

A REVIEW OF COUNSELLING AND
SUPPORT SERVICES IN SLAVE LAKE

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Executive Summary

The plight of Slave Lake residents who find themselves in crisis became the focus of concern in 1986 for a group of local caregivers. In order to define and give expression to their concern, these caregivers formed the Crisis Prevention Committee. This Committee approached Lakelands Family and Community Services with their concern and, as a result, it was agreed that an independent research study should be conducted. The purpose of the study would be to document the relationship of crisis needs to counselling and support services in Slave Lake. A decision was reached to contract with the Edmonton Social Planning Council to carry out the study.

Thirty-eight responses from counselling and support services were received to a detailed questionnaire. The responses clearly indicated that the overwhelming quantity of counselling and support was provided by Governmental Direct Delivery Service Agencies. Peak demand was perceived to occur in the period between fall and spring and more specifically around weekends and major holidays. Virtually all respondents expected an increased demand for support and counselling services over the next five years. Many counselling and support services reported a capacity for meeting increased demand although few of those services included the Governmental Agencies. In fact, Governmental Agency respondents cautioned that their services might be subject to cutbacks in the ensuing 12 months.

Population groups in need of additional services, according to respondents, include youth, suicidal and bereaved individuals, victims of assault, and families/parents. Their need for additional service stemmed in large part from the absence of appropriate services as well as from limited service hours, fear of exposure and stigma, and cultural inhibitions. Many respondents offered resources for the development of additional services; most commonly the offers were of an administrative nature. A marked division of opinion was expressed regarding the availability and quality of volunteers to assist with the development and implementation of additional services.

The results of this study suggest that a significant number of Slave Lake residents do not access counselling and support services in moments of crisis. In order to reach unserved residents in crisis, the adoption of refinements in case management procedures and the development of new services should be contemplated. To this end, four recommendations are offered:

1. The introduction of a single entry assessment model would establish one point of contact in the community and perform a case management function for each client.
2. The development of a 24 hour crisis line would be a logical starting point from which to launch other services.
3. A study should be commissioned to document and analyze the differential need for and use of existing counselling and support services.
4. The systematic commitment and response of political institutions should be secured in the study of and response to crisis situations as experienced by the residents of Slave Lake.

INTRODUCTION

1. Purpose

1.1 As part of its role in developing preventive measures for meeting service needs, Lakelands Family and Community Service (LFCS) encourages the formation of citizen's groups. One such group of concerned laypersons and professionals, the Crisis Prevention Committee (CPC), approached Lakelands FCS because of their concern that the needs for crisis counselling and support services were not being adequately met by the existing services and networks. The CPC and LFCS agreed that a study, conducted by an independent research agency, should be undertaken for the purpose of documenting the relationship of crisis needs to counselling and support services in Slave Lake.

1.2 The Edmonton Social Planning Council was then approached to see whether it would be able to assist with such a study. CPC AND LCFS identified four major goals:

-to describe and examine all of the formal counselling and support services for people in crisis in Slave Lake.

-to review with all the service providers and a limited number of crisis victims, their perception of the adequacy of formal services in meeting crisis needs.

-to survey the perception of all service providers and a limited number of crisis victims regarding the potential for responding to unmet needs.

-to make recommendations for programs and procedures to meet existing service gaps.

-to secure institutional commitments to participate in the development of services for people in crisis.

2. Format

This report provides a detailed response to those major tasks. The findings of the study are presented in three major sections.

2.1 An Examination of Existing Counselling & Support Services

2.11 In this section, those service providers who responded to the study's questionnaire will be reviewed. In order to provide as meaningful a picture as possible, the existing counselling and support services are grouped into five primary categories of service.

-governmental direct delivery human services.

-non-governmental direct delivery human services (lay and professional agencies).

-political and social planning services.

-lawyers' and physicians' services.

-church based support programs.

Within each of those categories, different types of services are identified, along with the name of the government department, voluntary organization, or professional corporation that offers the particular service.

2.12 Each service is then examined in detail, with regard to:

- the range and nature of counselling and support service(s).
- the average monthly demand of service(s)
- the monthly variation of service demand.

2.2 Perceptions of the Present and Future Status of Counselling and Support Services

2.21 This section highlights the findings of a series of questions designed to learn more about respondent's perceptions of:

- public awareness of existing services.
- gaps in existing services.
- future demand for services.
- service priorities, responsibilities, and contributions.
- obstacles to the development of new services.

2.3 Conclusion and Recommendations

2.31 These recommendations are intended to provide the Crisis Prevention Committee and Lakelands Family and Community Service with strategies which can be employed to better address the needs of crisis victims in Slave Lake.

3. Methodology

3.1 Following meetings with members of the Crisis Prevention Committee and staff of Lakelands Family and Community Service, a questionnaire was designed and distributed to 56 counselling and support service providers in Slave Lake. The list of providers was previously elaborated by the Crisis Prevention Committee (see Appendix II). While every effort was made to insure that all appropriate providers were included, it is likely that some of the less formal providers were missed. On the recommendation of the Crisis Prevention Committee, larger bureaucratic providers were sent several questionnaires to permit policy, administrative and service level respondents to express their respective viewpoints.

3.2 Prior to the distribution of the finalized questionnaire, the researchers conducted nine interviews, using a draft of the questionnaire. The nine respondents were chosen from the list of 45 counselling and support service providers. Their selection was based on two criteria: 1) they be providers known to attend to a large volume of crisis victims and 2) that the nine respondents represent a range from the four primary categories of service. In these interviews, the researchers were able to field-test the questionnaire, and with the assistance of the Crisis Prevention Committee, minor modifications were effected. As the modifications were minor in scope, the material from the nine interviews has been included in the review.

- 3.3 Questionnaires and interviews were completed in November and December of 1986. In all, 38 counselling and support service providers in Slave lake responded to the questionnaire.
- 3.4 In addition to the questionnaires, the researchers met with a "focus group" of five recent crisis victims. The victims were randomly identified and selected by members of the Crisis Prevention Committee. Although the victims had experienced different crisis situations, the group was comprised of females only. Using qualitative techniques, the researchers gathered information from the client's perspective. Findings from the focus group appear in the review.
- 3.5 It should be noted that the terms "crisis counselling" and "support services" were not defined in the questionnaire as it was felt that to do so would limit the possible responses

1.0 AN EXAMINATION OF EXISTING COUNSELLING AND SUPPORT SERVICES

The following section documents the present status and expectations of service providers. Responses illustrate the relationship between service providers' mandates, client needs and ability to adapt to changing conditions.

The 38 respondents have been grouped below into five primary categories of service:

Governmental Direct Delivery Human Services

- Alberta Advanced Education (Community Vocational Centre) (three respondents).
- Alberta Alcohol and Drug Abuse Commission (AADAC).
- Alberta Career Development and Employment
- Alberta Mental Health Services.
- Alberta Solicitor General.
- Canada Employment Centre
- Royal Canadian Mounted Police (RCMP)
- Social Services of Alberta (two respondents).

Non-Governmental Direct Delivery Human Services (Lay and Professional Agencies)

- Athabasca Health Unit
- Big Sisters
- Block Parents
- Garratt & Moore Associates
- High Prairie School Division (three respondents)
- Lakelands Family and Community Services
- Native Counselling Services of Alberta
- Slave Lake Ambulance Authority
- Slave Lake Child Care Society (Day Care)
- Slave Lake Friendship Centre
- Slave Lake General Hospital
- Sunrise Project

Political and Social Planning Services

- Metis Association of Alberta
- Slave Lake Town Council (two respondents)

Lawyers and Physicians Services

- Anonymous Physician
- Dr. Brian Berger
- Dr. M.A. Doherty
- Philip Lokken Law Office
- Larry W. Schimpf Professional Corporation

Church-Based Support Services

- Abundant Life Assembly
- Church of Jesus Christ of Latter Day Saints
- Community Christian Centre
- Saint Peter's Catholic Church
- Standard Church of America

1.1 Awareness of Counselling and Support Services Among Service Providers

"1. What services are you aware of in Slave Lake that presently provide counselling or support to people in distress with a personal or family crisis?"

1.10 By and large, respondents from all five primary categories identified most frequently the same services. The most commonly noted were (in order of frequency):

Social Services of Alberta	31 responses
Churches	29 responses
Slave Lake Friendship Centre	26 responses
Alberta Alcohol and Drug Abuse Commission	20 responses
Native Counselling Services	17 responses
Alberta Mental Health Services	18 responses
Lakelands FCS	14 responses
Schools	12 responses
Doctors	12 responses

1.11 Discussion

It is important to note that of the above services, none truly represents an informal resource (such as families, friends, or Alcoholics Anonymous). The churches are, in all likelihood, the least formal of the above resources and consequently, a possible staging ground for non-stigmatized services. The overwhelming dominance of responses identifying formal resources would seem to indicate that counselling and support services in the future will either require sponsorship or sanction from these formal resources.

Of the five primary categories, the Non-Governmental Direct Service Organizations identified informal groups most frequently (parents, sports clubs, neighbors). Conversely, Governmental Direct Service Organizations, Doctors and Lawyers and churches made little or no mention of informal resources. One possible explanation for the above is that employees of the Non-Governmental Direct Service organizations may live and interact in Slave Lake for reasons other than employment.

It was evident that respondents were sufficiently aware of the distinction between Social Services of Alberta and Alberta Mental Health Services. This suggests that these two organizations have been successful at publicizing their respective functions. It was also significant that the two most frequently named private agencies are the Slave Lake Friendship Centre and Native Counselling Services. Both of the organizations are recognized primarily as service providers to Native people (although neither restrict exclusively their clientele to Native people). The Friendship Centre furthermore, is an organization which, most likely, places little stigma on its client's owing to the wide range of services it offers.

1.2 Perception of Cause for variation of Monthly Demand

"2b) Are there any months that are particularly busy for you?"

- 1.21 Respondents, with only one exception, described high service demands in the period from Fall to Spring. For a number of service providers, Fall is a critical period due 1) to the activity generated by the beginning of school and the economic inactivity of workers employed in seasonal occupations. Many respondents also suggested that demand for their services tended to peak around Christmas or winter because of depression, loneliness/isolation, increased alcohol and drug consumption, winter morbidity rates and a depressed retail economy immediately after Christmas. Spring and Easter were also seen to be another peak period as a result of school closures, the economic inactivity of workers employed in seasonal occupations and the loneliness/isolation at the Easter holidays. Some concern was expressed at the increased demand on Fridays and Saturdays throughout the year due to increased alcohol and drug abuse.

1.22 Discussion

It would be important to assess more thoroughly the relationship which exists between heightened service demand periods and response by providers. The pejorative reactions of human beings to major transitions in their lives has been well documented. Many such transitions are unpredictable, however, as indicated by the responses mentioned above. Others are predictable and therefore are amenable to planned intervention. One such example is the phenomenon of suicide, which is known to occur most frequently in Fall and Spring at which time counselling and support services could be prepared to handle an increased demand.

1.3 Perception of Capacity for Meeting Increased Demand

"2c) Do you think that your counselling or support services could cope with any increase in demand over the next twelve months."

- 1.31 Very significantly, only respondents from the category of Governmental Direct Delivery Human Services felt they would be unable to accommodate increased demand for service (70%). Several respondents attributed their incapacity to meet increased demand to paperwork requirements and shift of emphasis from program to administration. Two-thirds of Non-Governmental Direct Delivery Human Services felt that they could cope with increased demand as did 80% of Church Based Support Services.

1.32 Discussion

It is important to note that the perceived capacity to accommodate increased demand by all categories excepting government should not be interpreted to mean that such services are not presently working at full capacity. Rather, the answers may reflect an historical expectation that the private sector can and should be more flexible. The implication of increased demand may therefore well mean a diminished quality of service and increased reliance upon volunteers who may or may not be available and competent.

With respect to governmental organizations, it is important to recall that respondents most frequently identified Social Services of Alberta and the Alberta Alcohol and Drug Abuse Commission. Both agencies in Slave Lake have a history of high staff turnovers and unfilled positions which may contribute to their own perception that they cannot meet increased demand for services.

1.4 Perception of New or Reduced Service

"2d) Do you think it is is likely that you or your agency will add any new counselling or support services in the next 12 months? If so what are you planning."

"2e) Do you think it is likely that you or your agency will cutback any existing counselling or support servcies in the next 12 months? If so, what are you planning?"

1.41 Once again, the perceptions held by Governmental respondents differed markedly from those of Non-Governmental Direct Delivery Human Services. Only 30% of Governmental respondents reported the possibility of adding new services in the next 12 months. Half of respondents from this category, moreover, considered that service cutbacks in the ensuing year were possible. Double the proportion of Non-Governmental respondents (60%), however, felt that new services would be offered possibly in the next 12 months. Only 30% predicted that service reductions would be necessary within their existing programs.

The Churches followed their own pattern of responses to this subject. Three-quarters doubted that new services would be offered but none expected any service cutbacks.

1.42 Discussion

As several respondents remarked, the Provincial Government's job freeze and austerity policies largely determine the limited scope of service delivery options for the coming year. Coupled with the Provincial Government's interest in human service privatization, it is likely that all non-governmental sectors will be called upon (with or without adequate compensation and direction) to offer additional service. The possibility exists as well that an increase in client demand paired with an aggregate reduction in service could spell the shifting of prevention programs to crisis intervention measures.

1.5 Referral Patterns

"3. If you or your organization does not presently provide counselling and support services, or if you felt unable to help a particular client, to whom would you most likely refer someone who had a personal or family crisis?"

1.51 As a group, respondents relied almost exclusively on formal and professional groups in their referral practices. This phenomenon was particularly pronounced among Governmental respondents (one mentioned Alcoholics Anonymous), Non-Governmental Direct Delivery Human Service respondents (two mentioned the churches), and Political and Social Planning Services (one mentioned churches). The most common referrals by category are listed below:

Governmental Direct Delivery Human Services

Alberta Alcohol and Drug Abuse Commission	4
Alberta Mental Health Services	4
Physicians	3
Slave Lake Friendship Centre	3
Psychologist	3
Social Services of Alberta	3
Native Counselling Services	2

Non-Governmental Direct Delivery Human Services

Social Services of Alberta	8
Alberta Mental Health Services	6
Alberta Alcohol and Drug Abuse Commission	5
Churches	2
Royal Canadian Mounted Police	2
Schools	2
Slave Lake Friendship Centre	2
Slave Lake General Hospital	2

Political and Social Planning Services

Alberta Alcohol and Drug Abuse Commission	3
Social Services of Alberta	3
Native Counselling Services	2

Lawyers and Physician Services

Churches	2
Alberta Mental Health Services	2
Alberta Alcohol and Drug Abuse Commission	2

Church-based Support Services

no pattern

As the above list indicates, no clear patterns emerged with respect to a particular referral designation. Curiously, no single referral designation appeared in each of the five primary categories of service.

The most common explanation relating to the reasons prompting a referral was the seeking of expertise. The most frequently mentioned types of expertise which caused respondents to refer included: suicide prevention, alcohol and drug abuse, psychological testing and counselling therapy, legal issues, medical management, and intervention for violent behavior. A related and repeated answer was that the service provider's mandate did not include provision for certain clients' needs.

Aside from the issue of expertise, the next most frequently given response was financially limited service restrictions (i.e. with better funding, more service could be provided).

1.52 Discussion

It is interesting to note that major discrepancies exist in respondents' awareness of resources in Slave Lake and their referral practices. Overall, it is apparent that "referral-ism" is practiced on a limited basis. If this is in fact the case, it would be extremely important to understand the underlying cause (since awareness does not appear to be the fundamental reason).

One possible explanation might be the mixture of public, private non-profit, and private for-profit services which exists. It would be easy to construe a highly competitive human service environment as a result of the funding shifts and reductions which appear to be imminently possible. In such a competitive environment, service provisions may acquire a defensive and uncollaborative character, thereby reducing the impulse to refer.

It is possible to detect that a variety of expertises are perceived to be in short supply or fall within the exclusive domain of a very limited number of individuals. In some instances, this is unavoidable, in other cases, such as suicide prevention, counselling, legal advice etc., it may be possible to broaden the referral pool. Broadening the referral pool can be achieved through the training of para-professionals and laypersons. Certainly, it appears that links between professional and lay referral resources are tenuous. Given the established fact that crisis intervention is most commonly managed by lay people, the weak referral links between professional and lay referral resources is of considerable concern.

PERCEPTIONS OF THE PRESENT AND FUTURE STATUS
OF COUNSELLING AND SUPPORT SERVICES

2. Public Awareness of Services

"4. From your experience would you say that people in Slave Lake are aware of the existing counselling or support services and how they might use them?"

2.1 Once again, significant differences of perception were reported between respondents from the public sector and the private sector. By a margin of approximately 2 to 1, public sector respondents felt that the public is aware of services. Responses from the private sector, however, argued by an approximate 3 to 1 margin that clients are unaware of services.

However, there was agreement between respondents in the public and private sectors about the factors which determined public awareness. Several respondents commented that clients' apparent awareness or unawareness could be symptomatic of the clients' willingness or unwillingness to avail themselves of services. Their willingness or unwillingness, in turn, could be a reflection of their (mis)understanding of their own need for counselling and support as well as the particulars of a service's intervention. Several respondents pinpointed Slave Lake's large transient population as a particularly unaware group.

2.12 Discussion

The perception of respondents from the public sector may indicate that these respondents believe that their own services are well known to the public. If this is so, the respondents may be largely correct, as intake figures and their own awareness of services discussed earlier seem to indicate.

The findings in this section on public awareness may imply that the public's unawareness of many of the non-governmental services may result from the latter's dependence upon referrals from more visible public services.

If referrals from the public to private sector are minimal in number, as conjectured previously in this report, then referrals may constitute a major factor determining awareness.

Another factor which undoubtedly affects awareness is the relatively recent proliferation of counselling and support services in Slave Lake. For residents indigenous to the Slave Lake area, contact with human services has been a narrow and recent happenstance. For many, approaching "strangers" in a time of crisis is unthinkable and/or culturally unacceptable. Reliance on family and friends, regardless of those potential helper's availability or inclination, may be more profound in importance than service providers are prepared to admit.

2.2 Respondents were then asked to give their impression of:

- the available counselling and support services
- the likely cause of any variation in demand
- the chance of future service expansion or reduction
- and how referrals are made

In order to preserve confidentiality the comments have been grouped on the basis of the various categories of service.

2.21 Available Counselling and Support Service

"2. If your organization presently provides counselling or support services would you please briefly explain the type of help that you are able to offer?"

Government direct delivery human services

	<u>Number of clients served in an average month</u>
Educational Counselling	319
Financial Counselling	210
Employment or Training related counselling	556
Alcohol or drug abuse counselling	200
Mental Health counselling	50
Family Counselling	80
Child Counselling (crisis)	20
Child Counselling and Foster Homes	100
Home Support	26

Number of respondents 11

Non-Governmental Direct Delivery Human Services

Support for children/youth	8
Personal Counselling	90
Education and Career Counselling	100
Lay counselling	2
Health Counselling	340
Information referral support	6
Home Support	4
Court Support	50
Family Counselling and Support	43
Alcohol and Drug Abuse	18

Number of respondents 18

Political and Social Planning Services

none

Number of respondents 3

Lawyers and Physicians

Acute psychotherapy	20
long term psychotherapy	20
Marital Counselling?	5
Financial Counselling	5
Family Counselling	25

Number of respondents 5

Church Based support Services

Family Counselling	2
Children and youth Counselling	2
Individual Counselling	15
Premarital Counselling	2

Number of respondents 5

2.23 Discussion

The above statistics reaffirm that government services are the major provider of counselling or support services. The largest numbers in the Non-Governmental Direct Delivery Human Service group are to be found in health and school guidance counselling. Churches represent a more informal resource and consequently they cannot offer reliable figures and raise concern about confidentiality.

2.24 Service Gaps

"5a. Do you think that there are any SERVICE GAPS in the existing counselling and support services? From your experience have you had any difficulties finding suitable services for some of your clients?"

2.25 An overwhelming majority of respondents (4 of 5) across all five categories of providers agreed that service gaps exist. Most commonly the gaps were seen to involve the following group of crises: battering, alcohol and drug abuse, mental illness, suicide and marital discord. A number of respondents lamented that existing services only treat crisis "in full bloom", leaving people at risk to their own devices. Others stressed the need for a 24 hour crisis service/line.

Although most responses spoke to the absence of a particular service, a number of respondents expressed satisfaction with the range and number of available services. These respondents, however, found fault in such areas as quality, availability, and inter-agency coordination. One respondent wrote, "the whole person is often missed or avoided." Several respondents expressed concern that private counselling by a psychologist fell beyond the means of some needy clients.

2.26 "5b. Are there any GROUPS in the community that you think are in particular need of additional counselling and support service?"

"5c. When you think of the groups you've mentioned, what would you say are the most important obstacles that these groups have had in finding suitable counselling and support services.?"

2.27 A wide variety of groups were seen to be outside and in need of the counselling and support service umbrella. Those groups receiving multiple mention are described below:

Youth - this group was most frequently and widely mentioned. The major complaint which was identified was the absence of appropriate services. Other negative factors affecting services to youth which received repeated identification were overburdened services, limited service hours, fear of exposure, cultural inhibitions and youth's lack of awareness of services.

Suicidal and bereaved individuals - Respondents from the public and private direct delivery human services expressed deep concern for these individuals. The leading causes of this group's omission from services was attributed to absence of service, stigma, overburdened services, limited hours of service and lack of client's awareness.

Victims of assault - This group was repeatedly cited by Government Direct Delivery Human Service providers. Assault victims, it was felt, are not offered an appropriate service, fear reprisals, exposure and stigma. Moreover, useful existing services often operate for limited hours, according to respondents. Finally, cultural inhibitions were identified as an obstacle to service.

Families/parents/single parents - Non-Governmental Direct Delivery Human Service Providers and Physicians showed the deepest concern for this group. The overriding obstacle was perceived to be fear of exposure. Other frequently noted hurdles included overburdened services, limited service hours, no appropriate services, and fear of reprisal. Cultural inhibitions, stigma, and lack of awareness were less frequently viewed as important.

Elderly - Although few respondents identified seniors, there was a broad representation of service provider categories. The three predominant concerns for elderly were the absence of appropriate services, the limited hours of services, and cultural inhibitions. Lesser concerns included lack of awareness of services and overburdened services.

Mentally ill/emotionally disturbed - An infrequently mentioned category. Respondents interpreted the primary difficulties confronting this group to be overburdened services, limited service hours and stigma. Other difficulties received less mention included poor quality of service, fear of exposure, and lack of awareness of service and limited hours of service.

Several other explanations for increased need are worthy of mention. Several respondents emphasized that the young average age as well as the transient and isolated status (from family) of the population necessitated the construction of artificial supports. A number of respondents added that the large Native composition of the population was a high risk group with many counselling and support service needs. Related to the above, racial tension was seen to be a stress factor. One respondent projected greater need as public awareness of services increased.

2.32 Discussion

Although a number of respondents advocated for a return to the days in which family and friends played a more active role in providing social support, such a transition from today's reliance on external supports seems to be unlikely. There are some signs of renewed recognition regarding importance of natural supports, (the language of the new Child Welfare Act, academic literature). However, unless family and friends receive tangible support in the form of public policy and attendant programs, a shift in responsibility to natural supports seems unlikely.

2.4 New Counselling Support Services

"6a. A number of suggestions have been made over the past years for new counselling and support services in Slave Lake. Some of these are listed below. We'd like to know which of these services you think should be given further consideration and which group you think should be responsible for setting it up. Under the first column please rank in order of importance those services which you think should be considered by assigning #1 to your higher priority, #2 to the next etc."

2.41 A break-down of responses appears below (in order of priority).

Governmental Direct Delivery Human Services

<u>Order</u>	<u>Service</u>	<u># of Respondents</u>	<u>Avg. Rating of Importance</u>
1.	24 hr. Crisis Line	9	2
2.	Women's Shelter	8	2
3.	Youth Drop-In Centre	6	4
4.	Self-Help Groups	8	4
5.	Detox. Centre	6	4
6.	Lay Counselling	7	5

Others receiving mention: adult day care, drug and alcohol rehabilitation centre, youth hostel, 24 hour crisis centre, nursing home, low rent housing.

Non-Governmental Direct Delivery Human Services

<u>Order</u>	<u>Service</u>	<u># of Respondents</u>	<u>Avg. Rating of Importance</u>
1.	24 hr. Crisis Line	14	2
2.	Women's Shelter	14	2
3.	Youth Drop-In Centre	13	3
4.	Self-Help Groups	13	4
5.	Detox. Centre	12	4
6.	Lay Counselling	11	4

Others receiving mention: counselling for single parents, childcare for working mothers, 24 hour support and suicide prevention service, learning disabilities organization, friendly visiting service, group homes, family life centre.

Political and Social Planning Services

<u>Order</u>	<u>Service</u>	<u># of Respondents</u>	<u>Avg. Rating of Importance</u>
1.	24 hr. Crisis Line	2	2
2.	Women's Shelter	1	2
3.	Youth Drop-In Centre	2	3
4.	Self-Help Groups	3	3
5.	Detox. Centre	2	4
6.	Lay Counselling	1	5

Others receiving mention: none.

Lawyers' and Physicians' Services

<u>Order</u>	<u>Service</u>	<u># of Respondents</u>	<u>Avg. Rating of Importance</u>
1.	Women's Shelter	5	2
2.	Youth Drop-In Centre	4	2
3.	Detox. Centre	4	4
4.	24 Hr. Crisis Line	3	2
5.	Self-Help Groups	2	5

Others receiving mention: none.

Church-Based Support Services

<u>Order</u>	<u>Service</u>	<u># of Respondents</u>	<u>Avg. Rating of Importance</u>
1.	24 hr. Crisis Line	5	2
2.	Youth Drop-In Centre	3	2
3.	Women's Shelter	4	3
4.	Lay Counselling	4	4
5.	Detox. Centre	4	4
6.	Self-Help Groups	4	5

Others receiving mention: shelter for the homeless.

For those new services most frequently mentioned, respondents most frequently assigned responsibility for each services development in the following fashion (presented in aggregated and prioritized form):

24 hr. Crisis line	- Lakelands Family & Community Service	6
	- Town and/or Provincial Governments	4
	- Social Services of Alberta	3
	- Churches	2
	- Schools	2
Women's Shelter	- Private Women's Agency	10
	- Lakelands Family & Community Service	4
	- Social Services of Alberta	4
	- Provincial Government	3
	- Churches	1
Youth Drop-In Centre	- Lakelands Family & Community Service	6
	- Town and/or Provincial Governments	4
	- Social Services of Alberta	2
	- Churches	2
	- Schools	2
	- Social Workers	1
Self-Help Groups	- Individuals in Need	5
	- Lakelands Family & Community Service	4
	- Native Counselling Services	2
	- Friendship Centre	2
Detox. Centre	- Alberta Alcohol & Drug Abuse Commission	4
	- Provincial Government	4
	- Local Resources/Volunteers	2
Peer Counselling	- Schools	5
	- Lakelands Family & Community Service	3
	- Provincial Government	2
	- Social Services of Alberta	3
	- Social Workers	1

2.42 Discussion

Respondents clearly demonstrated agreement regarding their priorities for new services. Evidence exists that helpers in Slave Lake believe that a 24 hr. Crisis Line, a women's shelter, and a youth drop-in centre would fill service gaps for particularly under-served groups. Moreover, clear expectations as to responsibility for developing each new service emerges from the results of this review.

Several features are of note: 1) the Provincial and Town governments, although not expected to take a lead role, are cited as expected contributors to all six new services 2) Lakelands Family & Community Service and Social Services of Alberta appear to be viewed as local social planning resources 3) Organizations with Native roots are valued especially in generating self-help groups, possibly as an indication of the limited utility of formal helping services for Native people, and 5) the schools (and the young people who attend them) are perceived to be the most viable candidates for lay counselling.

2.5 Identified Local Resources for Developing New Services

"6b. In what ways do you think your organization would be prepared to assist in developing and operating any of these new services?"

2.51 The most commonly cited offer of assistance surrounded the provision of staff and volunteer training. Those providers which went on record as trainers were: Community Vocational Centre, Social Services of Alberta, Sunrise Project, Garratt & Moore Associates, and Lakelands Family & Community Services.

Several offers were made publically to sit on a board of directors (Big Sisters and Philip Lokken Law Office). Others offered to recruit volunteers from among their own ranks (Social Services of Alberta and Schools). Offers were made by Social Services of Alberta, Slave Lake General Hospital, and Lakelands Family & Community Services to provide planning and administrative assistance. The Larry W. Schimpf Professional Corporation volunteered legal advice. A physician offered to provide crisis counselling.

Social Services of Alberta and a respondent who chose anonymity indicated that funding was a possibility. Numerous providers pledged referrals and assistance with publicity. Several respondents, remaining anonymous, offered transportation for clients.

Two Church-Based Support Services indicated they would be pleased to offer spiritual or Biblical guidance. Both respondents emphasized that they would have reservations about participating if they were not permitted to introduce spiritual teaching at the own discretion.

2.6 Perception of Volunteer Potential

"7. From your experience do you think that it would be possible to find, and train suitable volunteers for any new services that would be developed?"

2.61 Overwhelming support was lent by respondents from all categories to the idea that from Slave Lake's citizenry, volunteers could be found. Comments which accompanied the positive reaction were less sanguine, cautioning that good volunteers are already stretched thinly, comprehensive training and co-ordination would be necessary (by paid staff), and potential volunteers might reserve their participation until a track record has been established.

2.7 Perception of Obstacles to New Services

"8. Are there any particular difficulties that you felt would need to be overcome in establishing any new counselling or support services in Slave Lake?"

2.71 Four general categories of obstacles emerged from respondents' comments:

Services tend to be territorial in Slave Lake and uncooperative with one another. One service provider stated that there is "too much competition for clients already". Several complained that providers often talk about cooperation but rarely practice it. Some respondents commented that services have inflexible mandates which complicates "bridging" between agencies and causes clients to be by passed who do not fit the mandate. Similarly, the public-at-large was judged to be skeptical of new initiatives and might be slow to respond to untested resources.

As mentioned earlier in this review, people in crisis are believed to frequently lack in self-realization. Not only do they not recognize their own needs, respondents maintain, they are ignorant of the nature and usefulness of counselling and support services.

In a time of government funding restraints, respondents thought that funding would be difficult to obtain. Not one respondent suggested that funding could be obtained by transfer from other existing services.

The ability to attract qualified helpers was frequently noted. In part, this concern might be interpreted vis-a-vis volunteers, however, even well qualified professionals are not always easily recruited either.

2.8 Focus Group

It was decided that the study would be enhanced by ascertaining the first hand expertise of several individuals who were or had crises in Slave Lake. Otherwise, this study concentrated on the activities and perceptions of service providers. First hand accounts offered several important features: they added a "bottoms up" perspective on the relationship of need to service and injected an emotional and personal aspect to the research.

A focus group approach was chosen in order to create a synergistic atmosphere which would promote unencumbered expression from the participants. The approach was particularly useful for eliciting qualitative data. Although the focus group numbered five people (whose crises were of varying origins) the degree of consensus regarding community response was striking.

The group strongly agreed that in crisis situations, family and friends were helpful to a point. However, excessive emotional and financial reliance on friends ran the risk of "burning them out". Friends, moreover, didn't always offer the qualities of detachment and professionalism which were desired.

A recurrent frustration was a lack of knowledge about resources. Often, the telephone book was consulted without success by these individuals. In many cases, these individuals concluded (correctly and incorrectly) that vital resources were unavailable. Trips and calls to Edmonton to access locally unavailable resources quickly became prohibitively expensive. Several individuals suggested the utility of a 24 hour crisis line and information and referral service.

Even when local professional resources were engaged, these individuals encountered disappointment with the caregivers' attitudes or inaction. Complaints ranged from rudeness, inconsistent service, poor service quality, unhelpful referrals, high caseloads, to inexperienced youthful personnel. Perhaps the most telling dilemma was expressed in the focus group by the query "Who are you going to call at three in the morning?"

One of the cruelest experiences which faced these individuals was the imperative that they initiate interventions at a time when their personal energy and esteem were low. Assertiveness, they discovered, was required to meet their needs but difficult to summon under such circumstances. Individuals also had to overcome feelings of shame as well as fear that their children might be apprehended if a helper judged them to be too emotionally distraught.

Several suggestions emerged from the discussion. Informal helping as offered by some churches was found to be useful. A recommendation was made that intervention involving the family as a unit should be undertaken. Self-help groups, in short supply in Slave Lake, were commended as therapeutic resources. In fact, the focus group itself proved to be an unexpectedly helpful experience for the participants.

CONCLUSION

3.0 Conclusions

This review of counselling and support services records a significant difference between the activities and perceptions of the highly formalized Governmental Direct Delivery Service Agencies and the rest of the helping community. These differences are to be found in awareness of services, referral patterns, capacity to meet increased demand, and the perception of the public's awareness. It is highly probable, therefore, that clients are not case managed in a co-ordinated fashion between the various service delivery categories. In other words, interventions may be exclusive rather than inclusive leading to incompleteness, inappropriateness and possibly, failure of service. The relevance and legitimacy of informal helping, in particular, may be dismissed with serious consequences.

Another finding of concern is that the most frequent counselling and support services provided involve Employment and Training, Health and Education. Crisis situations may receive attention only after a calamity has occurred. The onus on individuals and nuclear families to identify and initiate interventions in crisis situations may often be too great. If the demand for crisis intervention services climbs, as respondents project, the adaptability of crisis services, including professionals and volunteers, will be severely tested. Certainly, respondents are already worried that service gaps exist for youth, the suicidal and bereaved, assault victims and high risk families.

It is clear that much remains to be known from the perspective of the client. Services in Slave Lake are, by and large, similar to those offered in other rural communities. Whether services are specific enough to this community's economic, cultural, and demographic realities is very much open to question.

3.1 Recommendations

- 3.1.1 Consideration should be given to implementing a single entry assessment model for people in crisis. Single entry assessment provides one integrated, comprehensive assessment procedure. It establishes one point of contact in the community and performs a case management function for each client.

Single entry assessment brings a number of benefits:

There is better service to the client. Consideration is given to all service options available. There is less confusion for the client and family. There is an emphasis upon client need and attention to client preferences and involvement. A special effort is made to make an objective and comprehensive assessment and to provide appropriate services as well as case planning and management help to assure better service to the client.

The implementation of single entry assessment acknowledges all placement options available to the clients and provides more opportunity to people to receive community based services.

There is coordination of programs and services to reduce duplication of effort.

Efficiency increases with appropriate use of resources and a shift in emphasis to community based services (read non-governmental mandated services).

The onus on the consumer to discover appropriate services is reduced.

It would likely be provident to station the single entry assessment service initially in proximity to the leading entry points which presently exist. According to this review, those points would be Social Services of Alberta and Alberta Mental Health Services.

3.12 The development of a 24 hr. crisis line would be a logical starting point from which to subsequently launch other services. Several advantages of this approach would be:

- respondents have endorsed a crisis line as the most highly desired new service
- respondents indicated a broad commitment to provide training and direction
- a variety of excellent models abound in Alberta
- volunteers would receive a broad general training which could be used as a base for involvement in more specialized services including a women's shelter, a youth drop-in centre, or a friendly visiting program.
- a phased schedule of increased responsibility could be enacted in which Slave Lakers could assume management levels appropriate to existing volunteer capacity. In other words, the crisis line could be tied into an existing line, as is the case in Smoky Lake, until the Slave Lake line could achieve autonomy, or limited autonomy.
- the potential for a relatively "quick success" exists with a crisis line, thereby overcoming the widespread fear of endless planning and seemingly useless inter-agency collaboration.
- costs could be lower than the other preferred services (women's shelter, youth drop-in centre).

3.13 A study should be commissioned to document and analyze the differential need for and use of existing counselling and support services by race, age and time of year. It would appear that services presently make few allowances for the peculiarities of Slave Lake's population. The net effect could be that at present, many people in crisis simply "drop-out" and attempt to cope on their own.

3.14 It would be important to seek a systematic commitment and response at the political level. The emerging issues of crisis and intervention. Various government must be represented in such a process, namely, municipal, provincial, Indian, and Metis. The role of the federal government could be considerable as well through DIAND (Indian Affairs), DHW (Health and Welfare) and Members of Parliament.

APPENDICES

Edmonton Social Planning Council



December 1, 1986

Dear

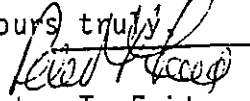
The Edmonton Social Planning Council has been contracted to conduct a review of counselling and support services in Slave Lake by Lakelands Family and Community Services. In turn, Lakelands has been approached by the Crisis Prevention Committee of Slave Lake, The committee, representing several human service groups, is concerned that there are not enough services to assist people who are facing a personal or family crisis.

In this review, the Edmonton Social Planning Council is interested in learning whether you believe that services for people in crisis adequately meet the demand in Slave Lake. If you believe that services are inadequate we would like to gather your thoughts as to what you think might be done in the near future to make sure that the necessary support is available.

You have been selected to complete this questionnaire as a result of your valued involvement in providing support to people in crisis. Therefore, we would deeply appreciate your thoughtful responses to the enclosed questionnaire. If you are a representative or employee of a human service organization, please attempt to express the viewpoint of your organization.

Please be assured that all of your answers and comments will be kept completely confidential, unless you authorize us to attribute certain information to you or your organization. The completed questionnaire should be returned to us in the self-addressed envelope by December 19, 1986. The outcome of this review will be a report and recommendations, which will be submitted to Lakelands by February, 1987. Should you have any questions please feel free to telephone us at 423-2031 in Edmonton.

Thank you for your time and valuable contribution.

Yours truly,

Peter T. Faid
Executive Director



A REVIEW OF COUNSELLING AND SUPPORT SERVICES
IN SLAVE LAKE

1. What services are you aware of in Slave Lake that presently provide counselling or support to people in distress with a personal or family crisis?

2. If your organization presently provides counselling or support services would you please briefly explain the type of help that you are able to offer? (If not, please move to question 3.)

a) In an average month how many people are assisted by the various services provided by your organization?

<u>Service</u>	<u>Number Assisted</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

b) Are there any months that are particularly busy for you?

(If yes) What do you think accounts for this extra activity?

c) Do you think that your counselling or support services could cope with any increase in demand over the next twelve months?

d) Do you think it is likely that you or your agency will add any new counselling or support services in the next 12 months? If so what are you planning?

e) Do you think it is likely that you or your agency will cutback any existing counselling or support services in the next 12 months? If so, what are you planning?

3. If you or your organization does not presently provide counselling and support services, or if you feel unable to help a particular client, to whom would you most likely refer someone who had a personal or family crisis?

<u>Organization</u>	<u>Reason You or Your Agency was Unable to Help</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

4. From your experience would you say that people in Slave Lake are aware of the existing counselling or support services and how they might use them?

5. a) Do you think that there are any SERVICE GAPS in the existing counselling and support services? From your experience have you had any difficulties finding suitable services for some of your clients?

- b) Are there any GROUPS in the community that you think are in particular need of additional counselling and support services?

group #1 _____

group #2 _____

group #3 _____

c) When you think of the groups you've mentioned, what would you say are the most important obstacles that these groups have had in finding suitable counselling and support services? (Please tick)

<u>Obstacles</u>	(see 5b) <u>group 1</u>	<u>group 2</u>	<u>group 3</u>
No appropriate service	_____	_____	_____
Overburdened services	_____	_____	_____
Poor quality service	_____	_____	_____
Limited service hours	_____	_____	_____
Stigma	_____	_____	_____
Fear of exposure	_____	_____	_____
Fear of reprisal	_____	_____	_____
Cultural inhibitions	_____	_____	_____
Unaware of services	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

d) Would you anticipate that there would be a greater need for counselling or support services in Slave Lake in the next five years? Why?

6. a) A number of suggestions have been made over the past years for new counselling and support services in Slave Lake. Some of these are listed below. We'd like to know which of these services you think should be given further consideration and which group you think should be responsible for setting it up. Under the first column please rank in order of importance those services which you think should be considered by assigning #1 to your higher priority, #2 to the next etc.

	<u>Should be Considered</u>	<u>Should be Responsible</u>
Youth Drop in Centre	_____	_____
Women's Shelter	_____	_____
24 Hour Crisis Line	_____	_____
A Peer Counselling Program	_____	_____
Detox. Centre	_____	_____
Development of Self-help Groups	_____	_____
Other	_____	_____
	_____	_____
	_____	_____
	_____	_____

- b) In what ways do you think your organization would be prepared to assist in developing and operating any of these new services?

Please tick this box if your answer to question 6b can be attributed to your organization in the final report.

7. From your experience do you think that it would be possible to find, and train suitable volunteers for any new services that would be developed?

8. Are there any particular difficulties that you feel would need to be overcome in establishing any new counselling or support services in Slave Lake?

9. Is there anything else you would like to mention that you think would be helpful in this study?

Name of person completing questionnaire _____

Position of person completing questionnaire _____

Name of Organization _____

Completed questionnaires should be returned in the enclosed, self-addressed envelop.

Thank you for your co-operation.

POLITICAL AND SOCIAL PLANNING SERVICES

METIS ASSOCIATION OF ALBERTA

Counselling and Support Services

1. Volunteer Only - no indepth counselling
2. Referrals for housing assistance, social assistance
3. Personal Support when required

Number of People Assisted

1. Not listed

Months That Are Particularly Busy

1. March/April
2. September and December

SLAVE LAKE TOWN COUNCIL

Counselling and Support Services

1. Provides Funding to FCS

Number of People Assisted

1. Not listed

Months That Are Particularly Busy

1. Not listed

LAWYERS AND PHYSICIANS

Larry W. Schimpf Professional Corporation

Counselling and Support Services

1. Legal advice - marriage and financial crisis

Number of People Assisted

- | | |
|--------------|---|
| 1. Marital | 5 |
| 2. Financial | 4 |

Months That Are Particularly Busy

1. None

Philip Lokken Law Office

Counselling and Support Services

1. N/A

Number of People Assisted

1. Not listed

Months That Are Particularly Busy

1. Not listed

CHURCH BASED SUPPORT SERVICES

ST. PETER'S CATHOLIC CHURCH

Counselling and Support Services

1. Very informal - mostly just someone to talk to

Number of People Assisted

1. Informal care/conversation 12-15 per month

Month That Are Particularly Busy

1. September/October
2. December/January

COMMUNITY CHRISTIAN CENTRE

Counselling and Support Services

1. Spiritual Counselling
2. Marriage Counselling
3. Family Counselling
4. Personal Counselling
5. Emergency Food Hampers

Number of People Assisted

- | | |
|---------------------------|------------|
| 1. Spiritual | not listed |
| 2. Marriage | not listed |
| 3. Family | not listed |
| 4. Personal | not listed |
| 5. Emergency Food Hampers | 1 |

Months That Are Particularly Busy

1. None

CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS

Counselling and Support Services

1. Financial Aide services for Church members
2. Counselling Services for Church members
3. Support Groups
4. Referrals to Professional Services
5. Have their own Welfare Services

Number of People Assisted

1. Numbers are confidential

Months That Are Particularly Busy

1. Not listed

ABUNDANT LIFE ASSEMBLY

Counselling and Support Services

1. Family Counselling
2. Youth Crisis
3. Suicide Help Counselling

Number of People Assisted

- | | |
|-----------------------|--------------|
| 1. Family counselling | 2 (families) |
| 2. Youth Crisis | 2 |
| 3. Suicide | Occasional |

STANDARD CHURCH OF AMERICA

Counselling and Support Services

1. On-call 24 hours
2. Scriptural Counselling
3. Pre-Marial Counselling

Number of People Assisted

- | | |
|----------------------------|------------|
| 1. Personal Counselling | Not listed |
| 2. Family Counselling | Not listed |
| 3. Pre-Marital Counselling | 1-2 |

GOVERNMENTAL DIRECT DELIVERY HUMAN SERVICES

ALBERTA ADVANCED EDUCATION
Community Vocational Centre

Counselling and Support Services

1. Provides educational and career counselling
2. Assists in arranging student financing
3. Assists students with personal problems and/or refers student to appropriate agencies for help
4. Crisis counselling if required

Number of People Assisted in an Average Month

1. Educational Counselling	319
2. Applications for Training	225
3. Financial Counselling	210
4. Career Information	117
5. Testing	114

Months That Are Particularly Busy

1. September/January due to student intake.

ROYAL CANADIAN MOUNTED POLICE

Counselling and Support Services

1. Immediate prevention
2. Crisis intervention (family disputes, suicides, drug abuse)

Number of People Assisted

1. Crisis intervention Numbers not available

Months That Are Particulary Busy

1. Varies within the month, full moon, Fridays, perhaps March

ALBERTA CAREER DEVELOPMENT AND EMPLOYMENT

Counselling and Support Services

1. Provide counselling and referral service to employees only.

Number of People Assisted

1. Varies as to trainee commitment

Months That Are Particularly Busy

1. October to April (winter months)

ALBERTA SOLICITOR GENERAL

Correctional Services Division

Counselling and Support Services

1. Counselling in regard to legal system only
2. Other counselling needs are referred to outside agencies

Number of People Assisted

1. Not applicable

Months That Are Particularly Busy

1. Not applicable

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

Counselling and Support Services

1. Assists anyone with an alcohol or drug abuse problem
2. Family support - individual, couple, group counselling
3. Refers people for treatment to other facilities in Alberta
4. Prevention and education - schools, community groups, churches
5. Suicide Prevention Training

Number of People Assisted

- | | |
|------------------------------------|---|
| 1. Counselling | 40 (different clients with 3/10 visits/month) |
| 2. Group Counselling (in schools) | 3 (would like to do more) |
| 3. Educative (Provincial programs) | 15-22 sessions/month |
| 4. Prevention (media campaigns) | |

Months That Are Particularly Busy

1. October

CANADA EMPLOYMENT CENTRE

Counselling and Support Services

1. Employment counselling (can cross-over to personal counselling)
2. Referrals to Mental Health Services if necessary
3. Training program sponsorship
4. Counselling for the unemployed
5. Counselling for transitional problems

Number of People Assisted

1. Counselling	100
2. Testing	3-6
3. S.I.N. Certification	45
4. U.I. Initial and General Claims	270
5. Training (seasonal fluctuations)	75 (in peak season)
6. Job Placements Referral	250

Months That Are Particularly Busy

1. July - October (Counselling Department)
2. April, July, November, January (U.I.)

SOCIAL SERVICES OF ALBERTA

Counselling and Support Services

1. Child Welfare - crisis intervention, parent-child conflict
2. Income Security
3. Family Relations Program - divorce/separation
4. Family Therapy Program
5. Foster Home and Adoptions
6. 24 Hour on-call Service

Number of People Assisted

1. Child Welfare	70 (20 crisis intervention)
2. Income Security	150
3. Family Relations	70 (but declining)
4. Family Therapy	10
5. Foster Homes & Adoptions (10 and 40)	50

Months That Are Particularly Busy

1. Child Welfare - January, March, September
2. Income Security - April, March, May
3. May, June, September, October (referrals from school)

ALBERTA MENTAL HEALTH SERVICES

Counselling and Support Services

1. Counselling available for any problem - psychological, emotional, marital therapy, depression
2. Public Education Workshops
3. Suicide Prevention Training

Number of People Assisted

1. All services 30 - 60

Months That Are Particularly Busy

1. Very busy since June of 1986

NON-GOVERNMENTAL DIRECT DELIVERY HUMAN SERVICES
(LAY AND PROFESSIONAL AGENCIES)

BIG SISTERS

Counselling and Support Services

1. Support service for girls 6 to 18 years of age

Number of People Assisted

1. Minimum of 5 girls

Months That Are Particularly Busy

1. None

HIGH PRAIRIE SCHOOL DIVISION

Counselling and Support Services

1. Career Counselling
2. Personal Counselling
3. Family Crisis (very limited)
4. Support services for Special Needs Children
5. Referrals to other agencies as need arises
6. Health Guidance Program for junior and senior high
7. Arranges hearings for parents/guardians of suspended students

Number of People Assisted

1. Education and Career Counselling	50
2. Personal Counselling	25
3. Counselling Program	50
4. Health Guidance	340
5. Peer Support	Numbers not available
6. Parent Group	10-25

Months That Are Particulary Busy

1. All
2. January, February, March
3. October, November, December (Career Counselling)

SUNRISE PROJECT

Counselling and Support Service

1. Educational and Career Counselling
2. Personal Counselling (non-therapeutic)
3. Academic Support for University Students

Number of People Assisted

1. Career Counselling	5
2. Educational Counselling	45
3. Personal Counselling	15
4. Academic Support	45

Months That Are Particulary Busy

1. September, December, January to April
2. August/September, November, January

SLAVE LAKE CHILD CARE SOCIETY

Counselling and Support Services

1. Counselling Services for Clients

Number of People Assisted

1. Not listed

Months That Are Particularly Busy

1. Not listed

BLOCK PARENTS

Counselling and Support Services

1. Referral service - usually to RCMP or Social Services

Number of People Assisted

1. Private Homes 123

Months That Are Particulary Busy

1. Not listed

GARRAT AND MOORE ASSOCIATES

Counselling and Support Services

1. Lay Counselling Services, mainly around child welfare concerns
2. Emergency Placement in Group Homes
3. Otherwise just individuals offering help

Number of People Assisted

1. Crisis Intervention 2 per month

Months That Are Particularly Busy

1. Winter Months

NATIVE COUNSELLING SERVICES OF ALBERTA

Counselling and Support Services

1. Courtworker Program
2. Family Support Program
3. Family Life Improvement Program

Number of People Assisted

- | | |
|------------------------------------|----|
| 1. Courtworker Program | 50 |
| 2. Family Support Program | 20 |
| 3. Family Life Improvement Program | 5 |

Months That Are Particularly Busy

1. November, December, March, April

ATHABASCA HEALTH UNIT

Counselling and Support Services

1. Homemaker Service
2. Meals on Wheels

Number of People Assisted

- | | |
|--------------------|----|
| 1. Homemaker | 20 |
| 2. Meals on Wheels | 6 |

Months That Are Particularly Busy

1. Winter months

SLAVE LAKE FRIENDSHIP CENTRE

Counselling and Support Services

1. Addiction Program
2. Social Aide Program

Number of People Assisted

- | | |
|------------------------|-------|
| 1. Addiction Program | 10-25 |
| 2. Social Aide Program | 10-25 |

Months That Are Particularly Busy

1. Winter months

SLAVE LAKE AMBULANCE AUTHORITY

Counselling and Support Services

1. Emergency medical care to people in crisis
2. Prehospital care (medical or psychological)

Number of People Assisted

1. Not listed

Months That Are Particularly Busy

1. Not listed

LAKELANDS FAMILY AND COMMUNITY SERVICES

Counselling and Support Services

1. Information and Referral (large number of marriage counselling)
2. Youth Services
3. Homemaker Program

Number of People Assisted

- | | |
|-----------------------------|---|
| 1. Information and Referral | 6 |
| 2. Youth Services | 3 |
| 3. Homemaker Program | 4 |

Months That Are Particularly Busy

1. Late summer and fall

SLAVE LAKE GENERAL HOSPITAL

Counselling and Support Services

1. Referral Service

Number of People Assisted

- | | |
|----------------------|---------------------------|
| 1. AADAC | 4-6 |
| 2. Friendship Centre | included in above numbers |
| 3. Social Services | 2 |
| 4. Mental Health | 2 |

APPENDIX II

<u>Community Contacts</u>	<u>Number of Respondents</u>
Alberta Alcohol and Drug Abuse Commission	1
Social Services of Alberta	2
Alberta Mental Health Services	1
Alberta Municipal Affairs	0
Alberta Solicitor General (Probation)	1
Alberta Advanced Education (Community Vocational Centre)	2
Crisis Line Committee	0
High Prairie School Division	2
Lakeland Family and Community Service	1
Lesser Slave Lake Indian Regional Council	0
Royal Canadian Mounted Police	1
Slave Lake Ambulance Authority	1
Slave Lake Child Care Society (Day Care)	1
Slave Lake Native Friendship Centre	1
Slave Lake General Hospital	1
Slave Lake Town Council	2
Women's Shelter Committee	0
Metis Association of Alberta	1
Native Counselling Services	1
Chamber of Commerce	0
Sunrise Project	2
Garratt and Moore Associates	1
Athabasca Health Unit	1
Alberta Career Development	1
Canada Employment Centre	1
Big Sisters	1
Block Parents	1
Rural Housing Authority	0
Lawyer	0
Larry Schimpf Professional Corporation	1
Lawyer	0
Lawyer	0
Philip Lokken Law Office	1
Dr. Brian Berger	1
Dr. M.A. Doherty	1
Physician	1
Physician	0
Physician	0
Physician	0
Physician	0
Slave Lake Housing Authority	0
Sawridge Band Office	0
Transitional Housing	0
Member of the Legislative Assembly	0
Alliance Church	0
Anglican/United/Lutheran Church	0
St. Peter's Catholic Church	1
Community Christian Centre	1
Businessmen's Fellowship (Gospel)	0
Jehovah's Witnesses	0
Church of Jesus Christ of Latter Day Saints	1
Abundant Life Assembly	1
Standard Church of America	1