

# Learning About Families' Connections with Services in the Central Okanagan:

## Phase 1 – Agencies' Perspectives

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# *Learning About Families' Connections with Services in the Central Okanagan:*

## *Phase 1 – Agencies' Perspectives*

### Executive Summary

Recognizing the importance of healthy childhood development in the early years, CATCH (Community Action Toward Children's Health) embarked on a project to explore the ideas and barriers surrounding "hard-to-reach" families in the Central Okanagan. CATCH researchers set out to engage the community by using Participatory Action Research (PAR), which included semi-structured interviews, focus groups, and community gatherings. The first phase of this project was aimed at speaking with agency representatives to discuss the issues and their experiences with "hard-to-reach" families. Those interviewed in this phase included 20 agencies from the following categories: Aboriginal, Faith, Government, Health, Justice, School System, and Social/Family Services.

The information gathered and presented in this report is a summary of the emerging themes from the agency representatives. The researchers are aware that there are many more viewpoints and that additional emerging themes will continue to evolve in the future phases of this project. At this stage of the research process, it is not necessarily about arriving at the answers, but identifying *better* questions for future research.

After a number of community gatherings and research efforts, it became clear that the term "hard-to-reach" is problematic. This term means different things to different people and assumes the need to focus on the families themselves rather than the reasons why quality programs and services (targeted and universal) are not accessed by families (parents and children). The term implies that we should look at those families who have "fallen through the cracks," but the "cracks" themselves are not questioned.

Who is to decide which families need help and what kind of help they need without asking the families themselves? The questions presented to the agencies allowed us to learn more about the issues including the agencies' perceptions and assumptions of why families do not access programs and services.

The general tone of the agencies interviewed was self-reflective and self-critical. Many agency representatives felt themselves or colleagues from other agencies to be "stuck." They demonstrated that they would like to assist or support families more but, for reasons beyond their control, such as time limits per family, litigation or liability issues, or presumed pressure to perform in certain areas, they are not able to. They expressed the concern that more can, and needs, to be done.

Agency representatives mentioned two common barriers faced by families: poverty and fear. The issue of poverty was mentioned by almost all of the interviewees. Many expressed that if there was no poverty, the circumstances would be very different for young families. Poverty leads to families not being able to visit programs or services because of issues such as lack of transportation or lack of childminding support. There are other factors such as homelessness and hunger that are related to poverty and can cause families to be isolated and disconnected with the community and its programs and services.

In addition to poverty, many of the participants identified fear as a crucial factor with many clients. Despite good intentions of many programs and services in the community, the fear of having their children taken away was considered very high for some vulnerable parents. This fear is even more real and consistent with Aboriginal community members. The fear has a long history stemming from government policies that required generations of Aboriginal families to send their children to residential schools. Many Aboriginal children suffered abuse in residential schools and most lost essential culture and language connections to their families and communities. These experiences are related to the current high number of Aboriginal children placed in the care of the Ministry of Child and Family Development. The majority of children in care (over 50%) are Aboriginal children.<sup>1</sup> Combined with the issue of racism, it is no surprise that Aboriginal families shy away (stay hidden or "hard-to-reach") from any program or service that is perceived as official. Understanding this reality should help in approaching and meeting the individual needs of a family. However, it would be worthwhile to hear

from families, especially those who are marginalized and vulnerable whether other factors, beyond fear, might be even more important.

Agency representatives identified outreach services as one of the most successful approaches in overcoming some of the barriers for access. Outreach services allow staff to see clients at locations with low barriers rather than some of the agency offices which may present high barriers. Agency representatives pointed out that outreach is considered very positive because it meets the clients where they are at and recognizes their own personal situations. It provides opportunities for staff to learn about the realities of their clients. This helps to reduce barriers to communication. Despite the positive perspective towards outreach programs, the tendency seems to be that they are experiencing funding cuts. More research is needed to learn about balancing between specialization of programs and services versus outreach programs.

The theme of the client-based programs was also identified by the interviewees. Generally, there is a disconnect between what the "system" has to offer and the needs of the different and diverse individuals. The "system" often expects clients to have a standardized need that programs and services, designed and developed as part of that system, is dealing with. The disconnect exists because the specific needs of the families is not known or cannot be met. The lack of monitoring and evaluation of the existing programs is also problematic. To deal with this disconnect and the needs of the diverse citizens, acknowledging that there is diversity is the first step. If we listen and learn from a wide diversity of people, we can learn more about why existing programs are, or are not, being used.

By using an action research approach to this project, the different "knowledges" are acknowledged and integrated into the whole process. While examining the barriers to access and what needs to be done to improve ways for families and programs and services to "meet" each other, we learned about what new questions to ask and how to go about learning from other participants, such as families themselves, and hear their experiences.

For more information about CATCH and its projects, please visit [www.catchcoalition.ca](http://www.catchcoalition.ca) or contact Myrna Kalmakoff at [myrna@catchcoalition.ca](mailto:myrna@catchcoalition.ca).

## Introduction

Community Action Toward Children's Health (CATCH) is a movement of people, agencies, businesses and governments that acts as a catalyst and facilitator for improving early childhood development in the Central Okanagan. This coalition consists of a partnership of individuals and organizations who believe that it takes the whole community to raise a child. The partners of the CATCH coalition endeavour to make the Central Okanagan the best possible place to raise young children by following their mission: "working together for the healthy development of children in their early years (conception to school entry) in the Central Okanagan."

In 2012, CATCH released a report entitled [\*Reaching the "Hard-to-Reach": Investigating Research and Findings in Communities across the Globe\*](#). This background report investigated the varying definitions of "hard-to-reach" families, as well as research and projects around the world. The next step recommended in the background report was to find out what is happening in our own community.

To follow up with this recommendation, CATCH wanted to explore those who need support but are not being reached in the Central Okanagan. The following report contains the results of the first step which was to connect with the agencies and service providers. The purpose of this phase of the project is:

To inquire with a number of agency representatives and service providers about their knowledge, expertise and experience of engaging with "hard-to-reach" families.

Agency and service provider representatives were interviewed so that we could learn about their experiences with "hard-to-reach" families in our community and develop better informed questions about the topic in the next phases of this action research project. Eventually this project aims to learn about these families so agencies (and other community members) will be better equipped to develop programs or services, better align them, or even develop supports at a more universal and societal level.

The research team would like to thank everyone involved in this phase of the project. This includes the participants in the focus groups, interviews, community gatherings, and advisory teams. With their help, we were not only able to explore the ideas and knowledge surrounding “hard-to-reach” families but also challenge the assumptions and develop more in-depth questions.

## Investing in the Early Years

### *Brain Development*

Children’s brains develop according to their experiences and their environment. In fact, children’s experiences from birth to age 6 determine their ability to learn and develop and affect their future health, wealth, and success in relationships. A child’s parents, caregivers, and the community play an important role in these early years.

According to the World Health Organization<sup>2</sup>, the more stimulating the early environment, the more a child develops and learns. High levels of adversity and stress during early childhood can increase the risk of stress-related disease and learning problems in adulthood. Challenges such as mental health issues, obesity, heart disease, criminality and poor literacy and numeracy can be traced back to early childhood.

While parents and caregivers are the key to healthy early childhood development, they often need support and guidance. Programs designed for parents and caregivers provide benefits and support enabling children to experience positive early childhood development opportunities that are high quality and long lasting.

It has been shown that throughout the world, societies that invest in children and families have the most literate population, despite income levels. These societies are also among the healthiest. Despite this evidence, however, support for investment in early childhood development in some sectors has been slow.

## *Economic Impact*

In addition to what children experience at home and socio-economic factors, high quality programs in early childhood education and care are beneficial for all children but especially those who face adversity at a young age. Investing in high quality early childhood education and care has been shown to result in economic and social payoffs.

Economist James Heckman explains how dollars spent in preschool programs generate a higher return. This is due to the brain's developmental ability in the early years of childhood.

*"The logic is quite clear from an economic standpoint. We can invest early to close disparities and prevent achievement gaps, or we can pay to remediate disparities when they are harder and more expensive to close. Either way we are going to pay. And, we'll have to do both for a while. But, there is an important difference between the two approaches. Investing early allows us to shape the future; investing later chains us to fixing the missed opportunities of the past"<sup>3</sup>*

There have been many studies that examine the economic impact of investing in early childhood education, but one of the most well-known is the Perry Preschool Study<sup>4</sup>. This study, which began in the 1960s, examined two groups of underprivileged families. In the first group, the children attended two years of preschool while the children of the second group did not attend preschool. By the age of 21, the children who had attended preschool were generating a return of \$7 for every \$1 spent on their preschool education. By the time this group was 40, the return was \$16 for every \$1 spent. The conclusion is that the early childhood experiences brought not only economic benefits, but also a range of social benefits such as stronger civic and social engagement and the decreased likelihood of engaging in risky behaviours.

## *Our Children*

According to the Human Early Learning Partnership (HELP), child vulnerability in BC is high at 30% and increasing<sup>5</sup>. In addition, income inequality is increasing. Since income is a powerful determinant of child and health outcomes, it also leads to inequality in early childhood development outcomes.

In 2011, in the Central Okanagan, the population of children under the age of 6 was 11,795 (16% of the population). In the Central Okanagan School District, the overall vulnerability of children (measuring 5 core domains of early child development: physical, social, emotional, language, communication) measured at 23% (Early Development Instrument – EDI)<sup>6</sup>. In other words, 23% of the children in kindergarten exhibited vulnerability in one or more of the domains. There are programs and services available in our community to support and assist families in need, but what about those families who are “hard-to-reach”?

## Methodology

Specifically, this phase of the project explores the following:

1. What the agencies are currently doing to try and reach the “hard-to-reach” families?
2. What informs the agencies how to go about reaching the “hard-to-reach” families?
3. What assumptions they have about the specific needs about those families?
4. What agencies currently know (or think they know) about why these families need support and what kind of barriers they have?

The agencies and service providers who work with families and potentially “hard-to-reach” families were divided into the following categories: Aboriginal, Faith, Government, Health (including Mental Health and Addiction), Justice, School System, and Social/Family Services.

From these categories, agencies and service providers were contacted and a total of 20 were interviewed over a period of three months. For a list of the participating agencies and service providers, please see Appendix A.

### *Participatory Action Research (PAR)*

Following with CATCH’s mandate, this project used community-based research methodology which focuses not only on the individual but on the community as well. The process for this project also follows the principles of Participatory Action Research (PAR) which includes the active involvement of the

subjects in the project itself. In other words, community members and key stakeholders are involved in the steps of the project to help guide the work.

Cross-checking, or triangulation, uses a combination of methods such as focus groups, surveys, and interviews, and is based on the notion that there are different “knowledges” in the community. It is crucial to involve people from all sectors of the community since the realities of people or organizations, and how they “see” the world, can differ greatly. These differences may influence perceptions or assumptions about needs. Therefore, it is important to listen to people’s stories and situations to try and understand their reality better. That way it is easier to arrive at programs and services that are relevant to them.

Using these methodologies and theories, CATCH came up with a preliminary list of service categories and, under each, agencies and service providers to be interviewed. This list was presented to a focus group of community members/key stakeholders. Their feedback provided us with guidance as to which categories of programs and services (both universal and targeted) were essential to include in the interview process along with questions that needed to be asked.

The questions followed the semi-structured interview process that encourages an open conversation to explore the topics surrounding “hard-to-reach” families. This freedom can help interviewers to guide their questions in the interview based on the experiences and important thoughts of the interviewee.

Therefore, the interview followed the path of a conversation rather than strictly a question and answer period. By providing this opportunity to the interviewees, we are able to discover the important issues that they face in their position. The themes explored included the definition of “hard-to-reach” families (from the agencies perspective), barriers for agencies and families, reaching out, assumptions, and questions, along with a wish for the future (Appendix B).

Before each interview, the interviewer verbally explained the goals and rationale of this research as well as issues around confidentiality. The interviewees were also presented with a consent form with more details (Appendix C).

Following the interviews, another focus group, with the same participants from the original group, was brought together to discuss the findings and applicability of this phase of the project to our community.

This multi-pronged approach to the project aligns with the core values of CATCH as a coalition of many stakeholders who work together to create the best possible Central Okanagan for children to grow up in.

## Findings

### *Definitions of "Hard-to-Reach"*

The term "hard-to-reach" is difficult to define for communities throughout the globe. What is generally agreed upon is that any family, regardless of income, can be in need of support. When the service providers within the Central Okanagan were asked about the definition of "hard-to-reach," they came up with a variety of answers. These answers can be grouped into two categories: those who have previous knowledge of the services available and those who do not.

The families who are aware of the programs and services available may feel reluctant to access them if they have had a negative experience in the past. They may also feel that although the services are available, they do not apply to them or would not work for their family. Often denial of their own situation leads to the refusal to participate or accept the services being offered. Some interviewees separated vulnerable families from "hard-to-reach" and defined "vulnerable" families as those who want the service but are not able to access it due to barriers such as transportation or language.

On the other hand, there are those families who are not aware of the services being offered and assume that there are no programs or forms of support that apply to their needs. Not only do they not know what is out there, but they may also not know how to access the information. Often, these families are disconnected from their community and find themselves isolated and unable to reach out.

In the interviews, there were several emotions and feelings that were associated with the definition of "hard-to-reach" families: fear, embarrassment, and intimidation. Families are often wary of accessing programs and services because they are afraid that they may be judged or ridiculed or even that their children may be taken away. Reasons that families may refuse to access services included feeling intimidated by agency workers, the processes involved in services, opening up to other people, along with embarrassment at their personal situation.

Despite the attempts to define it, during the interviews, it became clear that the term “hard-to-reach” is problematic. This is an issue found in many communities who are addressing the barriers to accessing programs and services. When referring to families as “hard-to-reach,” the onus is placed on the families and implies that they are to blame for not accessing programs and services. With the emphasis on families themselves, other factors may not be investigated such as barriers or other systemic and institutional issues beyond the control of families themselves. The term assumes an “us-them” perspective to the world where an agency or service provider may take an authoritative approach and treat “others” (in this case the “hard-to-reach” families) as needing help. With this comes the implication that those who want to help have the knowledge of what help is needed/wanted, which may not be the case. However, the term “hard-to-reach” itself creates dialogue and discussion so, for the purposes of this report, it will be used with the above disclaimer in mind.

### *Assumptions*

Challenging assumptions is essential. Open discussions and collaborations are a crucial piece of this. By being aware of these assumptions, we can consistently question them and adjust strategies as needed.

One of the assumptions of this phase of the project was that some families are “hard-to-reach.” However, agency representatives told us that they have many families who want to receive services but the agencies are unable to provide some services due to lack of capacity. This effectively results in *services* that are “hard-to-reach,” not the families themselves.

The agencies recognized their own assumptions related to “hard-to-reach” families. Some agency representatives make the assumption that only those families who are facing poverty or addiction issues are “hard-to-reach.” However, some affluent families deal with issues such as drug abuse but may be unable to access the resources needed.

Another assumption was that all new immigrants want to fit into Canadian culture. Many families coming from other countries honour their traditions and culture and may feel that they have to give that up to learn Canadian culture. Respecting the needs of these families helps them to feel more at ease in the community.

The interviewees also recognized the assumption that all families are satisfied with the services available but some are unable to access them due to issues such as lack of transportation or poverty. However, in many cases, it goes beyond that. There are many families in need of support who are fearful about accessing services or feel that there are no services that apply to their needs.

In terms of the process and the services available, the idea that “one-size fits all” came up multiple times during the interviews. Many service providers acknowledged this idea and recognized that it is false. Many “client-based” programs being offered do not fit the needs of the clients. For some service providers, it is not common practice to ask “why” when their programs or services have low participation. It may be that families do not want that service or that they do, but are just unable to access it due to barriers such as affordability or transportation. Furthermore, some service providers try combining different groups of

individuals in a program which is sometimes successful, but it is most helpful if the participants have a common ground and can form a connection. Sometimes the methods of communication being used, such as internet or cell phones, may not be affordable for some families. Finally, the scheduling system for appointments and programs may not be accessible for those families who have varying work schedules or lack of transportation.

According to the interviewees, the intent of programs are to be inviting, not cumbersome in registration. Aboriginal agencies work hard to connect with Aboriginal families and the respect and involvement of culture is essential to these connections. Their approach is based on relationships and encouraging family connections. Aboriginal agencies offer services in areas such as health, wellness, education, training, employment readiness, and life skills. They provide cultural-based programs such as Aboriginal preschool, monthly family nights, programs for children, mental health and addiction counseling, ceremonies, and cultural teachings, such as natural medicines.

### *Reaching Out*

When asked how their agency reaches out to “hard-to-reach” families, the interviewees described a variety of techniques. For example, a “no-refusal” policy that enables their clients to feel supported. The idea of client-centered support was also discussed. In other words, the workers look at the individual needs of each family and help them access the services that are most beneficial to their

situation. Collaboration, or the coming together of agencies, was also mentioned (examples: PICC (Partners in Community Collaboration) and PHD (Partners in Healthy Downtown)).

Community events were also discussed by several of the interviewees. These events are set up to bring

The Aboriginal agencies interviewed mentioned a variety of community events that honour their traditions. These events bring together families and young people to learn about and celebrate their culture. They host Louis Riel Day, National Aboriginal Day, Roots gatherings, youth and family day camps, picnics, parties, and drum circles, along with traditional teachings.

together community members and offer them a chance to meet and learn about different services throughout the community. These range from events for the entire community to those offered to a specific sector of the population, such as Aboriginal cultural events for families.

Specific support programs, along with educational services, are also offered. These programs can be

targeted to groups such as young mothers, single parents, or families who are learning English. Some agencies provide items such as food, diapers, pregnancy tests, or baby bottles. These items are free and are offered to families in need. Others offer referral services and support to help families navigate their way through the program and service options available to them. These agencies provide a “front door” that helps the families connect with the community or helps them with paperwork or steps that may be required for assistance.

Outreach, such as nurse visits, is an effective way but is often limited due to liability issues and funding. If an agency worker wants to help out a family by driving them to the food bank, they may be restricted by their job description and the worry of liability issues. Outreach in particular was identified as a successful methodology for connecting with those who were deemed “hard-to-reach.” However, it is limited due to funding cuts, funding processes and lack of resources.

### *Barriers for Families*

The emerging barriers are categorized into two groups: Infrastructure and Relational or Value-based Barriers. This follows the barrier categories described in the Human Early Learning Partnership Research Brief: *Addressing Barriers to Access*<sup>4</sup>.

## Infrastructure Barriers

The interviewees described many barriers that they believe “hard-to-reach” families face. Lack of knowledge was a commonly mentioned barrier. This lack of knowledge not only focuses around the programs or services, but also around how to access the information to begin with. For example, a family that is in need of housing may not know that there are rental assistance or subsidy programs, but may also not know who to ask to find out if such programs exist. This may be due to lack of advertising although many programs and services are learned through word-of-mouth. If a family does not have a connection in the community, such as a neighbour or family member, they may not be able to find out about these programs or services. This is very common, for example, among young mothers who may feel isolated if they are not able to connect with other young mothers. Much of our knowledge of community events, services, and programs, comes through our peers, but only if those connections exist.

The idea of “lack of knowledge” may also apply to those who are in a situation that could use some assistance, such as an abusive relationship, but they feel that the programs and service are not applicable to them. Generally, these individuals are not in a “crisis” mode and feel that the service would be better fitted to someone else. Providing more open support and education around the services would be beneficial to them in addition to assessing the purpose of the services to see how they are meeting the needs of the individual families in our community.

Income level is not an indicator for this barrier. Lack of knowledge can apply to affluent families, those families struggling with poverty, and all those in between. For example, a family with a child who has a mental illness may isolate themselves because they feel that they are the only ones in their peer group dealing with that particular problem. They may not be aware of others going through it as well and that there is help available. This can happen regardless of income.

Often lack of knowledge is associated with language barriers. Immigrating families coming from non-English speaking countries often have difficulties accessing services if their English is limited. This is another example of the importance of a community connection. Having a well-connected neighbour, friend, or mentor available would help them to learn about the available services.

In addition to limited English-speaking skills, lack of literacy skills also makes access difficult. If a program or service requires extensive paperwork, the parent may choose to avoid it if they are illiterate. For example, it is difficult for an individual who cannot read a contract to sign it. This could limit services such as housing options, medical attention, and addiction services.

Unavailable Services was another barrier mentioned throughout the interviews. These services can include those that are full or over-capacity, those that no longer exist, and those that simply do not

According to the interviewees, important issues faced by Aboriginal families include: lack of education and employment, lack of affordable housing, access to social assistance, along with geographical barriers, especially access to services and programs located across Okanagan Lake.

exist. The interviewees in the Health category mentioned that programs such as youth services, detox programs, and shelters are crucial and when they are maxed out, the clients have no place to go to get the help they need. Interviewees in the Justice category explained how even though waitlists are created for some services, when the wait is too long the clients can end up back in the cycle of crime.

Some families may choose to access alternate services to get what they need because those services have low or no barriers. If a family is unable to access medical help through official services, they may go to the emergency ward of the hospital which has minimal paperwork, confidentiality, and may provide them with quick access to what they need, even if this is a misuse of our emergency services.

One of the most common services mentioned during the interviews was outreach. While outreach can manifest itself in many ways, it can simply come down to connecting with families. This can be either service providers or families connecting with other families. Outreach breaks down the barriers for families and begins to build trust between themselves and the service providers. However, with funding cuts and lack of resources, there seems to be less outreach programs. If there are fewer outreach workers available, there are more families having to search out the resources themselves, which can be difficult depending on the barriers that they face.

A family's lack of transportation, whether it is because they do not own a vehicle or have access to public transit, was listed as another major barrier for families in the Central Okanagan. Without efficient transportation, families are unable to get to the help they need. For example, if a young boy with autism

has an appointment and his parents are unable to get him there because they do not own a car or live on a bus route, that child may not be able to receive the support that he needs. Another example is a new immigrant mother who has come to Canada with her children and her husband. If her family owns only one vehicle and it is being used by her husband during the day, she is unable to access the programs and services available in our community for newcomers. Many agencies are restricted to helping these families out, such as providing transportation, because of funding cuts and liability issues.

As part of the transportation issue, the geography of our community was mentioned – Okanagan Lake being a big geographical barrier, for example. Not only does the lake create an additional component to public transportation, but it was mentioned that more of the services are available on the Kelowna side of the bridge. Accessing the services can be difficult for those living on the west side of the bridge. One of the main underlying issues to lack of transportation, however, is poverty. This is an issue that many families in our community face. Without affordable and efficient transportation, the services that are being offered will not be accessed.

### Relational or Value-Based Barriers

According to the agencies that were interviewed, one of the most prominent barriers faced by “hard-to-reach” families is fear. This sense of fear is so strong for some families that it keeps them away from

The suffering experienced through racism and the history of residential schools in our community along with the removal of Aboriginal children from their homes has serious implications to the Aboriginal families today. This intergenerational trauma causes a high proportion of Aboriginal families to be considered “hard-to-reach.” The fear that accompanies this trauma is passed along from generation to generation and creates a reluctance to participate in programs and services offered by non-Aboriginal groups.

services and programs even if funding is available for their family. It appears, however, according to the agencies interviewed, that what families fear the most is losing their children. This is felt by the parents and limits their access to the services for fear of being flagged for an issue that might warrant them to lose

their children. It was noted that the hardest families to reach are those who are afraid of losing their children. If the parents have experienced a negative situation with an agency, either as children or as

adults, they may pass this fear down to their own children. Parents who are dealing with addiction or poverty are fearful and may feel that they are being judged so seeking help is difficult.

Fear of being judged along with pride and denial were also mentioned during the interviews. Often, parents are too proud to ask for help or are afraid to ask “stupid” questions. They are afraid of being judged or being told that their parenting skills are wrong. Other times, parents may be afraid to admit that there is a problem (due to social stigma) so they avoid the services that are available to them.

The second most mentioned barrier faced by “hard-to-reach” families is the distrust toward the “system.” During the interviews, the term “system” was used to reflect the rules, regulations, and procedures that govern the individuals who represent the institutions or bureaucracy. The wariness and lack of trust for such systems is not limited to government offices but can also include non-government agencies that have a great deal of forms and protocols required for access to services. When the term “system” was used by the interviewees, it generally focused around the idea of an authority figure as well as the processes necessary to access services. This definition, however, was dependent on the perspective of the person telling the story. It should be noted that assumptions are often made regarding access to the “system.” These assumptions are what lead to the lack of trust and create barriers for families.

Throughout the interviews, the agency representatives made many references to the biases toward official involvement or the “system.” The perception of the “system” can be very powerful and can begin with simply the way that an agency worker is dressed. For example, if a case worker comes to a house to talk with the parents about their poverty issues and he is dressed in a formal suit, this may make the family feel uncomfortable and unwilling to open up. This will result in the lack of trust between the family and the caseworker. Further, if a family arrives at an appointment and the office is stark, the desks are high and the décor is not child-friendly, this family will be reluctant to return.

The feeling of mistrust between the families and agencies limits the number of families accessing services. In the Justice category, for example, those families working with victim services naturally seek safety. Their behaviour, such as not showing up for an appointment, however, may be seen as uncooperative by the police or the crown. Another example, in the Health category, noted that some families felt they had been “pushed out” or misdiagnosed for their physical and mental health needs. As

a result, these families lacked the trust for some types of medical services, while other types, such as the hospital, were used instead due to low barriers such as easy accessibility (open 24 hours a day). In addition, it was mentioned that people come to the hospital rather than neighbours or other agencies because of pride, lack of support for families, and the feeling of isolation. This causes a financial burden on our health system when these services are not being used as intended (ie. the emergency room is not being used for actual emergencies).

It was noted that subcultures of isolated and vulnerable populations are connected by distrust and suspicion of service providers. Interviewees mentioned complaints from families that some agencies created big barriers because they are static and do not meet the needs of the changing community. Others mentioned that they have heard families complain of experiencing conflict among professionals which leads to confusion and lack of

confidence. Some families feel that they will not get the support that they need and that the system is set up to take their children away. Being part of this system makes them feel marginalized and stigmatized. Many feel that it is too hard to navigate which creates the feeling that there is no one to help them, that they are just being moved from one desk to the next.

Cultural disparity was another important barrier discussed by the interviewees. The

reality of cultural differences is significant and requires collaboration. These populations can be so isolated that they are termed "culturally hard-to-reach." Some families choose isolation due to these

Through the interviews, it was identified that cultural disparity is a major factor for Aboriginal people in the Central Okanagan, many who experience racism, lack of cultural safety, and lack of a clear identity. According to the agencies interviewed many Aboriginal families prefer to receive services from Aboriginal agencies when possible as both clients and service providers feel more culturally connected which leads to better mutual understanding. Aboriginal people may appear "hard-to-reach" by mainstream agencies, but may willingly connect with Aboriginal service providers.

Cultural safety is important for families who experience racism in the community. Loss of cultural attachment and loss of language is a big issue for all Aboriginal families. Losing access to traditional activities, such as the Salmon Harvest, affects the cultural safety of the entire family.

differences while others want to access the services but find it difficult. New immigrants often struggle with a lack of Canadian cultural awareness.

Immigrant populations are smaller in the Central Okanagan compared to those in bigger cities. This

may result in a lack of connection with their peer groups. Other immigrants are here temporarily so some of the programs and services are not available to them. In addition, issues such as a child's physical or mental disability may be hidden at home due to their family's cultural protocol. For those families that are able to access programs and services, they often find the required paperwork and meetings difficult to complete.

Mental illness was another important barrier mentioned by the interviewees. Mental health issues can range from dealing with the daily stresses of life, which may result in loneliness and feelings of isolation, to a more severe diagnosed mental illness such as depression or anxiety. When a parent is suffering from a mental illness, life's demands can be difficult. Dealing with a mental illness can be very isolating for the parents and may result in their retreat from services that would benefit them and their children.

It also becomes difficult for those service workers who are not trained in supporting families with mental illness. Some individuals often feel that they have been pushed out of the system or misdiagnosed. For those who are undiagnosed, the symptoms of untreated mental illness can be invisible until there is a crisis situation.

Mental health and addiction often overlap and, according to the interviewees, are important issues for Aboriginal families. Struggles with addiction to alcohol and drugs are often a result of intergenerational trauma that continues to affect the well-being of the families. Abuse is a major issue as well. When addiction or abuse is present, the fear of having the children taken away may lead to apprehension to access any programs and services available for support.

Addiction is another serious issue mentioned by interviewees in almost every service category. When someone in the family struggles with addiction, it affects the whole family. When not dealt with, it can impact the stability of the home, the family's unity, mental and physical health, and finances. A parent or caregiver who is dealing with these issues may find it difficult to provide the care needed for the best interest of their children. Additional support is important for these families, but finding it themselves may be too difficult - making outreach programs essential.

Poverty was also a major underlying factor mentioned throughout the interviews. While income does not necessarily indicate the level of support needed in a family, low-income homes face many challenges especially when raising children. Poverty is considered to be one of the major factors of family stress. This stress can cause family dysfunction and can affect a child's healthy development

including learning difficulties and poor health. In fact, according to UNICEF, “the rate of child poverty remains the most telling single indicator of child well-being.”<sup>6</sup>

### *Barriers for Agencies*

Poverty can be very isolating for Aboriginal families who cannot afford to access resources. Poverty, along with mental health issues, lack of education, lack of employment, gang violence, and domestic violence are all interrelated conditions arising from the loss of cultural attachment and loss of language.

When asked to discuss the barriers faced by agencies who work with “hard-to-reach” families, there were five main categories of difficulties that emerged. The first was simply lack of communication between the agency and the family. It is sometimes difficult for the agency to maintain the correct phone number or address of a family. Some families are transient while others are not able to maintain a permanent address or phone number or afford a cell phone. Without this first step, the agencies find it difficult to connect and maintain a relationship with families.

Researchers learned (from both Aboriginal and non-aboriginal agencies) that Aboriginal citizens/clients feel most at ease or safe with Aboriginal agencies. There is also a concern that despite this notion, many Aboriginal programs (whether outreach or other support programs) are being cut and/or even displaced to other (non-aboriginal) agencies. More research may be required to investigate how collaboration among agencies can provide the best (and culturally safe) support to clients.

The lack of collaboration between agencies was another barrier that the interviewees identified. Agencies may feel competition between one another but must be willing to give up ownership so that collaboration is possible. Other times, agencies are bound by confidentiality issues but this ends up being detrimental to the families that would gain

from the collaboration between the agencies assisting them. It was also noted that collaboration is difficult for some agencies that belong to different sectors. For example, workers at a non-profit agency who run an outreach program in the evenings may have a difficult time connecting with an agency that is only open during the day.

Another barrier discussed in the interviews was the feeling of job regulation restrictions. In other words, they feel constrained to stick to their job description. It is often difficult or dangerous to step out

of these boundaries due to liability. If a client is unable to attend an appointment or service because they do not have transportation, a service provider may not be able to assist them (by picking them up) due to liability concerns. Others noted the pressure from management to move the cases along, often without being able to finish up with their support services. This leads to a lack of commitment and no accountability. Outreach was mentioned as an effective way to connect with “hard-to-reach” families, but the steps for this work extend beyond many people’s job descriptions.

Relatability was another issue faced by agency workers. Some felt the difficulty in truly understanding another’s situation. For example, for those who have not dealt with trauma, they may not understand that for some trauma-victims just getting out of bed is a success for that day. Without having a connection or understanding, the expectations of the agencies on the families may be too high and lead to the families refusing to participate in programs or services. Taking the time to get to know the clients and the things they deal with throughout their day will help the agency worker to ask the right questions and provide the right support. Training, or continued training, and experience are essential elements that will help in the relatability between the agency worker and the family.

Finally, one of the biggest barriers faced by agencies in all sectors was funding. From government-run agencies to non-profits, programs and services cannot exist without the proper funding. When funding is tight, there is more insular and protectionist behaviour shown by the agencies. Complaints among the interviewees included increasingly complicated funding processes along with funding sources migrating away from the grassroots agencies. Often these “smaller” agencies have built relationships with the families which become difficult when the funding moves to another agency. The families are forced to start over and often they will decide not to participate in the new programs. Furthermore, as funding shifts hands, it was noted that programming moves to services that are crisis-driven and away from prevention services.

### *Wishes for the Future*

The interviewees were asked to imagine our community 25 years from now, and that there were no more “hard-to-reach” families. They were then asked to describe how our community reached this goal. Many interviewees expressed that we reduced the number of mental health and stress-related issues and changed attitudes regarding stigma and competition among agencies. In addition, in this ideal community, there were families with strong family bonds and trust and with no attachment issues.

To accomplish a community with no “hard-to-reach” families, many interviewees expressed the need to create a network of help and connections. This included a stronger connection between the neighbourhood and the family; in other words, reintegration of

#### Aboriginal Agencies' Wish List

To create an ideal community that has no “hard-to-reach” families, the Aboriginal agencies came up with the following plan:

- Political will and strong commitment to children's and families' health
- Collaboration among groups working toward better health - both Aboriginal and non-Aboriginal
- A sense of safety for families
- A reduction in the need for extensive services, particularly addictions and mental health
- Healthy families
- Culture is shared and respected - no racism

neighbourhoods and the creation of more connections within them. In this ideal community with no “hard-to-reach” families, community members feel responsible for one another. They develop a sense of joint ownership with more awareness and have training and education in community support. This community welcomes newcomers and provides them with a meet-and-greet that gives them a gentle introduction into the community and includes information such as a list of doctors, services, and community supports. The families feel a sense of safety and are comfortable reaching out for support.

The agencies in this ideal community have an increased ability to be proactive in seeking out families and to be accepting of differences. They work together with more reciprocity and less defensiveness. Their collaborative programming focuses on empowering people.

The most prominent aspect of this futuristic community with no “hard-to-reach” families was awareness and education for parents, caregivers, and agencies. This increased awareness begins at the personal level where the parents gain confidence and self-esteem in their own abilities. This, of course, comes

from the feeling of support from their community including the idea that every family has a mentor to help them out. There would also be a central place for families to go to find out what is available in the community. Within their own home, families would be confident in handling their own situations such as basic medical needs, growing and preparing their own food, and knowing where to find the proper support when needed. The community itself would have an increased awareness of vulnerable and “hard-to-reach” families and know how to recognize and reach out to them.

### *Suggested Solutions*

There were many solutions offered for reaching “hard-to-reach” families. Some solutions were already in place while others were suggestions for further development. Education for agencies, including ongoing training, community workshops, and courses were recommended for those working closely with “hard-to-reach” families. These courses could include training on how to read body language, empathy skills, and techniques on how to build a comfortable trusting relationship with clients. Education and support for parents was also mentioned. Providing the resources and knowledge to the parents through pamphlets, courses, or outreach support would give them the skills and ability to learn about what is available for them in the community.

Collaboration between agencies was also mentioned. Improving and maintaining communication between agencies is essential. Ideally, agencies would rely on each other’s expertise and work together and combine their resources. This could come in the form of a hub, or a central spot, where information and services are readily available to families. However, it was mentioned that resources are needed for this to work; people need time to connect.

#### Successful Collaboration

Metis Community Services of BC (MCSBC) is a non-profit agency that offers programs and services to Metis and urban First Nations children and families. Through a co-location agreement MCSBC hosts several Ministry of Child and Family Development (MCFD) social workers at its centre. This partnership enhances service to Metis and urban Aboriginal families.

One of the most common solutions was to develop the relationships between the families and the agencies. This can be accomplished by improving communication and building trust between them. A gentle approach, connecting at a personal level, was recommended. Creating a safe environment and showing respect and being transparent with what the agency can offer was also suggested. It is important that the agencies do not rush the clients out the door but see them as a whole and help them with their specific needs. Agencies could also offer services such as assistance with paperwork or providing solid referrals. According to one of the interviewees, "every door should be the right door." In other words, a system is needed where agencies are able to guide the families to the services that they need – wherever that may be in the community.

Another solution that was suggested is to build up the sense of community. Neighbourhood connections can also help decrease fear. It is important to build up community networks because they provide a system of support and sense of safety and accountability. The more a person is involved with their community, the more sense of community they will feel. Programs that are offered in a community setting can help to build these bonds. It was noted that events that bring people together and offer free food are often successful. Other ideas included combining groups, such as involving seniors with children, to help strengthen the bonds within the community.

Client-based programming was a theme that was found throughout the interviews. This included understanding where the family is at and prescribing support and services that fit the family. Outreach and bringing the services to the families was also mentioned as well as being aware of cultural needs and being able to accommodate for them. Evaluation of the programs and services was also discussed. Ideas included creating a format for evaluation, running it as a pilot for 3-6 months, adjusting as needed, and formalizing it when it works. Another interviewee described meeting quarterly and looking at the barriers to access and how to improve them. It was recommended that agencies be more proactive and respond to the changes in the community rather than trying to fit the community into programs and services that may or may not be working.

## Conclusions and Next Steps

Within the information gathered from the 20 interviews, several themes emerged. Poverty and fear, along with funding processes and the lack of community connection were topics that were common throughout the data collected. These themes are helpful when exploring the connection between families and agencies as well as what further questions need to be examined.

The purpose of this report was to explore the definition of “hard-to-reach” families in our community as well as to discover the barriers they face and what needs to be done to reach them. The themes that emerged from the agency interviews help us to learn about the different perceptions of “hard-to-reach” families from an agency’s perspective. One of the most significant findings in this phase of the project was the use, or misuse, of the term “hard-to-reach.” This term is commonly used, but the definitions and assumptions behind it vary so greatly that it becomes an inaccurate term to use. The assumption behind the term focuses the blame on the families themselves. However, according to many of the interviewees, our community is not faced with “hard-to-reach” families, but “hard-to-reach” agencies who are restricted by lack of funding and resources. With both families and agencies facing barriers, the real issue is not about who cannot reach the programs and services, but how the families and agencies can meet in the middle and remove this “disconnect.”

According to the information gathered during the focus groups, interviews, and community gatherings, the next phase of this project should be to talk with the families who are trying to access the programs and services but are facing barriers. By furthering this research, we can continue to learn and explore the issues behind the barriers to access in our community.

For more information about CATCH and its projects, please visit <http://www.catchcoalition.ca> or contact Myrna Kalmakoff at [myrna@catchcoalition.ca](mailto:myrna@catchcoalition.ca).

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## Appendices

### Appendix A:

#### List of Participating Agencies in the Interview Process

The agencies in this phase of the project were selected from the following categories: Aboriginal, Faith, Government, Health, Justice, School System, and Social/Family Services. The specific agencies that were selected as participants are listed below.\*

- Interior Health Authority
- Interior Health Emergency
- Central Okanagan Child Development Centre
- Karis Support Society
- John Howard Society
- Elizabeth Fry Society
- The Bridge Community of Faith
- Society of Hope
- School District #23
- Central Okanagan Foundation
- The Bridge Youth and Family Services (2)
- Kelowna Child Care Society
- Boys and Girls Club Canada (in a partnership with Ministry of Child and Family Development)
- Kelowna Community Resources – Immigrant Services
- Westside Community Food Bank
- Westbank First Nation Community Services
- Ki'Low'Na Friendship Society
- Métis Community Services Society of BC
- Regional District of Central Okanagan

\*The researchers are aware that the data collected in the interviews do not represent the views of all the agency representatives involved with “hard-to-reach” families and that additional information needs to be gathered for a more comprehensive analysis.

**Appendix B:**

**CATCH “Hard-to-Reach” Project – Phase 1 Agency Interview Sheet**

DATE:

NAME AND JOB TITLE OF PERSON INTERVIEWED:

ORGANIZATION:

PHONE:

EMAIL:

<p><b>THEMES</b></p> <p>TYPE OF AGENCY: <b>T</b></p> <p>DEFINITIONS: <b>D (from the agency’s perspective)</b></p> <ul style="list-style-type: none"> <li>• How do agencies define HTRF*?</li> <li>• What are perceptions of the characteristics of HTRF?</li> <li>• What are the barriers to the agency’s programs and services, or what barriers are in the societal fabric? Comments on the diversity of HTRF?</li> <li>• Are there contradictions between the literature and local perspectives on the characteristics of HTRF?</li> </ul> <p>BARRIERS: <b>B</b></p> <ul style="list-style-type: none"> <li>• What barriers do you face as an agency?</li> <li>• What barriers do you see that HTRF face?</li> </ul>
<p>REACHING OUT: <b>RO</b></p> <ul style="list-style-type: none"> <li>• What steps currently are taken to reach HTRF?</li> <li>• Why? (<i>See Assumptions</i>) - demonstrates current knowledge</li> <li>• What other things might you do to reach out to HTRF, but have not yet done?</li> </ul>
<p>ASSUMPTIONS: <b>A</b></p> <ul style="list-style-type: none"> <li>• What assumptions (observed or explicitly mentioned) can be identified regarding perceptions, barriers, definitions, etc?</li> </ul>
<p>QUESTIONS: <b>Q8</b></p> <ul style="list-style-type: none"> <li>• What questions do you have?</li> <li>• What would be your wish to see in the future?</li> </ul>

\*HTRF = “Hard-to-Reach” Families

## **Appendix C:**

### **Consent Form**

“Hard-to-Reach” Families  
CATCH Community Action Research Project  
Consultant / Researcher / Interviewer: Menno Salverda

**Interviewer: Menno Salverda, Freelance consultant. Co-interviewer / notetaker: Catherine Disbery, CATCH consultant, Aboriginal ECD coordinator or Eve Layman, CATCH consultant.**

#### ***Introduction and rationale:***

This project consists of multiple parts. The first part relates to inquiring with a number of agencies (around 20) about their knowledge, expertise and experience of engaging with “hard-to-reach” families. This is an important component of the complete project, which aims to find strategies to successfully engage families who are now considered “hard-to-reach.” This project is about public participation. Not all “hard-to-reach” families are necessarily vulnerable and require programs. In general in most communities little if anything is known about this category of families. This project hopes to learn from those who are working with (some of) them and eventually this project aims to learn about these families so agencies (and other community players) will be better equipped to develop programs or services, better align them or even develop supports at perhaps a more universal (and societal) level.

“Hard-to-reach” families can be found across different sectors (as a literature study conducted by CATCH (Angela Cleveland) points out). This explains the necessity of a community broad approach to this investigation and the reason this investigation is conducted by CATCH as a coalition of stakeholders who strive to create the best possible Central Okanagan for children to grow up in.

#### ***What happens with the study?***

You are considered a participant in this research project and the hope is that through participating in an interview, you can provide relevant knowledge about the topic. The information will be gathered from a broad range of participants (at first agencies) and then analyzed. The results will be written up in a report, which will represent one result area. This learning will determine the next stage of the project, namely, an interview process with “hard-to-reach” families themselves. By that time (later in the summer of 2013) you will be provided with additional information. Your name will *not* be mentioned in the report or in related presentations, unless you have consented to this and there seems to be benefit from the project’s perspective to do so.

***What happens if you say, “Yes, I want to be in the study?”***

- You are requested to respond to some questions from us.
- You are considered an expert in your field from whom we hope to learn. The questions are open-ended questions and are non-leading.
- You can feel free to respond to the questions as frank as you feel comfortable. There is no need to answer a certain question if you don't feel like it.
  
- The information will be kept in confidence: only the interviewers will be able to associate contents with the name of the interviewee.
- The interview should take 1 hour and a half.
- We will analyze the information from this interview in combination with other interviews conducted for this project, as well as literature.
- We will not be able to pay you for the time you provide in this study.

***Possible risks of participating in the study?***

You were selected, as an expert in this field, by a key stakeholder group from the Okanagan. We do not think there is anything in this study that could harm you or be bad for you. It is possible that some questions will be asked that could be interpreted as sensitive. As mentioned before, you do not have to answer the questions if you do not want to. Also, if you have any concerns, please contact Menno Salverda.

***Contact details:***

If you have any questions or concerns about what we are asking of you, please contact Menno Salverda. If you have any complaints about your treatment or rights as a research subject, you may contact the CATCH contact person for this project Myrna Kalmakoff.

***Signature***

Taking part in this research is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason.

***Confidentiality and contact details***

We will report a description or the demographics of people participating in this project in broad categories. Some participants who volunteer for this project would like their name to be publicly available, while others prefer their name to be confidential.

- c I would like my name to be public (mentioned in the report)
- c I would like my name to remain confidential
  
- Your signature below indicates that you have received a copy of this consent form for your own records and that you consent to participate in this study.

---

Participant Signature

Date

As we progress we may need further information for clarification.

- A signature below indicates that we can contact you in case we require more information.

---

Participant Signature

Date

For the purpose of sending the results of the findings as well as a way to contact you for further information please provide your email address and / or phone:

Name : .....

Email: .....

Phone: .....

## Research Team

The research team for this phase of the project included:

- Menno Salverda (Contractor) – Lead Researcher/Interviewer
- Angela Cleveland (Contractor) – Researcher/Analyst/Author
- Myrna Kalmakoff (CATCH Mainstream Community Coordinator) – Project Coordinator
- Catherine Disbery (Aboriginal CATCH Coordinator) – Researcher/Co-interviewer
- Eve Layman (Community Support Coordinator) – Researcher/Co-interviewer