

My Two Aunties

# Evaluation Brief



## About the My Two Aunties Program, Indian Health Council, and Community

The goal of the My Two Aunties (M2A) program is to prevent and intervene upon child maltreatment by restoring cultural family life skills and destigmatizing and decolonizing social services. M2A positions social workers in the role of community helpers, referred to as “Aunties.” Modeled on the traditional role of aunties in the rearing and teaching of children; aunties remind their families, especially their sibling’s children, of the proper way to live a good life in balance and provide healing guidance when trauma occurs. They provide mentoring and coaching to build family strengths and an enduring legacy that honors ancestral teachings of what it means to be family. Their stories, passed on and gifted from Elders, are the medicines that teach listeners to be better people, families, and communities. The Aunties help families navigate services, provide culturally driven case management, share cultural teachings, and conduct community outreach.

The M2A program is housed within the Tribal Family Services (TFS) department at the Indian Health Council (IHC). The IHC is a healthcare consortium of nine federally recognized Tribes located in an 1,800-square mile service area in the northern part of San Diego County, California. It is located on the traditional homelands of the Rincon Band of Luiseño Indians, also known as the Payomkawichum people, in Valley Center, which encompasses a 5,000-acre reservation. In addition to TFS, the IHC includes six other departments: medical, dental, pharmacy, behavioral health services, public health programs, and health promotion services.

### ABOUT THE CENTER

The Children’s Bureau (CB) funded the Center for Native Child and Family Resilience (the Center) to gather and disseminate information about Tribally relevant practice models, interventions, and services that contribute substantively to child maltreatment prevention efforts and family resilience developed by and for American Indian and Alaska Native (AI/AN) populations. The Center partnered with five project sites for four years (2019–2022) to design or refine, implement, and evaluate their child maltreatment prevention/intervention programs for AI/AN children and families. This brief summarizes lessons and findings from the project-driven evaluation conducted with M2A in support of building evidence for Tribally led child welfare initiatives.

## M2A Program Components

### 1. Tailored service navigation and holistic and culturally driven case management

With support from other IHC staff, the Aunties facilitate tailored service navigation and holistic, culturally driven case management to support and strengthen families, enhance their ability to



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access existing services and promote positive interactions among family members. Aunties seek to create a safer environment for children, recognizing that the family and children may not be able to reach out for access to services, orchestrate their own system of care, or understand the sense of urgency and need for solutions. The program takes a “no wrong door” approach to providing services; children and families are connected to an array of holistic, culturally grounded programs and services.

## 2. Cultural teachings and family ways within the M2A Cultural Family Life Skills Discussion Guide and Family Spirit curriculum

The M2A model shines a light on the fundamental importance of local ways of knowing in preventing, healing, and intervening upon child maltreatment. A foundation of the M2A program is storytelling and the oral tradition, which carry the weight of wisdom passed on through countless generations.

### M2A Cultural Family Life Skills Discussion Guide

The M2A Cultural Family Life Skills Discussion Guide and the associated M2A Facilitator’s Guide are grounded in local stories and traditions, including traditional child rearing practices. It is organized by lessons that correspond to the developmental phases of a great oak tree: Acorn Lessons, Roots of Tradition Lessons, Developing Tree Lessons, and Mighty Oak Lessons. The guide consists of 45 individual lesson plans, each focused on a particular cultural value (e.g., respect, humility, resilience, balance, traditional foods, kindness). Each developmental phase has roughly 10–12 lessons, and each lesson has associated traditional stories and ways that Aunties share with families. The lessons incorporate Payomkawichum (Luiseño) and other local Tribal stories, cultural activities, games, sports, songs, dances, and plant education. The Aunties use the guide during virtual or in-person home visits. The duration of service delivery is contingent on family needs; however, Aunties aim to work with families for a minimum of one year.

### Family Spirit Curriculum

The Family Spirit curriculum is an evidence-based home visiting program developed by and for Native communities that focuses

on effective parenting, coping and problem-solving skills, maternal and child behavior, and emotional outcomes. Family Spirit consists of 63 lessons in 6 domains: (1) prenatal care, (2) infant care, (3) child development, (4) toddler care, (5) life skills, and (6) healthy living. Family Spirit is usually implemented sequentially over 52 home visits and is typically delivered to families who are court-ordered to receive an evidence-based program, although some mothers voluntarily participate.

## 3. Advocacy and outreach to the community and educational in-reach to IHC departments

Advocacy, outreach, and in-reach involve raising awareness of the public, service providers (internal and external to IHC), and decision-makers about the scope and problems associated with child maltreatment and the services offered by M2A. These efforts counteract the stigma that has surrounded social services in the community and shrouds problems in secrecy, resulting in underreported instances of child abuse and neglect as well as the conditions that exacerbate these tragedies. The program unites organizational partners to provide an integrated, holistic, and

### THE CENTER’S APPROACH TO EVALUATION

Planning and implementing evaluations involved a collaborative and participatory process governed by the Tribal projects, their participants, and communities, with support from the Center team. This included developing culturally grounded and Tribally driven research questions, methodologies, and instruments. Evaluation work was grounded in Indigenous Ways of Knowing (IWOK) and sought to honor Indigenous ways of communication, incorporate cultural values, and integrate traditional knowledge gathered passed down through generations. To this end, the project team engaged with community members; sought the wisdom of Elders; participated in the oral tradition, storytelling, and ceremonies; and committed to keeping community values and context at the center of the work.



culturally driven approach to care. TFS staff and other IHC staff from the behavioral health, medical, and public health departments form an interdepartmental case management team to reduce internal departmental silos.

## Key M2A Evaluation Activities

Throughout the Center’s team engagement with the M2A program, we embraced the principles of bidirectional learning as we worked together to think through how our work could more equitably, collaboratively, and effectively center Indigenous perspectives and worldviews in the M2A programmatic, operational, and evaluative processes. At the heart of this collaboration was a two-way mentoring relationship that grew organically over the three-year evaluation period. This relationship involved supporting each other, learning from each other, opening each other’s hearts and minds to others’ knowledge and experiences, productively challenging each other’s ideas, and acting as each other’s translators, when needed.

The project team gathered information to understand:

- how the M2A program helps to restore and destigmatize traditional social services within IHC (program implementation)
- how families participating in the program experience strengthened cultural family life skills (program outcomes)
- the level of effort to deliver the program (program cost)



In addition, the evaluation included the development and use of a new continuous quality improvement (CQI) tool for services (M2A Word Cloud Personal Reflection Tool, *below left*). To arrive at this information gathering approach, the project team used a collaborative and participatory process that was governed by the M2A team and supported by the Center team. Several evaluation activities guided collaboration on the evaluation. This process included developing culturally grounded and Tribally driven research questions, methodologies, and instruments.

## What We Learned

The Center team conducted two rounds of staff interviews and experienced high participation in both rounds. In the first round, between May and November 2021, the Center team interviewed 3 M2A staff, 13 IHC providers, and 2 IHC leadership executives and led a focus group with 7 community providers. In the second round, between December 2021 and February 2022, the Center team aimed for a smaller number of interviews (one staff per IHC department) because of response saturation in the first round and IHC staff turnover. The Center team completed a second round of interviews with 3 M2A staff, 6 IHC staff, and 1 IHC executive.

The project team obtained consent from 12 mothers to participate in the evaluation over a one-year period, from April 2021 to March 2022. However, the Aunties asked three mothers for an interview between June 2021 and March 2022. Aunties were cautious about inviting mothers to participate in the interviews out of respect for the mothers’ life circumstances and care for the Auntie-family relationship. Two interviews were transcribed and reviewed.

Cross-system discussions with Aunties, IHC staff, community social service providers, and mothers reflected how the M2A program strengthens families in a caring, compassionate, and culturally competent environment. Several themes emerged from interviews: successful interdepartmental collaboration at IHC, the way that Aunties gave persistent yet gentle support to mothers and built trust and authentic connection, and that culture played a role in empowering families and facilitating healing from intergenerational trauma.



“[T]o connect with the people and build those relationships, we need to know first what the family needs to be successful. So, we must be open to conversations to get the parents comfortable with services and give them a warm handoff to other resources within the clinic. And so, the social services are just that, it’s being social, it’s being a part of the community. It’s going out and creating outreach . . . .”

— Auntie

### **IHC staff collaborate across departments to coordinate holistic services for families.**

To meet the goal of enhancing family access to existing services and promoting positive interactions among family members, the M2A model emphasizes facilitating strong collaboration and communication across IHC departments and providers including staff participation in interdepartmental case management teams with representatives of the behavioral health, medical, and public health departments. M2A staff described the collaboration between departments as a requirement for effectively supporting families. During team meetings, the different departments come together to create effective treatment plans that support and strengthen families, enhance their access to existing services, and promote positive interactions among family members.

“We support each other when we are working together. If the Auntie is having difficulty reaching a mom and I have that rapport already built-in, I support the Auntie and help make that connection.”

— IHC provider

### **M2A provides emotional support for families.**

Aunties demonstrated persistent yet gentle support to families that consisted of emotional care and understanding. This type of support contributes heavily to the program’s ability to shift children and families’ perspective of social services from unhelpful and threatening to dedicated and understanding. Families emphasized and appreciated this kind of persistence from Aunties. The M2A director noted that demonstrating persistent support is particularly important for harder to reach families experiencing chronic drug use or other grave and isolating challenges.

“One thing that I did appreciate was that they never forgot about me. They always checked in on me, even if I couldn’t respond or wasn’t able to meet up. They didn’t forget. They didn’t just throw me aside.”

— Mother

### **M2A builds trust and authentic connections with families in ways that are both respectful and empowering.**

“[T]here’s no judgment in their visits. That just allows Mom to open up and be ready to hear what it is or share what she needs to share in terms of her roadblocks to being a mom and creating a safe space for her children. Once that trust is established, that non-judgmental space has been identified, and both people feel safe to share, the door opens for education. It’s embraced and accepted.”

— IHC provider



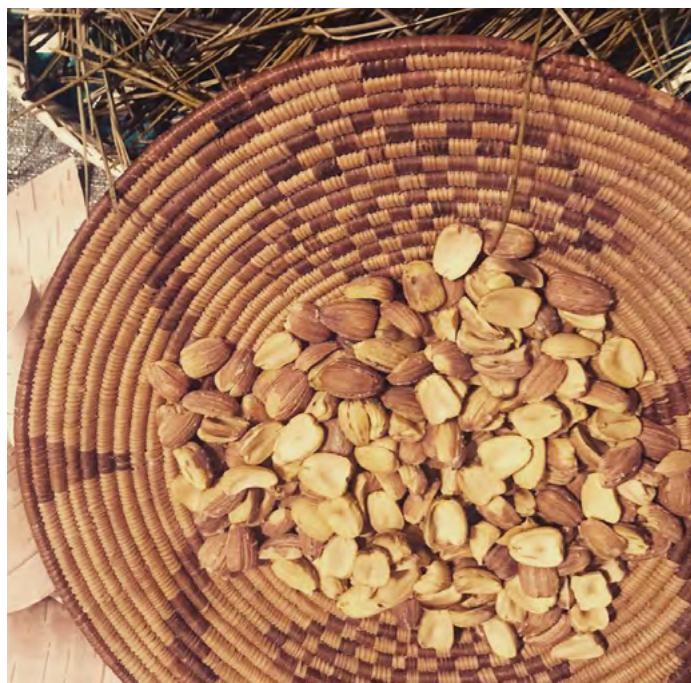
The M2A program aims to build trust and form authentic connections with families to destigmatize social services. Several IHC staff described a shift from the people they interacted with fearing social services to trusting them. Aunties help bridge the relationship between families and providers by assuring families that IHC is a place of healing where they can feel safe and establish trust—a critical first step for many families. Aunties emphasized that although building trust takes patience, it is critical to the program’s success; when families notice the time Aunties spend forming relationships and M2A is well-received in the community, referrals start to increase. Additionally, when families understand and trust that they will not be turned over to CPS, they are more likely to be empowered to seek the help that they need.

“In our community it takes trust to build a relationship and it takes time to build trust . . . . And it appears that our Aunties are able to make that connection. And our department is able to move in the direction of being well received in the community.”

— IHC provider

### **Incorporating culture in the M2A program is integral to healing and wellness for families and staff.**

The cultural teachings at the core of the program are unique to M2A and critical to establishing relationships with families. The M2A Cultural Family Life Skills Discussion Guide integrates Western and traditional medicine to support families in the healing process and set them up for success. The guide teaches families how to implement traditional ideologies into their parenting styles, while the Family Spirit curriculum provides families with medical information on the development of pregnancy, the changes to a woman’s body, and what to expect during labor. Families respond well to the balance of Western and traditional teachings and report feeling prepared for pregnancy and parenting.



“I thought I knew exactly what I wanted to do that I didn’t realize was unsafe for my baby. Like sleeping next to my baby every night . . . I never knew what was dangerous . . . . [M2A] made me more aware . . . . Also . . . some of the classes show little bits of the Native culture . . . it was really interesting to see that and see what’s happened in generations. And raising a Native baby to be proud of being Native is a huge thing. That’s something that I really wanted, and the main reason I wanted to be in this program . . . I knew that I would be able to learn more about the culture and hopefully figure out how I could make him [the baby] proud of his culture.”

— Mother

## How We Served the Community

The Aunties and Social Services Director teamed with the Center to create the My Two Aunties Cultural Family Life Skills Curriculum and associated Implementation Guide, Facilitator's Guide, and Discussion Guide. This work is the culmination of years of collaboration that had an intentional focus on program sustainability and replication. Other Tribal communities have already expressed interest in adapting and replicating the model in their communities. Printed copies of these products were provided to the IHC program and are publicly available. In addition, the Center collaborated with the program to develop a legacy plan and the project story video, designed to support the understanding of the program, its origin, and its history.

Throughout the partnership, the Center worked intentionally with the IHC program, co-creating tools and resources to document their program's model and successes so that other AI/AN child welfare organizations could adapt and implement in their own Tribal settings. For example, using the M2A Word Cloud Personal Reflection Tool improved services for mothers. The tool was intended to help understand how the mother feels after receiving M2A services and whether feelings align with the goals of the program. After fielding the tool, the Aunties recognized its potential to serve another important purpose: helping Aunties connect mothers to additional services or referrals based on responses. Aunties expressed that the tool helped them to better understand the needs of the children and families and created inroads into

probing for and providing other supports or referrals to additional services based on their responses. Aunties were therefore able to better tailor their services for mothers and improve the quality of their visits. Aunties continue to employ this tool today.

Finally, intense engagement with Tribally driven participatory evaluation by IHC and the Center team had an important impact on changing negative IHC staff perceptions of evaluation. Attitudes about evaluation shifted from something that was initially perceived as a burdensome Western imposition with little usefulness for the program or community to something that represents a useful process that embraces local Indigenous ways of knowing to share programmatic strengths and opportunities for growth. The M2A team embraced the chance to use storytelling as a form of evaluation that aligns with their culture, history, and priorities.

*"[M]y attitude about evaluation has changed. I think it's because you [Center team] do this in a cultural way, where you're not pushy, you're not upset that we couldn't make the meeting . . . [Evaluation] was done in a way that you appreciated our knowledge. You wanted to hear from us, and truly the right people are working on this project because everybody I've met has a heart and a true heart for this work. It was a pleasure to do. Being able to tell the story in a storytelling way like we're doing right now is very cultural."*

— Karan



## Acknowledgements

The [Center for Native Child and Family Resilience](#) (CNCFR) includes staff from [JBS International, Inc.](#) (JBS), the [Tribal Law and Policy Institute](#) (TLPI), [Mathematica](#), and [L&M Policy Research](#) (L&M). The Center partnered with five project sites to design or refine, implement, and evaluate their child maltreatment prevention or intervention programs for AI/AN children and families. This document summarizes the Evaluation Report, which was the work of:

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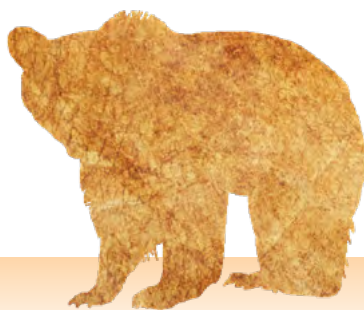
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## Resources

The following products about the program were developed through the Center/[M2A](#) partnership:

- [My Two Aunties Implementation Guide](#)
- [My Two Aunties Facilitator's Guide](#)
- [My Two Aunties Discussion Guide](#)
- [My Two Aunties Evaluation Report](#)