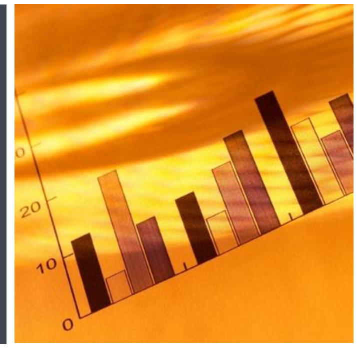
RESEARCH HIGHLIGHTS

Crime Prevention

Local Adaptations of Crime Prevention Programs: A Toolkit



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BUILDING A **SAFE** AND **RESILIENT CANADA**

Introduction

This toolkit is a summary of a larger project that consists of a broad literature review reflecting current theory, practice and knowledge on the local adaptation of intervention programs in a variety of disciplines (See the literature review by Bania, Roebuck, & Chase, 2017) and key effective elements of evidence-based crime prevention programming (See the Key Effective Elements of Crime Prevention Programming by Bania, Roebuck, O'Halloran, & Case, 2017). This report integrates this information while attempting to answer the following question: **How can evidence-based crime prevention initiatives be adapted from one successful program into new contexts with different people, cultures, and geographies, while remaining effective?**

Program replication and program adaptation are both forms of "scaling out" a program – expanding the reach of an evidence-based program to other individuals in other settings. Here are some definitions:

- **Implementation fidelity:** How closely the program follows to the same elements, components, activities and tools developed and tested by the original developers in the original program.
- **Program replication:** An exact copy of the original evidence-based program applied to a new context.
- **Program adaptation**: The modification of an evidence-based program (EBP) or evidence-based intervention (EBI) to meet the unique needs of a specific situation within a certain population, location, and community capacity (i.e., fit).

While fidelity is important, program adaptation can have many benefits, such as:

- Improving community support through the involvement of various partners;
- Enhancing participation and satisfaction by being a better fit for client identities interests and needs
- Enhancing positive outcomes by being more responsive; and
- Promoting longevity and sustainability of a program on the ground.

Program adaptation must be a **carefully planned** and **intentional process** where modifications are made through a series of assessments and decisions among service providers, program developers, researchers and other supporters to be productive. Unplanned program modifications (also known as program drift) that occur during implementation can lead to potential challenges and barriers to fidelity that can result in a loss of benefits to participants (Aarons et al., 2012).

This toolkit proposes the following sections:

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1) Recommendations;
2) Framework for Local Adaptations of Crime Prevention Programs;
3) Case Examples using the Framework for Local Adaptations of Crime Prevention Programs; and
4) Appendixes which provide tools and other resources.

Recommendations

The following recommendations and frameworks are based on a review of the literature on program adaptation in various contexts (see Bania, Roebuck, & Chase, 2017) and reflect a comprehensive combination of current thinking and knowledge of good practices in program adaptation.

1. Recommendations for Program Funders and Policy Makers

- **Invest in the systematic development and implementation of local crime prevention program adaptations:** Ensure that organizations and teams on the ground have the adequate knowledge, skills, and resources to develop and implement strong examples of adapted programs.

- **Support mixed-methods evaluations of local crime prevention program adaptations in diverse communities:** Mixed methods evaluations of "what works, for who, under what circumstances, and why" may be most appropriate to further develop and legitimize this field of intervention and inquiry in both political and academic contexts (Westhorp, 2014).

2. Recommendations for Local Adaptations on the Ground

Assess site readiness and support key drivers:

- **Support leadership driver**s (i.e., effective management strategies): Create and support an appropriately skilled implementation team to ensure ongoing commitment, consistency, responsibility, and accountability;
- **Support competency drivers** (i.e., skilled, qualified, and supported staff): Develop the necessary capacity (knowledge, skills, and resources) before program implementation and during program implementation to promote best results; and
- **Support organization drivers** (i.e., good administration and project management) (See Bain, Roebuck, & Chase, 2017).

Balance empirical evidence with local context and experience:

- Include and value the experiences and expertise of various professionals (e.g., community stakeholders, staff, and target population representatives) in all stages of the adaptation process;
- Promote awareness of power relations, and positive conflict resolution; and
- Encourage safe and open discussion when decision-making.

Use appropriate motives and reasoning when making program adaptations:

- See the **'Green Light, Yellow Light, and Red Light Adaptations'** (See Appendix 1)

Avoid fundamental changes to key elements of an intervention such as:

- Modifications to the original underlying theoretical approach of a program;

- Significant changes to dosage (number/length of sessions, program duration);
- Eliminating key messages or skills to be developed by participants; and
- Using less qualified personnel and less staff than recommended.

Make modifications that respect and reflect both the surface structure (i.e., language) and deep structure (i.e., histories and values) of the client population culture:

- Assess program components through a cultural lens and adapt where necessary (i.e., program knowledge base, language, staffing, training, goals, concepts, formats, methods, and settings).

Use a strengths-based approach and capacity-building lens:

The strength-based approach views people and communities as capable and able to draw on their current assets and learn new skills to manage their own wellbeing in sustainable ways (Cox, 2008; Hammond & Zimmerman, 2012; Roebuck, Roebuck, & Roebuck, 2011). The strength-based approach also:

- Supports people to feel hopeful;
- Develops resiliency in the face of obstacles (Alberta Mentoring Partnership, 2010; Cox, 2008); and
- Helps with community buy-in.

Use mixed methods and community-based participatory research to guide assessment and evaluation:

- Incorporate both quantitative and qualitative methods into the program adaptation planning and evaluation processes;
- Use participatory research methods to facilitate and sustain participant engagement, and to collect the most meaningful and reliable data possible;
- Explore culturally appropriate methodologies when working with diverse populations (e.g., Indigenous research methods); and
- Use selection of evaluation methodologies that take into consideration how to increase evaluation capacity and sustain evaluative thinking into the initiative over time.

Use an intentional, systematic approach to balance fidelity and fit:

Balancing fidelity and fit is best addressed through a planned, organized, and systematic approach which uses a framework to:

- Build a strong collaborative foundation for the program;
- Identify and plan modifications;
- Document the adaptation process;
- Reflect on the effectiveness of the adjustments; and
- Further refine the model as necessary.

Framework for Local Adaptations of Crime Prevention Programs

This section of the document contains the program adaptation framework for local crime prevention programming which was developed based on a review of the vast program adaptation literature (See Bania, Roebuck, & Chase, 2017).

The principles and best practices from other program adaptation models are built into this framework. The following description and table (See Table 1) outline the action steps for each of these guidelines, and suggests supporting resources to help teams work through this framework that are provided in the appendices section of this document.

Framework for Local Program Adaptations

1. **Build a strong foundation** through strong leadership and effective partnership.
2. **Conduct program exploration and participatory assessment to select an appropriate evidence-based program and decide on its necessary adaptations**. Create the first collaborative version of the Program Fidelity & Adaptation Plan (See Appendix 2).
3. **Conduct staff training and pilot testing of the adaptation.**
4. **Refine program adaptation and begin implementation.**
5. **Evaluate and maximize program quality**.
6. **Evaluate and maximize program impact**.
7. **Disseminate information about your program and its results.**

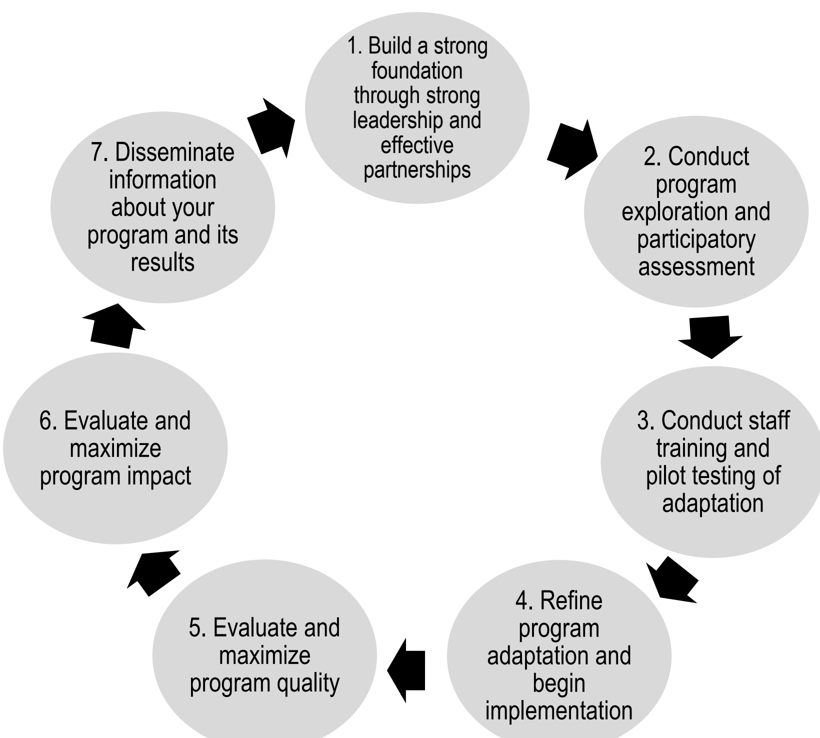

Image Description:

The framework for Local Program Adaptations is a cyclical, 7-step process which is represented using a circular graph. Moving in a clockwise fashion, the stages illustrated are (1) Build a strong foundation through strong leadership and effective partnership, (2) Conduct program exploration and participatory assessment, (3) Conduct staff training and pilot testing of the adaptation, (4) Refine program adaptation and begin implementation, (5) Evaluate and maximize program quality, (6) Evaluate and maximize program impact, and (7) Disseminate information about your program and its results.

Table 1: Framework for Local Program Adaptations

Guidelines	Action Steps	Tools & Resources
1. Build a strong foundation through strong leadership and effective partnership		
1.1 Put in place strong leadership and effective partnership processes	• Gather essential players and identify local champions and leaders • Create an implementation team with representatives from various backgrounds with the skills and expertise needed • Help the project team establish a local vision for the program • Lay out the decision processes to be used for program exploration and adaptation; ensure their credibility with team members • Establish and sustain teamwork • Ensure transparency and good communication • Provide solid and timely coordination	• **Values, Structures, Processes (VSP) Tool** (See Appendix 3) • **VSP Tool adapted for Canada's North** (See Appendix 3) • **Community Toolbox** (See Appendix 4)
1.2 Ensure early and ongoing community and stakeholder involvement	• Identify key players: program funders, program designers, quality control representatives, community leaders, organizational partners, agency leaders, service delivery staff, intended program participants, potential champions, program evaluators, etc. • Involve key players from the start in discussions around program intentions, expectations, roles, responsibilities, timelines, etc. • Formally invite partners to participate in the program exploration and adaptation process as appropriate • Keep key players actively involved throughout the program adaptation stages and the life of the project	• **Community Toolbox** (See Appendix 4) • **Values, Structures, Processes (VSP) Tool** (See Appendix 3) • **VSP Tool adapted for Canada's North** (See Appendix 3)

2. Conduct program exploration and participatory assessment to select an appropriate evidence-based program and decide on necessary adaptations		
2.1 Conduct a structured assessment to determine readiness, fit and feasibility	• Review the needs and strengths of the community and target population • Review fit with existing initiatives, structures and community values • Review available resources and supports in terms of staff, training, coaching, and supervision, data systems, administration • Review existing evidence on the program's intended outcomes, effectiveness, cost-effectiveness, fidelity expectations, population similarities, involvement of diverse cultural groups • Review the program's readiness for replication and adaptation: is there a qualified developer or purveyor of the program willing to work with you? Access to expertise and technical assistance? Other sites to observe? Identified and operationalized key effective elements of implementation? • Review the local and host agency capacity to implement the program: qualified leaders and staff; ability to financially and structurally sustain the implementation drivers; buy-in from local agencies, practitioners, and families	• **Hexagon Exploration Tool**[1] • **Pentagon Tool** (See Appendix 5) • **Key Effective Elements of Crime Prevention Programs** (See Bania, Roebuck, & O'Halloran, 2017)
2.2 Analyze core program components and identify what in the original program needs to be adapted	• Identify and make explicit the underlying theory and/or guiding framework of the program • Determine which of the standard program components are mandatory (must remain as is) • Determine where adaptations are necessary to achieve the best results in the target community (such as changes to program content, format, setting, service delivery method, duration, training, etc.) • Consider recommendations around "green light, yellow light, red light" adaptations	• **Key Effective Elements of Crime Prevention Programs** (See Bania, Roebuck, & O'Halloran, 2017) • **Green Light, Yellow Light, Red Light Adaptations** (See Appendix 1)
2.3 Decide how the program should be adapted and through which specific modifications	• Create a **Program Fidelity & Adaptation Plan** (version 1) that shows the core components that will be maintained as is (i.e., fidelity monitoring), the components that will be adapted and how they will be adapted • Include details on tailoring, adding, removing, enhancing, replacing, shortening, lengthening, condensing, reordering, etc.	• **Program Fidelity & Adaptation Plan template** (See Appendix 2)

[1] This tool can be accessed at: at http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-TheHexagonTool.pdf

	• Outline the implications these proposed adaptations have on service delivery: what does this mean and look like in practice?	
2.4 Develop program implementation guides and toolkits for staff	• Prepare clear and user-friendly forms and tools for program implementers to follow when implementing the **Program Fidelity & Adaptation Plan** (version 1)	• **Program Fidelity & Adaptation Plan template** (See Appendix 2)
3. Conduct staff training and pilot testing of the adaptation		
3.1 Provide training and technical assistance to program staff	• Provide in-person training to service delivery staff on program adaptation before pilot testing • Provide and go over program implementation forms, guides, toolkits, and other program material; use hands-on exercises to get staff used to the tools • Ensure ongoing training and support for program implementation through individual and group support exercises (including beyond testing phase)	• **Experiential Learning Tips & Tools** (See Appendix 6)
3.2 Test the program and its adaptation through a pilot study	• Determine an adequate timeline for pilot testing - allow enough time to run through and test out the key elements of the program and how they play out on the ground • Implement the **Program Fidelity & Adaptation Plan** (version 1) on a pilot basis • Collect data and feedback • Put in place an information management system (how data will be collected, by whom, where and how will it be stored) • Analyze results, make recommendations for final adjustments	• **Program Fidelity & Adaptation Plan template** (See Appendix 2)
4. Refine program adaptation and begin implementation		
4.1 Refine Program Fidelity and Adaptation Plan and adjust all program material accordingly	• Use findings and recommendations from the pilot phase to refine the **Program Fidelity & Adaptation Plan** (create version 2) • Revise and refine all necessary training and program material	• **Intelligent Failure & Learning Loops Worksheet** (See Appendix 7)
4.2 Refresh staff training to reflect final program adaptation	• Review all program revisions with staff and highlight where final adjustments were made • Provide hands-on training and support for implementing final program tools • Ensure all staff are comfortable and confident implementing the program moving forward	• **Experiential Learning Tips & Tools** (See Appendix 6)
4.3 Begin implementing the new program in a formal way	• Commence formal implementation of the new program • Ensure options for ongoing staff training and support in individual and group formats	

<table>
<tr><th colspan="3">5. Evaluate and maximize program quality</th></tr>
<tr><td>5.1 Perform a process evaluation to measure fidelity AND adaptation</td><td>Develop and implement a Process Evaluation plan to:
Assess the extent to which the program is abiding by core components and standards
Assess the extent to which the program adaptations are being implemented as planned
Assess program strengths, challenges, opportunities and barriers
Assess the extent to which program adaptations are responding to the needs of participants and the community
Assess the extent to which program adaptations are contributing to satisfaction amongst stakeholders
Determine overall quality of the program
Document lessons learned
Make recommendations for further program refinement as needed</td><td>Program Evaluation Toolkit by the Ontario Centre of Excellence for Child & Youth Mental Health
Project Evaluation Guide for Non-Profit Organizations: Fundamental Methods & Steps by Imagine Canada
Better Evaluation website
Theory-Based Approaches to Evaluation by the Centre of Excellence for Evaluation, Government of Canada
Data Collection Methods Toolkit by Northwest Center for Public Health Practice
Capacity Canada EvalU including evaluation Boot Camps and coaching
Genuine Evaluation blog</td></tr>
<tr><td>5.2 Continue to make program adaptations as necessary to maximize program quality</td><td>Use findings and recommendations from the Process Evaluation to continuously improve the quality of the program through further modifications if necessary (such as preparing a Program Fidelity & Adaptation Plan v3, v4, etc.)</td><td>Intelligent Failure & Learning Loops Worksheet (See Appendix 7)
Program Fidelity & Adaptation Plan template (See Appendix 2)</td></tr>
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6. Evaluate and maximize program impact		
6.1 Perform an impact evaluation to measure program outcomes	• Develop and implement an **Impact Evaluation** plan: • Assess the short-term and longer-term outcomes of the program on participants, other stakeholders, and the community • Assess the extent to which program adaptation are contributing to positive outcomes for participants • Make recommendations for further program refinement as needed	• **Program Evaluation Toolkit** by the Ontario Centre of Excellence for Child & Youth Mental Heal • **Project Evaluation Guide for Non-Profit Organizations: Fundamental Methods & Steps** by Imagine Canada • **Better Evaluation** website • **Theory-Based Approaches to Evaluation** by the Centre of Excellence for Evaluation, Government of Canada • **Data Collection Methods Toolkit** by Northwest Center for Public Health Practice • **Capacity Canada EvalU** • **Genuine Evaluation** blog
6.2 Continue to make program modifications as necessary to maximize program impact	• Use findings and recommendations from the **Impact Evaluation** to continuously improve the quality of the program through further modifications if necessary (such as preparing a **Program Fidelity & Adaptation Plan** v3, v4, etc.)	• **Intelligent Failure & Learning Loops Worksheet** (See Appendix 7)
7. Disseminate information about your program and its results		
7.1 Share information about your program within your	• Prepare a dissemination plan: who wants to know and should know about your program, how will you communicate with them, etc.	• **Knowledge Translation Planning**

community and more broadly	• Develop user-friendly ways to share information about your program • Prepare reports that share the process of your work and the findings of your program • Share information about how the program adaptation was developed, implemented, evaluated, and what the results were • Distribute regular updates to all parties involved in the program • Make sure everyone who supported the program receives your reports	**Template**

Case Examples using the Framework for Local Adaptations of Crime Prevention Programs

Below are two illustrative case examples that apply the Framework for Local Adaptations of Crime Prevention Programs to two of the evidence-based crime prevention programs reviewed in the above-mentioned report and highlight the considerations to think through when conducting the local adaptation of an evidence-based crime prevention program: case example 1 is the local adaptation of the OJJDP Comprehensive Gang Model in a Canadian City and case example 2 is the local adaptation of the Multisystemic Therapy (MST) for Indigenous youth.

Case Example 1: Local Adaptation of the OJJDP Comprehensive Gang Model in a Canadian City

Evidence-Based Program: the Comprehensive Gang Model

The OJJDP Comprehensive Gang model is a comprehensive and collaborative approach designed to reduce and prevent gang violence while involving five core strategies which include: community mobilization, opportunities provision, social intervention, suppression, and organizational change and development (National Gang Center, n.d.). See Table 2 for more information.

Description:

A relatively large Canadian city has experienced rising rates of gang-related violence with increasing involvement from youth who are racialized and living in parts of the city with concentrations of economic inequity and higher needs for support. Community leaders have been asking the city to work with them to proactively address the underlying causes of gang-related violence rather than targeting law enforcement resources in their neighbourhoods. A group of stakeholders led by the city's community safety committee are asked to identify an evidence-based program to address gang-related violence and adapt it to the complexity of the diverse cultural profile of the city.

Demographic Information:

Population: CMA 1,000,000

Diversity: 38% of the population self-identify as visible minorities as categorized by the Canadian Census, and 40% of the population speak a language other than English at home.

Formal Community Resources:

The city has strong networks of community health and resource centres, service providers including many for youth, neighbourhood associations, faith groups, and recreational programming.

The following table presents the program adaptation framework for local crime prevention programming, with key questions and considerations for implementing the Comprehensive Gang Model in the context of the Canadian city described above.

Table 2: Case Example 1 - Local Adaptation of the OJJDP Comprehensive Gang Model in a Canadian City

Guidelines	Key Considerations for this Initiative
1. Build a strong foundation through strong leadership and effective partnership	
1.1 Put in place strong leadership and effective partnership processes	The Comprehensive Gang Model will require a high level of engagement across the city. What groups and networks that can play a role in addressing gang activity already exist in the city? The first phase of establishing leadership and partnerships will be time intensive. It may be possible to harness existing networks and/or committees within the city to gather key stakeholders and benefit from existing partnership and information or resource sharing protocols. According to the program model: identify the lead agency; develop a steering committee; hire a project director; identify a research/evaluation partner; and form the research/evaluation team.
1.2 Ensure early and ongoing community and stakeholder involvement	Based on the existing framework of the Comprehensive Gang Model, the following players would need to be included to build a strong foundation and work towards effective partnerships: • For **Community Mobilization:** local citizens, including former gang members and community groups and agencies. • For **Opportunities Provision:** a variety of specific education, training, and employment programs targeting gang-involved youth. • For **Social Intervention:** youth-serving agencies, schools, street outreach workers, grassroots groups, faith-based organizations, law enforcement agencies, and other criminal justice organizations reaching out and acting as links between gang-involved youth and their families, the conventional world, and needed services. • For **Suppression:** formal and informal social control representatives, who closely supervise and monitor youth involved in gangs, such as agencies of the criminal justice system, judges, probation officers, community-based agencies, schools, and grassroots groups. • For **Organizational Change and Development:** policy makers and program developers. Consider whose voices should and will be heard. What are ways to involve former gang members and have an informed local gang perspective? Are there already young adults in the community who identify as former gang members, publicly?

<table>
<tr><td></td><td>Negotiate shared priorities and shared resources with and amongst key players.

Take time to develop the project team, decision-making process, communication process, and steps to sustainability – these are the foundation of the Comprehensive Gang Model – the model won’t work if these community development pieces are not put into place. When considering resources, ensure there is investment in developing these processes.</td></tr>
<tr><td colspan="2">2. Conduct program exploration and participatory assessment to select an appropriate evidence-based program and decide on necessary adaptations</td></tr>
<tr><td>2.1 Conduct a structured assessment to determine readiness, fit and feasibility</td><td rowspan="2">Consider integrating OJJDP’s assessment guide in this phase, when assessing the needs and strengths of the community and target population: (https://www.nationalgangcenter.gov/Content/Documents/Assessment-Guide/Assessment-Guide.pdf)

Ensure the assessment includes an articulation not just of needs, but also of the strengths within the community.
For example:
Does the city already have a map of community assets and resources?
What are the strengths of existing networks and programs already working on gang prevention?
What are the strengths of the cultural groups within the city?
What are the strengths of the neighbourhoods most affected by gang violence?
What are the strengths of the youth in the city who are not involved in gang activity?
What are the strengths of people involved in gang activity in the city?
Incorporate cultural adaptation into this process. Involve those with lived experience: former gang members, current gang members, key community experts, family members of gang-involved youth. Allow space for personal sharing.

Develop ways to receive feedback on the process from a broader group of community members and family members.

Check individual and group assumptions and biases around gangs and cultural groups within the city. Verify and demystify understandings of gang activity and membership through local research that clearly defines the problem.</td></tr>
<tr><td>2.2 Analyze core program components and identify what in the original program needs to be adapted</td></tr>
<tr><td>2.3 Decide how the program should be adapted and through</td><td>Use the Program Fidelity & Adaptation Plan template in Appendix 2 as a starting point. For this initiative, consider the following:</td></tr>
</table>

which specific modifications	• **Target population**: Clearly identify the age range of the local gang-related problem and ensure the way the group is defined is adequate to address the problem (up to 24? Up to 30?) • **Setting**: Is the setting natural to the target population? Within the community? Will they consider it neutral and safe? • **Staff requirements**: What are the key ethno-cultural differences between the workers, probation officers and target group? What are the complex power dynamics between them? What are some ways we can narrow these differences and address these complexities? (e.g., Hire workers and recruit probation officers who are as ethnically diverse as the target population). • **Main strategies and practices**: Adjust cultural norms and values of the program to match those of the local culture and target population (deep structure of culture). Incorporate a variety of ethnically diverse values, principles, and practices – find the common ground and accepted good practices. • **Dosage**: Maintain the dosage of the original program: street workers meet with each person approximately six times a month and probation officers meet with young person approximately three times a month. • **Duration**: Allow for maximum duration – two years or more – through adequate funding and resources.
2.4 Develop program implementation guides and toolkits for staff	Use a variety of communication styles and tools – written, audio-visual, interactive. Use formats and imagery that represent the ethnically diverse lens of the program.
3. Conduct staff training and pilot testing of the adaptation	
3.1 Provide training and technical assistance to program staff	Use a variety of communication styles and tools – written, audio-visual, interactive. Use formats and imagery that represent the ethnically diverse lens of the program. Allow for hands-on practice, troubleshooting, and collaborative problem-solving throughout initial and ongoing training. Consider who the trainers should be - how will cultural competence be included and modeled in the training? Consider how to adapt the training material to the diverse players involved in the comprehensive strategy, for example: police, faith groups, community leaders, service providers.
3.2 Test the program and its adaptations through a pilot study	Determine: • What will the pilot look like in this community? • How many youth will be targeted for intervention during the pilot? • How will culturally appropriate research methods be incorporated? • How will data be used to evaluate if the pilot has achieved its objectives?

<table>
<tr><td></td><td>Who is interested in research in the community and among partners?
Who wants to be involved in pilot testing?
What is their knowledge and experience with research?
What are their evaluation and research training needs?
Who will own the data being collected?
Who will make final decisions on program adjustments?
Involve diverse partners and perspectives in analyzing the data and recommending final adjustments.</td></tr>
<tr><td colspan="2">4. Refine program adaptation and begin implementation</td></tr>
<tr><td>4.1 Refine Program Fidelity and Adaptation Plan and adjust all program material accordingly</td><td rowspan="3">Intelligent Failure & Learning Loops: Identify successes and failures and explore the broader structural, political, community, and personal realities that contributed to each – see Appendix 8 for a template.

Information Sharing and Consultation: Report the outcomes of the pilot back to all stakeholders involved in the development of the adaptation, including partners and community members. This might include a public meeting to discuss the outcomes and invite more consultation on the ways community members have been impacted by the program and to engage in broader problem-solving around remaining challenges prior to the broader implementation.

Training: Provide refresher training to partners, including experiential learning opportunities that draw on real-life examples from the pilot.

Refine and Implement Program Adaptation: Ensure that lessons from the pilot are integrated into the adaptation and start to roll out the full program, ensuring that adequate support is provided to all partners and that there is continuous attention to reflection and learning.</td></tr>
<tr><td>4.2 Refresh staff training to reflect final program adaptations</td></tr>
<tr><td>4.3 Begin implementing the new program in a formal way</td></tr>
<tr><td colspan="2">5. Evaluate and maximize program quality</td></tr>
<tr><td>5.1 Perform a process evaluation to measure fidelity AND adaptation</td><td rowspan="2">Continue a participatory, community-based process by involving participants, partners, community members, and former gang members in evaluation processes.

Key considerations for the evaluation of collaborative initiatives:
What data collection methods are appropriate for this target population and other key informants?
How can you best engage harder-to-reach youth and families in the evaluation?
Who should collect which data (e.g., third-party researchers, service providers, trained peer researchers)?
Who owns the data?
How are you handling data relating to race and ethnicity? Has any been collected?
Have you tested the evaluation results with your stakeholder base to</td></tr>
<tr><td>5.2 Continue to make program adaptations as necessary to maximize program quality</td></tr>
</table>

	minimize bias in the interpretation of the results, and to capture alternative explanations and narratives? • Who from the project would like to be involved in communicating what has been learned to the broader community? Whose story is it to tell? Use the results to modify your **Program Fidelity & Adaptation Plan** (see Appendix 2) to continue to assess and meet local needs.
6. Evaluate and maximize program impact	
6.1 Perform an impact evaluation to measure program outcomes **6.2 Continue to make program modifications as necessary to maximize program impact**	Continue a participatory, community-based process by involving participants, partners, community members, and former gang members in evaluation processes. **Key considerations for the evaluation of collaborative initiatives:** • What data collection methods are appropriate for this target population and other key informants? • How can you best engage harder-to-reach youth and families in the evaluation? • Who should collect which data (i.e., third-party researchers, service providers, trained peer researchers)? • Who owns the data? • How are you handling data relating to race and ethnicity? Has any been collected? • What types of outcome measures are most appropriate to validate the complexity of the social benefits possible? • Have you tested the evaluation results with your stakeholder base to minimize bias in the interpretation of the results, and to capture alternative explanations and narratives? • Who from the project would like to be involved in communicating what has been learned to the broader community? Whose story is it to tell? Use the results to modify your **Program Fidelity & Adaptation Plan** (see Appendix 2) to continue to assess and meet local needs.
7. Disseminate information about your program and its results	
7.1 Share information about your program within your community and more broadly	Prepare and implement a Knowledge Dissemination Plan

Case Example 2: Local Adaptation of the Multisystemic Therapy (MST) for Indigenous Youth

Evidence-Based Program: Multisystemic Therapy (MST)
Multisystemic Therapy (MST) is an intensive family and community based treatment program that addresses environmental systems that impact chronic and violent juvenile offenders including their homes, families, friends, neighbourhoods, and schools (Multisystemic Therapy, 2017). This program recognises that each system plays a role and requires attention when implementing effective changes to improve the lives of youth and their families. See Table 3 for more information.

Description:
An agency specializing in mental health supports located in a rural northern Canadian town has been noticing a growing number of Indigenous youth cycling through community services, including the emergency shelter, detention facility, emergency room, and hospitalizations for substance misuse and psychiatric care. In response to this, the agency would like to adapt Multisystemic Therapy to this setting with a focus on supporting young Indigenous peoples in the community.

Demographic Information:
Population: approximately 12,000 people
Diversity: 30% Indigenous peoples and 70% Non-Indigenous peoples

Formal Community Resources:
The town has a small community hospital, an emergency shelter for adults and youth, a community resource centre with mental health programs (including counselling services), day programming for various target populations (e.g., parent/baby drop in, adults living with disabilities, seniors drop-in) and a recreational centre with various programming. They also have various community groups/associations (e.g., faith-based, cultural, and recreational groups).

The following table presents the program adaptation framework for local crime prevention programming, with key considerations for implementing Multisystemic Therapy (MST) with Indigenous youth in a rural setting. This includes reflections on how traditional Indigenous values, knowledge, and norms can be used to adapt the program and its evaluation to ensure cultural safety and relevance.

Note: It is important to note that traditional Indigenous philosophies, and the Western concepts of a ‘program’ and of research, represent two different worldviews. The first relies on concepts of interdependence and oral teachings, while the latter focuses on standardization and experimental science. As such, areas of tension will naturally arise when exploring this topic. Nonetheless, there are commonalities in the teachings of each approach, which can hopefully inspire ways for effectively supporting Indigenous youth at the local level.

Table 3: Case Example 2 - Local Adaptation of the Multisystemic Therapy for Indigenous Youth

Guidelines	Key Considerations for the Initiative
1. **Build a strong foundation through strong leadership and effective partnership**	

1.1 Put in place strong leadership and effective partnership processes **1.2 Ensure early and ongoing community and stakeholder involvement**	Due to the history of colonialism and resulting harm done to Indigenous peoples and communities by Western policies, practices, research, and programming, it is important that the Indigenous community have influence over the initiative and control in decision making. A meaningful representative of the Indigenous community must play a leadership role through the Lead Agency, Advisory Group, and/or implementation team. Whenever possible, the Lead Agency should already be operating within an Indigenous Framework, or have strong leadership from this community. Consider whose voices should and will be heard in the design and implementation of the initiative. What are ways to involve local Indigenous Elders, groups and peoples? Negotiate shared priorities and shared resources with and amongst key players. Take time to develop the project team, decision-making processes, communication process, and steps to sustainability. When considering resources, ensure there is investment in developing these collaborative processes. Ensure that all types of knowledge, input, and expertise are valued and acknowledged.
2. Conduct program exploration and participatory assessment to select an appropriate evidence-based program and decide on necessary adaptations	
2.1 Conduct a structured assessment to determine readiness, fit and feasibility **2.2 Analyze core program components and identify what in the original program needs to be adapted**	In the aftermath of historical trauma, Indigenous practices for healing involve decolonization (learning and understanding traditional cultural values and teachings), recovery from trauma (an opportunity to understand and grieve losses), and ongoing healing (a commitment to gaining balance). In Western research on effective youth programming, a connection to one's culture has been shown a key developmental asset that promotes wellbeing. In this context, several strategies and programs have emerged that are considered evidence-informed by Western standards (i.e., supported by research), and responsive to Indigenous philosophies and experiences (i.e., culturally appropriate). Key strategies for supporting Indigenous youth in meaningful and appropriate ways include: (1) ensuring cultural safety, (2) working from strengths, and (3) providing trauma-informed supports (see Bania, 2017). In this sense, Multisystemic Therapy appears to be a reasonable fit since it focuses on collaborative decision-making with participants, trauma-informed support, and enhancing strengths. Its engagement with multiple systems also fits with the Indigenous value of interconnectedness and supports Indigenous learning by drawing on and nurturing relationships within families, and the community (Canadian Council on Learning, 2009). For this initiative, check individual and group assumptions and biases around Indigenous youth and families in the community. Verify, clarify and demystify understandings of local Indigenous peoples through local research that clearly defines the context from multiple perspectives. Take time to identify and connect with the underlying framework, theory, and assumptions of MST and how it may intersect with or conflict with Indigenous values, beliefs, and assumptions (e.g., medicine wheel, perspectives on family) (see Wabano Centre for Aboriginal Health, 2016). As above, it is essential that key players from the Indigenous community are meaningfully involved and

	leading through the complete process, especially when agreeing upon the philosophy of care and guiding beliefs and assumptions. Key capacity considerations include: ● **Staffing:** To be a licensed MST program, service providers must ensure their MST Workers/Therapists receive at least 5 days of training by MST Services. MST Services also requires that staff have a Master's degree, and/or significant experience in the field. Assessing whether the agency can recruit and retain MST staff with this level of education and experience should be a priority. If official MST licensing is not a concern, staff still require a high level of training in therapeutic practices. ● **Transportation:** Needs and ability to travel to youth and families across rural area. ● **Community readiness:** What programs or supports exist for Indigenous youth and families? Is there a reason that they may not currently be working well for youth? Will there need to be relationship re-building to access services? Is there community buy-in for supporting Indigenous youth and families (i.e., from schools, police, social services). All original principles, components and practices of MST should be reviewed carefully through the lens of cultural safety and appropriateness.
2.3 Decide how the program should be adapted and through which specific modifications	Use the **Program Fidelity & Adaptation Plan template** in Appendix 2 as a starting point. For this initiative, consider the following: • **Target population**: MST recommends youth aged 10-17 that are involved in the criminal justice system or are at risk of becoming involved. This includes those with serious clinical issues (e.g., aggression, drug abuse) and those at risk of being removed from the home. • **Setting**: Sessions occur in natural everyday life settings (school, community, home) - therapists go to the youth and family. What is the most comfortable setting for Indigenous youth and their families? Consider holding sessions in locations of their choice only. • **Staff requirements**: Staff from the Indigenous community are ideal. All staff must be highly trained in cultural safety and competence for working with Indigenous peoples. Cultural competence, humility and understanding of family and community contexts is essential for therapists and youth to be successful. Ensure all staff seek to understand and work from a trauma-informed framework. See: Trauma-Informed Resource Guide by the British Columbia Centre of Excellence for Women's Health: https://bccewh.bc.ca/2017/03/trauma-informed-practice-resources/ Manitoba Trauma Information and Education Centre: www.trauma-informed.ca • **Main strategies and practices**: Adjust norms and values of the program to match those of the local culture and target population (deep structure of

	culture). Incorporate local Indigenous traditions, values, principles, and practices. One key consideration is around who defines ‘family’ or ‘parental role’? In line with traditional values, how can various positive connections be harnessed for the benefit of the young person (i.e., grandparents, aunties, uncles, etc.)? Seek to understand Indigenous family life, traditional support structures, and how those supports are accessed. Seek to understand how the local Indigenous community and individuals within that community communicate, provide and respond to feedback, deal with timelines, expectations, etc. These must be mutually agreed upon. Seek to understand and incorporate Indigenous learning styles and priorities from the beginning, such as lifelong learning, experiential learning, learning that incorporates & promotes community well-being (CCL, 2009). Consider how to support modern conceptions of healing for Indigenous peoples such as (1) decolonization, (2) recovery from past trauma, and (3) the ongoing healing journey (see Archibald, 2006; Bania, 2017; Wabano, 2014). • **Dosage**: Maintain the dosage of the original program: Daily or weekly sessions depending on the needs of the young person and their family. • **Duration**: The dosage of the original program is 3-5 months depending on the needs of the young person and their family. Allow for maximum duration.
2.4 Develop program implementation guides and toolkits for staff	Use a variety of communication styles and tools – written, oral, audio-visual, interactive. Use formats and imagery that represent the local Indigenous culture.
3. Conduct staff training and pilot testing of the adaptation.	
3.1 Provide training and technical assistance to program staff	In addition to training in MST, ensure local MST therapists and supervisors have the knowledge and skills for cultural competency. Use a variety of communication styles and tools – written, oral, audio-visual, interactive. Use formats and imagery that represent the local Indigenous culture. Provide training in local language whenever possible. Allow for hands-on practice, troubleshooting, and collaborative problem-solving throughout initial and ongoing training. Consider who the trainers should be - how will cultural competence be included and modeled in the training? Consider how to adapt the training material to the diverse players involved in the comprehensive strategy, for example: police, school officials, faith groups, community leaders, service providers, etc.?

<table>
<tr><td>3.2 Test the program and its adaptations through a pilot study</td><td>Determine:
What will the pilot look like in this community?
How many youth will be targeted for intervention during the pilot?
How will Indigenous research methods be incorporated?
How will data be used to evaluate if the pilot has achieved its objectives?
What are the important indicators to measure? What does success look like? i.e. program indicators & cultural indicators
Who is interested in research in the community and among partners?
Who wants to be involved in pilot testing?
What is their knowledge and experience with research?
What are their evaluation and research training needs?
Who will own the data being collected?
Who will make final decisions on program adjustments?
Involve diverse partners and perspectives in analyzing the data and recommending final adjustments.</td></tr>
<tr><td colspan="2">4. Refine program adaptation and begin implementation</td></tr>
<tr><td>4.1 Refine Program Fidelity and Adaptation Plan and adjust all program material accordingly</td><td rowspan="3">Intelligent Failure & Learning Loops: Identify successes and failures and explore the broader structural, political, community, and personal realities that contributed to each – see Appendix 8 for a template.

Information Sharing and Consultation: Report the outcomes of the pilot back to all stakeholders involved in the development of the adaptation, including partners and community members. This might include a public meeting to discuss the outcomes and invite more consultation on the ways community members have been impacted by the program and to engage in broader problem-solving around remaining challenges prior to the broader implementation.

Training: Provide refresher training to staff and partners, including experiential learning opportunities that draw on real-life examples from the pilot.

Refine and Implement Program Adaptation: Ensure that lessons from the pilot are integrated into the adaptation and start to roll out the full program, ensuring that adequate support is provided to all staff and partners and that there is continuous attention to reflection and learning.</td></tr>
<tr><td>4.2 Refresh staff training to reflect final program adaptations</td></tr>
<tr><td>4.3 Begin implementing the new program in a formal way</td></tr>
<tr><td colspan="2">5. Evaluate and maximize program quality</td></tr>
</table>

<table>
<tr><td>5.1 Perform a process evaluation to measure fidelity AND adaptation</td><td rowspan="2">Continue a participatory, community-based process by involving participants, partners, and community members in evaluation processes.

Key considerations for research and evaluation in Indigenous contexts:
• How can you ensure proper ethical standards, and uphold key principles for research in Indigenous contexts, including: Ownership, Control, Access and Possession (OCAP)?
• What data collection methods are most appropriate for this population and other key informants?
• Who should collect which data (i.e., third-party researchers, service providers, trained peer researchers)?
• Who owns the data?
• Who from the project would like to be involved in communicating what has been learned to the broader community? Whose story is it to tell?

Consult the following resources:
● Ethics in First Nations Research including the principles of Ownership, Control, Access and Possession (OCAP) by the Assembly of Frist Nations, 2009: http://www.afn.ca/uploads/files/rp-research_ethics_final.pdf

● Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERCC), and Social Sciences and Humanities Research Council of Canada (SSHRC) Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. Chapter 9: Research Involving the First Nations, Inuit and Metis Peoples of Canada, 2014: http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/

● Protocols and Principles for Conducting Research in an Indigenous Context (University of Victoria), 2003: http://icwrn.uvic.ca/wp-content/uploads/2013/08/igovprotocol.pdf

● Mi’kmaw Ethics Watch: http://www.cbu.ca/Indigenous-affairs/unamaki-college/mikmaq-ethics-watch/

● Guidelines for Research Involving Inuit (2010): http://www.naho.ca/documents/it/2010_Ethics_FactSheet9.pdf

Use the results to modify your Program Fidelity & Adaptation Plan (see Appendix 2) to continue to assess and meet local needs.</td></tr>
<tr><td>5.2 Continue to make program adaptations as necessary to maximize program quality</td></tr>
<tr><td colspan="2">6. Evaluate and maximize program impact</td></tr>
<tr><td>6.1 Perform an impact evaluation to measure program outcomes</td><td rowspan="2">Continue a participatory, community-based process by involving participants, partners, and community members in evaluation processes.

Key considerations for research and evaluation in Indigenous contexts:
• How can you ensure proper ethical standards, and uphold key principles for research in Indigenous contexts, including: Ownership, Control, Access and Possession (OCAP)?
• What data collection methods are most appropriate for this population and other key informants?
• Who should collect which data (i.e., third-party researchers, service</td></tr>
<tr><td>6.2 Continue to make program</td></tr>
</table>

modifications as necessary to maximize program impact	providers, trained peer researchers)? • Who owns the data? • Who from the project would like to be involved in communicating what has been learned to the broader community? Whose story is it to tell? Consult the following resources: • **Ethics in First Nations Research** including the principles of Ownership, Control, Access and Possession (OCAP) by the Assembly of Frist Nations, 2009: http://www.afn.ca/uploads/files/rp-research_ethics_final.pdf • Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERCC), and Social Sciences and Humanities Research Council of Canada (SSHRC) **Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. Chapter 9: Research Involving the First Nations, Inuit and Metis Peoples of Canada**, 2014: http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/ • **Protocols and Principles for Conducting Research in an Indigenous Context** (University of Victoria), 2003: http://icwrn.uvic.ca/wp-content/uploads/2013/08/igovprotocol.pdf • **Mi'kmaw Ethics Watch**: http://www.cbu.ca/Indigenous-affairs/unamaki-college/mikmaq-ethics-watch/ • **Guidelines for Research Involving Inuit** (2010): http://www.naho.ca/documents/it/2010_Ethics_FactSheet9.pdf Use the results to modify your **Program Fidelity & Adaptation Plan** (see Appendix 2) to continue to assess and meet local needs.
7. Disseminate information about your program and its results	
7.1 Share information about your program within your community and more broadly	Prepare and implement a Knowledge Dissemination Plan

Appendix 1: Green Light, Yellow Light, Red Light Adaptations

Program adaptations have been categorized under three categories of appropriateness using a traffic light analogy (O'Conner et al., 2007; U.S. Department of Health and Human Services, 2012; Bania, Roebuck, & Chase, 2017). Consider these guidelines when program adaptation is being considered.

Green Light Adaptations:
Go for it! These adaptations are appropriate and are encouraged so that program activities better fit the age, culture, and context of the population. In many cases these changes should be made because they ensure the program is current and relevant to the community. • Updating and/or customizing information in the program content to ensure resources are reliable, up-to-date and accurate. • Changing language and terminology to resonate with the community. • Customizing role play scenarios and other activities (e.g., using wording, names or settings more reflective of youth being served). • Making activities more interactive, appealing to different learning styles (i.e., increasing visuals) while keeping the information and/or skill-building content the same. • Tailoring learning activities and instructional methods to youth culture, developmental stage, gender identity, sexual orientation. • Making the words, images and scenarios inclusive of all participants to increase engagement and effectiveness.
Yellow Light Adaptations:
Proceed with caution! These adaptations should be made with caution so that the core components are adhered to and the adaptation does not cause other issues (e.g. time constraints, competition of topics, etc.). When making yellow light adaptations, it is recommended to consult more detailed adaptation tools and/or an expert in the evidence-based program, such as the model developer (if available) before making the change. • Changing session order or sequence of activities. Curricula tend to build upon previous activities and lessons. Be careful not to undermine this logical progression and decrease understanding or skill-building. • Adding activities to reinforce learning or to address additional risk and protective factors. Added activities should reinforce the key positive behaviors targeted. Adding too many activities could dilute the core messages, make the program too long and create retention problems. • Replacing material (videos, manuals, lectures, activities) or using supplemental material. Caution must be taken in replacing or supplementing material to ensure the same content and messages from the original lesson are addressed. • Implementing the program with a different population or in a different setting (e.g., community versus school). Ensure that any changes made to curricula based on group size, setting or culture are done appropriately for the population, while also considering the original content and purpose of the activities. If a different population or setting is chosen, the program may need a number of other modifications.
Red Light Adaptations:

Stop! These adaptations remove or alter key aspects of the program that will likely result in weakening the evidence-based program's effectiveness.

- Modifying the underlying theoretical approach.
- Contradicting, competing with or diluting the program's goals.
- Using underqualified or inexperienced staff.
- Using fewer staff members than recommended.
- Shortening a program by reducing the number/length of sessions or its overall duration.
- Diluting or eliminating key messages.
- Reducing or eliminating activities that allow youth to personalize the experience or practice skills.

Appendix 2: Program Fidelity & Adaptation Plan Template

(Bania, Roebuck, & O'Halloran, 2017)

This Program Fidelity and Adaptation Plan template was developed using tips from several sources and incorporating findings from the literature review by Bania, Roebuck and Chase (2017). It is designed to help teams assess their program and document decisions made around program adaptations to some of the key elements of any program.

Complete the fidelity and adaptation information below in order to guide your local adaptations. Identify which components maintain fidelity to the original evidence-based program, and which components will be adapted for your specific program purposes. Ensure to explain your changes.

Name of the program	
Program Adaptation Plan Version	
Date	
EVIDENCE-BASED PROGRAM **upon which the program is based**	
GOALS & OBJECTIVES **of the original evidence-based program**	

WILL ANY CHANGES BE MADE TO THE GOALS AND OBJECTIVES of the original program for your purposes? If yes, identify each one that will be changed, explain the change, and explain the rationale for the change.	
EXPECTED OUTCOMES **of your program**	
TARGET POPULATION	**To whom is the program being delivered?**

As described in the original program:

Has this component been changed? (tailoring, adding, removing, replacing, etc.)

◯ does not apply ◯ no changes ◯ yes, there were changes (if yes, provide the following details)

Date of change:

Reason for change (select all that apply):

- ◯ Recipient reasons (e.g., age, cultural norms)
- ◯ Provider reasons (e.g., mandate, staff)
- ◯ Community reasons (e.g., needs, political climate, stakeholders)
- ◯ Setting reasons (e.g., geography, facility policies)
- ◯ Evaluation issues (e.g. sample size requirements, resources)
- ◯ Sustainability issues (e.g. funding leverage, community buy-in)
- ◯ Other (describe):

Describe the change and rationale for the change – what it used to be, what it looks like now in practice, and why it changed.

Will it be necessary to modify your program and evaluation design, forms, or tools to accommodate this change? ◯ no ◯ yes

If no, why are no changes necessary? If yes, briefly describe what changes will be made and when.

SETTING	**Where does the intervention/program take place?**

As described in the original program:

Has this component been changed? (tailoring, adding, removing, replacing, etc.)

◯ does not apply ◯ no changes ◯ yes, there were changes (if yes, provide the following details)

Date of change:

Reason for change (select all that apply):

- ◯ Recipient reasons (e.g., age, cultural norms)
- ◯ Provider reasons (e.g., mandate, staff)
- ◯ Community reasons (e.g., needs, political climate, stakeholders)
- ◯ Setting reasons (e.g., geography, facility policies)
- ◯ Evaluation issues (e.g. sample size requirements, resources)
- ◯ Sustainability issues (e.g. funding leverage, community buy-in)
- ◯ Other (describe):

Describe the change and rationale for the change – what it used to be, what it looks like now in practice, and why it changed.

Will it be necessary to modify your program and evaluation design, forms, or tools to accommodate this change? ◯ no ◯ yes

If no, why are no changes necessary? If yes, briefly describe what changes will be made and when.

STAFFING REQUIREMENTS	**Who delivers the program?** (e.g. staff vs. volunteers, training requirements, staff to client ratio)

As described in the original program:

Has this component been changed? (tailoring, adding, removing, replacing, etc.)

◯ does not apply ◯ no changes ◯ yes, there were changes (if yes, provide the following details)

Date of change:

Reason for change (select all that apply):

- ◯ Recipient reasons (e.g., age, cultural norms)
- ◯ Provider reasons (e.g., mandate, staff)
- ◯ Community reasons (e.g., needs, political climate, stakeholders)
- ◯ Setting reasons (e.g., geography, facility policies)
- ◯ Evaluation issues (e.g. sample size requirements, resources)
- ◯ Sustainability issues (e.g. funding leverage, community buy-in)
- ◯ Other (describe):

Describe the change and rationale for the change – what it used to be, what it looks like now in practice, and why it changed.

Will it be necessary to modify your program and evaluation design, forms, or tools to accommodate this change? ◯ no ◯ yes

If no, why are no changes necessary? If yes, briefly describe what changes will be made and when.

MAIN STRATEGIES AND PRACTICES	**How is the program delivered?** (e.g. workshops, classes, home visits, role play, conflict resolution, cognitive behavioural therapy, employment training, treatment modalities, etc).

As described in the original program:

Has this component been changed? (tailoring, adding, removing, replacing, etc.)

◯ does not apply ◯ no changes ◯ yes, there were changes (if yes, provide the following details)

Date of change:

Reason for change (select all that apply):

- ◯ Recipient reasons (e.g., age, cultural norms)
- ◯ Provider reasons (e.g., mandate, staff)
- ◯ Community reasons (e.g., needs, political climate, stakeholders)
- ◯ Setting reasons (e.g., geography, facility policies)
- ◯ Evaluation issues (e.g. sample size requirements, resources)
- ◯ Sustainability issues (e.g. funding leverage, community buy-in)
- ◯ Other (describe):

Describe the change and rationale for the change – what it used to be, what it looks like now in practice, and why it changed.

Will it be necessary to modify your program and evaluation design, forms, or tools to accommodate this change? ◯ no ◯ yes

If no, why are no changes necessary? If yes, briefly describe what changes will be made and when.

PROGRAM TOOLS	**E.g. curriculum, program materials, videos, manuals, order of sessions or material, language.**

As described in the original program:

Has this component been changed? (tailoring, adding, removing, replacing, etc.)

◯ does not apply ◯ no changes ◯ yes, there were changes (if yes, provide the following details)

Date of change:

Reason for change (select all that apply):

- ◯ Recipient reasons (e.g., age, cultural norms)
- ◯ Provider reasons (e.g., mandate, staff)
- ◯ Community reasons (e.g., needs, political climate, stakeholders)
- ◯ Setting reasons (e.g., geography, facility policies)
- ◯ Evaluation issues (e.g. sample size requirements, resources)
- ◯ Sustainability issues (e.g. funding leverage, community buy-in)
- ◯ Other (describe):

Describe the change and rationale for the change – what it used to be, what it looks like now in practice, and why it changed.

Will it be necessary to modify your program and evaluation design, forms, or tools to accommodate this change? ◯ no ◯ yes

If no, why are no changes necessary? If yes, briefly describe what changes will be made and when.

DOSAGE	**What is the quantity and frequency of the program/intervention?**

As described in the original program:

Has this component been changed? (tailoring, adding, removing, replacing, etc.)

◯ does not apply ◯ no changes ◯ yes, there were changes (if yes, provide the following details)

Date of change:

Reason for change (select all that apply):

- ◯ Recipient reasons (e.g., age, cultural norms)
- ◯ Provider reasons (e.g., mandate, staff)
- ◯ Community reasons (e.g., needs, political climate, stakeholders)
- ◯ Setting reasons (e.g., geography, facility policies)
- ◯ Evaluation issues (e.g. sample size requirements, resources)
- ◯ Sustainability issues (e.g. funding leverage, community buy-in)
- ◯ Other (describe):

Describe the change and rationale for the change – what it used to be, what it looks like now in practice, and why it changed.

Will it be necessary to modify your program and evaluation design, forms, or tools to accommodate this change? ◯ no ◯ yes

If no, why are no changes necessary? If yes, briefly describe what changes will be made and when.

DURATION	**What is the required period of time of the program?**

As described in the original program:

Has this component been changed? (tailoring, adding, removing, replacing, etc.)

◯ does not apply ◯ no changes ◯ yes, there were changes (if yes, provide the following details)

Date of change:

Reason for change (select all that apply):

- ◯ Recipient reasons (e.g., age, cultural norms)
- ◯ Provider reasons (e.g., mandate, staff)
- ◯ Community reasons (e.g., needs, political climate, stakeholders)
- ◯ Setting reasons (e.g., geography, facility policies)
- ◯ Evaluation issues (e.g. sample size requirements, resources)
- ◯ Sustainability issues (e.g. funding leverage, community buy-in)
- ◯ Other (describe):

Describe the change and rationale for the change – what it used to be, what it looks like now in practice, and why it changed.

Will it be necessary to modify your program and evaluation design, forms, or tools to accommodate this change? ◯ no ◯ yes

If no, why are no changes necessary? If yes, briefly describe what changes will be made and when.

OTHER NOTES

Appendix 3: The VSP Tool: A Diagnostic and Planning Tool to Support Successful and Sustainable Initiatives (CICYC, 2008)

The "VSP Tool: A Diagnostic and Planning Tool to Support Successful and Sustainable Initiatives" was developed in 2008 by the Centre for Initiatives on Children, Youth and Community (CICYC) at Carleton University in Ottawa, ON (Canada). It is an approach that is based on the lessons learned through research on sustainable crime prevention initiatives in Canadian communities. It is designed to help communities plan and carry out sustainable community initiatives. It offers key principles to consider, important lessons learned from research on sustained community efforts, and poses a series of questions to help develop local, collaborative values, structures and processes. "Katujjiqatigiiniq: Community Action to Sustain a Safer and Healthier Community" is an adaptation of the VSP Tool for communities in Canada's north. It is based on research and consultation with the Government of Nunavut's Community Justice Specialists and research in six communities in Nunavut. The approach is explained in detail at: http://carleton.ca/cicyc/about/.

Appendix 4: The Community Toolbox

The Community Tool Box is a service of the Work Group for Community Health and Development at the University of Kansas (United States). The Tool Box is part of the Work Group's role as a designated World Health Organization (WHO) Collaborating Centre for Community Health and Development. The Tool Box comprises over 40 chapters on topics such as: creating and maintain partnerships; assessing community needs and resources; developing strategic plans and action plans; building leadership; enhancing cultural competence. It also contains more than 15 toolkits on these issues.

Visit the Tool Box and access its resources at: http://ctb.ku.edu/en/table-of-contents

Appendix 5: Pentagon Tool

Taken from p. 29 of Savignac, J. & Dunbar, L. (2014). *Guide on the Implementation of Evidence-Based Programs: What Do We Know So Far?* Ottawa: Public Safety Canada. Adapted from 'The Hexagon Tool' by Laurel Kiser, Karen Blase and Dean Fixsen (2013). Based on work from Lauel Kiser, Michelle Zabel, Albert Zachik and Joan Smith (2007). Refer to Savignac & Dunbar (2014) for a detailed description of the areas listed in the Figure and a scoring chart. The publication is available through Public Safety Canada at: https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/gd-mplmnttn-vdnc-prgrms/index-en.aspx

Image Description:

This chart illustrates the Pentagon Tool program which consists of the following parts:

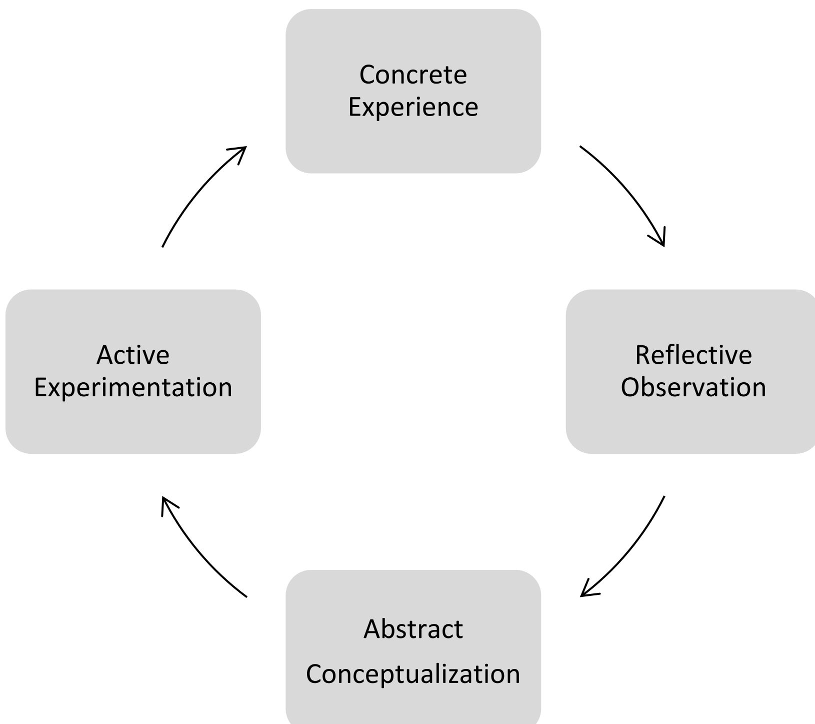
- Fit with Needs in Community,
- Fit with Current Programs,
- Research and Evidence Available
- Program Readiness for Replication, and
- Organization's Capacity to Implement

Appendix 6: Experiential Learning Tips & Tools

"Experience plus reflection equals learning." – John Dewey

Experiential learning helps people apply theory to practice and 'learn by doing'. It's a hands-on approach where participants reflect on their learning throughout an activity, using critical analysis and synthesis. The goals of experiential learning are to explore and expand upon the expertise of participants and provide knowledge that can be applied to real-life situations in the future. This includes the use of interactive activities and discussions, which help learners understand theories and reasoning, then reflect on practical applications in their unique program settings.

Adaptation of evidence-based programs can be complex. Training that invites participants to solve real challenges and apply their learning helps to develop the needed skills to be effective in future adaptations. David Kolb developed the following experiential learning cycle:



Facilitators of experiential learning limit their use of exerting power and control and act as a guide, resource, and support to ensure participants are in control of their own learning (Schwartz, n.d.). Best practices for experiential learning include:

1. Providing opportunities that match diverse learning styles (see figure below);
2. Framing learning as an opportunity to both gain and share knowledge and skills; and
3. Using reflection so learners can connect theory and practical experience (Coker & Porter, 2015; Schwartz, n.d.)

Image Description:

The chart above illustrates the four stages in David Kolb’s experiential learning cycle. Moving in a counterclockwise fashion, the cycle begins with Concrete Experience, which leads to Reflective Observation, followed by Abstract Conceptualization, and finally Active Experimentation.

Appendix 7: Intelligent Failure & Learning Loops Worksheet

How can we improve a program as we move forward? One way is by embracing learning from program failures like unmet goals, missed opportunities, and poor program take-up. Learning through failure is good for an organization; it leads to innovation, resilience, and adaptability.

In 1992, Sim Sitkin coined the term "intelligent failure" to describe the process of maximizing a failure by learning from it. We can make room for failure in program development by committing to fail fast and efficiently – we can set up monitoring and evaluation processes to identify failures early on, reflect on them, and make program changes in light of these failures.

Intelligent failure is linked to organizational adaptability. While a success may lead to reliability and stability, a failure can move an organization forward in new ways. Creating accepting cultures in our organizations and being open to failure can lead to healthy risk-taking and breakthrough ideas (Good, 2014, February 26; Sitkin, 1992). Sitkin (1992) said, "not all failures are equally adept at facilitating learning".

Sitkin (1992) identified four ways organizations can promote intelligent failure:

1. Increase the focus on process rather than outcomes;
2. Legitimate intelligent failure;
3. Engender and sustain individual commitment to intelligent failure through organizational culture and design;
4. Emphasize failure management systems rather than individual failure.

See the following resources to find out more about intelligent learning and how organizations use failure to move forward. You can also use the learning loops worksheet below as a tool throughout the program adaptation process, particularly as you move from a pilot stage to full program implementation.

Resources

Engineers Without Borders. *Failure Reports.*http://legacy.ewb.ca/en/whoweare/accountable/failure.html

Fail Forward (2014). *Fail Forward Toolkit.* https://failforward.org/resources/#materials

Good, A. (2014, May 20). *Intelligent Failure Learning & Innovation Loop.* https://failforward.org/if-loop/

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Learning Loops Worksheet

Identify a complication that has arisen in program implementation or evaluation
(e.g. an unexpected implementation challenge, unmet goal, unwanted outcome)

What didn't go as planned?

What went really well?

Why did that happen?

Why did that happen?

What program components would you change? / What would you keep?

Bigger Picture: Why did <u>that</u> happen?
(Identify broader structural, community,
community,
political, and systemic factors)

Bigger Picture: Why did <u>that</u> happen?
(Identify broader structural,
political, and systemic factors)

What program goals, beliefs and expectations would you change? / What would you keep?

Note: This Worksheet is adapted from Fail Forward Learning Loops Worksheet (https://failforward.org/s/Learning-Loops-Worksheet.pdf)

Image Description

The above graphic is a representation of the Learning Loops Worksheet, a fillable form in which users identify a complication that has arisen in the program implementation or evaluation, and then document the successes and challenges in relation to the identified implementation issue. Aside from the identification of a complication, the user is asked "What didn't go as planned" and "What went really well" in relation to the complication; *why* things didn't go as planned/ went really well; and what broader structural, community, political and systemic factors were in play to *impact why* things didn't go as planned/went really well. Other questions asked to the user are "What program components would you change? / What would you keep?" and "What program goals, beliefs and expectations would you change? / What would you keep?"

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For more information on research at the Community Safety and Countering Crime Branch, Public Safety Canada, to get a copy of the full research report, or to be placed on our distribution list, please contact:

Research Division
Public Safety Canada
340 Laurier Avenue West
Ottawa, Ontario K1A 0P8
PS.CSCCBResearch-RechercheSSCRC.SP@canada.ca

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