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**SUPPORTING FAMILIES – SIBLINGS AT RISK**  
**A COORDINATED RESPONSE TO PREVENTING GANG**  
**INVOLVEMENT FOR SIBLINGS AT RISK**  
**PILOT PROJECT – 2014-2015**

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Partners:  
John Howard Society Ottawa (lead)  
Youturn (lead)  
Children's Aid Society of Ottawa  
Ottawa Police Service  
Youth Justice Services, Probation Services  
Crossroads Children's Centre

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## **1. INTRODUCTION**

Partner organizations associated with the Ottawa Gang Strategy have developed a coordinated approach to working with families of gang members with younger siblings at risk of gang involvement. Parents identified a need for enhanced support in consultations associated with the Ottawa Youth Gang Prevention Initiative.

The approach to working with families is grounded in Collaborative Problem Solving (CPS), an approach to assessment and intervention, which has been adopted by many organizations in Ottawa (including mental health, education and justice). It enables providers to share a common language and establish a common approach to respond to the needs of children/youth and families.

The partners have developed a framework for coordinated service planning and will pilot this approach in 2014 to 2015. The framework builds on the coordinated service approach developed in Ottawa to serve high-risk youth with concurrent mental health and conduct issues.

## **2. ABOUT THIS FRAMEWORK**

This framework outlines the foundation for the Supporting Families pilot project and how it will unfold. It includes:

- Description of the population focus
- Overview of the research foundation
- Guiding principles associated with the Ottawa Gang Strategy reflected in the project
- Intended outcomes for the family, including parents, younger siblings of gang members and the gang member where appropriate
- Intended outcomes for the organizations working with those families
- Overview of the coordinated service planning approach
- Description of roles and responsibilities and associated competencies
- Overview of the partnership structure and accountabilities

### **3. POPULATION FOCUS**

#### **3.1 Focus on Families**

The Supporting Families pilot project is a coordinated service planning approach designed for families of youth gang members with younger siblings at risk of gang involvement. This includes families where the gang member either lives in the same home or has contact - either in person or through social media.

This pilot project will focus on providing holistic support for the family:

- Support for parents to enhance their confidence and skills to parent the younger siblings of the gang member as well as the gang member themselves (age dependent);
- Support for younger siblings to prevent them from engaging in gang activity; and
- Support for the youth gang member to motivate and assist them to disengage from gang activity or at least limit exposure to gang activity amongst younger siblings.

#### **3.2 Youth Gang Member**

The Ottawa Police Service (OPS) will confirm youth gang members based on the established definition. Partner organizations may identify possible youth gang members.

The pilot project is focused on one specific youth gang in Ottawa.

##### **Street Gang Definition**

“Means any group of three (3) or more people, formally or informally organized, which may have a common name or identifying sign or symbol, whose members individually or collectively engage in or have engaged primarily in street level criminal behavior, creating an atmosphere of fear and intimidation within the community.

#### **3.3 Family Members**

For the purpose of the pilot, family members can include:

- Parents or legal guardians
- Young siblings of all ages who are considered to be at risk
- Young extended family members living in the home who are considered to be at risk (e.g. cousins) and have the consent of the parents/legal guardian
- Youth gang members living at home or who have contact with the family.

#### **3.4 Number of Families to be Served**

The pilot project is being implemented through existing resources. Partner organizations have agreed to serve up to 14 families.

## 4. RESEARCH FOUNDATION

### 4.1 Consultations with Parents

The pilot project responds to the expressed need from parents (in consultations associated with the Ottawa Youth Gang Prevention Initiative) for more support to prevent their children from joining gangs.

### 4.2 Youth Gang Involvement – Risk Factors

The research confirms that youth are at greater risk of gang involvement if they have access to gangs through familial or neighbourhood connection. For those interested in more information, key documents to review include:

Crime Prevention Ottawa<sup>1</sup>

- Dunbar, Laura. University of Ottawa. (2013). *Getting Out: Youth Gang Exit Strategies and Interventions*.
- Butera, Johnny-Angel. University of Ottawa. (2013). *Younger Siblings of Youth Gang Members: Risk Factors and Best Practices*.

National Crime Prevention Centre, Public Safety Canada<sup>2</sup>

- Youth Gang Prevention Fund Projects – What did we learn about what works in preventing gang involvement: Research Report: 2007-2012.

### 4.3 Collaborative Problem Solving

The intervention proposed is based on Collaborative Problem Solving (CPS), an approach to assessment and intervention. The CPS model conceptualizes challenging behavior as the by-product of lagging cognitive skills in the domains of flexibility, frustration tolerance and problem solving. The goal of CPS is to comprehensively assess – and ultimately teach – specific cognitive skills that may be contributing to the challenges experienced by the child/youth and their families. It is an individualized strength-based approach to planning interventions focused on a positive conceptualization of the child/youth and support for them to build resiliency.

The guiding program, Think:Kids<sup>3</sup> was developed through the Department of Psychiatry at the Massachusetts General Hospital. Research has demonstrated very positive outcomes.

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<sup>1</sup> <http://www.crimepreventionottawa.ca/en/publications/youth>

<sup>2</sup> <http://www.publicsafety.gc.ca/cnt/rsracs/pblctns/yth-gng-prvntn-fnd/index-eng.aspx>

<sup>3</sup> [www.thinkkids.org](http://www.thinkkids.org)

## 5. GUIDING PRINCIPLES

The Supporting Families pilot project is intended to reflect the guiding principles associated with the Ottawa Gang Strategy. Partners have committed to a holistic approach in their initiatives and actions aimed at addressing gangs in Ottawa.

These principles include:

**Youth centred** – apply a needs-based approach driven by the needs of children and youth at risk and their affected families

**Youth engagement** – ensure that youth are given opportunities to provide their perspective on the issues that affect them, and are empowered to take a leadership role in shaping the services that best suit their needs

**Family engagement** – work in partnership with families to identify and address the needs of children and youth at risk or wanting to exit

**Community-based** – initiatives should recognize the unique needs of communities and foster youth, family and community engagement in a culturally responsive manner to develop and deliver grassroots, community led prevention and intervention solutions that reflect unique community needs and that are cultural responsive

**Evidence-based/risk-based/results-focused** – proven initiatives and successes should be identified and leveraged to encourage similar initiatives adapted to our community needs based on our shared assessment of risk. Initiatives undertaken by stakeholders should be valued for impact

**Integration, collaboration and partnerships** – foster trust, a collective effort, and multi-disciplinary collaboration through partnerships among community, police, all levels of government and organizations, where results are far greater than any one organization could provide independently. A coordinated and horizontally integrated approach is required to address the multi-faceted issues pertaining to community safety and broader youth issues such as mental health, addiction, child welfare, youth violence and family violence.

**Information-sharing** – foster an openness to lawful and appropriate sharing of information between individuals and organizations in a timely and accurate manner

**Increased investment in prevention** – advocate from all levels of government for additional resources for proactive evidence-informed measures

## 6. INTENDED OUTCOMES

This project is a holistic response to the family of a youth gang member. It focuses on strengthening the family unit as a whole.

The project will be evaluated in terms of the desired impact on: the parents, younger siblings and gang member; and the service delivery system. The intended outcomes are outlined in Table 1.

A detailed evaluation framework has been developed.

**Table 1: Intended Outcomes – Supporting Families Project**

<b>Service System Coordination – Intended Outcomes</b>	
<ul style="list-style-type: none"> <li>• Recognition of need for providers to transcend service mandates to meet the needs of families (<i>Short Term</i>)</li> <li>• Increased use of common language to support service planning and <i>delivery</i> (<i>Short Term</i>)</li> <li>• Increased understanding of roles and supports available for families (<i>Intermediate</i>)</li> <li>• Increased coordination of service planning (<i>Intermediate</i>)</li> <li>• Increased access to required services and supports for families (<i>Intermediate</i>)</li> </ul>	
<b>Youth (both sibling and gang-involved)</b>	<b>Parents/Family</b>
<p><b>Knowledge</b> (<i>Short Term</i>)</p> <ul style="list-style-type: none"> <li>• Increased knowledge about crime/gangs and associated risks</li> </ul> <p><b>Attitudes and beliefs</b> (<i>Intermediate</i>)</p> <ul style="list-style-type: none"> <li>• Increase in pro-social attitudes</li> <li>• Reduction in perceived benefits of aggression and violence/gang involvement</li> <li>• Increased attachment to school/work</li> </ul> <p><b>Behaviours</b> (<i>Intermediate</i>)</p> <ul style="list-style-type: none"> <li>• Increased association with healthy peers</li> <li>• Reduced association with negative peers</li> <li>• Increased engagement in positive structured activities in the community or through school/work (e.g. sports teams, music, clubs)</li> <li>• Improved social skills/functioning</li> <li>• Improved attendance at school/work</li> <li>• Improved school behaviour (e.g. reduced suspensions)</li> <li>• Increase in supportive relationships with family</li> <li>• Improved willingness to adopt interventions (e.g. medication if mental health issues exist)</li> <li>• Reduced impulsiveness and risk taking behaviour</li> <li>• Reduced aggression</li> </ul> <p><b>Behaviours</b> (<i>Long Term</i>)</p> <ul style="list-style-type: none"> <li>• Reduced contacts with police</li> </ul> <p><i>For gang-involved youth</i></p> <ul style="list-style-type: none"> <li>• Reduced non-violent offending and gang involvement (e.g. theft, selling illegal drugs)</li> <li>• Reduced violent offending and gang involvement</li> </ul>	<p><b>Knowledge</b> (<i>Short Term</i>)</p> <ul style="list-style-type: none"> <li>• Increased knowledge about crime/gangs and associated risks</li> <li>• Increased understanding of strategies to reduce risks</li> <li>• Increased understanding of any skill gaps or challenges their children face</li> <li>• Increased understanding of the supports available</li> </ul> <p><b>Attitudes and beliefs</b> (<i>Intermediate</i>)</p> <ul style="list-style-type: none"> <li>• Increased acceptance of support</li> <li>• Increased engagement with service providers</li> <li>• Increased confidence in their parenting skills</li> </ul> <p><b>Behaviours</b> (<i>Intermediate</i>)</p> <ul style="list-style-type: none"> <li>• Increase in supportive relationships within family</li> <li>• Increased capacity to intervene and solve issues as a family</li> <li>• Increased collaboration and joint problem solving within the family</li> </ul>

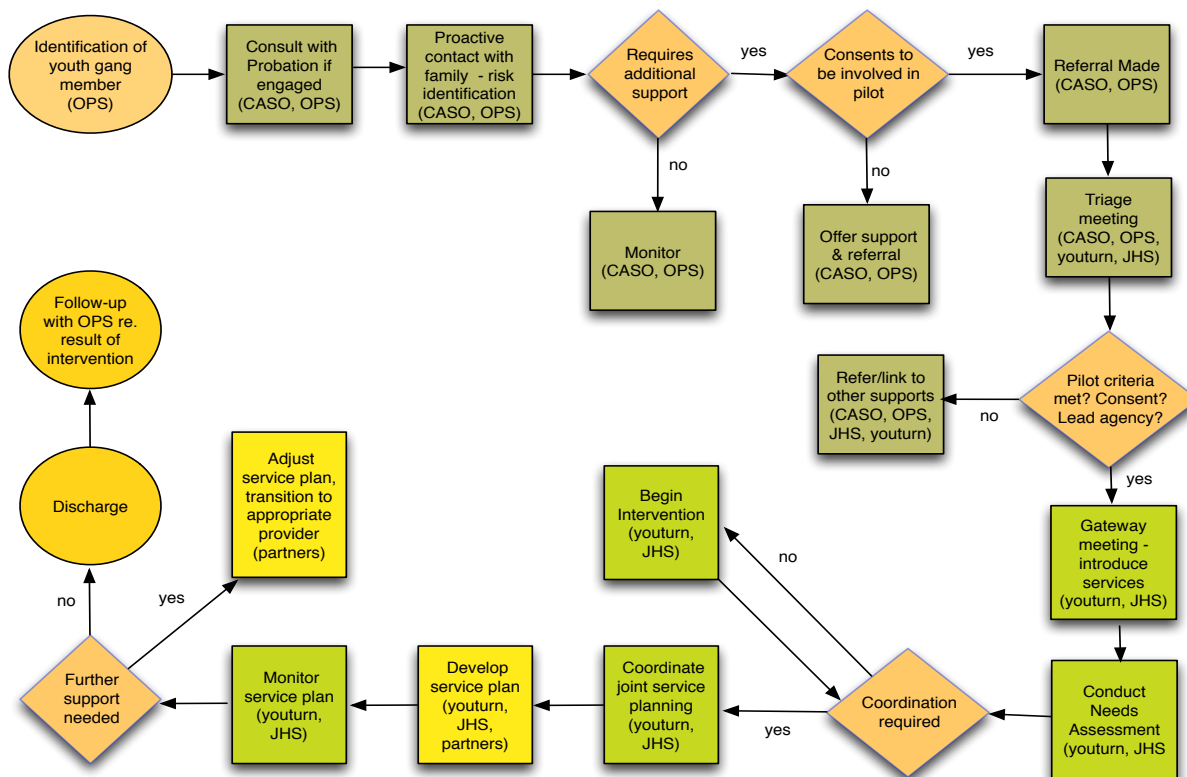
## 7. COORDINATED SERVICE PLANNING PROCESS

Coordinated service planning occurs through a 10-stage process that ensures a comprehensive response to the family to mobilize the required resources. The key stages of engagement include:

1. Identification of family of gang member with young siblings
2. Proactive contact with family for risk identification
3. Referral for pilot (if the family is willing to engage)
4. Triage meeting to confirm engagement
5. Gateway meeting to establish relationship and inform of services
6. Comprehensive assessment of need
7. Coordinated service planning (if required)
8. Provide intervention and support for family
9. Monitoring and adjust service plan as needed
10. Discharge

Figure 2 outlines the key activities including the partners responsible and the questions/choices required in the process.

**Figure 2: Coordinated Service Planning Approach**





## **8. PROCESS**

Steps in the coordinated service planning process, including roles and key activities:

### **8.1 Identification**

The OPS is responsible for identifying youth gang members with young siblings whose family may require enhanced support.

Referrals are made internally within the OPS for follow-up with families.

### **8.2 Risk Identification**

When a family has been identified the CAS-OPS Liaison Worker and/or a OPS Youth Officer will attempt to engage the parents to both identify the level of risk of younger siblings and to offer support. This is a critical first step in the process.

Responsibilities include:

- Establishing contact with the family and building a relationship of trust
- Identifying interest of the parents in receiving additional services/supports
- Seeking consent to share information with partner organizations
- Seeking consent to engage in the pilot including the research/evaluation component
- Identifying risk of the siblings regarding gang involvement and if further intervention would be beneficial using the YLS-CMI screener and risk identification and strengths supplements
- Identifying organizations currently working with the family.

### **8.3 Referral to Pilot**

If the family requires and is interested in further support, the OPS is responsible for referring the family to youturn and John Howard Society (JHS).

Information to be shared at the triage meeting includes:

- Completed referral form
- Signed consent forms
- YLS-CMI screener and supplements
- Record/charge information (verbal)
- Information related to probation conditions/non associations, if known (verbal)
- Any other relevant assessments/forms (OPS, CAS).

### **8.4 Triage Meeting**

The leads for OPS, CASO, youturn and JHS will meet to review the family's situation and all relevant documentation and determine if further intervention is required.

The criteria to be considered for intervention includes:

- Siblings in the home
- Sibling contact with youth gang member (living at home or not)

- Any “yes” responses to questions in YLS-CMI screener
- Agree to participate in voluntary services
- Strong likelihood of sibling involvement in gang behaviour (present or future).

If the family is not deemed appropriate for the pilot alternative options will be explored and the family can be referred. If they are deemed appropriate either youturn or JHS will assume care coordination responsibility.

### **8.5 Hold Gateway meeting**

A “Gateway” meeting will be organized to introduce the family to the lead organization and to address questions they may have about the pilot. Other providers who have been engaged with the family can be included as appropriate.

### **8.6 Conduct Needs Assessment**

The case coordinator will conduct a needs assessment with the family.

The YLS-CMI and/or the Child and Adolescents Needs and Strengths Assessment tool (CANS) will be used with youth gang members and siblings depending on their age.

Part of the assessment will involve discerning if coordinated service planning is required prior to initiating any further intervention.

### **8.7 Coordinated Service Planning**

If multiple organizations are or should be engaged with the family coordinated service planning is needed. If service coordination is not required from the outset the lead agency can proceed with implementation. If coordinated service planning is required at a later date that process can be initiated.

If coordinated service planning is needed the lead organization (JHS or youturn) would organize a meeting of involved providers to develop a joint service plan. Responsibilities include:

- Linking to Liaison Workers to identify the organizational representatives who would have a contribution to make toward planning and implementing appropriate services
- Coordinating the meeting
- Representing the needs of the family
- Preparing and presenting information to the planning group
- Documenting the service/case plan
- Communicating all plans and decisions to the partners involved in service delivery
- Liaising with partner organizations engaged in service provision.

The service/case plan will focus on putting the appropriate services/supports in place to assist parents to reach the intended outcomes. Services/supports may be in place and continued, services may be adjusted or services may be discontinued depending on priority needs. The intent is to meet the family’s needs while also streamlining the service response.

Service/case plans will be developed using the template of the lead agency offering the intervention.

All involved partners would be expected to sign off on the service/case plan.

### **8.8 Implementing the Intervention**

It is expected that either JHS or youturn (or another organization that is better positioned to respond to priority needs like Crossroads Children's Centre) would initiate the intervention(s) that respond to the family's expressed need.<sup>4</sup>

The intervention will be family-specific and combine both family and individual based interventions as aligned with the CPS model. The case coordinator will work with parents to complete the Thinking Skills Inventory to develop an understanding of the lagging skills of their child(ren) and inform how they could problem solve with them in different ways.

### **8.9 Monitoring**

If a coordinated service plan is in place that plan may need to be adjusted as the needs of the child(ren) and family change within the time period of the pilot project. In those cases, it is the responsibility of the assigned case coordinator to present the new plan to the Service Planning Team, if their input is needed.

### **8.10 Discharge/Transition**

Once the intervention is complete the family may be discharged from the pilot. If a coordinated service plan is in place a transition plan will be developed that clarifies roles moving forward.

The goal for engagement is 6 months and can extend to one year. The lead organization will start to work with the family at 6 months to assess progress and explore the need for transition to other programs post pilot. Discharge and transition planning includes preparing the family for discharge and supporting any transitions that need to be made to other agencies.

Involvement should not extend beyond one year unless it is necessary to continue supporting a transition.

Post discharge follow-up will occur with the OPS to inform them of the result of the intervention.

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Youturn's Community Services Team utilizes a mix of interventions to work individually with the youth/family.

JHS's Non-Residential Attendance Centre works individually with the youth and their family as well as offering a range of group programming for youth. Group programs focus on cognitive skill development, cognitive restructuring, relationships with peers and partners, support in understanding communication styles (assertiveness) and drug/alcohol awareness/education. If appropriate gang member or age appropriate siblings could be involved in these group programs.

Crossroad's Children's Centre provides a range of services for children (up to 12 years of age) with complex mental health needs and their families.

## 9. PARTNERSHIP – SHARED ACCOUNTABILITY

### 9.1 Steering Committee

A Steering Committee is responsible for overseeing the development and implementation of the pilot project including:

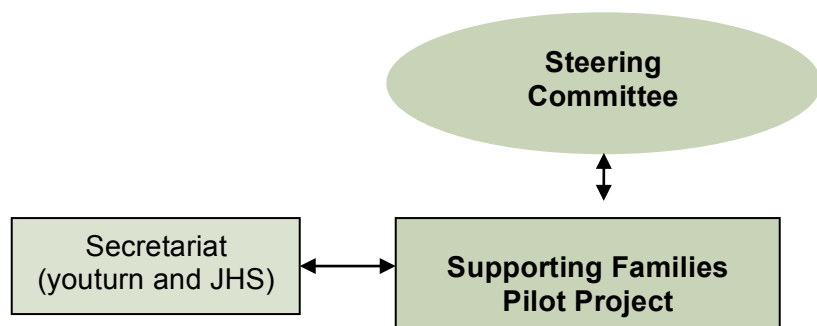
- Development of the framework
- Development of associated protocols/procedures
- Approval of the evaluation framework
- Monitoring implementation and addressing issues and questions that arise
- Monitoring evaluation and recommending next steps.

Representation on the Steering Committee includes:

- Children’s Aid Society of Ottawa
- youturn
- John Howard Society
- Ottawa Police Service
- Youth Justice Service, Probation Services
- Crossroads Children’s Centre.

JHS and youturn, with the support of a consultant, will assume a secretariat function to support implementation.

**Figure 3: Shared Accountability**



## 9.2 Secretariat

JHS and youturn will coordinate the work of the Steering Committee with the support of a consultant.

Responsibilities include:

- Maintaining records and reporting to the Steering Committee
- Developing recommendations to the Steering Committee for improvements to the framework and associated protocols/procedures
- Being the communication link across partner organizations
- Fostering collaboration between organizations involved in the coordinated service planning
- Resolving and trouble-shooting situations that impede organizations from working together in the interests of families to be served
- Identifying gaps in services and capacity to respond, highlighting those to the Steering Committee
- Promoting flexibility in service delivery.

## 10. ROLES AND RESPONSIBILITIES

Partner organizations assume the following roles:

### 10.1 Staff – Conduct Risk Identification

The CAS Liaison Worker and OPS Youth Officer will initiate contact, offer support and complete the initial risk identification and consent to share information. They will:

- Establish contact with the family
- Identify risk of the siblings regarding gang involvement using YLS-CMI screener
- Identify interest of the parents in engaging in the pilot project
- Identify providers currently working with the family
- Complete consent to share information with partner organizations and consent to engage in evaluation/research
- Refer to the pilot project and meet with case coordinators to share information.

### 10.2 Liaison Worker

All organizations that are likely to be engaged in joint service planning will be asked to identify a Liaison Worker who will:

- Help identify the most appropriate worker from their organization to provide input into the needs assessment (if required) and to engage in joint service planning
- Ensure all required files and information related to a family is made available
- Liaise with the Case Coordinator to review referrals, files, service plan and related information as required.

Some Liaison Workers will be identified proactively while others will be identified in response to the specific need of a family.

### **10.3 Case Coordinator**

The Case Coordinator is the person responsible for ensuring the system of services responds to the needs of the family. They will establish and maintain a strong working relationship with the family throughout the implementation of the coordinated service plan.

The Case Coordinator will:

- Complete individualized assessments
- Establish and maintain a supportive and trusting professional strength-based relationship with the parents
- Liaise with partner organizations engaged in service provision
- Organize a meeting of partners to be engaged in coordinated service planning
- Prepare and present information to the Service Planning Team
- Represent the needs of the families
- Communicate as authorized all plans and decisions to the partners involved in service delivery
- Maintain the accuracy and integrity of information contained in case files and relevant databases
- Ensure compliance with relevant Acts including the Child and Family Services Act (CFSA), Developmental Services Act (DSA) and the Youth Criminal Justice Act (YCJA)
- Monitor Service Plan implementation
- Review the Service Plan and initiate adjustments as required.

### **10.4 Service Planning Team**

The Service Planning Team develops the plan that outlines the full scope of services and supports required by the young siblings and their family. Planning team members will be familiar with or have a contribution to make toward services/supports for the children/youth and their family. An assessment of needs and priorities will inform what partners to include at that point in time.

Responsibilities include:

- Review assessment(s)
- Identify resources, services and supports that will benefit the child/youth and their family
- Engage in the development of the Service Plan
- Review updated assessment(s) and engage in additional planning as needed.

## **11. COMPETENCIES**

### **11.1 Staff – Conduct Risk Identification**

The CAS Liaison Worker and OPS Youth Officer will initiate contact, offer support and complete the initial risk identification and consent to share information. Required competencies include:

- Sensitivity to the needs of families
- Awareness of community resources
- Experience with linking families to services and supports
- Capacity to effectively engage parents/guardians
- Awareness of potential risk factors for gang involvement
- Understanding of systemic circumstances and barriers that may challenge families
- Sensitivity to the unique cultural circumstances of the family
- Training and experience in implementing the risk identification tool.

### **11.2 Case Coordinators**

Staff who assume a case coordination role need to demonstrate the following competencies. Staff with experience in family team conferencing or coordinated service planning will have the skill base required for this function. Required competencies include:

- Sensitivity to the needs of families
- Awareness of community resources
- Experience linking families to services and supports
- Capacity to effectively engage parents/guardians
- Awareness of potential risk factors for gang involvement
- Understanding of systemic circumstances and barriers that may challenge families
- Sensitivity to cultural factors that may impede engagement
- Ability to articulate and represent the family's needs and interests as required
- Capacity to engage constructively with people from partner organizations as well as informal supports to develop a shared understanding of the goals of the family as part of the service planning
- Understanding of how to work effectively to respond to the unique cultural circumstances of the family
- Training and experience in using the assessment tools.

### **11.3 Service Planning Team Members**

Staff who assume a role in the team are expected to demonstrate the following competencies:

- Sensitivity to the needs of families
- Willingness to be flexible to respond to the unique circumstances of the family.
- Capacity to engage constructively with people from partner organizations as well as informal supports to develop a shared understanding of the goals of the family as part of the service planning
- Understanding of how to work effectively to respond to the unique cultural circumstances of the family.

## **12. RISK IDENTIFICATION AND ASSESSMENT TOOLS**

When multiple organizations and professionals from different disciplines are involved with the family a common approach to assessment will enable partners from a range of organizations to more easily understand goals and work together to design interventions with families that all partners can support.

The intent is that the tools support a common language and communication across providers and with families.

### **12.1 Risk Identification**

The YLS/CMI Screening Version (including Gang/Strengths Supplements under development) will be used. OPS Officers are trained in the use of YMS-CMI.

Youth Services Probation and youturn also use the YMS-CMI, which will support shared language and understanding.

### **12.2 Assessment**

The YLS-CMI and/or the CANs will be used with youth gang members and siblings depending on their age.

The Thinking Skills Inventory, a key assessment tool associated with CPS, will be used as a tool with parents to identify the lagging skills of young siblings and potentially the youth gang member. Both youturn and JHS staff have been trained and are experienced in the use of this tool.

Providers may utilize other assessment tools that correspond to the needs of the family.

## **13. CONSENT AND CONFIDENTIALITY**

All parties, including siblings, will be required to sign a consent form to indicate their willingness to have information shared with partner organizations. They will also be asked to consent to engage in the research/evaluation associated with the pilot.

Families can elect to participate in the pilot project without participating in the associated research/evaluation of the pilot. Efforts will be made to ensure families have a clear understanding of the benefits to them and other families to participate in the evaluation.



## **14. ACCESS TO SERVICES**

The Coordinated Service Planning process is intended to leverage the services/supports that are available in Ottawa to help the families.

The partner agencies in the pilot project offer a range of services/supports that will be beneficial. Many other organizations in Ottawa, offering both formal and informal services/supports, also have a contribution to make. Families will be encouraged and supported to identify the resources that they would consider beneficial to meet the needs of their families. Efforts will be made to help families connect with and access those services/supports as needed.

Where appropriate families will be linked with other initiatives related to the Ottawa Gang Strategy that are in development and evolving such as the Community Leadership Network for Families Project led by LASI Worldskills, which offers workshops for families about risk factors and strategies for parents to reduce risks and information about the youth justice system in Ottawa.