REPAIRING THE HOLES IN THE NET
Improving Systems of Care for Northern Homeless Women With Mental Health Challenges

The Complexity of Homelessness

"…homelessness can be the lot of a newly separated or divorced working woman living hand-to-mouth in a Whitehorse hotel room, or an elderly woman living in the shelter in Yellowknife who has left her home in a small community to escape fifty years of abuse at the hands of her partner, or a single woman and her young son sleeping in the closet of a relative's one-bedroom apartment in Iqaluit that already houses eight other people… The poignant fact…is that all women in Canada's North are at risk of homelessness. A small change in their circumstances can jeopardize the fragile structure of their lives that allows them to meet their basic needs."

You Just Blink and It Can Happen: A Study of Women's Homelessness North of 60, 2007

Repairing the Holes in the Net was a two-year research and system change initiative to improve policy and practice related to care and support for northern women experiencing homelessness, mental health and substance use concerns (and their children).

In each of the capital cities of Canada's three northern territories – Whitehorse, Yellowknife, and Iqaluit – a group of researchers, health care and social service providers, community advocates, and policy makers met monthly to share, learn and collaborate.

This booklet describes how the project participants (who came from diverse government departments and service agencies and included sectors such as addictions, mental health, primary health care, justice, housing, police, income support, child protection, shelters and women's advocacy) worked to find ways to understand the complexity of homelessness and make shifts in whole systems of service delivery as well as in the way that individuals worked within those systems.

What We Did

Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.

Cultivating Communities of Practice Wenger, E. R. McDermott and WM Snyder, 2002

In each of the three territories, project participants met regularly to collectively review and reflect on available evidence, monitor the research process, and design, evaluate and implement adjustments in practice and policy.

The project used a participatory action research approach. Key research activities included:

1. A scan of current service options as well as of the policy and program framework documents that currently shape services for homeless and at risk women with mental health and/or addiction issues in each territory.

2. A literature, policy and program review from across Canada to identify approaches for the provision of services that prevent homelessness and mental ill health among women and that mitigate its impact, and to analyze the relevance of these approaches for northern contexts.

3. Interviews with homeless and at-risk women with mental health and/or addiction issues and interviews and focus groups with the service providers who work with them to gather perspectives on the trajectories and factors associated with women's homelessness and mental health concerns, barriers and supports to accessing appropriate services, and recommendations for practice and policy improvements.

Communities of Practice
A Tool for System Change

A community of practice (CoP) approach created an opportunity to conduct research with a focus on service system improvement. Over a two-year period, key decision and policy makers and service providers engaged in a highly participatory process that encouraged them to form deeper relationships built on learning, critical reflection, and action processes. The dialogue within the CoP was informed by new research data related to the experiences of homeless women in accessing the net of services aimed at supporting them, and of service providers in working within that net, as well as academic and effective practice literature from elsewhere.

In each community, the CoP created a foundation for system change through:
1. Individual learning from a best practices literature review
2. Collective mapping/appreciating services and policy strategies already in place in each community
3. Reviewing and synthesizing the perspectives of homeless women and service providers (from interviews and focus groups) about trajectories of service access, generating ideas for service improvement overall and discussion of the role of individuals in creating changes in their program and organization
4. Identifying and piloting some initial actions designed to address the need for improvement in the response to Northern homeless women.

# QUICK FACTS: WOMEN'S HOMELESSNESS AND MENTAL HEALTH IN NORTHERN CANADA

- Women are one of the fastest growing groups in the homeless and unstable housing population in Canada.

- In 2007, there were upwards of 1,000 homeless women in the three territorial capitals (which have a combined population of only approximately 55,000), and many more who live in the smaller and more remote centers in the North.

- The vast majority of Northern homeless women do not fit the profile of women "living rough" on the streets of Canada's southern cities. Rather, homelessness is more likely to be "hidden" or "relative." For example, women may be couch surfing or living in unstable or unacceptable housing.

- Most of the homeless women in Canada's three northern territories who access housing/ shelter or other types of services report experiencing mental health concerns, have experienced violence and also have substance use problems or addictions. These issues are both a cause and an impact of homelessness.

WOMEN'S HOMELESSNESS NORTH OF 60

Some of the characteristics of Canada's North that contribute to high rates of homelessness for women include:

- Remote geography
- Underdeveloped infrastructure
- A harsh climate
- A small population base
- A high cost of living and limited employment opportunities
- Lack of accessible and affordable transportation systems
- Inadequate access to appropriate social services
- High cost of labor and materials needed to increase housing stock
- High rates of social issues such as addictions, domestic violence and intergenerational dependency on income support
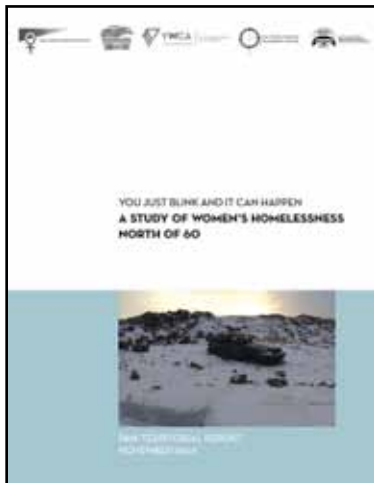
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Neal, R. (2004). *VOICES: Women, Poverty and Homelessness in Canada*. Ottawa: ON: National Anti-Poverty Organization.
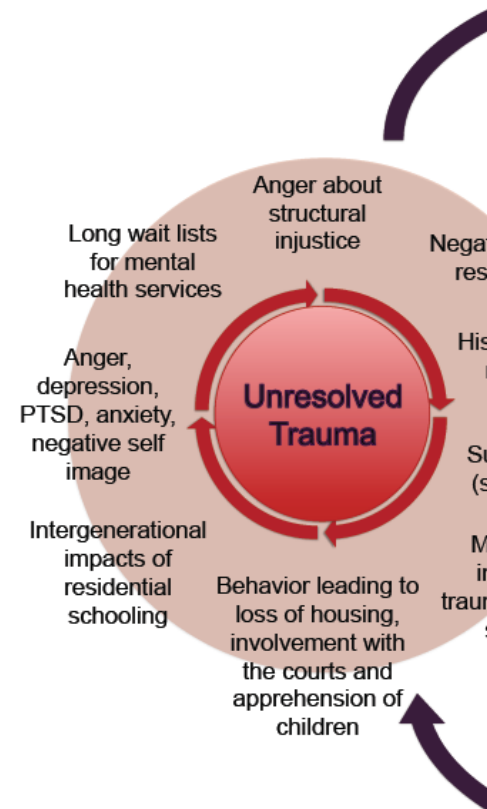
What We Learned

Through interviews and focus groups, the research study worked to capture the trajectories of women's homelessness and related mental health challenges to inform system change.
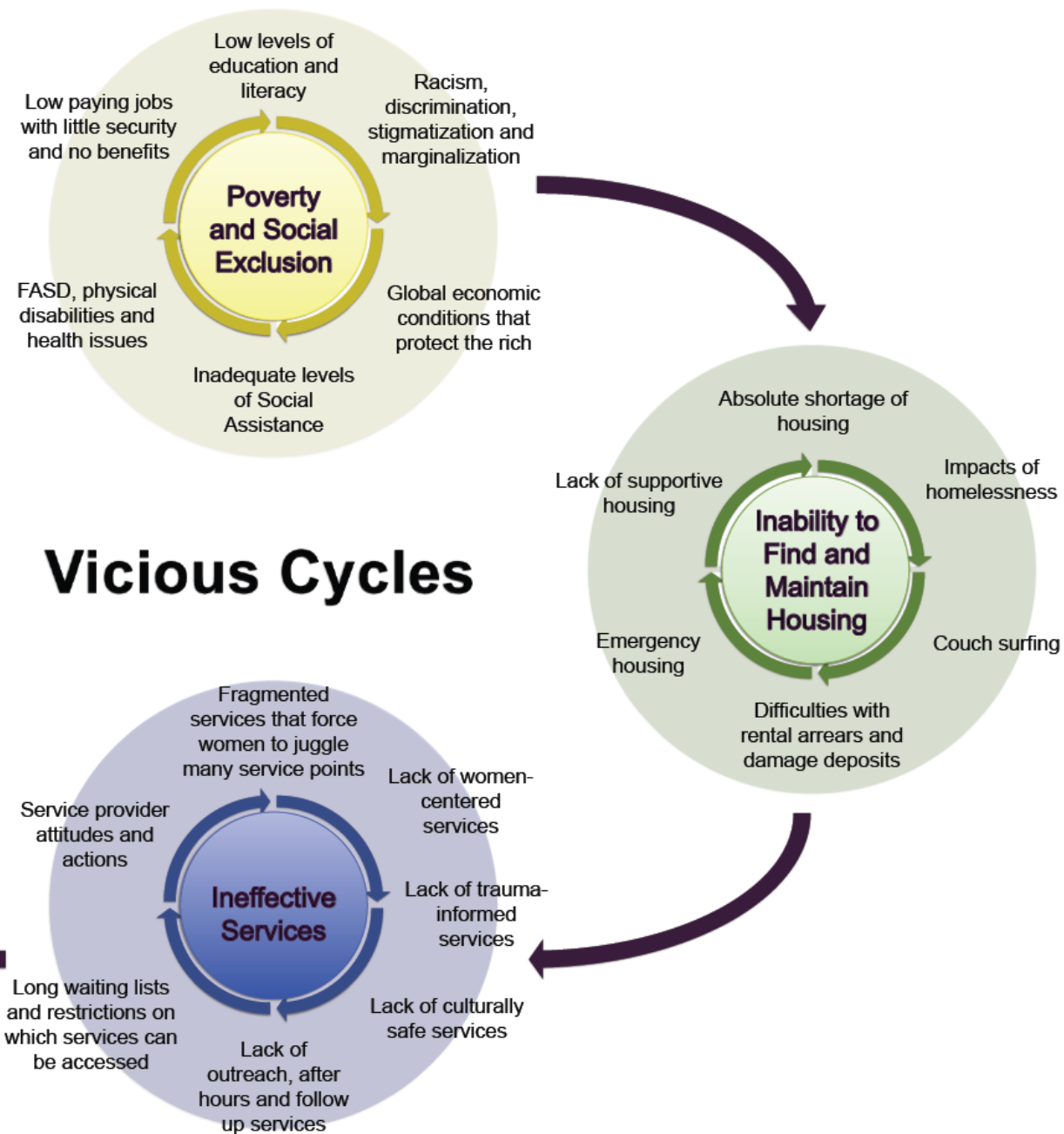
The analysis was organized into four themes: 1) unresolved trauma, 2) poverty and social exclusion, 3) an inability to find and maintain housing, and 4) ineffective services. Each of these themes can be depicted as a type of vicious cycle in which each element reinforces the others and makes the achievement of a different life pattern difficult. All four of these cycles also support each other. System change requires 'breaking' these 'vicious cycles.'

Examples of a 'vicious cycle':

- *Many of the women interviewed lost their housing because of rental arrears or were unable to secure housing because of the lack of capacity to pay a damage deposit. Once a woman has been evicted and lost her damage deposit, she is not only responsible for repaying arrears, but may also not be eligible for a second damage deposit from Income Support.*

- *Women from remote communities migrate to the cities to escape violent family situations and to find vocational opportunities. They may find temporary shelter but are unable to earn money while at the shelter, so that they might save up to get housing as available.*

Vicious Cycles

Poverty and Social Exclusion
- Low levels of education and literacy
- Racism, discrimination, stigmatization and marginalization
- Global economic conditions that protect the rich
- Inadequate levels of Social Assistance
- FASD, physical disabilities and health issues
- Low paying jobs with little security and no benefits

Inability to Find and Maintain Housing
- Absolute shortage of housing
- Impacts of homelessness
- Couch surfing
- Difficulties with rental arrears and damage deposits
- Emergency housing
- Lack of supportive housing

Ineffective Services
- Fragmented services that force women to juggle many service points
- Lack of women-centered services
- Lack of trauma-informed services
- Lack of culturally safe services
- Lack of outreach, after hours and follow up services
- Long waiting lists and restrictions on which services can be accessed
- Service provider attitudes and actions

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Piloting Service Innovation

Community of practice (CoP) participants had the opportunity to design and implement a service innovation initiative based on what they had learned about pathways for achieving better outcomes for homeless women with mental health, trauma and addiction issues.

- The CoPs in both Nunavut and the Northwest Territories chose to sponsor the facilitation of a learning experience related to a more comprehensive adoption of trauma-informed practice approaches within the entire service system for homeless women. In Yellowknife, one further outcome was the development of a publication called *Why do they act that way?* by a committee representing Yellowknife sheltering agencies.

- The Yukon CoP chose to introduce a new service for homeless women that met a clearly defined need—an after-hours, child-friendly, gender-specific, low threshold and open-ended meeting space for vulnerable women where they could share nutritious food, access daily living supports such as shower and laundry facilities, use computers for their personal or job search needs, speak with a support worker one-on-one if desired, and find refuge from the chaos of their living situations.

What is Trauma Informed Practice?

Trauma informed practice is a movement occurring in many health care and social service systems. Trauma informed services recognize the widespread prevalence of individuals with past and current experiences of violence and trauma. It is not concerned with treating trauma; instead, it asks: *how can we make changes that improve our systems of care for everyone?* It focuses on creating physical, emotional, and cultural safety and preventing further traumatization in service users.

- A growing body of research supports the use of trauma-informed approaches to improve individual and system-level outcomes.
- Research shows that trauma-informed practice does not cost more or require more time - rather it requires changes in the way we work.
- Trauma-informed approaches are aligned with Indigenous values and beliefs.

What Changed

The **Repairing the Holes in the Net** project demonstrated that conducting research using a community of practice model can be highly effective in stimulating systems shift. Evaluation findings in all three communities found that participating in a community of practice led to:

- Deeper relationships among the many individuals and agencies that shaped the service system. After the project ended, individuals in the 'net' are able to work together more effectively based on a ground of mutual trust and understanding.
- A stronger knowledge base within the system about the needs, aspirations and experiences of homeless women and the efforts of service providers to make a difference within the parameters of their mandates, jurisdictions and resources.
- Stronger shared conceptual frameworks and vocabulary for describing issues, effective practice models and current efforts.
- Stronger northern linkages through research activities. Many research processes focus on the south or on north-south linkages. This project created opportunities for cross-fertilization between the three northern territories and reduced the potential for exploitative research processes.
- A sense of hope and progress. The CoPs became a space to share struggles and also to feel some hope that collaboration could bring some positive changes.

"I think for the sheltering agencies it's become a shared value…in wanting to incorporate trauma-informed practice within our practice, that we value it; that we are wanting to expose and train our staff members to be trauma-informed… [W]e've committed that it is one of the centre pieces that we want to frame our practice around. And so we've actually agreed to that, and written an agreement in that vein. "

"You know, it's one thing to read about something and it's another thing to experience it. So, I was really glad to have two years of the meetings to experience what the difference was in a community of practice, as compared to many of our other meetings. And I was really pleased at how it shifted. There was a lot of openness, and just the—it felt safe to be able to really talk to each other about what we were learning and discuss things and… well, there wasn't the kind of pressure that are in a lot of the other meetings. It was really—you were free to really explore things and change your mind and be swayed and I really enjoyed the process, and would like to see the community use it for more things."

How Do Communities of Practice Support System Change?

Communities of practice (CoPs) have certain characteristics that support system change and innovation. For example:

1. **Membership is voluntary** – Individuals participate because they have a commitment to learning from and with their colleagues about how to improve their own practice and how to create synergies within the whole system of services.
2. **Members are there as individuals not as representatives** – People take off their "hats" while they are participating in a CoP session. All the members of a CoP function as peers with respect to their commitment to learning from and with each other.
3. **CoPs can be deliberately facilitated** – Although CoPs are structured as a peer learning space, it is recognized that the busyness of the daily work life for most people is such that non-mandated activities will not be sustained unless someone is paying attention to calling the group together regularly and catalyzing the rich and purposeful dialogue that characterizes successful CoPs.
4. **CoPs pay attention to relationships** – The word "community" in community of practice is deliberate. The CoP process is designed to foster relationships characterized by openness, trust, respect and authenticity. CoPs are deliberately non-hierarchical and work conscientiously to become safe spaces for all members to share their experiences, concerns and ideas in an atmosphere of mutual support.

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