# Seeking Culturally Safe Developmental Evaluation: Supporting the Shift in Services for Indigenous Children

Journal of MultiDisciplinary Evaluation Volume 14, Issue 31, 2018



ISSN 1556-8180 http://www.jmde.com

Natasha Blanchet-Cohen
Associate professor, Applied human Sciences, Concordia University

Pascale Geoffroy SEKHA

Luz Marina Hoyos Concordia University

**Background:** Evaluation methods based on western frameworks that disregard Indigenous peoples' worldviews and are imposed and implemented by outsiders are problematic for Indigenous communities.

**Purpose:** The article presents the experience of using developmental evaluation (DE) in supporting a shift in preand post-natal care programming for Indigenous mothers and their young children.

**Setting:** Indigenous peoples living in urban areas in Quebec often feel unwelcome mainstream services, resulting in under-use. A history of colonization in Canada has resulted in a loss of Indigenous child-rearing practices

Intervention: The study was carried out in the context of a three-year initiative aimed at strengthening the abilities of pregnant women, mothers, fathers, extended family, community, and practitioners to create conditions for the holistic development of themselves and their children. The goal was to create new knowledge through activities focused on promoting perinatal care and psychosocial adaptability. Cultural safety, an ecosystemic view of child development, and social innovation guided the approach to the intervention.

**Research Design:** A case study approach was used to make sense of and describe the "how to" of the DE.

**Data Collection and Analysis:** Multiple methods of data collection informed the case study, including observation, field notes, interviews, and participatory evaluation activities.

**Findings:** The article sheds light on DE as a culturally safe and participatory practice that is compatible with Indigenous perspectives and contributes to supporting the transformation in services provided to Indigenous communities. We present building relationships, creating safe spaces for reflection and dialogue, questioning fundamentals, and co-creation as critical components of culturally safe DE, enabling development and a paradigm shift.

**Keywords:** developmental evaluation; indigenous; child-rearing; case study; cultural safety.

# Introduction

For Indigenous communities the implementation of program and service evaluation has been problematic. While claiming objectivity, benchmarks of merit and worth have been based predominantly on outside frameworks determined by external experts. Evaluation has resulted in imposing viewpoints and methodologies to assess and make judgments of programs and services (Bowman, Francis, & Tyndall, 2015). Such endeavors have had little meaning and been of limited value to communities because they have been undertaken non-collaboratively, largely to meet funders' requirements (LaFrance & Nichols, 2008). What form of evaluation is culturallyresponsive and useful to the communities it is intended to serve?

In response to the growing complexities of today's world, the field of evaluation has expanded (Patton, 2008) and new forms of evaluation are gaining credence (Hood, Hopson, & Frierson, 2015; Salter & Kothari, 2014) and offering more positive engagement to Indigenous communities. We contend that developmental evaluation (DE) is compatible with Indigenous perspectives, in supporting innovation and in tackling complex issues (Wehipeihana, McKegg, Thompson, & Pipi, 2016). As a process-centric and context-attuned approach that privileges adaptive learning (Lam & Shulha, 2015), DE has the potential to support emergence and change in ways that are responsive to and respectful of the cultural context in which the evaluation takes place.

This paper draws on a case study, Abinodjic, which focuses on transforming pre- and post-natal care for Indigenous mothers and their children, and in which DE unfolded over a three-year period. The DE process that emerged sought to be culturally safe. The latter term, originally developed and applied to Indigenous people's health services, brings attention to how recipients of evaluation need to feel empowered, respected, and considered for their cultural location (Brascoupé & Waters, 2009; Richardson & Blanchet-Cohen, 2016). In this sense, cultural safety sits at the further end of the continuum of cross-cultural approaches to evaluation, following cultural competency and cultural responsiveness (Hood, Hopson, Frierson, 2015).

We begin by discussing distinctive features of DE and cultural safety and their suitability in supporting complex issues in Indigenous contexts, followed by some background on Abinodjic and the data that informed this paper. In the findings we present the four components of the culturally safe DE process that emerged in Abinodjic. The article concludes with a discussion on the implications for developmental evaluators, Indigenous organizations, and funders of moving towards culturally safe DE to support decolonization of program and service delivery. Such a shift is much needed to address both the disparity between Indigenous and non-Indigenous peoples, and, more broadly, for reconciliation (Blanchet-Cohen, 2015; UNICEF, 2009).

# Developmental Evaluation and Cultural Safety in Indigenous Contexts

Developmental evaluation is a distinct approach to evaluation with the explicit purpose of helping develop an innovation, intervention, or program that is emergent, complex, and dynamic. As defined by Patton (2008), who originally coined the term:

Developmental evaluation supports program and organizational development to guide adaptation to emergent and dynamic realities from a complex systems perspective. Developmental evaluation differs from typical program improvement evaluation (making a program better) in that it involves changing the program model itself as part of innovation and response to changed conditions and understanding. (p. 278)

In contexts where there is no standardized model to serve as a basis to assess progress or impact in a meaningful way, DE helps shape the initiative. course of an While methodologically agnostic, eight principles serve as a basis for defining DE practice: developmental, rigour, utilization-focused, innovation, complexity perspective, systems thinking, co-creation, and timely feedback (Patton, 2016). Alongside these principles, there are four functions of DE's work: framing, real-time feedback, tracking development, and critical questioning. In practice, these functions assume multiple forms, including asking questions, facilitating, pausing, reminding, mapping, and modelling.

As a flexible approach to evaluation, DE supports adaptation and creativity in initiatives that call for innovation (Lam & Shulha, 2015; Preskill & Beer, 2012). Where specific, predetermined and measurable outcomes are neither available nor desirable, DE helps "extract lessons and insights to inform the ongoing adaptive innovation process" (Patton, 2018, p. 26) that can

in turn serve to understand and enhance innovation.

Given the level of innovation and complexity involved in overhauling services and programs for and with Indigenous peoples, there is a nascent recognition of the suitability of DE in Indigenous contexts. For instance, to evaluate a sport and recreation initiative that focused on traditional Maori activities, funders and project staff were persuaded to adopt DE because it made sense "methodologically, culturally, and in relation to the emergent program's scope and implementation context" (Wehipeihana, McKegg, Thompson, & Pipi, 2016, p. 33). The iterative, culturally grounded, collaborative way of applying DE tools with multiple stakeholders resulted in the adoption of a Maori framework to guide decision making about appropriate Maori sport activities across New Zealand. In Australia, Togni et al. (2016) embedded DE into a study aimed at determining the feasibility of a patient outreach model to deal with chronic disease. Integrating interviews and reflective workshops served to facilitate information sharing and decision making to help develop a model of care. In another case, Togni (2016) used DE to development of a bicultural support the understanding of mental health and well-being for use in the framework of the Aboriginal and Torres Strait Islander Primary Health Care plan. Facilitated workshops, reflective moments, and focused discussion groups provided a safe space for Anangu community members and non-Aboriginal team members to develop a shared understanding of mental health, broadening the view of social and emotional well-being. DE enabled a safe space in which stakeholders could work together to build a more suitable model. Togni (2016) states, "the power of developmental evaluation, well executed, [makes] a real difference in Indigenous settings, for Indigenous peoples.... [T]oo many resources have been spent doing things in traditional Western ways that have no impact on really tough, intractable, complex problems" (p. 234). Thus, DE has the potential to support transformation, depending on how it is implemented.

The DE practice can be challenging, particularly because it relies on following certain principles and on the skills and competencies of a developmental evaluator sufficiently embedded in the team to be informed and able to respond appropriately and in real-time, while maintaining some distance (Lam & Shulha, Developmental evaluators play an active role by intentionally yet subtly feeding data into the system, "nudging" by opening pathways for new understandings or addressing program blockages

(Langlois, Blanchet-Cohen, & Beer, 2013). The proximity can however be challenging; there are risks of crossing the "critical friend" boundary, overextending into implementation, or of underutilizing the data gathered from the DE process. Developmental evaluators need to practice "cultural humility...to spur critical thinking, stimulate sense-making with groups, invite divergence, guide convergence and ask questions that provoke thought and insight" (Hayes, Witkowski, & Smith, 2016, p. 117). To help maintain rigor, they have to cultivate self-awareness, work with a peer-learning community, and be wary of ethnocentrism (Dozois, Langlois, & Blanchet-Cohen, 2010). Indeed, underpinning many data collection activities and interventions are valueladen frameworks based for the most part in Western traditions that subjugate Indigenous ways of knowing. Responding in a culturally appropriate manner entails working with alternative ways of knowing and doing that may include storytelling, renaming, and discovering (Smith, 1999), as well as reciprocity, dialogue, and relationship-building (Berryman, SooHoo, & Nevin, 2013). These dispositions have yet to be examined as they relate to DE, but they appear central to ensuring evaluation that is relevant and accountable to the community.

In this article, we use the term cultural safety, considered to be at the further end of the continuum of cultural competency approaches because it places emphasis on how safe the recipient feels. Often defined in contrast, a nonculturally safe practice entails "any action, which diminishes, demeans or disempowers the cultural identity and well-being of the individual" (Nursing Council of New Zealand, 2011, p.7). The multiple dimensions of cultural safety include: an outcome, defined and experienced by the recipients of the services; respectful engagement; an understanding of power differentials; and, acknowledgement by service providers of their own positionality as bearers of culture and history (Health Canada, 2012). While originally coined in the context of shifting delivery of health and social care services amongst the Maori (Koptie, 2009; Ramsden, 2002), the term is increasingly being applied in other areas, heralded both as a way of addressing the current gap in social indicators between Indigenous and non-Indigenous populations, and as a means for decolonizing social services and programs (Blanchet-Cohen & Richarson, 2017; Brascoupé & Waters, 2009).

This paper explores the process of implementing a culturally safe DE in the context of an innovative pre- and post-natal care initiative.

Using the case study approach (Yin, 2012), we begin by describing the Abinodjic initiative and its suitability for DE. We then identify the methods of data collection that informed this inquiry and served to illuminate the distinct components of a culturally safe DE.

# Research Design

Abinodjic (meaning "child" in the Anicinabe language) is an initiative that took place in a medium-sized city in northern Quebec, Val-d'Or. Framed within the Anicinabe concept of Mino *Pimatigi8in*, which encapsulates a holistic view of well-being as "evoking both a state of mind and a certainty that wellness consists of cultivating our desire to be in harmony in everything, in time and in space" (RCAAQ, 2012, p. 8-9), the three-year initiative sought to strengthen the capacity of pregnant women, girls, other young women, mothers, fathers, extended family, practitioners to mobilize and create favorable conditions for the holistic development of the children and themselves. The \$1 million initiative was funded by a para-governmental organization, Avenir d'enfants, mandated to invest in early childhood. The Val-d'Or Native Friendship Centre spearheaded the initiative. With 80 to 100 staff members, the Friendship Centre has been actively engaged in renewing services and programs for urban Indigenous peoples in the region since 2009 (Lévesque & Cloutier, 2013).

The overall aim of Abinodjic was to create new knowledge with transmission and appropriation through learning and accompanying activities focused on promoting perinatal care and psychosocial adaptability. An ecosystemic approach, along with social innovation and cultural safety were foundational: "Such a goal will facilitate, among other things, a reorganization of practices and their inclusion in relevant, culturally sensitive procedures which are essential to the maintenance of a family, community and an institutional safety net for Indigenous children between the ages of o to 5" (Native Friendship Centre Val-d'Or, 2015, p. 6). The initiative was a response to institutionalized discrimination and racism which are causing many Indigenous peoples to distrust and underuse social and health services, leading to health complications (Allan & Smylie, 2015). Children and mothers are among the most vulnerable. They are seven times more likely to experience teenage pregnancy as compared to the general population. In Val-d'Or and its vicinity, Table I: Summary of Data Sources (2015 – 2018)

Indigenous families are two times more likely to be single-parent families, and they are overrepresented in the child protection system (Comat, Lévesque, Fiset, Chiasson, Deetjens, & Cloutier, 2014).

Abinodjic is part of a growing recognition that reviving traditional practices and redefining the child-rearing concepts that are currently based on western notions of development (Ball, 2010; Ritchie, 2008) are part of decolonizing early childhood education and parent support programs. The legacy of residential schooling, which removed children from their communities and forced them to assimilate to the dominant French or English societies, has seriously diminished traditional child-rearing practices and parenting skills (TRC, 2015). Yet, the concept of child autonomy, the role of the extended family, the focus on connectedness as opposed to attachment, and the use of nonverbal cues to communicate remain alive and are applied (Muir & Bohr, 2014). Developmental evaluation was suitable to Abinodjic because of its transformative intent to revise practices related to prenatal and maternal care: seeking Mino Pimatigi8in entailed redefining the underpinning choices and decisions in order to offer renewed services that integrate this view of the world and of social relations" (CAAVD, 2015, p.10).

Developmental evaluation was built into the proposal. This resulted largely from the first author introducing DE to the Friendship Centre and recommending DE in the summative evaluation undertaken in the first phase of the initiative. The main author worked with project staff to explain why and how DE would be relevant to and supportive of an initiative that was in development. While the proposal identified a theory of change that focused on interventions with young mothers, fathers, community members, and practitioners, the broader aim of strengthening the safety net for children's protection would be addressed as part of the implementation.

## Data Collection

This paper draws on data collected from DE activities carried out with staff, participants, and community members (see Table 1). While an evaluation framework that detailed how DE would support and track progress in the first three months of the initiative was co-developed with CAAVD staff to meet the funder's requirements, in practice we had to accommodate the community, simplifying and

Data Source	Number	Number of participants
Individual check-ins with staff members	Multiple	6
Planning sessions	10	8
Feedback activities	7	9
Codevelopment activities (reflections on cultural safety)	3	6
Semi-structured interviews (with community members)	10	12 parents
Semi-structured interviews (with staff members)	5	5
Participatory evaluation activities with community members	3	21

Table 1
Data Sources and Participants

creating the project framework in response to needs and realities. Similar to what happens in action research, which Patton (2011) recognizes as consistent with DE, our methods emerged in response to what helped move the initiative forward.

DE activities took place with project staff and community members. Activities with project staff involved between 5 and 8 people, including the project manager and those directly working with the mothers or the young children: the psychosocial adaptability counselor, perinatal counselor, and psychoeducators. Activities with community members drew participants from the more than 200 families that used the Family and Child Care services of the Friendship Centre with a particular focus on pregnant women or those with young children. In the first year, for instance, the Abinodjic team intervened with 101 mothers, closely following up on 30 pregnant women and providing prenatal care to 39 women.

Ethical clearance was obtained from Concordia University's Human Research Ethics Committee and the Friendship Centre, following the principles of the Canadian government Tri-Council Policy for research with Indigenous peoples. The DE process was carried out in French, the official language for the delivery of the program.

The authors of this paper are those who participated in the design and analysis of the DE. The first author is a non-Indigenous woman with more than 7 years of experience with DE and over 20 years' expertise collaborating with Indigenous communities, including previous collaborations with the Friendship Centres. The second author, who supported the implementation of DE by assisting in design and documentation, has training in human systems intervention and identifies as Caucasian. The third author, a research assistant

from Colombia working toward a PhD on early childhood programs in Indigenous communities, participated in the data analysis. Being aware of and working though the implications of our identities was, as discussed below, part of carrying out a culturally safe DE.

# The Unfolding of the DE Process

In examining how DE unfolded in Abinodjic, we identified four key components: relationship building, creating space for reflection and dialogue, questioning fundamentals, and facilitating knowledge co-creation among parents and staff. Below, we present how each provided for a culturally safe DE and supported the initiative.

#### Relationship Building

Relationship building with and between staff and community members was central to enabling culturally safe DE in Abinodjic. This was particularly important given a context in which trust and confidence in the system and external supports are integral to the initiative. Repeatedly, staff referred to the context in which Abinodjic was being implemented: "Parents who were judged for a long time fear to be judged again." Connectedness made it possible for staff and community members to share, and gain confidence in their own knowledge and competencies, resulting in the removal of barriers that could have prevented the integration of the learnings from the DE process.

With the project staff, it was important to find ways for them to become comfortable with the DE process and the evaluators' approach. While DE was integrated into the proposal and supported by the Friendship Centre's upper management, staff had to familiarize themselves with DE and

understand its potential value to their work. The idea that the evaluation team could be a critical ally in service to the initiative was novel. They had to shift their beliefs about both the evaluation process (from normative to developmental) and the evaluation team (from evaluation experts to learning facilitators). One year after the process began, the project manager noted the easy relationships that had developed and the usefulness of DE. She stated: "We don't worry when you come. You are community-friendly, you are able to go to the level of the mothers .... We work hard but this [process] brings us a lot."

Establishing rapport was another important element of relationship building. In each meeting, space was created for an exchange about how people were feeling professionally and personally. It often started with an open question such as: "Which color expresses how you are currently feeling while entering into this space?" That helped build a friendly environment and ensured collective care among team members. The informal conversations that took place while driving or walking to attend interviews or activities were informative as staff continued to share their thoughts and concerns more openly. In one instance, while driving to pick up coffee for a participant mother on a site visit, a team member spoke about coming to terms with her Indigenous identity, having herself been raised in foster care, which she had until then not mentioned in group meetings or interviews.

Relationship building was also central for the developmental evaluators to become more cognizant of biases and privileges. Visiting mothers in their homes, participating in community meals or activities helped us relate at an emotional and social level in ways that created understanding and deepened self-reflection. This led to discussions amongst ourselves that revealed and unpacked presumptions and biases. The second author realized that she had been raised with stereotypes and prejudices that she had to work through to provide for respectful engagement and avoid slipping into judgements. Taking part in activities helped create understandings of the complex realities that would in turn inform the DE design and contributions. The first author recalls participating in a knitting activity where while struggling with her knitting and casually sharing her challenges raising her own mixed children, mothers spoke openly about their lives and provided a glimpse of their realities: there was a 17vear-old mother with an 8-month-old baby; and there was a 21-year-old mother with three children under the age of 5 from two different fathers. This was similar to staff who expressed that their participating in activities as women and as mothers was good practice. The psychoeducator explained: "Parents then see us in a different context. I do activities with them, knitting, talking with them as a woman, as a mom. You share the same experience, it creates a proximity, it is knowledge transfer." Another staff member observed: "We, also, contribute. That's when I feel the person says to herself: 'Ok, she didn't simply come here with her big words and telling me what to do, she came to help me." Relationship building opened the channels of communication and increased the number of interactions, making it possible for DE to respond to local realities and adapt to the initiative's needs.

# Creating Spaces for Reflection and Dialogue

The second key component of the DE process was to provide space for reflection and dialogue. As the Abinodjic initiative called for innovation, these spaces helped propel forward certain key aspects of the initiative, including understanding Indigenous child-rearing practices in an urban context, and the integration of the cultural safety process at a deeper level of consciousness for Friendship Centre practitioners.

Designing spaces where staff and community members felt comfortable deliberating over and constructing shared meaning called for creativity. We worked with staff to design appropriate activities for mothers and family that would be both engaging and informative to DE. Using visuals and kinesthetically arranging the space both proved to be central. In order to ground the initiative in the community's views and their understanding, we used pictures of animals and nature scenes from the region in our first DE activity, asking participants to select the one that best represented "how they defined a good relationship with their young child." Young mothers and the grandmothers, known in Anicinabe as kokum, engaged with the activity, and their responses conveyed the importance of extended family and connections to their culture. One mother, for instance, picked the image of a sledge with dogs which she said represented her extended family and the fact that she wanted her children to value interdependence. Another mother selected moccasins because she felt they represented the balance necessary to maintain one's values and groundedness. She said, "These days, we are losing our values. Before, they liked to wear moccasins precisely because one walks better in them, because one can be in contact with the

earth. I do not want my child to lose these values. They are Atikamekw." The dialogue generated through this activity emphasized the need to consider the larger family and Indigenous identity in building activities and interventions to support both the community members' and the children's holistic development.

Six months later, some community members created a collage representing the kinds of supports needed for the healthy development of a child, using pictures cut from magazines. A staff member commented how the activity led to conversations with mothers about their struggles with alcoholism and how it affected their child-rearing: "She shared this with me after the activity and also on Facebook." The dialogue generated by the collage activity furthered the initiative's objectives by strengthening trust and creating more opportunities for sharing.

Among staff, we also created space to help them reflect on their interventions and action plans. A member of the project staff commented: "The beauty of DE is [it offers a way] to take time out." In a context in which there is little respite for staff who are dealing with emergencies with families and shortages of resources, this aspect of DE was particularly welcome. For instance, perceiving that activities were organized quite randomly, staff decided to list on a big board all the activities that had been undertaken in the past 6 months. Then, using colored markers, they linked each activity with a specific group in the community and discussed how each activity was contributing to the initiative's objectives. After examining reflecting on the visual, the staff members realized that few activities targeted fathers and that there were many group activities, often not well-attended and quite time consuming to organize. As a result, the project team modified its plans for the following months and reduced the number of group activities while paying more attention to those that would reach fathers, and increased collaboration with other Friendship Centre programs to organize activities that would meet multiple objectives.

To promote reflection and dialogue around cultural safety, we also created space to pause and reflect on this shift in practice. Our first intentional space was a circle conversation for staff to share how they were progressing towards applying cultural safety in their interventions. We started by reminding the group about the multiple aspects of cultural safety. Then, staff members took turns discussing and reflecting on what it meant in their daily practice. The conversations contributed to a deeper understanding of this complex concept. One staff member shared how she approached cultural

safety: "Sometimes it's easier to say what cultural safety is not, than to try to explain it and understand it. Cultural safety is not judging someone." She spoke of the value of asking "why" questions:

I always ask them, 'Why do you think it's the same? Why do you think?' Ah, well, I don't know, wait a minute, there ... So that leads them to think, instead of always being given the answer. Let them reflect a little, too, on the why!

The DE spaces were also an opportunity to track staff development with respect to the cultural safety process. One staff member reflected: "I don't think I offer complete cultural safety to the members I accompany, because I'm probably not yet [able to.]... You know, there are many cultural notions that I do not necessarily know yet.... Because we are still an organization, we are still a system, we are colored by the CISSS [provincial health delivery system] culture, so I do not think we are there."

The second intentional space offered staff the opportunity to share interventions or situations they were struggling with using the codevelopment group method. Following this activity, staff decided they wanted to continue sharing such cases on a regular basis so they could work through them as a team. On the whole, the DE activities provided a safe space for deliberation and learnings which could then be adapted to the initiative, thereby contributing to its development. One staff member stated it best when she said: "DE feeds us: [and] we take something out of those meetings."

#### Questioning Fundamentals

Collecting and analyzing data led to questions about the issues that were unfolding in the initiative. In particular, three key questions that shook the initiative to the core arose: (a) how to give help while ensuring empowerment; (b) how to promote Indigenous cultural child-rearing practices to organizations within the health and social services network; and (c) how to deal with being non-Indigenous staff in an initiative centered on promoting Indigenous identity. Raising the questions pushed the staff members and stimulated the system as expressed by the director of the Friendship Centre at the inaugural meeting of the initiative when she said, "It prevents us from falling into comfort zones."

The question of empowerment was examined from a range of perspectives on how staff could best help mothers and families. While empowerment was part of the Friendship Centre's approach and was essential to Abinodjic's aim to build the capacity of parents to strengthen the child protection net, the charity and welfare mentality endured within the team. Several staff felt that given the dire circumstances of the mothers and families, they needed to actively seek them out, pick them up at their homes, and even give them baby gifts. Questions were asked: "Where do we place our limits? There is a paradox between certain practices that create an interdependent relationship between the professional/social worker and the parent and the willingness to intervene in ways that reinforce the parent's empowerment." Raising such questions led staff to challenge their own assumptions and beliefs, and they identified the need to be more aware of the context and its constraints. One staff member explained, "I want to better define my limits when I'm intervening. I'm better if I know how far I can go with this person. Sometimes you are very involved, but the person less; it affects me. I can't do it for them." Another staff member reflected on how she had to redefine her perspectives and expectations: "In my previous workplace, I had the same clientele, but the context didn't allow for a response. It was very white .... I personally am learning not to connect my performance to thatthe contingency plans—they have to do their job themselves. Sometimes you can't see the damned intervention plan through!"

For the project manager, placing a priority on empowerment while recognizing how challenging it was to prioritize was important to counter the risk of falling into a charity mindset which hinders the initiative's aims.

Another critical question centered promoting culturally responsive Indigenous childrearing practices. There were many questions around the significance and application of traditional practices. As one staff member queried: "How can you teach someone else the culture when it's an evolving culture? The cedar activity [that treats cold symptoms] was used at the time, but now it's Vick's." Underlying this question was also how to revive Indigenous child-rearing practices after generations of trauma. One staff member said, "It's a great challenge when the mother didn't have a model. She took drugs until her child's birth. They are being abused." As discussed below, one of the outcomes of this questioning was the co-creation of new and more inclusive meanings and practices understood by staff and community.

Over half the staff in Abinodjic are non-Indigenous, partially as a result of the shortage of qualified and willing Indigenous people to fill the

Data collected from community members indicated a discomfort with the number non-Indigenous staff in an Indigenous organization. One mother said, "I have a hard time opening up to someone who is white, not because I don't like them, but because I'm more at ease with someone like me." This was a sensitive matter for many staff. One commented, "I'm aware of the limits of being non-Indigenous and strengthening Indigenous culture. It makes sense, but at the same time I'm thinking: 'My god, am I being an impostor?' When this point was raised in a DE report, some staff questioned the fairness of it, explaining that given the closeness of the community, some members actually disliked working with Indigenous staff because of the possibility they may be related and therefore, they preferred not to share their personal stories and challenges with certain Indigenous staff members.

The three fundamental questions raised were sensitive and complex, and raising them did not lead to clear answers. However, the questions served the function of nudging the system and challenging staff members to keep abreast of developments and remain true to the goals of both Abinodjic and, ultimately, *Mino Pimatigi8in*.

# Co-Creating Among Community and Staff

Facilitating co-creation among parents and with staff was another way in which DE contributed to the initiative. In many regards, co-creation resulted from the relationship building, provision of spaces for reflection, and questioning of fundamentals, all of which enabled the processing necessary for the initiative to move forward.

For instance, we saw how mothers examined Indigenous child-rearing practices in light of new knowledge gained through having the space to reflect. One mother shared:

With all the activities, I find that this is where we have the power to either do as we were shown before, or to make a better choice .... We are often told to let the baby cry, because that's how it will stop crying. But I found my answer in [one staff member's] notes, in my research: yes, he stops crying, but your baby learns not to emit any signals, because nobody answers. That really broke my heart, because that's what I was doing with my daughter, I let her cry in the room ...For sure the next baby I have, I'll do things differently.

She reflected on the approach used in the initiative: "No one tells us: 'You shouldn't do it like that.' We are left with the choice to do what may

seem good for our children. No one forces us. It would be really boring if it were only, 'We are better than you'. But it's more like mutual aid."

Conversations with staff and community members showed the important role of learning from one other. Staff members reflected on how they had to go beyond their perceptions, assumptions, and judgments. One explained, "It starts by sharing. One of the moms said to me: 'You guys, you understand Native reality.' I am white, but I try to adapt to the reality.... If she misses a meeting, you have to understand why." community member explained how experienced the relationships between community and staff: "I think they see and hear from us what we live. I think we are the ones who educate them. I think they understand better the more they are in touch with us." Solutions and positive interventions were found when staff and community members were listening to one another, critically examining their perspectives, and rebuilding based on new knowledge. In that sense, the benchmark for tracking progress was being defined and redefined as shared meanings emerged.

Mothers and families were actively engaged in co-creation during an evaluation activity in which mothers were asked to discuss certain case scenarios that dealt with cultural safety and had been identified by staff as being repeatedly challenging. One scenario was this: "My day was off to a bad start with my child. I just quarrelled with my spouse. My house is messy and then a social worker from the Friendship Centre knocks on my door. How do I want her/him to behave?" In pairs, mothers worked on identifying best practices for staff to adopt in such situations. In their responses, mothers shared their realities. For instance, one mother explained: "It happened that the social worker came to our house and it was all upside down. We had just moved to another home. I had all the boxes, all the stuff, and then she came knocking. Then she said, 'How can I help you?' She offered me her help because I had enough to take care of. So, it was better. She came to give time for the children and all, and how to place things, because we were packed. We lived in a small place and there were 5 children and the two of us." As community members conversed and reflected, they came up with new ideas for moving forward, and we were also able to track progress in ways that were not extractive and unidirectional. Members actually enjoyed sharing their stories.

Another significant change resulting from the DE process was the simplification of the evaluation framework. As discussed earlier, an elaborate evaluation framework had been collectively created

with the staff. It identified multiple indicators to track progress. In the first-year report, we followed this extensive framework, which the project manager appreciated, stating: "It is safer [to have] someone who gives us the pulse.... It's a condensed analysis, but it serves as a Bible to me, even if it confronted me at first." However, we realized in the analysis process, and while presenting our findings to the team that the data collected were weak in several categories. For example, how could we measure an increase in Indigenous pride? With the extensive breaking down of the initiative into its components, the bigger picture was getting lost. We proposed shifting from a linear model based on the of intervention (mothers, community, practitioners) to one that focused on the spheres of intervention such as parental capacities, healthy lifestyle, culturally safe services, support networks, and cultural knowledges. This led us to an interesting discussion with staff who expressed concern about modifying the original framework. We asked ourselves, "what if it no longer reflected the initiative's real process in the field?" After discussions, we collaboratively revised the framework, maintaining the four targeted groups but focusing on simplification and recognizing the importance of capturing learning. Although the overall objectives of Abinodjic did not change, the new framework allowed staff to clearly see what they should emphasize and how they might best do so if they wished their interventions to contribute to increasing Indigenous pride and to build a better social safety net around children and families. This modification led to conversing with the funders who agreed that tracking the learnings was central. They stated in a follow-up email that, "This is a stimulating project that you are leading well, and which allows the integration of developmental evaluation into the very heart of the process!" From the funder, this was valuable recognition of the role of DE in the initiative and the growing trust they placed in the process.

#### Discussion

The case of Abinodjic illustrates how DE unfolded and supported the shift toward cultural safety in pre- and post-natal care. Through DE the broad vision of Mino Pimatigi8in became clearer as DE provided opportunities to propel thinking and action around difficult concepts such as the significance and meaning of Indigenous childrearing practices and the notions of empowerment. In the Abinodjic context where mothers and families are dealing with the legacy of colonial

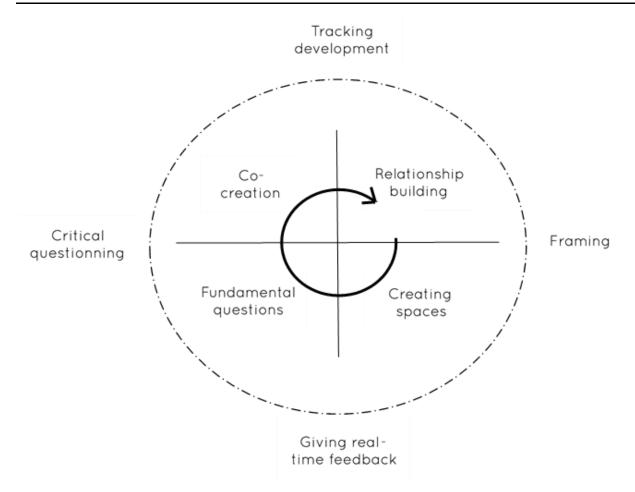


Figure 1. Functions and Process for Culturally Safe DE

policies and historical traumas, these issues need to be grappled with, and DE supported that process. A conventional form of evaluation would have been ineffective, hindering the essential shift away from past practices and failing to bring about the type of reflection and transformation that results when cultural safety is ensured.

The case study shows how DE created space to foster the ownership, learning, and creativity essential to moving forward. When applying Patton's (2011) functions of framing, giving realtime feedback, tracking development, and critical questioning, we identify relationship-building, creating spaces for reflection and dialogue, fundamental questioning, and co-creation among community and staff as enablers (see Figure 1). These four elements provided for the main DE functions. We suggest these elements can help inform the application of the DE process in other Indigenous contexts, supporting the move towards cultural safety. Our case study shows that this involves methods that are crafted in context, and seek to be co-constructed, while providing for some

form of responsive dialogic space in ways that are not dissimilar to research queries (Berryman, SooHoo, & Nevin, 2013).

If advancing DE in Indigenous contexts involves creating and valuing responsive dialogical spaces, our study points to the need to broaden the dispositions of all actors involved in evaluation: developmental evaluators, Indigenous organizations, and funders. Why not use the different dimensions of cultural safety as work? touchstones to guide one's beneficiaries need to recognize the value of DE, and DE needs to be based on respectful engagement with consideration given to the power differentials. Developmental evaluators need to be aware of their own positionality as bearers of history and culture.

For developmental evaluators, embodying cultural safety requires embracing unknowability, having an inquiry mindset, perseverance, and nurturing respectful relationships that allow for cocreation. Indeed, the developmental evaluator must actively listen and question her own locations and privileges while being responsive and holding a

space to move the initiative forward. We repeatedly found that navigating that dual role was not always easy. We spent long evenings wrestling with some of the issues, questioning ourselves with respect to our interpretation and position, and then redesigning our activities in ways that would inform our responsiveness. Unlike researchers, developmental evaluators hold an explicit intention to support the development of the initiative; how to do this while promoting cultural safety is an additional dimension that calls for care and consciousness.

For Indigenous organizations, embarking on DE from a culturally safe perspective involves: investing the necessary resources for staff and community to see the value in DE; developing respectful relationships; working differential power relationships; and being critical of cultural and historical location in ways that remain appreciative. The latter uncomfortable as suggested by our study. Engaging in DE with Indigenous organizations requires a deep level of commitment that is more demanding than conventional evaluation because DE aims to develop an initiative in a responsive manner; and because that openness depends on willingness to act. At times, the presence of the developmental evaluator will feel intrusive, slowing down the delivery of services. Indeed, with daily emergencies that take precedence, staff turn over, and community events, setting aside the necessary time to carry out DE activities was difficult. We were only able to ensure DE activities had time allocated for them because managers and the organization's leadership recognized the value of DE in propelling forward the initiative and in supporting a paradigm shift. Interestingly, the DE experience has created ripples across the organization. Now DE is being incorporated into new proposals, and some of the visual and kinesthetic methods that were part of Abinodjic's DE continue to inspire the organization in how it collects staff input and development.

Finally, for funders, supporting DE from a culturally safe perspective calls for a shift in position and approach. Prioritizing the value to the users means funders should be respectful and flexible, open to modifying evaluation frameworks, and willing to be accommodating about deliverables. For funders who historically have applied paternalistic approaches (Jacob & Desautels, 2013) with Indigenous organizations this is a considerable change. In our case study the relationship between the funder and the implementing organization had to be worked out, and reporting mechanisms had to be established to ensure the DE was purposeful and streamlined. It is

only after discussion and negotiation with the funder that we found a place of mutual respect and accountability.

Developmental evaluation is indeed a disorderly and sometimes time-consuming process, but we contend it's invaluable for initiatives that require embracing complexity and innovating to support the journey to reconciliation.

## References

- Allan, B., & Smylie, J. (2015). First peoples, second class treatment: The role of racism in the health and well-being of indigenous peoples in Canada. Toronto: Wellesley Institute.
- Ball J. (2010). Culture and early childhood education. In R.E. Tremblay, M. Boivin, & R. DeV. Peters (Eds.). Encyclopedia on early childhood development [online]. Retrieved from http://www.child-encyclopedia.com/culture/according-experts/culture-and-early-childhood-education.
- Berryman, M., SooHoo, S., & Nevin, A. (2013). Culturally-responsive methodologies from the margins. Bingley, UK: Emerald.
- Blanchet-Cohen, N. (2015). Indigenous children's rights: Opportunities in Appropriation and Transformation. In W. Vandenhole, E. Desmet, D. Reynaert, & S. Lembrechts (Eds). Routledge International Handbook Children's rights studies (pp.371-386). London: Routledge.
- Blanchet-Cohen, N., & Richardson, C. (2017). Foreword: fostering cultural safety across contexts. AlterNative: An International Journal of Indigenous Peoples [Special issue].13(3), 138-141.
- Bowman, N.R., Francis, C.D., & Tyndall, M. (2015).

  Culturally responsive Indigenous evaluation.

  In J.C. Greene & S. Donaldson (Eds.),

  Continuing the journey to reposition culture
  and cultural context in evaluation theory and
  practice (pp. 335-360). Charlotte, North
  Carolina, USA: Information Age Publishing.
- Brascoupé, S., & Waters, C. (2009). Cultural safety: Exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness. Journal of Aboriginal Health, 5, 1-18.
- CAAVD (Centre d'amitié autochtone de Val-d'Or). (2015). Projet Abinodjic. Demande de financement 2015-2018 présenté à Avenir d'enfants. p. 47.
- Comat, I., Lévesque, C., Fiset, N., Chiasson, S., Deetjens, M., & Cloutier, E. (2014). Les

- Autochtones et la ville : Enjeux, défis et pistes de solution à Val-d'Or et Senneterre. Cahiers ODENA 2014-01. Montréal: Réseau de recherche et de connaissances relatives aux peuples autochtones (DIALOG) et Regroupement des centres d'amitié autochtones du Québec.
- DiLallo, S. (2014). Prenatal care through the eyes of Canadian Aboriginal women. Nursing for Women's Health, 18(1), 38-46.
- Dozois, E., Langlois, M., & Blanchet-Cohen, N. (2010). DE 201. A practitioner's guide to developmental evaluation. Retrieved from https://mcconnellfoundation.ca/report/de-201-a-practitioners-guide-to-developmental-evaluation/
- Gamble, J.A. (2008). A developmental evaluation primer. Montreal: The J.W. McConnell Family Foundation.
- Hayes, H.G., Witkowski, S., & Smith, L. (2016). Failing forward quickly as a developmental evaluator: Lessons learned from year one of the LiveWell Kershaw Journey. Journal of Multidisciplinary Evaluation, 12(27), 112-118.
- Health Canada. (2012). Empathy, dignity, and respect: Creating cultural safety for Aboriginal people in urban health care. Ottawa: Government of Canada.
- Hood, S., Hopson, R., & Frierson, H. (Eds). (2015). Continuing the journey to reposition culture and cultural context in evaluation theory and practice. Charlotte, USA: Information Age Publishing.
- Jacob, S., & Desautels, G. (2013). Evaluation of Aboriginal programs: What place is given to participation and cultural sensitivity? International Indigenous Policy Journal, 4(2), Retrieved from: http://ir.lib.uwo.ca/iipj/vol4/iss2/1
- Koptie, S. (2009). Irihapeti Ramsden: The public narrative on cultural safety. First Peoples Child and Family Review, 4(2), 30-43.
- LaFrance, J., & Nichols, R. (2008). Reframing evaluation: Defining an Indigenous evaluation framework. The Canadian Journal of Program Evaluation, 23(2), 13-31.
- Lam, C.L., & Shulha, L.M. (2015). Insights on using developmental evaluation for innovating: A case study on the cocreation of an innovative program. American Journal of Evaluation, 36(3), 358-374.
- Langlois, M., Blanchet-Cohen, N., & Beer, T. (2013). The art of the nudge: Five practices for developmental evaluators. The Canadian Journal of Program Evaluation, 27(2), 39-59.

- Lévesque, C., & Cloutier, E. (2013). Les Premiers Peuples dans l'espace urbain au Québec : Trajectoires plurielles. In A. Beaulieu, M. Papillon & S. Gervais (Eds.), Les Autochtones et le Québec. Des premiers contacts au Plan Nord (pp. 281-296). Montréal: Les Presses de l'Université de Montréal.
- Muir, N., & Bohr, Y. (2014). Contemporary practice of traditional aboriginal child-rearing: A review. First Peoples Child and Family Review, 9(1), 66-79.
- Native Friendship Centre Val-d'Or. (2015). Projet Abinodjic. Demande de financement Phase 2. Val-d'Or.
- Nursing Council of New Zealand. (2011). Guidelines for cultural safety; the treating of Waitangi and Maori health in nursing education and practice. Wellington: Nursing Council of New Zealand.
- Patton, M.Q. (2018). Principles-focused evaluation: The guide. New York, London: The Guilford Press
- Patton, M.Q. (2016). State of art and practice of developmental evaluation: Answers to common and recurring questions. In M.Q. Patton, K. McKegg, & N. Wehipeihana (Eds.), Developmental evaluation exemplars: Principles and practice (pp. 1-24). New York, London: The Guilford Press.
- Patton, M.Q. (2011). Developmental Evaluation: Applying concepts to enhance innovation and use. New York: The Guilford Press
- Preskill, H., & Beer, T., FSG & Center for Evaluation Innovation. (2012). Evaluating social innovation. Retrieved from http://www.fsg.org/tabid/191/ArticleId/708/ Default.aspx?srpush=true
- Ramsden, I. (2002). Cultural safety and nursing education in Aotearoa and Te Waipounamu. Wellington: Victoria University of Wellington.
- Richardson, C. & Blanchet-Cohen, N. (2016). Cultural safety: applications and implications for Indigenous children, families and communities. K.S. Hele (Ed). Survivance and reconciliation: 7 forward 7 back (pp. 88-102). Winnipeg: Aboriginal Issues Press.
- Ritchie, J. (2008). Honouring Māori subjectivities within early childhood education in Aotearoa. Contemporary Issues in Early Childhood, 9(3), 202-210.
- Salter, K.L., & Kothari, A. (2014). Using realist evaluation to open the black box of knowledge translation: A state-of-the-art review. Implementation Science, 9, 115.
- Smith, L.T. (1999). Decolonizing methodologies. London & New York: Zed Books.

- Togni, S.T. (2016). The Uti Kulintjaku project: The path to clear thinking. An evaluation of an innovative, Aboriginal-led approach to developing bi-cultural understanding of mental health and wellbeing. Australian Psychologist, 52, 268-279.
- Togni. S., Askew, D., Rogers, L., Potter, N., Egert, S., Hayman, N., Cass, A., Brown, A. (2016). Creating safety to explore: Strengthening innovation in an Australian Indigenous primary care health setting through developmental evaluation. In M. Q. Patton, K. McKegg, & N. Wehipeihana (Eds.). Developmental evaluation exemplars: Principles in practice (pp. 234-251). New York, London: Guilford Press.
- Truth and Reconciliation Commission Canada (TRC). (2015). Honouring the truth. Reconciling for the future. Ottawa: Government of Canada.
- Tuck, E. (2013). Decolonizing methodologies 15 years later. AlterNatives: An International Journal of Indigenous Peoples, 9(4), 365-372.
- UNICEF. (2009). Aboriginal children's health: Leaving no child Bbehind. Toronto: Unicef Canada.
- Wehipeihana, N., McKegg, K., Thompson, V., & Pipi, K. (2016). Cultural responsiveness through developmental evaluation: Indigenous innovations in sport and traditional Maori recreation. In M.Q. Patton, K. McKegg, & N. Wehipeihana (Eds.), Developmental evaluation exemplars: Principles and practice (pp. 1-24). New York, London: Guilford Press.
- Yin, R. K. (2012). Applications of case study research (3rd ed.). London: Sage Publications.