



Social Return On Investment (SROI) Case Study: Minwaashin Lodge Addictions Treatment Centre

Fast Facts

Minwaashin Lodge provides prevention and intervention services and programs for at-risk Indigenous women and children who are survivors of family violence and the residential school systems, including those impacted by intergenerational effects.

The Minwaashin Lodge Lifecycle Service Model is a holistic, comprehensive approach to violence prevention that addresses safety and security needs throughout each of the four stages of the lifecycle from birth to youth, adulthood and old age.

By The Numbers:

- 297 women and 97 children escaped abuse at the shelter in 2010
- 376 women and youth accessed counselling for violence
- 135 women and youth accessed addictions counselling, of those, 50% completed rehab and 25% sustained their recovery
- 8 pregnant women (of whom 4 were aged 12-16) received counselling and referrals to perinatal health and parenting support programs
- 60 sex workers received harm reduction help
- 86 families accessed parenting supports, of these, over 75% show positive sustained changes at core levels of family functioning
- 100+ youth ages 12-25 seek counselling services annually, of which 60% are female and 40% male
- 100% of these youth show reduced incidents of self-harm, suicide ideation and suicide attempts

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When I walked through these doors my life changed. I had this residential school experience that I'd never thought about...I didn't realize how much I was carrying, I was so angry. I didn't realize how much I'd lost. Since then, my life has improved in every aspect, I got my culture back; I got my spirituality back. I didn't get my language back yet but it's coming.

When you get these things back, it's like someone handed you a silver platter and you finally learn what it's like to have love, compassion and sharing with other people. Now, I pass these teachings on to the women who come here. Their lives change just as mine did. Then they pass these teachings and changes along to their families. - Grandmother Irene Lindsay

Program Background:

As extensively documented and reported¹, the residential school system has resulted in multi-generational trauma that continues to significantly impact Indigenous People throughout Canada today.

One of the more enduring and significant impacts resulting from the residential school experience is profound attachment disorder.

Generations of Indigenous families in Canada were denied the experience of forming positive and nurturing bonds with their families, communities and cultures.

The unhealed trauma from residential schooling is compounded by discriminatory social conditions that perpetuate an intergenerational cycle of poverty, marginalization and further violence. Women who turn to drugs and alcohol as a coping mechanism can quickly spiral into a serious addiction.

Aboriginal Women with Addictions

Many women who access the services of Minwaashin Lodge have left their home reserves to escape abuse and poor economic prospects. They arrive in the city with no money or contacts and instead of the

new start in life they envisioned, they experience culture shock, isolation, deeper poverty and homelessness, which further contribute to the likelihood of substance abuse behaviours. Substance abuse deepens their risk of further, more brutal forms of violence and involvement

in the sex-trade. Most street-involved Indigenous women with addictions suffer from chronic post traumatic stress as a result of these life experiences.

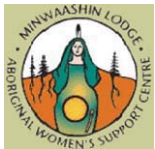
Indigenous women with addictions who are parenting and/or are pregnant will lose their children to the Children's Aid when they step forward

for treatment. Fear of losing their children to child welfare has been identified as a core dilemma for Indigenous women needing addictions treatment, as many will not pursue treatment in order to keep their families together. The intent is to avoid the experience of additional loss, as many are from families who have already sustained grievous losses, first through residential schooling and then through discriminatory child welfare practice. Evidence of these losses is seen in the shockingly high number of Indigenous children in the care of Children's Aid in Canada.

Although the forced removal of Indigenous children and youth from their families, communities and cultures is most often associated with the residential school era, it continues unabated through the child welfare system in Canada as there are currently more Indigenous children in care than at the height of

Theory of Change—Summary

If Aboriginal women with addictions have access to a culturally safe, trauma-informed treatment facility that allows them to stay with their children, they will be more likely to seek treatment, be more successful in recovering from their addictions, more successful keeping their family together and more likely to avoid repetition of similar behaviour in future generations.



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forced residential school enrollment². Percentages of Indigenous children in care range from one third to over 40% of the total children taken into care largely as a result of family socio-economic conditions and neglect due to addictions, rather than abuse. Studies show that Aboriginal children taken into care rarely return to live with their parent(s), and the cycle of traumatic disconnection, attachment disorder and addictive behaviours continues into the next generation³.

Impact Upon Children

Research shows Indigenous youth involved with the child welfare system more frequently experience homelessness and report more intense experiences of prejudice by authorities, especially police. Their childhoods are marked by frequent disruptions due to running away, moves from foster to group home care and the attendant school changes.

Ongoing disruptions and disconnections impact negatively on school performance and increase the risk of behavioural and mental health problems. Recent research identifies high rates of suicide among youth within child welfare systems. Child welfare involvement is also associated with attention problems and aggressive behaviours: one study reports 40% of children age 5 to 17 in home-based foster care experience these problems, a rate that is 8 times greater than in the general population⁴.

As well, Indigenous children and youth are at much greater risk for sexual exploitation and violence. According to report from Amnesty International and the Native Women's Association of Canada⁵, the factors placing Indigenous girls at higher risk for violence and murder include: being involved with child welfare; isolation from family and community; targeted/stalked for the sex trade; substance abuse; and poverty.

The Need for Trauma-Informed, Culture-based Treatment

Clearly, addressing addiction in an Indigenous context requires a different approach. Trauma-informed, culture-based addictions recovery looks beyond the surface and recognizes that addictive behaviour is a symptom of a problem, not the problem itself. Trauma-informed treatment for Indigenous women acknowledges and addresses their experiences of

racialized, sexualized violence, multi-generational attachment disorder, and chronic traumatic stress.

Trauma-informed addictions treatment for women who are pregnant or parenting recognizes that the capacity to sustain hope is integral to a woman's ability to maintain her relationship with her child(ren). Residential treatment where women and children are permitted to remain living together in a health promoting, safe environment is most conducive to long term recovery for the mother, healthier for the child(ren) and prevents future addictive behaviours in both generations.

Value Created - Trauma-informed Addictions Treatment for Pregnant and Parenting Indigenous Women

Culture-based, trauma informed treatment for women who are pregnant or parenting will create value in a number of ways. First, trauma-informed treatment enables women to contextualize the issues that they and their families have experienced for many generations. As they begin to understand the roots of the problems faced, they become able to take pride in their own coping skills and resilience, and in those within their culture and ancestry. With this new awareness and with the support of skilled counsellors and Elders, women

begin to envision a balanced, healthy life for themselves and their children.

Staying connected as a family throughout treatment increases the chance of success. It reduces the risk of both women and child(ren) experiencing further trauma. A non-judgemental, aware and supportive environment is an opportunity for pregnant women, mothers and children to experience the daily habits and joys of family life in a stable, predictable, nurturing environment, increasing the likelihood of short term success and a long-term commitment to recovery. This is a life-changing experience.

The Addictions Treatment Centre proposed will require an annual operating investment of \$1.6 million. This SROI also includes the cost of ongoing programs that support all women to continue addictions free. **At minimum**, the SROI of providing direct service for one year, and support for two more years, is **\$4.21** per \$1 invested. Given the profile of the women involved, and their likelihood of success with the right support, the SROI may well be closer to **\$25** per \$1. invested.

Figure 1.

