Making it Work Study:
Final Community Report

Clayton Gauthier 2019 ©

Prepared by: Making it Work Study Team

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For more information you can see our Full Final Report and other resources on the Making it Work website: paninbc.ca/research-and-evaluation/cbr-pan/making-work-project

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About Making it Work

Making It Work is an Indigenous-focused, community-based research project. The study aims to understand why, when, how, and for whom, community-based services work well for people living with HIV, hepatitis C, and/or challenges with mental health and/or substance use. The study took focused on case management and community development programs and services using Indigenous service delivery models.

The project started when a committee of front-line service providers and people with lived experience(s) started meeting in 2008 to talk about the gaps in services for people with multiple diagnoses and the challenges of helping people navigate complex and often fragmented systems of care. This group decided to initiate a research project to expand knowledge about models of care that are working for people living with HIV or hepatitis C, that may also be experiencing challenges with mental health or substance use. Within these conversations emerged the question of how organizations ensure their services are culturally safe and support outcomes for Indigenous clients. Recognizing the high proportion of Indigenous peoples accessing these services, these questions become a high priority for the research team. *Making it Work* emerged from these conversations.

Study Team

This work was supported by a diverse community-based research team made of up people with lived and living experience, representatives from community-based organizations, academic allies and research staff. The team was made up of Indigenous and non-Indigenous members. Peer Research Associates (people who share experiences or identities with the research participants) were essential to every part of this research including research design, planning, tool development, data collection an analysis and knowledge sharing.

Study Leads:

- Sherri Pooyak, CAAN/ AHA Centre
- Janice Duddy, formerly of PAN
- Dr. Catherine Worthington, University of Victoria

Study Team:

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- Jennifer Demchuk, PAN
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- Hermione Jefferis, PAN
- Leanne Zubowski, PAN
- Darren Lauscher, Community member
- Alicia Koback, Community member

The Making it Work Project was supported by many additional study team members over the years and we thank each one for their contributions to this work. To read more about our study team over the years check out our publication on allyship in the Journal of Indigenous Health Research, this can be found on the pan website: www.paninbc.ca.

What did we do?

Approach to Research

The Making it Work Team took three main approaches when conducting this research:

1. **Two-eyed seeing**

Two-eyed-seeing foregrounds Indigenous Ways of Knowing and assists in the incorporation of decolonizing research strategies into Western CBR strategies.[1]

2. **Community-Based Research (CBR):**

CBR is a type of research that places community partnerships at the forefront. CBR is collaborative and inclusive with communities in which research is taking place, values the unique strengths and perspectives of all members and prioritizes experiential knowledge, and is change oriented.

3. **Realist Evaluation:**

Realist Evaluation is an approach that lends itself well to incorporating diverse sources of evidence and experiential knowledge. Realist Evaluation is particularly good at helping understand complex programs and is designed to not only ask 'if' a program works, but how, why, when, and for whom.

Each of these approaches has added strengths and challenges to the research process. Our team has spent time thinking through how to best adapt approaches and has led to some important learnings. To read more about our research approach and combining two-eyed-seeing, community-based research and realist evaluation please see our poster from Canadian Association for HIV Research (CAHR) 2023 conference and additional resources on the PAN website, paninbc.ca.

Indigenizing Realist Evaluation

One of our early community partners identified the Medicine Wheel as a visual representation of the important aspects of their programming and shared that would make sense to build our program theory into the four quadrants.

Indigenous methods build on the importance of relationships. Relationships and connections were built into the entire study process. For example, spending time responding to case study request/needs and focusing on contribution of peer-workers.

We used spirals to help illustrate how something like developing relationships is an ongoing and long term process, not a simple box you can check.

Research Questions

One of the primary goals for Making it Work was to explore the relationship between improved outcomes and cultural safety, case management and community development by developing an understanding of how service providers adapt case management and programming to "make them work" in ways that are culturally safe for the people they serve. We took a strengths-based approach to look at what is working for people.

1. Does linking case management and community development programs and services improve health and social outcomes for people living with HIV, HCV, ill mental health, and/or problematic substance use, with a focus on exploring outcomes for Indigenous populations?
2. Do Indigenous service delivery models, based on an Indigenous worldview of health and wellbeing with explicit focus on cultural safety, produce improved health and social outcomes for people living with HIV, hepatitis C, and or challenges with mental health or substance use (regardless of Indigenous ancestry)?

Case Study Site Locations

The Making it Work Study worked with community-based organizations as our case study sites. The three organizations were:

- Central Interior Native Health Society
  (Prince George, traditional territory of the Lheidli T'enneh)
- Positive Living North, No Kheyoht'sih'en t'sehena Society (Prince George traditional territory of the Lheidli T'enneh and Smithers, traditional territory of the Wet'suwet'en people)
- PHS Community Services Society
  (Vancouver, traditional territory of the Squamish, Tsleil-Waututh and Musqueam people and Victoria, traditional territory of the Lekwungen people, including the Songhees and Esquimalt peoples and the Lekwungen speaking peoples and W̱SÁNEĆ people)

Data collection

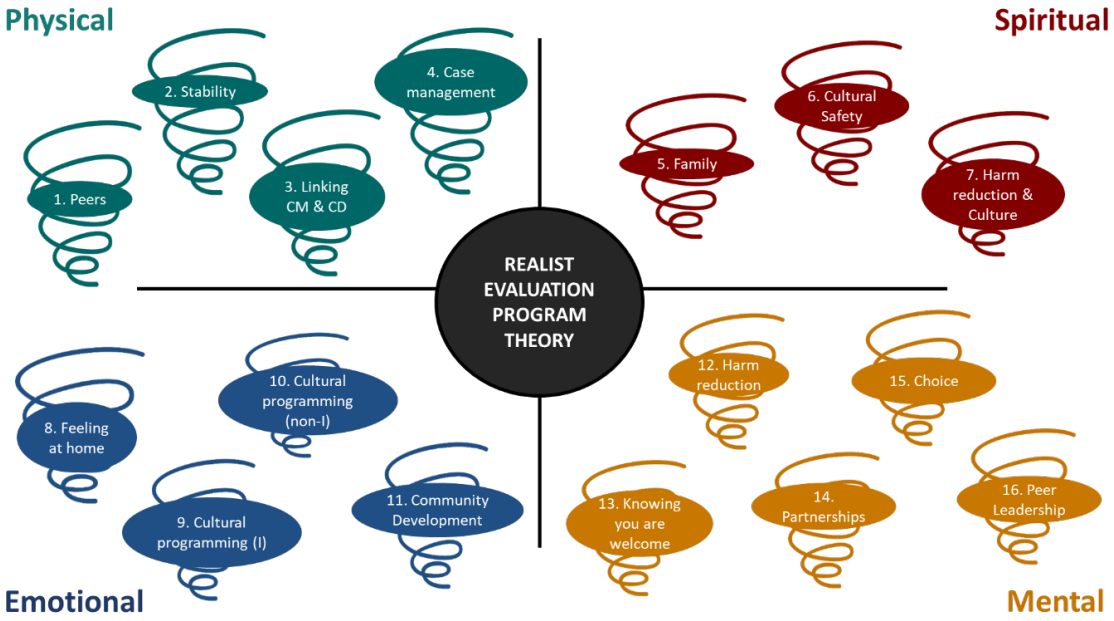
Multiple methods were used to collect data from service users, service providers, people who fit both roles, and other members of our community-based research team. These data sources were all used to develop and refine our program theory over the course of this research.

1. **Pilot interviews (2018-2019)**
   - 10 semi structured interviews conducted at Positive Living North, 6 with service users, 4 with service providers.
2. **Brainstorming Survey (2020)**
   - A 5 question survey with members of our CBR Research Team (service providers, people with lived and living experience, and researchers).
3. **Drop-In Sessions (2021)**
   - Four focused meetings with members of the CBR study team to address certain themes of our program theory.
4. **Community Conversations (2021)**
   - Four virtual focus groups (referred to as 'Community Conversations'). Participants included service providers and service users from our case study site communities – Prince George, Smithers, Victoria, and Vancouver.
   - There were 30 participants in total across the four focus groups.
5. **Survey:**
   - We completed 104 surveys with service users and service providers at our case study sites throughout what is colonially called British Columbia - Vancouver, Victoria, Prince George, and Smithers from January to March 2023.
   - 26 of these were completed online and 78 were completed in-person. 52 service users, 29 service providers, 23 with people who identified as both service providers and service users.
6. **Refining program theory**
   Conversation and analysis with Peer Research Associates and members of our research team along with all five stages of data collection contributed to the development of the program theory CMO statements.

What did we find?

Key Messages and Themes

The following image is an overview of our final program theory. Each of the 16 categories outlines in detail how, why, when, and for whom, they work for an organization. While these are all separate statements, they overlap in many cases and work together to create successful programs and services. These are organized within the four quadrants of the Medicine Wheel. Spirals help illustrate the ongoing and evolving process of these elements. You can see the detailed program theory in the Full Research Report on the PAN website, www.paninbc.ca, by visiting the Making it Work page.



We found larger, overarching, themes that are woven throughout the categories. In organizations, there cannot be good health until these key themes are considered.

The following are the key themes that came up throughout the data. The participants discussed ways that these themes can be implemented in programs and services and their importance.

Culture

Participants defined culture in their own ways. For example, “it is alive” and “it is fluid”. The importance of access to culture was emphasized through discussion about the impact of COVID-19. We heard from participants that organizations limited their hours and access due to COVID-19 restrictions and that not having access to cultural activities made them feel cut off from their own culture.

Some important lessons learned from our participants are around how to provide access to culture. We heard that providing access to culture requires additional resources and focus and cannot be something staff are required to do off the side of their desk. It must be done purposefully with staff educated on colonial history, be Indigenous led, and be embedded within organizational structures.

Finally, we heard how important it is to recognize different Indigenous cultures as people come from different areas.

How to provide access to culture:

- Be purposeful with staff educated on colonial history
- Be Indigenous-led
- Be embedded withing organizational structures (may require restructuring of Western organizational systems and hierarchies)
- Recognize different cultures

"So important in outreach I go out on the street, I talk to people at their level, and I try to bring some culture to it. You know, I do little smudges with people, I do brushings, I bring my medicine stuff downtown. I started up a few group programs and ask if anybody would like to smudge and I was absolutely kind of shocked because it was like, yeah, everybody wanted that cultural stuff. I think a lot of people want something that simple."

"And I feel like my other needs besides just maybe if I'm coming in for like something that's just a physical exam or whatever, but also like there's an awareness of the spiritual, the emotional and like the other areas that I would hope that they would have more sensitivity to, and I've seen that in the staff that are working here, there's just an awareness of that."

Communication

Participants discussed communication in terms of between service providers and service users about available services and keeping this communication ongoing. They also noted how language matters when communicating with service users. For example, one service user found that sometimes being asked "how are you?" can be triggering to clients so instead they are greeted with "how can I help you?".

How to provide effective communication:

- Make it known what services are available
- Communicate between service providers and to services users to ensure equitable access to programs and services
- Line of communication between clients and service providers are always open

"We do our best as a team to come together and pull out all the stops as far as trying to communicate with our clients and ensure that they do know that they are always welcome here, that this is a safe space for them to return whenever it is that they feel is appropriate to do so."

"And they have knowledge of our services here because of like the accessibility and like the rapport with other clients that are having those same experiences and going through the same crisis."

"I believe that a stronger form of communication is needed so that people that access these services will have a better understanding on what they need and how to access these services."

Trust

We heard that in some circumstances trust can be difficult with peer workers if there is an existing relationship, lateral discrimination, or perceived challenges with confidentiality. This is something that we heard from participants in smaller communities. However, having a shared identity or an experience can help begin that trust development process.

How to build trust:

- Through peer support workers
- Client-centered care
- Through providing wraparound support services – through sharing connections and relationships with clients
- Create a non-judgemental and welcoming environment

"We've been working now for about a year and a half. So it's taken, I would say, a solid year to really build relationships and trust with a lot of the folks that we're supporting. And then I see our peer based workers have long standing relationships over 20+ years with a lot of the folks in the community that we are supporting. So I think the strength of relationship is huge, as well, alongside the knowledge."

"So having that is really important for them to be able to have one place to just go and feel like that space, feel comfortable in that space. And then once they access our [role] team they might bring up other – like once they feel and build trust with the [role] team they might have more conversations like, "Now this is hurting" and then that allows us the opportunity to say, "You know what, actually, we have a physiotherapist" and introduce like them to the physio."

"Access to traditional supports such as Elders, knowledge keepers, traditional medicines...Sometimes people do not feel as welcomed or supported based on a number of possible factors. This could be from how they greeted, how welcoming/inclusive the space feels, what services are actually available"

"...Peer-led services work really good at organizations, as just finding out you are newly diagnosed can be very scary and talking with someone else that has the same thing as you can really help you not feel so alone, especially having someone of your own culture"

Relationship Building

Building trust with participants who access programs and services was discussed as a process that has to happen over time to build trust. This can require sitting with feelings and this may come with feeling uncomfortable sometime. Relationship building was also discussed with partnerships between organizations in the larger community which can lead to community development programs.

Participants discussed a variety of services being offered in the same place as helping to develop relationships. We also heard about cultural relationships which was referred to by participants as chosen family. As was building larger relationships in the community.

How to build relationships:

- Build trust with services users
- Through providing wraparound support services – through sharing connections and relationships with clients
- It is a process that takes time
- Through building your own chosen family within community and organizations

"I myself am the co-location and kind of having my hands in all of these pots is that I'm able to develop a deep connection and trusting relationship with my clients and therefore be able to get way further along on the path, whichever path that is that we're walking that particular day, than may have otherwise been."

"We built our own family network with each other. Like even in buildings like [organization], we all take turns babysitting each other's kids and stuff like that. So, we've built our own family, because we know the importance of family in our cultural relationships."

"I think it's the relational piece and I think that's so important. And I think the consistent long term ongoing is important. And I think that that's how you get success, for sure."

Self-empowerment

Choice in providing support services leads to improved health and wellness because people take their care into their own hands. Also discussed by participants was providing access to culture is a way to give the space back which leads to healing and self-empowerment.

How to build self-empowerment:

- Provide wraparound support services – because this brings different strengths and abilities for the client and clients start to really learn a lot of self-empowerment, self-advocacy
- Encourage choice of services
- Provide access to culture
- Reduce shame around drug use and harm reduction

"I think that elders create a space where the client is able to see from a cultural perspective and become empowered with the interaction to deal and address the huge, like the things that they need to address I guess."

"We all come together and really complement each other for those wraparound supports. And all of the different teams bring different strengths and abilities for the client and clients start to really learn a lot of self-empowerment, self-advocacy and yeah I think it's a great way to be able to work together as a larger community as a whole."

"One of the things around harm reduction is to really let people know that they need not walk in shame. I think that's the biggest piece around harm reduction. And they need to know that they're certainly – they're loved, even though maybe people don't understand who they are. I remember walking down the street one day, and one of the members I worked with started running away from me, and I said, "What are you doing?" She said, "Well, I'm drunk." And I said, "Now, you just stop. I love you whether you're drunk, you're - or anything. I just love you." And just to get to that place."

"I like that harm reduction meets culture services a great way for people to get in touch with their inner spirit, having a good relationship with your spirit makes you grow good self esteem therefore you can grow with other relationships you have in life"

Meeting people where they're at

Meeting people where they're at was described in the phyiscal sense by meeting people where they feel most comfortable (e.g. park etc.) but it was also described in many ways as listed below. An example of not having expectations for clients was described as if they want to start with doing laundry then that is where they meet them and allow it to build from there.

The third way participants met people where they're at was through improving clients' self-determination and self-empowerment. One way this was done was through respecting people's wants.

How to meet people where they're at:

- Not having expectations of clients
- Build relationships and make connections – e.g., and just always showing up for them
- Improving clients' self-empowerment and self-determination
- Reduce shame

"But the thing is not us turning around and walking away, but just check back in a one week or in a few days, maybe in a couple of hours even, that somebody will want to finish some paperwork or connect with - maybe they wanted to finish connecting with an elder or some something. So, I think that that's the biggest thing for [Organization] here, just meeting people where they're at, and just always showing up for them and just maintaining that relationship with folks."

"… respecting people's agency and the things that they know and that they need to be like on a path that they need to be on. And I think at times it's hard… So we can have these ideas of what we hope but it's just about really recognizing that it's their choice. So I think that's the biggest thing, I think, for [Organization], that's just - that's made our programs successful is just meeting people where they're at, not having expectations for them.

"One of the biggest things that makes this organization very successful is that we really focus on meeting people where they're at and not carrying expectations in how we're supporting people or what outcomes that we think could be what we think are healthy for somebody or could be for them."

"Part of our work with meeting people where they're at is helping to kind of reduce that shame. It's it doesn't matter where you're at in your journey. It's an accepted space for all …and it's figuring out OK, where are you? What are you kind of wanting to do? What are your goals in this if you happen to have any? And how can we help you and support you in that space?"

Conclusions

The Making it Work project has created a new way of thinking about how programs and services work. The study provided a more in-depth look at successful programs and services showing not just how programs can be successful, but exploring how and why these programs and services work well beyond the inputs and outputs of programs.

The project was unique in its design. First, the Realist Evaluation framework was modified to adjust the standard linear thinking to spirals to represent the ongoing relational and evolving nature of these services within the framework of the medicine wheel, to emphasize how organizations provide services that support emotional, mental, physical and spiritual wellbeing for service users. Second, relationships were built into the processes throughout the study. For example, spending time responding to case study request/needs and focusing on contribution of peer-workers. Third, the study was designed from a strengths-based approach, looking at what are services users and services providers are doing to meet needs and improve services and experiences for people.

By using and engaging with the findings from the study, readers can gain a more expanse understanding of how programs work. There are many that this model can be adapted and used in practice and could lead to better services and health outcomes for people living with HIV, hepatitis C, and people who have challenges with mental health or substance use.

For more information you can see our Full Final Report and other resources on the Making it Work **website**: paninbc.ca/research-and-evaluation/cbr-pan/making-work-project/

Glossary

Harm Reduction	Services designed to give supplies and information people want to lower any unwanted impacts of drug use.
Stigma	Negative treatment and/or bias against a person because of certain characteristics or identities.
Equity	Recognizing and addressing barriers, making adjustments for imbalances to provide fair opportunity for all individuals and communities to thrive.
Cultural Safety	Cultural safety is about creating an environment where all individuals feel respected and safe, free from racism or discrimination.[2,3] This requires acknowledging and respecting the unique history of Indigenous peoples in order to provide appropriate care and services in an equitable and safe way.[2]
Culturally safe research	A culturally safe approach acknowledges that researchers need to not only be aware and respectful of cultural beliefs and values but also actively challenge their assumptions about the superiority of a Western scientific approach.[4] For research to be culturally safe, researchers must act in ways that do not "diminish, demean or disempower the cultural identity and well-being of an individual".[5] Culturally safe research can build richer, more robust data and analysis because it incorporates more than one way of seeing the world and knowledge.[3] Since it is hard for someone of one culture to know for sure what makes someone of a different culture feel unsafe, the best way to ensure cultural safety is to provide control to members of that culture, community or participant group that have historically felt unsafe.[6,7]
Indigenous ways of knowing and doing	While there is wide variation between Indigenous cultures, there are also commonalities in worldviews and ways of knowing between cultures.[4,7] Indigenous worldviews are wholistic in nature and highlight the importance of physical, emotional, spiritual, and intellectual parts of a person, connection to land, and relationships.[8] *Making it Work* reflects Indigenous ways of knowing and doing through inclusion of traditional cultural practices that are common among Indigenous people[8] and where relevant, informed by the specific territory and/or population where research activities are proposed or an event is hosted.[4] In addition, we will ensure that research activities when appropriate, include: the participation of Elders; the inclusion of ceremony; promotion and training for including local, culturally-informed, Indigenous interpretations of data; the engagement of Aboriginal People living with HIV or AIDS (APHAs) in designing and delivering research; and the full inclusion of all team members in knowledge exchange and implementing the research findings.
Two-Eyed Seeing	Two-eyed seeing simultaneously honours Indigenous approaches to health and wellbeing and mainstream medicine, while acknowledging that conflicts exist between Indigenous ways of knowing and the positivist scientific inquiry that serves as the basis for mainstream medical evidence. "Two-eyed seeing means learning to see from one eye with the strengths of Aboriginal peoples' knowledge systems and ways of knowing and from the other eye with the strengths of the mainstream's knowledge systems and ways of knowing – and using these together, for the benefit of all" (Albert Marshall, Mi'kmaq Elder, Eskasoni, Nova Scotia, Government of Canada, 2011). Two-eyed seeing is guided by collaborative, cross-cultural co-learning, and avoids domination or assimilation by one worldview.[10]
Case Management	A client-centered support model that helps clients navigate complex systems of care, and links them with health care, psychosocial, and other services required to meet their health and psychosocial needs.[11] Could include linkages to housing, food, income, medical treatment, harm reduction, employment services or others.
Community Development (or	Strategies designed to build strong social networks and support, creating social capital and cohesion, and mobilizing resources within the community to support individuals, groups and organizations in self-help and advocacy.[12] One example is Positive Living North's Firepit – a place where people can gather to

Community Capacity Building)	relax with friends, learn, share and understand culture, health and community. It is a place where you can do crafts, artwork, have a bite to eat, join a talking circle, talk to a supportive staff and get more information about health, HIV/AIDS and HCV. Twice a year, the Fire Pit hosts a teaching Potlatch where people can learn about the Potlatch governance system and engage in ceremony.
Capacity Bridging	Capacity bridging[13] is the concept of different people with different skills and knowledge coming together to learn from and alongside one another. Emerging from the similar idea of *Capacity Building,* while recognizing the implicit hierarchy of that term, *Capacity Bridging* aims to reframe the term in a way that highlights the learning that happens in both directions between members of different communities (academics, community-based researchers, people with certain lived experiences, members of Indigenous communities etc.).
Realist Evaluation	Realist evaluation is based on the premise that people react differently to different programs under different circumstances. It doesn't ask, 'What works?'' but asks instead, 'What works for whom in what circumstances and why?'. "An intervention itself does not directly change its participants; it is the participants' reaction to the opportunities provided by the programme that triggers the change".[14] Realist evaluation assumes that a program works by enabling participants to make different choices based on a combination of *reasonings* (values, beliefs, attitudes, the logic they apply to a situation) and *resources* (information, skills, money, support).[14] The combination of *reasoning* and *resources* are known as *mechanisms a*nd programs can trigger different mechanisms for different people in different *contexts* (socio-economic and political environment, organizational context, local history and culture etc.).[15] The interaction between the context and the mechanisms is what generates impact in a program. In realist evaluation this is known as the ***Context-Mechanism-Outcome (CMO) hypothesis.***[15] The general purpose of realist evaluation is to figure out under what contexts, what mechanisms are triggered. Realist evaluation starts with researchers laying out the process through which a program is thought to work and then testing these theories. CMO statements are developed and refined through the evaluation.

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