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Résumé de l'article

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Using a community of practice model to create change for Northern homeless women

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Abstract

This is a story about three virtual and face-to-face communities which met in the capitals of Canada's three Northern territorial cities over a two-year period to discuss and act on culturally safe and gender-specific services for Northern women (and their children) experiencing homelessness, mental health and substance use concerns. It is a story of how researchers and community-based advocates can work across distance and culture, using co-learning in virtual communities as a core strategy to create relational system change. The three communities of practice were linked through a pan-territorial action research project entitled Repairing the Holes in the Net, in which all participants: learned together, mapped available services, discussed the findings from interviews with northern women about their trajectories of homelessness, analyzed relevant policy, planned local service enhancements, and generally took inspiration from each other.

Acknowledgements

Introduction

Repairing the Holes in the Net was a 2-year project aimed to inform the development of culturally safe and gender-specific services for northern women (and their children) experiencing homelessness, mental health and substance use concerns.[34] It became a story of how researchers and community-based advocates can work across distance and culture, using co-learning in virtual communities as a core strategy to create "relational system change" (Markoff, Finkelstein, Kammerer, Kreiner, & Prost, 2005).

The project was led by researchers and community advocates working with northern and Aboriginal women who were homeless or at risk of homelessness in the following organizations: The British Columbia Centre of Excellence for Women's Health, the Four Worlds Centre for Development Learning, the Yukon Status of Women Council, the Council of Yukon First Nations, the YWCA Yellowknife, the Centre for Northern Families, the YWCA Agvvik and the Qulliit Nunavut Status of Women Council.

Our co-learning approach

Repairing the Holes in the Net chose a community of practice (CoP) approach as its key methodology for creating a shared reflective practice space that could stimulate a shift in the system or "net" of services aimed at addressing the needs of homeless women in the North. The primary purpose of a CoP is to deepen knowledge and expertise (Wenger, McDermott, & Snyder, 2002). Individuals participate in a CoP to share skills and information with others and, in turn, to learn from the experience and knowledge of their colleagues.

The project invited participation from government departments and service agencies from such diverse sectors as addictions, mental health, primary health care, justice, housing, police, income support, child protection, shelters and women's advocacy. In the course of meetings held approximately monthly over two years, participants in each of the three northern territories[5]:

- Learned from each other as they shared the challenges and successes of the work being done by their own agencies and programs;

- Considered the relevance of conceptual models from the literature as well as practical examples of service delivery approaches that have demonstrated promise elsewhere;

- Reflected deeply on the implications for their own individual and collective practice of the data collected from the interviews and focus groups with service users and service providers carried

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[3] This applied health services study was funded by the Canadian Institutes for Health Research (CIHR), in partnership with the Mental Health Commission of Canada (MHCC), through the Partnerships for Health System Improvement (PHSI) Program.

[4] An overwhelming majority of homeless women in the North are Aboriginal, as identified by earlier research by the Repairing the Holes in the Net team, captured in the You Just Blink and It Can Happen: A Study of Women's Homelessness North of 60 report.

[5] Canada's three Northern territories are Yukon, Northwest Territories and Nunavut. The community of practice meetings were held in the capital cities of these territories (Whitehorse, Yellowknife and Iqaluit).

out as part of the Repairing the Holes in the Net project;

- Designed and implemented a service innovation initiative that they could take on to test what they learned about pathways for achieving better outcomes for homeless women with mental health/addiction issues; and

- Continuously set new learning and practice goals, while retaining a clear focus on practice improvement.

These steps were incorporated into this simple graphic that served as a model for structuring the community of practice process in each of the three northern territories (See Figure 1).

Figure 1 – The CoP process
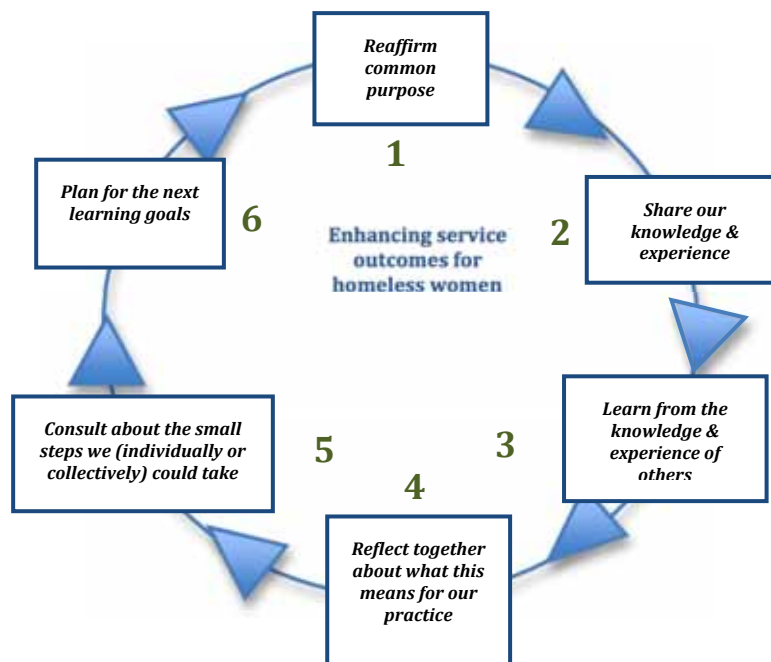
Deepening understanding of foundational practices

The Repairing the Holes in the Net territorial CoPs began their work by sharing and discussing what is known about promising practice from the literature, and from the comparable work by others in different locations. Academic literature, grey literature and web-based searches were conducted to identify approaches, programs and policies addressing mental health concerns, homelessness, addictions and the experience of violence for women in general and in the northern context. Key components of programs and approaches were extracted and synthesized into preliminary report documents, circulated to members of the CoPs, and discussed and analyzed throughout the CoP process. Northern service providers and decision makers engaged in discussions of the relevance of these guiding approaches, and how these might be effective in specific, northern cultural contexts. Three critical themes emerged from

this early collaborative study, and they became lenses through which later work on systems change was viewed:

1) The gendered nature of the experience of northern homeless women with mental health and addiction issues

Service systems are often blind to the gendered nature of the experience of mental illness and substance use problems, and do not incorporate gender-informed responses (Greaves & Poole, 2007). The communities discussed how trauma arising from interpersonal violence such as childhood abuse, intimate partner violence and sexual abuse is generally greater for women than for men, and how women exposed to violence develop post-traumatic stress disorder approximately twice as frequently as men (Ad Hoc Working Group on Women, 2009). Women are also more likely to be disadvantaged relative to many of the social determinants that contribute to mental ill health (e.g. poverty, social marginalization, lack of agency) (Benoit & Shumka, 2009; Spitzer, 2005). Gender affects the response to women with mental health concerns. There are discernible differences in the diagnoses and treatments offered to women as compared with men, for example, women are more often prescribed psychotropic medications such as benzodiazepines (Currie, 2003; Salmon, 2006). We also found and examined program examples where homeless women were being offered holistic, gender- and trauma-informed support (Paradis, Bardy, Cummings Diaz, Athumani, & Pereira, 2012).

2) The importance of incorporating First Nations and Inuit cultural perspectives and approaches to understanding mental health concerns and supporting women who struggle to remain housed and living well

The community participants shared and discussed key features of Aboriginal perspectives on colonization, reconciliation, wellness and approaches to healing. A key theme in these discussions was that mental health or wellness cannot be separated from a holistic understanding of the interrelationship between all the dimensions (mental, emotional, physical and spiritual) of an individual's life (Vicary & Bishop, 2005). The health of individuals, of families and communities are interconnected, and it is impossible to conceive of healthy individuals apart from healthy communities and vice versa (Royal Commission on Aboriginal Peoples, 1996). Mental health issues in Aboriginal communities cannot be separated from the colonial history of those communities (Maar et al., 2009). The many faces of mental ill health, such as substance abuse, violence, psychiatric disorders and suicide, are not separate problems, but rather manifestations of the same underlying social context (Lavallee & Poole, 2010). Cultural safety and responsiveness to the identity and wellness of Aboriginal women need to characterize the response to women's homelessness, mental illness and substance use problems (Acoose, Blunderfield, Dell, & Desjarlais, 2009; Ball, 2008; Brascoupé & Waters, 2009).

3) The role of trauma as an underlying factor in the mental health and addictions concerns of northern women

The participants spent considerable time learning about the effects of trauma, trauma-informed approaches and healing. Northern women face overwhelming life circumstances such as interpersonal violence; poverty, hunger and cold; the legacy of adverse early childhood experiences; unresolved grief;

persistent exposure to discrimination and racism from many segments of the dominant society; and lack of access to real education and employment opportunities (Bopp et al., 2007). Most women are also impacted by the legacy of intergenerational trauma that derives from the historical experience of Aboriginal peoples of missionization, residential schooling, the discriminatory and punitive policies and practices of federal and territorial governments and economic exploitation (Aguiar & Halseth, 2015; Royal Commission on Aboriginal Peoples, 1996). Trauma-informed approaches to service delivery that do not require disclosure of trauma or pathologize people's experiences are increasingly being applied (Jean Tweed Centre, March 2013; Poole, Urquhart, Jasiura, Smylie, & Schmidt, May 2013). Trauma-informed approaches focus on creating safe, welcoming services that do not retraumatize (Greaves & Poole, 2012; Prescott, Soares, Konnath, & Bassuk, 2008).

These three themes, and the way in which they are braided together, were visited and revisited by the communities of practice. The community of practice (CoP) model supported a range of other collective activities underlying system change including: mapping/appreciating existing services and policy strategies; reviewing and synthesizing the perspectives of homeless women and service providers (derived from interviews) about trajectories of service access and ideas for service improvement; and identifying and piloting some initial actions designed to address the need for improvement in the response to northern homeless women. The overall learning focus, the relationship building and the strengthening of knowledge about these three key approaches—trauma informed, gender informed and culturally relevant and safe—which can be integrated to serve as a foundation for service system design, were highly valued by participants.

The key elements of communities of practice as locations for stimulating systems change

Most of those participating in the CoPs had experience with cross-departmental committees or working groups as strategies for attempting to address challenges that overlap typical government jurisdictions. These types of bodies tend to be formal groups with a delegated authority and clear mandates related to developing policies or plans. CoPs differ from such planning committees in several important ways. Denscombe (2008) clearly describes this difference:

> Compared with formal groups created within organizations whose structure, tasks, and identity are established through functional lines and status hierarchies, communities of practice hinge on the fact that they can, and do, transcend boundaries of departments, organizations, locations and seniority. It is crucial to the whole idea of communities of practice that they come into existence through the need to collaborate with those who face similar problems or issues for which new knowledge is required (p. 276).

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. It is recognized that change comes from paying attention to how we relate to each in a system of services as much as it does from what we do.

A key dynamic of CoPs is learning

The stimulus for learning can be both reflection on practice (i.e., things that the members have tried or are trying to do to achieve their goals) as well as effective practice and concepts from the literature or from resource people. Listening to the voices of those with lived experience of the focus issue can also be a vital avenue for learning.

CoPs are geared to stimulating change

Effective CoPs use a highly dynamic iterative process that creates a collaborative platform for reflecting on past actions, learning, considering options for change, and trying out innovations.

The outcome of facilitating relational system change

In creating voluntary, relational, learning communities in Whitehorse, Yellowknife and Iqaluit with facilitation by invited southern researchers, it was possible to honour experiential wisdom, practice wisdom, policy wisdom, research evidence and traditional Indigenous ways of knowing. In this way the CoP model had the potential to redress exploitative research processes, and bridge north/south isolation. Participants identified how the CoPs encouraged them to keep going, in the face of so little progress on the determinants of homelessness such as poverty, access to trauma-informed mental health and addiction services, societal indifference or animosity, racism and punitive social policy. The CoP became a space to share struggles, but also to feel hope that collaboration could bring some positive changes.

The CoP helped participants experience being part of a larger, supportive net of service providers and to reflect on ways that this culture of openness could penetrate their own agencies more deeply. Part of this evolving culture was the development among CoP participants of a common, respectful and inclusive language to share experiences, insights and suggestions for moving forward. In some cases, partnerships emerged, based on the need by shelter and other voluntary sector services to work with governmental child protection and income support services to make a difference in outcomes for homeless and at-risk women with mental health challenges.

During the CoP meetings, trauma-informed practice was identified as a critical construct in service provision to vulnerable women experiencing homelessness and this focus sparked dialogue in the communities. As a component of trauma-informed practice, participants identified the importance of creating more inclusive, non-judgmental, and welcoming spaces and interactions with individuals seeking services. CoP members described that they are now much more aware about the impact of the way that they interact, not only with clients, but also with their co-workers and colleagues in other agencies. A shared commitment to incorporating the principles and strategies central to culturally safe and trauma-informed practice was made in each territory.

All in all, using a communities of practice model, the *Repairing the Holes in the Net* project was able to enact key touchstone principles of holism, structural intervention and non-discrimination (Blackstock, Cross, George, Brown, & Formsma, 2006). The CoP approach fostered dialogue between the community, researchers and agencies (community-based and government) and celebrated these dialogues as locations from which hope for change emerge. It is hoped that CoP participants, and an ever widening circle of research, practice, and policy collaborators, will continue to be empowered to influence systems

that can offer a net of support to northern Aboriginal women who face homelessness and other health and social concerns.

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