No Wrong Door Southwest Region Project

‘Finding Our Way Together’

Strategies to Improve Services and Community Collaboration for People with Abuse/Trauma, Mental Health, and Substance Abuse Issues

A Project of the
Southwest Region Violence Against Women Coordinating Committee

Report Prepared by Colleen Purdon
March 2015
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The No Wrong Door project was a regional initiative that harnessed the collective commitment, passion and desire for changes in the southwest region. It would not have happened without the dedication and skills of many organizations and people who recognize the power and potential of collaboration and inclusion. Thank you to:

All of the members of the Southwest Region Violence Against Women Committee involved in the project, who engaged their communities, helped to plan the Regional Forum, discussed the findings and reviewed the recommendations.

Margaret MacPherson, who wrote the project proposal, assisted with facilitation in London, and supported the project in her role as the coordinator of the SWRCC.

The members and staff of the seven Coordinating Committees who participated in this project, who moved heaven and earth to organize focus groups, community workshops, take notes, organize food and funding within a short time framework: Dorothy Davis, Thom Rolfe (Windsor), Ashley Vader, Corey Allison (Middlesex), Avril Flanigan, Kate Wiggins, Margaret MacPherson (London), Ruby Frank, Colleen Purdon (Grey Bruce), Tracy Rogers, Michelle Batty (Sarnia), Diane Harris, Linda Armstrong, Giselle Lutfallah (Oxford) and Sonia McMahon-Comartin, Pam Fasullo (Chatham Kent). It has been amazing working with such committed and professional people who are doing so much in their communities.

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The Emily Murphy Centre, under the capable leadership of Lisa Wilde, was the administrative home for the project. Thank you Lisa, and the Emily Murphy Board and staff.

Finally, thank you to all of the women and men who participated in focus groups, interviews, surveys and workshops. Your wisdom, courage and willingness to engage made this project successful.
Executive Summary

The Southwest Region Violence Against Women Coordinating Committee (SWRCC), in collaboration with seven coordinating committees in the South West region, carried out a one-year project called No Wrong Doors from January 2014- February 2015. Project funding came from the Ministry of Community and Social Services.

The project included focus groups with men and women living with mental health, substance abuse and abuse/trauma issues, and online survey with service providers and community workshops with services users and providers to develop community strategies. The following Community Coordinating Committees organized and co funded the project:

- Chatham-Kent Co-ordinating Committee to End Domestic Violence
- Oxford County Domestic Assault Review Team
- London Coordinating Committee to End Violence Against Women
- Middlesex County Coordinating Committee to End Woman Abuse
- Violence Prevention Grey Bruce
- Sarnia-Lambton Coordinating Committee on Violence Against Women
- Domestic Violence Coordinating Committee of Windsor-Essex

The Project Goals were:
- To identify strengths and gaps in the current service system response for women and men seeking help to deal with abuse, mental health and/or substance abuse issues
- To hear from women and men on how to better meet their service needs, and engage service users as critical partners in this work
- To improve service coordination and collaboration for people with complex, concurrent issues, and develop regional strategies to strengthen the community response.

A total of 141 service users participated in focus groups and interview for this study (114 women and 27 men) to talk about their experience of services, strengths and gaps in services and service coordination and their recommendations for change. 132 service providers from key sectors completed an online service provider survey to gather information from health, violence against women, mental health and substance abuse providers. A total of 135 people attended Community Workshops held in each of the seven communities, including men and women who had participated in the local focus groups, community service providers, members of the local Coordinating Committees and community stakeholders. At the end of the project, 56 people attended a Regional Forum in London to develop recommendations and next steps. Participants included men and women who had attended focus groups, service providers from each of the seven communities, Coordinating Committee members, advocates, ministry representatives (MCSS and MAG) and members of the SWRCC.

The No Wrong Door project identified strengths and gaps in the current service delivery, recommendations for engaging service users as critical partners and ways to improve coordination and collaboration between agencies and sectors working with men and women with complex, concurrent issues. It also set out specific strategies for the Southwest Region and action items for the Southwest Regional Coordinating Committee as follows:
Strategies for Change and Action in the Southwest Region

- **Trauma informed approaches across all sectors**, including in patient hospital psychiatric services, hospital emergency services, family physicians, family health teams, private counsellors, faith counsellors, community based mental health, addiction and VAW services, child welfare, police, lawyers and justice system, 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).

- **Focus on long term planning and support instead of repeated crisis interventions** for women and men with abuse/trauma, mental health and substance abuse issues. This is a shift and requires a high level of coordination and collaboration across the system. It is based on the recognition of the need for broad range of supports and easy access, and high cost (dollars and lives) of relying on a fragmented crisis response.

- **Develop a meaningful role for women and men** so their knowledge and expertise can be included in the design of programs and they can act as advocates for change. Ensure that inclusive practices based on listening and respect are in place. Engage and support men and women with experience of service in peer support and mentoring programs and projects.

- **Develop and implement early intervention and education programs and resources** for schools, family doctors, and the general public that are based on a common understanding of the issues. Engage women and men who know the issues and providers from all sectors to develop these tools and resources.

- **Address issues of the overuse of medication with women, men, children and youth with trauma issues** who also struggle mental health and addictions. Engage family doctors, psychiatrists, and health providers in education, training and strategies that link them with community based services and sectors in health, VAW, child welfare, children’s mental health and social services and to support a broad intersector community response.

- **Bring the sectors together to look at innovative community approaches** to address: Service delivery and access (hubs, shared space, travelling services, integrated service delivery, cross training), Wait lists for services (peer supports, drop in, mentoring), Meeting basic needs (food, shelter, safety, transportation), Strategies to address gaps in services.

**Recommendations for the South West Regional Coordinating Committee:**

1. That **local VAWCCs take leadership** in their communities in the development of local action plans to improve service collaboration and service delivery for women and men with concurrent, complex issues, using the No Wrong Door local and regional findings and learning as the basis for their planning.

2. That the SWRCC monitor and **support VAWCC action plans and community projects** as part of their coordination efforts at the SWRCC table.

3. That the SWRCC **organize a one day training and knowledge-sharing Forum on Trauma Informed Services and Cross Sector Collaboration** in 2015-2016.
4. That the Ministry of Community and Social Services convene a one day Think Tank with the four Local Health Integration Networks (LHINS) in the South West Region, members of the SWRCC and Associations of Community Health Centres in the South West region to discuss the findings and recommendations from the No Wrong Door report and to develop next steps.

5. That the SWRCC develop a plan for a Trauma Informed Region in the Southwest.

6. That the SWRCC work in partnership with Aboriginal communities in the southwest interested in carrying out a culturally appropriate No Wrong Door project.

7. That the SWRCC distribute this report broadly to key stakeholder sectors and organizations in the southwest in the health, community health mental health, substance abuse, children’s mental health, and Violence Against Women sectors.

8. That the SWRCC engage the larger VAWCC network in Ontario through their participation in the Building a Bigger Wave Network and present the findings of this project at the upcoming Provincial VAWCC Forum in October 2015.

9. That the SWRCC advocate for changes with government to support a collaborative system response for women and men with abuse/trauma, mental health and substance abuse issues that bridges sectors and is based upon a common understanding of the issues.

The Southwest Region No Wrong Door project brought together over 300 people in seven communities who want to see changes in the way services and providers respond to men and women with concurrent abuse/trauma, mental health and substance abuse issues in their lives. The findings from this project outline many issues and challenges, but also point the way to new approaches and models that will improve the service response and strengthen service and sector collaboration.

Thank you to MCSS, the seven participating Community Coordinating Committees, and to the members of the SWRCC for making this project possible. Our biggest thank you goes to all of the women and men who came forward with their stories, experiences and recommendations for change. The SWRCC hopes the findings and recommendations from this study provide a roadmap for change and new collaborative approaches in the southwest region. We hope other communities in Ontario can use the tools and methodology from the No Wrong Door project to bring diverse sectors and perspectives together in order to improve services and service coordination for women and men with complex concurrent issues in their lives. For more information, electronic copies of the Community Reports, or to pass along feedback from this report contact Colleen Purdon at: cpurdon@bmts.com.
Introduction

The Southwest Region Violence Against Women Coordinating Committee (SWRCC) has brought together Violence Against Women Coordinating Committees (VAWCC) in the southwest for over ten years. It provides a rich and creative place for members to support innovative and engaging ways to improve coordination, collaboration and the prevention of violence against women and children. In 2014 the Ministry of Community and Social Services provided the SWRCC with a grant to explore concerns raised at the SWRCC table about the need for improved service coordination for women and men with complex, concurrent mental health, substance abuse and abuse/trauma issues in their lives.

This report outlines the findings and recommendations from the Southwest Region ‘No Wrong Doors’ Project, a research and community development initiative carried out between January 2014 and February 2015. Colleen Purdon, a SWRCC member representing Violence Prevention Grey Bruce, and the project manager for a similar study in Grey Bruce in 2008, coordinated the project and wrote this report. The No Wrong Doors project engaged men and women dealing with abuse/trauma, mental health and substance abuse issues, and the providers of these services, in seven communities in Southwestern Ontario. The VAWCC member committees at the SWRCC table that collaborated and co funded this project are:

- Chatham-Kent Co-ordinating Committee to End Domestic Violence
- Oxford County Domestic Assault Review Team
- London Coordinating Committee to End Violence Against Women
- Middlesex County Coordinating Committee to End Woman Abuse
- Violence Prevention Grey Bruce
- Sarnia-Lambton Coordinating Committee on Violence Against Women
- Domestic Violence Coordinating Committee of Windsor-Essex

Coordinating Committees bring together diverse sectors and services in communities to address a range interpersonal violence issues. Although their mandates and activities vary, the work is centred on efforts to improve service coordination, collaboration and the prevention of abuse. The seven Coordinating Committees involved in the No Wrong Door Regional Project provided an opportunity for female and male service users and service providers to explore: What is working? What needs to change? Does the service response meet the needs? How could service and sector coordination be strengthened? How can the people who use services be involved as critical partners to improve the community response?

This report provides a snapshot of how women and men experience services, and provides a summary of the findings across the southwest region from the perspective of service users, service providers, VAWCC members, community stakeholders and members of the SWRCC. The SWRCC hopes the No Wrong Door Regional Project will support changes in the way services are provided, engage service users as critical partners, and improve coordination and collaboration in participating communities, and the region as a whole. We hope other coordinating committees and communities in Ontario will consider using the No Wrong Door tools as a way to bring organizations and communities together to develop a No Wrong Door – No Wrong Time community response for women and men dealing with complex abuse/trauma, mental health and substance abuse issues in their lives.
Project Goals

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

Methodology

This study used a participatory action research approach to hear directly from women and men using community services, and from community service providers from key agencies and sectors in each of the seven communities. The data from the focus groups and survey was then presented back to participants and community stakeholders at workshops in each of the seven communities where themes and community action strategies were identified. Finally all of the data was summarized and presented at a regional forum where participants from all the seven communities, and other regional stakeholders, worked together to build broad recommendations.

The research process and information gathering tools were modelled on an earlier study with women in Grey Bruce called “No Wrong Doors: Creating a Collaborative Rural Response for Women with Abuse, Mental Health and Addiction Issues (2007-2008). The Grey Bruce information gathering tools were adapted for use in the current project. Dr. Marilyn Ford-Gilboe reviewed the focus group and interview questions, the Mapping Tool and the project methodology and changes were made to strengthen the methodology. John Swales reviewed the information gathering tools to ensure they were appropriate for both men and women who used community services because of concurrent mental health, substance abuse and abuse/trauma issues.

(Appendix A Focus Group/Interview Questions)

**Phase One - Information Gathering and Data Analysis**

- Local VAWCCs in each community organized Focus Groups and/or interviews with women and with men with experience of mental health, substance abuse and abuse/trauma issues. They sent project information flyers to local mental health, substance abuse and VAW services, as well as to VAWCC member organizations asking them to support men and women as project participants. They provided honorariums for all participants, and organized the location and refreshments for the focus groups.
- Information packages describing the project were provided to all participants and all focus group and interview participants signed consents. (Appendix B – Information and Consent Package)
- Service providers in mental health, addictions and abuse/trauma, as well as VAWCC members completed an electronic survey. (Appendix C – Service provider survey tool)
All Focus group participants completed a mapping tool of the services they used and the issues they experienced. (Appendix D – Mapping Tool)

Focus group and Interview notes from each community were transcribed and analyzed for themes and findings.

A Community Report for each of the seven communities was prepared and distributed. The reports, along with PPT presentations for each community, provided a detailed summary of the findings from the analysis of focus group and interview data, and from an online survey of service providers. The reports also identified local themes from the data for further exploration at Community Workshops.

Phase Two – Development of Community and Regional Strategies

Half day Community Workshops, organized by each participating VAWCC, took place in each of the 7 communities.

Focus group participants, service providers and invited stakeholders attended the Community Workshops in six communities. In one community only service providers and members of the VAWCC attended.

At each Community Workshop a Power Point presentation with the findings and recommendations from the focus groups and service provider survey was presented, and the a report was distributed (paper copies and electronic version).

At each Community Workshop a World Café format engaged the workshop participants in discussion about the community findings and helped them identify potential community strategies to improve service coordination and effectiveness.

The VAWCC in each community compiled the workshop notes and strategies, and distributed the Community Report and PPT to community stakeholders, and the participants in the focus groups.

The findings, recommendations and strategies from all of the Community Reports and Community Workshops were summarized and presented at a Regional Forum on November 28th in London ON attended by service users, service providers, and ministry stakeholders from all 7 communities involved in the project.

The Regional Forum participants worked in diverse, small groups to design a coordinated community response model, using the findings and recommendations from the research project as a guide. (Appendix E – Regional Forum Agenda and Case Studies). Their coordination models and discussion points were used to develop recommendations for regional action.

The members of the Southwest Region VAWCC reviewed the findings from the Forum at their January 2015 meeting and provided comments and input for the development of the final recommendations for this report.

Project Participants

Service Users: A total of 141 service users participated in this study (114 women and 27 men) in seven communities in the southwest. Women who attended the focus groups reflected the population of the region and came from diverse backgrounds including: Aboriginal, immigrant and refugee women, women of all ages, educational backgrounds and incomes, women with and without disabilities, and women from the LGBT community. Not all community focus groups were representative. Fewer men participated in this project with less diversity in the men’s focus groups. There was a range of ages represented, from young men to older men, and a broad
range of economic and education levels in the focus groups. There were no men who identified as visible minorities, immigrants or refugees, First Nations or LGBT.

<table>
<thead>
<tr>
<th>Community</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chatham Kent</td>
<td>29</td>
<td>11</td>
<td>40</td>
</tr>
<tr>
<td>Windsor Essex</td>
<td>27</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Grey Bruce</td>
<td>16</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Sarnia Lambton</td>
<td>12</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>London</td>
<td>18</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>Oxford</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Middlesex</td>
<td>9</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total Participants</strong></td>
<td><strong>114</strong></td>
<td><strong>27</strong></td>
<td><strong>141</strong></td>
</tr>
</tbody>
</table>

**Service Providers:** A total of 132 service providers completed the service provider survey. The survey was completed by providers in all seven communities in the southwest, and included responses from mental health, substance abuse and VAW perspectives, as well as responses from VAWCC members and community stakeholders. The chart below outlines the service provider responses. The total responses is larger than 132 because some respondents work in more than one area.

<table>
<thead>
<tr>
<th>Community</th>
<th>Service Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chatham Kent</td>
<td>18</td>
</tr>
<tr>
<td>Windsor Essex</td>
<td>33</td>
</tr>
<tr>
<td>Grey Bruce</td>
<td>31</td>
</tr>
<tr>
<td>Sarnia Lambton</td>
<td>17</td>
</tr>
<tr>
<td>London</td>
<td>19</td>
</tr>
<tr>
<td>Oxford</td>
<td>12</td>
</tr>
<tr>
<td>Middlesex</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total Responses</strong></td>
<td><strong>139</strong></td>
</tr>
</tbody>
</table>

**Community Workshops:** A total of 135 people attended Community Workshops held in each of the seven communities, including men and women who had participated in the local focus groups, community service providers, members of the local VAWCC, and community stakeholders.

<table>
<thead>
<tr>
<th>Community</th>
<th>Workshop Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chatham Kent</td>
<td>25</td>
</tr>
<tr>
<td>Windsor Essex</td>
<td>39</td>
</tr>
<tr>
<td>Grey Bruce</td>
<td>10</td>
</tr>
<tr>
<td>Sarnia Lambton</td>
<td>20</td>
</tr>
<tr>
<td>London</td>
<td>23</td>
</tr>
<tr>
<td>Oxford</td>
<td>10</td>
</tr>
<tr>
<td>Middlesex</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total Participants</strong></td>
<td><strong>135</strong></td>
</tr>
</tbody>
</table>
Regional Forum: A total of 56 people attended the Regional Forum in London. Participants included men and women who had attended focus groups, service providers from each of the seven communities, VAWCC members, advocates, ministry representatives (MCSS and MAG) and members of the SWRCC.

<table>
<thead>
<tr>
<th>Community</th>
<th>Forum Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chatham Kent</td>
<td>13</td>
</tr>
<tr>
<td>Windsor Essex</td>
<td>9</td>
</tr>
<tr>
<td>Grey Bruce</td>
<td>6</td>
</tr>
<tr>
<td>Sarnia Lambton</td>
<td>4</td>
</tr>
<tr>
<td>London</td>
<td>16</td>
</tr>
<tr>
<td>Oxford</td>
<td>3</td>
</tr>
<tr>
<td>Middlesex</td>
<td>3</td>
</tr>
<tr>
<td>Other (Ministry)</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
</tr>
</tbody>
</table>

Limitations

The data collection, findings and recommendations in this report are influenced by limitations:

- The service provider survey was distributed in each community by the local VAWCC, but it is not known how extensively. There was an uneven response to the provider survey in terms of the number of responses, compared to the population in the community, and the response by sector. There were fewer responses from the substance abuse/addiction sector to the survey, and fewer participants in the community workshops and regional forum from that sector. Over 60% of the service providers responded from the perspective of the abuse and trauma sector. Sector responses are outlined below:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Service Provider Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence Against Women</td>
<td>41%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>24%</td>
</tr>
<tr>
<td>Sexual Abuse (women and men)</td>
<td>21%</td>
</tr>
<tr>
<td>Substance Abuse/Addiction</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100% (n=130)</strong></td>
</tr>
</tbody>
</table>

- Focus group and interview participants were made aware of the project through invitations from VAWCCs and service providers. The data does not include the perspective of women and men who are not currently connected with a community service.
- There were more women than men who used services involved in this study. There were challenges in reaching men who experienced concurrent issues in every community, and one community did not reach any men for this project. The small number of men involved may have impacted the range of responses and experiences for this study.
• The diversity of men involved with the project was limited by the smaller number of men who participated overall.
• The focus groups and interviews were not recorded. The data comes from written notes taken by note taker(s) at each focus group, supplemented by notes by the facilitator(s). The notes were of a high quality, but are not as accurate as taped transcriptions.
• The project manager, note takers and the VAWCC coordinators in each community come from the Violence Against Women sector. The project manager, who facilitated all of the focus groups, and who has an extensive background in the violence against women sector, completed the preliminary data analysis. The recommendations and insights from the Regional Forum were reviewed and discussed by members of the Southwest Regional Coordinating Committee, whose members come mainly from the violence against women sector. The VAW background and experience is reflected in the data analysis and recommendations.

Evaluation:

A standard evaluation form was distributed at the end of each half-day Community Workshop. Participants were asked to rate the discussion at the workshop, facilitation, and information that was presented. In addition participants rated the progress on goals for the workshop: valuing knowledge and perspectives, identifying strategies to improve the service response, identifying strategies to improve working together and priorities for community action. They then rated their overall satisfaction with the day and were asked for comments (What was most helpful? What could we do differently?).

There was a high level of uptake with the Community Workshop evaluations, and the ratings on the workshop discussion, facilitation and information presented were consistently high. There was a broad range of responses in the rating on the goals for the day, and on average the ratings were lower for identifying strategies to improve service response and working together. The overall level of satisfaction with the day was very high, and there were many positive comments about what was helpful:
• Learned a lot about a lot of services
• I came with low expectations and energy, and I leave with more energy and excitement for change.
• It was helpful finding service providers have as much desire for change and development as survivors,
• Amazing networking and very valuable feedback from clients
• The most helpful was learning from one another,
• Listening to the perspective of clients.

Some things to do differently included:
• The wish to have a wider variety of community service providers and sectors present,
• Requests for more time for discussion,
• More focus on priorities and an action plan
• Have more ministry staff present.
• Incorporate diversity and accessibility issues
Findings

The findings from this study confirmed key findings from the earlier No Wrong Door in Grey Bruce (2007-2008) study. The data was consistent across the region, with both service users and service providers in each of the seven communities reporting similar experiences, issues, challenges and recommendations for change. There were some local differences because services in some communities are not available, or because of local expertise (or the lack of it) in a community. There were some differences between urban and rural communities, for example the six rural communities reported problems with isolation and service access barriers because of the lack of transportation that were not noted in the London focus groups. The Grey Bruce project focused on the experiences of women with mental health, substance abuse and abuse/trauma issues. This study included the experiences of both men and women with complex concurrent issues. There was very little difference in the experiences of men and women, with the exception that men experienced much more difficulty identifying and getting help for abuse/trauma issues, and especially for childhood sexual abuse issues. Men in this study were more likely to identify shame as a barrier to help seeking, and reported that they struggled to find services to address the abuse and trauma in their lives.

The consistency in the findings across the southwest region indicate that there are systemic issues that influence how services and sectors respond to men and women with complex issues, and that this plays out in a largely similar way throughout the region. In addition, all services and sectors in the region, and the women and men they serve, reported that they are impacted by cross cutting issues such as poverty, lack of housing and transportation, lack of adequate resources, a focus on crisis intervention, and the absence of broad cross sector planning.

The key findings presented below are based on a summary of the data from all seven communities. A more detailed overview of the findings from each community can be found in the individual Community Reports prepared for each participating community. For copies contact the local VAWCC, or the No Wrong Door project manager.

Findings from the Perspective of Service Users

Service and Issue Mapping

All focus group participants were asked to complete a Mapping Tool at the beginning of the focus group where they identified the issues they were dealing with and the services they used as a result of these issues. A total of 134 people (26 men and 108 women) completed maps.

The following chart provides a summary of the issues that women and men identified on the mapping tool in the seven communities. There was very little difference in regards to the prevalence of the top three issues in each community.
### 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%)

### 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%)

In summary, the maps of Issues show:

- Most participants identified issues in all three domains
- There were more abuse/trauma and mental health issues reported, but this may be a result of the smaller number of focus group participants connected to substance abuse services.
- Almost everyone reported depression and anxiety issues
- Many participants had multiple experiences of abuse over their lifespan, often with a pattern of cascading abuse issues that begins in childhood
- Half of the participants (men and women) were sexually abused as children
- Half of the participants attempted suicide (and many reported multiple attempts)
- More than half of the participants experienced multiple forms of abuse as children (sexual abuse, child abuse/neglect, witnessed abuse).
- Many identified addiction issues in their families and witnessing abuse as children

Women and men completed a **map of the services they used** to address the issues in their lives. They were asked to draw a line between services to indicate referrals or their path through services, and to indicate, when it was possible, the year they used services. The service maps revealed the following trends:

- Women and men use on average 7.5 different services
- Most women reported sexual abuse but sexual abuse services were often not used. Men also did not report using sexual assault services.
- Men and women have patterns of extensive service use around a crisis – usually involving hospital emergency services
- Men used more substance abuse services than women, and

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"**There was nowhere to go, or I didn’t know where to go. In my mid 30s I started with some help, but not enough…now in my 50s and still on my journey.**"  
(male focus group participant)

"**Services didn’t want to hear about the past and that is what I needed to talk about.**"  
(Focus group participant)
were more likely to be involved in the justice system.

- Both women and men often used private counselling at the beginning of the service journey.
- Family doctors are gateways to services, but many women and men reported that they were not helpful.
- Many men and women had a long history of service use with multiple services that began in childhood and stretched over decades.
- Both women and men identified family, friends and faith communities as supports, and included them in their maps of service use.

When the focus group participants completed the Mapping exercise they shared “What comes to mind when I look at my maps”. The following quotes are examples of the most common responses:

<table>
<thead>
<tr>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m all over the map - it’s confusing</td>
</tr>
<tr>
<td>I had to be really sick or suicidal to get help</td>
</tr>
<tr>
<td>There’s support for the crisis but afterwards it’s like throwing the goldfish into the ocean</td>
</tr>
<tr>
<td>I was desperate to get an answer to my drinking and drugs – telling my stories in so many places</td>
</tr>
<tr>
<td>Counsellors and professionals don’t agree on what to do</td>
</tr>
<tr>
<td>I’m struggling with the same issues my parents struggled with.</td>
</tr>
<tr>
<td>The people I was asking didn’t know what to say or do- they didn’t believe men were sexually abused.</td>
</tr>
<tr>
<td>You have to find services yourself. You have to be your own advocate while you are being victimized</td>
</tr>
<tr>
<td>I don’t know how my stuff didn’t get caught earlier.</td>
</tr>
<tr>
<td>It (abuse) was missed as a child and I fell through the cracks.</td>
</tr>
<tr>
<td>As an adult I shared everything, but it didn’t lead to anything for me.</td>
</tr>
<tr>
<td>Somehow everything on my map got missed.</td>
</tr>
</tbody>
</table>

**Discussion:** When we reviewed the maps it was difficult to predict service use. There wasn’t always a connection between the number or types of issues identified and the type of services used – for example people with many abuse issues did not use abuse related services. What we did see was that both men and women used many different services over many years, often in fits and starts, or cycles as a result of a crisis event or situation. It was interesting that women and men included family, friends, faith supports and their own Internet research as forms of service. This seems to indicate that both formal and informal supports are equally important to them. Another important observation is the sheer number of issues and agencies that men and women must deal with, the lack of connection or coordination between the many services and supports. The maps show that abuse and trauma issues begin early and, for most of the people in this project, continue in various forms as they struggle with mental health and substance abuse issues. Some participants in this project noted that the mapping tool helped them see the extent of abuse and trauma in their lives, and the connection between it and mental health and substance abuse issues. Many participants said that they needed all service providers to see the
'whole picture’ and help them understand the connections between abuse and trauma and how it impacts on their mental and physical health.

The maps themselves are a rich and important source of information, and we believe there is much more we can learn by studying them. Some participants found the mapping exercise helpful for them because it 'put it all on one page'. This Mapping Tool is used in Grey Bruce as a tool for women and men to self-screen when they come to a Shelter, Mental Health or Addiction service. It helps them and the provider see the full range of issues at a glance, and the services they have used.

**Strengths and Gaps in the Current System Response**

The first goal of the No Wrong Door project was to hear from service users about strengths and gaps in the current system response. The following summary comes from the focus group participants:

**Strengths**

- There are helpful services in the 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.
- Specific mental health, addiction and abuse focused services in all communities were identified as very helpful.
- 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.
- A need for residential programs for young people.
- A helpful justice response for male and female victims of sexual abuse.

“*They shuffle you along and you can’t have a frank discussion because they are too busy trying to duct tape you and then move you along to the next person. *”

(focus group)

“*Since I’ve been 10 years old doctors I see just continue to write prescriptions*”

(Focus group)
Discussion: There was strong agreement with the focus group participants in all seven communities about the strengths and gaps in the current system. The top gap identified in all communities was the lack of information about available community services. Focus group participants said that it was difficult to understand the service system, or know where to get help. Most did not know about the 211 services that provides information on local supports (and service providers involved in this project were also not always well informed about 211). Web based information is difficult for many to people to access because of poverty, homelessness or technical barriers. Word of mouth appears to be an important way that women and men learn about services, so more information for peers, friends and families about services may be a helpful strategy. Participants said that the service system is too complex to understand, that things change so often that it is difficult to keep up, and they don’t know how services are connected. Service providers also noted these problems, so that may explain why users struggle with their information needs. Clearly services need to do more to educate the community, find more innovative ways to reach people in need of this information, and get the message out about 211.

Engaging Women and Men as Critical Partners

The second goal of the No Wrong Door project was to hear directly from men and women on how to better meet their service needs, and to engage them as critical partners in the work.

Participants provided important information on how services can better meet their needs:

- Provide services earlier instead of waiting for the crisis.
- Provide support for people while they are on waiting lists. Many people talked about the agony of long waits for service and how waiting for services increased their sense of hopelessness and despair. They suggested peer support, and information sessions while waiting. They asked services to look at providing services differently so they are not always waiting, or ending up in crisis because of long waits.
- Reduce the number of times people have to tell their stories as they move through community services and supports. Develop a way of sharing information to reduce the trauma involved with retelling painful stories.
- Go beyond the Band-Aid fix and provide long-term supports. Recovering from complex concurrent issues is a long process and that needs to be recognized by everyone in the system.
- Address practical barriers to service access (poverty, housing, lack of information, transportation) at every service door.
- Provide more education for youth about abuse and trauma to encourage early identification, provide trauma informed services for youth, and make sure youth get information on

“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.”
(Community Workshop)

“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)

“I waited for a year and a half and had one counselling session. Then I turned 18 and was put out the door with no follow up. It took me years to get free counselling.”
(focus group)
the impact of trauma.

- Look at the unique needs of men dealing with abuse, and develop a service response that is helpful and tailored to these needs.
- Improve the justice system and police response to abuse and trauma so it is more supportive, especially for women and men with mental health and addiction issues.
- The health care system, from family doctors, to emergency and hospital based care, to specialized mental health and substance abuse services, needs to work together. This includes recognizing abuse and trauma issues, working in a trauma informed way and coordinating with other community services.
- Child welfare interventions are needed that build trust, engage women and men, and focus on positive and long term supports for families with complex concurrent issues.
- Services for children and youth need to be ‘re-thought’ and provide young people with more information on the impact of trauma, and connections between trauma, health, mental health and addiction issues.
- Address discrimination and stigma because of race, economic status, appearance, substance abuse use, and mental health within the service system. Services need to ensure all workers have basic training and demonstrate respect for the people who use services. Services need to do more to address stigma in the community towards people with substance abuse, mental health and abuse issues in their lives.

They also had many suggestions on how services and supports could improve coordination:

- Create community hubs where all the resources are located in one place, and to make it easier to access them.
- Provide much better advertising about services and supports in communities, and information on how to use 211.
- System navigators would help women and men navigate the complex system of service and support. This is also important for women and men with other complex health and social problems.
- In a coordinated system counsellors and workers in all sectors would have a basic understanding of all issues, how they are interconnected, and how a person can get the care that they identify as most important for them.
- All agencies and workers are more connected to one another and are knowledgeable about all community services.
- Use a holistic approach where mental health, addictions and trauma are treated as part of a whole problem.
- Link supportive family and friends with services so they are part of a coordinated response.

**Discussion:** Women and men involved in this project were truly engaged in the focus groups, as well as in the development of community and regional strategies for change. In six of the seven communities, service users attended the Community Workshops and sat together with providers to discuss their perspectives, needs and ideas for change. Women and men also attended the Regional Forum, and worked together with providers to build models of coordination for the

"If you are not an adult, you are out of luck. There is nothing for younger people and maybe one or two programs for teenagers, and that’s it. We need something more.” (Focus Group)

“I had to tell my story over and over again. I need my team on the same page.’ (focus group)
region. They will receive a copy of this report, and many are prepared to continue working in their communities and in the Southwest for the changes they see as necessary for women and men with concurrent issues.

Women and men said they want a stronger voice in their communities, and they want to play a bigger role in their healing and in system change. They advocated for more peer supports, and asked that services use a “Wellness Model” that includes a network of women and men who understand the issues from their own experience and who provide support for others to find their own path.

The HER Grey Bruce group was founded by a group of focus group participants following the 2007-2008 No Wrong Door project in Grey Bruce. It is a success story that could be replicated in other communities. H.E.R. Grey Bruce unites voices to Heal, Empower and Re-Educate women, girls and our community. The group’s mission states: ‘Through our voices, experience, and passion for change, we will challenge injustices, raise awareness, and take creative and practical actions on issues affecting women and children’. Since its founding HER Grey Bruce sits as a member of the local Coordinating Committee, holds peer support groups for women with complex needs, organizes events and awareness raising campaigns (One Billion Rising, Slut Walk, Sexual Violence Prevention Poster campaign) and works in partnership with the Coordinating Committee and other community organizations. They have an active Facebook presence (HER Grey Bruce) and can be reached at hergreybruce@live.ca

Summary from the Service Provider Survey

A total of 132 service providers in seven communities completed an online survey as part of the No Wrong Door project. Key findings from the survey are:

- 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 report they 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 their competence level 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.
- Providers said that Wait Lists, Poverty, and Services that are needed but are not available, as the greatest barriers to service in their communities.
- Other significant barriers to service include: Lack of information about services, Clients don’t know where to start, Lack of transportation, Clients don’t trust services, and discrimination.

“Sometimes my clients do not speak enough English to get into personal issues. I have to wait until I can get an interpreter as these are very sensitive issues and immigrants are not use to talking freely about such things. You also have to wait until you gain their trust”.
(Survey respondent)

“We need a wrap around approach instead of trying to fit clients into existing programs and services.”
(Service provider)
• When asked why clients report struggles to get help, providers said ranked the following responses:
  1. Wait lists
  2. Workers need more training,
  3. The service system is complex and hard to understand,
  4. Service mandates create barriers
  5. Clients must navigate services

• Most providers rated the current level of coordination in the fair to poor range. **No provider rated coordination as excellent in any community.**

In order to improve **Service Coordination** providers ranked the following in order of importance:
  1. Develop joint strategies to address service gaps.
  2. Build relationships between sectors and services.
  3. Provide training in all sectors on links between mental health, substance abuse and abuse/trauma and collaborative service responses.
  4. Improve communication, share information and expertise regularly between sectors and services.
  5. Develop shared intervention and prevention initiatives within and between sectors.
  6. Joint training on collaborative responses
  7. Develop system navigators to support women and men using multiple services, and
  8. Formal case management system across sectors.

**Themes from the Community Workshops**

A half-day Community Workshop was held in seven participating communities, and organized by the local VAWCC. Members from the VAWCC, focus group participants and community stakeholders attended the workshop, except in Oxford where all workshop participants were service providers.

The project manager presented the findings and themes from the focus groups and service provider survey, and then engaged the group in a World Café discussion. The workshop participants sat in mixed groups and discussed three questions:

• What would help me get out of the box and understand the whole picture?
• What does working together look like? Who is included? What would it take to respond differently?
• What are our priorities for action?

“The collaboration and coordination needs memorandums of understanding and best practices. At the end of the day it’s about building healthy communities.”

(Chatham Kent Community Workshop)

The VAWCC gathered the notes from the workshop and provided a summary to the project manager. VAWCCs were also encouraged to use the workshop discussion for their own planning and action.
Seven (7) themes emerged from the Community Workshop discussions:

1. **Education and Awareness**
   - **Who?** Everyone - political leaders, governments, health and social service workers, public, clients, families, schools, workplaces, unions, need to know about these issues, the interconnection between these issues, and the cost of not making connections.
   - **What?** Identifying and screening for mental health, substance abuse, abuse and trauma issues at every service door; All providers understand the connection and impact with trauma, mental health and substance abuse; Address Stigma-Shame-Secrecy. More education on Prevention strategies, Community services and supports, Navigating the system, Collaboration.
   - **How?** Forums, Circles, 211, Networks, Public campaigns, Schools, Relationships

2. **System Coordination and 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
   - Increase generalist capacity throughout the system
   - Joint training
   - 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
   - Recognize the cost of wait times and the current focus on crisis response
   - Connect the justice and social service response
   - Recognize and resource rural approaches
   - Don’t play politics with social issues

4. **Basic Needs**
   - Housing, food, safety needs come first
   - Increased vulnerability and costs and increased impact when basic needs not met
   - Increase pressure and costs for services and more crisis responses when basic needs not met
   - Access to services and supports compromised
   - Addressing basic needs can provide opportunities for increased sector collaboration
   - Connect Ontario Works as important partner in community collaboration and as a support for people accessing services

“Working together is difficult because of funding and turf issues, ego and numbers. The solution might be to put the client in the centre and focus on what works best for them.” (Windsor Community Workshop)

“We need a strength based approach that fits our community realities: What do we have? How can we work better together?” (Middlesex Community Workshop)
A focus on meeting basic needs presents new opportunities for prevention and early intervention strategies.

5. **Compassion, Care**
   A compassionate care response is at the centre of healing
   Break down ‘us’ and ‘them’ silos between service providers and service users – these are pervasive social issues that impact everyone.
   Compassion and care is needed for workers – address overwork and burn out in the helping system
   There is a 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

   **“No one organization can be the solution - only many organizations working together.”**
   (London Community Workshop)

6. **Service Users**
   Are equal partners
   Our Experience is Our Expertise – the input of service users in the design, evaluation and for implementing change is critical
   Services and sectors need to be inclusive, and support a clear role in the system for the voices of service users
   Stories influence change – the stories of change from service users are powerful and motivating.
   Listen to service providers and act
   There are opportunities for services and communities when service users are part of the community response.
   Suggestions include: peer supports, helping with system navigation, helping to address wait times, advocacy, education, evaluation, bringing energy into organizations, giving back.
   Build relationships and connections between providers and users around shared goals

   **“Start communicating clear objectives and working together as a team where everyone is working towards a goal. That goal being getting a person to where they want to be.”** (Grey Bruce Community Workshop)

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 the health and social service response
   Connect emergency and family doctors in the community response
   Connect police and justice response
   Include community, family, faith communities,
   Provide inclusive responses and support
Findings from the Regional Forum

The Southwest Regional Forum was a daylong workshop with service providers, service users, VAWCC representatives from the seven participating project communities, members of the Southwest Regional VAWCC and funders.

The Forum included presentations on innovative approaches to service for women and men with complex concurrent issues: The Ontario Woman Abuse Screening Project (Saundra Lynn Coulter), The Trauma Informed Network (Susan Macphail) and Opening the Circle (Margaret MacPherson and John Swales).

The Project Manager presented a summary of the findings from the No Wrong Door research and Community Workshops in the seven communities. Small groups then discussed case examples and worked together to build models for a collaborative community response. Each table group created a picture, chart or symbol that showed the central elements of a coordinated and collaborative response and presented this to the larger group.

“What does change look like? People are talking and feeling together. Individuals are no longer being marginalized. Caseworkers are doing less paperwork and more footwork. Workers listen and try not to go into problem solving mode (Regional Forum Table Notes)

Table Group Model of a Collaborative Community Response
From the small group presentations the following key elements were identified:

**Key Elements for a Coordinated and Collaborative Community Response**

- 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 within the service system
- A trauma informed system – all sectors understand and work with a trauma informed approach
- Screening for mental health, addictions, abuse and trauma at every service door
- Shared information, referrals, and a consistent approach between and within sectors and services
- Protocols and policies that support working together
- Joint training, networking and relationships to build common goals
- Listening, asking questions, taking action
- Support for the work of coordination from funders and government

*Presentation of a Collaborative Model at the Regional Forum*
Strategies for Change and Action in the Southwest Region

• **Trauma informed approaches across all sectors**, including in patient hospital psychiatric services, hospital emergency services, family physicians, family health teams, private counsellors, faith counsellors, community based mental health, addiction and VAW services, child welfare, police, lawyers and justice system, 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).

• **Focus on long term planning and support instead of repeated crisis interventions** for women and men with abuse/trauma, mental health and substance abuse issues. This is a shift and requires a high level of coordination and collaboration across the system. It is based on the recognition of the need for broad range of supports and easy access, and high cost (dollars and lives) of relying on a fragmented crisis response.

• **Develop a meaningful role for women and men** so their knowledge and expertise can be included in the design of programs and they can act as advocates for change. Ensure that inclusive practices based on listening and respect are in place. Engage and support men and women with experience of service in peer support and mentoring programs and projects.

• **Develop and implement early intervention and education programs and resources** for schools, family doctors, and the general public that are based on a common understanding of the issues. Engage women and men who know the issues and providers from all sectors to develop these tools and resources.

• **Address issues of the overuse of medication with women, men, children and youth with trauma issues** who also struggle mental health and addictions. Engage family doctors, psychiatrists, and health providers in education, training and strategies that link them with community based services and sectors in health, VAW, child welfare, children’s mental health and social services and to support a broad intersector community response.

• **Bring the sectors together to look at innovative community approaches** to address: Service delivery and access (hubs, shared space, travelling services, integrated service delivery, cross training), Wait lists for services (peer supports, drop in, mentoring), Meeting basic needs (food, shelter, safety, transportation), Strategies to address gaps in services.
Recommendations

The South West Regional Coordinating Committee identified nine recommendations for action:

1. That local VAWCCs take leadership in their communities in the development of local action plans to improve service collaboration and service delivery for women and men with concurrent issues, using the No Wrong Door local and regional findings and learning as the basis for their planning.

2. That the SWRCC monitor and support VAWCC action plans and community projects as part of their coordination efforts at the SWRCC table.

3. That the SWRCC organize a one day training and knowledge-sharing Forum on Trauma Informed Services and Cross Sector Collaboration in 2015-2016.

4. That the Ministry of Community and Social Services convene a one day Think Tank with the four Local Health Integration Networks (LHINS) in the South West Region, members of the SWRCC and Associations of Community Health Centres in the South West region to discuss the findings and recommendations from the No Wrong Door report and to develop next steps.

5. That the SWRCC develop a plan for a Trauma Informed Region in the Southwest.

6. That the SWRCC work in partnership with Aboriginal communities in the southwest interested in carrying out a culturally appropriate No Wrong Door project.

7. That the SWRCC distribute this report broadly to key stakeholder sectors and organizations in the southwest in the health, community health mental health, substance abuse, children’s mental health, and Violence Against Women sectors.

8. That the SWRCC engage the larger VAWCC network in Ontario through their participation in the Building a Bigger Wave Network and present the findings of this project at the upcoming Provincial VAWCC Forum in October 2015.

9. That the SWRCC advocate for changes with government to support a collaborative system response for women and men with concurrent abuse/trauma, mental health and substance abuse issues that bridges sectors and is based upon a common understanding of the issues.

Conclusion

The Southwest Region No Wrong Door project brought together over 300 people in seven communities who want to see changes in the way services and providers respond to men and women with concurrent abuse/trauma, mental health and substance abuse issues in their lives. The findings from this project outline many issues and challenges, but also point the way to new
approaches and models that will improve the service response and strengthen service and sector collaboration.

There are many questions that arose out of the discussions in focus groups, community workshops and the regional forum:

- How can Local Health Integration Networks in the South West reduce barriers to community coordination and support community planning efforts with organizations outside of health?
- How can government support a more integrated client centred community response that includes the full range of services and supports that clients need?
- How can the service response be more holistic and support people with complex needs across the lifespan, and not be focused on short term, crisis responses?
- What new opportunities are there in communities for broad and inclusive prevention and early intervention approaches with children and youth dealing with trauma and abuse?

One of the most important findings from the project is the willingness and expertise that women and men who have used services offer to the change process. They bring their experiences of what works and doesn’t as well as their compassion and fresh look at possibilities for change. We hope that VAWCCs and community services will continue to engage participants in this project in their ongoing work, and will look for ways to ensure that the users of service have a meaningful and central role.

The No Wrong Door project provided a place for discussion, knowledge sharing, and building new relationships in communities across the southwest region. The members of the SWRCC hope that the findings and recommendations from this report will provide a road map to guide communities, coordinating committees, service providers and service users, and government on a path of change. The project has demonstrated that the people closest to the complex issues of mental health, substance abuse and abuse and trauma have a wealth of knowledge, ideas and commitment to offer. It has helped us all embrace complexity and find new energy and optimism by pulling down some of the traditional ‘us’ and ‘them’ barriers. In the focus groups, community workshops and the regional forum it was evident that we will improve services and opportunities for healing when we can find our way together. Complex issues compel communities, organizations and individuals to open the doors to shared learning, new relationships, effective collaboration, and good listening. As one focus group participant said, “the voices of survivors need to be given the opportunity to be heard and recommendations acted upon, rather than stuck in a report.” The SWRCC will work hard to make sure the findings and recommendations from this study are given voice and action throughout the southwest.

We encourage readers to distribute this report broadly and we are most interested in comments and feedback. The tools and processes used in the No Wrong Door project are available for other communities that may wish to use the No Wrong Door process to improve services and service coordination for women and men with complex concurrent issues in their lives. Contact the Project Manager for more information, or to pass along your feedback at: cpurdon@bmts.com
Appendix

Appendix A  Focus Group and Interview Questions

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

Focus Group Guide

Facilitator Script and Focus Group Question Guide

Thank you so much for being part of this focus group.

The South West Regional Violence Against Women Coordinating Committee is holding focus groups in communities across the Southwest Region to hear from women and men about their experiences with local services when they sought support for mental health, substance abuse and abuse/trauma issues in their lives. We hope to build strategies that will help better meet their needs, improve communication and links between services, and address service gaps. This focus group will gather information about your experiences with services and your ideas about what would improve services for people who are dealing with many difficult issues.

We will create a report from your input today, and the input of all of the people who attend focus groups in the six project communities in the southwest region. This summary report will be available who wishes to have a copy for in April 2014.

In the second phase of this project we will invite focus group participants, coordinating committee members, and service providers in each community to come together for a half-day community workshop in May 2014. At the workshop we will discuss local findings from the focus groups. Together we will build local strategies to improve the way services are delivered and to increase coordination and collaboration in your area. In September 2014 we plan to hold a Southwest Regional Forum and invite participants from all six areas to a one-day workshop. We will work together to share what we have learned and develop regional action plans to improve community coordination for people with concurrent mental health, substance abuse and abuse/trauma issues. A final report on the project outcomes and recommendations will be available in early 2015 and will be available for all participants, and for government funders.

If you would like to attend the local and/or regional workshop, or would like a copy of the reports, please let us know at the end of this focus group.

Before we begin, we’d like to review with you some of the highlights of the consent form you signed. It is completely your decision to answer or not answer any of the questions we ask. If you are not
comfortable answering a question, just pass. You are free to leave the focus group at any time, but please let us know if you are not coming back.

We would like to tape this focus group, and one of us will also take written notes. After the focus group we will make a written record of the discussion. It will not include any names or identifying information. Taping is the best way to get all of your information in an accurate record of what people say, but if anyone is uncomfortable with this, then we can do without it as well. Is everyone in agreement with the taping?

The information that you share is confidential, and we ask each person here today to keep it confidential. Your name, or any identifying information that comes up from the focus group, will not appear in any report. If you decide something you have told us during the focus group shouldn’t be included after all, we will take that information out. The only thing that couldn’t be changed is that if you told us that a child was currently being abused—we would need to report to child protection. However before we do this we will discuss this with you, and we would also give you an opportunity to call CAS and ask for support yourself.

Before we begin, do you have any questions at all about the project? About the focus group? Anything else?

Focus Group Questions

Introductions:
Go around the circle and everyone says their first name and a few words about their interest in the focus group.

A. Reaching Out for Help – Mapping Exercise

1. Women/Men dealing with abuse, mental health and substance abuse issues take many different paths to services and supports. We would like you to take a few minutes to look at the issues you have experienced. On page one draw a circle around any of the issues you have experienced. If your experience is not on the list, feel free to write it on.

On the other side of the paper, draw a map of the way you have used services and supports. When you do the mapping, what was the first service you used? When was this? Start your mapping from that first service. Did that service help you think about other services you needed? Which ones? Draw a line to the next service or services you went to. Keep drawing lines to the services you used and when you used it. If the name of the service is not on the map, use an empty circle and write the name in it.

Pass out paper and markers.
Each woman or man completes the two-page mapping exercise.

Discussion

When you look at your map, what comes to mind?

B. Experience of Service
1. We would like to hear a bit about your experiences with community services that you used because of mental health, substance abuse and abuse issues.

Probes
• What were you hoping for? What did you expect?
• How helpful was the response? What would have made it more helpful?
• To what extent did you feel understood and listened to by the worker/service?
• Did you feel like an active participant in your treatment/healing? Was (or is) this important to you?
• Were your safety needs addressed?

2. What happened after your first contact with a community service?
Probes
• Did you want support dealing with other issues? If so, did you get directed to other services or supports?
• Did you go to other services? How helpful were they?
• Were there differences in the way different services understood your issues?
• How well did workers understand your “whole picture” and all of the issues you were dealing with?

C. Accessing Services

1. How easy or difficult was it to get help?
• What helped you access help?
• Were there things that stood in the way? What were they? (for example transportation, childcare, getting time off work, poverty, other?)
• Do you think living in a rural/urban area had any impact on the way you reached out for help?

2. How did you know what service or support to go to first?
• What service did you go to first? Why?
• Was this the right choice for you? Why or Why Not?

3. Were the services and supports you needed for your abuse, mental health and addiction issues available?
Probe
• Were they the ‘right’ kind of services for you? What did you need?
• How did the location or times of service work or not work for you?
• Did an abusive partner have contact with these services? How did he or she connect with the services? What impact did it have?
• Did you feel that service providers were respectful of your beliefs, traditions and what is important to you?
• Did you ever feel discriminated against by the staff in these services? If so, why do you believe you were treated unfairly?

○ Your ancestry or national origin
○ Your gender
○ Your sexual orientation
4. What would make services more accessible for you?

D. Connections and Coordination

1. What was your experience of how services communicated and connected?  
Probes
• Did staff in different organizations know about one another and work together?
• If you were involved with legislated services like CAS, police or the courts, how well were they linked to other services you used? Did they seem to know what was happening with your situation?
• To what extent did you have to repeat information about yourself or the issues you were dealing with at each agency?
• Were there any duplications in the way services were provided?
• Do you have any suggestions on how to help services work together more effectively?

2. How did you experience connections with services and workers?  
Probes
• Is it important for you to have a personal connection to a person or agency? Why or why not?
• What do services need to do to have a good connection with women/men who are dealing with mental health, substance abuse and abuse/trauma issues?

Wrap Up: From this discussion today, what do you think is the most important way to improve services for women/men with mental health, substance abuse and abuse/trauma issues?

Thank you. If you would like a copy of the report from the focus groups in your community or would like to participate in the May workshop with coordinating committee members and local service providers, please leave your name.
Appendix B  Information and Consent Package

No Wrong Doors
Improving Community Coordination for People with Concurrent Mental Health, Substance Abuse and Abuse/Trauma Issues
A Project of the Southwest Regional VAW Coordinating Committee 2013-2015

Consent Form for Focus Group and Interview Participants

About the Project
Women and men with experiences of past or current physical, emotional, and/or sexual abuse and who also deal with mental health and/or addiction issues face many challenges. The South West Regional Violence Against Women Coordinating Committee is holding focus groups in six communities across the Southwest Region to hear from women and men about their experiences with local services when they sought help and support from community services. We hope to build strategies that will help better meet their needs, improve communication and links between services, and address service gaps. This focus group will gather information about your experiences with services and your ideas about what would improve services for people who are dealing with many difficult issues.

Confidentiality
We are committed to keeping what you tell us confidential.

• With your consent we will record the focus group/interview, and we will also take notes. If there is a recording, a transcript (a word-for-word written version of what you say) will be made as soon as possible and then the recording will be destroyed. Your name will not appear on the transcript or on any notes that we make. The only place that your name will appear is your signature at the bottom of this consent form. Your signature on this form (that is, your consent) will not be matched up with the interview recording or transcript in any way. The consent forms will be kept by the Project Coordinator Colleen Purdon until the end of the project, and will then be destroyed.
• Only the person who writes up the recording of the focus group/interview will have access to recording. Members of local coordinating committees and members of the South West Regional VAWCC will not have access to the transcripts or written notes from the focus group, or any identifying information.
• In any report or paper written about the research your name will not appear. We will also make sure that no other identifying information about you is included in any written report.
• If you say something to the facilitator during the focus group/interview and you decide that you do not want that included it will be removed.
• No one will be told that you have been interviewed.

There is, however, one exception to confidentiality. If the interviewer receives information that suggests that a child is being abused, then the interviewer is required by law to report this to the
Children's Aid Society. However before we do this we will discuss this with you, and we would also give you an opportunity to call CAS and ask for support yourself.

**What will be done with it the information?**
We will create a report from your input today, and the input of all of the people who attend focus groups in the six project communities in the southwest region. This summary report will be available who wishes to have a copy for in April 2014.

In the second phase of this project we will invite focus group participants, coordinating committee members, and service providers in each community to come together for a half-day community workshop in May 2014. At the workshop we will discuss local findings from the focus groups. Together we will build local strategies to improve the way services are delivered and to increase coordination and collaboration in your area. In September 2014 we plan to hold a Southwest Regional Forum and invite participants from all six areas to a one-day. We will work together to share what we have learned and develop regional action plans to improve community coordination for people with concurrent mental health, substance abuse and abuse/trauma issues. A final report on the project outcomes and recommendations will be available in early 2015 and will be available for all participants, and for government funders.

If you would like to attend the local and/or regional workshop, or would like a copy of the reports, please let us know at the end of this focus group. Your participation in this project is completely voluntary. If you do decide to participate you can change your mind at any time and withdraw. Also, during the focus group or interview, you can decide to end the session at any time; you can also choose not to answer any question; or decide that something you have said you don't want to have included after all.

**Support**
We will provide each participant with a small honorarium to help cover their out of pocket expenses. If you have any questions about this project you can contact the Project Coordinator Colleen Purdon cpurdon@bmts.com or by calling her at (519) 376-7145. You can also contact your local project coordinator:

**Consent to participate** I consent to participate in the research project described on this form. In signing this form I acknowledge that I have read this letter (or have had it read to me) and that I have been given a copy of it.
Appendix C  Service Provider Survey

No Wrong Door - Service Provider Survey 2014

Introduction

Women and men with experiences of past or current physical, emotional, and/or sexual abuse and who also deal with mental health and/or addiction issues face many challenges. The Southwest Regional Violence Against Women Coordinating Committee, in partnership with community coordinating committees in Windsor, Grey-Bruce, Sarnia-Lambton, London, Middlesex, Oxford and Chatham-Kent, is undertaking an 18th month project called No Wrong Door. We hope to build local and regional strategies to better meet the needs of women and men with complex needs.

This survey is for service providers and data collected will augment information collected from focus groups with men and women who have used services to deal with their complex needs. We will prepare a community report from all of the data collected. We will invite users and providers of services to attend a half day workshop in May or June to review the findings from the survey and focus groups and to discuss next steps to improve community response.

Your participation in this project, and in this survey is most appreciated. We hope you will consider coming to a community workshop (May-June with dates TBD), and to a final regional workshop (fall 2014) that will be held in London with all seven participating communities.

For more information contact Colleen Purdon, Project Manager at cpurdon@bmts.com or your local Community Coordinating Committee.
**No Wrong Door - Service Provider Survey 2014**

**Your Community and Your Perspective**

It is important for us to know where your services are located and the kind of services that you provide so we can include your responses in your community report.

1. Please indicate the community where your service is located and the geographic scope of your services.

<table>
<thead>
<tr>
<th>Community</th>
<th>City</th>
<th>County</th>
<th>Two County</th>
<th>Regional</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windsor</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Sarnia</td>
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<tr>
<td>Chatham</td>
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<tr>
<td>Woodstock</td>
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<tr>
<td>Owen Sound</td>
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<tr>
<td>Strathroy</td>
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</tr>
<tr>
<td>London</td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Other (please describe)</td>
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</tr>
</tbody>
</table>

2. Is your organization currently a member of the local domestic violence or violence prevention Coordinating Committee?

- [ ] Yes
- [ ] No
- [ ] Don't Know

Comments
No Wrong Door - Service Provider Survey 2014

3. What is the primary focus of your work?
- Adult mental health services (hospital based)
- Adult Mental health services (community based)
- Children’s Mental Health services
- Child Welfare/Children’s Aid
- Mental health services (private provider)
- Substance abuse services (hospital based)
- Substance abuse services (community based)
- Violence against women services (residential)
- Violence against women services (community services)
- Victim Services
- Partner Abuse Response (PAR)
- Men’s Sexual Assault Services
- Partner Abuse Sexual Assault Services (hospital based)
- Adult Sexual Abuse Services
- Other (please specify)

4. What position do you have in your organization?
- Senior Manager/Executive Director
- Manager
- Supervisor
- Counsellor
- Front Line Worker
- Volunteer
- Other (please specify)
### Screening and Intake

5. Does your organization have a procedure or protocol that requires you to screen for the following issues when a client seeks services?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Sexual Abuse</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Childhood Sexual Abuse</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Trauma incidents</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mental health issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Substance Abuse issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

6. When you do an intake do you routinely ask clients about:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any current or historical abuse or trauma issues or concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety concerns because of current or historical abuse/trauma issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any current or historical mental health issues or concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety concerns because of mental health issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any current or historical substance abuse issues or concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety concerns because of substance abuse issues</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
7. When do believe is the best time to talk about abuse or trauma issues with a client?

- When the client brings it up
- At initial screening interview
- As part of the assessment process
- During a counseling session
- When the worker suspects abuse
- Other

Other (please specify)

8. How would you rate your comfort level asking questions about abuse/trauma, mental health issues, substance abuse issues?

<table>
<thead>
<tr>
<th></th>
<th>Uncomfortable</th>
<th>Somewhat Comfortable</th>
<th>Comfortable</th>
<th>Very Comfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse/Trauma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Issues</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Substance Abuse Issues</td>
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</tbody>
</table>

Comments
No Wrong Door - Service Provider Survey 2014

Response to Disclosures

9. When you encounter a client dealing with abuse/trauma, mental health issues, substance abuse issues, what do you usually do?

- Refer to an agency that deals with the specific issue
- Refer to someone within my agency who specializes in the issue
- Consult with a colleague(s) and follow up with the client
- Deal with it myself
- No immediate action - wait to see if it comes up again
- Other (please specify)

10. What would stop you from talking to a client about abuse/trauma, mental health issues, or substance abuse issues?

<table>
<thead>
<tr>
<th></th>
<th>don't have the training I need</th>
<th>don't have the time</th>
<th>Concern about how to handle a disclosure</th>
<th>Concern about making the client uncomfortable</th>
<th>The client does not appear to have this problem</th>
<th>Not the mandate of our service</th>
<th>Other</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse/Trauma Issues</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mental Health Issues</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Substance Abuse Issues</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Other (please specify)</td>
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</tr>
</tbody>
</table>
# No Wrong Door - Service Provider Survey 2014

11. How would you rate your competence level in each of the following situations?

<table>
<thead>
<tr>
<th>Situation</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with clients with abuse/trauma issues</td>
<td></td>
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<tr>
<td>Working with clients with Mental Health issues</td>
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<tr>
<td>Working with clients with Substance Abuse issues</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Working with clients with concurrent abuse/trauma, mental health and/or substance abuse issues</td>
<td></td>
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</tr>
</tbody>
</table>

Comments: __________________________________________
No Wrong Door - Service Provider Survey 2014

Community Resources and Collaboration

12. How would you rate your knowledge of community resources for clients with complex needs?

- Violence against women services
- Services for men dealing with abuse/trauma
- Substance abuse services
- Mental health services
- Hospital/medical services
- Housing services
- Legal services
- Income support services

Comments

13. Clients with complex needs often face barriers when they seek help. Please rate the significance of the following service barriers for clients in your community.

- Poverty
- Lack of information about services
- Needed service not available
- Wait lists for services
- Clients don't know where to start
- Clients don't trust services
- Lack of transportation
- Discrimination
- Other

Other (please specify)
14. Women and men with concurrent abuse/trauma/mental health/substance abuse issues report that they struggle to get the help they need, when they need it. Why do you think they report this? (Please check all that apply)

<table>
<thead>
<tr>
<th>Community services are not well coordinated</th>
<th>strongly disagree</th>
<th>disagree</th>
<th>agree</th>
<th>strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service system is complex and hard to understand</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Clients must navigate services themselves (no intersector case management process)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services struggle with wait lists and lack of resources</td>
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<tr>
<td>Workers need more training on concurrent issues</td>
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<tr>
<td>Service mandates create barriers</td>
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<tr>
<td>Other</td>
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<tr>
<td>Other (please specify)</td>
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</tbody>
</table>

15. How would you rate the current collaboration in your community between mental health, substance abuse and abuse/trauma specific services?

- Poor
- Fair
- Good
- Excellent

Why?

Other (please specify)
No Wrong Door - Service Provider Survey 2014

16. What would improve service collaboration for men and women with concurrent issues in your community (please rate each line)?

<table>
<thead>
<tr>
<th>Option</th>
<th>not important</th>
<th>somewhat important</th>
<th>important</th>
<th>very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint training on collaborative responses</td>
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</tr>
<tr>
<td>Formal case management across sectors</td>
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<tr>
<td>Training on links between trauma, mental health, substance abuse</td>
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<td></td>
</tr>
<tr>
<td>Joint strategies to address service gaps</td>
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</tr>
<tr>
<td>System navigators</td>
<td></td>
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<tr>
<td>Regular sharing of information and expertise</td>
<td></td>
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<td></td>
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<tr>
<td>Shared intervention and prevention strategies</td>
<td></td>
<td></td>
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<tr>
<td>Building relationships between sectors and services</td>
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<tr>
<td>Common intake assessment</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>One stop service delivery</td>
<td></td>
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<td></td>
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<tr>
<td>Other (please specify)</td>
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</tbody>
</table>

17. What do you think would be the most effective way to improve services and supports for women and men with concurrent mental health, substance abuse, abuse/trauma issues in your community?
No Wrong Door - Service Provider Survey 2014

Thank You

If you are interested in attending the Community Workshop in your community (they will take place in May - June 2014), please contact:

Colleen Purdon
cpurdon@bmts.com
519 376-7145

or your local Coordinating Committee.

Thanks for participating in the No Wrong Door Project!
Appendix D Mapping Tool

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

<table>
<thead>
<tr>
<th>Mental Health/Emotional Health</th>
<th>Substance Abuse/Addiction</th>
<th>Abuse/Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Alcohol addiction</td>
<td>Witnessed abuse as a child</td>
</tr>
<tr>
<td>Chronic stress</td>
<td>Binge drinking</td>
<td>Child abuse/neglect</td>
</tr>
<tr>
<td>Panic attacks</td>
<td>Addiction to Prescribed Medications</td>
<td>Sexual abuse as a child</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>Addiction to non prescription drug</td>
<td>Sexual abuse as teen/adult</td>
</tr>
<tr>
<td>Depression</td>
<td>Gambling addiction</td>
<td>Physical abuse by adult partner</td>
</tr>
<tr>
<td>Phobia</td>
<td>Addicted partner/husband</td>
<td>Emotional abuse by partner</td>
</tr>
<tr>
<td>Bi polar</td>
<td></td>
<td>Sexual abuse by partner</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>Addiction issues in family when I was a child</td>
<td>Traumatic accident</td>
</tr>
<tr>
<td>Psychosis</td>
<td>Addiction to multiple substances at same time</td>
<td>Traumatic loss of family member</td>
</tr>
<tr>
<td>Post Traumatic Stress (PDSD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>Other (please describe)</td>
<td>Other (please describe)</td>
</tr>
</tbody>
</table>
Mapping Exercises - No Wrong Doors
Building Strategies with Women and Men
to coordinate VAW, Mental Health and Substance Abuse services
in the Southwest Region

Mapping Exercise

- Family doctor
- Detox
- CAS as an adult
- Women’s Shelter
- Addiction Treatment (Residential)
- Second Stage Housing
- In Patient Mental Health Service
- Hospital Emerg for mental
- Addiction Counselling
- Private Counselling
- Community Counselling (Abuse)
- Community Counselling (mental health)
- Sexual Assault Services
- CAS as an adult
- Women’s Shelter
- Addiction Treatment (Residential)
- Second Stage Housing
- In Patient Mental Health Service
- Hospital Emerg for mental
- Addiction Counselling
- Private Counselling
- Community Counselling (Abuse)
- Community Counselling (mental health)
- Sexual Assault Services

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Appendix E  Regional Forum Agenda and Case Studies

Southwest Regional Coordinating Committee  
No Wrong Door Project  
Southwest Regional Forum  
AGENDA

10:00 Opening of the Forum – Darlene Ritchie  
Welcome – Nathalie Vandelaar, MCSS

10:15 Findings from the No Wrong Door Regional Project – Colleen Purdon

11:00 Innovative Approaches  
Ontario Woman Abuse Screening Project - Saundra Lynn Coulter  
Trauma Informed Network – Susan Macphail  
Opening the Circle – Margaret MacPherson and John Swales

12:00 Lunch and Networking

12:45 Building a Coordinated and Collaborative Response: (45 minutes)  
Start with introductions and why it is important to be at this regional forum.  
Read aloud the Case Study for Collaboration and use it to discuss the following questions:  
If we were building an inclusive and holistic response that is truly coordinated what would our response to this case study look like?  
What would it feel like?  
How would we work together in our community?  
What would be different from the way we currently respond (in your organization and in yourself)?

Use your discussion to create something people can see – a picture, a chart, a symbol that shows the central elements of a coordinated and collaborative response.

1:30 Strategies for Change and Action (45 minutes)  
Use your discussion and picture to explore the following questions:  
What are the most important changes that are needed for a coordinated and collaborative response?  
What is the change of heart that needs to happen?  
What are the policy changes that are needed (in government, in sectors, within agencies)?  
Where is the leadership?  
What can we build on?  
How can we influence change?

Use your discussion to develop key strategies that will support a coordinated and trauma informed region.

2:15 Report Back on Central Elements and Key Strategies

2:45 Next Steps and Thanks
CASE STUDIES FOR COLLABORATION

1. A young man presents at intake with symptoms of depression and anxiety. He has been referred by his GP who has put him on an anti-depressant. He was admitted to a holding bed at the local hospital after he had what he describes as a “melt down”. He is married and has two young children. His wife comes to the interview with him and attends part of the assessment interview. In the interview she states her husband has a drinking problem and uses drugs occasionally. She also says she is concerned about his increasing anger towards her and the children. He says he is also worried about his anger, and that he was sexually abused as a child.

2. A middle-aged women suffered a traumatic experience giving birth to her son. Her husband was abusive. She lost custody of her children due to mental health (possibly post partum) issues. Over the years she has suffered many other traumatic events and has been homeless for many years. She has been involved with many agencies - the hospital, mental health, legal system, Ontario Works and the Children’s Aid Society. She has used the shelter system off and on for many years. She often reports feeling like there are people watching and sometimes she feels there is a conspiracy out to get her. Sometimes the people who try to help become part of this theory. She is currently doing well living in VAW supportive housing, but she is coming to the end of her allowed time of residence.

3. This young woman is married with one toddler and attending post secondary school. Her abusive partner sabotaged her attendance in school by hiding car keys, destroying assignments etc. She left him and was coping when her mother and main support died suddenly. The woman began to exhibit signs of depression and eventually began hearing voices. She eventually lost custody of her child and began drinking alcohol. She is involved in VAW services. She was unwilling to accept referrals to mental health or addiction services until she became aggressive and had to be hospitalized.

4. A woman in her early thirties was sexually abused as a child by her grandfather and cousins over many years. She was diagnosed as depressive as a young adult and was placed on many different drugs and experienced many negative side effects, with no relief. She began smoking and drinking alcohol at age 13. She was in an abusive relationship until she was 25, but got out of it and stopped drinking. She continues to use marijuana. She is currently receiving medical treatment and is on antidepressants to deal with her depression.

5. A 50-year-old man has a long history of abuse beginning with witnessing violence in his family of origin, followed by sexual abuse at an institution for troubled youth when he was 12. He was in an abusive and toxic relationship with a woman who abandoned him and gained sole custody of their child. He had a history of drinking and drugging that increased with the breakup and loss of custody, and he ended up living on the streets. He got into criminal behavior to support his drug and alcohol addictions, has been in and out of jail, and is no longer allowed to have any access to his child. This man is in and out of the ER because of suicide attempts, and drug and alcohol related health issues. He has many medications and labels.