
A Case and Recommendations for Building Punjabi Community Health Services in Calgary, Alberta



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About Shift

Shift: The Project to End Domestic Violence was initiated by the Brenda Strafford Chair in the Prevention of Domestic Violence, in the Faculty of Social Work, at the University of Calgary. Shift's goal is to significantly reduce domestic violence in Alberta using a primary prevention approach to stop first-time victimization and perpetration. Primary prevention involves taking action to build resilience and prevent problems before they occur. Shift's purpose is to enhance the capacity of policy makers, systems leaders, clinicians, service providers and the community at large to significantly reduce the rates of domestic violence in Alberta. We are committed to making our research accessible and working collaboratively with a diverse range of stakeholders to inform and influence current and future domestic violence prevention efforts through primary prevention.

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1.0 Report background

A small steering committee of individuals (see Appendix 1) in Calgary is interested in exploring the feasibility of a community-service organization that would target South Asian communities. Coupled with interest from the Minister of Human Services, the Honorable Manmeet Bhullar, this group is interested in understanding the best practices of the Punjabi Community Health Services (PCHS) organization based in Toronto, Ontario, which delivers a comprehensive service delivery model. This model, developed by PCHS-Toronto, implements culturally appropriate interventions in the South Asian communities in the areas of addictions, mental health, aging, health promotion, domestic violence, and parenting (Punjabi Community Health Services, 2010).

PCHS started in 1990, and was incorporated as a not-for-profit agency in 1995. It started by delivering one service – a support service for men with addiction problems – and continued to build its service model by including research and community-level assessments. PCHS also extended its scope to include families as a way of supporting individual community members. Today, the organization delivers 24 programs, to various South Asian communities, including public events, educational workshops, and cultural competency training.

This report is funded by the Calgary Foundation and supported by Shift: The Project to End Domestic Violence. Shift is interested in supporting community organizations in their pursuit to prevent domestic violence in their communities. This report will support the Calgary committee to understand the essential components of PCHS-Toronto that are required to build a similar organization in Calgary. The model proposed in this report draws on PCHS-Toronto, but does not attempt to replicate it in its entirety because any organization in Calgary needs to be sensitive to, and borne of, the Calgary context.

2.0 Methodology

The data collected to inform the recommendations in this report come from a range of sources, including: PCHS-Toronto document reviews, literature reviews, committee member observations in Toronto, and subsequent interviews of these (and other) committee members.

The PCHS-Toronto documents that were reviewed include strategic plans, Annual reports, program information, and the website. The literature review included academic and grey literature using search terms including: South Asian communities and health/mental health challenges and services, community-based ethnocultural organizations, and domestic and family violence. Databases such as PsycINFO, SocINDEX, JSTOR and EBSCO were used in the academic literature search.

In February 2014, two committee members, as well as a representative from Shift, travelled to Toronto to observe services delivered by PCHS-Toronto, as well as engage in discussions with staff at PCHS. The three individuals were then interviewed by the consultant upon their return to Calgary. Two other committee members were interviewed. All of this information informed the following report.

3.0. Rationale for a South Asian-specific service organization in Calgary

3.1. Calgary's changing demographics

Calgary's demographics have changed significantly over the last 30 years. As Calgary becomes more diverse, so do the needs and demands of its population. The following data, from the Statistics Canada census, shows the extent of this diversity in Calgary today. It is important to note that India and Pakistan rank second and fourth as place of birth for recent immigrant populations to Calgary, and Punjabi and Urdu both comprise one of the top 10 languages most spoken at home (Calgary Local Immigration Partnership, 2013). Appendix 2 has more demographical details.

3.2 Issues facing ethnocultural and immigrant communities in Canada

The settlement process for immigrants can be viewed as a continuum, as newcomers move from acclimatization, to adaptation, to integration (Social Planning Council of Ottawa, 2010). Immigrant families, in particular, face unique challenges in living life comfortably in Canada. These challenges include (Centre for Addiction and Mental Health, no date; Mental Health Commission of Canada, 2009; Social Planning Council of Ottawa, 2010):

- Preserving values and practices from the home country and fitting in with practices and values in Canada
- Identity/role issues (e.g., youth figuring out “who they are” – balancing their heritage and their roles in the new country; changing roles for men, women, and elders) Academic achievement
- Inter-generational issues
- Violence within families
- Language acquisition
- Mental health and substance abuse and stress due to pre-migration trauma, economic and social disadvantages, racism, isolation, cultural pressures
- Perceived and actual discrimination

In addition to these challenges, South Asian communities can face a number of other issues. For example, recent studies indicate that as South Asian female adolescents

grow older, they are much more likely to engage in acts of self-harm (Rehman, no date). Moreover, mental health challenges, such as depression and anxiety, affect more than one in five older South Asians in Canada, with women being at greater risk than men (Lai & Surood, 2008). Self-perceived health and physical health are the most significant factors associated with depression. Interestingly, strong attachment to South Asian cultural values (and therefore, less familiarity and compatibility with Western values and culture) is also strongly correlated with higher rates of depression (Lai & Surood, 2008). Another source of stress for South Asian females is intimate partner abuse, which puts battered women at a much higher risk for mental health issues (e.g., post-traumatic stress disorders, anxiety and insomnia) than non-battered women (CSIP/UCLAN, 2014).

Immigrant communities are less likely than the general population to take part in health promotion, prevention and treatment programs (Centre for Addiction and Mental Health, no date). There are numerous barriers that can prevent South Asian community members from accessing services. They can include (Centre for Addiction and Mental Health, no date; Mental Health Commission of Canada, 2009):

- The ability and willingness to seek help
- Fear, shame and secrecy associated with help-seeking behaviors
- Access to effective, culturally appropriate and sensitive treatment and services
- Approval from family members who may be offended at the help-seeking behavior
- Fear of being stereotyped by service providers

3.3 Services for ethnocultural and immigrant communities in Canada

Canada has a long history of providing services to immigrants in order to support their integration into Canadian society. These programs can be delivered by Government of Canada-funded settlement agencies (e.g., Calgary Catholic Immigrant Services, Calgary Immigrant Women's Association, Calgary Bridge Foundation, etc.), mainstream service agencies (e.g., YWCA, Calgary Family Services, Calgary Counseling Centre, etc.) or small ethno-cultural associations (e.g., the Calgary Chinese Community Services Association, Chilean Canadian Community Association of Calgary, Somali Canadian Society of Calgary, etc.).

Although great strides have been made by governments and service organizations to support immigrant and ethnocultural communities in areas such as housing, accessing public and not-for-profit services, language acquisition, and employment, some aspects of service delivery require further effort and investment to ensure these communities are accessing the supports they need. Research suggests that the following key service-related barriers persist (Centre for Addiction and Mental Health, no date; Mental Health Commission of Canada, 2009):

- Services offered by large mainstream organizations do not reflect the diversity of the population nor the individualized needs of the community member
- The target population experiences difficulty finding out what services are available
- Non-English speaking individuals experience significant language barriers
- Services for seniors are often not appropriate to their needs and culture
- Services for youth are often not culturally based

The most detrimental assumption made by service providers (especially those in large or mainstream organizations) is that all humans experience health, mental health and substance abuse the same way (CSIP/UCLAN, 2014). All of these service-related challenges can contribute to decreases in overall health and productivity among ethnocultural and immigrant communities (Centre for Addiction and Mental Health, no date).

3.4 The role of small ethnocultural organizations in Canada

Faced with these unique challenges, many immigrant and ethnocultural communities develop their own organizations, organizing around a common language, country of origin, or particular population (e.g., women or youth). These groups provide important services to families in terms of orientation, information, accompaniment, and appropriate cultural supports, and help to address the common challenges listed above (Mental Health Commission of Canada, 2009). They are an important resource for many families because they provide culturally-based approaches in relevant languages and are better equipped to address social norms that discourage help-seeking behaviors. With insider knowledge of the cultural context and norms, ethnocultural groups and organizations have a clear advantage in supporting families and communities in their quest to settle in their new country.

Other positive aspects of these sorts of organizations are that they are able to operate with a set of assumptions and values that differ from those of mainstream organizations. For example, 'mainstream' organizations may hold the expectation that people are able to read, write, and complete forms, or that they have some knowledge of Western psychological fundamentals (Turner, 2005). They may also emphasize efficiency and deliver their services with strictly prearranged appointment times (Turner, 2005). In contrast, ethnocultural organizations have the opportunity to draw upon the cultural expectations of the community they serve and have the flexibility to use oral and written reporting in familiar languages. They build the communities' capacity by increasing its ability to solve its own mental health and health issues, and promote the development of local knowledge, skills, community participation, leadership and resources (Mckenzie et al., no date). They are also more likely to be

accessed by ethnocultural and immigrant communities because they address barriers related to literacy, trust in services, cultural competence, and diversity, and can help to link different types of services (Mckenzie et al., no date).

These organizations can serve as a bridge between community members and 'mainstream' services. Often small and underfunded, they rely heavily on volunteers. While many work in isolation from other organizations, some have found strength in partnering with other small or larger organizations to better support their communities of interest (Mental Health Commission of Canada, 2009). They are a very important part of the community support structure as they often are the only support for community members who are otherwise isolated.

4.0 The PCHS model

The information gathered through the document reviews and interviews highlighted some important aspect of PCHS-Toronto that should be considered in the development of a Calgary-based model. This section offers a description of the model and outlines the development process.

4.1 Developmental process

Many small community-based organizations, particularly those that are ethnoculturally based, depend on dedicated volunteers to start if off, and then build upon their successes as they emerge. This is the trajectory of PCHS-Toronto who consistently elicited and built on 'buy-in' from members of the community. In 1990, a few members of the community who were working as service providers to the community were alerted to a number of cases of women experiencing violence in their families. These individuals – one of whom was the founding member of PCHS-Toronto – identified this as an important challenge requiring attention. When they approached a funder to help support a project, the funder told them they needed more evidence as to the need. As a result, the individuals gathered committed members of the communities to begin a Participatory Action Research project whereby they interviewed members of the community to assess their concerns. Through this process, it emerged that there was a need for a men's substance abuse group. As a result, a substance abuse group started running in the basement of the founder.

And this is how PCHS-Toronto was born. When PCHS responded to the issues identified in the initial community-needs assessment, a snow-ball effect ensued, whereby other needs were identified through the programs that were being delivered, and new programs and services emerged. Five years later, PCHS-Toronto became a charitable organization. It should also be noted, that the members of the community that Mr.

Mutta and Ms. Kuar hired to do the PAR research became the first members of the board.

Below is a visual (Punjabi Community Health Association, 2014) used by PCHS-Toronto to show the progression of the organization, as they built their understanding of the community needs and services required.



4.2 Key elements

4.2.1 *The integrated holistic service delivery model*

Programs are delivered at PCHS through a holistic model and include group programs and individual case management in mental health and addictions, geriatric services, children, youth and family services, as well as workshops in settlement. This is complemented and supported by a community development and social enterprise program that supports the social and economic health of the community as well. The model (Punjabi Community Health Association, 2014) highlighted on the next page shows an interconnected multiple entry system that brings clients into the agency through a variety of issues that they may be facing, and provides services and support in others that may emerge along their journey through the agency. This supports an 'ecological approach' (Brofenbrenner, 1979) that addresses the multiple layers of the individuals experiences, and situates them within their contextual and interactional nature of their environment. This model has shown success in working with immigrant women as it is adaptive, responsive and specific to the realities of the individual and family (Pignatiello & Roysircar, 2011).



4.2.2 Client as 'family'

Central to their approach is the focus they put on the client as the 'family'. This theme emerged not only in the document review, but also in the interviews with the Calgary committee individuals who travelled to Toronto. It is clear that this cultural knowledge and context is key to the success of their programming, and must be considered when thinking about Calgary's iteration. This is important because family life plays a central role in the South Asian community, where a sense of connection to others supersedes development of an autonomous self (Nath, 2005). As a result, family-based interventions are seen as the most culturally competent treatment model for South Asians (Inman & Tewari, 2003; Nath, 2005). This approach has been shown to be effective in other jurisdictions, such as the Cultural Context Model (CCM) delivered by the Institute for Family Services in New Jersey. This theoretical paradigm and approach to practice and interventions, uses community development methods that target all family members. Instead of fragmenting families by sending members to separate therapists, they place the entire family under the guidance of one integrated team of therapists, thus providing a degree of comfort to the South Asian families, "to whom

maintaining the unity and integrity of the family is of central importance” (Almeida & Dolan-Delvechio, 1999).

Although different in interventions and the type of service to the CCM model, PCHS-Toronto delivers similar approaches that focus on the cultural context and the family as a unit. For example, they deliver parenting workshops as a way to introduce and encourage whole families to engage in the myriad of services offered by the organization. The agency believes that any programming that involves topics related to children is least controversial, resonates with parents, and connects both parents and children to the organization (Observation notes, 2014). The key in this particular program is that staff members build rapport with each of the family members in attendance (and encourage the attendance of all other family members). Observations made in Toronto were that the coordinator was key to ensuring the whole family as the client, and to identify a variety of issues that the family may be facing. As noted in the observation notes (2014):

The Coordinator makes sure everything goes smoothly (families are greeted, parents are taken to the class, children/teenagers are directed to the right group, and necessary interventions are provided if applicable. An important role of the “Coordinator” is to observe the whole process and make sure help/support is provided whenever needed. Finally, this person is familiar with the background of the families, some issues have already been discussed with families and there is a certain plan in place around what needs to happen when particular families come to a workshop. For example, I observed a family who attended with their teenage son who had various issues. The parents came for a parenting workshop with the purpose of taking their son with them and connecting him with services. Although it was planned, everything looked spontaneous. Parents were directed to a workshop and it was suggested that the boy go to a room with teenagers. He did not want to go and kept wanting to go outside to smoke. Eventually, one PCHS worker went outside with the boy so he could smoke and chatted with him, building rapport. If I am not mistaken, the boy agreed to stay connected and receive some services.

More detailed administrative and programmatic observations are included in Appendix 3.

4.2.3 Approach to domestic violence interventions

Interestingly, none of the PCHS documents referred to programs specific to domestic, family or intimate partner violence, or sexual abuse and assault. Obviously, family violence, sexism and patriarchy exist in all countries and cultures, and manifests in

various ways in different communities. It is therefore important to understand how domestic violence manifests in South Asian communities and, more importantly, how it can be addressed. For example, in the interviews with the Calgary committee members, a participant suggested: “One does not speak of family violence or sexual abuse for a variety of reasons – family shame, concern about immigration status and repercussions, family breakdown, etc.” This is complicated by evidence that domestic violence is underreported in South Asian communities (Shankar et al., 2003). This quote suggests a number of cultural nuances that need to be considered in designing domestic violence programming and supports for this community.

Although family and sexual violence are not explicitly referenced in PCHS-Toronto’s documents, these issues are addressed by PCHS, albeit it in a more indirect way. In the Committee members’ interviews with PCHS, they learned that domestic violence and family conflict issues often come up in the services targeted to family enhancements, mental health, and addictions. Staff are very astute in being able to identify potential concerns related to DV, but do not ‘push’ individuals to disclose upfront. It is through other services that the family is accessing, particularly those that speak to the cultural values of the communities (i.e., family strengthening/enhancement, etc.) that domestic violence and sexual abuse and assault are addressed, and linked to the success of the family as a whole (and not necessarily in the separation of the family members to deal with these issues individually). It is unclear, however, what happens when a crisis occurs and if there is a referral process to domestic violence shelters and other acute service providers.

This approach fits well with the literature that argues that service providers should recognize and address the interdependent nature of families, and the pressures on the family placed via patriarchy and gender role expectations, experiences of immigration and acculturation, substance abuse, etc. (Thandi, 2012). Also, by addressing domestic violence with the family and focusing on the restoration of the familial relationships and wellness of the whole family, it supports the arguments for a “restorative justice approach” that emphasizes the healing of the victim and offender and is dedicated to preserving the family and community structure, both important cultural factors with these families (Almeida & Dolan-Delvecchio, 1999; Goel, 2005; Sayem, 2012).

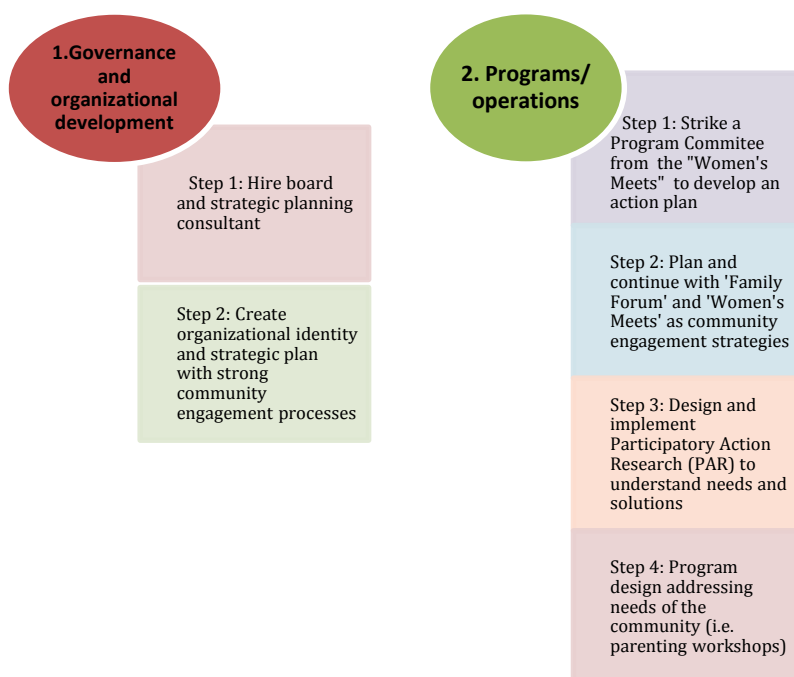
5.0 PCHS-Calgary – moving forward

There is an opportunity to create a local community-based organization that can help address the challenges of the South Asian community in Calgary. This opportunity includes:

1. A small but dedicated group of volunteers with experience working in the community

2. Some organizational infrastructure (the group is already Incorporated)
3. Support from the Minister of Human Services
4. A promising model that is already operating in Toronto
5. The concentration of South Asian families in certain neighbourhoods in Calgary, making local programs possible (i.e., transportation issues do not pose a barrier)
6. A “Women’s Meets” group that is already running. (This group operates through volunteers and brings together women from the South Asian communities to discuss issues that are important to them).

The following visual shows the recommended steps needed to move PCHS-Calgary forward. It is intended to act as a guiding framework. The separate components are described in more detail below.



5.1 Governance and organizational development

Governance is the system by which a committee of individuals ensures an organization’s responsibilities are met. It is an overarching framework for running an organization. It involves authority, accountability, leadership, direction and control in an organization. It is meant to keep organizations functioning soundly and democratically.

The key responsibilities for governing bodies are (Certified General Accountants of Ontario, 2008):

1. Strategic Planning – including philosophy and approach to services

- This includes vision, mission, objectives, strategies, targets and agents of change
- 2. Financial management
 - Budgeting –operating and one-time funding
 - Internal controls
 - Audits
- 3. Human Resource Management
 - People management, talent strategies
- 4. Risk Management
- 5. Accountability
 - Organizational structure
 - Policy and by-laws
 - Roles and responsibilities
 - Signing authority
 - IT management
 - Client record management
- 6. Dispute resolution

PCHS-Calgary has recently incorporated, so it will be important to develop a thoughtful and transparent governance process. As the committee grows to become a board, it should take the make-up of the board into consideration to ensure continued strength and success. Board development requires considerable time and resources. It is recommended that the committee use a portion of the funds received by the Government of Alberta to hire a consultant to: 1) help guide the board towards becoming an open, strong and member-driven entity; 2) help the board develop a strategic and operational plan.

There are several online resources that can help guide the current board in understanding its role and responsibilities as it moves forward. Suggested resources include:

- *Guidebook on the Basic of NGO Governance* – Philippine Council for NGO Certification (found at: www.pcnc.com.ph)
- *Grassroots Governance: Governance and the non-profit sector* – Certified General Accounts (found at: www.cga-ontario.org)
- *Governance as Leadership: Reframing the work of Not for Profit Boards* (http://www.amazon.ca/Governance-Leadership-Reframing-Nonprofit-Boards/dp/0471684201/ref=sr_1_1?s=books&ie=UTF8&qid=1401459266&sr=1-1&keywords=governance+as+leadership)

It will be important for the current group to start small and be strategic. As it gathers committed volunteers and community members together to understand PCHS-Calgary's

growing identity (i.e., by answering the key strategic planning questions of: what do we do, who do we do it for, where do we do it, and how do we know when we are successful?), it will be able to identify individuals who can be nominated to sit on the board. Careful consideration should be given to the specific skills and capacities required at this phase of development (e.g., fundraising experience, legal experience, accounting expertise, community leadership, etc.)

PCHS-Calgary can draw on PCHS-Toronto’s vision, mission, objectives, and core values as inspiration, however it is recommended that the Calgary entity create its own identity from the voices of its local communities. A strategic planning process – one rooted in community-based, participatory, open and transparent activities – will undoubtedly yield the information necessary to inform the emerging PCHS-Calgary identity.

5.2 Proposed strategies

As we have seen through the literature, services are more effective when they are delivered within a culturally sensitive setting. This is key to the success of the PCHS-Toronto model. Programming at PCHS-Toronto is culturally-specific and tailored to community and family needs, while at the same time meeting standards of the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF provides accreditation services worldwide at the request of health and human service providers who deliver rehabilitation for a disability, treatment for addiction and substance abuse, home and community services, retirement living, or other health and human services. Through accreditation, CARF assists service providers in improving the quality of their services, demonstrating value, and meeting internationally recognized organizational and program standards.

As PCHS-Calgary moves forward, it will be prudent to draw upon the existing entry-points and to build on their capacity to be involved with the community, and to bring in information to build on as they continue to exist. An operations committee should be struck to develop action-planning and implementation activities. A suggested plan follows.

5.2.1 Host a “Family Forum” & “Women’s Meets”

An existing entry-point that the committee can build on is the already established volunteer-driven ‘Women’s Meets’. This gathering of “usually professional women from the South Asian communities” (Personal notes, 2014) come together to discuss the concerns and challenges facing them and their communities. The group comprises a sort of ‘communities of practice’ where women can discuss what they do and how they can improve their practice and community well-being. Already, this group has identified the need for facilitated discussions with women from South Asian communities in the areas

of “navigating healthy relationships” and “parenting” (for observations of the PCHS-Toronto parenting program, please refer to Appendix 3).

Another potential entry point is a Family Forum, which the organizing committee is interested in hosting in the fall of 2014. This forum will address an issue that was identified through “Women’s Meets” sessions: the success of their children. A Family Forum will bring together South Asian community members in a day-long session, and offer presentations by workshop presenters on a variety of topics related to this issue, including:

- Children and social media
- Children’s mental health
- Supporting child success at school, positive parent engagement in schools, etc.

This forum would be an ideal venue for launching PCHS-Calgary to the community and gathering community support. It also offers members of the organizing committee an opportunity to gather more information about community needs to inform the development of future programming. For example, the current committee is interested in replicating the parenting program they observed in Toronto as they feel that this would respond to the needs they see in the community, as well as engage the community in their activities. It is recommended this can be an eventual program, when the capacities and resources of the organization strengthen, and after the two activities recommended in this section have begun and are showing success.

Through these two main community engagement and support initiatives, other needs can be identified, with concurrent capacity and feasibility. An operations committee would be able to help set priorities (aided by on-going data collection) and find funds for implementation. As these activities proceed, organizational strategic planning can occur.

5.2.2 Research and evaluation

Although the organizing committee already has some understanding of the challenges that South Asian communities in Calgary are facing, it will be important to gather information from these communities and others to ensure input from a range of stakeholders. Gathering more information will serve several purposes, including helping to:

- inform decision making and priority setting in terms of which problem in the community PCHS-Calgary should focus on
- Identify key partners and supporters
- determine what types of initiatives are likely to have the greatest impact
- determine what aspects of PCHS-Calgary are likely to work in the Calgary context

- inform program development and piloting (i.e., Trying out an initiative on members of the intended audience to make sure it works)
- inform the development of an evaluation plan
- ensure that workplans are running smoothly and goals are reached

Gathering information not only informs PCHS-Calgary about what to move forward with, but also serves to involve community members as much as possible in the roll-out of PCHS-Calgary, which has been identified by committee members as key in its success. By involving community in gathering information and planning initiatives, this can help PCHS-Calgary to:

- Gather community-specific information
- Gain community buy-in
- Connect with partners and supporters
- Produce an initiative that fits the community
- Raise awareness about community mental health, substance abuse, family issues, etc.
- Build confidence that community members can find ways to address issues for themselves
- Build interest and support in the initiative once it is launched

The model used by PCHS-Toronto provides ideas for PCHS-Calgary in terms of potential use of data, as well as where it can be elicited¹.



Methods and stakeholders

There are several ways that the committee can gather information from the communities. The following identifies potential sources of information (stakeholders) and data collection methods (Please note that these are suggestions only). Committee members can draw on their deep understanding of the community to determine which methods are most appropriate for this particular context).

Stakeholder	Methods
<ul style="list-style-type: none"> Community members (those experiencing needs that should be addressed) Health and human service providers (particularly those serving the communities) Government officials (especially those that can help or hinder PCHS-Calgary) Influential community members (leaders who can inform and influence) 	<ul style="list-style-type: none"> Review of existing data (i.e., literature reviews, census data, public records) Public forums (gathering of the public to elicit specific information about key topics) Interviews and focus groups (conducted with individuals or small groups) Surveys Asset-mapping (identifies strengths to build on, rather than focusing solely on challenges)

The Family Forum provides a good opportunity to gather information as there will be an engaged audience at that event. Suggested methods to gather data are:

1. Survey format – hire/engage volunteers that can sit at a table or float around the sessions and ask the attendees to fill out a paper or online survey (perhaps there is an opportunity to set up a couple of laptops so that there is an online survey available). A survey will elicit quantitative data related to questions around
 - Issues the community is facing
 - Services they currently access
 - Concerns they have for their families, etc.
2. Short and long-form questions – qualitative questions will help the committee gain deeper levels of understanding related to the above questions.(However it may be challenging to administer these sorts of interview questions in a public setting like the forum). This can be delivered in more engaging informal ways, such as a graffiti wall using butcher block paper where they respond to key questions or a video booth.

A second opportunity to gather data will be at the ‘Women’s Meets’. This is where a qualitative style questionnaire can be administered to the attendees, in an attempt to garner deeper reflection on issues. For example, a standard questionnaire can be used at the end of each of the sessions, where women are asked to spend a few minutes filling out the survey. The questions should be generated by the operations committee and consist of the data they are interested in generating (e.g., community issues, service accessibility, etc.). A second method of gathering data at these sessions would be to hire a volunteer (perhaps a student) who can take notes and observations while the sessions are in progress, and generate reports for each session. The volunteer could be tasked with analyzing and aggregating the themes and observations that emerge after several sessions and writing a report.

Evaluation

Evaluation is critical to the development of a successful and accountable organization. Program evaluation will help to: 1) ensure that each program is meeting the needs of its users, 2) maintain quality and performance, and 3) give the organization the evidence it needs to demonstrate and communicate its value to funders, constituents and other stakeholders to further broaden its support base. It seems that PCSH-Toronto engages in some evaluation activities through client satisfaction surveys. There are obligations for evaluation and/or standards assessments given the CARF accreditation standards, however there was no evaluation framework among the documents reviewed for this report.

As recommended earlier, program design should follow some successful community-based events that build the capacity of the organization, as well give it the legitimacy it requires to continue with program design. Once a program (i.e. parenting program) has been designed and implemented, it would be prudent to evaluate it for effectiveness and efficiency. There are a variety of ways that program and process evaluation can take place. An operations committee, while it plans for its programs and services, should take into account that it needs to build into its actions evaluation processes. Key staff and volunteers should either be familiar and experienced in evaluation methods, be supported to build their capacity or find funds to hire an outside individual to help in implementing the evaluation. Particular methods can be chosen to respond to the cultural context by which members communicate. For example, it may be better to conduct interviews rather than surveys, or vice versa. An in-depth evaluation system should be informed by such questions and thought through before any implementation.

The current committee could start evaluating their current initiatives right away, and then build on these measures once new programs are introduced. For example, a short questionnaire can be distributed to the women in attendance at the Women’s Meets.

As more sophisticated programming rolls out, it will be prudent for the committee to begin integrating evaluation.

5.3 Potential funders

Potential funders include:

- Ministry of Human Services
- Fundraising in South Asian communities, driven by trusted and committed volunteers
- Community Grants from the Calgary Foundation (deadlines are Feb 15 and Sept 10 of each year) – up to \$30,000
- Requesting a meeting with the United Way of Calgary and Area staff to see if there is an opportunity for funding

The following types of information will need to be developed to secure funding:

- A strong business case – all or parts of this report can be used
- A sound board development process –ensuring transparency and accountability and process for development
- Program design with evaluation plan and data collection strategy
- Successes in currently meeting the needs of the community – by sharing successes of the Women’s Meet-ups and other potential initiatives

The funds are recommended to be used in the following ways:

- Hiring a board and governance consultant to help in organizational and strategic development
- Hiring a coordinator to alleviate pressures for administrative duties on volunteers and to support them in their initiatives
- Program funding – to support current and emerging initiatives through program design and evaluation

Appendix 1: List of committee individuals

Ravi Natt
Danielle Aubry
Rupinder Mangat
Meenu Ahluwalia
Baljeet Khangura

Appendix 2: Demographic information

Figure 1: Calgary Population (CMA) from 1996 to 2011

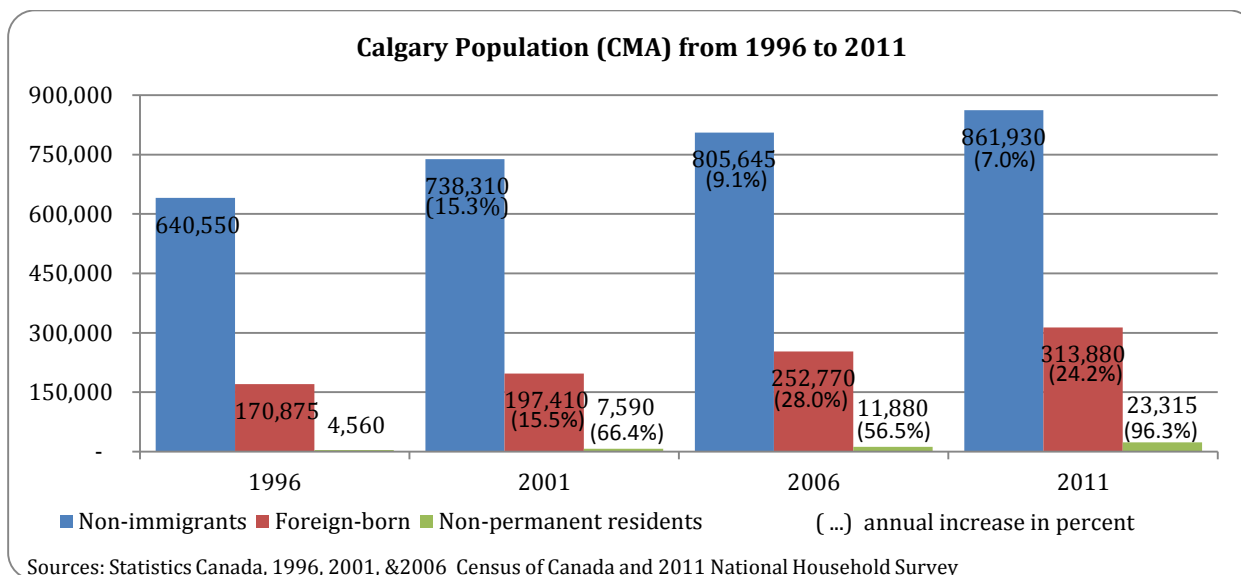


Table 1: Recent Immigrant Population by Places of Birth (Top 10), Calgary CMA, 2011

Recent Immigrants* by Top 10 Places of Birth, Calgary CMA, 2011		
	Calgary CMA (23.6%)**	
	#	%
Philippines	13,160	18.6%
India	8,595	12.2%
China	6,020	8.5%
Pakistan	3,605	5.1%
United Kingdom	3,480	4.9%
United States	2,560	3.6%
Nigeria	2,125	3.0%
Colombia	1,770	2.5%
South Korea	1,755	2.5%
Mexico	1,395	2.0%
* Recent Immigrants are persons who landed in Canada between January 1, 2006 and May 1, 2011.		
** Number in brackets shows to the global non-response rate (GNR) and reflects the data quality. The lower the number, the more reliable the data. Data with a GNR higher or equal to 50% is being suppressed.		
Source: Statistics Canada, 2011 National Household Survey (Profile - Immigration and Ethnocultural Diversity, and Aboriginal Peoples for Census Metropolitan Areas, Census Agglomerations and Census Subdivisions; File 99-010-X2011018.iwt)		

Table 2: Population by Detailed Languages most often spoken at home (Top 10), Calgary CMA, 2011

Population by Top 10 Detailed Language most often spoken at Home, Calgary CMA, 2011		
	Calgary CMA	
	#	%
Detailed language spoken most often at home - Total population excluding institutional residents	1,205,175	100.0%
English	967,735	80.3%
French	7,305	0.6%
Panjabi (Punjabi)	22,570	1.9%
Chinese, not otherwise stated	17,850	1.5%
Tagalog (Pilipino, Filipino)	14,845	1.2%
Spanish	14,600	1.2%
Cantonese	14,510	1.2%
Vietnamese	9,100	0.8%
Urdu	8,855	0.7%
Mandarin	8,845	0.7%
Arabic	8,440	0.7%
Korean	5,770	0.5%
Source: Statistics Canada, 2011 Census of Canada (Census Profile - Age, Sex, Marital Status, Families, Households, Dwellings and Language for Census Metropolitan Areas, Census Agglomerations and Census Subdivisions; File 98-314-XCB2011011.ivt)		

Appendix 3: Observation notes of “parenting program” in Toronto

- Curriculum is offered in a cycle which allows parents to join the group at any time.
- Workshop is offered in Punjabi with a PowerPoint presentation. Content of the presentation can be revised if participants ask for specific topic and/or provide feedback or suggestions for how to improve it. Such changes can be done overnight if necessary.
- The time and place does not change which means that workshops are offered at the same time/location regardless of number of attendees, holidays, or other circumstances. This means there is no need to register for a class and people can join any day. During the day when the workshop was offered, the class was full.
- There are at least 3-4 PCHS staff members present during each workshop. The number can be higher if necessary. This includes:
 1. Facilitator of the workshop;
 2. PCHS Staff - the person who coordinates the process;
 3. Day care worker(s) for young children;
 4. PCHS staff who may spend time with teenagers (if applicable);
 5. PCHS Staff who may need to intervene in various situations.
- Cultural aspects require that each family is warmly treated at the door even if they are coming for the first time and nobody knows them; therefore, it is necessary for a facilitator or coordinator to be there to welcome each family.
- Another cultural aspect is that most families come with their children (despite their age); therefore, supervised day care and a space for older children/teenagers is absolutely necessary. When families come in, children are taken to the right room depending on their age and what they prefer. For example, if a child (who could be in a room with teenagers) does not feel comfortable going into that room, they are offered the option of staying with younger children. Such situations also open a space for discussion and help the children to feel more comfortable (staff is readily available to intervene in moments like this).
- Day Care for younger children: children are not just supervised but also offered various games and opportunities for discussions. This is used as an opportunity to connect with children and support their various learning needs.
- Space for teenagers: older children do not require direct supervision although they are in a room with a glass door that allows staff to observe the environment in the room. The group can be given a task, a topic for a discussion or there might be PCHS staff person who facilitates a discussion with them.
- Any participant of the workshop can receive support, information and/or referrals any time before, during or after a workshop. It seems that staff will stay as long as it is necessary even late in the evening/weekend to accommodate the needs of the families.

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SHIFT TO STOP VIOLENCE BEFORE IT STARTS



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