

AHF Evaluation Update (October 18, 2002)

*It is very important to understand that the following figures are **estimates** extrapolated from the results of the process evaluation survey (February 2001 representing 274 organizations). Since March 1, 2001 an additional 237 *new* organizations have received funding.*¹

Individual healing refers to therapeutic contexts where the focus is on personal progress. Individual healing services have been provided to an **estimated 90,053 participants**.

Group healing has the whole community as a target; **approximately 73,336 participants** have attended group healing events.²

Healing projects identified **roughly 14,153 individuals with special needs** (e.g. suffered severe trauma, inability to engage in a group, history of suicide attempt or life threatening addiction).

It is estimated that an **additional 106,036 individuals** could be serviced **if projects had adequate time and resources**. When all project needs are combined, **an estimated \$147,743,745 would be required**.

About **20,399 individuals have received training**.

Current³ estimations indicate that teams include 3,117 paid employees, roughly 1,832 full time with about 2,743 of them being Aboriginal and about 1,558 of them survivors.

In a typical month, over 21,148 volunteer service hours are contributed to AHF projects. If we conservatively assign a value of \$10/hour to volunteer services, then **\$211,482 dollars per month or \$2,537,790 per year is provided by volunteers**.

Assuming new projects have been at least as successful as earlier projects in securing support from partners, **an approximate \$9,480,874 has been contributed by other funders**. Similarly, it is estimated that **\$7,628,773 may have been secured in on-going funding** and the **estimated value of donated goods or services to date would be \$14,731,197**.

Table 1) summarizes the results of the 2001 process evaluation survey as well as extrapolations and totals to date on key items of interest.

¹The assumptions upon which extrapolations (or calculations used to create new estimates) are based include:

- < *different* sponsoring organizations are serving *different* populations and hence *different* individuals
- < the characteristics of the first 274 organizations are *reasonably similar* to the additional or 237 new organizations.

²Because people can participate in both group and individual healing activities within the same community, these figures *cannot be totalled because we could mistakenly count the same person twice*.

³These estimates are based upon the fact that 141 of the original 274 projects are still running. In other words, the estimated *current* total includes the 237 new organizations in addition to the 141 original projects still operating.

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Table 1) AHF Statistical Update

Item of Interest	2001 Survey Results n = 274*	2002 Estimated Update n = 237*	Total to date	Current Total**
# of participants in <i>individual</i> healing	48,286	41,767	90,053	
# of participants in <i>group</i> healing events	39,323	34,013	73,336	
# of participants with special needs	7,589	6,564	14,153	
# of projects able to accommodate all those wanting to participate	129	112	241	
how many more individuals could be serviced with adequate resources	56,857	49,179	106,036	
resources required to address program needs	\$79,220,718	68,523,027	147,743,745	
number of trainees	10,938	9,461	20,399	
number of paid employees	1,916			3,117
number of full time employees	1,126			1,832
number of Aboriginal employees	1,686			2,743
volunteer service hours in one month	13,000			21,148
estimated value of volunteer services per month	\$130,000			\$211,482
estimated value of volunteer services per year	\$1,560,000			\$2,537,790
total received from partners	\$5,619,882	\$4,860,992	\$9,480,874	
total <i>ongoing</i> funding committed	\$4,090,575	\$3,538,198	\$7,628,773	
estimated value of donated goods and services	\$7,898,920	\$6,832,277	\$14,731,197	

* **n = 274** is the total number of projects that responded to the survey and **n=237** is the total number of new projects considered in this extrapolation

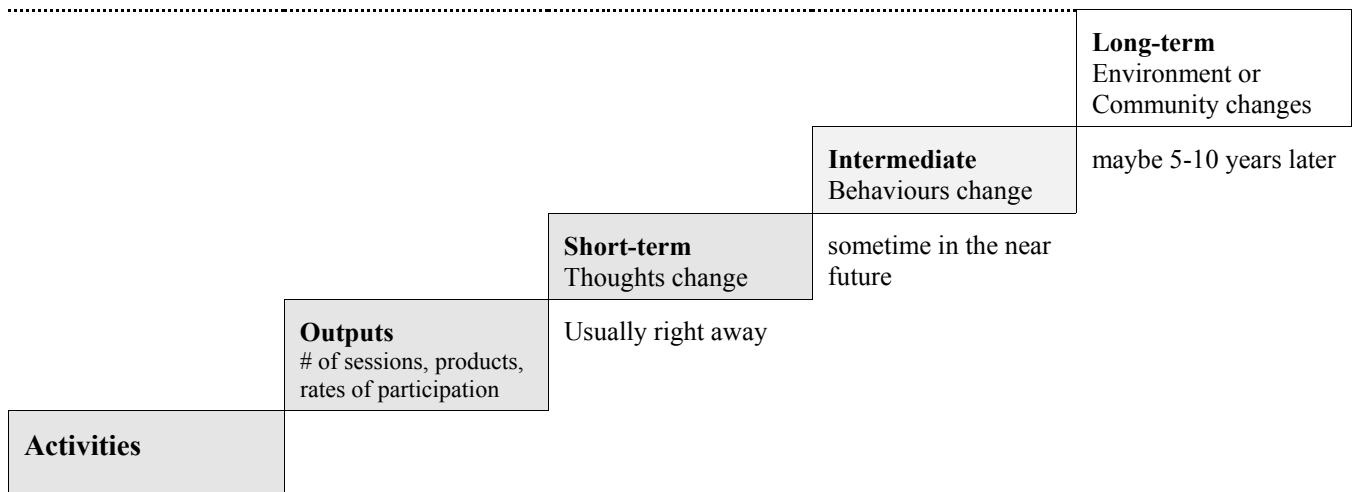
**summing 141 of original 274 still operating and current 237 new projects

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Early Signs of Impact

Projects engage in **activities** (e.g. offering healing circles or developing a curriculum) which lead to **outputs** (e.g. # of healing circles held, # and types of participants, # of curricula developed, etc). In the *short-term*, outputs should lead to changes in **thoughts** (e.g. knowledge, attitudes, beliefs, motivation, skills) which act as a catalyst for *later* changes in **behaviour** (e.g. going back to school, choosing healthy parenting strategies) that ultimately create *longer-term environmental change* (e.g. social conditions). The extent of the Foundation’s impact thus far is shaded below in Figure 1) and most evident in activities, outputs and thoughts.⁴ Although early indications show some behavioural changes, these are not as common or dramatic as changes in attitudes and ideas related to the Legacy.

Figure 1) The Logical Flow of Change

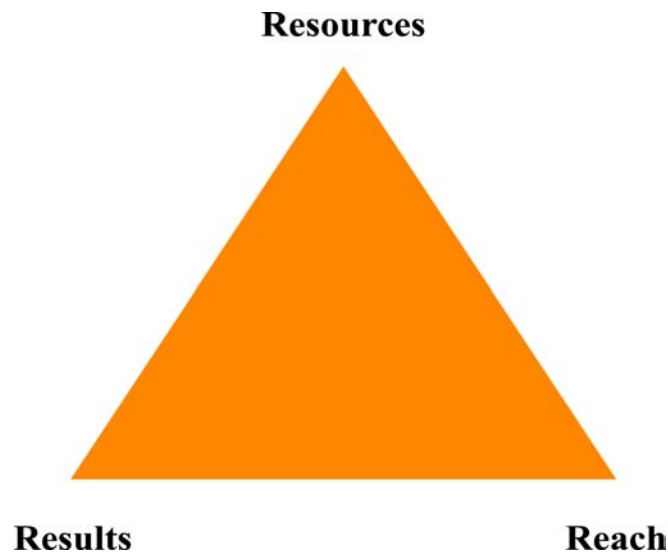


In addition, before examining the results achieved, it is important to know that there are *two important variables which influence results*. The first is the amount of program resources (or financing) and the second is reach (or the number of people targeted). The relationship between these variables is best envisioned as an elastic triangle. Pulling on one end of the triangle to expand it creates tension on the other two. In other words, if you expect to reach a target group of one million, you should expect significantly different results and to invest significantly more resources than if your target group is one hundred. Figure 2) illustrates the relationship between results, resources, reach.

⁴This figure is an adaptation of the TOP model by Bennett, C. & Rockwell, K: Targeting Outcomes of Programs (TOP): An Integrated Approach to Planning and Evaluation. Unpublished manuscript. Lincoln, Nebraska, University of Nebraska, 1995 done by Obonsawin-Irwin Consulting, Inc.

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Figure 2) The Relationship between Results, Resources and Reach



It is also important for the reader to understand that this statement on impact discusses the *nature of change observed thus far* and is based upon the examination of thirteen case studies, document review (36 files) and process evaluation survey results. While the selection of a maximum variation sample for the case studies provides some confidence that common themes might be affecting most projects, this is still a *qualitative* statement about AHF's impact.

Now let's look at the influence that AHF-funded projects have had in creating change for individuals and communities. Remember, the *first step* to achieving change is to engage in program activities. Projects have demonstrated *very respectable success* in meeting **service delivery objectives** and achieving **immediate outputs** desired (e.g. videos, curricula and participation). In fact, *increased participation in and demand for services*, which numerous projects report, suggest that denial and resistance is decreasing. Here are a few examples which illustrate the kind of early success that projects are experiencing.

1. *healing circle attendance is growing;*
2. *more requests for counselling, support and skill-building for support staff;*
3. *the number of referrals has close to tripled;*

Other *short-term outcomes* (or changes in knowledge, thoughts, attitudes and skills) are best illustrated by the impact of Legacy education which has clearly motivated individuals and communities to break the cycle of physical and sexual abuse. In fact, Legacy education has been credited with an overall *increased understanding and awareness of the impact of physical and sexual abuse in residential schools, decreased denial and resistance, increased disclosure rates, improved service sensitivity and reduced self and family*

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blame unlike anything before it. Some community teams claim that the silence around sexual abuse and family violence has finally been broken. Legacy education in popular media represents a *distinct environmental difference* from even just five years ago. Although they recognize that their work is not complete, projects did identify *more open discussion about and different attitudes toward the Legacy*, together with *public acknowledgment of high profile perpetrators*, suggesting that the climate has changed. Within projects, there appears to be large differences between individuals. While some move quickly toward desired outcomes, others apparently do not and it is still unclear what the differences are between these groups. Although it is premature to conclude that activities have developed *lasting* healing from the Legacy, it would be safe to say in some programs there is ***tremendous instant gratification for survivors***. Although it is early to expect major behavioural changes, some have been noted and include evidence like:

- < *participants become community spokespersons/activists*
- < *more northern communities are providing transportation and lodging for clientele to attend the healing services;*
- < *fourteen children returned to parents from foster care;*
- < *receiving calls from all over the province and other provinces who have heard about the program;*
- < *health board has increased the hours of therapeutic visits;*
- < *friends bring friends to the program.*

In addition, the funded projects have also provided much evidence, which suggests that the capacity of individuals and communities to facilitate healing has changed. The new climate of openness, together with an increased understanding of survivors' needs, have produced a cadre of healers who are *specifically trained* to address the Legacy. Many trainees felt more empathetic, supportive, compassionate, and non-judgmental in their work with survivors and better equipped to use traditional approaches or a blend of western and traditional approaches in helping survivors in their healing journey.

At last, while the effort is intended to produce longer-term results like significant reductions in rates of physical and sexual abuse, children in care, incarceration and suicide, **it is still too early to assess the contribution of AHF-funded projects by measuring improvements in the environment based on these social indicators.** Indicator data show that suicide, physical abuse, sexual abuse, children in care and incarceration rates remain high and there is no consensus among key informants that these problems are decreasing. At last, *healing from institutional trauma is not well understood. In fact, research scientists have yet to come up with reliable and valid ways to measure healing from physical and sexual abuse or institutional trauma.* Many more *immediate* outcomes still need to be identified.