff

Treatment services staff who are closely involved with client treatment may become members of the aftercare planning team. They may include child and youth workers, therapists, social workers, psychologists, etc. They may:

• Identify specific ongoing needs of the client including service requirements

• Provide assistance to increase client aftercare potential or successful transition to maintain a more cultural lifestyle

Community Mental Health Workers

The roles of community mental health workers may include:

• Attending aftercare planning meetings to provide current information to the team on available services and supports

• Helping clients and support networks explore and determine appropriate supports and residential options

• Making referrals to appropriate programs within recommended timelines

• Connecting with services workers to coordinate supports and services

• Helping clients find potential resources in collaboration with services workers

Child and Family Services Workers

The roles of the child and family services agency workers may include:

• Attending transition planning meetings to provide current information to teams about available services and supports

• Helping clients and support networks find appropriate supports and residential options

• Making referrals to appropriate programs within recommended time lines

• Connecting with services workers to coordinate supports and services

• Helping clients find potential resources in collaboration with services workers

Services Workers

Services workers from designated agencies and/or health authority programs / services must be involved in aftercare planning. One or more of the following programs may be considered, depending on the needs of the client:

• Employment / Income Assistance

• Supported Living Program, Housing

• Education

• Justice

• Mentoring

Community Aftercare Day Services

Community aftercare day services include a range of supports and training to help clients participate in the community. These services are designed to develop, maintain, and enhance the client's cultural knowledge and skills, spiritual growth, personal care, social skills, emotional learning, language development, and vocational life purpose. This can be done through one or more activities to maintain sobriety:

• Supported employment and aftercare follow-up services to support clients in community settings

• Vocationally focused services to help develop, maintain, and enhance holistic wellbeing skills

Community aftercare support programs determine the client's eligibility for services. Once eligibility for an aftercare program is determined and the availability of the program is confirmed, the roles of the community worker may include:

• Providing information to client of programs and services available in the community (i.e., spiritual, residential, vocational, emotional, and recreational)

• Making referrals to appropriate community programs, services, and needed resources

• Ensuring wherever possible that services are in place for clients when they graduate

• Working with aftercare teams in aftercare transition planning meetings as necessary (at least one aftercare planning meeting is needed before assuming case responsibility)

Appendix C: Client After Care Guide for Cultural Practices

Primary treatment provides a doorway for sustained lifelong recovery but recovery does not end, and in some ways is just beginning, when a client leaves a community or treatment program. It is what we do with the doorway that has been opened that will determine life-long wellness and happiness for the client.

Some clients may need to hone their life skills or abilities in order to move forward and live a balanced and functional lifestyle. Their education should be correlated to their individual learning style needs and can be either formal or informal training.

Whether it is assisting a client to attend a weekly language class or creating a group cooking session, the goal is to help prepare the client for independent living in their real world. All clients should leave treatment with a comprehensive Cultural Aftercare Plan that is developed in collaboration with their counselor and community support network system.

Cultural Aftercare Planning Needs Examples

Life-long support – family, friends, traditional healers, community members, etc.

Education – formal, informal (life skills coaching / training, talking circles with others as mentors or supports, medicine walks, gardening)

Ceremonies – birthing, rites of passage, marriage, death, sun dance, full moon, fasting, water, seasons, feasts, etc.

Rebuilding healthy relationships – role of men and women in a healthy traditional relationship

Grief – wiping of tears, letting go

Strengthening financial resources – sharing skills and knowledge (e.g, group cooking)

Traditional values and practices – food preparation for ceremonies, making home a safe and healthy place, traditional child rearing, learn a traditional craft / sport / hobby, etc.

Traditional Language – family language nests, community group sharing / development

Prevention tools and strategies – drumming, singing, dancing, cultural activities, daily ceremony (something done because they want to – not something they have to do), praying, smudging, tobacco offering, giving thanks, etc.

Community reintegration – strategies with partner agencies (e.g., mental health, social services, education, justice, etc.), welcoming home feast, traditional activities (e.g., sweats, fasting, ceremonies, etc.)

Housing – shared, individual, or family

Childcare – use of family, friends, and/or services to assist with transition

Clothing – starting a clothing exchange

Financial – doing odd jobs in exchange for a meal, ride, etc.

Food – sharing food caught, hunted, or harvested with others

Spiritual – praying, connection to a Higher Power, connection to Creation (e.g., Creation story, unconditional love / sustaining / sustenance)

Social – creating a network of healthy socialization (either attending or participating in storytelling, dancing, socials, singing, beading, sewing, woodworking, quilting, regalia making, pow wow); seasonal ceremonies (e.g., tanning hides, hunting, fishing, trapping); and/or seasonal recreational activities (e.g., lacrosse, swimming, baseball, hockey, traditional games, etc.)

Counseling – resource library of videos, books, materials for the individual or family to use

Health – medicines, ceremonies, connecting with nature, natural foods in diet, exercise

Transportation – connected to community services or others to assist

Justice – reconciliation of past to move into future

Volunteering – reciprocity (giving back to others)

Honoring milestones – celebrating success

Client Cultural Aftercare Planning Tool

Indigenous science integrates the sacred and the approach to Indigenous knowledge as an ongoing process / activity of "coming-to-knowing" rather than by a static noun (western scientific tradition). One is transformed by Indigenous knowledge and then has the responsibility to extend this and translate for others. Dr. Herbert Benson (Harvard Medical School) was able to demonstrate the link between "how patients got better" and the "inner human core" – beliefs, values, thoughts, and feelings (the unscientific aspects of humanity). This has been interpreted to mean "spirit and will to live." In the 1970's the benchmark for "remembered wellness" – demonstrated through placebo / no placebo and defined as the propensity of the body to turn a "mental belief into a physical instruction" – was demonstrated at 70 - 90% versus a 1955 study that placed the effect at 30%.

A cultural difference is the belief that it is "intrinsic faith" that causes wellness and not "extrinsic faith" (meaning affiliation with some sort of group like a community, church, lodge, etc.). Western science separates these but these two cannot be separate within the Indigenous worldview. Likewise, spirit and the will to live cannot be separated. Client results have shown an "unshakable desire" to live and have a good life through connection to spirit.[9] Regarding the use of daily affirmations versus daily connection to a Higher Power as a strategy for "remembered wellness," 80% of the people chose prayer instead of repeating specific phrases.[10]

Helping clients to develop effective goals that create a healthy balance between their values, beliefs, priorities, and obligations will ensure life-long cultural change. Clients should learn how to move through a doorway towards their goals in a measurable and predictable manner that will strengthen their sense of identity and personal self worth. Use the following headings to review the needs of your client and research/identify who will be maintaining their cultural aftercare support.

Level 4: Extended Care Needs – ceremonies, feasts, medical, counseling, monitoring, in home / palliative care, traditional healer, etc.

Level 3: Family / Community Care Needs (cultural / social obligations) – reconnection, volunteering, ceremonies, etc.

Level 2: Personal Care Needs – language, socializing, prevention tools, life skills, connection with Higher Power, daily rituals, etc.

Level 1: Basic Living Needs – food, shelter, companionship, finances / employment, education, environment, health, childcare, protection / justice, traditional healer, etc.

Client Cultural Aftercare Planning Guide

Aftercare should be viewed as a continuum of care throughout the community's utilization of community services, programs, and /or partnerships. All clients should know they can participate in supportive communities activities long after their more structured portion of the program is over.

After a discussion about the cultural aftercare needs of the client, the next stage is developing a plan of who / what community services,

family, friends, programs, and partnerships (including outside agencies) will be used and who will be the staff leading the community connection. This individual would be responsible for:
• Services, programs, etc.
• Meeting client's needs
• Setting up multi team meetings to review status of progress with client and service providers
• Making plan changes, etc.

The Client Cultural Aftercare Planning Guide below provides an example of how this process and plan might look.

Client Cultural Aftercare Planning Guide

Remember: Creator gave us tomorrow to make a difference.
If tomorrow cannot be any different than today,
Then what do we need tomorrow for?

Cultural After Care Plan for: Date:

Developed on: By:

Community Services: (What will be provided and goals / objectives) *(e.g., Transportation – medical services van to transport client each week for a counseling session with mental health worker Nora B. at the KP Health Centre at 2:30 pm.)*	Program Contact: (Who will be providing the service and when – daily, weekly, etc.)	Phone:	E-mail:	Fax:
Multi Team Cultural Aftercare Lead: (Person responsible to ensure services / programs / etc. are meeting client's needs, sets up multi team meetings to review status of progress with client and service providers, makes plan changes, etc.)	Meetings held:	Location:	Time:	Method: (teleconference / face-to-face, other)
Client Strengths: (What are you Passionate about?)				
Client Needs: (What are your hopes for self / family / community?)				
Client Challenges: (What do you struggle with?)	Daily	Weekly	Seasonally	Annually
Client Future: (How do you want to be remembered?)				
Cultural Aftercare Planning Needs: (What cultural skills, tools, etc. to do you need to stay balanced?) Level 1: Basic Living Needs Level 2: Personal Care Needs Level 3: Family/Community Care Needs Level 4: Extended Care Needs	Mental	Physical	Emotional	Spiritual

Reviewed and agreed on: Multi team Lead:

By client:

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