



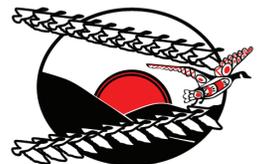
Connecting  
the  
Dots

Final evaluation report  
Executive summary

January 2015



Canadian Mental  
Health Association  
British Columbia  
*Mental health for all*

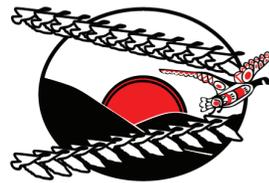


BC Association of Aboriginal  
Friendship Centres

# About the project partners



**Canadian Mental  
Health Association**  
British Columbia  
*Mental health for all*



**BC Association of Aboriginal  
Friendship Centres**

## **Canadian Mental Health Association, BC Division**

The Canadian Mental Health Association (CMHA), BC Division is a charity which promotes the mental health of British Columbians and supports the resilience and recovery of people experiencing mental illness. There are 18 CMHA branches across BC that serve over 100 communities.

[www.cmha.bc.ca](http://www.cmha.bc.ca)

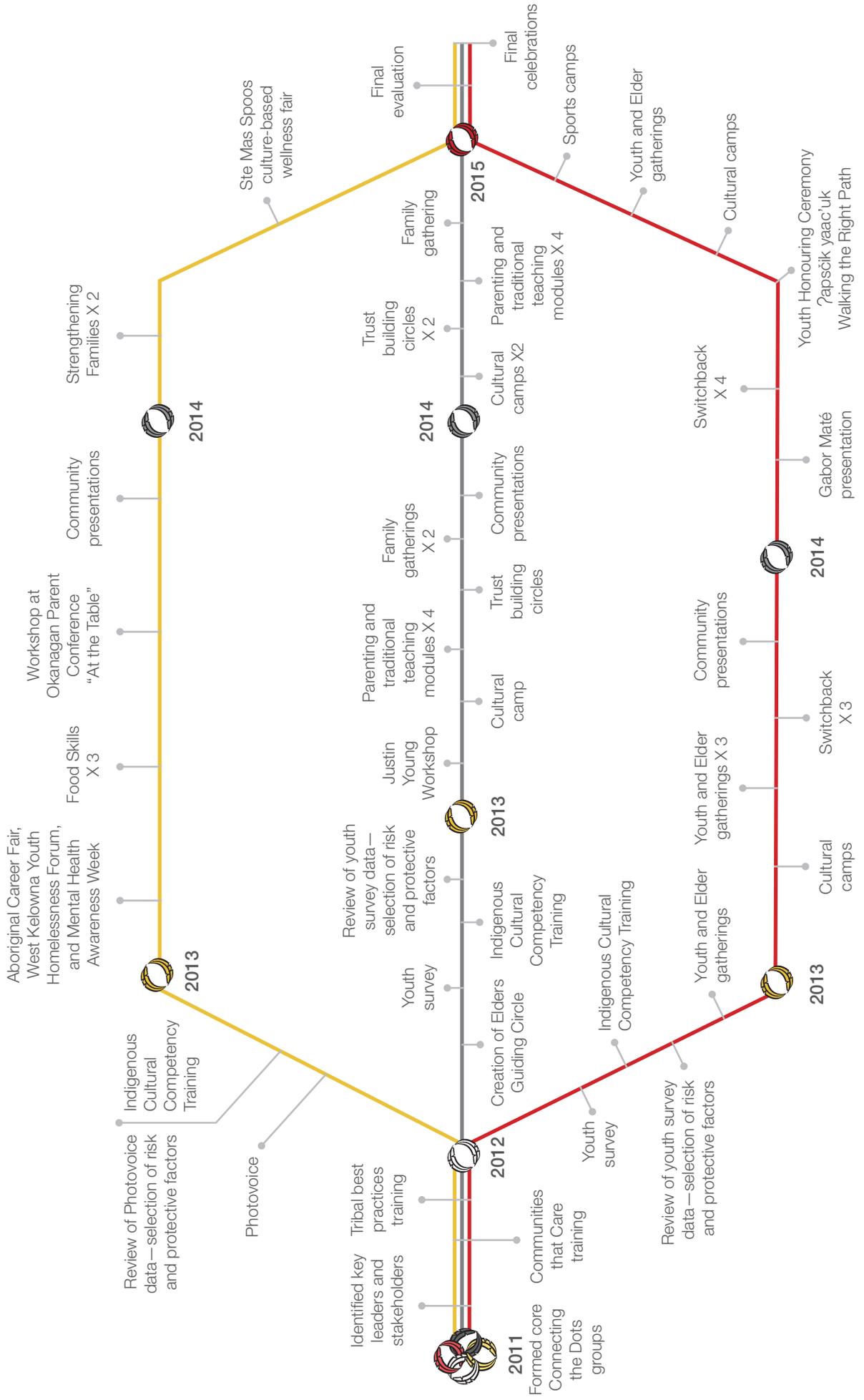
## **BC Association of Aboriginal Friendship Centres**

The BC Association of Aboriginal Friendship Centres (BCAAFC) is an umbrella organization for 25 member Friendship Centres across the Province providing services to BC's urban Aboriginal population. The mission of the BCAAFC is to improve the quality of life for Aboriginal people by supporting the activities of Friendship Centres in BC.

[www.bcaafc.com](http://www.bcaafc.com)

# The Connecting the Dots Journey

■ Kelowna  
■ Quesnel  
■ Port Alberni





***“I have learned that Connecting the Dots is a very effective program. I think it is aptly named in making those connections; fillings the gaps; and getting the youth connected to the services they need to be as independent and healthy and happy as they can be.” –key informant***

## Introduction

Connecting The Dots (CTD) promoted Aboriginal youth mental health by working together through cross-community collaboration, inspiring service providers and community members to engage in culture while supporting Aboriginal youth and families in the community. CTD was a partnership between the Canadian Mental Health Association, BC Division (CMHA BC) and BC Association of Aboriginal Friendship Centres (BCAAFC) that received funding from the Public Health Agency of Canada’s (PHAC) Innovation Strategy to implement the Communities That Care (CTC) model in the urban Aboriginal communities of Kelowna, Port Alberni and Quesnel.

***“I know some of the players around this table for Connecting the Dots but they didn’t really know me. However, having face-to face-contact has helped build confidence and relationships.”***

**—project partner**

Communities that Care is a copyrighted, structured process involving the use of a prescribed set of activities, and a suite of pre-tested programming options. The CTC model consists of five phases: getting started; getting organized; developing a profile; developing a plan; implementing and evaluating.

### **The overall objectives of CTD were to:**

- Improve urban Aboriginal mental, spiritual, emotional, wellness through listening, guiding and empowering the knowledge of Elders and Aboriginal youth; and, implementing and adapting the Communities that Care (CTC) model

- Adapt a promising community engagement and intervention process (CTC) to the unique conditions of mental health promotion amongst Canadian Aboriginal people living off-reserve;
- Involve multiple stakeholders at the community level to better understand the determinants of mental health and then to develop local solutions to improve them;
- Assess effectiveness and share findings through a robust evaluation and communication process led by a research partner; and
- Link the CMHA-BC, the BCAAFC and their respective local branches and centres, solidifying a long-term service delivery partnership in Kelowna, Port Alberni and Quesnel, BC.

A formative and summative evaluation took place over the life of the project. This Evaluation Report is based on the data collected by the three different evaluation teams between 2011 and 2014. The final phase of the evaluation was guided by an evaluation framework and plan developed in the summer 2014 (See Appendix A).

The evaluation teams employed a combination of qualitative and quantitative data collections methods to gather information for formative and summative evaluations. CTD staff in the communities and in the sponsoring organizations; youth; Elders; community service providers; and Community Board and Key Leaders were interviewed and/or participated in focus groups for the evaluations. Key documents were reviewed and site visits occurred to facilitate participant observation. As well, data was collected from respondents completing evaluation forms at CTD event and activities at each of the community sites.



***“Connecting the Dots is getting our people back together.” –Elder***

## **Formative Findings**

Formative findings address how the project was implemented through a partnership at the provincial level and between the local Friendship Centres and CMHA offices in Kelowna, Port Alberni and Quesnel. The formative evaluation also addresses the objectives related to adapting the CTC model, involving community stakeholders to develop local solutions to the determinants of mental wellness and consolidating partnerships between the local CMHA branches and Friendship Centres.

For the most part each community followed the five phases as laid out by the CTC model but as the initiative progressed modifications or adaptations were necessary in order to create a fit with the communities' circumstances and the Aboriginal community's experiences and perspectives. The adaptations took considerable time and involvement of community members to ensure success.

### **Getting Started**

In each of the three CTD communities there was some variation on the development of the Community Boards and Key Leaders groups. In Kelowna, where a number of community 'tables' already existed, the creation of another group didn't make sense and so this community formed a Community Advisory Committee that provided guidance to the CTD project. A similar process of amalgamating the two committees into one Community Board or Committee occurred in Port Alberni and Quesnel. Furthermore, in Port Alberni, the Community Board process was strengthened by the addition of ad hoc committees to address specific aspects or challenges with implementing the CTC model.

In Quesnel, in addition to the Community Board, the Quesnel CTD established an Elders' Guiding Circle that played a central role in guiding the project activities and providing the cultural adaptations to CTD.

***“The Guiding Circle provided an opportunity for Elders to give advice on current projects being developed in our community.” –project partner***

### **Getting Organized**

A consistent theme in all the communities was the need to strengthen the Aboriginal leadership in the initiative, including more involvement of youth and more cultural practice at Community Board meetings and events.

### **Developing a Profile**

Major adaptations to the content and methods of data collection for the youth survey were hallmarks of the CTD initiative at all the CTD sites. In both Port Alberni and Quesnel, the youth survey was adapted to include wording that was more relevant to the Aboriginal communities' experiences and worldview. As well, the data collection process itself was modified to include focus groups with Aboriginal youth, Elders, and family members. Similarly, in Kelowna, the decision was made to use only qualitative methods, including Photovoice and focus groups, to gather information about risk and protective factors for Aboriginal youth and families. These changes and adaptations were seen as necessary in order to provide a more in-depth understanding of risk and protective factors from an Aboriginal viewpoint and to capture information that was missing: e.g., the voices of high school aged Aboriginal youth not in school, sexual activity/ harassment/ experience, racism, abuse of power, food/diet, poverty, and high school graduation.



***“The easiest way to measure success is by experiencing the participants’ enthusiasm, laughter and engagement.” –key informant***

### **Creating a Plan**

In all the communities, it was during the process of training and community planning that the focus of the CTD interventions became increasingly wholistic. In Quesnel, the community decided to ‘target’ the whole spectrum of the community – infant to Elder - rather than only youth. The core CTD team, Community Board, Key Leaders including Elders created a vision of rebuilding the community as a whole, emphasizing that a healthy community would best serve the mental wellness of youth in Quesnel. Similarly, in Kelowna and Port Alberni as the data collection process evolved with data collection and focus groups, the target of the interventions in those communities shifted to include young Aboriginal families, Elders (in Port Alberni) and youth.

### **Implementing and Evaluating**

The central focus of adaptations in the interventions phase was on traditional knowledge and activities. In Quesnel the parenting/ traditional workshop presentations included parenting topics along with traditional activities and teachings; the cultural camp offered a variety of traditional activities and events. In Port Alberni, Elder/Youth Gatherings and other events included sharing of traditional knowledge and practices. In Kelowna, specific adaptations were made to the two primary interventions, Food Skills and Strengthening Families, in order to promote and honour cultural values around food and nutrition and traditional parenting, and to make these ‘evidenced-based’ programs more accessible to Aboriginal participants.

***You can take a specific community development process and say these are your steps along the way, but that’s not how it works. This is rooted in community, this is rooted in relationship, this is rooted in all those specific context, that you have to acknowledge and recognize and be a part of to fully appreciate the impact those have.” –key informant***

### **Summative Evaluation Findings**

The summative evaluation addresses what difference the CTD made for communities, community partnerships and program participants. While there was some variation evident amongst the communities in relation to the strength of achievement of the following outcomes, overall the CTD project achieved many of the early and intermediate summative outcomes identified in the evaluation framework (Appendix A). Moreover, the achievement of summative outcomes listed below contributes to assessment of progress toward the objectives of improving urban Aboriginal mental, spiritual, emotional, wellness through listening, guiding and empowering the knowledge of Elders and Aboriginal youth, and involving multiple stakeholders to better understand the determinants of Aboriginal mental health and wellness.

***“We have succeeded in the goals of the project—to engage the community.” –key informant***

- Improved knowledge of risk and protective factors related to wellness for youth
- Improved knowledge of communities history and culture
- Improved sense of cultural pride
- Increased connection to community/culture
- Increase use of culture within agencies/organizations
- Improved family relationships/bonding
- Improved parenting knowledge and skills
- Improved self-esteem and self-confidence
- Elders guiding and contributing their knowledge
- Elders and youth having a sense of trust
- Service providers increased their knowledge of the capacity and resources within the community
- Strengthened community partnerships to support wellness interventions

## Lessons Learned

Lessons learned, based on the experiences from each of the communities and from the implementation of CTC at the Provincial level, address the formative evaluation question “What are challenges in implementing Connecting the Dots?”

### Cultural Competency and Cultural Safety

Developing a culturally competent service delivery system takes time and considerable resources to enable ongoing conversation, learning opportunities and training between the Aboriginal and non-Aboriginal communities. It is dependent on open communication, respect and trust.

***“The Trust Building Circles provided valuable insight for service providers to have more understanding of why trust is such a big issue.” –key informant***

### Community Driven

- In the end, the Quesnel CTC project was successful because the suggested interventions came from and were guided by community members themselves.
- CTC is focused on youth and on problems or deficits, whereas in Aboriginal communities CTC learned that a holistic approach is more culturally appropriate.

***“It is really important that we really listen to what the Aboriginal people are saying and do our best to honour it and take it seriously without altering.”***

**—key informant**

### Importance of Community Readiness

- Implementation of the CTC model should only take place in communities that understand the model and want to test it out.
- Clarity about the model, parameters for making adaptations, and expectations with respect to the types of interventions that could be employed would have helped from the outset.
- Relationship building is crucial. It takes time and a consistently safe space for community people to trust enough to share their concerns, develop relationship across a wide range of stakeholders, and find solutions.
- Involvement of elders was key to bringing the communities along in both Port Alberni and Quesnel.

### ‘Fit’ not Fidelity are important\*

- In the context of CTC and CTD whereby the intention was to leverage community support to increase protective factors for Aboriginal youth, the use of culture and traditional practices were important starting places for adapting the CTC model so that it made sense to the participating communities.
- The prescribed and linear nature of the CTC model and the claim that communities have the freedom to devise their own solutions was only partially the case. There is a need for the CTC model to develop more culturally sensitive processes and interventions for application within Aboriginal communities.
- While availability of a menu of best practices has advantages, the prescribed nature of the interventions did not always yield desirable results. The youth survey is an example of this. It was only when the communities made significant adaptations – for example, focus groups with youth, developing themes with Elders and families, and in the case of Kelowna that used Photovoice – the information and process became useful.

\* O’Reilly, 2013



***“You see those changes that are coming to our youth—you know they have more self-confidence.” –Elder***

- In CTC, the westernized approach and conceptualization of ‘key leaders’ initially worked against the engagement of people who are trusted leaders in Aboriginal communities. Only when the communities re-calibrated and/or focused on what made sense from an Aboriginal perspective, did the Community Boards take hold.
- Funding for CTD did not cover the range of interventions that the communities wanted to implement. The model relies on leveraging funding within communities, via the Community Boards. This did not reflect the funding constraints in the communities, nor the reality of working within an Aboriginal context wherein Elders are regarded as leaders and leveraging funding is not part of their role.

#### **Administrative Lessons**

- Clarity regarding areas of responsibility for PHAC, the provincial partners, and the community sites, along with timely responses and feedback to requests regarding changes could have helped prevent delays and miscommunications.
- Having the right staff is critical and having staff that know the Aboriginal community helped. However, a key lesson was that time-limited funding with no security in the position generally contributes to high turnover.

- Changes to reporting relationships with the provincial partners and having two MOUs would have been better: one for the development phase with all local partners signing on with involvement of their Executive Directors, and then a second MOU for Phase 2 when new communities joined. In this way all parties would have had clarity about each other’s roles and responsibilities, and expectations with respect to communication and conflict resolution processes .
- Incentives helped to retain or encourage youth and Elders to participate in CTD.

#### **Evaluation Lessons**

From the outset an evaluation plan and framework needed to have been developed to guide the project, and built with input from the key players involved with CTD. This would have ensured that the evaluation plan incorporated what was important to the community as well as to PHAC, with respect to outcomes, activities, and indicators. Furthermore, appropriate and agreed upon data collection methods would have been in place from the beginning thus ensuring availability of reliable evaluation data.

The CTD coordinators needed ongoing training and support to ensure consistent and comprehensive data collection.



***“The culturally-based activities for this program, I think they are very beneficial to the youth because I know they soak it up ... They really want to have a sense of belonging and ownership to our community and our land.” –Elder***

## **Discussion and Conclusion**

While the communities worked hard to follow the stages of the CTC model: developing a Community Board, gathering data about their communities, and planning and implementing activities, there was fundamentally a disjuncture between the model and the stated focus of the project.

In relation to assessing the quality and portability of the CTD initiative with regards to the five elements of: fidelity, participant exposure, consistency, responsiveness and differentiation there was not enough consistency in approach nor adequacy of data to enable such an assessment. Assessment of these elements assumes a level of knowledge and understanding about research that rarely exists in small community-based organizations. The five elements also assume an infrastructure (i.e., computer programs, software) and an ability to continuously gather, record, and monitor data that wasn't always found in the CTD sites. In part, the inability to provide this assessment reflects an absence of a clear evaluation framework and plans that would have provided direction throughout the life of the project.

In reviewing the objectives of the CTD, the initiative was most successful in achieving the objective of “improving Aboriginal Mental, spiritual, emotional wellness through listening, guiding and empowering the knowledge of Elders and Aboriginal Youth”. Those communities with the greatest success had strong Elder involvement and leadership.

In adapting the CTC model for urban Aboriginal communities, CTD demonstrated that there is a need to acknowledge the often-present lack of trust in the Aboriginal community towards the non-Aboriginal community and the need to take actions to redress this. The most successful adaptations of CTC benefited from a shared understanding of the challenges experienced by the Aboriginal youth and their families and the importance of reclaiming culture. The role of culture and intergenerational transmission of knowledge played a key role in many of the CTD activities.

***“I would say that gaining a better understanding of the multi-generational effect of colonialism that I see daily in my practice was the most significant issue I learned about.” –service provider***

While the focus of the CTD activities and interventions differed amongst the three sites, all the communities were successful in engaging stakeholders to develop local solutions to improve, and/or to gain a better understanding of, the determinants of mental wellness for Aboriginal youth and families. Where cultural leadership was strongest, i.e., in Quesnel and Port Alberni, these improvements will likely have a greater chance of being sustained.

A major challenge for the CTD initiative overall was the lack of a strong evaluation framework and process that was culturally sensitive, that met the needs of the communities and fulfilled the objective of a “robust evaluation and communication process”. The western conceptualizations of what constitutes evidence as promoted by PHAC and CTC were not adequately inclusive of traditional Aboriginal forms of evidence such as oral tradition.

In relation to the fifth objective of solidifying long-term service delivery partnerships, it is not clear that the relationships developed between the local and provincial centres of the BCAAFC and the CMHA BC will be sustained except where there were strong pre-existing relationships. While it is evident that each of the organizations has a much better understanding of what each other does and there have been some enhanced partnerships, the time-limited nature of the funding means that many of the staff, and the important relationships that developed between them, will leave when the funding stops.

Finally, while some of the relationships will no longer continue and there has been varied success in achieving some of the objectives, it must be emphasized that overall the CTD initiative played a key role in strengthening the use of culture and/or an interest in cultural safety in the three communities. Ultimately this will help to improve the mental, spiritual wellness of the participating communities. In addition, many of the interventions promoted positive outcomes for individual youth, Elders and families in the way of increased knowledge about mental wellness, traditional culture, Aboriginal history, and on self-esteem, confidence and a sense of belonging.