

# Soksipaitapiisin

Restorative Justice Program and Case Management Table

2020 Evaluation



2020

Katelyn Lucas; Erin Ramsperger; Katelyn Steinwand and Evan Rogers

*Special thanks to the Soksipaitapiisin Elders and Knowledge Keepers who provide their guidance, wisdom and knowledge:*

**Monica Chief Moon** – Kainai First Nation – Blood Tribe  
**Rod Scout** – Siksika First Nation  
**Clarence Wolf Leg Sr.** – Siksika First Nation  
**Gerald Sitting Eagle** – Siksika First Nation  
**Corleigh Powderface** – Stoney Nakoda First Nations  
**Lee Crowchild** – Tsuut'ina First Nation

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### **Soksipaitapiisin Case Management Table (2020)**

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## Overview

The Soksipaitapiisin Restorative Justice Program and Case Management Table (CMT) is a collaborative effort of community stakeholders in partnership with the Calgary Indigenous Court (CIC) to provide alternatives to the traditional justice system. Indigenous accused willing to develop accountability for their actions undertake a Healing Plan to work on the underlying issues related to their criminalization. Participants of Soksipaitapiisin work on themselves to address the outcomes of intergenerational trauma through reconnecting to their culture and focusing on their personal wellness.

Elizabeth Fry Society of Calgary (EFry) conducted an evaluation of Soksipaitapiisin to identify the outcomes and benefits to participants who undertake a Healing Plan. The following report outlines the methodologies and outcomes of a sample period in 2020.

### Outcomes for Participants undertaking a Healing Plan

**Increased Quality of Life for Participants:** Participants reported positive changes in their quality of life in areas including: improved mental/emotional well-being; increased financial/housing stability; increased sense of connection to relatives/friends; reconnection to Indigenous culture/spirituality; and increased connection to supports and resources.

**Improved Behaviour Patterns for Participants:** Participants also reported corresponding positive changes in their behavior, such as: seeking and receiving help by consistently attending meetings with Elders, counselling, addiction treatment, and/or group meetings; addressing trauma and grief and implementing emotional coping skills; working on, maintaining and achieving sobriety; working on improving relationships with others; and increasing consistency in engagement and effort. The strongest improvements are seen in the Emotional Well-being, Spirituality, and Community and Cultural Connection domains.

**Improved Financial Stability and Relationships:** Participants showed modest improvements in housing and basic needs, and relationships. These results are likely impacted by ongoing affordable housing supply shortages, difficulties in meeting rent payments exacerbated by the COVID-19 pandemic, and a prevalence of domestic violence issues noted by some of the Soksipaitapiisin CMT members.

**Improved Confidence in and Experiences with the Justice System:** Participants noted a substantial improvement in their confidence in the justice system following their participation in a healing plan. Participants also experienced decreases in their perception of stigmatization and a noticeable and welcome departure from their past experiences with systemic discrimination and racist attitudes in the legal system towards Indigenous persons.

**Initial Observed Reductions in Re-Offending:** While the program has not been operational for a long enough period to truly note recidivism trends, a review of Canadian Police Information Centre (CPIC) data for the cohort and anecdotal observations made by the Case Management

Table (CMT) suggest participants of Soksipaitapiisin are avoiding further charges. Within the cohort data, 63% of the cohort did not reoffend during the evaluation timeframe.

Addictions and secondary vulnerabilities such as Fetal Alcohol Spectrum Disorders (FASD), mental health conditions, brain injury and/or trauma related distress appeared to have a strong connection with reoffending. This highlights the importance of improving access to resources related to addiction and more effective supports for those who struggle with the effects of FASD and mental health conditions.

Post-sentencing resources and supports used by participants were noticeably beneficial to reducing recidivism, particularly those supports that address the individual needs of the participant and maintained a focus on culture.

### **Soksipaitapiisin Case Management Table and the Medicine Wheel Service Plan©**

Soksipaitapiisin CMT plays an important part in the restorative process of the CIC by supporting participants with their Healing Plans to address complex needs. Community partners provide resources and services to address these needs through western and culturally based forms of medicine and healing to address each participant's unique circumstances.

Upon the participant's intake and assessment for a Healing Plan by the Soksipaitapiisin CMT, the participant meets with EFry Restorative Justice staff to discuss their circumstances. This discussion is guided by the MWSP©, a copyrighted case management and quantitative and qualitative evaluation tool created by EFry prior to their involvement with the court. The MWSP© is based on traditional Indigenous perspectives that help the participant identify and score their level of functioning in the four pillars of the medicine wheel: physical, emotional, mental, and spiritual well-being, and the eight domains within the wheel including 1) Physical Wellbeing; 2) Housing and Basic Needs; 3) Emotional Wellbeing; 4) Relationships; 5) Mental Wellbeing; 6) Purpose and Direction; 7) Cultural and Community Connection and 8) Spiritual Wellbeing.

### **Healing Plans**

The Healing Plan process for Soksipaitapiisin was co-developed with Elders, EFry and community justice stakeholders to facilitate the principles of restorative justice, as well as to advance the *Gladue* and *Ipeelee* decisions from the Supreme Court of Canada and the Calls to Action under the Truth and Reconciliation Commission and the Missing and Murdered Indigenous Women and Girls report. The Healing Plan provides a path forward upon the six phases of the process from initial intake to celebrating achievement.

In order to develop the individualized Healing Plans, participants work collaboratively with the Soksipaitapiisin CMT. The CMT members provide needed support and services throughout the Healing Plan to assist the participant with addressing the core issues associated with their criminalization. This may include supports to assist with the effects of intergenerational trauma, mental wellness, substance abuse, relationship violence, or grief and loss. Healing Plans are also designed to identify the cultural needs of the participant, including cultural supports, programs and ceremonies relevant to the participant.

Participants in Soksipaitapiisin develop a Healing Plan and take steps to complete it while awaiting the disposition of their matter in CIC. When a participant is subject to judicial interim release, a Healing Plan may form part of the conditions of release for the participant. The Healing Plan may also form part of a participant's probation order following sentencing in the CIC. The Healing Plan may include both traditional and developmental forms of sentencing, such as attending Indigenous ceremonies, addiction treatment, and/or reconnecting with community. The Healing Plan will also incorporate conditions found in the participant's existing probation orders, concurrent plans with Child and Family Services (CFS), as well as healing recommendations from Gladue Reports and Judicial Interim release orders that address the participant's Gladue factors. The Healing Plan is meant to support and assist the participant with meeting court-ordered conditions imposed by the CIC or other courts by engaging in individual healing and wellness and reconnections with cultural identity and community.

The Elders guide the program from the commencement of the Healing Plan process and throughout the period of time the participant is engaged in the program. The key responsibility of the participant is to put forward their best effort towards fulfilling the agreed upon Healing Plan with identified support and service agencies, while also fulfilling the conditions of their probation order. The participant is expected to report to the CIC on a regular basis to share their progress in fulfilling the conditions of their Healing Plan. The regular reporting by the participant allows the court to assess the participant's engagement and determine whether they require any additional assistance to fulfill the conditions of their Healing Plan.

While the majority of the participants utilize the supports of the Soksipaitapiisin CMT to develop and support their Healing Plan, in some cases where individuals may live outside of the city of Calgary, Healing Plans have been developed with resources from their particular nation community. A handful of participants have utilized the services of the Legal Aid Justice Navigator to develop and monitor their Healing Plan. Those participants have not formed part of this evaluation.

## Methodology

This current study was conducted through both process and outcome approaches to evaluation. The process evaluation reviews and analyzes the effectiveness of the processes, while the outcome evaluation approach seeks to validate the intended objectives and goals of the Healing Plan in improving justice outcomes for Indigenous offenders.

### Indigenous Methodologies

Indigenous research methodologies provide relational accountability, which incorporates Indigenous worldviews within the perspective that knowledge is both a collective and shared creation. Throughout this study, the evaluation incorporated western concepts of existing processes such as data collection and analysis and standardized surveys for comparative and thematic evaluation. These processes provided a quantitative and qualitative foundation for the study. However, in implementing Indigenous methodologies, qualitative data was collected in a manner that illustrated the interconnectedness of the relationships between all stakeholders. This was achieved through a combination of baseline questions and open conversations that included storytelling, as well as traditional teachings and the perspectives from the participating Elders. This approach contributed to the opportunity to establish context to both individual and collective knowledge and demonstrated how the stories are interconnected within common values and themes.

Conversational approaches were essential to achieving a detailed understanding of the experiences and the perceived successes of the outcomes of Soksipaitapiisin. Having detailed discussions with the different stakeholder groups contributed to an understanding of each group's unique experience and those that they shared. By understanding the experience as a relational construct rather than an analytical construct provided context to how the interconnected relationships developed between all stakeholders as a result of their participation within CIC and Soksipaitapiisin. Oral stories detailed the individual journey each participant took when undertaking their individual Healing Plan, however it also illustrated the importance of the interconnected relationships and a common understanding of accountability.

### The Cohort, Sample Groups, and the Stakeholders Group

EFry identified a cohort of 76 CIC participants whose progress through Soksipaitapiisin forms the basis of this evaluation. The cohort consisted of individuals who had their matters heard in the CIC and who actively engaged in the Soksipaitapiisin CMT between August 1, 2020 and November 30, 2020. All data for each cohort member was implemented from the actual time of intake (which may have been well before August 2020) and was analyzed up until May 2021 or program exit, whichever came first.

As participants enter and exit the program at individual times there are intakes coming into the program on a consistent basis. The length of time someone spends in the program, is also unique to each person and their identified needs, and as such there is no set length of time for participants to flow through the process. As a result, the data used in this evaluation ranged between participants who entered the program between September 2019 and May 2021. This means participants in the cohort were at different stages of the process with some being

involved anywhere between a few months and others up to or over 12 months. When referring to the “cohort” throughout this evaluation, it reflects this particular cohort group.

Samples for each evaluation method involving the Soksipaitapiisin participants were drawn from the evaluation cohort and vary in size based on the number of the cohort members who responded or completed the required number of evaluations, as described in the table in Appendix C. Soksipaitapiisin participants who participated signed a waiver granting permission for use of their data for the purpose of evaluation. Participation in the evaluation by the cohort and justice system stakeholders was voluntary and participants’ anonymity was assured.

**Methods used included:** demographic data collection and analysis of the Soksipaitapiisin participant cohort; content analysis of case file data including the MWSP©, case manager case notes, participant intake (pre – MWSP©) and post-MWSP© surveys, and interim participant evaluations conducted every 90 days of the participants’ involvement with the CIC, and bi-annual Soksipaitapiisin CMT agency and systems membership surveys. Data was collected and analyzed by EFry. In addition, EFry conducted a focus group with the Elders and Knowledge Keepers involved with Soksipaitapiisin as well as oral interviews with the Soksipaitapiisin participant cohort. Data from CPIC was analyzed for the cohort to provide an initial look at recidivism trends.

### **Caveats to Methodology and Analyses**

It is important to note as Soksipaitapiisin CMT and its work within CIC had only been in operation for 14 months at the time of data collection for this evaluation, the ability to measure quantifiable success of the specialized court is limited, especially in terms of whether its programming is efficacious in terms of healing traumas, repairing relationships, and reducing recidivism. Longitudinal variables such as these are more accurate after three or more years of data being collected and analyzed.

In addition, while recidivism rates are often the sought after data for indicating success of court programs, recidivism rates and similar quantitative variables (length of court time to resolution, length of time to complete program) do not measure the more value-based, social-return objectives, such as improved well-being of offenders and victims, improved relationships, increased connection to community and culture, trust in the justice system, and access to meaningful, culturally appropriate justice. Recidivism rates are also highly dependent on how ‘recidivism’ is defined and measured. Likewise, a person’s path to recidivism is dependent on many variables. With this in mind, there are two important factors to consider when evaluating Soksipaitapiisin at this stage:

- 1. Indigenous peoples experience individual, intergenerational, cultural, and collective trauma. Healing from this trauma takes time.**

The Healing Plan and the MWSP©, both look at the individual continuously working on themselves over their lifetime. Because these plans focus on lifelong healing, it is difficult to measure success using a quantitative analysis only. Instead, this evaluation focuses on the qualitative measures of how the experience of participating in a Healing Plan has assisted

participants in moving towards improved personal outcomes with the resultant positive impacts on their lives and a corresponding decrease in criminal activity.

**2. Healing from trauma often requires support from family, and the community. This support was severely limited by the COVID-19 pandemic during the period of time this data was collected.**

In 2020, the world was hit with the global COVID-19 pandemic, impacting everything from health care, schools, and public services, to the government and the justice system. Alberta's courts adopted measures in response to information provided by Alberta's health authorities to limit the spread of COVID-19 and protect the health and safety of individuals using the court system. Data used in this evaluation fell during court closures, limited physical access to courthouses (appearances were virtual), presumptive adjournments and so on. All out of custody court matters were adjourned for the first 90 days of the pandemic mandates (March 2020 – June 2020).

Soksipaitapiisin participants attended court between June and October 2020 from the EFry Main Office through remote sessions. The health restrictions and closures influenced whether participants could have family, friends, and/or community attend with them for support and dramatically increased difficulties for the Soksipaitapiisin participants in accessing public services, such as food banks, addiction services, counselling, etc. as per their Healing Plans.

As measurements of success for the court are based on participants' changes in well-being and ability to fulfill the Healing Plan and MWSP©, which often are dependent on accessing community services and support, analysis of data and findings must consider the impact of the pandemic and resulting restrictions on the Soksipaitapiisin participants.

## Demographics of Participants

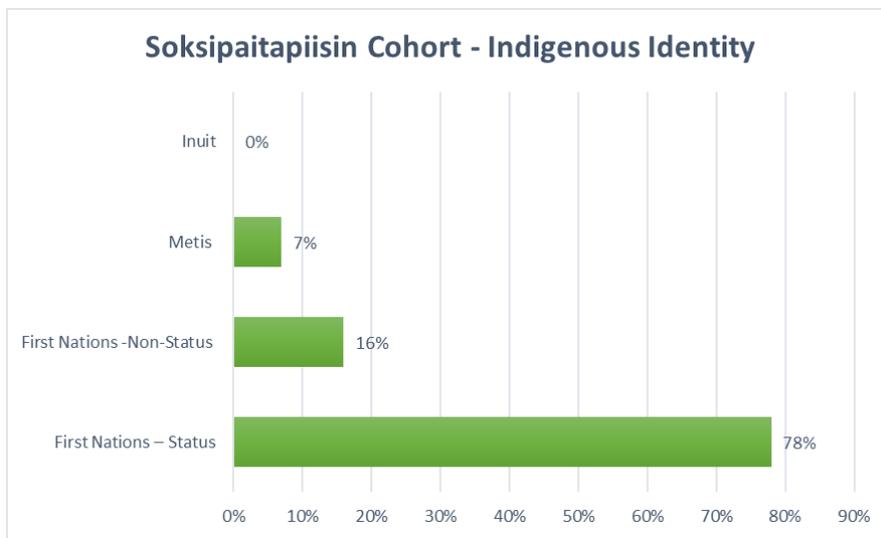
Only offenders who are Indigenous and identify as such are accepted into the CIC. Therefore, those participating in a Healing Plan identified as Indigenous.

### Indigenous Identity

As seen in Figure 2, a distinctions-based analysis found the vast majority (78%) of the active cohort participants identified as status First Nations, 16% identified as non-status First Nations, and 7% of the cohort identified as Métis. None of the participants identified as Inuit.

For those individuals who identified as First Nations, participants indicated affiliation with approximately 37 different First Nations communities located throughout eight different Treaty Areas. Treaty 7 Nations have the highest proportion of representation among the cohort (43%), which is expected as Calgary is within Treaty 7. Slightly more than one quarter of the cohort (26%) are members from various Cree First Nation communities across Treaty areas 1, 4, 5, 6, 8 and 9. See Appendix F for more details on the representation of Indigenous identity.

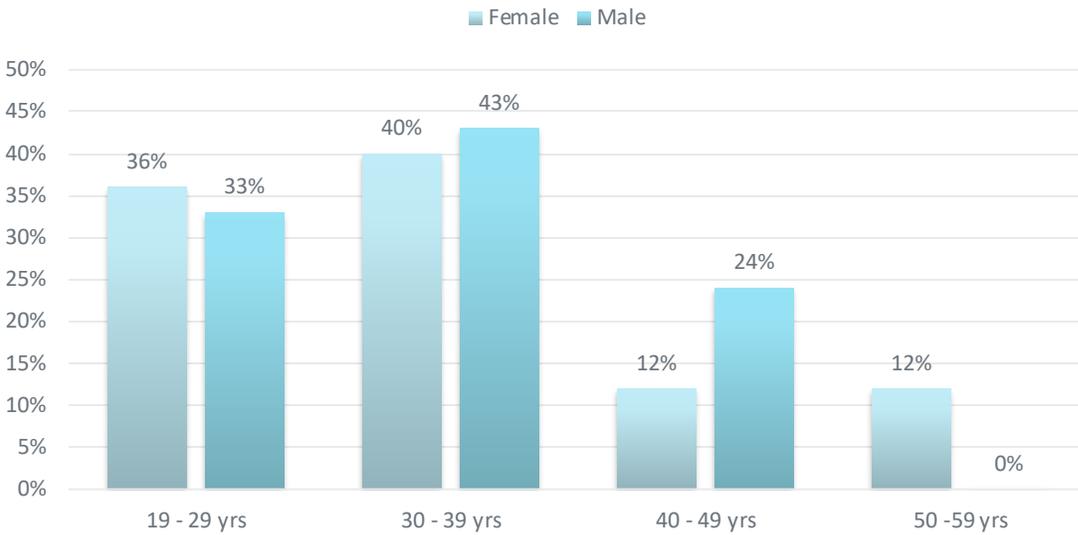
*Figure 1. Distribution of Indigenous Identities of Soksipaitapiisin Participant Cohort*



### Age and Gender

Two-thirds (67%) of the Soksipaitapiisin participant cohort identified as male and one-third (33%) identified as female. No participants identified as any other gender. The average age of all clients at first appearance in the CIC was 31 years old, with a minimum age of 19 and a maximum of 53, as illustrated in Figure 3. The average age of female-identified participants in the cohort was 34 years old, while the average age of male-identified participants was only slightly lower at 33 years old. Most participants (76%) of both genders were situated at the younger end of the age range overall, falling between the ages of 19 and 39 years old. Twice as many male-identified participants as female-identified participants fell within the 40 to 49 age range, and 12% of female-identified participants were 50 years of age or older, whereas none of the male-identified participants fell within this range.

**Figure 2. Age Distribution by Gender Identity**



This data is consistent with a review of correctional services data, which finds Indigenous offenders representing a younger population between ages 21-40, with Indigenous women reflecting this statistic more prominently. The growth of Indigenous female offenders continues to be one of the fastest growing prison populations, with a notable increase of 90% between 2000-2010. As of 2020, this number has increased by approximately 29% from 32.6% to 42%.<sup>1</sup>

Overall, the men who fell within the age range of 40-49, were more likely to have a history of incarceration and involvement in the justice system, have issues with addiction, and charges related to domestic violence.

While the majority of the cohort fit within the context of a younger demographic, women also represented the top end of age demographics of participants over 50 years of age. In looking at the women who are in this age group, criminalization appeared to be directly related to trauma and addiction. Charges included impaired driving, robbery, and being unlawfully at large. Out of the three women in this category, two were housed and one had just left housing in relation to her charge. Of the other two, significant improvements were achieved in regards to addressing their core issues including attending treatment, counselling, recovery programming and re-engagement with culture.

### **Levels of Education**

As illustrated in Figure 4, when asked what their highest level of education was at the time of entry into Soksipaitapiisin, 52% of cohort participants reported attaining a high school diploma or higher (post-secondary education includes post-secondary diploma programs, as well as undergraduate and graduate programs).

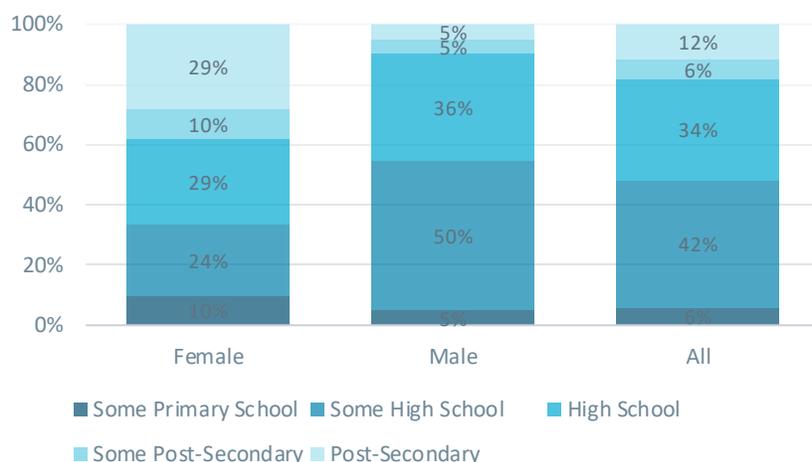
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<sup>1</sup> Wesley, M. (2012). *Marginalized: The Aboriginal Women's experience in Federal Corrections*. Public Safety Canada. Retrieved from: <https://www.publicsafety.gc.ca/cnt/rsracs/pblctns/mrgnlzd/mrgnlzd-eng.pdf>.

Females of the cohort tended to have a higher education level than their male counterparts. In particular 25% identify with having some high school education, while 29% completed their high school education. Additionally, 29% of the women indicate completing a post-secondary education, while 10% have completed some of their post-secondary education. Of the male cohort 50% had completed some high school education with only 36% reporting they had completed their high school diploma. Only 5% of the males completed a post-secondary education with 5% completing a partial post-secondary school education.

Both male and female cohort participants have attained significantly lower educational levels compared to the general population. In 2016, 89.2% of the non-Indigenous population aged 25-64 in Canada had attained at least a high school diploma. That number falls to 74.4% among First Nations, Inuit, and Métis for the same age range.<sup>2</sup>

**Figure 3. Highest Level of Education Achieved by Gender Identity**



**Note:** Education data only available for 86% of cohort participants; columns may add to more than 100% due to rounding.

When analyzing for differences between the female and male-identified participants of the cohort, female-identified participants were on average more highly educated than male-identified participants, with female-identified participants nearly 4 times more likely to have completed at least some post-secondary education compared to their male-identified peers. Further, 68% of female-identified participants completed at least high school, compared to only 46% of male-identified participants.

It is unclear why a significantly higher percentage of female-identified participants have completed post-secondary education and yet represent accused persons in the criminal justice system. However, the positive effects of educational attainment are strongly associated with increased employment and earning potential, and it is therefore possible that this finding is

<sup>2</sup> National Indigenous Economic Development Board. (2019). The Indigenous Economic Progress Report 2019. p. 53. <http://www.naedb-cndea.com/wp-content/uploads/2019/06/NIEDB-2019-Indigenous-Economic-Progress-Report.pdf>

explained by poverty and lower socioeconomic status despite relatively high levels of educational attainment.

### **Dependents & Parental Custody Status**

Half of all participants reported having minor dependents, with 18% of them reporting they have sole custody, 15% reporting they have joint custody, and 17% reporting that CFS currently has custody of their dependent(s). Notably, more female-identified participants than male-identified participants reported having dependents in their care. Further, female-identified participants were more than twice as likely to report having sole custody of their dependent(s).

These findings indicate that female-identified participants are more likely to undertake childcare responsibilities as compared to male-identified participants, which aligns with Canada-wide findings that women are significantly more likely to head lone-parent families and undertake significantly more childcare responsibilities in opposite-sex dual-parent households.<sup>3</sup> Indigenous families are more than twice as likely as non-Indigenous families to identify as lone-parent households (11% vs 5%).<sup>4</sup>

Female participants also had a 17% higher rate of reporting minor dependents in CFS custody than male participants. This may be an example of a reflection of the victimization-criminalization cycle that disproportionately impacts Indigenous women. For example, the Native Women's Association of Canada heard from young women that their parents' incarceration resulted in their apprehension by child welfare, a perpetuation of the residential school cycle, which in turn is "setting them up for homelessness, further abuse, and criminalization."<sup>5</sup> The same report noted 82% of criminalized First Nations, Inuit, and Métis women had been apprehended from their homes as girls, reinforcing the victimization-criminalization cycle.

### **Legal Representation**

While the CIC model provides a dedicated Duty Counsel to ensure all participants who attend have access to legal representation, it should be noted that none of the cohort participants had hired a private lawyer for their representation. The cohort were all reliant on subsidized and free legal resources for assistance. The majority (61%) were represented by a Legal Aid lawyer, with one third being represented by the designated CIC Duty Counsel. It is important to note the designated Duty Counsel represents individuals not merely for docket court, but provides ongoing representation for almost 35% of the cohort from entrance into the court system to sentencing. The remaining five percent had legal representation through an agent employed by Native Counselling Services of Alberta (NCSA).

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<sup>3</sup> Milan, A., Keown, L.A., & Urquijo, C.R. (2011). Families, living arrangements, and unpaid work. Women in Canada: A gender-based statistical report. (Ottawa: Statistics Canada). Retrieved from: <https://www150.statcan.gc.ca/n1/en/pub/89-503-x/2010001/article/11546-eng.pdf?st=G41ix5vR>.

<sup>4</sup> Bignami-Van Assche, S. & Simard, C. (2020). Indigenous Families and Households in Canada: A Tale of Statistical Disadvantage, *Canadian Studies in Population* 47, 119-130. Retrieved from: <https://link.springer.com.ezproxy.lib.ucalgary.ca/content/pdf/10.1007/s42650-020-00028-6.pdf>.

<sup>5</sup> Native Women's Association of Canada. (2015). Why are so many First Nations, Inuit, and Métis women and girls criminalized? *Youth Focus*, 2, 24-35 at 26-27. Retrieved from: <https://www.nwac.ca/wp-content/uploads/2015/05/Youth-Focus-Part-2.pdf>.

These findings reveal a significant reliance on community-based support systems for legal representation among the cohort, highlighting the access to justice issues prevalent in the Canadian justice system, in particular for Indigenous persons. Legal Aid has strict income cut-off markers for support eligibility, which are significantly lower than Canada's Low Income Cut Off thresholds in urban centers such as Calgary.<sup>6</sup> This supports the assertion that, at the very least, a strong majority of participants are unable to afford the costs associated with paid legal representation, including Legal Aid.

It is estimated that for every dollar invested in legal aid programs, there is a six dollar return on investment in the form of cost savings in "health, social benefits and other areas of social spending."<sup>7</sup> The reliance on these types of programs combined with the successes highlighted in this report emphasize the importance of investing in community resources and restorative justice practices to help divert individuals away from persistent interactions with the criminal justice system.

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<sup>6</sup> Legal Aid Alberta. (nd). Resources. retrieved from: <https://www.legalaid.ab.ca/resources/#eligibility>; Statistics Canada. (2016). Low income cut-offs (LICOs) before and after tax by community size and family size, in current dollars. Retrieved from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1110024101&pickMembers%5B0%5D=2.2&cubeTimeFrame.startYear=2015&cubeTimeFrame.endYear=2019&referencePeriods=20150101%2C20190101>.

<sup>7</sup> Canadian Bar Association. (2016). Study on Access to the Justice System - Legal Aid. (Ottawa: Access to Justice Committee) at 6. Retrieved from: <https://www.cba.org/CMSPages/GetFile.aspx?guid=8b0c4d64-cb3f-460f-9733-1aaff164ef6a>.

# Analysis: Healing Plan and Restorative Processes

## Participation in Healing Plans

As the Healing Plan plays a key role in the CIC process, special attention was given to evaluate whether it, in itself, is being implemented as intended. The relevance of the Healing Plan process is critical to understanding the value of how this process works within the context of the greater round tables connected to the overall CIC and the intended outcomes of reducing recidivism and decreasing the numbers of individuals incarcerated.

The evaluation contributes to a better understanding of structure and process by identifying strengths, gaps and areas for improvement. An analysis proposes to understand whether the goals set for the participants in the Healing Plan are reasonable, individualized enough to meet the participants' needs and circumstances and whether the supports needed for the individual are available to them.

From a restorative process, the Healing Plan should support the necessary accountability of the participant to take responsibility for their actions and restore relationships harmed by their actions, as well as take action to restore balance and harmony within their communities.

To answer these questions, the evaluation looked at participants and their experience while participating in Soksipaitapiisin to complete a Healing Plan. While western perspectives focus on a linear approach to understanding success, the Healing Plan is a process and takes time and engagement. Under this evaluation, the goal was to identify outcomes based on successful exits from completed Healing Plans, blanket celebrations, but also identifying progress of the engagement and progress on the Healing Plan.

The majority of all cohort participants (79%) are either active in the program or had exited the program with a positive<sup>8</sup> closure of their Healing Plans. Eight percent successfully completed their Healing Plans and progressed to the Blanket Celebration.<sup>9</sup> Sixty-seven percent of active cohort participants have formally commenced achieving their Healing Plan goals (i.e., are situated in either Healing Plan Phases 4 or 5; see Appendix B for further details of each phase of the Healing Plan). Further, one active participant (3%) was identified for their Blanket

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<sup>8</sup> A positive exit is defined as either:

- completed Healing Plan and achieved or awaiting Blanket Celebration;
- transition to support in another jurisdiction;
- voluntary exit for employment, education or personal reasons, and continued engagement with Healing Plan resources;
- disengaged after sentencing, and continued independent work on their healing journey;
- disengaged due to family obligations (birth of child, illness in family), and continued engagement with Healing Plan resources; or
- engaged, but withdrew temporarily to seek further stabilization support.

A negative exit is defined as either:

- withdrawal for a period of incarceration;
- withdrawal due to addictions or mental health barriers and have not been able to engage meaningfully or could not be stabilized;
- participant matters removed from Indigenous Court; or
- previous progress, but disengaged from the table due to warrants, relapses or regressions in active addiction and mental health barriers which prevented meaningful engagement.

<sup>9</sup> See Appendix E for consideration of how 'successful completion' is defined for the CIC program.

Celebration, indicating that they have completed the goals in their Healing Plan. The remaining 30% of active participants are currently working through the first four Healing Plan phases.

Among inactive participants, 85% were participating in their Healing Plans at the time they exited Soksipaitapiisin, with the remaining 15% exiting at the Intake phase. Of the 85% who were participating in their Healing Plans at program exit, 37% exited at Healing Plan Phases 1 to 3. An additional 37% disengaged at Healing Plan Phase 4 and 5, which indicates that before exiting the program, these individuals had commenced formal work on achieving their Healing Plan goals. The remaining 11% had their files closed upon the completion of the Soksipaitapiisin Healing Plan Process and celebrated their achievements by taking part in a Blanket Celebration.

### Program Exits

The various reasons for file closures among Soksipaitapiisin participants have been categorized as “positive” or “negative” exits from the program to approximate the notion of “successful” and “unsuccessful” completion. Table 1 illustrates the count per reasons for file closures among Soksipaitapiisin participants.

Almost two thirds of inactive participants (65%, n=30) exited the program in a positive way, while the remaining 16 (35%) exited the program in a negative way. Participants are most likely to exit the program at either Healing Plan Phase 1 or 4. However, while a participant making a positive exit may do so at any point in the journey, negative closures tend to occur in the early phases of their Soksipaitapiisin involvement, such as at Intake or in Healing Plan Phase 1 and 2. Exits at these stages are typically based on inconsistency or failures to engage meaningfully. Some of the earlier participants of Soksipaitapiisin who commenced their intake from Remand or as part of their bail plan became challenging to connect with after their release. Additionally, as discussed in detail below, those individuals who have not had the process and expectations explained sufficiently before their referral tended to not be prepared or interested in committing to or participating in a restorative process.

**TABLE 1. REASONS FOR FILE CLOSURE OF INACTIVE PARTICIPANTS**

<b>Reason For File Closure</b>	<b>Number</b>
<b><i>Positive Closure</i></b>	
Blanket Celebration/Success on HP	6
Transitions to Other Supports	7
Participant Undergoing or Seeking Stabilization Supports	7
Participant Initiated	8
Disengaged at Sentencing – Success on HP	1
Disengaged for Family Needs	1
Sub-Total	30
<b><i>Negative Closure</i></b>	
Incarceration	4
Withdrawn – Engaged but Unwilling to Address Instability Factors	3

Disengaged – Some Progress – Regressed without Engagement	7
Matters Moved from Indigenous Court	2
Sub-Total	16
<b>Total</b>	<b>46</b>

Of the five individuals who experienced negative exits during Phase 4, one disengaged due to a warrant for arrest, two disengaged due to relapsing in their addictions, one was withdrawn from the Soksipaitapiisin, and one individual had a new baby and disengaged without notification. Three of these five individuals participated in at least two Medicine Wheel Service Plan evaluations. Each of these individuals demonstrated both improved balance and improved well-being between their intake and exit measures of physical, emotional, mental, and spiritual well-being. These outcomes reinforce the assertion that participants who are engaged in the program are making progress on their journey, regardless of whether they attain specific milestones, such as the Blanket Celebration. However, these outcomes also illustrate the impact barriers to participation and access can have on participants' ability to attend Soksipaitapiisin in the first place, and in completing the program successfully.

The barriers participants faced in completing their Healing Plans included systemic racism, discrimination, and bias in the justice system; addressing and living with health concerns (addictions, Fetal Alcohol Spectrum Disorders (FASD)); access to technology; and the impact of COVID-19 and resulting restrictions/closures on their access to programs and ability to receive in-person support (see below for further discussion). Another impact of COVID-19 was the need for technology to facilitate ongoing meetings and appointments. For those who lacked access to equipment and/or internet this posed challenges for the active participation particularly during times when provincial in-person restrictions were in place.

Removing barriers or providing Soksipaitapiisin participants with tools to overcome those barriers can help ensure successful completion of the Soksipaitapiisin program and help reduce risk of recidivism. For more details on the types of barriers participants can or have encountered, see Appendix E.

Of the ten individuals who had positive closures in Phase 4, one individual transitioned to resources in another jurisdiction and had achieved most of their Healing Plan goals, and two were transitioned to peacemaking to focus on victim and offender mediation. Three of the participants were temporarily withdrawn for stabilization of their addictions with plans to be returned to Soksipaitapiisin upon their stabilization. Three were self-initiated closures due to employment and school, and one who was sentenced decided to withdraw and continue focusing on their recovery independently.

The individual who had a negative file closure at Healing Plan Phase 5 was sentenced to custody through the CIC and was therefore forced to disengage at least temporarily while they completed the custodial portion of their sentence. This individual made a number of strong gains in overall well-being on their MWSP© scores during their time with the program and a minor

reduction in balance. The reduced balance is due to uniformly low scores in all eight domains of well-being at intake, with very strong improvements at exit, but two domains remained low, lessening the final balance score. Overall, this individual's MWSP© results are considered a highly positive outcome.

In many cases, individuals who were identified as having a negative exit had made or were making progress at some point during their participation in Soksipaitapiisin. However, their disengagement prevented the ability to initiate a stabilization period to support them in progressing further to reengage them. While working on the Healing Plan is part of their interim release or probation order, stakeholders of the CMT observed instability as an issue for some participants in making progress on their plans. As research has shown, losing a job or housing can drive an individual to focus only on surviving rather than addressing their personal issues.

## Analysis: Participant Experience

The participant experience was evaluated to understand how the structures of Soksipaitapiisin reflected culturally relevant, restorative, and holistic perspectives of justice; and if it is effectively and appropriately providing the services and activities as planned. To answer these questions, the evaluation investigated the cohort's and the Soksipaitapiisin CMT members' experiences and understanding of processes and their roles.

### Soksipaitapiisin Participants

The participant interviews looked at whether participants understood the steps they needed to take to go through the court process for their legal matter and how Soksipaitapiisin and their support systems assisted through the process. Of the 29 cohort participants who took part in the interview, all but one individual expressed having a good understanding of the court processes.<sup>10</sup>

A number of participants attributed their success during and after the program to the restorative approach of the court process. Many compared other court systems with CIC and stated the more compassionate tone they received at the CIC made them feel they were supported throughout their time. They viewed the process as positive and acknowledged this contributed to successful outcomes both personally and within their sentencing.

A few individuals reflected on the importance of being able to overcome their issues through helping themselves and making amends for their errors. The participants indicated reminders for court dates and clarification (in plain language) of processes and outcomes of their court matters were helpful in assisting them in understanding the processes and the next steps required of them:

*(M)y [case management support] went above and beyond. Most of the time I have trouble understand[ing] and sometimes my [case management support] would remind me.*

*[S]he [duty counsel] guided me through court and helped me understand. She made the process quite easy, less stressful than I expected.*

### Program Evolution

The above findings illustrate real growth in the Soksipaitapiisin processes in comparison to results from an initial internal evaluation of the Soksipaitapiisin from the summer of 2020, which indicated difficulties in participant understandings. At that time, participants identified their initial

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<sup>10</sup> The individual who expressed a limited understanding of the court process has a diagnosis of FASD and has overall difficulties with comprehension. Throughout their participation in CIC and Soksipaitapiisin, they were case managed by a FASD worker from the CMT who was assigned to them. The case manager provided augmented support around the participant's specific needs related to this diagnosis. Despite the assistance provided to the participant and attempts to guide them through the process, this participant's file was eventually closed before completion because they had complex issues and continued to be actively engaged in substance abuse, which affected their progress in the earlier phases of the Healing Plan process. Although their file was withdrawn, they continued to work with the FASD worker and may be brought back to the CMT when there is further stabilization.

introduction to Soksipaitapiisin was not informed by their referral source and they did not understand the commitment or expectations of them until after they had agreed with their defense counsel to participate.

Further, initially, some participants had been advised by defense counsel that going through the CIC would be quicker, and sentencing would be lighter. However, restorative justice processes generally take longer and require active and voluntary engagement from participants. For participants who did not want to engage, or felt that the process was too long, they often disengaged early in the process. Participants' lack of knowledge of the Court and Healing Plan processes was identified as a concern early on. The CIC judges and Soksipaitapiisin CMT members identified the importance of having participants voluntarily engaged and well informed.

In response to these issues, processes were revised: a more structured referral process was implemented in July 2020 to ensure that participants had a better understanding of the processes, as well as referring sources. A process manual was developed collaboratively between the Soksipaitapiisin CMT and the CIC to outline the history, processes, and structures, as well as the objectives and goals of CIC and Soksipaitapiisin CMT. The manual was developed collaboratively between CIC Justices and EFry. Training was provided to Crown, Duty Counsel and defense counsel and representatives of the criminal defense bar to assist with addressing proper referral processes.

Responses to the current participant interviews suggest the steps to address the problems are helping. Although participants identified the process as being longer than what might be expected of them in a regular court system, in most cases they had a positive view of the process and the benefits despite the length of commitment.

Overall, just one individual expressed a lack of understanding of the court process as a whole.<sup>11</sup> The rest of the participants largely felt they had come to understand the court process through the guidance provided to them.

Most individuals also felt they were able to ask questions along the way, that their questions were adequately addressed, and that they were supported throughout the process. In particular, participants expressed feeling their hard work of addressing their core issues and working on their Healing Plans was recognized and acknowledged throughout the process, and in particular upon their sentencing.

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*“With (the CMT) stepping in to help me with the Healing Plan, it made me feel like I was a person and not a criminal. I was actually seen as an individual with unique features. The community rallied together with all of their different backgrounds and educations and were willing to assist me. It was nice.”*

- Soksipaitapiisin Participant

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<sup>11</sup> Because using gender pronouns to discuss participants in smaller sample sizes can potentially enable identification of the participants, this report uses they/them/their for all third person pronouns in effort to better anonymize participants.

## **Sentencing**

Over-representation of in-custody offenders is being addressed by the work of the CIC by using the provisions of Gladue Reports and Judicial Interim Release Plans. While sentencing was only conducted for 32% of the cohort at the time of the interviews, most participants interviewed stated they were happy with their outcomes, which were typically progressive sentencing options acknowledging the outcomes of Healing Plans and Peacemaking Circles. However, of those clients who had received sentences, some struggled to understand the expectations of their sentences.

One participant expressed that although they understood the court process on the whole, they felt they had not initially received enough information from their referring legal counsel. Of their sentencing process in particular, they stated, *“I am still unclear on whether or not I have to do time. I’ve talked to other people, but I get different answers.”*

For some members of the CMT, the over-representation of Indigenous offenders in the system still remains a concern and they believe further and continued efforts of the justice system are still required to reduce the numbers of Indigenous peoples who become involved in the system. Recommendations from Soksipaitapiisin CMT members suggest greater and more thoughtful consideration by the courts of an Indigenous person’s Gladue factors in sentencing and judicial interim release are needed.

The concern members had around non-custodial sentences has been addressed by the implementation of the CIC particularly for those individuals who actively participate in undertaking the recommendations of their Healing Plan. Rather than being incarcerated until sentencing, the participant is engaged within a Healing Plan in community and is actively working upon their healing journey prior to their sentencing. The CIC’s focus on alternative sentencing has meant a limited number of participants have spent time remanded or received sentences which included incarceration.

From the stand point of the court, the issue of extended pre-trial custody has been noted as a result of some defense counsel who have not advocated for the release of their clients from custody in order to develop and commence a Healing Plan. As such, these individuals may remain remanded awaiting disposition of their matter in CIC. One of the goals of the CIC is to reduce pre-trial detention and having supportive bail plans to allow participants to be in the community working on their Healing Plans pending their sentences as long as this can be safely accomplished.

## Soksipaitapiisin CMT Members' Perspectives of their Role

Participants of the Soksipaitapiisin are given more opportunities to commence the process of the Healing Plan and make progress in recognition of the complexity of intergenerational trauma than in other courts. Most Soksipaitapiisin CMT members interviewed saw this as positive as it contributes to participants developing a healthier relationship with the justice system and increased the likelihood of success. However, other Soksipaitapiisin CMT members who considered victim rights felt the supportive environment reduced the participant's accountability because participants know they get another chance if they make a mistake.

*Offenders are given more chances than in other courts. This has the potential to lower offender engagement with the Healing Plan, which may impact the safety of victims. Matters are adjourned a significant number of times, which results in a longer process.*

This perspective reflects a misunderstanding of some members of the purpose of the CIC, the non-linear nature of healing, and the challenge of adapting from a colonial justice perspective of punishment to the concept of healing and wellness in a restorative approach. If the extra opportunities led to participants not taking the Healing Plan processes seriously, it could be perceived that the participants were not achieving their goals. However, as discussed above, most participants are working on their Healing Plans and achieving successes. A lesson that continues to be learned by Soksipaitapiisin CMT and anyone evaluating the success of the participant on the healing journey is that it is not a straight upward line; there are steps forwards and steps back. As other Soksipaitapiisin CMT members point out:

*Who are we to judge an individual's successes or failures? ... Being an addict and getting clean for a short time is a success, they may relapse but they could get back up again. The Creator did not make this world in one day, was he a failure?*

*Some individuals need more encouragement than others, there are those that may be in denial and will take a little longer to start them on their journey so addictions could be a barrier or just not being ready to start the healing. We have to keep in mind this journey is theirs and theirs alone, we cannot entice an individual to go down a path they are not ready for.*

As also mentioned earlier, no change, or regression does not mean progress has not been made or that the journey is not successful. Also, Soksipaitapiisin CMT members were able to identify positive change and progress of participants based on advancements on individual Healing Plans, even when individuals had setbacks.

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*"I have a better appreciation for Indigenous perspectives and worldviews. My recommendations have progressed to become less punitive and more focused on healing.*

*Engaging with this program has also encouraged our own organization to consider how we are supporting Indigenous participants in a holistic and cultural way, to ensure healing of the whole family to be simultaneous."*

- CMT Member

In general, there was a strong consensus among Soksipaitapiisin CMT members regarding the specifics of their role in supporting the healing journey of participants throughout the court process. Soksipaitapiisin CMT members commented that since participating in the Soksipaitapiisin process, they are better able to

understand Indigenous perspectives and use creative problem solving to focus on meeting the participants' needs.

Some members felt that their increased Indigenous awareness does not go far enough and that Soksipaitapiisin CMT members would benefit further from cultural competency training amongst other specific training supports around domestic violence and FASD.

Some Soksipaitapiisin CMT members mentioned conflict between their organizations' mandates and that of the restorative processes of the table and court. For some, they considered they had differing priorities and obligations to the participants, based on their primary organizational mandates. This was specifically noted for those organizations whose primary focus was to meet the needs of victims or who have legislative restrictions that have limitations around their work with the participant.

## Analysis: Community Involvement and Resources

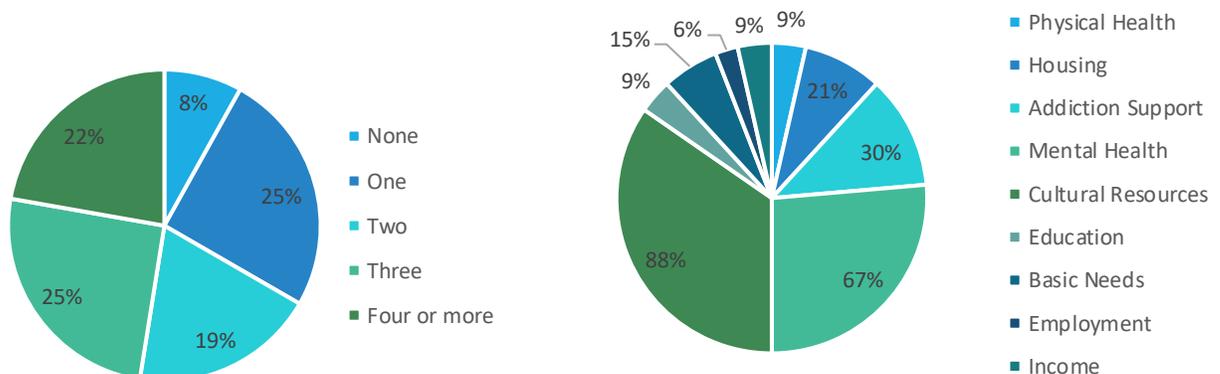
Restorative justice processes under Soksipaitapiisin are based on the understanding of the connections between the individual and their communities and support systems. Individuals with strong positive ties to their communities and with strong support systems are less likely to recidivate. In addition, restorative justice postulates crime is not just an offence against the state’s laws, it is a harm upon the individual, the victim, and the community, and is indicative of and resulting in damaged relationships between persons and the community.<sup>12</sup> Work undertaken to heal the harms of the offence, should include healing and further building of relationships with the community and supports.

Therefore, communities and support systems are deeply involved in the Soksipaitapiisin process on both the giving and receiving end. The community provides support for the participant through community agencies that assist them in healing as an individual (e.g., addiction support, physical and mental health support, cultural resources), and in meeting their basic needs (housing, income, education, employment). The healed individual gives back to the community through reconciliation, and restoration. All actions of which help heal and strengthen the relationship between the participant and the community (and the justice system).

### Community Supports

Data provided by participant progress assessments and participant interviews emphasize noteworthy changes in accessibility and utilization of community resources for Indigenous participants in Soksipaitapiisin. Of the 37 participants who completed progress assessments, 97% reported that they were aware of the community supports available to them. As highlighted in Figure 5 below, at least 92% were accessing supports and two thirds accessed two or more community resources.

Figure 4. Number and Types of Supports and Resources Utilized



**Note:** The total of all percentages exceeds 100, as respondents were able to indicate more than one resource accessed.

Although participants indicated a broad range of community supports in which they were/are active, housing supports, addiction support, mental health resources, and connection to cultural

<sup>12</sup> Zehr, 10-21. (n. 11)

teachings and cultural resources were the most used. Notably, 88% of participants accessed cultural teachings and cultural resources, highlighting the central role of cultural reconnection in Soksipaitapiisin.

Participants who confirmed awareness of and access to mental health resources and/or substance abuse support stated that they were currently attending and/or had completed group counselling, programs provided by substance abuse treatment centres, and one-on-one therapy provided by psychiatrists, psychologists, cultural counsellors, and counselling services.

Following the identification of the activities in which they were involved, participants often qualified their engagement in cultural teachings/resources as either a new experience or a continuation of/reconnection with their existing Indigenous teachings and traditional knowledge.

*There are two different Elders I talk to every month [through EFry]. Growing up I wasn't in touch with that part of my heritage, so learning a few things about Aboriginal culture has been really good. I've been doing that and smudging. When I had gone for a couple of office visits with [the Elder] we did smudging, and she had given me some to take home that I continued to do on my own once I understood what to do and what it meant.*

For those participants with previous connections to their culture that had been lost over time for various reasons, many mentioned how positive it had been for them to reconnect with their Indigenous identity as a result of their participation in Soksipaitapiisin. One such individual touched on this, remarking:

*I wasn't high or hard on the Native traditions, lodges and all that. I just forgot about it. I didn't have it for twenty years. I lost my Native tongue. They helped me get it back. Everything is starting to come back, I'm feeling good.*

Nearly every Soksipaitapiisin CMT member interviewed commented that the central role of cultural connection is a significant component of successful outcomes. The focus on culture has helped to break down walls that hindered communication between the participants and members of the justice system who are otherwise seen as enforcers or adverse authority figures. It has improved participants' sense of balance, belonging and purpose, and empowered them to embark on their healing journey with a renewed sense of self-worth. Access to Elders and Traditional Knowledge Keepers (TKK)<sup>13</sup> are seen as a particularly effective component of this aspect of the program.

*The collaboration allows for participants to have an alternative sentencing solution that the westernized court does not. In one instance, the victim was pleased that the participant had access to Elders and a deeper connection to his culture. Participants are given an opportunity to have more meaningful outcomes and opportunities to heal and not re-offend.*

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<sup>13</sup> "Traditional Knowledge Keepers are not Elders, although they may be elderly. Knowledge Keepers have cultural knowledge and experiences that authenticate their role as Knowledge Keepers. Their role is different as they may have historical knowledge, language or teachings that are validated by the community, but do not consider themselves as ceremonialists" (Williams, N and K. Lucas. "Elders and Knowledge Keepers Circles: A Summary of Indigenous Housing and Case Management Engagement Sessions." ASCHH - Indigenous Health, Housing and Homelessness Committee.)

## **Impact of COVID-19 on Access to Community Resources**

Participants who reported they were aware of community supports but were not accessing them often professed difficulties due to COVID-19 restrictions. Challenges arising from COVID-19 and resulting provincial health orders included concerns for the safety of themselves and others, especially Elders, accessing or providing community supports. As a result of the increased complications in accessing community supports, participants struggled more during this time than they would have otherwise to meet their goals. In addition, other research has shown the pandemic worsened Indigenous people's mental health and economic outlook at a level disproportionately higher than other groups of people.<sup>14</sup>

Despite these challenges, some participants retained connection with community supports/resources. Participants reported that they were able to engage in meetings with Elders, cultural teachings and resources remotely, during the pandemic restrictions, and/or on their own. One such participant reported that during the COVID-19 pandemic they had maintained a connection with their Indigenous culture independently, stating, "I've learned to make my own medicine tea and my own smudge." Although participants experienced challenges due to the COVID-19 pandemic, many participants expressed interest in accessing community supports after provincial restrictions are eased.

## **Collaboration Between Soksipaitapiisin and Support Providers**

CMT members pointed out the noticeable benefits of collaborating at the Soksipaitapiisin CMT between service providers. By being at the same table together, and with the participant, Soksipaitapiisin CMT member organizations reduced duplication of services provided and helped address any gaps in service for the participant where possible.

*Support is not duplicated as everyone is able to case consult at the same time. Individuals are also carried along regarding their Healing Plan. They are provided the opportunity to speak to their progress and challenges. Resources are then pulled together to give the participant the best support possible.*

*By having multiple resources working with a participant, it also gives the participant the support needed to address the barriers that are placing them into the Criminal Justice System to begin with.*

## **Personal Support Systems**

The arrival of COVID-19 and the resulting restrictions on public gatherings throughout 2020 and much of 2021 also impacted the ability of participants to have their support network (family, friends or community members) accompany them in-person to court throughout the time-frame under examination. To evaluate the relationship of support systems with the success of Soksipaitapiisin CMT and the participant in reaching their goals, this evaluation asked participants whether they had received *support* from family, friends or community members during their participation in their Healing Plan under Soksipaitapiisin. They were then asked to specify who their supports were and in what ways they had provided support.

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<sup>14</sup> Statistics Canada. (2021). COVID-19 in Canada: A One-year Update on Social and Economic Impacts. <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2021001-eng.htm#a4>.

Of those participants who took part in the interview (n=29), all but a few stated that they had received support from either family, friends, significant others (including boyfriends, girlfriends and common-law partners), and/or community members throughout their journey with the CIC and Soksipaitapiisin. Support from family, friends, community members and significant others was reported by participants to have most often transpired in the following three areas:

- 1) Emotional support, (offering encouragement, a listening ear, helping participants to stay motivated, assisting participants in managing stress, etc.).
- 2) Cultural support (meetings with Elders, connecting participants to ceremonies and sweats, sharing cultural teachings and stories, medicine picking, etc.).
- 3) Practical and basic needs support (financial and/or housing support, and/or assistance with transportation to court dates/appointments, etc.).

### **Support from Family Members and Friends**

Family members including parents, grandparents, siblings, older children and other extended family members were most often cited as the participants' sources of support. Support often came in the form of emotional and financial support, as well as contributing to stability by providing a safe space to live, and transportation assistance for court dates. Family members were often described by participants as integral to providing the encouragement and motivation necessary to continue to engage in the program:

*One of the only supports that I really had, through a lot of it, was my grandmother and my auntie who raised me. They were supportive with a lot of stuff, and they helped me. I don't know, pretty much through a lot, especially with my [child] and everything. They were a big help.*

One individual pointed to their parents having been sources of both emotional and cultural support as well as having assisted them financially during their time with the program. Another individual explained how upon hearing about their charges, their father made calls to find resources for them and their daughters had written letters of support on their behalf.

A number of participants reported how their significant other or spouse had played an important role in consistently providing them with emotional support.

One individual mentioned that, prior to COVID-19 restrictions, their significant other had accompanied them to most of their court dates. Another individual stated that their girlfriend had been a crucial and unwavering support throughout their time in CIC and Soksipaitapiisin, and was especially helpful to them during moments where they had experienced a significant amount of emotional stress and frustration, and enabled them to stick with the process.

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*"My girlfriend is my main support system. She's always in my corner no matter how badly I screw up. [She] remains in contact with everyone. She can help me contact the people if I'm upset. Helps me communicate, they listen to her, help arrange things so they're not that frustrating for me."*

- Soksipaitapiisin Participant

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Friends were also mentioned as sources of emotional and practical support, although less frequently than family members. One participant reported how a friend had gone out of their way

to assist the participant by trying to help them find temporary housing through the Calgary Dream Centre, secure a bus pass, as well as assist with applying for income support.

### **Support from Community Members**

Cultural support provision was most often linked to community members, such as Elders who were also noted as a source of emotional support. Meetings with Elders/TKK are an integral aspect of the healing journey for participants in the program. Elders/TKK get to know participants in initial meetings and provide recommendations for their Healing Plan. They also help to steer the healing process for participants and offer important cultural and spiritual guidance along the way. The vast majority of participants (93%) attended Elder/Traditional Knowledge Keepers' meetings throughout their participation in the program.<sup>15</sup>

The impact of that continued relationship and support with the Elder/traditional Knowledge Keepers has had a positive impact on the participants. One participant expressed how meeting with an Elder on a continual basis had given more structure and direction to their life, which they found to be beneficial:

*[The Elder] gives me an understanding of what I need to do, places I need to go, things I need to do. Leaves it up to me, it's better because it gives me a path to follow. Never really had a track [before], I just did whatever. Soksipaitapiisin Participant*

Connection to Elders also allowed participants to learn cultural teachings and stories that helped them on their healing journeys. Another participant explained, "*seeing [the Elders] has been really positive. I want to continue with that, teaching me about my cultural background. They've been through similar stuff, relatable experiences.*"

Other members of the community, such as mental health professionals and addictions counsellors, were also acknowledged as a source of emotional support by a number of participants. Employers were mentioned by one participant as well. This participant highlighted how supportive their employers had been throughout their experience with Soksipaitapiisin. They remarked, "*my bosses were excellent...they were there to help me. That was one of the main things that I respected and I was happy about with my bosses, they were behind me one-hundred-percent.*" One individual also mentioned that they had received assistance from their supportive roommate in reminding them of their court dates and keeping them on track with attending court.

For those individuals who indicated they did not have support from either family, friends, significant others or community members, most acknowledged that Soksipaitapiisin CMT was a source of underlying support for them.

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<sup>15</sup> For those that did not meet with an Elder or TKK (7%, or five individuals), four individuals did not stay in the program beyond the intake phase of the process. The remaining individual's file was withdrawn at Healing Plan Phase 1 after they experienced a relapse and it was recognized by program staff that they were not yet ready to fully participate in the process and be connected to an Elder/TKK.

Soksipaitapiisin CMT members also observed the importance of participants finding support from Soksipaitapiisin, the Elders and other cultural supports:

*The Individuals' lives have changed dramatically throughout their journey and participation within Soksipaitapiisin. Their ability to connect/reconnect with their culture is a huge part of their success. CMT Member*

*A lot of participants who have lost touch with their culture are able to meet with the Elder and participate in the program and that allows them to reconnect with their heritage. CMT Member*

## Analysis: Experienced Benefits

### Improved Quality of Life and Changes in Behaviour

This evaluation also looked at whether the research cohort working on a Healing Plan was experiencing changes in behavior, knowledge, attitudes, and/or awareness the program intended them to experience. Overall, the effectiveness of Soksipaitapiisin was evaluated to determine the effectiveness of culturally relevant approaches used under the Healing Plan and determining the benefits to participants in improving the quality of their lives.

In addition to benefitting the participant and their families and communities on a positive level, research indicates that wellness of an offender - as measured by indicators such as houselessness,<sup>16</sup> addiction, and mental health - plays a large role in likelihood of recidivism.<sup>17</sup> Specifically, increasing wellbeing can decrease likelihood of recidivism.

Well-being for this evaluation was measured using two quantitative methodologies: feedback surveys and the MWSP© assessment tool.

An evaluation of feedback surveys demonstrated an overall improvement in quality of life and self-reported positive changes in behaviour for Soksipaitapiisin participants. Of the 46 participants from the cohort who completed comparative feedback surveys and also chose to detail their accomplishments relative to their Healing Plan, 87% reported an increase in their quality of life and/or positive changes in their behaviour.

Primarily, participants who experienced positive changes in their quality of life, reported themes such as:

- improved mental/emotional well-being;
- increased financial/housing stability;
- increased sense of connection to relatives/friends;
- reconnection to Indigenous culture/spirituality; and
- increased connection to supports and resources.

Along with improvements in quality of life, participants also often reported corresponding positive changes in their behaviour. Changes in behaviour most frequently reported by participants were:

- seeking and receiving help by consistently attending meetings with Elders, counselling, addiction treatment, and/or group meetings;
- addressing trauma and grief and implementing emotional coping skills;

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<sup>16</sup> Note on terminology: Historically the term 'homeless' was used to define persons who do not have a solid, secure, structural place to live. However, there is movement towards using the term 'houseless,' or 'unhoused' instead, due to the dehumanizing and often toxic connotations associated with the word homeless.

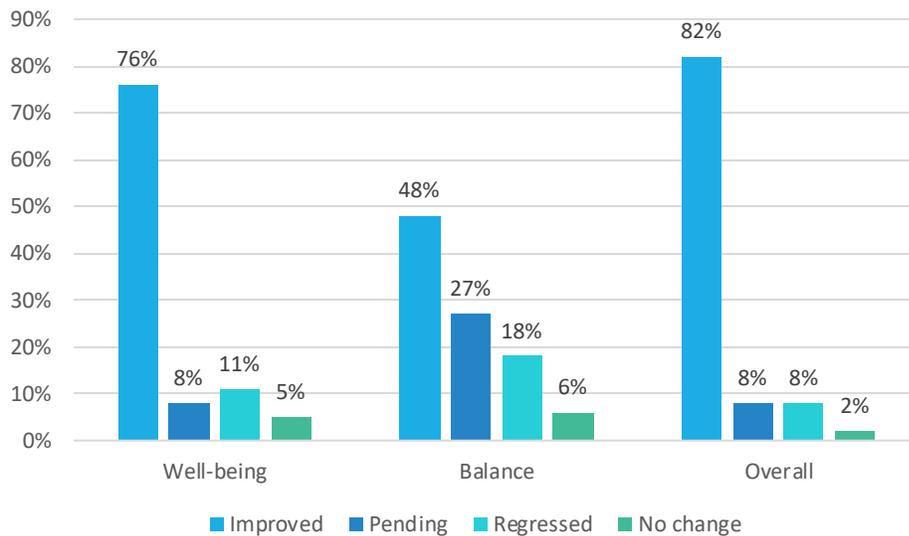
<sup>17</sup> Scott, Christy K.; Grella, Christine E.; Dennis, Michael L.; and Funk, Rodney R. (2014). Predictors of Recidivism Over 3 Years Among Substance-Using Women Released From Jail. *Criminal Justice and Behaviour*, 41(11), 1257-1289. Doi: 10.1177/0093854814546894; Onifade, Eytayo; Petersen, Jodi; Bynum, Timothy S; and Davidson, William S. 2011. Multilevel Recidivism Prediction: Incorporating Neighborhood Socioeconomic Ecology in Juvenile Justice Risk Assessment. *Criminal Justice and Behaviour*, 38(8), 840-853. Doi: 10.1177/0093854811407026.

- working on, maintaining, and achieving sobriety;
- increasing consistency in engagement and effort; and
- working on improving relationships with others.

Further analysis of these five key areas of improved changes in behavior can be found in Appendix H. Changes in participants' quality of life and/or behaviour were typically not isolated events, but were repeatedly reported as occurring in tandem.

Analysis of the MWSP© assessment data corroborates the participants' feedback surveys. As shown in Figure 6, 76% of participants in the MWSP© sample demonstrated improved overall well-being, 48% showed improved overall balance, and 82% improved in at least one area of well-being or balance.<sup>18</sup> A further 8%, 27%, and 8% of participants remain active in the program and have not yet demonstrated improvement in well-being, balance, or overall, respectively, due to their early engagement in the process but continue to work toward healing.

*Figure 5. MWSP©: Type of Change Between Intake and Most Recent Interim/Exit Measurement*



Approximately 8% of participants demonstrated regression in both well-being and balance during their time in the program. An additional 2% of participants showed no change in either well-being or balance. These outcomes are typically associated with instability factors that may have interfered with the participants' ability to take positive steps on their healing journey. The regressions may also represent temporary setbacks on an overall positive trajectory, consistent with the realities of healing and life in general.

These results are positive and expected. Soksipaitapiisin CMT members involved with the participants (including EFry, who provided the analysis of this data) also observed a strong majority of participants demonstrating improvements in well-being from intake to their most

<sup>18</sup> See Appendix C for how 'well-being' and 'balance' are defined in the MWSP© methodology.

recent interim or exit measurements. As demonstrated below, the participants, themselves, noted their own improvements.

### **Mental and Emotional Well-being**

When asked in the feedback surveys how their lives changed due to participation in their Healing Plan, many participants reported various encouraging outcomes in the realm of mental and emotional well-being. A number of participants explained how their outlook, attitude and mental/emotional state had changed for the better since participating in the program, specifically the Healing Plan:

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*"I feel like I'm more motivated. I feel stronger, and I'm getting my life back on track."*

- Soksipaitapiisin Participant

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*I guess I'm not an angry person anymore. I look at life a lot differently now, I'm a lot happier.* Soksipaitapiisin Participant

Some individuals also reported gaining greater insight into themselves, and learning, sometimes for the first time, to reflect on their lives and to start to gain better understanding of the underlying origins of harmful patterns of behaviour. One such individual highlighted this when they remarked:

*...I'm starting to look at my life and where I am and where I want to be. Before the program, I don't think I really had that knowledge, I never used to think like that before. It's impacted my life quite a bit, now I'm looking for treatment, trying to find the root to my behaviour... Soksipaitapiin Participant*

A number of participants also highlighted feeling a greater sense of support and care in their lives overall due to their connection with Soksipaitapiisin case managers and their legal representatives, as well as the various supports and resources they had been connected to while working on their Healing Plan. For example, one individual underscored the appreciation he felt for *"...the respect from everyone involved, how caring everyone was. They showed care and treated me like family. This made the process easier."* Another individual reiterated this by stating how their participation in Soksipaitapiisin and their Healing Plan enabled them to *"feel more supported, validated, heard and advocated for."* Other participants expressed appreciation for not having to go through the process alone.

### **'No Change' Does Not Equal No Change**

It should be noted that a finding of no change between MWSP© scores or on the Healing Plan does not necessarily indicate stagnation. As an individual moves through their healing journey, the various domains of their medicine wheel interact with each other as the individual seeks harmony. The analysis is contextual and heavily nuanced, and sometimes the numbers do not tell the whole story. Instability factors, such as addictions, domestic violence, housing, unexpected life events (e.g., pregnancy, hospitalization), can impact participants' progress in one or more domains, but they may still make improvements in others. When this happens, the participant's overall score can average out to 'no change' or 'regression,' but in reality, the participant is just experiencing the ups and downs of the healing journey.

For example, one participant who showed no change in either balance or well-being during their time in the program expressed that they were unsure whether they could commit to healing at

the time, and wanted to take “baby steps” in their healing journey. They were not ready for healing and disengaged from the program. However, a closer look at their MWSP© scores showed one level of reduced functioning, but also gained two levels of functioning in another domain. This closer look shows the participant was experiencing ups and down on their healing journey, yet the number would suggest they made no change.

**Aggregate MWSP© Trends**

Analysis of the MWSP© also looked at the aggregate outcomes, which collapse individual participants’ results into an average score in each domain at specified points in time (e.g., intake, interim). Although it is important to examine the outcomes at the individual level, as above, the aggregate outcomes provide a sense of the overall strengths and where challenges may exist within the program.

Figure 7 illustrates the average score in each of the eight MWSP© domains for the 62 participants in the sample. Overall, there is a trend toward improvement in each domain from intake to interim/exit measures, indicating that on average, participants are demonstrating improved well-being across all eight domains. Specifically, the aggregate data suggests moderately strong improvement in the mental well-being, physical well-being, and emotional well-being domains, followed by purpose and direction.

*Figure 6. MWSP© Outcomes (n=62)*



**Note:** Lower numbers indicate better outcomes.

**Improved Connections**

The strongest improvements were seen in the Spirituality and Community and Cultural Connection domains, which is unsurprising given the focus on community connection and cultural reintegration in the program. The outcomes indicate most participants are either ready to take steps or are learning to reconnect with spirituality and community and cultural connection at intake, and move toward learning or practicing with supports at interim/exit. This

demonstrates progress toward the outcome associated with learning and reconnecting with Indigenous identity.

Responses to the feedback surveys collaborate the MWSP© findings regarding reconnection to Indigenous culture and spirituality and with family and community. Participants highlighted how their involvement in the program enabled them to get back in touch with their Indigenous culture and spirituality, and how that cultural reconnection positively impacted their lives overall. Reconnecting with their culture gave them a greater sense of identity, stability, and direction in their lives. As one participant explained, *“I talk more with Elders and feel more a sensibility of who I am and who I should be. I feel better about myself.”*

Through their participation in their Healing Plans and the positive changes that began to transpire in their lives, some participants were able to gain a greater amount of connection to family and/or friends, or to reconnect with family members and friends they had once been estranged from. This increased connection to and/or reconnection with family members and friends added to an overall sense of improved quality of life for those individuals who reported such instances.

One individual, who had not previously had a relationship with their grandfather, reported how they were able to learn about the grandfather through connecting with an Elder who had known him. This individual indicated that having the chance to learn about their grandfather had been very meaningful. Another participant who had lost full custody of their child had been able to begin home visits with the child due to their participation in their Healing Plan. The participant pointed to this as one of the things they were most proud of accomplishing since beginning the program.

### **Improved Stability**

Figure 7 also shows modest improvements in housing and basic needs, and relationships. These results may be impacted by ongoing affordable housing supply shortages, difficulties in meeting rent payments exacerbated by the COVID-19 pandemic, and a prevalence of domestic violence issues noted by some of the Soksipaitapiisin CMT members. However, the positive change in all of these domains should be recognized as a reflection of achievement of target outcomes associated with awareness and uptake of community supports, positive changes in behaviour, and improved quality of life.

As with the previous domains, responses to the feedback demonstrate the impact improved housing and financial stability brought the participants. A number of individuals indicated that their involvement in Soksipaitapiisin program had connected them to programs and resources that allowed them to gain more stability in their finances and living situations, which also contributed to improvement in their quality of life overall. One such participant was excited to relay the change in their housing situation: *“my life has changed incredibly. I was able to move into my own apartment since Soksipaitapiisin has been helping me. They have been a big support.”* Another participant indicated that the thing they were most proud of accomplishing since beginning the program was that they now had *“...a stable place to live”*, which was allowing them to feel a greater sense of stability in their life overall.

### **Longer-Term Change in Well-Being and Balance**

An analysis of scores for the 29 participants who completed at least three MWSP© assessments enabled a further look at the impact of the Soksipaitapiisin program over a longer timeframe. For example, the Spirituality and Community and Cultural Connection domains both reflected strong improvements between the initial intake and the interim measurements, but only slightly higher scores between interim and interim/exit measurements.

Emotional well-being showed a similar pattern of improvement, with the strongest change early in the process, and slightly higher scores at the third measurement. This suggests that participants are benefiting from early community and cultural reconnection, and spiritual and emotional well-being, which will support them on the rest of their healing journey. Additional improvement in these domains may take more time to achieve. This is also likely a reflection of the increasingly cumbersome hurdles that an individual must overcome at each level of functioning - moving from “struggling” to “ready to take steps” is easier than moving from “ready to take steps” to “learning with supports.” Achieving a new level of functioning may take more time after each success. Further, the continuing impact of COVID-19 and restricted access to services and supports may have influenced the ability of participants during their interim to exit timeframes more severely than when they first entered the Soksipaitapiisin program.

Most of the remaining domains show continued improvement as time goes on, with the strongest examples demonstrated in the physical well-being and purpose and direction domains, followed closely by housing and basic needs and relationships. Mental well-being also shows moderate improvement between the second and third measurements. These results continue to support the above conclusions related to achievement of outcomes, but also reinforce the importance of ongoing program participation and support, as well as the importance of cultural reconnection in the healing journey.

### **Confidence in the Justice System**

Feedback provided by participant and Soksipaitapiisin CMT interviews demonstrated a significant improvement in participant confidence in the justice system following their participation in Soksipaitapiisin. Many participants reported that throughout the process they:

- felt acknowledged and listened to by the Soksipaitapiisin stakeholders;
- had a better understanding of the justice process as compared to previous experiences;
- felt an increased sense of comfort and ease with the process;
- felt supported, in particular, culturally supported; and
- were given a fair chance to succeed during their participation.

Participants also compared their experiences with the CIC with ‘regular’ court and found the court more favourable:

*...[W]ith regular court, I probably would have gone to jail for a long time. [The Calgary Indigenous Court] actually gave me a chance to heal and rehabilitate. It gave me alternative measures outside of just going to jail. It connected me to my culture and connected me to community support, and it gave me a support network.*

*I'm glad that the Calgary Indigenous Court is there, available, rather than the other regular court. I felt more comfortable when I went to court. When I went to court in that room it was way different than a regular courtroom. It was more relaxed, there were Elders there. They helped me to understand, answer questions. They weren't trying to intimidate me... I felt way safer having the support there, it was really needed. I'm glad that they were there.*

Some Soksipaitapiisin members also identified an improvement in the perspective of relationships between participants and the criminal justice system. In addition, they identified the importance of being connected to programs, supports and services as contributing factors in creating better connections to community and a sense of belonging.

*I think the relationship with the Criminal Justice System has improved. Bringing this population back to their culture provides them with stronger self-worth; it gives them the ability to build pro-social relationships within their community, and provides them with Indigenous programming. It's important to note, this program is giving these participants the support they never felt they had before.*

### **Decreasing Systemic Discrimination and Stigmatization**

Participants also expressed a decrease in their perception of stigmatization within CIC. They reported increased feelings of self-worth, equitable treatment, safety and belonging, emotional agency, and validation during their participation as compared to the mainstream court system:

*...[I]t was a big difference. With Soksipaitapiisin stepping in to help me with the Healing Plan, it made me feel like I was a person and not a criminal. I was actually seen as an individual with unique features.*

Furthermore, participants experiencing decreases in their perception of stigmatization also emphasized a noticeable and welcome departure from their past experiences with systemic discrimination and racist attitudes in the legal system towards Indigenous persons. One such participant underscored this when comparing their experience with the CIC to their past experience with the mainstream court system.

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*"I felt safer and I didn't feel like I was being discriminated against... It was almost like I was a target in the other court, it was scary. With CIC, it was so much safer, they were more understanding"*  
- Soksipaitapiisin Participant

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*It helped a lot going through Calgary Indigenous Court rather than me going through the system again. The system makes us Indian men feel like we're nothing and they just keep on pushing that narrative. What if they threw me in jail or something? It could have gone a different way. It helped a lot and I recognize that. The system is not meant for Indigenous people and it doesn't work for us. Having resources like Soksipaitapiisin in Calgary Indigenous Court really helps.*

## Reducing Recidivism

As mentioned earlier, evaluating rates of recidivism this early in a program's life cycle does not provide realistic or reliable findings. Ideally, there should be at least three years of longitudinal data to determine if participants have recidivated. However, Soksipaitapiisin case managers have reported anecdotally that they are not observing recidivism from their participants to date. In their interviews, Soksipaitapiisin CMT table members identified the value of CIC in reducing the negative impact of sentencing on Indigenous offenders and spoke of the positive outcomes for those participants of Soksipaitapiisin whose hard work on their Healing Plans was reflected upon their eventual sentencing. Importantly, Soksipaitapiisin members identified post-sentencing resources and supports were beneficial to reducing recidivism, particularly those supports that address the individual needs of the participant and maintain a focus on culture. Further, as mentioned above, increases in well-being and positive changes in behaviours, such as those experienced by the participants, are known to lower likelihood of recidivism.

This finding is supported by an initial examination of data from the CPIC for the 76 cohort participants. This review of their data included assessing the original charges each individual had upon their entry into the program and any new charges incurred up to the end of May 2021. (*\*Note that intakes to Soksipaitapiisin were conducted from September 2019 and throughout 2020*).

While it is difficult to determine long-term avoidance of further criminal activity based on the short period of this study and the overall length of time the CIC has been in operation, the review does provide valuable insight into the issues of recidivism related to this cohort. The review suggests there is a strong indication that active engagement in the Healing Plan has a positive effect in preventing further criminal engagement and less participation in more serious crimes.

Of the cohort, 63% did not receive any new charges during the evaluation timeframe. Of this 63%, two individuals turned themselves in to address outstanding warrants incurred prior to their matters being presented in CIC and intake into Soksipaitapiisin, two passed away, and one individual was sentenced on their original charges and was incarcerated.

For the 37% of individuals who did reengage in offences during their participation in

Soksipaitapiisin, administrative charges such as failures to comply and breaches of conditions and warrants represented 43% of all new charges. The bulk of serious charges were incurred by four individuals who struggle with significantly low cognitive functioning due to FASD and active engagement in the use of crystal meth. While these individuals may not specifically have been involved in the organization or the master plan of the crimes, they tend to be more prone to

participating with either gangs or groups who are heavily involved in criminal activity.

Half of the individuals who incurred new charges did so within three to four months of their intake into Soksipaitapiisin; the other half reoffended after four months. Of those who reoffended within three to four months, five individuals were temporarily withdrawn from Soksipaitapiisin for stabilization of addiction, or disappeared after the intake was conducted. One individual was

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*63% of the Soksipaitapiisin cohort did not reoffend during the evaluation timeframe.*

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detained in custody, and five actively engaged further in their Healing Plans and did not reoffend during the remainder of the study period. The types of charges incurred for those who reoffended within three to four months were mostly related to active addiction or relapses.

Of the 50% of Soksipaitapiisin participants who reengaged in offences after three to four months of their intake, six incurred only one additional charge and these charges were primarily related to domestic relationships or theft under \$5000. Those that incurred multiple charges in this group, appeared to have incurred the most serious of charges, including involving weapons, robberies, assaults, possession of a controlled or prohibited substance, or stolen vehicles. Those who incurred multiple charges tended to be the individuals who have significant complex issues including prominent addictions to crystal meth and/or poly-substance abuse.

Overall, the analysis of the CPIC data demonstrates that both active engagement of the participant and strong support systems was essential to reducing further criminalization during the evaluation period. It is important to note that those with complex issues due to mental health vulnerabilities or cognitive impairments who reoffended when they were appropriately engaged with Soksipaitapiisin have tended to incur less numbers of charges in comparison to their previous criminal history. Additionally, in many cases the charges are far less serious than their originating charges at intake. It is notable that 100% of reoffences appear to be related to active addiction or relapses. In addition to addiction, the majority of those who reoffended experienced a secondary vulnerability such as FASD, mental health conditions, brain injury and/or trauma related distress. This highlights the importance of improving access to resources related to addiction and more effective supports for those who struggle with the effects of FASD and mental health conditions.

# Analysis: Learnings and Recommendations

As part of the evaluation, the Elders, Justice Stakeholders and Soksipaitapiisin CMT members were asked for their feedback on how to improve processes.

## Learnings from the Elders

Analysis of the virtual focus group meeting with the five Elders who have supported Soksipaitapiisin over the last year found four salient pieces of wisdom, insight and guidance for the CMT and CIC.

### 1. Information promotes clarity.

Elders are the foundation of Soksipaitapiisin, from building relationships, understanding the root causes of participant needs, and making recommendations towards Healing Plans. Over the past year, Elders have identified that more preparatory information from the court processes would assist them in understanding more clearly the participants they are working with to support healing to the greatest extent possible. Elders expressed a desire to build the way forward from a foundation of understanding based on the circumstances that led the participants into the criminal justice system, to increase opportunities and preparation of their ability to support the individual throughout the process.

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*“I don’t like walking around in the dark. If I do, I like to know what’s in that dark, so I can make it out the other side...”*  
- Elder

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past year, Elders have identified that more preparatory information from the court processes would assist them in understanding more clearly the participants they are working with to support healing to the greatest extent possible. Elders expressed a desire to build the way forward from a foundation of understanding based on the circumstances that led the participants into the criminal

justice system, to increase opportunities and preparation of their ability to support the individual throughout the process.

For example, Elders felt some hesitation about asking participants to disclose their charges directly out of concern of alienating or triggering the participant. They do not want to make a participant feel judged in an environment that is meant to be supportive. When they have been given this background information and court updates in advance of meeting the participant, it has assisted them in enhancing the relationship.

Elders also suggest, although there have never been any safety concerns, receiving information regarding participant offences may assist them in understanding the background of the person they are serving to assess any potential safety concerns for both themselves and the participants.

### 2. Healing is a journey.

A Eurocentric worldview promotes dichotomous concepts like success versus failure, as well as a rigid understanding of time as a finite resource – goals must be set and achieved according to a deadline. The Elders point out the path to healing is riddled with obstacles. Healing cannot be expected to adhere to an agenda. A relapse is not a failure, but an experience on the lifelong journey ahead of the participants. As noted in the MWSP© analysis, definitions of success must be flexible and recognize small achievements that promote positive and ongoing change.

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*“I’m just a signpost. This is what you need to do. This is your journey. You have to have ownership of it... I’m just a mirror of you – you came to me, take a good look at yourself. I won’t tell you what to do. Have a good talk with yourself, I’m going to listen to you. But you gotta be honest with yourself. Don’t tell a story for the sake of telling a story. Tell me what you want to tell me.”*  
- Elder

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*“Healing is a journey, not just for the short term, but for the rest of your life.”*

- Elder

The Elders recognize the importance of time and of not rushing the process. Having the flexibility and support of the court system is a critical part of recognizing that the process is not linear, but of progress and regressions. Patience, compassion, and consideration of the participants’ own traumatic background contribute to opportunities to change the trajectory of legal outcomes

and supports the concept of healing as vital to individual change.

### **3. The healing journey requires sincerity, integrity, and commitment to the process.**

The Elders spoke about a distinction between Soksipaitapiisin participants who are motivated to begin their healing journey, and those who are not ready to take those steps. When participants are blaming others for their actions or denying the circumstances that led them to trouble, they are often unable to be honest with themselves.

Elders stated they are not here to solve the participants’ problems for them, but to provide them with the tools necessary to begin taking steps to solve those problems independently and with support. The most successful participants are committed to the journey ahead. Sometimes, they may not know much about their culture, their people, or even their own identity, but they show up and make an effort to learn and to ask for help and accept help when it is offered.

An element of respect was also built into this conversation, with Elders discussing the importance of sobriety during meetings, and of respecting Elders’ time by answering phone calls or showing up on time. Sometimes, a participant may have an initial meeting with an Elder while under the influence of intoxicants, but those who are committed to the healing journey correct their behaviour and return sober for the next meeting. This demonstrates the kind of self-reflection and commitment to change that is required to keep walking the healing path. Respect is a mutual expression of a commitment to healing.

### **4. Healing is defined by harmony and balance.**

The broad concepts of harmony and balance are common amongst cultures and participants. This concept is mirrored in the MWSP© evaluation tool.

Harmony was described by the Elders as a balancing of identities. Many of the participants are culturally disconnected. They are familiar with the identity they use to navigate a colonial society, and in order to achieve balance their cultural identity needs to be nurtured to match the strength of an identity sowed by a lifetime without culture. It was a sentiment repeated throughout the conversation with the Elders – the participants do not know who they are, but cultural connection is helping them to come out of their shells and uncover their identity.

Language was also emphasized as a particularly powerful cultural tool, reinforcing honest self-reflection that comes with *“listening from the heart.”* Cultural connection is like a map helping the participants to navigate their path to healing.

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*“The worldview is very similar [between Indigenous cultures], the general knowledge is there. How we practice might be different, but the single basic general knowledge was always there: and it was about harmony and balance. And I guess our job as Elders, and caseworkers at EFry, is to bring harmony and balance back to these people. However long it takes.”*

- Elder

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## Elder Recommendations

The following are recommendations suggested by the Soksipaitapiisin CMT, Elders, and/or judiciary during their interviews/focus groups based on their experience with Soksipaitapiisin.

1. **Strengthen communication and information-sharing:** Communication processes between Soksipaitapiisin CMT and CIC stakeholders outside of the CMT Table, Crown, probation and court stakeholders need to continue to reflect continuous quality improvement to ensure the flow of information is consistent.
2. **Collaboration is key to success:** Collaboration amongst the Soksipaitapiisin CMT members has led to successful changes in Soksipaitapiisin, including bringing personal supports into the Healing Plans for individuals and learning how to avoid duplication and address gaps in services by consulting with each other at the table and including the participant actively in the process. Continuing collaboration with all stakeholders will further benefit the program, its participants, and the relationships between all stakeholders.
3. **Increase use of alternatives to custody.** The Elders believe courts outside of CIC should consider increasing availability of alternatives to custody in appropriate cases, as per its mandate and purpose to reduce over-representation of Indigenous peoples in custody.
4. **Increase use of restorative justice principles, especially with regard to victim participation:** Continue to improve the balance between restorative justice and a colonial system, and ensure that victims are considered as well as offenders, while recognizing the importance of a holistic view on the family. Engage and listen to victims earlier on.
5. **Increase use and role of Elders:** The Elders suggest that over time, the work of Soksipaitapiisin should engage a broader network of Elders to facilitate opportunities for the diversity of the participants involved. Elders would like to have options to refer to other Elders who may be from the participant's community, or specific Indigenous cultural identity to gain more specific teachings and knowledge from their territory. Elders would also like to participate in other aspects of Soksipaitapiisin and CIC in addition to their direct support of the participants. Although initially, schedules dictated the current roles, the Elders agreed that they would see benefit in attending court with their participants, attending the Monday Soksipaitapiisin CMT meetings, and being able to participate in the various processes and structures to understand the entire context of the collaboration.
6. **Restore in-person meetings:** When it is safe to do so, and when the public health guidelines allow it, in-person meetings should be restored as much as possible. The in-person connection helps the Elders to build a stronger connection with the participant through the ability to observe body language and facial expressions.
7. **Increase resources and sittings:** Increase resources to enhance opportunities with more resources for participants within their Healing Plans.

8. **Establish and incorporate cross-cultural/competency training:** Establish training that would benefit all Soksipaitapiisin and CIC stakeholders.

## Appendix A: Medicine Wheel Service Plan© Methodology

The MWSP© is used to evaluate changes in well-being and balance based on the four pillars of the medicine wheel: physical, emotional, mental, and spiritual.<sup>19</sup> Within those four pillars, eight domains are identified:

1. Physical Well-Being;
2. Housing and Basic Needs;
3. Emotional Well-Being;
4. Relationships;
5. Mental Well-Being;
6. Purpose and Direction;
7. Spirituality; and
8. Community and Cultural Connection.

During the intake conversation, participants identify their current level of functioning in each of the eight domains based on objective criteria. Scores for each domain range from 1-5 (1=Achieving, 2=Practicing with Supports, 3=Learning with Supports, 4=Ready to Take Steps, 5=Struggling).

The MWSP© provides a baseline point-in-time assessment of overall well-being and balance at the time of intake and helps develop the participant's Healing Plan. The MWSP© is then, ideally, completed at least twice more throughout the participant relationship in Soksipaitapiisin, at interim and exit points. The results at each point are compared to provide a measure of change over time. The MWSP© analyzes whether a participant has demonstrated improved, pending, regression, or no change in the MWSP© well-being categories and balance by comparing scores between intake and the most recent measure available:

- "Improved" is defined as a positive change in the outcome between intake and interim/exit measurements.
- "Pending" is defined as no positive change between measurements yet, but the participant remains active and engaged in healing.
- "Regression" is defined as the participant having negative change between measurements and is no longer an active participant in the program.
- "No change" is defined as the participant showing no change between measurements and/or is no longer an active participant in the program.

The MWSP© data are assessed on both an individual and aggregate basis. The individual assessment involves examining change in each unique participant and then converting that

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<sup>19</sup> The specific teachings of the medicine wheel may vary from nation to nation based on the sacred knowledge transferred from each generation before. However, in general, the four quadrants of the medicine wheel represent the four directions, with Creator at the center (this is the reason a score of 1, which is closest to the center, is the "highest" score in the MWSP). The four directions correspond with physical, emotional, mental, and spiritual well-being. Each area of well-being interacts in relationship with each other area. Harmony is sought through the balancing of each of these four areas of well-being. Sometimes, individuals focus their energy on just one or two areas of well-being, which may allow them to reach personal harmony in the short-term. However, long term, the neglected areas may create conflict until they are able to balance the degree of personal well-being in each domain.

assessment to a “success rate” to illustrate the number of learners who achieved improved well-being and improved balance. At the aggregate level, the average outcome in each domain across all participants is compared to show overall trends in program impact.

Under the “Overall” column, the terms are defined slightly differently. Overall improvement reflects the percentage of participants who demonstrated positive change in *at least* one measure (well-being and/or balance). Overall pending, regression, or no change reflects the number of participants who demonstrated the respective degree of change in *both* well-being and balance.

## Appendix B: Healing Plan Phases

There are six phases to the Healing Plan:

**Phase One: Elder reviews and recommendations.** After intake, participants commence meetings with Elders who review their circumstances and provide recommendations towards their Healing Plan. Ongoing meetings are established with participants with the Elder for teachings, support, and access to ceremonies.

**Phase Two: Participant and Soksipaitapiisin feedback.** Participants connect with Soksipaitapiisin CMT to review the Elder recommendations and provide an overview of what they are personally working on, their challenges and strengths, and offer feedback on the direction of their Healing Plan. As a result, a formalized Healing Plan is developed that focuses on both cultural needs and resources to assist with the core issues related to their criminalization.

**Phase Three: Approval from the Crown and Soksipaitapiisin.** The Crown and members of the Soksipaitapiisin CMT provide approval and feedback on the Healing Plan. The participant reviews and agrees to the Healing Plan.

**Phase Four: Active engagement in the Healing Plan.** The participant actively engages with the Healing Plan and works with the CMT table to obtain the support and resources necessary to complete their Healing Plan. They are assigned a case manager who provides support and case monitors their healing plan. They have regular communication around their needs, progress and any challenges they are experiencing, and engage in regular Elder meetings.

**Phase Five: Ongoing updates to Healing Plans.** Participants update their progress with Soksipaitapiisin and the Court. Participants are brought back to the Soksipaitapiisin CMT to update existing Healing Plans, or when progress is made or other needs are identified. If participants are having challenges with their Healing Plan, revisions or adaptations can be suggested and reviewed.

**Phase Six: Celebrations and Blanket Ceremonies.** Finally, celebrations of success are ways in which the court views a sense of completion or progress before or after sentencing. Participants are asked to return to the courts at times for individual updates on their progress. Blanket ceremonies are conducted by Elders of Soksipaitapiisin with the CIC to recognize the hard work of participants who have made strides in their Healing Plan, or in some cases, have achieved a level of completion recognized by the courts. Importantly, the ceremony does not represent the end of their Healing Plan, but signals the beginning of their lifelong journey of healing.<sup>20</sup>

## Appendix C: The Concept of Success

The concept of successful completion has a different connotation for participants who are supported through Soksipaitapiisin. Therefore, when looking at success, there are a number of factors that are considered to establish individual and collective success within the Healing Plan process.

From an Indigenous perspective, success does not have linear outcomes, therefore beginning and ends may be woven together as individuals may cycle through the Healing Plan phases more than once, or by achieving successes in earlier stages of the Healing Plan process and being able to independently continue without Soksipaitapiisin. Moving quickly through the process is not as important as an individual's active engagement. The Healing Plan should be understood as a starting point; healing will continue to be a lifelong journey unique to each participant.

Given the high levels of trauma and other barriers that may affect an individual progressing through the Healing Plan processes, it is less important to identify quantitative measures of success. While the data supports quantitative analysis, these measures alone do not accurately reflect positive outcomes of those who have participated within a Healing Plan as a result of their charges. Rather, there are other factors to consider and evaluate to understand the benefits of participation and, equally, the challenges for engaged participation. Therefore, quantitative measures need to be looked at differently in terms of measuring outcomes of success.

It is also important to understand the dynamics in 2020 regarding the global COVID-19 pandemic, which affected processes due to the limitations on physical interactions. Although remote access provided a safer opportunity to access the court, limitations to accessibility varied throughout the year, sometimes resulting in complete shutdowns. A number of blanket ceremonies occurred throughout late spring and early summer; however due to second and third waves of the virus, in-person blanket celebrations were not possible. This means that this indicator of success was and continues to be delayed in recognizing successful completion.

Overall, the benefit of the Soksipaitapiisin approach is that individuals engage in an ongoing relationship within a supportive environment. No matter where they are on their healing journey, they are not falling between the gaps and are more likely to return for assistance and support even when they may not have been engaged in prior attempts. This is evident with a number of individuals who have begun the process multiple times. In some cases, the participant will be able to proceed further along the course of the Healing Plan phases, even if they are withdrawn or terminate their participation more than once. Participant successes without Healing Plan completion are confirmed with both quantitative and qualitative evidence and will be explored in more detail throughout the report.

## Appendix D: Representation of Indigenous Identity

A distinctions-based analysis found the vast majority of participants in Soksipaitapiisin sample (78%) identified as status First Nations. Sixteen percent identified as non-status First Nations, and 7% of the cohort identified as Métis. None of the participants identified as Inuit.

Figures 8 and 9 show that communities within the **Treaty 7** Nations have the highest proportion of representation among the cohort (43%). This includes members from Siksika Nation (16%), Kainai Nation – Blood Tribe (9%), Piikani First Nation (6%), Tsuut’ina Nation (4%) and Stoney Nakoda First Nations (7%).

As well, slightly more than one quarter of the cohort (26%) are members from a variety of Cree First Nation communities across Treaty areas 1, 4, 5, 6, 8 and 9. Other communities represented among the cohort were members from:

**Treaty 1:** Brokenhead Ojibway Nation (1%), and Brokenhead Ojibway Nation (1%);

**Treaty 2:** Skownan First Nation (1%), and Dakota Tipi Sioux First Nation (1%);

**Treaty 4:** Fishing Lake First Nation (3%), Kinistin Saulteaux First Nation (1%), Cowessess First Nation (3%), Kahkewistahaw First Nation (1%), and Yellow Quill Saulteaux First Nation;

**Treaty 6:** Flying Dust First Nation (1%), Alexis Sioux First Nation (1%), Piapot First Nation (1%), and Mistawasis First Nation (1%); and

**Treaty 8:** Beaver First Nation (1%)

Three individuals in the cohort were unable to provide information on their community or treaty area and are indicated as “Unknown.” Of these individuals, two identified as non-status and one as status. The status-identified individual did not grow up on his Nation and has limited knowledge of his culture.

*Figure 7. Distribution of Treaty Areas among First Nations Identified Participants*

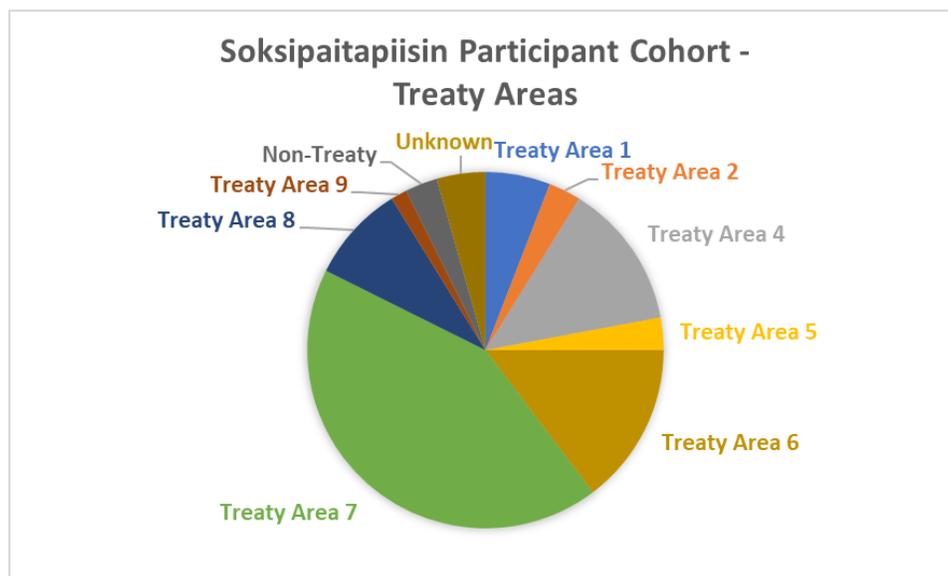
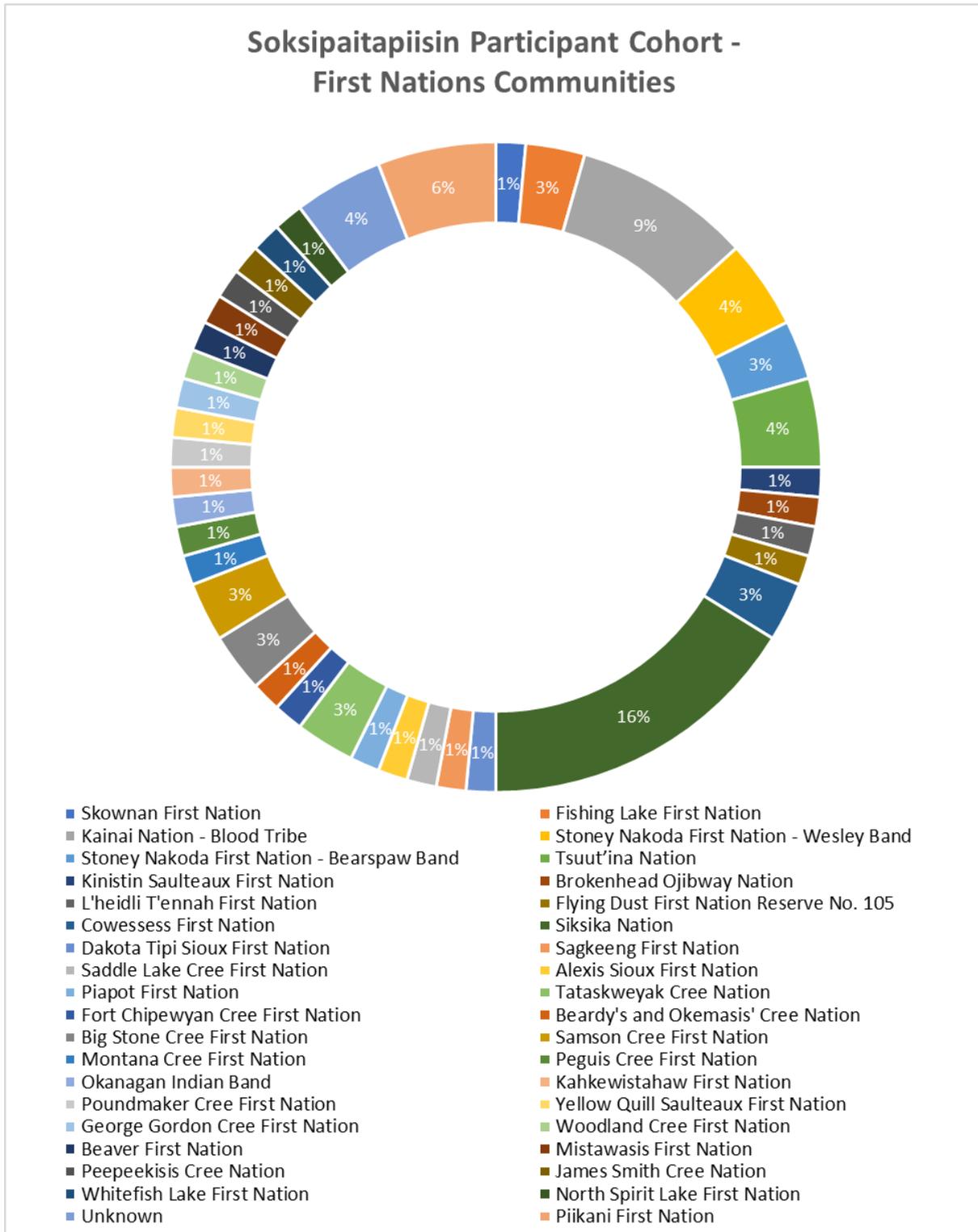


Figure 8. Distribution of First Nations Communities Among Participants



Three percent of the cohort identified they were from bands in British Columbia where their First Nation communities do not have treaty relationships with the Government of Canada. Therefore, they did not identify as being associated with a particular treaty area. These bands are typically represented as residing within non-ceded lands and include the Lheidli T'Ennah Band, and the Okanagan Indian Band. They are indicated as “Non-Treaty” in Figure 8 above.

For those individuals who identified as Métis (7%), 25% of the individuals indicated Elizabeth Métis Settlement in central Alberta as their settlement, and (13%) identified Gift Lake Métis Settlement in northern Alberta as their settlement. The remaining individuals (63%) indicate that they were either not affiliated with any particular settlement or the name of their settlement was unknown to them.

## **Appendix E: Barriers to Participation and Completion of Healing Plan**

All of the participants faced barriers upon their initial commitment to the Healing Plan process, and many face barriers throughout their journey. Some of these obstacles are external, such as a lack of stable housing, financial insecurity, limited or no access to basic needs. Others may arise as a function of trauma and the intergenerational effects of colonialism, sometimes manifested in mental and emotional health issues and addictions. Some participants are surviving with previously unidentified or untreated FASD, which creates significant challenges.

### **COVID-19**

Overall, the primary external barrier to implementing the program has been the COVID-19 pandemic. The pandemic has created significant hurdles in many areas of program implementation, including participant communication due to access to technology issues, reduced availability of support, barriers to accessing addictions treatment and other community programs as a result of delayed start dates or virus outbreaks, and so on. The pandemic has affected the potential strength of the cultural component of the program due to health risks or public health orders associated with many ceremonial practices. Overall, though, Soksipaitapiisin CMT members generally agreed that the agility in responding to the pandemic in regard to the Healing Plan processes has been impressive, and the successes of the program will only continue to grow as the barriers are addressed.

### **Systemic Discrimination**

The role of systemic discrimination in the criminal justice system must not be ignored as a barrier reflective of the overall legal system. While some Soksipaitapiisin CMT members are cognizant of the colonially entrenched nature of the criminal justice system, which has created fear and distrust, they acknowledge the evolution of the court system as a step towards addressing this issue. The CIC offers further opportunities to apply the restorative values emphasized within Indigenous approaches to justice while working within a western perspective.

### **Interpersonal:**

Challenges within unhealthy intimate relationships or negative peers may impede progress. It was noted that individuals with FASD are more prone to exploitation from others.

### **Personal:**

Individuals who have time restraints due to full time jobs or other time-consuming responsibilities may have more of a challenge to commit to a restorative process.

Active addiction creates barriers to engaging at the intake phase and commencing further phases of the Healing Plan.

## Appendix F: Indications of Self-Reported Positive Changes in Behaviour

Analysis of the data gathered by EFry via participant feedback surveys, interviews, and progress assessments found five key areas where participants had self-reported positive changes in their own behavior due to their participation in Soksipaitapiisin:

1. Seeking and Receiving Help
2. Addressing Trauma and Implementing Coping Skills
3. Working On, Maintaining, and Achieving Sobriety
4. Maintaining Consistency in Engagement and Effort
5. Improving Relationships with Others

### Seeking and Receiving Help

Asking for help and being open to receiving assistance for the length of time it may take to begin to see positive improvements can be a very difficult first step to make in one's healing journey. For many participants in the program, the act of asking for and receiving help was a shift in behaviour that produced clear benefits. One such participant expressed that *"asking for and accepting help"* was the thing they were most proud of accomplishing during their engagement with the program. Another participant also touched on this by stating that the achievement they were most proud of during their time in the program had been *"realizing that I need help as I did not understand myself much before."* Assistance was most frequently sought out and accessed by participants in the realms of:

**Mental Wellness and Emotional Support:** Attending one-on-one counselling with psychologists, psychiatrists and other trained mental health professionals and counsellors; and attending group meetings or classes, such as Anger Management and Domestic Violence classes and Alcoholics Anonymous (AA) meetings.

**Substance Use Support:** attending addictions treatment programs or counselling focused specifically on addressing substance misuse.

**Cultural/Spiritual Guidance:** attending meetings with Elders and the Cultural Counsellor.

### Addressing Trauma and Implementing Coping Skills

The above-mentioned initial self-reported behavioural change of seeking and receiving assistance in the areas of mental health, addictions, and Indigenous culture and spirituality contribute to other important and beneficial changes in behaviour, and subsequent life improvements. One such positive behavioural change was to begin to work through past trauma and emotional issues, and to learn to employ more effective emotional coping skills. This was evidenced in the responses of multiple participants, one of whom described how attending counselling had transformed their struggle with anger.

They stated:

*"I take counselling once every two weeks and that's really helped, that's amazing. Everything looks good. [My counsellor] brought out my anger, I don't have any more anger, I used to fly off the handle, now I don't."*

Another individual expressed that working with Elders and mental health/addictions counsellors had helped them to take the courageous step of beginning to address their past trauma, and to work through their issues in more effective ways. They stated:

*"They're teaching me to deal with problems more. The trauma and the trouble, it's hard but it benefits me when I talk to them. ...[I'm] working through things that I never wanted to think about again."*

### **Working On, Maintaining, and Achieving Sobriety**

An additional positive change in behaviour for numerous participants was taking the courageous step to work on their sobriety. Many participants reported being proud of themselves for addressing their substance use issues and recognized that maintaining their sobriety had led to overall positive outcomes in their lives. One such participant stated, *"I feel better now that I am not drunk all the time. I feel positive and motivated."* Similar to this, a different participant expressed, *"I have stayed clean and sober. I'm finally learning how to take care of myself."*

Another participant described that a major benefit of going through CIC and the Soksipaitapiisin had been overcoming their addictions and that they felt they now had an opportunity to change other aspects of their life for the better since experiencing improvement in this area. They stated:

*"I feel like I have a better chance to change, to actually contribute to my community and society. I don't want to go back to that lifestyle, my addictions, because there are so many different ways that I know I can change my life and get support".*

A different individual spoke about how proud they were of *"staying clean"*, and that this had enabled them to assist other individuals facing similar struggles with substance use by becoming an AA sponsor. They expressed they were grateful and that they could assist *"others who were deemed hopeless like I was [...], to be a light to others through their own darkness."*

### **Maintaining Consistency in Engagement and Effort**

A number of participants reported that they had put in a great deal of effort into regularly attending appointments, meetings with Elders and mental health professionals, treatment and court dates. Many participants, when asked, indicated that following through with court and Healing Plan related obligations was what they were most proud of accomplishing during their involvement with the Soksipaitapiisin program. For some individuals, this amount of regular effort and engagement was an altogether new and positive development.

### **Improving Relationships with Others**

After having engaged in the work of their Healing Plans, a few individuals reported that they had started to relate to their loved ones differently and were experiencing improvements in their relationships overall due to this change in their behaviour. One such participant explained that after opening up with the Elder and cultural counsellor they had been working with they were proud they began “...*understanding how to have a better relationship with my kids.*”