



## Making it Work

Community-based research study

# Using a Two-Eyed Seeing Approach to Realist Evaluation in a Community-Based Research Project

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*The Making it Work team gratefully and respectfully works and partners with Indigenous Peoples in what is often referred to as British Columbia.*

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# Background



## The Making it Work Study

*Making it Work* is a research project looking at integrated community-based services provided for people living with HIV, hepatitis C, and/or challenges with mental health or substance use. The study is particularly interested in services delivered through an Indigenous worldview and how organizations create cultural safety for their clients. Our research questions are:

- 1) Do services based on an **Indigenous worldview of health and wellbeing** produce improved outcomes for people living with HIV, hepatitis C, and/or challenges with mental health, or substance use (regardless of Indigenous ancestry)?
- 2) Does linking **case management** and **community development** programs and services improve health and social outcomes for clients?

To answer these questions we are working with three confirmed case study organizations: Positive Living North (Prince George and Smithers), Central Interior Native Health Society (Prince George) and PHS Community Services Society (Vancouver and Victoria). We are also continuing to build relationships with other potential case study sites that are not yet confirmed.

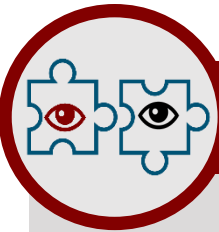
## History of the project

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, 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, this question became a high priority for the research team. *Making it Work* emerged from these conversations.

## Lessons we have learned

As the project grew and evolved over many years, people have come and gone from the research team. While some of the initial team members are still engaged with the project, it has been ongoing work to engage team members and organizations as case study sites while priorities change, especially in context of dual public health emergencies, the opioid overdose crisis and more recently the COVID-19 pandemic. While churn within a research team can introduce challenges and delays, the team has persisted, unified around the value of the work we are doing, the important work we want to highlight, and the commitment to *capacity bridging\** (see last page for definition) and support for the communities we work with. Having people come and go from our research team has also allowed us the privilege of getting to know and work with many different people.

# Our approaches to research



## Two-Eyed Seeing

- It **foregrounds** Indigenous Ways of Knowing and assists in the incorporation of **decolonizing research strategies** into western CBR strategies<sup>1</sup>
- Allows us to **mediate**, but not resolve, the uncertainty of and the irreconcilable ways Indigenous Ways of Knowing may relate to western research methods
- Helps understand **different perspectives** and **experiences** (based on social location and cultural identity)
- Seek out **common ground, respect differences, avoid knowledge domination** and assimilation<sup>2</sup>
- Offers a way to approach **conceptual tensions** between western and Indigenous concepts of health and wellbeing

<sup>1</sup> - Iwama, Marshall, Marshall, & Bartlett, 2009) by “retraditionalizing” the research process (Walters et al, 2009).

<sup>2</sup> - Hatcher, & Bartlett, 2010; Battiste, 2009/2010; Iwama, M., Marshall, Marshall, & Bartlett, 2009).



## Community-Based Research

Community-based research (CBR) is a type of research that places community partnerships at the forefront. CBR approaches are marked by the following principles:

### Collaborative:

The communities in which the research is taking place are **full partners** in all stages of the process

### Inclusive:

Community-based research seeks to **democratize knowledge** by recognizing and valuing the unique strengths and perspectives of all members involved in the research process.

### Change-oriented:

Although community-based research can make important contributions to knowledge, its ultimate objective is to **promote positive social change**. Community-based research seeks to empower communities and effect policy changes.



## Realist Evaluation

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**.

This approach begins with developing a program theory in the form of **Context + Mechanism = Outcome** statements.

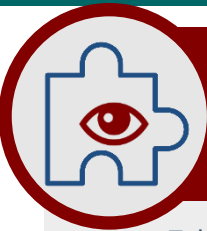
**Contexts:** Features that affect how a program works. The contexts influences which ‘mechanisms happen’

**Mechanisms:** Describes peoples’ reactions, interpretations and actions to the program. “How” and “why” a program works.

**Outcomes:** The impacts of a program

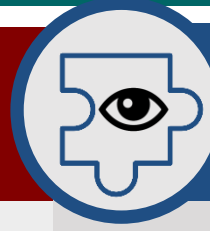
Many different sources of information can help you develop your program theory. Once our program theory is developed, we will be testing and refining this theory within our case study sites.

# Two-eyed seeing in our project



## Indigenous ways of seeing

- Takes an Indigenous perspective such as the preliminary study that used the medicine wheel as its framework
- The medicine wheel looks at 4 aspects or quadrants of a person or organization: Emotional, Mental, Physical, and Spiritual (as was used in this study)
- Case study – focused on what worked for the Indigenous participants within an Indigenous organization.
- Initial findings were FIRST reviewed with Indigenous team members
- Using a strengths-based approach



## Western way of seeing

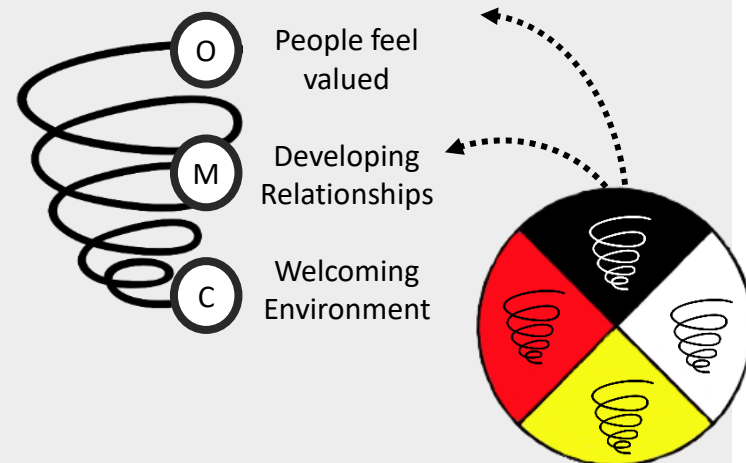
- Used Realist Evaluation methods
- Linear thinking in its approach
- Is a theory-based approach that asks: “How or why does this work, for whom and in what circumstances?” rather than “what works.”
- MIW team has many non-Indigenous team members



## Developing our Realist Evaluation Program Theory

Our team wanted to adjust the standard linear **Context + Mechanism = Outcome** configurations to a form that acknowledges the ongoing relational and evolving nature of these services. The program theory is still under development however, at this point the team has discussed representing our CMO statements as spirals. The example shown here describes how organizations with a welcoming environment (Context) contributes to people developing relationships with staff and peers (Mechanism) which leads to people feeling valued (Outcome). We believe the spiral helps illustrate how something like developing relationships is an ongoing process.

Different CMO spirals exist within the framework of the medicine wheel, to emphasize how organizations provide services that support **emotional, mental, physical** and **spiritual** wellbeing for their clients.



# Key Learnings so far

Realist Evaluation was a new approach to most of our Community-Based Research team. A lot of time has been spent learning how this approach works and what the key principles are. Now that we have an understanding of how Realist Evaluation works, we have been working to integrate our own priorities into the approach. There have been several key learnings during this process:

1

In integrating the Realist Evaluation approach into our study it was important for our team to be clear on what we were not willing to be flexible on. The principles of **Community-Based Research and Indigenous ways of knowing and doing are paramount to the Making it Work project**, and are important to keep intact while working through the Realist Evaluation approach.

2

Realist Evaluation lends itself well to **incorporating diverse sources of evidence and experiential knowledge**. Data sources to inform a program theory can come from literature, primary data, and/or content experts. In our project, the experts informing this work are people with lived experience(s), those working in community-based organizations, and other community leaders, knowledge holders and Elders. We feel this part of Realist Evaluation complements Community-Based Research and Indigenous methodologies well.

3

Using Realist Evaluation, and trying to tease out the 'contexts', 'mechanisms' and 'outcomes' has **pushed us to think outside the box**, and has opened up the questions we are asking ourselves as to how services work well for clients, and under what circumstances.

4

**The importance of dialogue, and spending time to discuss things from different perspectives** has been evident in integrating Realist Evaluation into our project. This process has been one of *capacity bridging*\* between members of our research team with different life experience, and between Indigenous and non-Indigenous team members. Having people come together with different knowledge and worldviews and spending the time to develop our program theory using 'both eyes', or ways of seeing – without one eye being dominant over the other – has allowed us a wealth of information to build into our understanding of the 'contexts', 'mechanisms' and 'outcomes' that ultimately will become our program theory.

5

Part of coming together as a team with different experiences and knowledge has meant we have needed to **be clear with our language and defining concepts** well. We have done this in team discussions and have made a "key definitions" document to help guide our work.

\* *Capacity bridging* is the concept of different people with different skills and knowledge coming together to learn from and alongside one another. Read more about capacity bridging through the AHA Centre [here](#).