

## Participatory Evaluation

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We have chosen to measure our success and learning goals with a participatory evaluation that is consistent with our principles of shared power and knowledge. This method in itself can be conceived of as community building, as it requires the active involvement of Network members.

It is initiated at the beginning of the project process and continues throughout the duration of the work. Participatory Evaluation (P-E) is a collaborative activity, which allows people to take a more active role in defining their outcomes. This approach builds on strengths and values the contributions of everyone involved. This is consistent with the inclusive nature of community development.



However finding individuals with the expertise to do participatory evaluation is problematic. There are few individuals in Prince George who are skilled in this type of evaluation and most are over-committed, as a result there have been some difficulties meeting deadlines. The use of Participatory Evaluation helped us to further recognize the complexity and depth to which policy influences and affects the work of those living with the effects of FAS/ARBD as well as our work of continuing to shift and channel the work of those who deal with this issue in service and government agencies.

The following is a copy of a portion of our mid-point evaluation and gives a flavor of the type of evaluation P-E is. For a complete copy of this document please contact us here at Northern Family Health Society 250-561-2689.

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## Evaluation Overview of the Current Project

### Communicating FAS Policy Solutions: Connecting Communities

#### Describe the project

*What did we say we were we going to do? Did we do what we said we were going to do? Who was involved? How, where, when?*

The challenge for our community was to regroup and reorganize the community differently. One strategy identified was to integrate FAS policies into existing policies and heighten awareness of the links between FAS and existing policies and practices. What emerged, was the following reality in our community:

- A. A full understanding of FAS was lacking.
- B. The process of policy making was inaccessible.
- C. The necessity of gender/women centred policy was not recognized.
- D. The roles of prevention/intervention were not well understood.

In addition, underlying all of these is the often unspoken question: "what does this have to do with me?"

We know that all of these issues need to be addressed, yet where to begin?

The first step was to begin building the web of connections, to make visible the already co-existing but invisible networks and links between the active service providers and agencies in the community and FAS. The challenge for the project was to break down perceived barriers in the community by promoting an understanding of FAS in the larger context that could benefit both the individuals working in agencies, advocates or caregivers. (See *Figure 1 below - FAS The Bigger Context.*)

A cross agency invitational event was held in 1998 to develop a Community Approach to Supporting Pregnant and Parenting Women with Substance Use Issues. Within the group of 50 individuals there was a diversity of disciplines with a variety of skills, abilities and mandates: community health and social services providers, women centred providers (transition homes), physicians, hospital nurses, alcohol and drug systems workers and parents with an expertise and ability to ground the entire group. Across this group, a common commitment to harm reduction was developed - this basis of a shared value was a crucial first step. Clearly, this initial step was successful because the members were open to developing a supportive and collaborative relationship in the tidal wave of need they were facing every day. This group committed to integrating the women-centered and harm reduction approaches they had learned into their own practice.

In January 2001 the FAS Network Facilitator conducted key informant interviews with front line workers and program managers to determine what "best responses" they were practicing toward the prevention of FAS and how these responses might be developed into agency and community wide policy.

In May 2001, the BC Health Research Foundation project under the auspices of the FAS Network, completed their work and the findings and recommendations were revealed to the community in a video and executive summary "Creating Solutions: Women Preventing FAS. Invitations were extended to the individuals interviewed in the key informant interviews and participants who attended the 1998 workshop. In June, with the help of Nancy Poole from Women and Children's Hospital in Vancouver, a workshop was held to develop strategies to influence policymakers. The goal was to implement the grassroots solutions presented by the Creating Solutions: Women Preventing FAS researchers and other "best responses", and to ground them in policy for sustainability.

FAS policy development, ongoing FAS communication campaigns, mobilizing and sharing our activities with other northern communities and promoting our web site FAS Community Building Tools will be the focus of our FAS Network activities in the next year.

**Figure 1: Making the links between the community and FAS**

## FAS - The Bigger Context



### The next steps

The coalition decided to establish action committees as a way of bringing together participants around issues that were of particular concern to them. They would not have to sit through large meetings with agendas that were not of interest or use. The Action Committees established mandates, appointed chairs and began to work on areas of core concern.

#### The FAS Network Action Committees

Human Services  
Justice  
Women's issues  
Diagnosis and Lifespan  
Resource Centre  
School Support

### What we learned about the action committees - the hindrances

*Who or what hindered us? Describe the problems that we encountered and strategies we developed in response.*

- The Action Committees were an attempt to manage the competing demands for time and attention to the people most engaged in the issue of FAS in the community. Despite people signing up for two of the committees they never really formed, and no real leadership emerged to motivate their activities. (Human services and Women's issues.)
- We were unable to maintain a grassroots involvement across all of the committees: it seems that the power differential between professionals and those who would need to access their services and skills outside of action committee meetings, affected their participation.
- Some of the committees' identified priorities for action overlapped but the willingness to

*Community Action Circles can transform not only individuals but also communities. By collaboratively developing a collective sense of identity, purpose and strategy, the circle will evolve a critical stance and awareness of the social issues being addressed. Once this awareness is created, the circle can move toward social action and community change. [Community Action Circles](#)*

- collaborate and share tasks or activities was limited.
- Action Committee members conflated the role of the FAS Network Facilitator with leadership. For many committee members the release from managing FAS work from the edge of their desks realized by the project funding meant the assumption that all the work would be handled by the Facilitator and the Project Coordinator. It didn't take long for members to relinquish all responsibilities and leadership to the paid staff persons.
  - At times the enthusiasm and activities of the Network slowed: numbers attending meetings began to fall off. A number of members were lost to the transience of the profession and the community at large and members commented that FAS is but one of many very important areas to dedicate their energies.

### **What we learned about the committees: What we would do differently next time.**

*What we are doing differently in response to what we learned? Where do we go from here? What are our next steps? What skills, resources do we need to take those steps?*

1. We must continue to develop a process to redress the power imbalance:

*Step 1:* Group around similar causes, working in groups that have a natural link

*Step 2:* Acknowledge the power imbalances openly: who does have it, who doesn't have it, how is it being used?

*Step 3:* Dialogue the power triad. Are those with power willing to share? If not are they willing to use it for the benefit of the group? If not- withdrawal.

- We have to work to keep motivation high and foster the relationships among Network participants and provide training that will be of benefit to them in their jobs or for their own personal development. We continue to think of new ways to make committee meetings and workshops fun and to give participants recognition.

For example; noisemakers to signal using high brow language or acronyms, plaques to recognize parent volunteers, nominating a parent as an unsung hero in the local newspaper, offering nutritious snacks and refreshments, workshops instead of meetings.

- We need to recognize that our desire to impose a structure or strategy may not fit with what the committee members are intuitively doing, and respond appropriately.

For example, The Communication Campaign committee turned out to be unnecessary except to plan for International FAS Day. We came to realize that what naturally transpired was that each committee was working on components of a communication campaign. When we recognized this it reinforced for us the importance of the communication campaign as an integral strategy encompassing all of the FAS community mobilization work of the Network.

### **What we learned about technology - the hindrances & benefits**

*Who or what hindered or benefited us? Describe the problems that we encountered and strategies we developed in responses.*

1. The implementation of web site on-line technology as a community- building tool requires

- dollars, acquired skills, expertise and ongoing technical support. As technology emerges and evolves there are additional costs, time and effort to get the technology to keep pace with the requirements.
2. Through posting our community building tools and learning's on the web site, Other community developers have been able to see our process of FAS community mobilization and utilize what best suits their community. Documenting our process and pre-testing the communication messages and tools in our own community has helped us to evaluate our process, ongoing, to determine our own next steps in a larger way than we had considered.

### **What did we do well?**

*Describe the strategies, actions and outcomes that worked. What did we learn about what works for building partnerships in our community?*

- In spite of the challenges and learnings associated with the Action Committees, they have made amazing progress. From the notion of an "FAS Resource Center" *in a box in some one's trunk* floated in 1998, we have a developing and optimistic parent driven FAS Family Resource Center in place in April 2001.
- The FAS Network continues to be a recognized and credible leader and community partner in the Ministry of Children and Family's "Children First" Learning Site and the Health Promotion Building Blocks and First Call Coalition.

***Our web site has had 700 hits in a nine-month period.***

### **What difference have we made?**

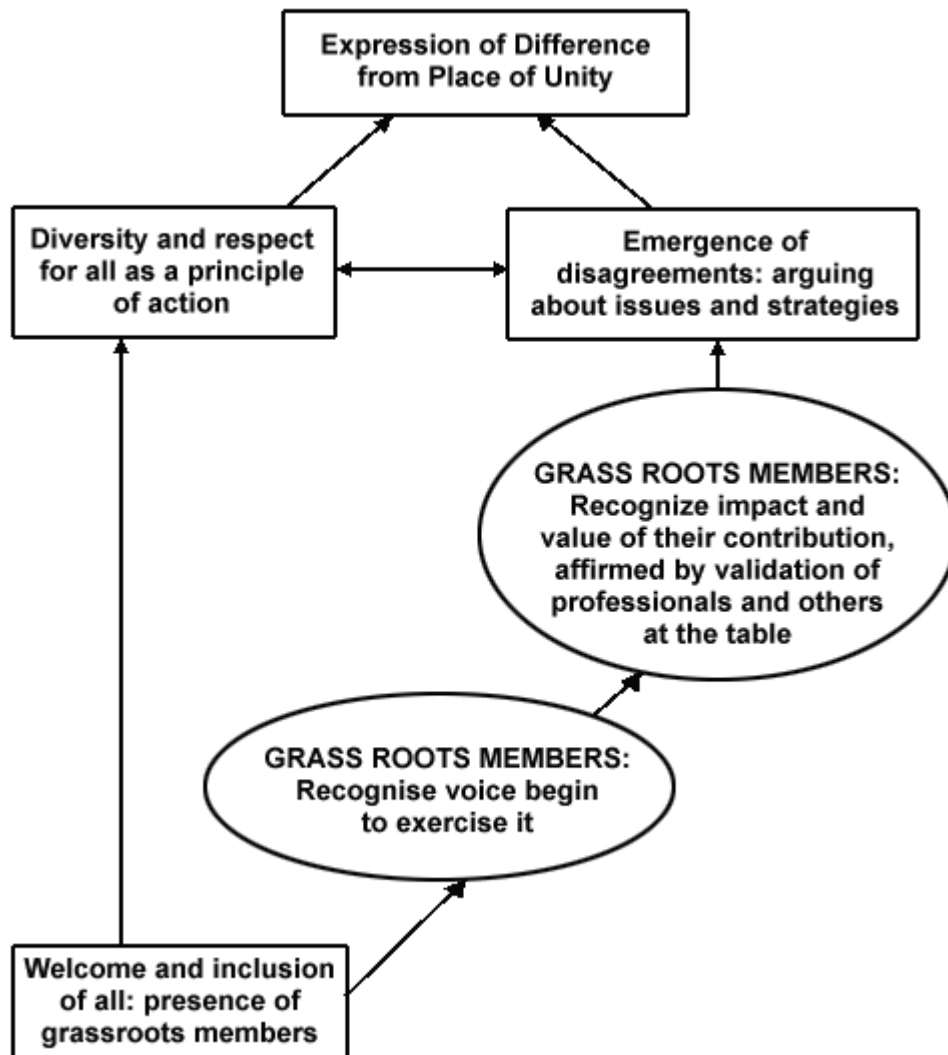
*What has changed as a result of our work? Who actually benefited? Are there unintended or unexpected results?*

We have new, valuable and mutually beneficial links with outlying Northern Communities. We have service providers in those communities making the tremendous leap into understanding the "upstream nature of prevention work."

Parents are still very much in the intervention mode, partly because in so many ways they are "in the river", with their children and unable to fully work "upstream" in prevention. However, new training for parents and foster parents is giving them the opportunity to shift their perspective which then allows them to take on new roles. They are beginning to understand and accept their roles as "experts", despite the fact that they are not paid like the professionals. This has created inequity that has resulted in some difficulties.

A huge question for the Network is: how to introduce parents into their new roles in ways that are supportive. Parents are beginning to feel an ability control the outcomes of their lives. They are becoming accustomed to having their voices heard by the Network and of receiving validation and support from the professionals. Consequently, they are beginning to speak up more and their expectations of us as service providers are growing. (See *Figure 2- Emergence of grassroots dissention as a measure of success*)

**Figure 2: emergence of grassroots dissension as measure of success**



The question for future projects work is to consider what structures and supports can be put in place to ensure that this progress, by the grass roots continues as an effective and productive process and that new skills and learnings are shared with others.

### What did we learn about our goals?

1. A key question from our own project advisory committee has offered a fruitful learning. E.g. the "How do we know that what we are selling to other communities works?" This question was asked at the Initial Advisory Committee meetings and has since been part of the discussions in the Participatory Evaluation-visioning session.

We have learned there is no *one size fits all* in designing community development tools specific for all communities. Communities are at varying levels of readiness dependent on resources, leadership, and environmental and other influences. We cannot offer support to any community that simply wants it, the community has to be prepared to mobilize some

objective measure of community support. Fort St. John, Chetwynd, Nelson, Dawson Creek have all been approached to initiate community development however communities are at varying stages in their ability and desire to collectively move forward.

2. The most tangible and replicable piece of FAS Community Development that we can bring to other communities is our philosophy of approach. The process of conveying the philosophy has to be broken down in different ways in order to be flexible to local conditions, but it is a way of thinking and acting that makes sense and that people grasp almost immediately.
3. A major success for the Network has been in where our responsiveness is grounded. It is not individuals directions or ideas that predominate. The vision and belief comes from the community and we pay attention to what they say. This forces a rigorous accountability as we attempt to match needs and resources.
4. Sharing what we have learned with respect to FAS community development working principles and philosophies with other communities has already shown benefit. Example: Prior to our partnership the communities of Ft. St. John, Dawson Creek and Chetwynd had a regional FAS diagnostic clinic but lacked a grassroots community ownership of the service or any collective community mobilization around the issue of FAS.

*Key outcome has to be the knowledge - the community is actively engaged, has expertise, but not effectively connected always. There is an informal shadowy infrastructure. Now that's been transformed. We have made links; our steering committee is connected to the local and provincial levels. It has transformed our community to see how inter agency cooperation has been improved and to see the community working together, in particular the aboriginal and Métis communities. We are, really, finally working together. For example, proposals for funding, we say this one is relevant to you; we can work on this one, this one we can do together. Increased efficiency increased talking about the common interest*

*. Participant in mentorship, outlying community*

- 5.
6. A Road Map to FAS Community Resources is the first thing people ask for in the initial stages of the FAS community development process. We have learned that the process of developing the Roadmap is as important as the outcome and will determine whether or not it is useful. This is a process we have not yet fully documented for other communities to learn from but it is a high priority for action by the project team.
7. Some of the participatory evaluation strategies we envisioned were adapted to meet our more pragmatic needs. E.g., The project diaries became a way for the project team to communicate. Activities are spinning in many directions so it is often difficult to slow down and take the time to document. Most often opportunities for learning occur when things are perceived to be going off track and time is taken to evaluate what is actually happening ... this is most often the time of the biggest "ah hahs" and recognition of what is really happening or not happening and why.
8. The evaluation plan matrix that we developed worked as a way to keep track of goals and progress - but not as a report template.
9. All staff in an agency, regardless of position, should be involved in all training to understand FAS and women and addiction issues within the broader context.

Two reasons: firstly, a staff team needs to have a collective understanding and shared value and commitment. Secondly, all staff need to respond in the same respectful ways to those individuals at risk or affected by FAS and related issues.

10. We admit what is beyond us but we do not leave it at that, we become brokers seeking the

- supports elsewhere for the things we cannot provide.
11. We are grounded and have our own direction that allows us to be responsive and accountable. We believe in knowledge belonging to the universe, we freely give out what we know, and model a "non-turf" approach. This basic philosophy, traditional to many ancient peoples, guarantees a three fold return and we believe we see this in the support and respect and sharing we get back.
  12. Evidence of this three-fold return is in the new place our organization occupies in the community, new partnerships, where we have positions on valuable committees locally, provincially and nationally.

### **Who or what helped with our goals?**

There have been a number of individuals and agencies that have supported the work of this project.

- The Network members and agencies are the reason for being and have never hesitated to share. They have given time commitment, ideas, information, resources and support.
- Other coalitions have been supportive partners. They have invited us to become members, have formalized our existence and reinforced our credibility, identity and entity.
- The BC FAS consultation group have given us a connection to the government, identified upcoming trends and upcoming sources of funding.
- National FAS alliances such as CAPC, CPNP, and Aboriginal Head Start and Best Practices of FAS / Situational Analysis national project committees have all given an audience for the articulation of our directions. They have carried forward that articulation and given us a respect and recognition often missing at the provincial level of FAS work. These alliances have provided appreciation and accolades that have both encouraged and driven us to surpass our goals.
- North Peace Community Resources Society in the Peace River Liard Region is a new partnership which has given meaningful peer support, become a sister organization and who has shared information and new opportunities. Though they had the availability of a diagnostic clinic in their region they were missing meaningful usage from the community. They were missing the collaborative community mobilization piece essential to effective community development around this issue. Our project helped with the mobilization and philosophy required to change this situation.
- College of New Caledonia and other partners in education, Sunny Hill Hospital and the Child Development Centre have helped the FAS Network parents to envision and plan for a Respite Care Course specific to FAS in our community. This collaborative project led to the successful implementation of the course in April of 2001.
- Northern Capital Links, a coalition of 14 community agencies helped to secure Industry Canada computer access funding to provide the base funding to open the FAS Family Resource Centre.
- Aurora Centre Vancouver Women's Hospital has helped with information, resources and speakers who have come to facilitate interagency workshops such as the *Developing a Common Approach to Supporting Pregnant and Parenting Women with Substance Use Issues* workshop.

### **What did we learn about what worked and did not work with our goals?**

1. The importance of geography

Where you stand is important here in the North " To some Vancouver is south. To some Prince George is the south, to others, Dawson Creek". We believe we need to move to a

northern focus as we are beginning to hear, "we need to build a coalition across the top of our province and join the Yukon, Alberta, and Saskatchewan, Manitoba FAS alliance to have our rural and northern issues addressed." The support from the south has significantly diminished so we see the creation of a Northern alliance as a response that will assist us.

The "south" (BC lower mainland), has many diverse services and access to politics and power in ways we do not, therefore they do not see the value of what we doing in terms of community capacity building and coalition/networking.

## 2. Technology

Rapid changes in technology require a rapid response. This reality is contradictory to the slow process required to engage in community development. It becomes frustrating as we struggle to do both effectively. How do we balance task delivery with the necessary reflection for quality of service delivered?

## 3. Staff turnover

Movement of staff is not always a bad thing as it has allowed for the opportunity of viewing this initiative from a new perspective. It has challenged staff to respond to new questions and thus revisit and reargue our strengths, ideas and approaches.

## 4. Complexity and size

The huge nature and the overwhelming size and complexity of FAS can be off putting for some people. Many government systems grind slowly and fail to keep pace with newer, more effective ideas and practices. Knowing how to keep the issue of FAS front and center in this community has been a challenge. Getting information out to agencies that is current and understandable has been difficult.

## 5. Communication campaign

The means by which we designed and implemented the Communication Campaign was sometimes overlapping with the action committees. These committees were actually doing communication campaigns as a natural part of ensuring their group mandates were follow through with. Many action committee's did not necessarily named or defined their actions as "Communication campaigns." However the functions and objectives were the same and the objectives integral to both the overall Networks definition and their committee activities.

### **What difference did our goals make within our own agency?**

Everyone in the Network has had ample opportunity to become aware and trained in Population health principles and direction for our work. Individuals answering the phone respond effectively to questions and can be welcoming and inclusive of whoever is calling. There is a tendency to being more open in our own collegial relationships and we confront FASD because we are more understanding of what is going on. We are getting involved in more health determinants and supportive of women across a wide range of issues.

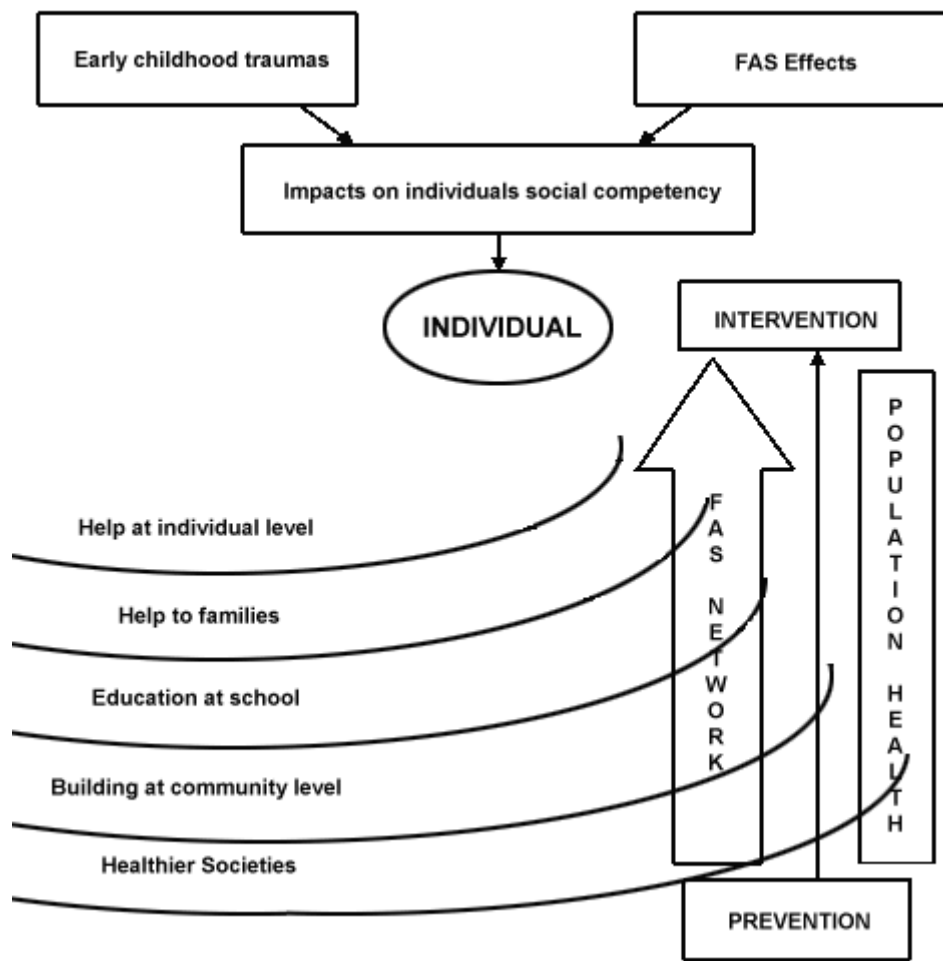
### **Communication Campaign Philosophy Growing**

We have learned a lot about communication through observing the media. We have been able to trace and track the expansion in our own thinking, the evolution of our own philosophy using the media coverage as a indicator. As a Network we have become more critical of the victim blaming approach taken by the general public. For example, the Feb. 2000 coverage of a young man charged with rape, abduction and murder as being FAS affected; the research showing the high percentage of FAS/e in prison populations and mothers of children with FAS being portrayed as addicted harlots, provide an opportunity for us to expand our understanding.

**Importance of testing a communications strategy**

High school students were asked to produce poster art to depict their understanding of FAS following a presentation. The posters were beautiful and extremely educational but also very woman blaming. We recognized later that it was related to how the information was presented to the class. We plan to repeat the presentation incorporating FAS within the broader social context and population health determinants in order to see if there are differences in the poster images depicted. (See figure 3)

**Figure 3: FAS NETWORK and it's place on the population health spectrum**



"Now that I know. I will do things differently" - a phrase we hear from those we work with, applies to us too. It addresses the growth and development of the organization's and its members understanding. As a Network, we have moved from simply supporting individual pregnant women to a broader understanding and practical application of population health principles. We are able to share this knowledge to allow other communities to act and decide for themselves just how their communities can begin their own journey.

Another of our successes has been in acquiring money to develop community development tools. This will allow other communities to initiate activities with out a huge investment of money. We have also found that when you know where you going, you get there a lot faster and having an opportunity to share our learnings with other communities means that they can benefit from our knowledge and shorten the time and resources required to get where their community is going.

### **What would we do differently next time?**

- Re-evaluate how we implemented the Communication Campaign. Communicating social messages is a natural and organic piece of our committee work. It did not need to be separated out from the work of the committee's.
- Seek different ways of ensuring input from individuals instead of relying on meetings. Some suggestions were to conduct key informant interview's, brown bag lunches at places like the art gallery with information and presentations as part of the meeting (so that those attending get something from the meetings)or use technology - chat rooms, list serve with bi annual not monthly meetings.
- Attend/sit as representatives of committees already established which avoids duplication and overlap uses peoples energy more effectively and allows us to bring the issue of FAS into the discussion and direction. Territoriality is a problem with many service workers and one that must be directly addressed to ensure full participation by community members.
- Fast and easy updates for committee members to fax or e-mail back. Using tick box responses saves time yet still involves busy members of the Action Committees in the work.
- End of week check in: "Whine and cheese" Non-alcoholic beverages and appetizers as an informal discussion time for any Network members

*We need to understand policy, what drives it, what are the policies and practices in Prince George that are being used right now. Only then can we hope to help improve it. We can turn something back to the community [on] what is working, what is useful, [and] share best practices that everyone could access.*

*Interviewer, explaining purpose of survey*