

Gathering Wheel Project Roll On Excerpts



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Dedication

If you are reading this it is likely that you are involved in preventing abuse and neglect of vulnerable adults.

This report is dedicated to you and to the hundreds of people like you around the Province who mobilize your compassion and that of your communities, your skills of influence and interaction. You are people who keep us safe, informed and healthy. You are people who include us all in community level efforts, people who work with people, people who work with policy and people who work with legislation, to mould this kind of a response.

Appreciation goes to you for your interest in this project. The initial project idea was conceived of by Trish Gauntlet, former North Shore CRN Coordinator, who thought of the Gathering Wheel as a way of covering lots of activities and covering lots of ground, and of using the 'circle' as a way of being and working.

The "wheel" has rolled around BC for 18 months and is now rolling out with this report, which offers data gathered and an analysis of its impact. Please use it and talk to us about it.

Thanks to our funder, Asja Major and Vera Lagasse of the National Crime Prevention Centre too, for giving us the resources to get that Wheel rolling.

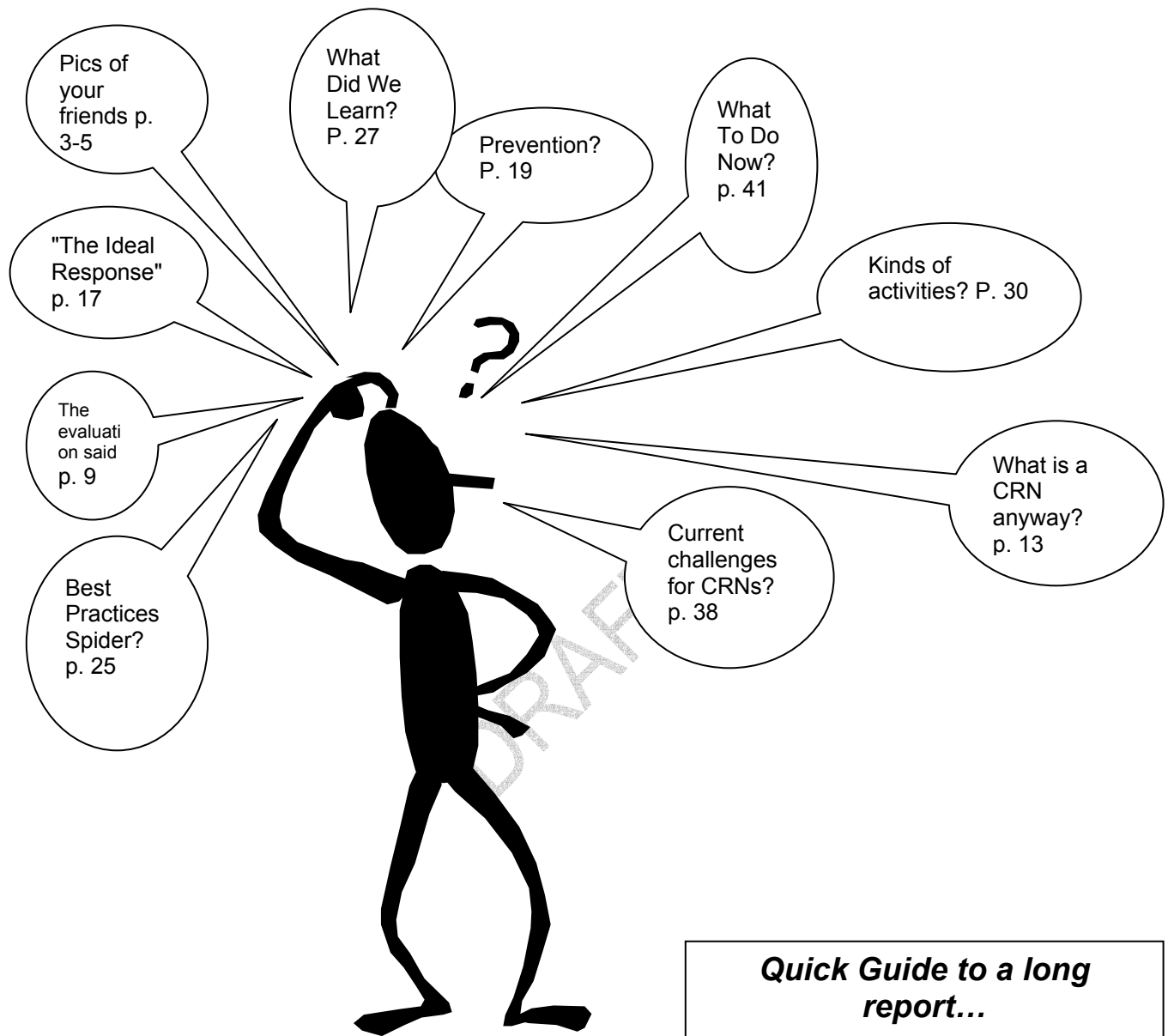
We are making a Difference!

Yours in community

Lead Writer: April Struthers

May 10, 2006 First Nations Meeting





Quick Guide to a long report...

Take a look at the pages mentioned for a quick taste of this project

SUMMARY

- ◆ CRNs require support and encouragement
- ◆ Part time skilled coordination is key to sustaining and delivering CRN activities
- ◆ Coordination can be complex and requires several skill sets
- ◆ The concept of overall community coordination as a second level 'whole community approach', needs to be examined with concepts and practices considered
- ◆ When CRNs work they save time and energy on behalf of member agencies
- ◆ Tools to evaluate the functioning, impact and performance of CRNs would be welcomed
- ◆ Participants expressed genuine enjoyment at being part of this project
- ◆ Participants appreciated and were challenged by the opportunity to learn about best practices, prevention and how their CRN work fits with both. They appreciated the facilitation /climate/concepts/discussion and generation of material in the workshops
- ◆ Participants know their community well and are creative in using and identifying assets, in creating alliances and partnerships, in building and maintaining partnerships
- ◆ The longevity and dedication of many individual members is note worthy-even where local CRNs might be inactive, members joined other groups in neighbouring communities
- ◆ Some spin-off activities generated by CRNs may more properly be called programs
- ◆ CRN members would like to see stronger links to prevention research and to large scale planning strategies. There is curiosity about this at the CRN level
- ◆ CRNs are thirsty for knowledge, education, discussion and information about other CRNs. There is a growing awareness that no CRN is alone and that there is a movement where we are all in this together
- ◆ CRNs have been remarkably effective in following principles-where the 'how' is as important as the 'what'.
- ◆ When is the next conference?

INTRODUCTION

The Gathering Wheel project took place from March 2005 to July 2006, over 16 months. The main objective of the project was to:

Understand and expand the use of best practices in adult abuse and neglect prevention in 8 regions of the province

Sub goals were:

- *Increase regional collaboration around the implementation of best practices*
- *Increase local and regional awareness of the work of CRNs*
- *Increase local and regional awareness about issues and responses to adult abuse and neglect*

We expanded the number of workshops from 8 to 11, with 149 participants overall in Fort St John, Powell River, Kelowna, Kamloops, Abbotsford, North Vancouver, Parksville, Victoria, Creston, Prince George and Prince Rupert.

This project was notable for attempting to cover the whole province, for looking at Best Practices and Prevention concepts and activities, and for a first attempt at Gender Based Analysis of all aspects of development and implementation of the project. This also marked the first time that more formal evaluation of an entire project was attempted.

Information was collected at two levels:

Local Level - the local activities, with analysis of which activities might be practices, how these can be shared, how CRNs can use each other as resources, how we appreciate and recognize the extraordinary efforts of small groups all over the province doing a large amount of critical work.

Provincial Level - for the strategic use by the BC Association of CRNs -what strategies are being used, which areas are using them, what else CRNs need to function to move towards the Ideal Response, whether some Best Practices are important enough to always be incorporated and how all of this can be used in future planning. Can we make best practices happen more deliberately all over BC?

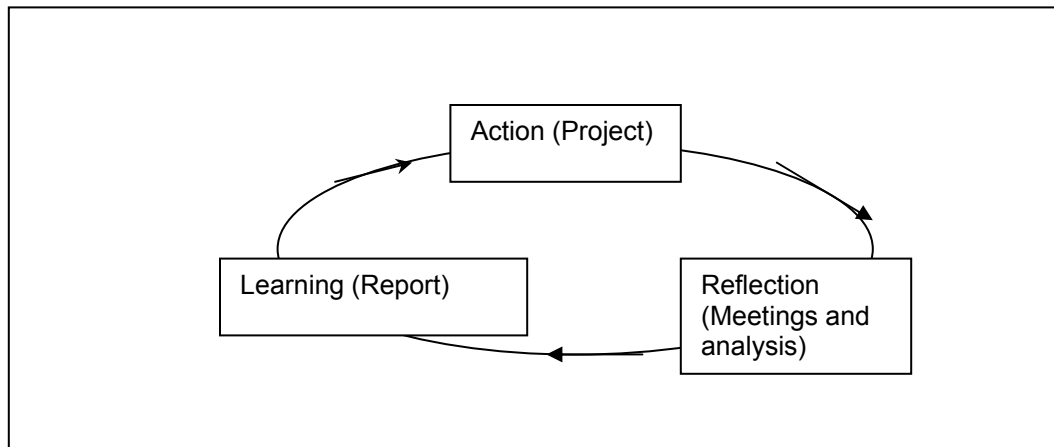
This Report

This report is an integral part of the project. We intended that the learning about activities, about best practices, and about the impact of the project be disseminated widely and have an effect on our thinking and planning for the future locally and provincially.

This in itself is a best practice in terms of making the BC Association of CRNs a learning organization, and getting as much payoff as possible for the effort which went into mounting the project.

We are planning on achieving 'double loop learning'-where we learn from results and alter our efforts accordingly, that is, the learning after reflecting on what happens is the basis of our next set of activities. This is in contrast to 'single loop learning', where the same approaches are applied without considering what has been learned.

We incorporate the learning cycle as follows:



Learning Cycle

This report contains excerpts from the Report to the Funder and Evaluation Report, workshop handouts and concepts, predicted and unexpected outcomes, and an analysis of the material generated by CRNs during the workshops. It is divided into Part One -'What We Did' and Part Two -' What We Learned'.

PART ONE - WHAT WE DID

The Project

Basically the project consisted of Orientation, Guided Discussions, 11 workshops, a meeting of First Nations colleagues, an analysis by the CRN Mentors of all the activities and approaches gathered in the workshops, and this report, "Roll On" which outlines what we learned.

The project had a full evaluation -particularly of the workshops and knowledge gained from them (pre test/post tests) and the impact on the overall project on selected participants (pre test/,post test, and focus groups/interviews)

Following is the project activity report from the final Report to the Funder.

Describe the activity	Who participated in the activity?	What was the frequency and duration of the activity?	How well did it work?
Orientation to Project -Letter, e mails, Teleconf, 2 page description	22 CRNs joined a conference telephone call to receive orientation to the project	1.5 hours	Worked well -see notes in Appendix
Guided Discussions	20 of the 34 CRNs which attended workshops did the Guided Discussions (primary) and about 12 did secondary discussions in their community. After attending the workshop an additional 6-8 communities said they would do the discussion (we don't know if they have done that)	1 meeting each for 20 CRNs (about an hour each)	Where CRNs did the discussion, they worked well and served to set up the attendees for the workshop. Notice to do the discussion was late and many could not mobilize to do the discussion. More notice might have made a difference 20 of the 34 CRNs attending workshops completed these Guided Discussions. Some CRNs wanted to do the workshop/ then the discussion
Workshops	11 workshops were held in regional locations around the Province (where several	1 day in each area between September 2005 and April 2006	Workshops worked well according to: 1. The <u>workshop pre-</u>

Describe the activity	Who participated in the activity?	What was the frequency and duration of the activity?	How well did it work?
	<p>communities could come together). There were 149 participants</p>		<p>test /post-test survey (which show a shift in knowledge and attitudes) interviews, and focus groups.</p> <p>2. The project pre-test/post-test survey shows a significant shift in knowledge before and after the workshop, as reported 2-10 months after the workshops were held.</p> <p>3. There was high satisfaction expressed with the workshop satisfaction surveys 90% of people expressed satisfaction across 11 workshops</p> <p>There were fewer people at each workshop than expected. However, more workshops than expected were held (an additional 3)</p>
<p>First Nations Meeting</p>	<p>8 communities were invited and representatives of 6 communities met with CRN Mentors, CRN Coordinators, Designated Agencies (Health Authority staff) and the Executive Director of the BC Ass'n of CRNs (13 people). This meeting was organised to explore further how to do outreach to First Nations on</p>	<p>1 day</p>	<p>This worked well and will contribute to ongoing work and future possibilities for joint projects (BC Ass'n of CRNs, Public Guardian and Trustee, and up to 8 First Nations on reserve communities). This illustrated best</p>

Describe the activity	Who participated in the activity?	What was the frequency and duration of the activity?	How well did it work?
	reserve communities since few First Nations (9) people attended workshops		<p>practices in outreach for First Nations (as listed in the themes portion of this report).</p> <p>A verbal circle evaluation done at the end of the meeting showed positive results.</p>
CRN Mentors Meeting	Mentors and Executive Director (5)	1 day	<p>Mentors met to analyse all the material generated by the Gathering Wheel workshops in their entirety (11 workshops). Mentors examined best practices under the themes of the workshops and then identified overarching themes, and issues about CRN operation. How to follow up on issues raised during workshops was discussed, and a task list compiled for post-project work. (the list is in "Deliberate Applications" later on in this report)</p> <p>The learning will be applied to ongoing and future work.</p>
"Roll on" Report on Project and Best Practices for CRNs and others	Mentors, Evaluator, Executive Director	To be distributed to CRNs in the Fall of 2006	<p>This report identifies the concepts of best practice and prevention and the ideal CRN response. It then includes overviews from the CRN Mentors and Executive Director, has material from all the workshops, and an analysis of the material under the</p>

Describe the activity	Who participated in the activity?	What was the frequency and duration of the activity?	How well did it work?
			themes investigated. It concludes with how to apply the learning. There will be a teleconference to discuss the report and the report and its summary will be widely distributed.
Evaluation Report	Evaluator, Executive Director, CRN members	To be distributed along with the "Roll On" (this report)	CRNs were very cooperative with the evaluation. Many CRNs have requested copies of the Evaluation Report

WHAT THE EVALUATION SAYS - ACHIEVING OF OBJECTIVE/ GOALS

Results as shown in both project and workshop surveys are compared here to the initial objective/goals

<p>Objective</p> <ul style="list-style-type: none"> ◆ To Increase and Expand Understanding of Best Practises in Adult Abuse/Neglect Prevention in 8 Geographic Areas 	<p>Achievements</p> <p>Covered 3 additional areas in Province.</p> <p>Questions 4a and b on <u>workshop</u> surveys showed more understanding of Best Practices</p> <p>Question 3 and 5a and b on <u>project</u> surveys show a change in discussion about and steps to use best practices.</p>
<p>Goal:</p> <p>To Increase regional collaboration around the implementation of best practises</p>	<p>Question 6 on <u>project</u> surveys showed increased collaboration (we don't know around what). This question shows the largest change between pre and post-tests, so the workshop and project may have made important differences here. Data from focus groups indicate increased collaboration.</p>
<p>Goal:</p> <p>To increase local and regional awareness around the work of the</p>	<p>We did not measure outside of attendees so can only say they were more aware of CRN work as indicated on questions 3, 6 and 7 on <u>workshop</u></p>

CRNs	surveys and discussion at workshops. Focus groups reported that awareness of own and other CRNs work - how and what they did - was increased. There were low scores on the understanding of the relationship between CRNs and community development on questions 7a and b.
Goal: To increase local and regional awareness about issues and responses to adult abuse and neglect	Increased through dialogue amongst CRNs at workshops. Questions generally show an increase in knowledge about issues and responses to adult abuse and neglect. Questions on <u>project</u> surveys show an increase in knowledge. Discussion showed that this goal was the one of least gain as the other two goals had more attention.
Comments:	Overall the objective and sub-goals have been met.

The evaluation shows, with limited sampling, that there was a transfer of knowledge, opinion and attitudes during the workshops. There are indicators in focus group discussions and interviews, that all of the conceptual material, the discussion with other CRNs and discussion after the workshops within CRNs have had an impact- particularly in thinking more about gender lenses, best practices and prevention and in more deliberate planning of some activities. CRN members said they were also more likely to contact their CRN Mentors once they had met them.

OUTCOMES WERE

This project focused on outcomes as well as outputs, i.e. not just 'we held workshops and people were happy/not happy and want this next time', but 'the areas people gain knowledge or report a change in', and 'how people were using or going to use this', 'what happened over time'.

Following is an overview of the outcome as reported to the funder.

What were your Planned Outcomes?	What were the Actual Outcomes?	What was the method or source used to monitor/collect the information?
Project on track	On track with some variation due to extending time frame to July 31 and the addition of 3 sites	E mails, phone calls, progress reports, interim report

What were your Planned Outcomes?	What were the Actual Outcomes?	What was the method or source used to monitor/collect the information?
Engaging CRNs in project General set up Evaluation plan and informing CRNs about project	Set up accomplished and informed by letter, teleconference with 22 participants (target of 25), e-mails.	Letter, teleconference notes, e mails
Evaluation - workshop, project pre tests post tests, (with control group), focus groups, workshop evaluations	Workshop pre and post tests, projects pre and post tests, no control group , focus group and workshop evaluations for all attendees Evaluation report	Pre and post tests, interviews, focus group notes, Workshop evaluation sheets (140)
Recognize Best Practices and why More deliberate approaches in CRN funding reports and applications Collaboration	Material from workshops Report on Project Recommendations for approaches Collaboration between CRNs and with BC Ass'n of CRNs increased due to face to face meetings	Best Practice matrix (on large sheets) Write up of raw material Analysis by Mentors and ED Collaborating on report Interviewing CRNs

PART TWO - WHAT WE LEARNED

The Nature of CRNs ...'A CRN is'...

The ability to have community level networks to address and prevent abuse/neglect of vulnerable adults is alluded to in the Adult Guardianship Act, Part 3.

Community Response Networks are that community level coordinating mechanism. The networks are cross sector infrastructure rather than service providing organisations (although many of the member individuals and agencies do provide direct service to individuals). They are meant to enhance intersectoral coordination from a community base which welcomes everyone to the table.

The concept of community coordinating mechanisms grew out of the Duluth, Minnesota Domestic Violence Intervention projects which identified the following characteristics and activities of an effective coordinated community response.

1. Developing a common philosophical framework. The community and practitioners should agree on a common understanding about battering and complicated dynamics of domestic violence.
2. Creating consistent policies for intervening agencies that respect the efforts of other agencies and incorporate the goals of intervention
3. Each agency must have clear understanding of its role and the role of other agencies in responding to domestic violence.
4. Coordinating the exchange of information and inter-agency communications
5. Evaluating the coordinated justice systems response from the victim's perspective.

These characteristics and activities are a component of BC's CRN Model. However, BC's CRNs also include concerned citizens and many other formal and information service providers beyond those working in the Criminal Justice System.

Philosophy of BC's CRNs

- ⊕ We are our brother's (sister's) keeper
- ⊕ We assume capability and can build capacity of individuals and community
- ⊕ Inclusion counts - this means valuing everyone and what they can contribute. This is not solely an interagency approach but involves power sharing-each participant has equal opportunity to affect decisions on what the CRN does
- ⊕ We recognise and build on strengths
- ⊕ We are all vulnerable to abuse, neglect and self-neglect
- ⊕ There is no "us" and "them" in CRNs and communities

CRN APPROACH:

1. Using Community Development as the primary and overall filter
2. Developing and modelling 'peer support' amongst people at the CRN table traditionally thought of as clients (who are really whole people, not just the label or hat they wear) and servers
3. Developing solid respectful relationships with each other
4. Demonstrating that 'ways of working' are as important as the 'work'
5. Giving support to Designated Agencies as unique but not the only important piece of the community response
6. Affecting the level of abuse, neglect and self neglect in the surrounding community by doing prevention, systemic advocacy and education about the issue
7. Developing agency, interagency and community protocols, but being clear that CRNs are not case review mechanisms
8. Recognising that the adult guardianship legislation includes some help guiding principles and tools for supporting and when necessary, protecting, abused/neglected adults.
9. Recognising abuse issues as belonging to and somewhat solvable within a community context (not just mandated agencies but all of us need to recognise and work on the issues).

The Platform of Concepts

Work with CRNs does not just happen in a vacuum, but is based on the following four inter-related concepts.

- The practice of Community Development
- The "Ideal Response"
- The definition and levels of Prevention
- The definition and emerging criteria for Best Practices

1. Community Development

Amount of Community Participation/ Domination in Process

Indicators	<i>Professionally Dominated</i>	<i>Locality Dominated</i>	<i>Negotiated Equity</i>
Needs Assessment	Professionals decide	Community asks for program	Professionals and community define need together
Leadership	Represents a small elite group of people	Democratic but closed membership	Democratic and shows clarity on who it represents and why
Organisation	Rigid purpose, run by one or a few professionals	Goals wholly determined by organisations, groups	Combination of group efforts. Flexibility in meeting goals, includes non-professionals
Resource Mobilisation	No contribution from beneficiaries(only official funds)	Beneficiaries provide the major contribution	Beneficiaries clear on the nature of their contribution and their ability to negotiate for required resources
Management	External professionals make all the decisions	Community makes all the decisions	Joint decisions by professionals and community on areas where they overlap; and a process to manage separate decisionmaking where there is no overlap (strategic consensus; and effective management of dissension)
<div style="border: 1px solid black; padding: 5px;"> Ronald Labonte, Canadian Journal of Public Health.Vol. 84, No. 4, 1993 </div>			

2. The “Ideal Response”

A discussion paper about what an ideal response to the abuse and neglect of vulnerable adults at the community level would look like, exists for CRNs, and is posted on the BC Association of CRNs’ website. www.bccrns.ca

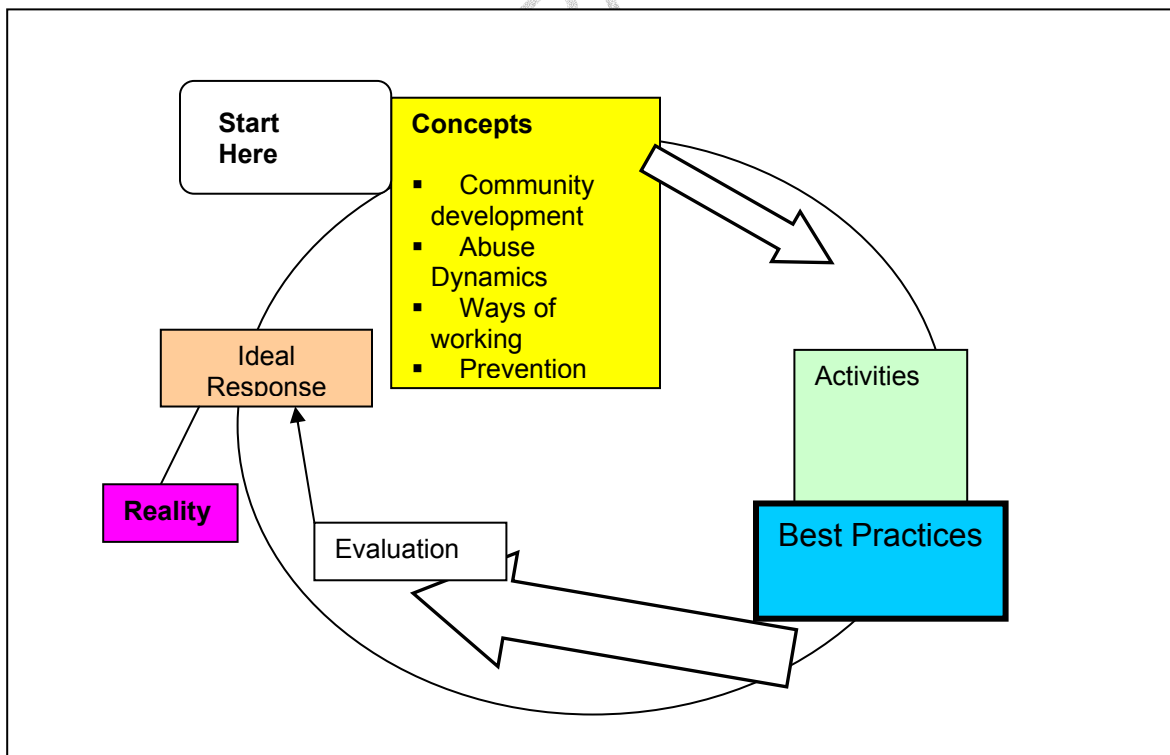
The notion of an 'Ideal response' describes how CRN work would be in the 'ideal world'. It is an overall picture of how to focus efforts, with an idea of what results to look for, i.e. if things were working well it would look like this.

The Gathering Wheel project was an attempt to gather and analyse the efforts (activities) themselves. Activities need to be understood in relation to the overall 'ideal response' context.

Best practices would be those that get us closer to the “Ideal response”, and in the most effective way.

The Big Picture

The next diagram illustrates how the different aspects of the big picture fit together.



Features of an Ideal Response

3. Prevention

This project required that the concept of prevention be clearly and specifically defined for the first time to provide a common understanding on which to base the workshops. The definition and diagram of different levels at which preventative activities might operate, follows:

Definitions: from health promotion

'Fending off problems before they emerge'

A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviours and lifestyles.

Levels of Prevention: characterized by amount of risk present for those for whom intervention is meant

Primary:

Active assertive process of creating conditions and/or personal attributes that promotes the well being of people

Secondary:

Early detection and intervention by CRN members to keep problems from becoming more severe

Tertiary:

Effort to rehabilitate those affected with severe disorders and return them to the community

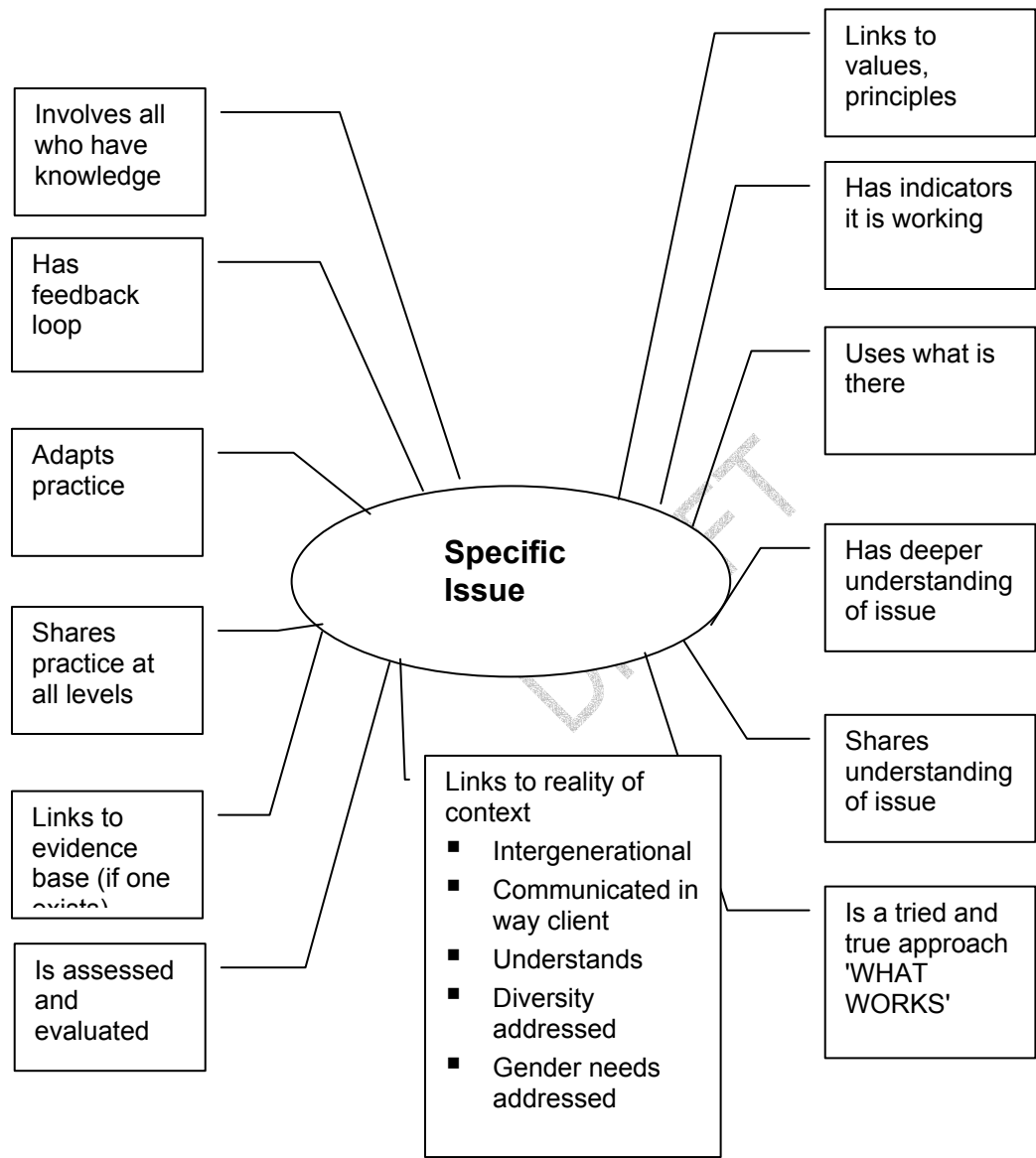
A way to understand where CRN activities fall is by looking at how risky activities are. Most CRN activities fall into the first two categories of risk illustrated in the chart below:

Levels of Prevention and Risk Management

Prevention Activity	Amount of Risk	CRN Involvement
Primary (creating conditions)	Lowest	Awareness, education, communication, co-ordination, co-operation, advocacy for services generally (not on case basis)
Early Detection/Intervention (minimize problems)	Higher	Referral, co-ordination NO INTERVENTION NO Watch dogging
Tertiary (Treatment, rehabilitation, return to community)	Highest	Support DAs/ NO INTERVENTION No Watch dogging
<p>What is your role? What is risk of not doing anything?</p>		

4. Best Practices

The following best practice principles were suggested and/ or discussed by groups at the workshops or by contracted staff in working with the material:



Best Practices Share these Attributes

WHAT WE LEARNED In looking at the material

Material Generated

We had each CRN list their activities and answer specific questions in a matrix in each workshop, mounted on large paper on the walls. This allowed everyone to see what was recorded and to start dialogues on the spot to deepen knowledge.

The data was collected under a number of themes which referred to important areas of CRN work as identified by the CRN members and CRN Mentors. The themes were:

- ◆ Community Response Network Development
- ◆ Abuse Prevention
- ◆ Outreach to First Nations
- ◆ Outreach to Multi-cultural Groups

The bulk of the material generated is attached in the appendices, workshop by workshop, theme by theme. Each CRN can then identify its contribution, look at comparable sized communities, or similar programs, and decide if they want to make further connections.

Template

The following was the template used to collect information

Best Practices Theme _____	Template to Collect Information
-----------------------------------	--

Where (CRN)	What	Why	Ways of Working	Best Practice Because...	Impact	Use Elsewhere	For Men	For Women

General Impressions of Data

Following is the CRN Mentor's feedback about material from all workshops. This gives some ideas about larger trends and emerging issues / ideas

- ◆ Not sure we got at gender differences – do we have enough experience to know? Didn't have men to ask, but people will probably now start paying more attention.
- ◆ Paid coordination is key to CRN sustainability
- ◆ Having regular meetings, whatever is regular is important
- ◆ The “how” is as important as the “what” and the “why”
- ◆ Thinking and talking and adjusting behaviour around power dynamics and inclusion is important.
- ◆ Building relationships is key in all 4 areas – abuse prevention, CRN development, outreach to multicultural and aboriginal communities before you can undertake joint agendas
- ◆ Listening is key
- ◆ There is a great volume of activities – these are different ways people use to accomplish same result
- ◆ Level of compassion was high – doing with, not for.
- ◆ Involving people in solutions – not preaching
- ◆ More CRNs represented in each workshop leads to richer discussions
- ◆ When are we having another provincial conference?
- ◆ It's hard to walk the talk, but people aren't giving up on it, and it is reassuring that many of us are struggling to do so
- ◆ Appreciation for BC Association of CRNs staff, board and their efforts
- ◆ Really important to get together, people value this
- ◆ People seeing mentors as local resource, building relationships with them
- ◆ Non-violent communication is important in CRNs, and between CRN members and the Association

- ◆ CRN role confusion – CRNs are not watch-dogging service deliverers, but are, coordinating mechanisms
- ◆ Range of advocacy could be analysed – one page clarifying how we see CRN involvement in systemic advocacy in the broader context of advocacy
- ◆ People were engaged and went away feeling energized, positive, feeling affirmed
- ◆ Faith that we do what we say we will
- ◆ Provincial teleconferences are a backbone of the CRN Movement
- ◆ People experience the CRN Movement as a movement, not just as another project
- ◆ Health/information fairs, universally piggy-backing with other agencies events happens most places

The “HOW “

CRNs have always said that the **how** of doing CRNS was as important as the **what**. This was reflected in what people discussed in the workshops and in what CRNs wrote down in the matrix.

The 'how' means

- Inclusion
- Simple and engaging methods to invite membership
- Balance of professional and community people
- Relationship building as primary
- Consistency over time in meetings
- Meetings which are at people's convenience (lunch times-quarterly etc.)
- Power sharing
- Continual outreach
- Creating a microcosm of the way we want our communities to be
- Recognizing there is no 'us' and 'them'
- Working from community development principles in engaging new people

THE 'WHAT' - Activities CRNs are Engaged in....

Types of External Activities include:

Public Education

- (Definition/indicators/reporting/resources)
 - Health fairs
 - Panels
 - Materials
 - Seniors fair

Church services - Deliberate networking in churches/ stories of parishioners and abuse at Sunday services -powerful message

Agency Education

- Members agency education
 - Abuse dynamics awareness workshops
 - Definitions /indicators
 - Pathways to abuse and intervention points
 - Workshops for first responders
 - Financial sessions with institutions
 - Breakfast for bankers
- Educating anyone in community p putting protective factors in place
- Visibility of CRNs, visibility of issues-quite sophisticated
- Adopting practice from many disciplines

Networking

- Within CRNs, informing other agencies outside the CRN, networking with other CRNs

Creating Materials

- Handbooks

Publicity About the Issue

- Written and visual

Information for Referrals

- Lists of services
- Wallet sized action cards for agencies

Partnerships and Alliance Creation

- DAs and CRNs
- Victims Services
- VAWIR Committees
- Elder Abuse Committees
- Transition Houses

Website Development - e.g. North Shore, Kamloops, Prince George

Doing Needs or other Assessments

Community Mapping (of assets)

Protocol Development

Types of Internal Activities include:

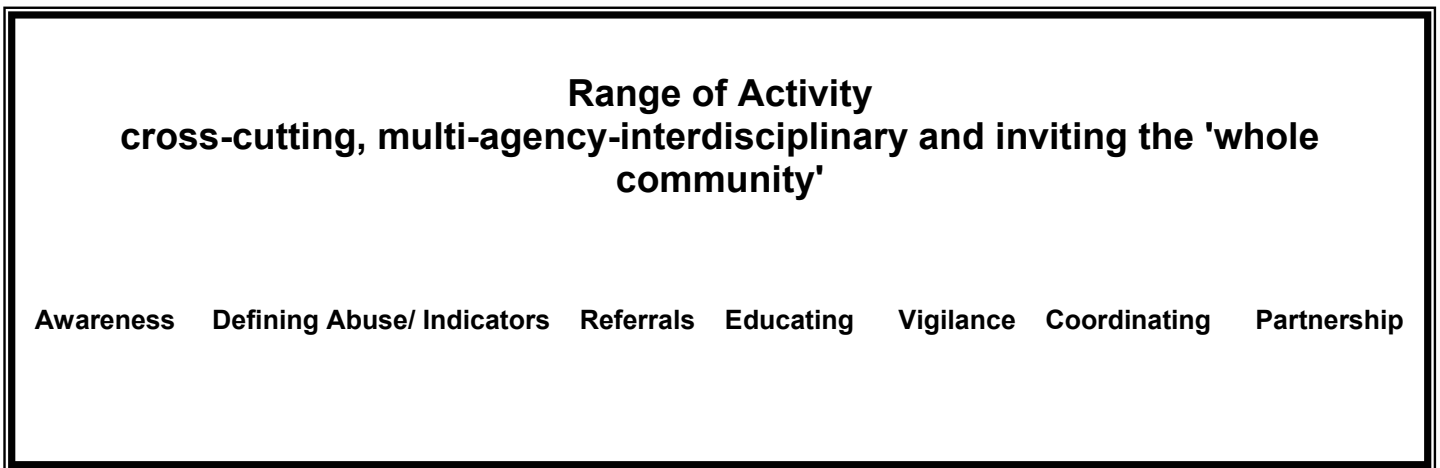
- Doing continuing education with the Association

- Doing teleconferences (some monthly)
- Joining in Association projects when they run
- Talking to CRN Mentors
- Administration

ANALYSIS OF ACTIVITIES

Common Activities

Most CRNs do some of the following activities, which range from less to more complex



All CRNs are at different stages of development. As well as going through the stages of community development growth, all CRNs go through stages of group growth - roughly known as 'form, norm, storm and perform'. It is only at latter stages of group formation that CRNs can perform highly effectively. Interruptions in continuity like funding crises, coordinators leaving and being replaced, changes in key members, will slow down the growth of CRNs towards greater effectiveness.

Activities and Levels of Development of CRNs

The next diagram shows the different activities that can be done effectively at different stages - generally as trust and relationships grow, more complex activities are possible. Best practices tend to be seen with the more complex activities but the criteria developed during this project can be applied to all of the levels.

What Else We learned - The Material Itself

These themes were prominent amongst the material from the workshops

Themes within themes

Theme 1 – CRN Development

- ◆ Diversity in membership is a good thing with many ideas how to achieve it
- ◆ Meetings and how they are run are important
- ◆ Regular meetings with food that's free (not prepared by women) is a good idea
- ◆ Need paid coordination
- ◆ Need for both task and process in CRN work
- ◆ Learning about each other is important
- ◆ Partnering between the CRN and other community initiatives happens
- ◆ Active, personal outreach is key
- ◆ Same activities are done differently depending on resources, area etc. and who trying to reach and whether urban or rural, and whether have platform to work from
- ◆ Emphasis should be on proactive outreach - go out instead of expecting people to come looking for you
- ◆ Stream line to make sure people are having similar issues or concerns and work at talking to each other

Theme 2 – Abuse Prevention

- ◆ Identifiable programs e.g. – Restorative response
 - Gatekeepers
 - Breakfast with Bankers
 - Support the Supporters
- ◆ Education of community
- ◆ Develop a CRN
- ◆ Resources – brochures, health/resource fairs. Videos (Money Matters video, What's Age Got to Do with It? video), website, newspaper articles, linking with phone lines
- ◆ Protocol development features large – a lot still needs to be done
- ◆ There is a range of kinds of abuse that you will only discover by having people notice and tell you i.e. for example where street people are abusing vulnerable seniors-being specific about who is the target of abuse and why is important
- ◆ Clarity about programs versus the CRN role is needed

- ◆ Education needs to be seen as the platform and cornerstone of prevention- 'knowing what abuse is...knowing what resources are' is basic
- ◆ Important to not just put out written material - put out more posters and other visuals to deal with the literacy and language issues; this can sometimes avoid or replace translation

Theme 3 – Aboriginal Outreach

- ◆ Connect with a local resource in a reserve community. Get personal connections
- ◆ Linking on and off reserve
- ◆ Building relationships first before doing
- ◆ Poverty/Residential School abuse are issues and is history
- ◆ Don't homogenize First Nations groups
- ◆ Personal engagement and willingness to share values
- ◆ Intergenerational approaches
- ◆ Willingness to work differently – e.g. Go to them

Personal relationships are the starting point

- ◆ Co-work around issues i.e. FAS
- ◆ where FN groups identified what they want to do

Examples:

- ◆ trauma workshops for Elders - Wellness Centre -on going support and programs
- ◆ possible CRN on FN /Aboriginal communities-needs more exploration; link to Public Guardian and Trustee sponsored outreach event
- ◆ educate CRN members about First Nations / Aboriginal issues, i.e. Residential School Abuse issues, colonialization issues
- ◆ requires sensitivity to sovereignty/ self determination as a basis to action-translation may be required

Theme 4 – Multicultural Outreach

- ◆ Speaking and materials in language of cultural group and/or plain language
- ◆ Culturally appropriate information and approach
- ◆ Be invitational
- ◆ Have fun! - skits, videos, theatre, puppets etc.
- ◆ Partnering with multicultural organizations which already have connections with ethno-cultural communities – find key contacts
- ◆ Open to mutual learning about culture and withholding judgement
- ◆ Food as a way of sharing culture
- ◆ Use of gender/diversity lenses
- ◆ More gender differences – less sure about whether approaches for men and women are the same or different

Cross cultural work (applies to

- ◆ translation
- ◆ co-work on issues
- ◆ conceptual translation needed
- ◆ publicity materials translated can help
- ◆ BC Association of CRNs needs to do more work in this area-draft multicultural document
- ◆ join groups already doing work, i.e in Victoria

Recommendations

- ◆ CRN in First Nations communities – can it work in First Nations context?
- ◆ What does it mean to really respect other cultures – what is the definition?
- ◆ Link outreach to funding, reporting and planning

WHO ELSE NEEDS TO KNOW

- Our partners need to know what the results of the project are. It might be useful to send each a summary and an invitation to take part in a teleconference specific to them.
- It would be useful to have a discussion with the BC Abuse and Neglect Prevention Collaborative about our findings in light of needing to coordinate strategies.
- The media needs to know.
- Designated Agencies need to know.
- Specific conference opportunities to present have been sought.

CONNECTIONS TO BE MADE

- More First Nations connections need to be made
- Connections to multi-cultural organisations need to be made.

NEXT STEPS

- Pilot project - track best practices in 5 communities and look at results over some time
- Add Gathering Wheel type workshop to workshop repertoire as it exists now
- Look at aspects of coordination what are these, what impact can they have, how do they link to prevention
- Have CRNs consider the following implications at a teleconference
- Prioritize the suggestions and have someone monitor progress on them

Implications and Direction for CRNs

1. We have identified Best Practices by our criteria but not really tested these out - this needs more discussion
2. We need to look at prevention research to check best practices for prevention of abuse for vulnerable adults generally and best practices in coordinated community approaches. Is there evidence based best practice? How do we judge the effectiveness of activities undertaken by CRNs?
3. Include innovative activities and best practices in planning for 2006 – 2007 i.e. list them and ask CRNs to indicate which they will be doing.
4. Continuing education in CRN basics is an on going necessity, so we can keep on track and not misunderstand the role of CRNs.
5. We need educating in what the BC Association of CRNs is doing at the strategy level and in its thinking and connecting at the local CRN level with what they need. Comments show that some information is still needed on funding plans and funding efforts taking place.
6. The project confirmed that teleconferences are seen as an asset, with the focus shifted occasionally to allow other CRNs to talk together. This happened in larger workshops, but in places like Powell River only one CRN was present so participants only got to talk to each other and the Mentors. Also those workshops of less than 10 people, even if made up of more than one CRN did not have the same pattern of response as did larger workshops.
7. Connect finding with pathways of effectiveness to prevention and incorporate the findings into Theory of Change planning

8. Align our efforts with national/international efforts and approaches, highlight the work at the next World Elder Abuse Awareness Day thereby making the issue less hidden.
9. Should we standardize any CRN activities (for instance everyone should have a brochure) because these activities are so basic and effective?

Deliberate Applications - Speeding Up Change

- Discuss this report with guiding questions
- Could be more deliberate about networking with other CRNs
- Link to planning by the Association at the provincial level
- Repeat what works
- Talk to Mentor or other CRNs about what doesn't work
- See if innovative or beacon examples are useful
- Teleconferences to report successes/challenges
- Further discussions about principles of and assumptions about prevention / developing protective factors
- Consider even closer association with other Provincial Networks, i.e. Victims Services, VAWIR/domestic violence committees, Transition Houses
- Think about how to link our learning to how we approach the World Elder Abuse Awareness Day next year
- Celebrate what we have done
- Feedback extracts to your member agencies and use the learning to engage new members
- Think about how to use our assets - website, Mentors, this report
- Remember it is hard to see the forest for the trees - when you read each CRN's activities and workshop information you are seeing trees, and the grove is the next community and the workshop is a small forest and the region is a larger forest and the movement is the whole forest
- Add this workshop to the provincial workshop repertoire to do again in 3-5 years Consider doing reviews of the movement more often
- Add a chapter to the Tool Kit on this report
- Know and use resources i.e. The ABCs of Fraud
- Protocol development needs to be re-visited and reviews for how existing protocols are being used is necessary
- Use planning retreats at the CRN and Mentor levels
- Invite feedback about Learning from Successes, Learning from Mistakes
- Have the Learning Cycle incorporated in all things

CONCLUSIONS

The Gathering Wheel has rolled home.

This project has been a major achievement for the BC Association of CRNs. The Association was able to mount a large, long-term project. It managed to develop and deliver meaningful workshops in 11 regional locations around the province, and to gather data from 40 communities. It also conducted a formal multi-part evaluation and analysed the compiled data from 34 CRNs.

That process generated an extensive report on data gathered, its interpretation and implications for the future have been produced (the Gathering Wheel will roll this back out to the communities concerned and others around the Province.

The project has served as a review of CRNs, an overview of the CRN Movement in BC issues affecting individuals and agencies, the amount and quality of work and ways of working. Much of what we learned in the Gathering Wheel is new information, while some of what was gathered reinforces what we already sensed. The Wheel is now in focus and what it has generated is more in focus as well.

Highlight of the process have been for the CRN Mentors to have a chance to work jointly in each other's regions, to see CRNs interacting within themselves and with other CRNs, -a rich and compelling experience-rich because the breadth and depth of people's achievement were plumbed; a compelling experience because of the glimpse it afforded into people's longer view, their compassion, perseverance and often, humour and 'a light touch' when dealing with a 'heavy' subject- all done with few resources.

We have much to be proud of.

APPENDICES

- Notes on Coordinated Community Approaches
- Data from Workshops
 - Kelowna
 - Parksville
 - Kamloops
 - Creston
 - Victoria
 - Powell River
 - North Vancouver
 - Prince Rupert
 - Fort St. John
 - Prince George
 - Abbotsford

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