



Finding Our Way Together

No Wrong Door Southwest Region Project

Presentation for the
Canadian Domestic Violence Conference 4

Colleen Purdon cpurdon@bmts.com

Working Together For Positive Change

Southwest Region
Violence against Women
Coordinating Committee

SWRCC



Project Goals



- To identify **strengths and gaps in the current system response for women and men** seeking help to deal with concurrent mental health, substance abuse and abuse/trauma issues
- To **hear from women and men** on how to better meeting their service needs, and **engage them as critical partners** in the work.
- To **improve service coordination and collaboration** for people with complex, concurrent issues, and **develop local and regional strategies** to strengthen the community response.

Project Overview



- Seven VAWCCs (Chatham Kent, Oxford, Grey Bruce, Middlesex, London, Sarnia Lambton, Windsor Essex) in the Southwest Region
- Methodology reviewed by Dr. Marilyn Ford-Gilboe and John Swales
- 18 Focus Groups (12 Women and 6 Men) & 6 Interviews
- Total of 141 service users participated (114 women, 27 men)
- Service Provider survey completed by 132 people in 7 areas.

Project Overview



- Phase One – information gathering (January – March 2014)
- Phase Two – Community workshops (135 participants in 7 communities) and Regional Forum (56 participants from 7 communities) (June – December 2014)
- Review of Findings and Recommendations by SWRCC (January – February 2015)
- Finding Our Way Together Report March 2105

Findings



Findings from the Mapping Tool

*I'm all over the map - it's confusing
I had to be really sick or suicidal to get help
There's support for the crisis but afterwards it's like
throwing the goldfish into the ocean
I was desperate to get an answer to my drinking and
drugs – telling my stories in so many places
Counsellors and professionals don't agree on what to do
I'm struggling with the same issues my parents struggled
with.
The people I was asking didn't know what to say or do-
didn't believe men were sexually abused.
You have to find services yourself. You have to be your
own advocate while you are being victimized*

Findings from the Mapping Tool

I don't know how my stuff didn't get caught earlier.

It was missed as a child and I fell through the cracks.

As an adult I shared everything, but it didn't lead to anything for me.

Somehow everything on my map got missed.

No Wrong Doors
Building Strategies with Women and Men
to coordinate VAW, Mental Health and Substance Abuse services
in the Southwest Region

Mapping Exercise

I have experienced.....
(Circle any of the issues listed in the three columns below that apply too you)

Mental Health/Emotional Health	Substance Abuse/Addiction	Abuse/Trauma
Anxiety	Alcohol addiction	Witnessed abuse as a child
Chronic stress	Binge drinking	Child abuse/neglect
Panic attacks	Addiction to Prescribed Medications	Sexual abuse as a child
Eating Disorder	Addiction to non prescription drug	Sexual abuse as teen/adult
Depression	Gambling addiction	Physical abuse by adult partner
Phobia	Addicted partner/husband	Emotional abuse by partner
Bi polar	Addiction issues in family when I was a child	Sexual abuse by partner
Suicide attempt	Addiction to multiple substances at same time	Traumatic accident
Psychosis		Traumatic loss of family member
Post Traumatic Stress (PDSD)		
Other (please describe)	Other (please describe)	Other (please describe)

Mapping – top issues identified

Mental Health

- Depression (92%)
- Anxiety (86%)
- Chronic Stress (64%)
- Panic Attacks (61%)
- Suicide Attempt (50%)
- PTSD (49%)
- Eating Disorder (37%)

Abuse - Trauma

- Emotional abuse by partner (78%)
- Sexual abuse as child (55%)
- Physical abuse by partner (55%)
- Witnessed abuse as child (53%)
- Child abuse/neglect (53%)
- Traumatic loss of family member (53%)
- Sexual abuse as teen/adult (46%)

Mapping – Substance Abuse

- Addicted partner (48%)
- Addiction issues in family when I was a child (46%)
- Alcohol addiction (37%)
- Binge drinking (37%)
- Addiction to non prescription drug (34%)
- Addiction to multiple substances (30%)

No Wrong Doors
Building Strategies with Women and Men
to coordinate VAW, Mental Health and Substance Abuse services
in the Southwest Region

Mapping Exercise



Service Maps

- Women and men use average 7.5 different services
- Sexual abuse reported by most women but sexual abuse services often not used. Men also did not use sexual assault services.
- Men and women have patterns of extensive service use around a crisis – usually involving hospital emergency services
- Private counselling often used at the beginning of the journey.
- Family doctors are gateways to services, but often not helpful.
- Many men and women had a long history of service use.

Strengths Identified by Service Users

- There are helpful services in every community – services that are welcoming, listen, take a holistic approach, and provide good information about other supports.
- There are supportive and helpful people working in services – workers that go a little further or stretch to meet needs or make connections; Workers who are kind and understanding; Workers that don't give up on a person; Workers who understand the connection between the issues.
- In every community people said they were alive today because of the help they received from workers and community services.

Gaps

- Lack of information on available services
- Lack of services or supports while waiting for service.
- Services are not centralized or coordinated.
- Reliance on medications.
- Individuals need to identify their issues, navigate services and be their own case managers across sectors
- Lack of services and supports for men dealing with sexual abuse
- Access barriers (poverty, transportation, no rural services)
- Understanding of links between abuse, substance abuse and mental health issues within the system.
- Lack of information about trauma and complex issues for young people and in schools
- Residential programs for young people
- Helpful justice response for male and female victims of sexual abuse



Women and Men said they need...

- Services earlier instead of waiting for the crisis
- Support while on waiting lists
- Reduce the number of times people have to tell their stories
- Go beyond the Band-Aid fix
- Address practical barriers to service
- More education and trauma informed services for youth
- Look at the unique needs of men dealing with abuse.
- Improve the justice system and police response
- Health system needs to work together
- Child welfare interventions that build trust, engage and support women with concurrent issues.



“A new holistic model would include a network of providers who are advocates, who educate and who bridge the processes so that help is actually that – it does not hurt, and it provides a place and space for understanding and trust to occur, and to explain what is happening and why.”



Engaging Men and Women

“Women need to speak up...sharing is a cornerstone, a huge part of healing. Traditionally, that is how stories were passed along. We’ve become disconnected.”
(focus group participant)

- All participants said they want a **stronger voice** and want to play a bigger role in their healing.
- Women suggested a Women's Wellness model – a **network of women** who understand the issues and who help others find their own path.
- Men suggested **peer supports** to help men overcome isolation, stigma and shame
- Youth said we need to '**rethink**' the way services **respond to child and youth** and help them make the connections between these issues.



Service Provider Survey

132 responses

Half of respondents from abuse/trauma sector

25% mental health sector

5% Substance abuse sector

20% Other

Survey completed in all 7 communities



Identifying the Issues

- Most providers use screening tools to identify abuse, mental health and addiction issues, but a significant number do not screen for childhood sexual abuse issues.
- Most providers are comfortable or very comfortable talking to people about abuse, mental health and addiction issues and deal with these issues themselves.
- Many rate their competence in these areas in the good to excellent range, but about one third said competence is in the fair to poor range on substance abuse issues.
- They report a good knowledge of community resources, except in the area of substance abuse and male sexual abuse

Service Barriers



- Providers said that Wait Lists, Poverty, and Services that are needed are not available as the greatest barriers to service.
- Other significant barriers include: Lack of information about services, Clients don't know where to start, Lack of transportation, Clients don't trust services, and discrimination.
- Providers said that workers need more training
- Most providers rated the current level of coordination in the fair to poor range. No provider rated coordination as excellent in any community.

Recommendations: Service Collaboration

- Joint strategies to address service gaps.
- Build relationships between sectors and services.
- Training on links between mental health, substance abuse and abuse/trauma.
- Shared intervention and prevention initiatives.
- Regular sharing of information and expertise.
- System navigators
- Joint training on collaborative responses.
- Formal case management across sectors



Seven Themes from the Community Workshops

1. Education and Awareness

- **Who?** Everyone - political leaders, governments, health and social service workers, public, clients, families, schools, workplaces
- **What?** Identifying and screening for issues, Understanding connection and impact, Stigma-Shame-Secrecy. Prevention strategies, Community services and supports, Navigating the system, Collaboration
- **How?** Forums, Circles, 211, Networks, Public campaigns, Schools, Relationships

2. System Coordination & Collaboration

- Develop a **system response** (information sharing, navigation, care paths, shared resources and expertise) based on shared goals and understanding across and within sectors
- **Collaboration instead of competition** (between sectors, agencies and funding bodies)
- System responds to the **whole person** and all the issues
- **No wrong door – no wrong time**
- **Joint training** to Increase generalist capacity throughout the system
- **Relationship building** between sectors and services
- **System approach** to wait times, prevention, secrecy and shame

3. Government

- Coordination and collaboration at ministry level based on shared goals
- Address funding/service/mandate silos
- Resources for system coordination and collaboration, partnerships, whole person approaches
- Resources for education and awareness, early intervention and prevention strategies
- Wait times and crisis response focus – expensive
- Connect justice and social service response
- Recognize and resource rural approaches
- Politics and social issues

4. Basic Needs

- Housing, food, safety needs come first
- Increased vulnerability, poorer outcomes and higher service costs when basic needs not met
- Increase and repeat use of services when basic needs not met
- Access to services and supports compromised
- Opportunities for sector collaboration
- Connect Ontario Works
- Opportunities for prevention and early intervention

5. Compassion and Care

- Importance of compassionate care response
- Break down 'us' and 'them' silos – these are pervasive social issues that impact everyone
- Overwork and burn out in the helping system
- Need for vicarious trauma supports for workers to avoid compassion fatigue
- Inclusion builds and supports compassion
- Passion and compassion is a resource across sectors and within the service user community

6. Service Users

- Equal partners
- Our Experience is Our Expertise – Critical Input
- Inclusive role in the system response
- Stories influence change
- Listen and act
- Opportunities – peer supports, navigation, wait times, advocacy, education, evaluation, energy, giving back.
- Build relationships and connections between providers and users around shared goals

7. Complete versus Crisis Response

- Long term, life span approaches
- Rethink response for children and youth
- Think beyond the 'band aid fix'
- Opportunities – peer support, system collaboration
- Connect health and social service response
- Connect emerg and family doctors
- Connect police and justice response
- Community, family, faith communities,
- Inclusive response and support

Regional Forum

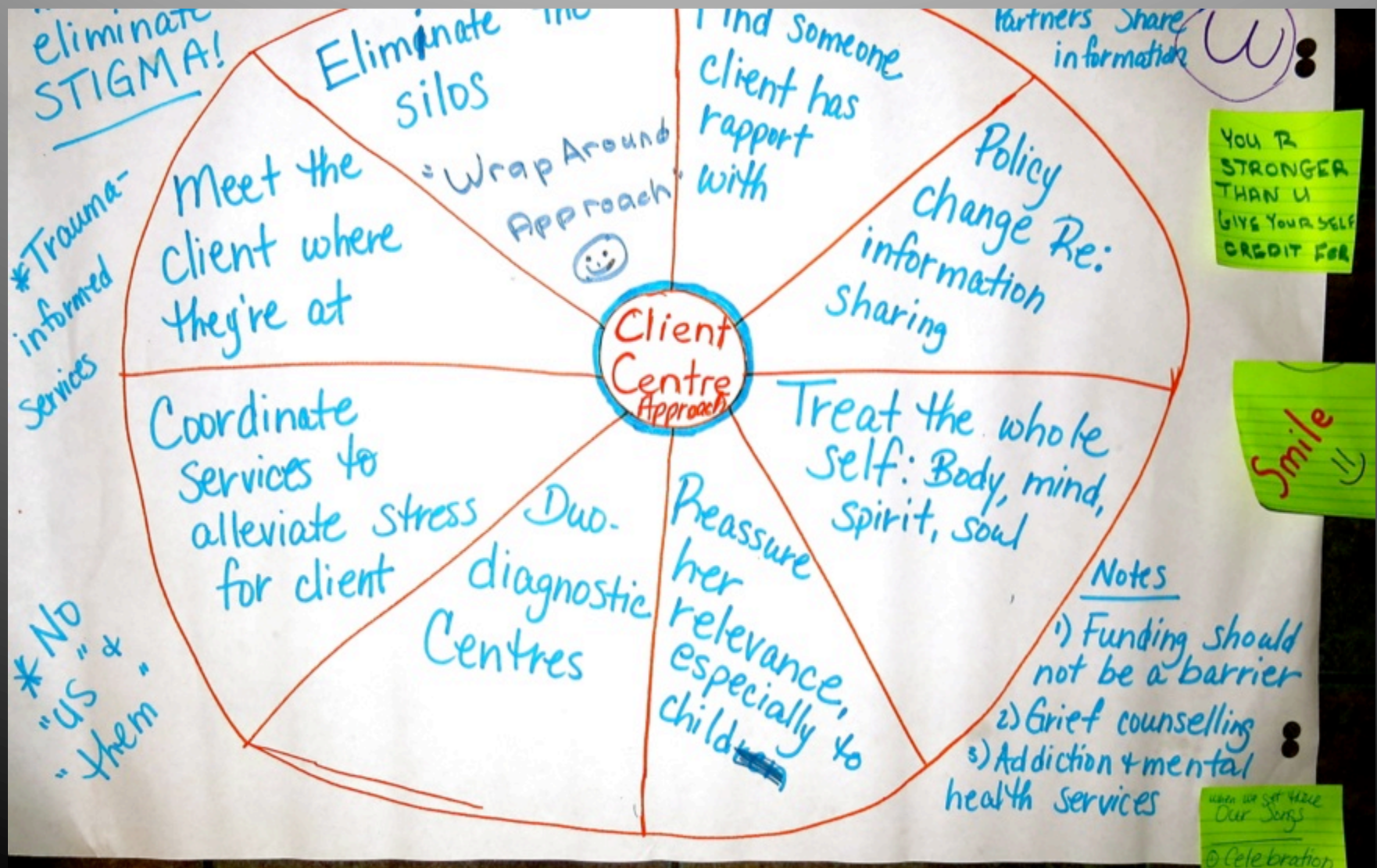


- 53 participants from 6 Coordinating Committees
- 7 Communities Represented
- Ministry, Service Users and Service Providers

Building a Collaborative Response



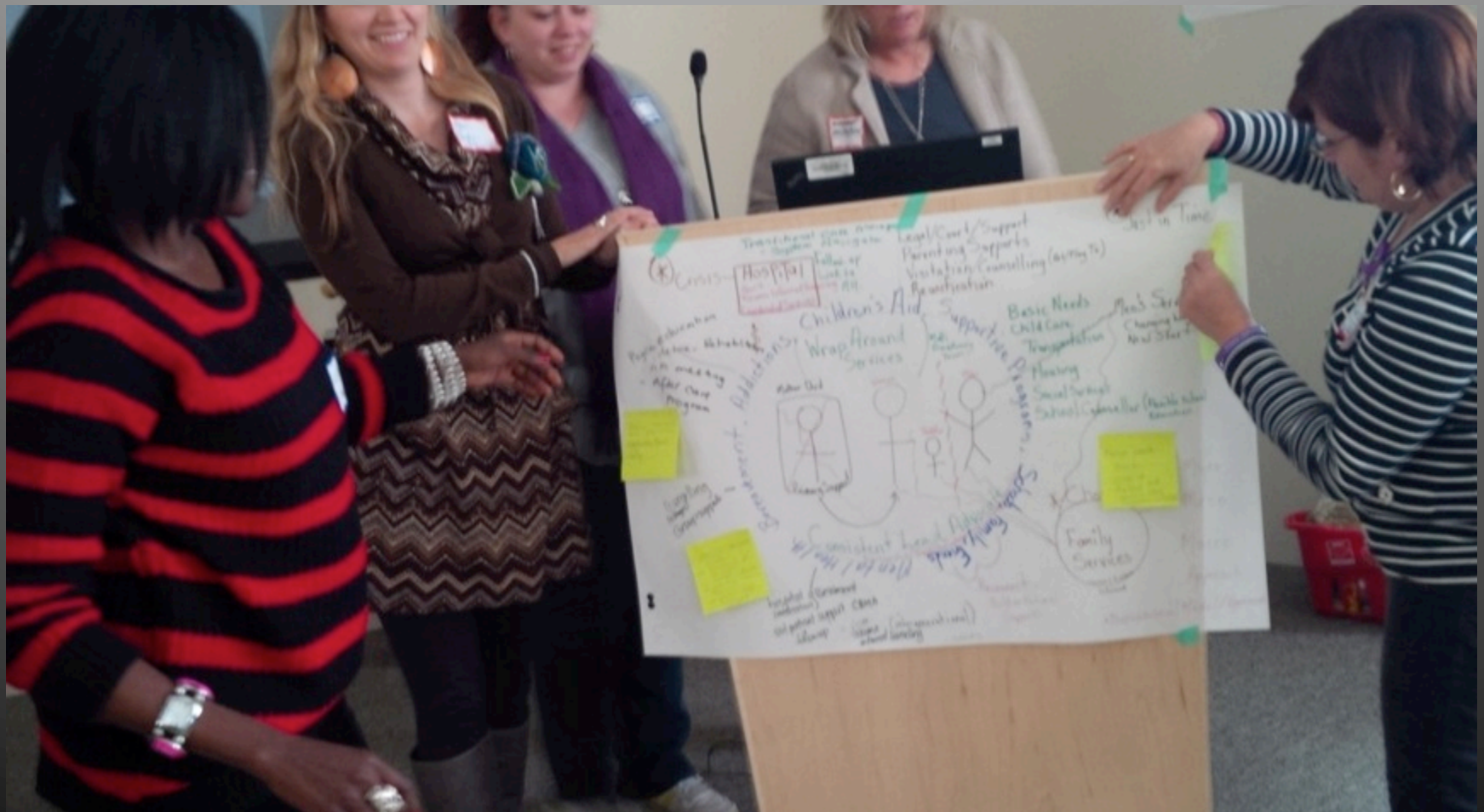
Innovation, Collaboration, Change



Key Elements for Coordination and Collaboration

- Leadership is key – we are all leaders
- A service ‘quilt’ approach (many pieces that make a whole)
- A wrap around approach with the client in the middle
- Cooperation not competition
- A trauma informed system – all sectors understand and work with a trauma informed approach
- Screening for mental health, addictions, abuse and trauma
- Shared information, referrals, and a consistent approach between and within sectors and services
- Protocols and policies
- Joint training, networking and relationships
- Listening, asking questions, taking action
- Support for coordination from funders and government

Coordination and Collaboration



Regional Strategies for Change

- **Rethinking the role and participation of women and men – beyond ‘us’ and ‘them’**, clients as experts on their own lives. Levelling the playing field between service providers and service users. Developing a meaningful role for women and men in the design of programs and as advocates for change. Inclusive practices based on listening and respect. Peer support and mentoring.
- **Early interventions and education** – in schools, family doctors, general public, by women and men who know the issues and providers from all sectors. Interventions and education based on a common basis of understanding and provides information on issues and how to get help.

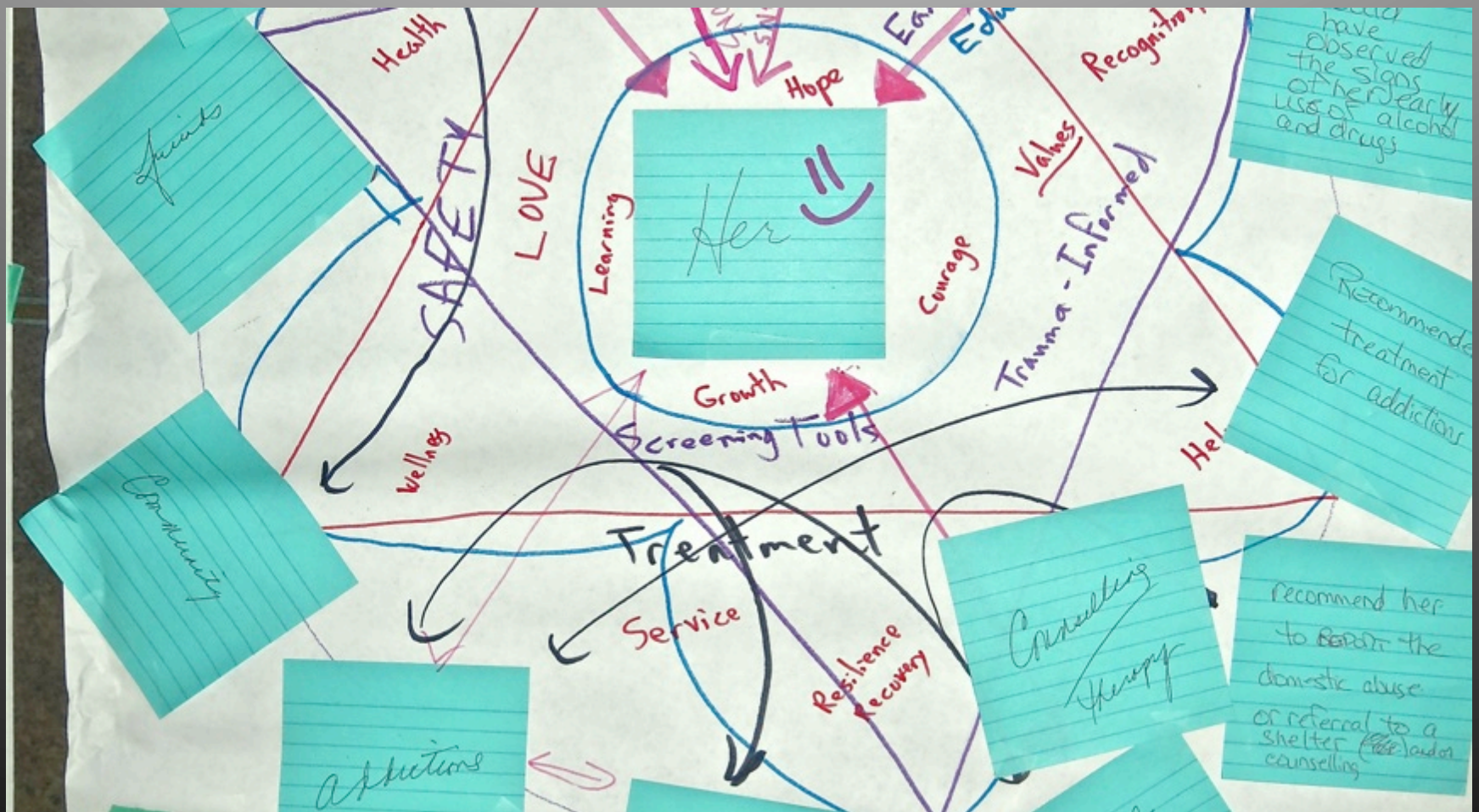
Strategies for Change and Action

- **Trauma informed approaches across all sectors**, including in patient psychiatric services, family physicians, private counsellors, faith counsellors, mental health, addiction and VAW, child welfare, police, lawyers and justice systems, Ontario Works.
- **VAWCCs take an active leadership role in communities** to support a No Wrong Door, No Wrong Time service delivery approach (protocol development, joint training, public education, information sharing, networking, relationship building, joint research, innovation).
- **Long term planning and support instead of repeated crisis interventions** for women and men with early and/or repeated trauma, mental health and substance abuse issues. Recognition of need for broad range of supports and easy access, and high cost (dollars and lives) of relying on crisis responses.

Strategies for Change and Action

- **Address issues of medication** of women and men with trauma issues and need for family doctors to refer to community resources.
- Look at **alternative ways of organizing service delivery**: hubs, shared space, travelling services, integrated service delivery, cross training.
- **Address the practice of wait lists**, long waits for services unless there is a crisis, waits for service following initial assessment. Look at use of peer supports, drop in, mentoring, counselling by demand to ensure people have access to support when it is needed.
- **Meeting basic needs** (food, shelter, safety) is critical for any other interventions to succeed and is responsibility of all sectors and government

Strategies for Change and Action



Strategies for Change and Action



Regional Action

- A one day training and knowledge sharing regional forum on collaboration
- Local VAWCC action plans
- A plan for a Trauma Informed SW Region
- Work with Aboriginal communities in the SW to support a culturally appropriate No Wrong Door project
- Provincial engagement through the Building a Bigger Wave Ontario Network
- Advocate for change with government

What has Changed?



- ✓ SW Region Coordinating Committee begun framework for a Trauma Informed Region
- ✓ Regional Forum planned for fall 2015
- ✓ VAWCC plans for action underway
- ✓ Plans for an Aboriginal project begun
- ✓ Women and men actively involved in VAWCC and regional work
- ✓ Will present at Building a Bigger Wave Provincial Forum (October 29-30, 2015)

No Wrong Door in Your Community?



- **Finding Our Way Together** Report posted on www.violencepreventiongreybruce.com and www.buildingabiggerwave.org
- All the tools and processes you need to conduct this project are in the report
- Contact Colleen Purdon for information and help.



Questions and Comments