



Actionable Evidence Initiative Case Study

## Early-Stage Evaluation of a Youth Program: Toronto's Community Healing Project

Molly Doan, Karen Myers, and Kelly Pasolli, Blueprint  
Christina Alexiou, Stefany Hanson, and Souleik Kheyre, City of Toronto

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## The Actionable Evidence Initiative

Led by Project Evident with funding from the Bill & Melinda Gates Foundation, the Actionable Evidence Initiative seeks to understand and remove barriers to building evidence that is equitable, useful, credible, and relevant for practitioners as they aim to improve the outcomes of students who are Black, Latino/a/x, or experiencing poverty. Please visit <https://www.projectevident.org/actionable-evidence> to learn more, join our network, and find partners interested in working together on actionable evidence solutions.

### Actionable Evidence in Education Cases

This case is one in a series commissioned by the Actionable Evidence Initiative in 2020 and 2021. (Cases are published on the Project Evident [website](#).) The series illustrates how researchers, evaluators, practitioners, funders, and policymakers across the country are exemplifying principles of the Actionable Evidence framework. It profiles a range of settings, actors, learning questions, methods, and products, unified by a commitment to practitioner-centered, timely, practical, equitable, and inclusive evidence building. Each case describes the origins, development, and results of a research or evaluation project, along with the authors' reflections on their experiences. Our hope is that these cases will provide both inspiration and practical guidance for those interested in generating and using evidence that leads to better and more equitable outcomes for youth and communities.

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# Actionable Evidence in Education: Toronto's Community Healing Project

**Molly Doan, Karen Myers, Kelly Pasolli, Blueprint**

**Christina Alexiou, Stefany Hanson, Souleik Kheyre, City of Toronto**

## Executive Summary

Blueprint, a Toronto-based organization that uses evidence to improve public policy and programming, worked with the City of Toronto and Stella's Place (a youth mental health organization) as an external evaluator for the Community Healing Project, an innovative program that aims to address the causes and impacts of community violence through the delivery of peer-based programming for participants aged 12 to 24.

Evaluating the Community Healing Project (CHP) required Blueprint's team to think critically and creatively about how to maintain rigor in assessment methodology while simultaneously embracing flexibility and partner feedback. We recognized that an exclusively quantitative or survey-based approach during the early stages of the project could result in overlooking the full range of outcomes worth measuring, place burdensome implementation challenges on our partners, or be ill-suited to help youth participants feel empowered to share their experiences (especially on sensitive topics). Through early conversations with CHP partners, we also recognized that new approaches and tools would be needed to capture the types of stories and insights about youth participants that practitioners were most interested in. We asked ourselves, "What can we do to make it easier for youth to share their stories and experiences, and how can we share this back with partners in a way that will allow them to turn stories and experiences into action and improvement?" Working with the CHP team at the City of Toronto and CHP's partnering organizations, Blueprint developed an early evaluation approach that was collaborative, youth-informed, and prioritized understanding participant experiences.

To accomplish this, Blueprint centered qualitative and participatory evaluation methods in the first years of CHP, including participant interviews, evaluation workshops, and user journey mapping. The data Blueprint captured from evaluation activities generated valuable findings about the project's strengths, areas for improvement, and the outcomes achieved by program participants. Overall, evaluation showed that participating Peer Healers and Peer Mentors (CHP Peer Healer alumni who take on paid staff roles within CHP) gain unique skills, experience, and insights, and are able to reach and connect with youth in their communities in ways that community organizations and non-peer staff cannot. This report documents insights from the first two years of program evaluation activities for an ongoing five-year engagement between Blueprint and the CHP team.

## About the Project

### Origins

The [Community Healing Project](#) (CHP) has been working in communities to support youth mental health literacy and healing from community violence since 2014. In December 2018, the City of Toronto (“the City”) received \$6.76 million in funding from the Canadian federal government to re-imagine and scale up CHP and deliver five years of peer-based programming to address the impact of exposure to violence on youth and their communities. The federal funding came with an evaluation requirement, and the City approached Blueprint, a Toronto-based practice that uses evidence to improve public policy and programs, to lead the evaluation. Although it was the expanded funding resources for evaluation that brought Blueprint to the project, the City and other partners were keen to use evaluation, both to see if and how the program was working, and to respond to changing participant needs over time.

### The Community Healing Project

The Community Healing Project is a peer-based approach to addressing the impact of exposure to violence on youth and their communities. CHP is grounded in the belief that peers – young individuals with lived experience – can connect with youth in ways that community organizations and clinicians cannot.

Through CHP, youth aged 18 to 29 with lived experience with community violence become Peer Healers, participating in an intensive 12-week Peer Support Training Program to build mental health literacy, resiliency skills, and peer support skills. Peer Healers are then supported by CHP staff, including program graduates who are hired as “Peer Mentors,”<sup>1</sup> and four community-based agencies to deliver programs, workshops, and activities to youth aged 12 to 24 in communities across Toronto over the course of 12 weeks.

The workshops Peer Healers deliver to youth cover a range of topics, including mental health literacy, accessing community-based supports, talking about mental health with family/friends, grief and loss, fight/flight/freeze responses to trauma, and other topics. Personal well-being, positive interpersonal relationships, and engagement with community and school are significant aspects of resilience, a key concept for trauma-informed approaches to individual and community healing in the wake of community violence.

<sup>1</sup> Peer Mentors were formerly called Youth Peer Mentor Coordinators.



#### Peer Healers

Youth ages 18-29 with lived experience of community violence who participate in the Community Healing Project.



#### Peer Mentors

Graduates (former Peer Healers) of the Community Healing Project who are hired on as staff to support Peer Healers. Previously called “Youth Peer Mentor Coordinators.”



#### Youth Workshop Participants

Youth ages 12-24 who participate in the community-based workshops delivered by Peer Healers.

The project places training for Peer Healers as part of a therapeutic process, based on the belief that personal healing and peer support training are mutually reinforcing. The project also helps participants name and understand the value of the skills they gain, including helping them think about career pathways flowing from their training. By hiring program graduates as Peer Mentors, the program deliberately provides one possible step in a career pathway for Peer Healers.

Most Peer Healers are youth of African and Caribbean descent living in underserved areas of Toronto and within communities that face systemic inequities. A high proportion of the youth indicate that they have experienced trauma, including trauma resulting from exposure to community violence. Almost all Peer Healers (around 90%) had completed high school by the time they started CHP. A smaller proportion (<20%) had completed some post-secondary education (university, college, diploma, etc.) at the time that they started CHP.

Each cohort of the project includes 25 to 27 youth Peer Healers with lived experience of community violence exposure. They receive a stipend for participating. Over two cohorts in its first year, the project reached approximately 170 youth workshop participants each week in 15 communities across Toronto.

Following the onset of the COVID-19 pandemic, CHP pivoted to fully virtual program delivery.<sup>2</sup>

## Partners

**Blueprint** is an organization that collaborates with policymakers and practitioners to shape visionary ideas into evidence-informed policies and programs. Our pragmatic and rigorous approach enables our team to design, execute and evaluate strategies that create meaningful—and measurable—change. Blueprint’s involvement in this project was led by Molly Doan, who specializes in youth-focused evaluation and community engagement, in collaboration with a multidisciplinary team of qualitative and quantitative researchers and research operations specialists. As we go into the third year of the project as of this writing, we have established a core team of researchers supporting CHP who have experience working with practitioners and in the communities served by CHP.

For CHP, Blueprint was part of a partnership that included a Community Development Officer with the **City of Toronto’s** Youth Development Unit, as well as a Program Manager and Peer

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<sup>2</sup> Virtual program delivery includes virtual Peer Support Training and virtual community workshops, on Zoom or Instagram Live. The CHP team also adapted the model to meet the needs of two target populations: frontline staff, youth workers, and community volunteers; and parents and caregivers of children and youth aged 12 to 29 years. The CHP team recognized that the needs of Black and other underserved communities were greater and more urgent in light of the pandemic and also witnessed an uptick in discussions about systemic inequities and police brutality in Toronto and elsewhere. Also, the CHP Peer Healers and Peer Mentors could no longer be “on the ground” in communities across Toronto. The CHP team wanted to support people on the frontlines supporting Black and racialized youth: youth workers, volunteers, frontline staff, parents, and caregivers. Blueprint worked with the CHP team to redesign evaluation plans for the two new pilots and sought to use this as an opportunity to develop a deeper understanding of the needs of communities.



Development and Training Manager from **Stella's Place**, a youth mental health organization and training lead for the project. Team members at the City of Toronto and Stella's Place had a deep understanding of the program and the strengths and needs of youth participants.

In addition, four “Quadrant Leads” — organizations working in areas of the city experiencing higher rates of violence — were engaged to lead CHP's delivery in specific communities, building on their knowledge of and relationships with community members and organizations. The Quadrant Leads were **St. Stephen's Community House, Yorktown Family Services, Jane and Finch Family Centre**, and **Agincourt Community Services Association**. All four of these organizations also provide other types of social services and programming within their respective neighbourhoods. It was important that the City engage Quadrant Leads that were embedded in their communities and that had the capacity to support the holistic needs of youth involved with CHP, through providing referrals or connecting youth with additional supports.

## Resources

The project was funded by the federal government through the Youth Gang Prevention Fund, part of the National Crime Prevention Strategy. The total budget for the project was \$6.76 million for the five years, with the evaluation-specific budget being approximately 5% of those funds. CHP partners were able to accomplish a great deal with these funds, but it is worthwhile to acknowledge that multi-stakeholder, multi-year, participatory evaluation work is resource intensive, a reality that should be factored into budgeting considerations. Getting to the insights and outcomes described here required heavy lifting and going above and beyond on the part of all CHP partners, including Blueprint.

## Approach

### Leading Principles

Our approach to this project focused on collaboration and iteration, meaning we planned to work with all the project partners with a goal of identifying opportunities to strengthen both the evaluation and the project itself as we learned what was working best. We incorporated this collaborative approach through learning from and adopting the values of our partners on this project, and it has now become a meaningful part of Blueprint's work in general. We set goals for the five-year evaluation overall (about measuring outcomes related to mental health, peer support, and workshop facilitation, understanding the implementation of the model, and identifying opportunities for improvement). Then we determined our goals for Year 1, with annual goals being revisited each year.

Working with the partners, we developed clear goals for evaluation in our first year. We wanted to:

- Document the process of implementing the Community Healing Project
- Share the experiences of participants and partners
- Drawing on the experiences of participants and partners, identify opportunities to strengthen CHP moving forward

## Timing Matters

The expanded CHP built on a previous, smaller version of the program from the City. Key components were already in place: Peer Healers were receiving training and leading workshops for youth participants in two communities. But the new funding meant the program could grow in its ambitions and its reach. Evaluation had already been a priority in the smaller program that originated CHP; even when it was running with a budget of \$50,000, money was carved out for evaluation activities. Among other benefits, that initial evaluation helped demonstrate the value of the pilot to funders. But with new resources to expand the program's scope came the need for a partner to help evaluation processes scale up alongside the program.

Blueprint joined the team when the expanded CHP was getting off the ground. The partners, including Quadrant Lead organizations, had begun work to scale up program delivery, but key program design questions were still in motion. As evaluators, this was a good time for us to join the project because it allowed us to think about how we could use evidence to inform the design of the program as well as the evaluation. This meant incorporating ways of collecting and tracking data from the beginning, so that we could begin seeing what was working, what wasn't, and course-correcting and improving as we went. CHP's status as a five-year long project shaped how we approached evaluation activities early on; Blueprint knew that we had "runway" to meaningfully iterate our evaluation processes, build capacity internally and among our project partners, and be deliberate and planful for a multi-year engagement.

Joining the process early also meant we were able to be a part of developing the logic model for the project. We were a part of the conversations clarifying what every partner was trying to accomplish through the project and how a participant should experience the project. The logic model evolved significantly through rounds of feedback from stakeholders, from a more traditional and general version to one that better reflected the ways that different types of participants interact with and might benefit from CHP ([Exhibit 1](#)). This was extremely helpful in framing Blueprint's evaluation approach to ensure we were focusing on the measures of success that were most meaningful to those involved.

## Power and Respect

Public Safety Canada (PSC), the federal funder, was very keen on evaluation and had ideas about what steps the evaluator should take and what indicators should be measured. Overall, this approach supported the delivery of a high-quality evaluation process: the funder set clear and valuable guidelines for the evaluation, including requiring grantees to clearly articulate the need and context for the project, requiring clear documentation of the program model (including the theory of change and logic model), and requiring evaluators to design a detailed evaluation plan and implementation plan.

However, as the project developed, it became clear that collecting some of the measures initially requested by Public Safety Canada would require asking very personal questions of program participants. Given the context of the program – serving youth from communities



which have experienced community violence and trauma — we wanted to approach these issues respectfully and considerately, rather than asking probing personal questions. PSC was very receptive to this, and we developed ways of measuring how program participants benefited from the project without making them feel that they were being examined. PSC understood that we were starting on a five-year project, meaning we had to do preliminary work with project partners and participants to build familiarity and comfort with evaluation as an important part of project delivery. Their flexibility and openness to collaboration was instrumental in tailoring our evaluation tools to be responsive to participants' contexts and needs. Our funder was exceptional in this respect and was capable and interested in our theory of change, as well as the respective risks and upsides of different evaluation approaches.

This was especially important given the power dynamics between Blueprint and the project participants. Many members of our evaluation team live in different neighbourhoods from project participants, come from different cultures, are different ages, have different incomes, and have different lived experiences. Most of the Peer Healers are Black or from other minority racial backgrounds: 85% of Peer Healers identified as having either African or Caribbean descent. In Year 1, the team members from Blueprint working on this project were not representative of CHP participants. We've been taking steps to address this as an organization since, and we were fortunate to work with a practitioner team that did have shared lived experiences with participants, were more embedded in the communities, and were guided by participants' needs and realities. The staff on the CHP team were extremely generous with their insights. When we were developing our Year 1 report, they shared what brought them to the program and how they connected to the work. We were so grateful for what they shared, and it gave us a much deeper understanding of the project and what systems-level changes staff were hoping would come from it (e.g., speaking to and addressing inequities in the mental health system in Canada). We kept these power dynamics at the front of our mind when we were designing our evaluation, with the goal that evaluation activities would feel like something useful and empowering to program participants, not like something they were being subjected to.

The success of our evaluation tools was improved by embracing relational thinking and gathering information in ways that were responsive to how participants could feel safe and heard. In our first year, it was the Peer Healers and Peer Mentors themselves who were delivering postcard surveys (see below) to youth in the workshops, and we also relied on feedback from Peer Healers to inform our understanding of how workshops were experienced by participants. Developing processes that leverage the relationships between different "layers" of practitioners and participants helps build trust in evaluation activities and ongoing capacity for the program. Going into Year 3, we are looking for more intensive evaluation involvement from Peer Mentors and, if possible, Peer Healers. We are hoping this will take the shape of a co-designed, participatory data collection activity leveraging human-centred design principles.

## Picking the Right Tools

Blueprint selected evaluation activities tailored to the project participants, but we also had to address the needs of the project partner organizations and the funder. We needed activities that would both provide useful information and be easy to deploy over the course of the project.

The tools Blueprint used in Year 1 were:

- Observations from meetings with the City, Stella's Place, Quadrant Lead organizations, the advisory committee, and other project partners
- In-person, 90-minute interviews with 5 Peer Mentors from Year 1
- In-person, 60-minute interviews with 5 Peer Healers from Cohort 2 of the Peer Support Training Program at Stella's Place
- In-person, 60-minute interviews with staff from all of the Quadrant Lead organizations
- In-person, 90-minute discussion with program delivery staff at the City of Toronto and at Stella's Place
- Administrative data captured by Stella's Place for Peer Healers from whom the evaluation team has obtained written consent
- Workshop Reflection Sheets completed by Peer Healers after each community workshop
- Written feedback through a "postcard survey" ([Exhibit 2](#)) of 71 youth workshop participants from Cohort 2 of CHP

From the start, our evaluation approach has been focused on measuring outcomes (the difference made in project participants' lives) rather than outputs (how many project participants spent how many hours in programming). Part of our work as evaluators was leaning into the qualitative components of project measurement, ensuring that narratives and experiences were central to how CHP could gauge its success and capture what was working. There is often pressure from funders and partners to have at least some quantitative data, even in the early stages of a project: this pressure is borne from positive intent, with the goal of getting strong insights. With CHP, Blueprint had conversations with our partners about what quantitative data might be collected, how it could be collected, and why it was important to have. Ultimately, these conversations led to the decision to lean into a primarily qualitative approach in Year 1, with the understanding that we will use what we learned to build up our collective capacity to gather and operationalize quantitative evaluation techniques over the course of the program.

The choice to prioritize qualitative evidence early in the project helped to open up the scope of program evaluation and capture valuable outcomes not previously measured. Specifically, Blueprint worked with project partners to begin measuring how the program was affecting Peer Healers who were developing and facilitating CHP workshops, rather than focusing only on workshop participants. By working with our partners, we started using evaluation streams

that reflected the value of Peer Healers' experience and capacity as an important program outcome.

We decided to look at Peer Healers because of what we heard and learned from the CHP team. From the start, it was clear that partners were invested in how Peer Healers could benefit from CHP. In our first meeting about the project, a lead at the City of Toronto explained that she would like to understand how Peer Healers can use CHP as a stepping stone to greater career opportunities. Once we were working on the theory of change and logic model and digging into the research, we started having conversations with the CHP team around the levels of intensity the program provided for Peer Healers and Peer Mentors compared to youth workshop participants. We guessed that while all types of participants might experience changes in the same domains (e.g., mental health), the changes are likely to be greater for Peer Healers and Peer Mentors, and this resonated for the CHP team. We reflected this difference in the evaluation questions, data collection approaches, and data collection tools.

The most useful data sources were the individual participant interviews we conducted. We went to the Quadrant Lead organizations, which were often locations the project participants were familiar with and felt relaxed in. In some cases, we did our interviews in therapy rooms, which were bright and comfortable. In other cases, we met with the Peer Healers and Peer Mentors at the college where they were attending CHP cohort meetings. These were always one-on-one sessions. This kind of qualitative, intensive exercise is hard, and it takes a lot of resources. But it completely shifted our understanding of what the CHP is and what it does for project participants. It was vital. We are grateful that the project partners trusted us to work directly with the participants.

To enact this approach effectively, we worked with a colleague at Blueprint who has expertise in human-centered design. Based on her input, we decided to use a journey mapping exercise ([Exhibit 3](#)) with Peer Healers and Peer Mentors we interviewed, meaning we asked them to reflect on each stage of the program and how they felt in that moment. We not only asked for their own words—we also asked them to use emojis to express their feelings. Plotting out the CHP journey in emojis helped render the experiential aspects of the program in a structured way.

This was our first time trying this approach, so we made sure to leave time after each interview to get feedback from the participant—what they liked about the conversation, what suggestions they had for us going into our next interview, etc. Overall, we received positive, encouraging feedback, particularly when it came to the emoji map. The interview team at Blueprint also edited, removed, and added questions during the data collection period based on both direct feedback and cues we noticed in interviews, for instance cues that suggested that the language of the question was not clear enough. This kind of two-way communication and consultation does more than help evaluation participants feel respected and included within evaluation processes—it also meaningfully improves the quality of the information that

practitioners are able to collect. In our experience, the more that evaluation practitioners can incorporate youth input into evaluation tools, the stronger those tools will be in practice.

We found that it's not only important to pick the right tools—it is also vital to use them in the right order. Working on CHP has shown us the importance of sequencing evaluation activities to ensure that insights build on each other and to build capacity over the life of the project. Over the course of the five-year evaluation of CHP, we have started introducing new methods and tools as capacity grows and have begun emphasizing more quantitative methods to complement our early emphasis on qualitative methods. We are doing this because project partners are starting to need new insights and are becoming more comfortable with embedding evaluation into the project activities.

### Collaboration is Key

At the beginning of the project, we met directly with Peer Healers and Peer Mentors to ask them what they wanted out of evaluation and what they thought we should avoid. We also worked with Stella's Place to develop feedback activities for workshop participants, such as the postcard surveys. Looking back, we would have wanted to have worked with these groups even more intensively, and we have built more frequent touchpoints between the evaluation team and program participants into current cohorts.

Throughout the project, we had three streams of recurring meetings to make sure the entire project ecosystem was well connected.

First, Blueprint, Stella's Place, and the City met regularly in a small group, refining the project's logic model and selecting and designing the right data collection tools.

Second, every other month, we would meet with the larger project group – Blueprint, Stella's Place and the four Quadrant Leads. Everyone provided updates on their work, with Blueprint reporting in on evaluation design and what we'd learned so far. We heard about delivery partner challenges and could collectively troubleshoot and clarify processes. It was extremely helpful to have a table at which to strategize and collaborate. These discussions grounded a lot of the iteration we did on evaluation approaches. It also helped the partners see inside each other's processes and learn from each other, allowing us to collectively make sense of insights as they emerged. These meetings were held at the Quadrant Leads' offices, on a rotating schedule, meaning we met together in the different communities where the project was being delivered.

“ The interviews and feedback Blueprint gathered helps us meaningfully demonstrate the program's value. Decision-makers benefit from hearing stories in order to understand the impacts of a program. Before Blueprint joined CHP, these narratives and the lived results of the CHP were captured in the knowledge and observations of program staff, but not necessarily shared more broadly. **Blueprint made understanding and rendering the lived experience of CHP participants a core function of evaluation**, rather than a secondary concern.

Stefany Hanson  
Manager, Youth Development  
City of Toronto

The third type of recurring meeting was with the Community Healing Project Advisory Panel, who we met with more intensively during the beginning of project development. Panel members included youth, several of whom were CHP program alumni. They shared their goals and preferences for the evaluation process.

We also had meetings based on specific needs. For example, Blueprint, the City and Stella's Place met and collaboratively mapped out a complete user experience plan with a goal of understanding how participants and partners would "move" through the evaluation processes and making sure everyone understood how data would be gathered during the project.

While we were always collaborating with CHP partners, each partner in the project had different expertise and led different discussions. For example, the funder required that the project have a centralized data system. Blueprint had more familiarity with implementing such a system, so we briefed the partners on options and approaches, at which point all partners had a robust conversation. On the other hand, Stella's Place and the Peer Healers had deep experience and insight into what types of evaluation activities youth attending community workshops would respond to best, and how training could be enhanced to improve both the program and evaluation outcomes. For their parts, Quadrant Leads were integral in ensuring program processes were responsive to the needs of their respective communities. Even though CHP is a city-wide program, the goal is to effect change on a local level, which means putting trust in partners with local expertise.

When collaborating with our CHP partners, our goal was always to show up to the table with warmth, humility, and curiosity. Thankfully, our project partners worked well together before having a structured or formal conversation about how we might handle conflicts or divergent goals. However, having an explicit conversation about our shared values near the end of the first year of CHP led to a deeper understanding between partners of how we could best work together and what we were trying to achieve. If we were to do this project again, we would choose to have that discussion even earlier in the process.

## Challenges and Responses

### Revisiting Data Collection Strategies

Our initial approach to the project involved detailed surveys. This was in part in response to the funder's initial direction, and in part because surveys are a primary, and familiar, tool for program evaluation. But when we started to field the surveys, we were not confident that they were the right tool for this program. First, the expanded CHP project model itself was still

### Partnership Values and Principles

- **Resourcefulness:** Be personally motivated to be resourceful, creative, and do what is needed to ensure CHP succeeds.
- **Relationships and wellbeing first:** Take proactive interest in the wellbeing of participants and each other.
- **Collaboration:** Use a co-design approach for curriculum, program model, and evaluation development and refinement.
- **Responsiveness:** Make space for program components to change and evolve, depending on successes, challenges, and needs of participants.

being determined as the delivery partners were working together to refine what would be involved in scaling the program; surveys are a relatively inflexible tool and therefore a poor match for programs whose design is still shifting. And as we said above, surveys are not always appropriate for sensitive subject matter, especially with populations who have experienced systemic racism and could mistrust how and why information is being collected and used. Our response was to stop our initial survey process and work with the project partners to develop alternate evaluation activities that would resonate with project participants while still producing information that was useful to program leaders. It was important to do this in collaboration with the project partners who have community connections and experience with youth participants.

One of the biggest things we learned was about the non-linearity of the healing and learning journey of youth. Had we relied exclusively on surveys, we would have had information about participants before the program, after the program, and some follow-up elements. That gives us a good snapshot of net progress but misses so much of the substance of what youth experience in between. When you are interested in how to strengthen a program, there is incredible value in being able to capture the journey. By doing interviews, we learned about the ups and downs youth had within CHP in a way that we wouldn't have captured from surveys. These insights weren't just interesting, they were actionable: what we heard led to some changes in the curriculum (e.g., adding new topics to workshops) and reinforced the need for a full-time case manager in Year 2.

### **Navigating Trauma and Other Sensitive Content**

Another difficulty we had throughout this project was how to manage the power dynamics associated with our evaluation, especially around sensitive issues like healing from trauma. Clear consent processes were an important feature of preserving choice and autonomy for those who participated in evaluation activities. In the case of evaluator-led interviews, we also tried to give interviewees power by holding interviews in comfortable, familiar places in their communities, and by tailoring the questions, approaches, and length of interview to their needs. In some instances, we relied on Peer Healers and Peer Mentors to deliver other evaluation activities, so that there would be comfort on the part of those giving feedback to really *choose* to participate, to ask questions, and understand the goals of the evaluation. We recognize that some participants may have had negative experiences with evaluation or research in the past, such as feeling over-researched, exploited, or misrepresented. When not everyone opts in, we are considerate of and transparent about the representativeness of the sample. As long as this question of 'representativeness' is explicit and actively considered when conducting analysis, we don't see 'opting out' as a problem in our research.

### **Informed Consent for Youth**

We had to make decisions around how to facilitate informed consent within varied evaluation processes, especially for minors, since CHP involves participants ranging from 12 to 29. We decided to do evaluation activities with participants who could give consent themselves (i.e., over the age of 16) rather than asking younger participants to engage with parents around



possibly vulnerable information. We tried to be mindful of age in adapting the language of evaluation tools to be accessible and user-friendly to youth in different stages of development.

## Results

CHP evaluation activities led by Blueprint have identified the following themes from the first year of CHP:

- Participants see CHP as a rare and transformative opportunity in their lives. Peer Healers and Peer Mentors gain unique skills, experience, and insights, and can reach and connect with youth in ways that non-peer staff cannot.
- The CHP model is complex and there are opportunities to draw on the processes and lessons learned in Year 1 to strengthen implementation moving forward.
- Strong communication channels and fostering a community among participants and partners are critical to strong implementation of CHP.
- The place-based approach is a key part of the model, and participants identified opportunities to better connect CHP to the communities where the program is delivered.

Preliminary evaluation activities for workshop participants showed both higher-than-expected attendance and positive experiences for the 12 to 24-year-olds who gave feedback in Year 1. Results from the postcard survey indicated that 90% of the 71 youth respondents identified the workshop experience as either positive or very positive:



While we did not gather workshop demographic data in Year 1 directly from participants, information shared by Peer Healers (who were facilitating workshops) indicated that youth workshop participants appeared to be within the target age range, appeared to be Black and people of color, and were interested in participating in a workshop about mental health and community violence. In future years, the evaluation team expects to gather more detailed survey data on the impact of workshops on youth participants, and ask participants to provide limited demographic information, including their age and community.

We compiled two reports to showcase findings from Year 1 of CHP: a comprehensive, text-heavy report for the funder and a shorter, visually focused report designed to be digestible and accessible to a broader audience, including CHP partners, participants, City staff, and community members ([Exhibit 4](#)). We proactively shared the visual report with project participants. We wanted them to see what their work with us on evaluating the product had yielded, especially since they had invested so much time with us. Unfortunately, due to COVID-19, we were not able to present to them and instead sent the report via email.

Developing better reciprocity between participants and CHP evaluators is something we’re concerned with, and we hope to continue to improve.

City of Toronto and CHP’s partner agencies incorporated evaluation insights and feedback from participants and partners into the second year of the CHP project. Changes based on Year 1 findings included expanding content included in the Peer Support Training Program for Peer Healers, developing a new application process for Peer Healers, hiring a Case Manager to provide participants with additional needed support, and making four counsellors available to provide counselling to participants on a referred or self-referred basis. Based on evaluation feedback, what is now the “Peer Mentor” role was formerly the “Youth Peer Mentor Coordinator” (YPMC) role; after Year 1, the roles were split and redefined to ensure individuals had employment opportunities that matched their skill sets and had enough capacity in their roles to carry out required tasks.

Many of these changes came from us sharing direct quotes or themes that came up in conversations with Peer Healers, YPMCs, and Quadrant Lead staff. The people we spoke to were very open about challenges they had faced. For example, we heard that some Peer Healers and YPMCs were working through their own personal and professional challenges while trying to support youth in their communities with similar issues; that YPMCs were trained in peer support and leadership, but not necessarily familiar with administrative tasks, coordination skills, and more traditional workplace cultures; that Peer Healers valued their training and wanted more training and education on key subject areas to support their work in the community. These themes resonated with the CHP team and reflected what they were seeing in their day-to-day work – they already had ideas for what changes could be made, with the understanding that we would then need to pilot these changes to see if they were adequately addressing the challenges that came up in Year 1. This became a focus for the Year 2 evaluation.

Alignment with Actionable Evidence Principles

Principle	In This Case...
<b>Centers on Community Needs and Voices</b> <i>Addresses the context, perspectives, priorities and assets of students and families, along with the challenges they face</i>	<ul style="list-style-type: none"><li>• In this first year of a five-year project, Blueprint and our partners centered a qualitative approach to evidence gathering and focused on empowering project participants to share their experiences.</li><li>• This meant using activities and interviews rather than surveys, and grounding our evidence gathering in relationships: for instance, by having peers deliver some of the activities, and by working with project participants to gather their input and goals for the evaluation.</li></ul>

<p><b>Prioritizes Practitioner Learning and Decision-making</b>  <i>Answers questions that are highly relevant to policy and practice, and that help practitioners prioritize decisions in service of students and families</i></p>	<ul style="list-style-type: none"> <li>As the project’s evaluation partner, Blueprint met with practitioners regularly to develop evaluation processes, exchange early insights and questions, and make sure that the information we were gathering was useful and practical for them. These meetings were an open dialogue between partners, with the goal of learning about both successes and challenges.</li> <li>We also worked to integrate practitioner needs into the sequence of our evaluation activities — starting with more qualitative methods of evaluation aligned with early-stage goals around building trust, scaling up capacity, and gathering insights needed to strengthen the program.</li> <li>Moving forward, we have introduced more quantitative approaches as our partners’ evaluation readiness and experience in program delivery grows.</li> </ul>
<p><b>Enables Timely Improvements</b>  <i>Allows practitioners to make evidence-informed decisions in a timely manner</i></p>	<ul style="list-style-type: none"> <li>Our decision to meet regularly allowed us to share insights as they evolved and to make changes to the project in real time, rather than waiting until the next cohort started—or worse, waiting until the end of the five-year engagement.</li> <li>We discussed cohort and program timelines to make sure our partners would have the information they needed when they needed it. We did our best to provide data and results as quickly as possible throughout the project, and to work closely with the City and Stella’s Place to incorporate evaluation insights, whether between cohorts or as a part of other planned changes.</li> <li>We were able to support changes to both the program delivery itself and evaluation processes in Year 2 of the program using the findings and analysis from CHP’s first year.</li> </ul>
<p><b>Credible and Transparent</b>  <i>Uses high-quality data and analysis, aligning methods with practitioner questions, timeline and context</i></p>	<ul style="list-style-type: none"> <li>We applied best practices in designing our evaluation activities and took a broad perspective on where actionable insights might originate.</li> <li>To that end, Blueprint integrated rigorous qualitative and participatory methods, including interviews and evaluation workshops, into our evaluation approach.</li> <li>In our Year 1 evaluation report, we looked critically at methodological limitations and risks of our evaluation approach (including selection and non-response bias) and thought through potential mitigation strategies to consider in evaluation processes going forward.</li> </ul>

<p><b>Responsive to Operational Context of Practitioners</b>  <i>Reflects the context in which practitioners operate, including organizational settings, relationships and resources, and political and policy environment</i></p>	<ul style="list-style-type: none"> <li>• We worked with the program’s funder to ensure that the evaluation plan would meet their needs and expectations, while also working to make sure our approach was tailored for the community members participating in the project.</li> <li>• Data collection tools were designed to be relevant and meaningful to youth participants and sensitive to their experiences.</li> <li>• A place-based approach is key to the success of CHP, and as evaluators we relied heavily on insights from our Quadrant Leads to ensure evaluation processes were responsive to local contexts.</li> </ul>
<p><b>Accessible and User-Centered</b>  <i>Clearly communicates research design, analysis, and findings to facilitate practitioner understanding and use</i></p>	<ul style="list-style-type: none"> <li>• We used participants’ own words and visual components to share insights from the evaluation in a succinct and readable report.</li> <li>• We also made clear connections between the project’s logic model and its evaluation, to make our conclusions understandable in the context of the project.</li> <li>• As we go into Year 3 of the evaluation, a key focus is finding the balance in seeking evaluation feedback and involvement from Peer Mentors and Quadrant Coordinators while being respectful and aware of the additional burden that evaluation activities can add.</li> </ul>
<p><b>Builds Practitioner Capacity for R&amp;D</b>  <i>Provides practitioners with data, products, tools and trainings to own and advance their evidence agenda</i></p>	<ul style="list-style-type: none"> <li>• The delivery of evaluation activities required the involvement of project partners and sometimes program participants themselves (e.g., the delivery of survey postcards to workshop participants by Peer Healers). As a result, awareness of CHP’s project research principles and capacity building around evaluation were baked into many of the program’s processes.</li> <li>• Our partners tell us that the findings from the CHP evaluation are supporting the design and delivery of other projects in the city.</li> <li>• While the specific components may be unique to CHP and Toronto, we think that lessons learned from the process of evaluation are transferable; our goal is to keep sharing insights with other evaluation practitioners as our knowledge develops.</li> </ul>

### **Attends to Systemic and Structural Conditions**

*Considers systems, policies, practices, cultural norms, and community conditions that drive inequity, including those related to poverty and racism*

- Research at the beginning of our work on CHP emphasized the link between experiencing community violence and trauma, experiencing systemic inequities of racism, unequal access to programming and services, and unequal access to economic opportunities. When we reflected with partners about CHP's origins, they talked about gaps in culturally responsive mental health supports in the communities CHP serves, inequitable outcomes for racialized students in local schools, and how this connects to community violence.
- We were intentional about using approaches that would not perpetuate inequities but would value participants as partners in the evaluation and celebrate their strengths. We recognized that participants had different starting points and that outcomes should be considered with this perspective.
- We used trauma-informed approaches in our interviews and survey instruments, we compensated participants for their time supporting the evaluation, we framed our findings in the context of systemic factors, and we designed a final report with a participant audience in mind.
- We continue to talk with partners about the systems and structures in place that perpetuate the challenges CHP is trying to address. We know that broader, transformative change is needed, and we continue to think about how we can best use evaluation and our experiences with CHP as a tool for change.

## **Reflections and Conclusion**

In the early years of a long-term project, it can be especially challenging to integrate evaluation processes. Evaluation is just one component of a successful program rollout, and the bandwidth needed from project partners for evaluation capacity building and process development can be eaten up by other important priorities. In short, it is hard to both do something new and measure it in new ways at the same time. But through collaboration and commitment to evaluation tools, our project partners were able to generate insights in Year 1 of CHP that have already been used to meaningfully improve the program.

The most useful findings for us at Blueprint came from working to understand how both the project and the evaluation process itself was *experienced* by participants. In the program design process, a lot of this came from collaborative work with our locally based partners, who knew their communities and the needs of the participants much better than we did at Blueprint. Once the program was deployed, our understanding of how CHP was experienced was developed by talking directly to participants, often one-on-one. Once again, our project partners were indispensable for these conversations – both to give us context, narrative, and background, but also to trust Blueprint with the credibility and relationships they had built in these communities. The ability to hear from participants themselves, in their own words, was

crucial in both generating insights that could be used to meaningfully improve the program and being able to demonstrate CHP's value. Based on what we learned in the first two years of CHP, we want to keep considering how participation in evaluation processes may be a feature, rather than a byproduct, of the overall program experience for youth. Our goal is for participating youth to enhance their understanding of research and evaluation through an active and capacity-building approach. This is a focus for Year 3 of CHP: we plan to further incorporate human-centered design principles into evaluation processes and seek out even more engagement from Peer Mentors and Peer Healers.

There are actionable takeaways to be learned from CHP's first year for researchers, practitioners, and funders:

**Researchers** should ensure they choose evaluation methods that are tailored to the needs and experiences of those they seek to engage, which requires working with partners to understand what will work best for them. Capacity-building necessarily involves some degree of teaching how to use evaluation tools, but evaluators should come into a project ready to listen before they explain. It is important for evaluators to “eat their own cooking” and embrace assessment and iteration: to think critically about the work you are doing, to ask for feedback from partners regularly, and to build trust so that partners feel comfortable being honest. It is also crucial to understand what youth participants themselves think evaluation should do, and what outcomes they perceive as being meaningful. Researchers also need to be ready to sequence evaluation activities to build on each other, adapt to new information, and match partners' comfort and needs. Diverse representation and cultural competency should be central considerations for evaluators from an early stage.

**Practitioners** should bring evaluators (or evaluation processes) into the project as early as possible, and ideally at the design stage. Cultivating trust and collaboration will not only make evaluation processes more effective, but it can also help improve the program itself in real time. The evaluation tools for CHP were significantly improved by Blueprint's early conversations and ideas from partners and project participants. Working with researchers, practitioners should be open to feedback not just on *how* to measure outcomes, but also *what* other outcomes might be valuable to measure, for example, expanding evaluation to include Peer Healers' experiences as a program outcome.

**Funders** who want to support this kind of work should prioritize the rigor of evaluation processes but not necessarily specific methods. Overly prescriptive frameworks can sometimes limit both potential streams of inquiry and the overall value of findings. Instead, funders should understand that each project needs to be evaluated on its own terms, and that project participants and delivery partners will have different needs and capacities across programs. Be sure to include funding specifically allocated for evaluation, so that it is not in competition with other project priorities.



## Online Exhibits

[Exhibit 1: Logic Model](#)

[Exhibit 2: Postcard Survey](#)

[Exhibit 3: Journey Mapping Timeline](#)

[Exhibit 4: Year 1 Evaluation Findings](#)

## About the Authors

**Molly Doan** is a community researcher and evaluator with experience in a range of policy domains, including youth success, workforce development, mental health, and community justice. Her work largely focuses on supporting the needs of equity deserving communities. Molly is currently the Associate Director of People, Culture and Inclusive Practice at Blueprint, where she oversees the organization's people and culture strategy as well as a portfolio of projects focused on equity-driven and trauma-informed evidence generation. Molly has led Blueprint's contribution to the Community Healing Project since November 2018.

**Karen Myers** is the President and CEO of Blueprint. Since co-founding Blueprint in 2017, she has established the organization as a thought leader in the use of innovation and actionable evidence to address pressing public policy issues in Canada. Karen has extensive experience as a researcher, policy analyst, performance consultant and program evaluator in a range of sectors and policy domains, including workforce development, poverty reduction, and income security. She currently sits on the Advisory Board of the Future Skills Centre, a pan-Canadian initiative co-founded by Blueprint that aims to develop and rigorously test new approaches to help Canadians develop the skills necessary to succeed in a rapidly changing economy.

**Kelly Pasolli** is the Senior Advisor of Innovation and Insights at Blueprint. She is passionate about finding new ways to generate and use evidence to solve complex challenges. She works with clients and partners to find ways to make more evidence-informed decisions, and shares ideas, lessons and insights from Blueprint's work with the broader sector.

**Christina Alexiou** is a community collaborator with extensive experience in community development, holistic case management, and youth violence prevention programming. She is currently a Supervisor, Youth Equity & Violence Prevention in the Youth Development Unit at the City of Toronto, leading the planning, development, and implementation of youth violence prevention initiatives for youth experiencing systemic inequities. She has contributed to the development, implementation, and expansion of the Community Healing Project since 2016. Christina is passionate about building cross-sectoral relationships while working with young people, community agencies, resident leaders, and systems to co-design innovative opportunities that prioritize equity and well-being.

**Stefany Hanson** is a thought leader and implementer in the youth economic development space. She is currently the Manager of the Youth Development Unit at the City of Toronto, where she works collaboratively with Toronto Employment & Social Services (TESS) and other city divisions to support Workforce Development initiatives that prioritize youth, particularly youth who experience systemic inequities.

**Souleik Kheyre** is a Community Development Officer at the City of Toronto, working at the intersections of community development, social policy and program planning. She currently leads the Community PEERS program and supports the planning and management of the

Community Healing Project. Souleik brings her experiences working in the grass-roots and non-profit sectors focusing on youth employment research and community engagement. She works collaboratively with youth, community members and decision makers to create more equitable and accessible spaces for all.

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## **Case Keywords**

K-12 | post-secondary | urban | peer support | mental health literacy | community violence prevention | mentorship | program design | program improvement | interviews | focus groups | surveys | nonprofit service provider | local government | external evaluator | social emotional outcomes | mental and behavioral health outcomes