YUKON STATUS OF WOMEN COUNCIL
COUNCIL OF YUKON FIRST NATIONS

REPAIRING THE HOLES IN THE NET: Responding to the Mental Health Needs of Northern Homeless Women

YUKON REPORT

YSWC

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THE YUKON STATUS OF WOMEN COUNCIL WOULD LIKE TO THANK ALL THE WOMEN WHO SHARED THEIR STORIES AND EXPERIENCES WITH US. EVERYONE INVOLVED WITH THE PROJECT WAS AFFECTED BY YOUR EXPERIENCES AND ARE GRATEFUL FOR YOUR GENEROSITY AND OPENNESS. WE BELIEVE THAT YOUR STORIES WILL MAKE A POSITIVE DIFFERENCE IN THE WAY SERVICES ARE DELIVERED.

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TABLE OF CONTENTS

INTRODUCTION

Background

Between 2005 and 2007, six women's organizations in Canada's three northern territories (Yukon, Nunavut and the Northwest Territories)[1] collaborated on a research study aimed at telling the story of women's homelessness in the country's most isolated and marginalized communities. No one before had carried out a systematic study of a reality that often shocks the Canadians and others who hear about it. When they encounter the harsh fact that more than a thousand women and their children at any one time living in Nunavut, the Northwest Territories and Yukon are experiencing either absolute homelessness (that is, living on the street or in an emergency shelter) or hidden homelessness (living in a situation that is unsafe, unhealthy and/or insecure), they respond with comments such as "This can't be true! How do they survive?" and "This is not the Canada I believe in." Finding the leverage points for transformative and lasting change in the circumstances that produce this reality may, however, seem overwhelmingly difficult.

Drawing on previous research with northern homeless women

The final report of this research project, entitled *You Just Blink and it Can Happen: A Study of Women's Homelessness North of 60* (Bopp et al., 2007),[2] chronicled a constellation of factors that interact as a tangled web that leaves almost all women in the North insecure and vulnerable to homelessness. A small change in their circumstances can jeopardize the fragile structure of their lives that allows them to meet their basic needs. Homelessness can be the fate of a newly separated or divorced working woman living hand-to-mouth in a Whitehorse hotel room, or an elderly woman living in the shelter in Yellowknife who has left her home in a small community to escape fifty years of abuse at the hands of her partner, or a single mother and her young son sleeping in the closet of a relative's one-bedroom apartment in Iqaluit that already houses eight other people and is the site of frequent all-night parties.[3]

The complex interrelationship between homelessness and mental health issues

You Just Blink revealed that an alarming number of women in Canada's North face the intersecting challenges of inter-generational trauma related to colonization, experiences of violence and abuse, high rates of poverty, a shortage of adequate housing, substance use and mental health problems, and a lack of culturally safe service environments. It described the challenge at the core of this project in words that still resonate.

> *It is clear that this situation is unacceptable, but efforts to make changes have generally been piecemeal and inadequate. A couple of emergency shelters, life skills classes, craft projects, small adjustments to employment support or housing policies, a sensitivity training for police and justice personnel, while all valuable in themselves, have proven insufficient to address the issues of homelessness, which continues to worsen for women in the North. Those most closely associated with women's homelessness agree that what is needed are concerted and sustained efforts by a broad range of social actors.*

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[1] The collaborating northern organizations were: Qulliit Nunavut Status of Women Council, Qimaavik Women's Shelter, YWCA Yellowknife, The Yellowknife Women's Society, Yukon Status of Women Council, and Kaushee's Place.

[2] The Yukon Territorial Report for this project is entitled *A Little Kindness would go a Long Way: A Study of Women's Homelessness in the Yukon* (Hrenchuk & Bopp, 2007)

[3] See Bopp et al., 2007, pp. 25-26.

> *…As long as crucial information is isolated in bits and pieces within the information systems of dozens of agencies and as long as it is isolated from the essential knowledge that homeless women have about this issue, it cannot really inform effective change.*
>
> *…Information is never enough to produce change. Hearts need to be touched. People need to be given the opportunity to encounter the reality of homelessness among Northern women and their children so they can reflect on whether we can tolerate such suffering in a society that prides itself on compassion and that values justice. Research is one way to give voice to women whose experience has so far remained on the "margins" of society.* (Bopp et al., 2007:25-26)

Findings such as these prompted this coalition of northern partners to search for a way to move beyond telling the story of women's homelessness and making recommendations for policy and practice improvement to having a more direct impact. This was the genesis of the *Repairing the Holes in the Net* research project, whose work is described in this document.

About *Repairing the Holes in the Net*

The Background section above provides a glimpse into the intersecting web of determinants that are part of women's homelessness in Canada's North and its accompanying constellation of physical and mental health challenges. To some, the problem may seem intractable and, indeed, the incidence of women's homelessness has continued to grow despite the spotlight it has recently received in territorial government and voluntary sector planning processes. It is clear that there are no easy answers. This is the type of complex problem[4] that will require coordinated action on the part of key decision makers and service providers from both these sectors. Since there are no recipes for solving complex problems, they can only be tackled by undertaking a collaborative learning journey. As Paulo Freire and Miles Horton (1990) remind us, in situations like this we have to make the road by walking it.

Solving complex problems required learning

This was the challenge taken on by the *Repairing the Holes in the Net* Project, a 2-year applied health services study funded by the Canadian Institutes for Health Research (CIHR), in partnership with the Mental Health Commission of Canada (MHCC), under the Partnerships for Health System Improvement Program. The British Columbia Centre of Excellence for Women's Health was the implementing agency. Territorial partners were the Yukon Status of Women Council and the Council of Yukon First Nations Health and Social Development Department (Yukon), YWCA Yellowknife and the Centre for Northern Families (Northwest Territories), and the Qulliit Nunavut Status of Women Council (Nunavut).

Repairing the Holes in the Net used a multilevel participatory action research approach to inform the development of culturally appropriate and gender-specific services for northern women experiencing mental health and addiction concerns and homelessness. How this study was carried out is described in the second section of this report entitled *Methodology*.

Multilevel participatory action research approach

[4] In their stimulating work entitled *Getting to Maybe: How the world is changed*, Westley, Zimmerman and Patton argue that we can think about problems as being of three types: simple (such as baking a cake—a problem for which a recipe can be devised); complicated (such as sending a rocket to the moon—a problem that requires a number of technical steps that may be complicated but are still a kind of recipe); and complex (such as raising a child or ending AIDS in South Africa—problems for which no off-the-shelf answers exist).

A Note about Terms

As indicated above, the aim of the *Repairing the Holes in the Net* research project is to help improve services for homeless and at-risk women with mental health challenges. The discussion that follows describes the scope of this study by exploring the definitions it adopted for the terms "mental health" and "homelessness".

Mental Health

The *Repairing the Holes in the Net* project employed a broad definition of "mental health challenges" that encompasses a continuum of "states of mind and behaviours" ranging from a passing frustration with life challenges; to more persistent states of depression, anger, and an inability to cope; and to clinically recognized mental disorders.

The most cited definition of mental health in the literature reviewed for the Project is that of the World Health Organization, which characterizes mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2001:1). The authors of *You Just Blink* drew from this statement and the work of The Public Health Agency of Canada (2006) to put forward the following definition of mental health:

Living well and coping constructively with life's challenges

> *Mental health refers to the states of mind and behaviours that shape a person's capacity to live well and to cope constructively with everyday challenges. Living well includes capacities such as the following: to enjoy your life, to develop your gifts and abilities, to have constructive relationships and to contribute to your family and society. It entails finding balance in the physical, mental, emotional and spiritual aspects of life. It involves making healthy choices and constructive decisions, coping in difficult circumstances and being able to articulate your needs and desires. A person feels mentally healthy when things are going well—when they feel good about themselves, their relationships with others and their ability to cope with the things that come up in everyday life.* (Bopp, 2009:vi)

Mental illness one part of a continuum

Mental disorders (or illnesses) can be either chronic or episodic. Common mental illnesses include schizophrenia and personality disorder, substance abuse and concurrent disorders, depressive symptoms and major depressive disorder (MDD) and post-traumatic stress disorder (PTSD) (Canadian Institute for Health Information, 2007). When poor mental health is combined with mental illness, the result can be "alterations in behaviour, thinking or mood that are associated with psychological distress and impaired psychosocial functioning in one or more aspects of life, such as school, work, social and family interactions, or the ability to live independently" (Canadian Institute for Health Information, 2011:4).

Mental health challenges are common among women who seek housing services of some kind in the North.

Most of the women who access housing services in the North report mental health challenges of some kind, most commonly depression, anxiety, frustration, feelings of hopelessness and despair, and an inability to cope with the many challenges of trying to re-establish their lives (i.e., secure housing and an adequate income, regain custody of their children, and/or deal with legal problems). Many of these women are struggling with addictions of some kind. Some of them have been diagnosed with one or more clinically recognized mental illnesses.

Homelessness

When speaking about "homelessness", the *Repairing the Holes in the Net* research project is referring to:

Visible or absolute homelessness

Visible or absolute homelessness – which "…includes women who stay in emergency hostels and shelters and those who sleep rough in places considered unfit for human habitation, such as parks and ravines, doorways, vehicles, and abandoned buildings" (Seychuk, 2004:1)

Relative homelessness

Relative homelessness – which "applies to those living in spaces that do not meet basic health and safety standards, including protection from the elements, security of tenure, personal safety and affordability" (Petit et al., 2004:np)

Hidden homelessness

Hidden homelessness – which "includes women who are temporarily staying with friends or family or are staying with a man only in order to obtain shelter, and those living in households where they are subject to family conflict or violence" (Kapapel Ramji consulting Group, 2002)

At risk of homelessness

At risk of becoming homeless – which "can include those who are one step away from eviction, bankruptcy, or family separation" (Seychuk, 2004:1); e.g. loss of job, illness, rent increase, death of a spouse

Core housing need

Core housing need – which includes households whose accommodations do not meet one of the following standards: affordable (housing costs, including utilities, do not exceed 30% of before-tax household income); adequate (in good condition and does not require major repair); or suitable (sufficiently large, with enough bedrooms, to appropriately accommodate the household) (CMHA, 2004:8)

Scope of Canada's housing crisis

The scope of Canada's housing problem is summarized in this excerpt from a special report released by TD Economics entitled *Affordable Housing in Canada: In Search of a New Paradigm*:

> *Housing is a necessity of life. Yet, many households in Canada cannot afford adequate shelter. In fact, at last count, roughly one in five Canadian households were considered to be in this situation. Even more troubling, ten years of economic expansion have barely put a dent in the problem. As Canadian households struggle to find shelter and still make ends meet, their plight is spawning a series of related social problems in communities all across the country making the shortage of affordable housing one of the nation's most pressing public policy issues today*. (2003:1)

If this is a statement of the housing situation across Canada, then it is clear that the issue is truly at a crisis point in the North. For example, in Whitehorse, Yukon there is an absolute lack of low rental units. As a result, almost 1 in 6 households pay over 30% of their income for housing (Zanasi and Pomeroy, 2013). As well, the Whitehorse Food Bank reports that 47% of their clients are in private rental housing, 16% in social housing, 13% in band-owned housing, 8% stay with family/friends and 6% own their own home. The Food Bank is serving 3.5 times more people in 2014 than planned when it opened in 2010. (Whitehorse Food Bank, March 2014).

Relationship between Mental Health and Homelessness

Homeless individuals more likely to have mental health issues

The Canadian Institute for Health Information's 2007 study on mental health and homelessness concluded that there is "a higher prevalence of mental disorders among the homeless than among the general population" (p. 16). In its formative study entitled

Out of the Shadows at Last, The Standing Senate Committee on Social Affairs, Science and Technology noted that "the percentage of Canadians who are living with mental illness who need access to [adequate, suitable and affordable] housing is almost double the percentage of people in the general population whose housing needs are not being met" (2006:462).

Individuals with mental health issues more likely to be homeless

This relationship between mental health and homelessness is dynamic. Individuals with mental health issues are more likely to have a hard time securing and maintaining adequate housing. Those without homes are more likely to experience the stresses and traumas that contribute to their mental health challenges. (Novac, 2006; Canadian Institute for Health Information, 2007)

The Mental Health Commission of Canada notes that the lack of housing units with the supports required by individuals with mental health issues contributes to a reliance on a host of other, more expensive services.

> *Inadequately housed people living with mental illness re-circulate through a range of health and justice system services such as emergency rooms, psychiatric hospitals, general hospitals, emergency shelters, domestic violence shelters, foster care, detoxifications centres and jails.* (2009:np)

Homeless individuals more likely to need expensive emergency services

This observation is echoed by the Canadian Institute for Health Information, which found that "[m]ental health and behavioural disorders accounted for more than one-third of visits by the homeless to emergency departments" (2007:20).

Although mental health challenges are a relatively common experience for all Canadians, our health care system allocates very few resources to addressing this issue. It is estimated that, "by their early 30s, more than 40% of the adult population has experienced symptoms consistent with an anxiety disorder…or depression… and more than 30% report alcohol dependence" (Canadian Institute for Health Information, 2011:4-5). The Centre for Addiction and Mental Health notes that "[w]hile mental illnesses constitute more than 15% of the burden of disease in Canada, these illnesses receive only 5.5% of health care dollars" (downloaded from http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx on September 20, 1913).

Findings such as these made it clear to the northern collaborators that enhancing services for homeless and at-risk women with mental health and substance use challenges is a critical priority, prompting them to undertake the *Repairing the Holes in the Net* research project.

METHODOLOGY

Rationale

Homeless and at-risk women in the Yukon face a constellation of factors that have created a growing and critical health challenge. The shortage of housing options, compounded by high rates of poverty; the devastating impact of trauma on the capacity of women to lead healthy and productive lives; the high rates of ongoing violence that push women out of their homes and contribute to their ongoing traumatization; and the critical lack of relevant services all point to the need for new conceptual and intervention models that more adequately address these circumstances.

Producing significantly better health outcomes for northern women requires an applied research process because no transferable solutions already exist. The historical and current socio-cultural-political-economic context of the North is sufficiently different from the southern, largely urban approaches that have been developed to address the mental health issues of homeless women to warrant a targeted investigation.

Research Aim

The aim of this research was to involve decision makers and program implementers in the mental health, housing and social sectors in improving the systemic response to northern women with mental health/substance use concerns who have unstable housing/are homeless, informed by research with women and service providers. In other words, the primary objective is to "repair the holes in the net" such that better health and wellbeing outcomes are achieved for this population.

Research Approach

The *Repairing the Holes in the Net* project began with the understanding that realizing better health and other life outcomes for northern homeless and at-risk women with mental health and/or substance use issues could not simply be achieved by developing a new policy framework or a high-level action plan of some sort. Nor was lack of progress the result of a lack of good will on the part of service providers, program managers and policy makers. Rather, more effective service provision could only be achieved as a result of a shift in the whole system of service delivery, as well as in the way that many individual programs and professionals (whether in the government or voluntary sector) work.

The need for a sustained and collaborative learning process

Because of the complexity of the issues involved and the need for innovations to reflect the specific context of these northern communities, such a shift could not come from the mandated implementation of some type of "silver bullet" solution. Instead, what was needed was a sustained and collaborative learning process that involved as many key decision makers and service providers as possible who currently impact the types and characteristics of services available to homeless women experiencing mental health challenges.

Communities of Practice as an Approach to Participatory Action Research

Repairing the Holes in the Net chose a community of practice (CoP) approach as the key methodology for creating a shared, reflective practice space that could stimulate a shift in program services to better meet the needs of homeless women with mental health and/or addiction issues. The Project invited participation from government

departments and service agencies from such diverse sectors as addictions, mental health, primary health care, justice, housing, police, income support, child protection, shelters and women's advocacy. In the course of meetings held approximately monthly for about two (2) years,[5] participants:

- considered the relevance of conceptual models from the literature as well as practical examples of service delivery approaches that have demonstrated promise elsewhere;
- reflected deeply on the implications for their own individual and collective practice of the data collected from the interviews and focus groups with service users and service providers carried out as part of the *Repairing the Holes in the Net* project;
- learned from each other as they shared the challenges and successes of the work being done by their own agencies and programs; and
- designed and implemented a service innovation initiative(s) that they could take on to test what they learned about pathways for achieving better outcomes for homeless women with mental health/addiction issues.

How CoPs were used in *Repairing the Holes in the Net*

Research Methods

The *Repairing the Holes in the Net* project generated research data from a number of sources to stimulate the collective learning that is at the heart of the community of practice approach. The following research activities were carried out for this purpose:

1. *Interviews with homeless and at-risk women with mental health and/or substance use issues* – The Yukon Territorial Research Lead conducted the interviews during the second year of the project. Semi-structured interviews were conducted with 21 women that focused on their experience accessing services related to their housing, mental health and substance use treatment needs. They were also invited to provide their recommendations for improving or supplementing these services. Women were recruited through the use of flyers posted at common service access points, and with the assistance of service providers at a range of community-based services. Participating women were interviewed in a location of their choice; which in this case, was mostly the office of the Yukon Status of Women Council. All interviews were digitally recorded and transcribed verbatim. Women were provided with a $50 honorarium for completing the interview. Transportation costs and a $30 honorarium for childcare were also provided, if needed. The findings of this data gathering process are summarized in the next section of this report entitled *Findings Based on Interviews with Service Users*. These findings were highlighted during community of practice sessions to stimulate reflection on current service practice.

Learning from the experience of service users

2. *Interviews and focus group sessions with the service providers* - Ten interviews and two focus groups were conducted with service providers to identify potential service improvements for the population of women who are at the centre of this study. These sessions were also conducted by the Territorial Research Lead in the first year of the study, digitally recorded and transcribed verbatim. The aim of these sessions was to gather perspectives on the trajectories and factors associated with women's homelessness and mental health concerns, barriers and supports to accessing appropriate services, and recommendations for practice and policy improvements. The focus groups were intended to be from a "systems" lens (what's working, what's not working, what improvements can be made at a system level etc.), whereas the

Learning from the experience of service providers

[5] The first community of practice session in Whitehorse, Yukon was held on May 1, 2012.

interviews were more from an individual practice lens. Each focus group had approximately 4-8 providers participating in each group. These service providers were recruited through posting flyers at services mandated to serve women with mental health concerns and at risk of homelessness and through the professional networks of research partners in the Yukon. Providers who participate were asked about their experiences in delivering services to women who face mental health concerns, homelessness and related concerns such as substance use problems and experiences of violence and trauma; their perspectives on what is working well; and what strategies might improve access and quality of services for homeless women. The research findings of this data gathering process are summarized in a subsequent section of this report entitled *Findings Based on Interviews and Focus Group Sessions with Service Providers*.

3. *A literature, policy and program review* - A review of effective approaches to improving outcomes for homeless women with mental health, substance use and violence-related concerns, especially in northern and First Nations and Inuit contexts, was undertaken to identify strategies for improving programs and services for women. Academic literature, grey literature and web-based searches were conducted to collect a range of information sources. The Territorial Lead also conducted a literature review specific to the Yukon, producing an annotated version for the community of practice and research team. Key concepts and strategies were synthesized in thematic papers and Powerpoint presentations by the *Repairing the Holes in the Net* research team for the consideration of community of practice participants. Topics included: principles and practices for trauma-informed practice, mental health issues among homeless and at-risk women, making communities of practice work, First Nation peoples' perspectives on mental health issues, and why gender matters. As well, community of practice participants prepared presentations based on their own research and program work. The key concepts from these literature, policy and program reviews have been inserted, as appropriate, in the research findings sections of this report.

Learning from the literature & effective practice experience from elsewhere in Canada & around the world

4. *Scan of current service options and policy and program framework documents* – This step was designed to create an annotation of existing initiatives and policies that are shaping the service environment for homeless and at-risk women with mental health and/or addiction issues in the Yukon. The scan was carried out through a document review conducted by the Territorial Research Lead as well as through presentations made by community of practice participants. A "map" of existing services was co-created by the Territorial Research Lead and key decision makers and program implementers who were involved in the community of practice sessions. This information was vital for creating a shared understanding of the current context as well as for finding starting points for policy and program shifts. Please see Annex xx for a copy of this data.

Learning from existing policy and program initiatives

Data Analysis

The study team employed a grounded coding process for the interview and focus group data. During a face-to-face meeting in October 2012, study team members identified the following ten (10) primary themes that emerged from the data: the trajectory of women's mental health and homelessness, key issues in the women's lives, strengths and goals of the women, services used, entry points to services, barriers for accessing services, strengths and limitations of the services used, cultural aspect of services, and recommendations for practice and policy adjustments. As well, some basic demographic

Service user data themes

data about the interviewees was extracted from the interview transcripts (e.g. age, number of children and whether or not they live with the mother, community of origin and other communities in which the women has lived, employment history, and level of education achieved).

Similarly nine (9) themes were identified for the analysis of service provider data: Service scope; serviced provision issues; entry points accessed by service users; relevance of the following service models—gender specific, cultural safety, trauma informed, integrated care, housing first, and harm reduction; what is working well in service provision, service provision gaps; service delivery improvement; policy improvement; improving funding; and collaboration between agencies and services.

Service user data themes

The data analysis work benefited from close collaboration between the Pan-territorial Research Coordinator and the Yukon Research Lead. After the initial coding using Nvivo 8, a qualitative data analysis software, had been completed, these two members of the research team determined that the research themes could best be slightly reorganized as follows. In addition, a summary chart for each interview/focus group was prepared using the theme headings as categories.

Service users:

1. Key issues for which homeless and at-risk women seek service support
2. Resistance (maintaining a sense of agency and dignity and contributing to system changes), resilience (coping and thriving) and resources (aspirations and dreams)
3. Vicious cycles: the trajectory of women's homelessness and mental health challenges
4. Service use and entry points,
5. What works and what doesn't
6. Recommendations for service improvement

Service providers:

1. Service scope
2. What works well and what doesn't
3. Service gaps – holes in the net
4. Effective practice models
5. Recommendations for service, policy and funding improvement

The theme compilations produced by the Nvivo software were then summarized and shared with the community of practice participants. The resulting data is presented in the next two sections of this document.

Maintaining Ethical Standards

Ethics approval

The study protocol, including recruitment materials and interview guides, received ethical approval from the University of British Columbia's Office of Research Ethics. Additionally, a research license was obtained from Yukon Tourism and Culture under the provisions of the Yukon Scientists and Explorers Act prior to beginning the study.

Safety & confidentiality of research respondents

The safety and confidentiality of all interview participants was ensured through the following steps. Women were assured that they only needed to answer any question with which they were comfortable, and that they would still receive their honorarium if they decided to end the interview. Counselling was offered to service using participants who wanted support to address issues surfaced by the interviews. Interviewees were assigned an ID number, and the names of the participants were not recorded. Audio files

were compressed before being shared electronically, and were password protected. Transcripts were stored in a secure location and on password protected computers.

Research Strengths

Participatory approach

The research approach employed by *Repairing the Holes in the Net* is innovative and designed to bring about service and policy shifts during the course of the study rather than producing a set of recommendations that may or may not be picked up by key decision makers. This is because key decision makers and program implementers are an integral part of the research methodology from the very beginning. The use of a community of practice approach is ideal for investigating complex problems that cannot respond to prescriptive solutions.

Using technology Building on northern research capacity

Repairing the Holes in the Net was designed to take advantage of and enhance northern research capacity. The project team was composed of co-applicants, decision-makers and collaborators from the Yukon, including northerners with many years of experience working on the frontlines with homeless women and women at risk of homelessness in the North. The primary researcher has experience working with key decision makers in the government sector in the Yukon and has led a variety of projects using communities of practice as a key methodology. The pan-territorial research coordinator led the first research study of northern women's homelessness and has been working in the field of northern women's homelessness and mental health since 2005. The Yukon Research Lead is a Yukoner who has worked with women's issues for fifteen years, was one of the key proponents of *A Little Kindness would go a Long Way*[6] and has been involved as the researcher for a number of related studies. The use of virtual meeting capabilities by *Repairing the Holes in the Net* made it possible to maintain good communication between research team members from outside the Yukon and the Yukon Research Lead and key decision makers and service providers that made up the community of practice.

Research Limitations and Constraints

Repairing the Holes in the Net took on a difficult challenge. Shifting systemic responses to an extremely complex social issue requires long-term consistency and a willingness on the part of key program and policy decision makers to introduce real change in what can be a volatile political climate. There are many factors, well beyond the influence of the research process, that need to be balanced, for policy and service provision practice to change.

Responding to complex social issues requires consistency over time

For example, maintaining a long-term focus among community of practice participants is challenging. The individuals that participate in the sessions shifted as service providers and key program and policy decision makers, from time to time, leave their positions and are replaced by other personnel who are not "up to speed" on the consultation that has already occurred.

Socio-cultural diversity & expense of northern travel

As well, conducting research in the North is challenging because of its socio-cultural diversity. The Yukon has fourteen (14) First Nations and an increasing number of newcomers representing many different ethnic groups. Travel for research team members between the Yukon and "the South" is expensive. Because of the geographic scope of the Yukon and the expense of travel, *Repairing the Holes in the Net* confined itself to working in the territorial capital, Whitehorse.

[6] Hrenchuk & Bopp, 2007

KNOWLEDGE TRANSLATION AND DISSEMINATION

The Repairing the Holes in the Net Project had a commitment to sharing its work with relevant stakeholders within the Yukon as well as to contributing more broadly to the field within Canada.

Presentations within the Yukon

Presentations were made by the Yukon Research Lead to the following government and voluntary sector agencies in Whitehorse:

- Presentation to the Yukon First Nations Health Commissioners - Sept. 10, 2014
- Presentation to the Yukon Advisory Committee on Women's Issues (advisory body to the Minister for the Women's Directorate) – January 18, 2014
- Guest speaker at the AGM of the Victoria Faulkner Women's Centre – September 4, 2014
- Panelist for the Yukon Advisory Committee on Women's Issues annual Women's Conference, *Beyond Violence - Responding to Interpersonal Violence at Work, at Home and in the Community* - September 13, 2014
- Speaker for the Yukon employees' Union/PSAC Human Rights Speaker Series, *Housing and Homelessness: What's at stake, what can we do* - December 10, 2014

National and International Presentations

The following presentation were made by members of the Repairing the Holes in the Net research team across Canada and at the 15th International Congress on Circumpolar Health in Fairbanks, Alaska.

1. Schmidt, R., Bopp, J., Poole, N., Hrenchuk, C., Fuller, L., Hache, A., Henderson, C. and C. Carry. *Using Community of Practice to Repair the Net of Services for Homeless Women in Canada's Three Northern Territories.* Oral presentation at the CPHA annual conference, Ottawa, June 10, 2013.
2. Bopp, J. & Poole, N. *Repairing the Holes in the Net: Using Communities of Practice to Strengthen Collaboration*. Paper presented at the *Collaboration and Complexity: Seeking out New Forms of Life*, Canadian Collaborative Mental Health Care Conference, Montreal, QC, June 27, 2013.
3. Hrenchuk, C. & Fuller, L. *Repairing the Holes in the Net: Responding to the Needs of Northern Homeless Women*. (Part of a panel oral presentation entitled *Women and Homelessness in the Canadian North: A pan-Northern exploration of lived realities and their implications for policy and practice*). Canadian Alliance to End Homelessness Conference, Ottawa, ON, Oct. 28-30, 2013.
4. Bopp, J., Carry, C., Duncan, L., Fuller, L., Hache, A., Henderson, C., Hrenchuk, C., Poole, N., Schmidt, R., Youngblut, R. *Repairing the holes in the net: Responding to the mental health needs of northern homeless w omen.* Poster presentation at the 15th International Congress on Circumpolar Health, Fairbanks, Alaska, August 7, 2012.
5. Poole, N., Bopp, J., Schmidt, R., Hache, A., Fuller, L., Hrenchuk, C, Levy, S. *Repairing the Holes in the Net: Trajectories and perspectives of services from*

interviews with northern homeless women. All Our Sisters National Network on Women and Homelessness Conference, London ON, May 12-14, 2014.

6. Poole, N. & Bopp, J. *Virtual communities of practice as locations for collaborative north-south engagement in deliberative dialogue, research and action on the needs of northern homeless women*. National Conference on Ending Homelessness, Vancouver BC, November 3-5, 2014.
7. Poole, N., Bopp, J., Schmidt, R.A., Fuller, L., Hrenchuk, C., Levy, S. *Repairing the holes in the net for northern homeless women*. National Conference on Ending Homelessness, Vancouver BC, November 3-5, 2014.
8. Poole, N. & Bopp, J. *Communities of Practice: Locations for using evidence to inform practice and policy*. Poster presentation to the Canadian Mental Health Association *Strengthening Our Collective Voice* Conference, Calgary AB, October 22-24, 2014.

Publications

The Repairing the Holes in the Net research project is featured as a chapter in the following publication.

Bopp, J., Poole, N. & *Schmidt, R.* (2015). *Communities of Practice as locations for facilitating service systems improvement for northern homeless women*. In S. Gaetz, C. Doberstein, & N. Nichols (Eds.), *Exploring Effective Systems Responses to Homelessness*. Toronto: Homeless Hub.

The BC Centre of Excellence for Women's Health has published a summary technical report of the project.

Poole, N., Bopp, J., Schmidt, R., Fuller, L., Hache, A., Hrenchuk, C., Levy, S., and Youngblut, R. (2015). *Repairing the Holes in the Net: Improving Systems of Care for Northern Homeless Women with Mental Health Challenges*. Retrieved from: http://bccewh.bc.ca/wp-content/uploads/2015/09/RTN-Summary_August-9-2015.pdf

As well, the following articles have been submitted for publication at the time of this writing.

1. Poole, N., Bopp, J., & *Schmidt, R*. (submitted). *Using a community of practice model to create change for Northern homeless women*. First Peoples Child & Family Review.
2. Schmidt, R., Hrenchuk, C., Bopp, J., Poole, N. (submitted). *Trajectories of Women's Homelessness in Canada's Three Northern Territories*. International Journal of Circumpolar Health.

FINDINGS BASED ON INTERVIEWS WITH SERVICE USERS

The primary aim of the *Repairing the Holes in the Net* study was to promote and foster improvement in service policies and practices aimed at meeting the needs of homeless and at-risk women with mental health challenges in Canada's North. This seemingly simple aim, however, actually represents a very complex issue. The intersection between homelessness and mental health issues, which range from overwhelming feelings of grief, depression, anxiety, anger and sorrow in response to a host of life challenges, to diagnosed mental illnesses such as bipolar and personality disorders, is a tangled web indeed. There are no easy answers to what would represent an improvement in the service system.

No easy answer

This report attempts to unravel this complexity, first by drawing on interviews with twenty women who identified themselves as either currently homeless or having experienced homelessness, and who also considered themselves to be having mental health challenges. This study did not attempt to achieve a representative sample with respect to such characteristics as age, ethnic background, or educational achievement, but rather interviewed women who became aware of the opportunity to participate in the study through a poster, pamphlet or recommendation from a worker at a service point. About half of the women were Aboriginal, most of these belonging to one of Yukon's First Nations. Some women had been born outside the Territory and some have moved in and out of the Yukon, mostly from Alberta or British Columbia. Only one woman said she was in a long-term relationship with a male partner, but approximately three quarters of them have children, ranging in age from very young to adults. These women ranged in age from their mid twenties to late fifties, with three quarters between their early 40s and late 50s.

While every woman's story is unique, there are many common elements in their journeys in and out of homelessness and into contact with services related to their daily living and mental health challenges. The literature on women's homelessness already has abundant examples of these often-heartbreaking stories[7] and the focus of the study reported here was not to replicate this work, but rather to trace the trajectory of these women's efforts to access services and shed light on their experience interacting with those services, all with the aim of finding pathways for service system improvement.

Finding pathways for service improvement

The material that follows addresses these eight (8) themes that emerged from the interviews with twenty (20) service users:

1. Key issues for which homeless and at-risk women seek service support
2. Resistance (maintaining a sense of agency and dignity and contributing to system changes), resilience (coping and thriving) and resources (aspirations and dreams)
3. Vicious cycles: the trajectory of women's homelessness and mental health challenges
4. Service use
5. What makes services helpful
6. Service limitations
7. Cultural safety
8. Recommendations for service improvement

[7] See, for example, the pan-territorial and 3 territorial reports released from 2007 Study of Women's Homeless North of 60: *You Just Blink and it can Happen* (Bopp et al.) *A Little Kindness would go a Long Way* (Hrenchuk and Bopp), *Being Homeless is getting to be Normal* (Bopp et al.) and The Little Voices of Nunavut (Elliot, Bopp and Van Bruggan)

Theme One: Key Issues for which Homeless and At-risk Women seek Service Support

As stated above, the issues for which women seek service support are really much more like a tangled web than a list that can be neatly categorized. It is usually impossible to figure out which issue started a woman's journey into homelessness, but it is possible to generate scenarios such as the one below that incorporates many of the elements that are common in the stories these women shared.

Tangled web

When an abusive relationship becomes unbearable, a woman may seek help by fleeing to a shelter. Now, often having lost her home and most of her material possessions, she may begin trying to rebuild a life. Her first priority will most likely be to find a way to meet her basic needs and care for her children. If she has no other means of support, she will need to go through the steps to establish her eligibility for income support assistance. At the same time, finding housing is likely to be an overwhelming challenge. Even though women fleeing abuse have priority on the social housing waiting list, nothing may become available for many months. In the meantime, she will also be checking the paper daily for vacancies in the private housing market. Without financial resources, however, she must relay on income support services to assure her rent, and many landlords will refuse to rent to her for that reason. At the same time as the woman is spending a huge amount of time and worry trying to get housing and income, she is likely struggling with such feelings as grief, depression, anger, helplessness and guilt. The shelter will be providing her with some counseling and advocacy support, but the workers probably are not trained and expected to deal with significant mental health issues.

These feelings are often the tip of an iceberg. Most of the women with whom we spoke have been in more than one abusive relationship. They have lost children, partners, relatives and friends through tragic deaths and feel that they have never finished grieving. More than half struggle with long-term substance use problems and addictions, most commonly alcohol and marijuana, but also other drugs like cocaine.

Theme Two: Resistance, Resilience and Resources

The homeless and at-risk women with mental health concerns who were interviewed as part of the *Repairing the Holes in the Net* research project spoke eloquently about their aspirations for the future, the strategies they use to meet daily needs under very trying circumstances, and the ways they work to maintain dignity and a sense of agency in the face of societal indifference and discrimination, interactions with service providers that feel punitive rather than supportive, and seemingly insurmountable odds. This section summarizes the comments these women shared in this regard.

We call this section "Resistance, Resilience and Resources" because women who are homeless and who have mental health issues are most often seen as vulnerable, needy and in some fundamental way unable to meet the standards set by society for normalcy. While the women we interviewed certainly did not shy away from talking about their struggles, they also made it very clear that women who shared their circumstances were also necessarily resilient and had many strengths that, if supported, could help them achieve their aspirations.

Working from strengths

In making this claim, we echo the recent research conducted by Paradis et al. (2011) that cites a history of research studies related to women's homelessness which

> *…demonstrate that women are already doing a lot, both inside and outside services, to successfully navigate the system[8], stand up for their rights, and make their own and others' everyday lives easier. It takes amazing strength and resourcefulness to survive homelessness and poverty, and women have a lot of wisdom to share that can make a difference.* (p. 6)

Resources: Aspirations and Dreams

The hopes and dreams of the women we interviewed were unique to each person, but at the same time had some commonalities. The list is not ordered in any priority.

Employment

1. *To gain and maintain meaningful employment* – Many women want regular work that pays a living wage will allow them to use their skills and provide the necessities of life for themselves and their dependents.

Education & skills training

2. *To improve basic literacy and numeracy skills and to complete skills training related to employment* – Women spoke passionately about improving their educational levels as a way to improve their self-esteem and to improve their prospects for earning a living.

> '*Cause like I said, there's some things deeper that I want to take out. However, I'm scared to take it out… And I do need to take these issues out 'cause there's this little girl in there who wants to go out and play.*

Healing

3. *To heal from past trauma* – Many women recognized that this step would include dealing with the underlying issues that feed the cycle of addictions, despair and anxiety.

A home

4. *To secure and maintain stable and appropriate housing, to have peace and privacy* – Housing is almost always the most urgent priority for the women who contributed to this study because housing is seen as a prerequisite for being able to take on all the other issues.

Making a contribution

5. *To help others, especially children and other women* - Some women volunteered, most often for organizations that had been helpful to them; others shared traditional skills with younger women; many talked about their efforts to be a supportive friend and to share what little they have with someone in greater need.

> *…you know, just being around people that wanted to have me around and I'm doing something for them, something creative and something that I love to do.*
>
> *I'm always very giving to people, like if somebody wants to sit down and talk…I just say, you know what, it's all right, sis… I know how you feel.*

Social inclusion

6. *To become part of society by having a circle of friends and joining activities and organizations* – Some of the services that the interviewed women cited as most valuable to them were those that helped built a network of supportive relationships or at least to be part of a social circle that ate and talked together once a week.

Resilience: Coping and Thriving

Homeless and at-risk women use many strategies for coping with their daily living challenges. Often these strategies display a tenacity and resilience that may not always be visible at first glance to those who do not fully understand their circumstances. Here are some of the most common ways that homeless and at-risk women with mental

[8] "The system" refers to the multiple institutions and systems we encounter in our everyday lives, including the social housing, child protection, social assistance, psychiatric, shelter and prison systems, as well as the housing and labour markets. These are intersecting parts of a larger system that marginalizes low-income women.

health challenges find ways sometimes just to get by and other times to move toward their goals.

Positive attitude

1. *Maintaining a positive attitude* – This can mean using a difficult situation—such as having your children apprehended, having limited mobility because of a physical injury, living in an isolated location because that housing is all you can afford—as an opportunity to work on personal issues. It can also mean picking yourself up again after a setback.

Appreciating what we have

2. *Appreciating what we have* – Some women make a big effort to acknowledge the support they received from family, friends and service providers as well as material gifts such as a warm coat and socks, a hot lunch, groceries, a tent, or a stove. They are also quick to recognize and appreciate the service providers that go beyond the call of duty.

Overcoming addictions & mental health issues

3. *Working hard to overcome mental health and addiction challenges, even at great personal cost* – Facing the pain of past trauma, admitting the hurt you have caused others, staying clean when your life feels like it is in tatters, taking on the full-time job of meeting all the requirements expected by the courts and child protection services—all of these barriers tax the will, patience and inner strengths of women. All the women in this study make an effort, some of them fall and get up again, others achieve earlier success.

Asking for help

4. *Asking for help* – For many women, admitting that they can't provide for themselves and their children is a very difficult step. They talk about having to swallow their pride to ask for help, whether that help comes from agency services (such as the outreach van) or from family and friends.

Sharing street survival tips

5. *Sharing information about services, systems and daily living strategies with others in similar circumstances* – The best resource directory for most homeless women with mental health challenges seems to be the wisdom of the street. Many women learn about new services from their peers and share tips for successfully managing relationships with the many service providers and systems with whom most of them interact.

Making do with what you have

6. *Being creative about meeting daily living needs* – Women without stable housing end up living in tents, campers, or cabins without any utilities. Sometimes they drink just so they can spend time in Detox. Because accommodation costs are so high in the Yukon, rents can eat up a woman's entire monthly income. This means that she has to be creative about finding ways to meet other daily living needs. Many women manage a complex schedule—they have to know exactly where to get food and clothing, on which days, and at which times of day. One woman even grew vegetables in a community garden. Some women juggle part-time work, school and the many program requirements that could be a

I did a lot of work in the past eleven months on myself and my situation and everything, and I did what I needed to do to gain trust in the system and stuff... yeah, when you close one door, another one opens sometimes.

And I don't like to ask for more and I don't. Really, the thoughts don't cross my mind, what else, what else. You know, I am just so thankful for all the resources I have…

…now I'm picking myself up again and I'm glad I'm here now because this is where my trouble started. This is where my troubles have to end. This is where I have to heal. This is where I have to get strong again.

I seem to think I can do it by myself but I know that I need help.

I had beautiful, beautiful potatoes that came up…and I did harvest one plant and gave it to a buddy of mine, filled his backpack…

But they'll buy you a drink… And I just say, "no thanks" because I know myself. Once I take that first sip, I think, "Gee this is pretty good. I wouldn't mind another one." So I just say, "No, I'm on the coffee program.

I'm so stressed, you know, and I found a friend, like, me and this woman, lady, we became friends in the past, I think, month, and we seem to pair up together and, "Okay, you watch my back, I'll watch your back," and it seems to be going well.

mandated component of their court orders or part of their arrangements with Child Protection Services.

Recognizing & avoiding triggers

7. *Knowing yourself* – As women struggle to manage addictions and other complex mental health challenges, they come to recognize social contexts and other triggers that make them susceptible to make poor choices. Many women develop sophisticated strategies for avoiding or managing those situations.

Building a support network

8. *Set up a support system* – Friends and family can provide invaluable moral support and a new social context that is full of positive activities. A support system can also help women take those difficult steps to interact with services in a way that helps them get their needs met. One of the ways women build support systems is by meeting others at service points and through church communities. Many women recreate a sense of family on the street with their peers if their relationships with family and past friends are no longer comfortable or supportive for them.

> *God is watching out for me and I survive.*
>
> *You know…you get sick of it, too, because you're struggling, and you just sometimes just want to give up. …one of the counselors there…used to be an alcoholic herself…and she's a First Nation woman, and I'm like, "Wow, I want her job." You know, I want to…work with people too, like with addiction, and especially young adults because I have that experience in my past lifestyle…*

Finding "angels" in the system

9. *Find an ally in the "system"* – One of the most valued contributions that service providers can make is to help women navigate a complex system of services and to advocate for their rights and for the little and big things that make a difference in daily life and long-range outcomes for women. When women sense that a support worker is sitting beside them helping them find solutions rather than judging them and when someone helps them make sense out of what can be a bewildering set of obligations and challenges, it makes all the difference in the world.

Resistance: Maintaining a Sense of Agency and Dignity and Contributing to System Changes

Many women who were interviewed during the *Repairing the Holes in the Net* study spoke about their deep frustrations with their battles to gain and maintain housing, to stabilize their mental health challenges and to leave behind their addictions. Although they might often feel overwhelmed, they also shared examples of the ways that they maintained their feeling of being full citizens, with the same rights as others who have a stable home, more material resources and fewer struggles with mental health issues. Here are some of the ways that women resist systems and a society that appear to be unfair and punitive.

Speak out for change

1. *Contribute to the Repairing the Holes in the Net Research project* – Many of the women that were interviewed for this research project expressed their hope that their contribution would make a difference, if not for themselves, then at least for other women. They felt that this research project gave them the chance to speak out about things that seem unfair. In this way, even if they felt powerless to be heard directly, they could contribute to a collective voice that would eventually help change a system that they describe as sometimes heartless and often ineffective.

> *If you don't like something, you don't have to get mad about it, but let somebody know. Because if we just talk about it and never do anything, nothing's going to change.*
>
> *It's good to be heard because we're usually a voiceless bunch. We're seen but we're voiceless and even if we do voice it, things take forever.*

Seek legal redress

2. *Take legal or political action* – There are many policies and rules that the women who participated in this study feel are unfair. They talked about how difficult it is to have hope when they feel they are doing what is being asked of them, but they only end up as names on a long list. They feel that they have to lose everything—all their resources, their pets, their dignity, and even sometimes their jobs—to fulfill legal or other requirements. Two of the 20 women interviewed have initiated human rights cases, one against a housing service and one against social services. One woman was also pursuing an opportunity to be heard in the Legislative Assembly.

Resist dehuman-izing practices

3. *Suffer hardship rather than comply with regulations and policies that they feel are unfair and violate their dignity* – Some women chose not to apply for income support or subsidized housing and to make do with even more minimal resources rather than work within what they experience as invasive and dehumanizing regulations.

> *So, you know, I just think this whole paradigm shift, if they could do more systemic work. You know, I told them I don't want to be departmentalized. Please do not do that to me. I'm one human being.*
>
> *You know, but, honestly they…should be looking at this holistic thing, you know, because, gosh…when you have no housing and then it's affecting your mental health and it's that whole Catch-22 situation and how do you get out of it?*

It is clear from the above that the women who participated in the *Repairing the Holes in the Net* study do not see themselves primarily as passive victims. Life may be difficult, both with respect to meeting basic needs for shelter, food, clothing and a sense of belonging and in terms of dealing with feelings of depression, anxiety, frustration, anger, loneliness, grief and humiliation. At the same time, they maintain a firm connection to their dreams, the most startling of which may be the drive for purpose and the opportunity to make a difference for others. Other aspirations include having a home and a job, which they understand means improving their education and skills as well as their personal wellness levels. Achieving these goals, they believe, will allow them to become an accepted member of society, with friends and the capacity to participate in the community's social and recreational life.

In the meantime, women use ingenuity and persistence to navigate a complex system of services, a task that taxes their physical and emotional strength. They share street knowledge and knowledge gained navigating systems with each other, as well as any resources they can share. For many women, the street is a place of danger from sexual predators and other forms of abuse as well as the only place where they experience compassion.

When life's indignities are overwhelming, an understandable response is to feel helpless and to want to find relief in whatever ways may be available. This is certainly part of the experience of the women who participated in the Repairing the Holes in the Net research project. At the same time, they also found ways to resist the circumstances that they felt were unfair and part of a climate of stereotyping, discrimination and blaming the victim. These women spoke about instances in which they spoke out publically about their grievances and in which they were trying to use legal means to assert their rights. Women also resisted the "system" by avoiding contexts that humiliated them, pushing them past the point of endurance.

This picture of resilient and resourceful women calls into question a common stereotype—that women such as those that were interviewed for this study are to blame for their situation, "with their circumstances seen as being the result of substance use, mental health problems, bad choices, laziness, or simple bad luck" (Paradis et al.,

2011:7). The best that can be done is to offer charitable access to the basics that sustain life.

What emerges from the findings of this research project, instead, is a call to fundamentally rethink service interventions: to shift to a strength-based approach that focuses on restoring holistic wellness rather than merely addressing symptoms; to combat/eradicate stigma; to ensure that services operate from a trauma-informed stance, and that transform the societal determinants that contribute to homelessness and mental health challenges.[9] Subsequent sections of this document will look at all of these themes in much more detail.

Theme Three: Vicious Cycles: The Trajectory of Women's Homelessness and Mental Health Challenges

Introduction

The aim of the *Repairing the Holes in the Net* project is to stimulate service improvements that in turn enhance health and quality of life outcomes for homeless and at risk women with mental health challenges in Canada's North. An important step in achieving that goal was to understand more clearly the issues that brought these women to seek services, as well as the trajectory of their interactions with services. To this end, the 21 service users in the Yukon who participated in interviews were asked to describe their service use in some detail.

In reviewing their rich narratives, it became clear that the women's stories could not be captured through linear life histories. Instead, what emerged was a description of a number of "vicious" cycles that reinforce each other and are challenging indeed to transform into patterns of life that include stable housing, adequate income, satisfying interpersonal relations, the ability to cope constructively with everyday challenges and an enduring capacity for balance.

...sometimes I think, "Why the hell was I born?" I know I'm here for a purpose. I just have to realize that.

The analysis provided by the women who were interviewed can be organized into four themes, or focal points, to describe the trajectory of their struggle to achieve such goals: 1) unresolved trauma, 2) poverty and social exclusion, 3) an inability to find and maintain housing, and 4) ineffective service responses. Each of these themes can be depicted as a type of vicious cycle in which each element reinforces the others and makes the achievement of a different life pattern difficult. All four of these cycles also support each other. (Please see page xx for a graphic representation of the interaction between all these elements.) Each of these four vicious cycles is explored in more detail below.

Thought of in this way, it is easy to see why the stories of northern women shared by the women who participated in this research project are so common and why it is so difficult to break the cycle. And yet, as the members of the territorial community of practice reflected on this material, they found it a rich source of valuable insights into a way forward.

[9] See, for example, Wesley-Esquimaux and Snowball, 2010; Mental Health Commission of Canada, 2012; Niccols et al., 2009; Tanner, 2009)

Unresolved Trauma

The women who participated in this research project by offering to share their struggles, their resilience and their hopes and dreams spoke graphically about the traumatic events in their lives that contributed to a vicious cycle of homelessness and mental health challenges.

> *And some of this stuff I really need to talk about… 'Cause, like I said, there's some things deeper that I want to take out. However, I'm scared to take it out… And that's what's holding me in and it's eating me.*

1. Underlying Causes

Although the specifics of their life stories varied, there are a number of experiences that were widely shared among these women and that they described as contributing to a deep well of pain that continues to shape their lives in profound ways. They recognize the importance of somehow understanding the dynamics and impacts of trauma in a way that will enable them to move into a pattern of life that will allow them to more fully realize their personal aspirations. Here are some of the most common issues the participants in this study identified as contributing to an ongoing burden of unresolved trauma.

Unresolved grief

Some of the trauma they experienced began early in life and continued to the present as a result of the loss of one loved one after another in tragic circumstances. After losing parents, siblings, children and other members of their extended families without the means to come to terms with their grief, women spoke about submerging their pain through substance use and other strategies to distance themselves from circumstances over which they feel they have no control.

History of abusive relationships

More than three-quarters of the women spoke about abusive relationships with intimate partners. For some women, this abuse has occurred many times throughout their lives and often with multiple partners. Physical, sexual, financial, and emotional abuse were all described as part of these patterns. Homeless women also described being vulnerable, on an ongoing basis, to sexual predators who cruise the streets looking for women with nowhere to go for a shower and a place to sleep. Homeless women understand clearly that most of the men who allow them to "couch surf" in their residences expect them to provide sex in return for shelter, and this is especially so for young women.

> *I just needed somebody to get there because I didn't think he was going to stop hitting me. So I pulled the fire alarm just to get somebody there.*

Undiagnosed & untreated childhood mental health issues

Women spoke about the agony of undiagnosed and untreated mental health issues during childhood or adolescence that left them feeling alone, frightened, and worthless. They most often described the source of these early mental health challenges as traumatic experiences of loss, abuse, neglect or bullying. They continued to carry the stigma of their depression, anxiety, anger and low feelings of self-worth with them as struggled, in adulthood, with their relationships with intimate partners, the challenges of parenting, and the seemingly insurmountable obstacles related to finding and maintaining employment and housing and meeting their other daily living needs.

Intergenerational legacy of residential schooling

Some First Nations women recognized that the traumatic events described above were, in large part, due to the intergenerational legacy of residential schooling and other colonizing facets of the history of the North. It's important to remember that the last residential school in the Yukon only closed in 1969, which means that some of the First Nations women who were interviewed were residential school students and most of the

others had parents and grandparents who had first-hand experience with an educational system whose history of physical, sexual and emotional abuse and inadequate care has been well documented. The effects of this systemic abuse cannot be underestimated, as it extends to every community and every First Nation family in the Yukon. One of the women who participated in this study spoke about becoming so overwhelmed by the trauma of her residential schooling experience that she was unable to complete a treatment program that triggered her memories of what happened. "When they started openin' the doors, I just couldn't handle it… It's funny, eh, how some people seem to do okay—some of the horrible things didn't happen to them—and others, it was just a nightmare."

2. Living with Unresolved Trauma

The women in this study spoke about their understanding of the relationship between unresolved trauma and many of their day-to-day struggles. Rather than seeing their own violence, their substance abuse, their inability to parent effectively, and their feelings of anger, depression, and anxiety as separate issues, they described them as attempts to cope with core traumatic issues such as those described above. Here is a summary of what they said in this regard.

> *…because everything just stopped in my life. I had a breakdown: mental breakdown, physical breakdown. You name it… I was at the end of my ropes.*

In describing their daily life, the women commonly mentioned mental health states such as depression (including longstanding post partum depression); anxiety (including overwhelming panic attacks); insomnia; anger; debilitating sadness, grief, despair, and loneliness; agoraphobia and claustrophobia. Two of the 21 women described multiple suicidal attempts. Many attributed these mental health challenges to unresolved trauma as well as to the dislocation of their lives because of leaving their home communities. Only a handful of the women who were interviewed mentioned being diagnosed with a specific mental illness (e.g. bipolar disorder, borderline personality disorder, "psychosis"), but since the interview format did not probe for this information, it is not possible to make any inferences about incidence rates.

Mental health states

> *Like, only later did I realize that, you know, with culture shock it could mean that I feel depressed, you feel sad, lonely, all kinds of emotions attached to that because of your culture shock. And you miss the food, you miss the people you left behind and you're in a new environment.*

Two thirds of the women interviewed described their ongoing struggles with substance use. While they acknowledged that their use of alcohol and other drugs contributed to many of their daily life challenges, they also recognized this use as a way to deal with pain and trauma. They spoke about "self-medication" as a reasonable choice in the face of unresolved trauma from past experiences, as well as when they are feeling overwhelmed by their other mental health and life issues. They also spoke about the use of addictive substances as a way to cope with the everyday indignities of life as a homeless woman with ongoing mental health challenges.

Addictions

> *…when you're homeless and you're told what to do and you don't know where you're going to sleep tonight, and…who the hell cares, you know. Just do what you want to do, whatever.*

Women spoke about the shame they felt about some of their behaviour that contributed to the loss of their children to Yukon Family and Children's Services or to criminal charges and eviction from public and private market housing. But they also spoke about their feelings of helplessness in terms of being able to make better choices. They

understand their anger and violence to be, in large part, a way of lashing out when they are unable to find appropriate help for their mental health issues. They also spoke about how difficult it is to follow through on the treatment or court-ordered conditions that are part of what is expected of them in order to regain custody of their children or avoid other legal consequences when they struggle daily with significant mental health challenges. While service providers may see their behaviour as being resistant or non-compliant, women say that sometimes the expectations are just more than they can meet.

Behaviour with undesired consequences

> *Well, you know what, life wasn't handed out to me, like, with a bowl full of cherries. But I made do, the best that I could, with what I had.*

Several of the women who participated in this study spoke about their conviction that the circumstances within which they found themselves were not solely of their own making. The institutions and structures of society are just simply not always fair. They create real barriers for those individuals who live in poverty and who struggle with mental health challenges. Racism, sexism and stigmatization were all described as common experiences in everyday life. More will be said in subsequent sections of this report about how the women describe their perception that these attitudes are deeply embedded in the way that some of the services that are supposed to be there to help them operate.

Anger at structural injustices

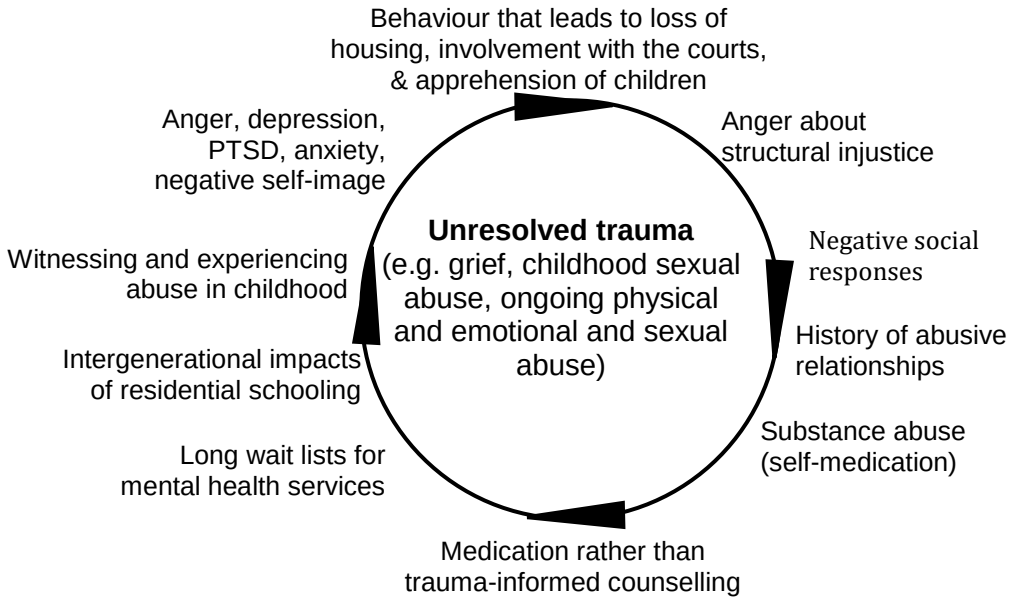
3. Lack of Trauma-Informed Services

Several women commented that they would like to have had access to trauma-informed counseling services that recognized the role of experiences such as those described above, as well as the impact of dislocation from their families and communities in creating their mental health challenges. They felt that this option would have been a very helpful addition to their treatment programs, and might well have been more effective than the medication that they had been prescribed, which they felt sometimes just masked their suffering. More will be said about these women's perceptions of service effectiveness in other sections of this report.

Being offered medication rather than trauma-informed counselling

> *I am on medication, I'm assuming, because I can't handle a lot of stuff out here so they've gotta drug me up so I can accept a lot of this. That happens out here.*

> *It wouldn't a' got that bad if I'd had somebody listen to me. But I had to go to jail to get…someone to actually listen. And unfortunately, I've been fighting with all my demons ever since.*



Poverty and Social Exclusion

The second theme women spoke about in considerable detail is their experience of poverty and social exclusion. They identified several factors that often conspired to keep them locked into their current circumstances.

1. Inadequate income

Women cited poverty as one of the most significant sources of stress in their lives. Surviving means spending your days walking from place to place to get free food, clothing and other necessities. It means feeling like you're not as worthy as other people who have more resources. It means submitting to a great deal of intrusive investigation into every aspect of your life and going through challenging bureaucratic processes to access essentials such prescription drugs. It means being vulnerable to many types of abuse in order to have shelter because you are at the mercy of the generosity of others or because the only shelter you can afford (or are offered by services) is dangerous. Below are some of the factors that women felt contributed to their poverty.

> *You feel like a second-class citizen simply because you're poor… Human worth is not based on how much you make… It's not a crime to be poor.*

Low-paying jobs with no benefits

In an economy that relies heavily on resource extraction activities and government employment, very few well-paying jobs with health benefits are available for women with low-levels of education and mental and physical health challenges. Women also talked about their perception that employers often passed them over in favour of women from the "south". "How can we compete with a woman with a university education and the resources to dress professionally and have a well-ordered life," they asked.

Inadequate levels of social assistance

The women who were interviewed argued that social assistance rates just simply do not match the cost of living. If they are able to find housing, once rent is paid, there can be almost nothing left to cover food and clothing. When you are homeless, the personal allowance is not enough to meet expenses, never mind to begin rebuilding a life. Other expenses, such as transportation, a phone, furniture, laundry, etc. may not be allowed and getting medical costs covered can be a formidable challenge.

Food security

One of the distressing impacts of poverty is a lack of food security. Women talk about gaining the street knowledge to know where to go for free meals and how to get free food. They also spoke about living on an unhealthy diet because they do not have anywhere to cook and because fresh food is so much more expensive than junk food. They describe having to make tough choices between food and shelter in order to get by on the level of funding they receive from the income support programs they have been able to access.

Erosion of all assets and resources

Poverty can be the outcome of some type of catastrophic life changing event, such as illness, an accident, the death of a loved one, a divorce or separation, fleeing an abusive partner or the loss of a job. Such circumstances often precipitate a downward spiral and domino effect that erodes any resources you may have had—a home, a car, furniture, pets… Once these resources are lost, they are very difficult to regain when you are just scraping by from hand to mouth.

> *I just had my breath, my Bible, and a pair of pants…*

2. Physical Health Issues and FASD

The physical health of women has a big impact on their capacity to be integrated into the society around them; that is, to be employed, to participate in social and recreational activities, to maintain a network of friends.

Chronic pain and lack of access to adequate & timely health care

Some of the women who participated in this study live with chronic pain and physical health issues that limit their capacity to work, care for their children, and move around freely in order to take care of their daily living needs. In some instances, physical abuse or an accident had caused injuries for which adequate care had never been received. Other women have chronic diseases such as diabetes or asthma, which are made much worse by mould in substandard housing and the food choices available to people living in poverty. Stress also contributes to the physical health issues women face. Women talked about long waiting lists for the surgery or physiotherapy they needed. They also described their challenges in having their ongoing health challenges recognized by being placed on the chronic disease list so they could get extra support for their medical needs.

> *You can't divide people up and be like, "We'll take better care of this part of you than the rest of you." …everything affects everything else. Your mental health affects your physical, your physical affects your mental. They can't expect us to pick and choose and wait for certain things as if they were more or less important.*

FASD

A few women described the impact of living with the effects of fetal alcohol exposure on their everyday lives: their ability to find and maintain employment and housing, to parent, to have healthy relationships, to make wise decisions, and to deal effectively with stress.

3. Racism, discrimination, stigmatization and marginalization

Many of the women interviewed spoke about their feelings of being viewed as second-class citizens. First Nations and immigrant women experienced the double blows of sexism and racism. Being homeless and having a mental health challenge just make these feelings of marginalization all the worse.

> *And I've been fighting with, you know, since then, feeling low—as a low person in society…*

Stigma

Women talked about the effects of stigma and negative social responses on their already low feelings of self-worth. They recognize poor self-esteem as one of the primary contributors to poor mental health, and they also recognize it as one of the most devastating impacts. In general, they claim, other members of society want to avoid people with mental health and addiction issues and may even be afraid of them. They tend to blame the victim rather than having an understanding of the causes and effects of these issues in the lives of their neighbours and even family members.

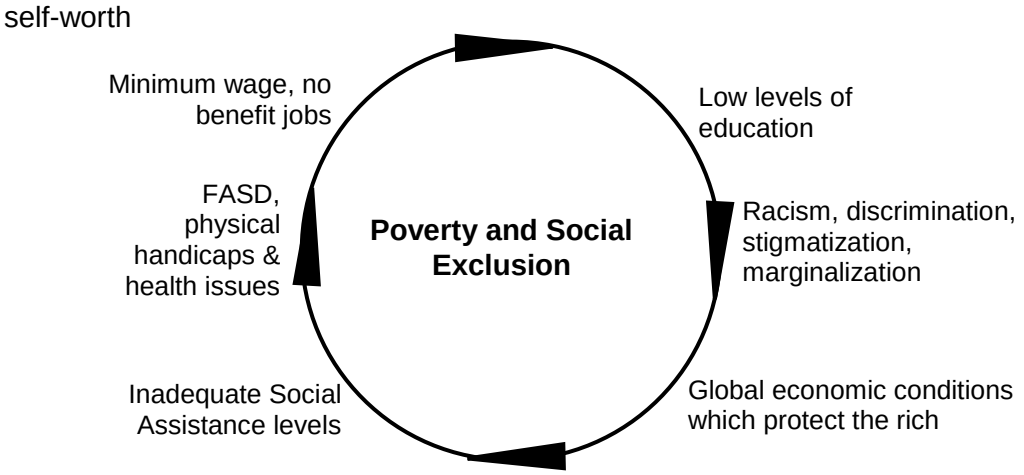
> *So it's still a huge stigma that I'm living daily, when I see people downtown or whatever and the looks I get from some people, that's really hurtful.*
>
> *I was guilty until I proved myself innocent, basically. And I had to deal with all these negative social responses again.*
>
> *Nobody came and said, "Are you okay?" No one, other than street people.*

Racism

Racism contributes to a pervasive stereotype in society of Aboriginal people being alcoholics and living rough on the streets out of some kind of "lifestyle" choice. One woman even reported that homeless Aboriginal people were being sought out and physically beaten. Racism exacerbates all the issues identified in each of the themes for aboriginal and some immigrant women.

Low levels of education

Low levels of literacy and education are another reason why women feel marginalized. Their lack of education not only makes it difficult to find work, but also contributes to feelings of embarrassment and low



An Inability to Find and Maintain Housing

For most of the women, one of their most cherished desires is to have a safe and stable home—someplace where they can find respite from the overwhelming challenges they face; something as simple as a room of their own where they can close the door and feel safe and secure. Yet, finding and maintaining housing remains beyond reach. Some of the reasons for this are summarized below.

> *I mean, I would phone all these numbers, every number in the paper, every day, religiously, looking for a place to rent, and I'd just cry. I'd shut right down and cry… Nothing. And I was doing everything I needed to do but it just wasn't going anywhere, and defeated is absolutely the word for the feeling.*
>
> *It seems like nobody in town is coming to a head with this housing because …we're all being denied safe and secure housing.*

Absolute shortage of housing

Whitehorse continues to have an absolute shortage of housing, especially housing that is affordable for people with low incomes. Rents are too high. Some rental units are in poor repair and may be infested with mould and lack adequate heat. Some neighbourhoods are unsafe because of drug and other kinds of criminal activities. It has become normalized in Whitehorse for homeless women to be offered a pup tent as a viable housing option.

Lack of supportive housing

There are very few supportive housing options. Unless a woman is currently fleeing an abusive relationship, there is really no place for her to go that will provide the type of intensive support she requires to stabilize her life and deal with her mental health issues.

Emergency shelter

More options for emergency shelter are also needed. While the Salvation Army does provide this service, many of the women interviewed had very mixed feelings about this resource because of the amount of alcohol and drug use that occurs in its vicinity, the priority given to male clients, and the lack of privacy and safety it provides for women. The Detox Centre is used by women as another option for emergency shelter. Some women spoke about being provided with temporary shelter by a government agency in a motel. This was spoken about in gratitude, but was sometimes difficult to maintain because when relatives and friends who also struggle with homelessness, mental health and addiction issues find

> *I actually live in the campground…it's hard to sleep only five hour because it's way too cold in May and you have mosquitoes, you don't have a kitchen to cook…*

out, they want to take advantage of the opportunity for a bed and a shower.

Couch surfing

Couch surfing was described as a very common practice among these women, but they are not always welcome guests among their friends and relatives. They are often without the means to contribute financially to the household and sometimes present significant behaviour and emotional challenges for others in the house. Couch surfing also places women at significant risk of sexual exploitation and physical abuse. In spite of these challenges, benefiting from the hospitality of others was sometimes a welcome respite from the streets and also a sign that somebody actually cared about their wellbeing.

Difficulties with rental arrears & damage deposits

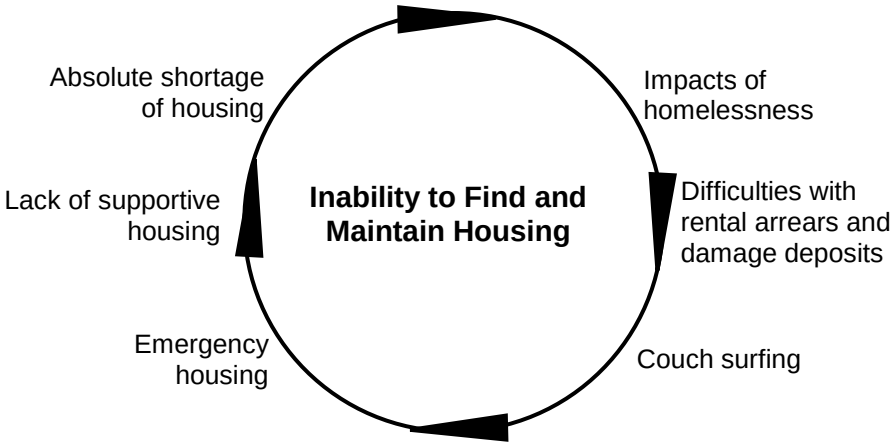
Many of the women interviewed lost their housing because of rental arrears, or were unable to secure housing because of the lack of capacity to pay a damage deposit. Although rental arrears are sometimes the direct result of a woman's choices and behaviour (e.g. not paying the rent or being late with rental payments, damaging rental property), other times the behaviour of her intimate partner, family members or friends caused the woman to be evicted. Once a woman has been evicted and she has lost her damage deposit, she not only is responsible for repaying arrears, but is also not eligible for a second damage deposit from Social Assistance. A woman with arrears may also be barred by social housing providers from accessing new accommodation. It may also be difficult for women with a poor rental record to obtain private rental housing. Many women report feeling that there is just no way out of this dilemma.

> *And, like, as soon as I got a place, I got a job…and I was working and I had this routine and feeling so good and independent.*

Impacts of homeless-ness

Being homeless makes it extremely difficult to break the cycle of poverty and despair. It is very challenging to find and maintain employment without both an address and a home base at which to rest and keep yourself and your clothing clean. Being homeless is such a cause of stress that if you didn't have mental health challenges before, you certainly have them as a result of not knowing where you can be safe and get out of the cold, where you can have some privacy and your things will be not be stolen. Your physical health suffers and with it your mental health.

> *And housing breaks a lot of people's lives.*



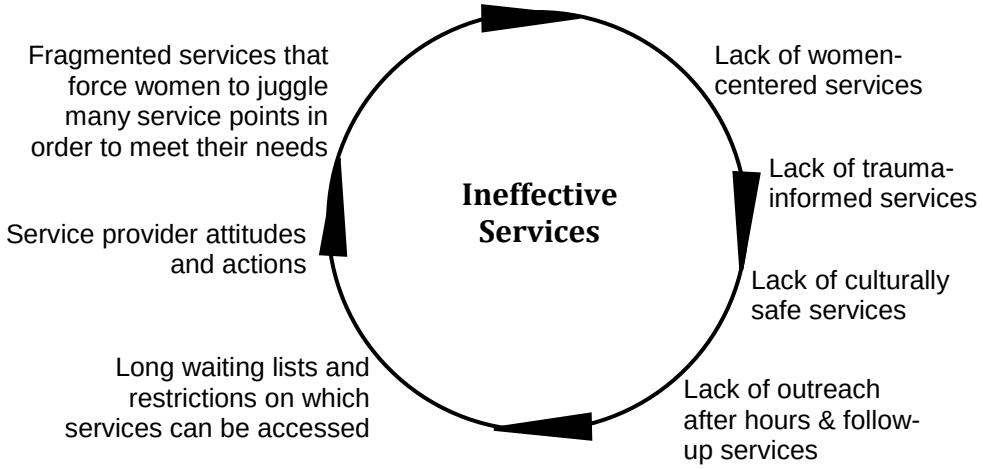
Ineffective Services

A subsequent section of this report will take a much more detailed look at the experience of women in accessing services in Whitehorse: their strengths and weaknesses and the recommendations that both service users and service providers have for improving them. For this reason, what follows is a brief listing of some of the key features of the service environment that the women interviewed felt contribute to the vicious cycles that trap them in homelessness, addictions and poor mental health.

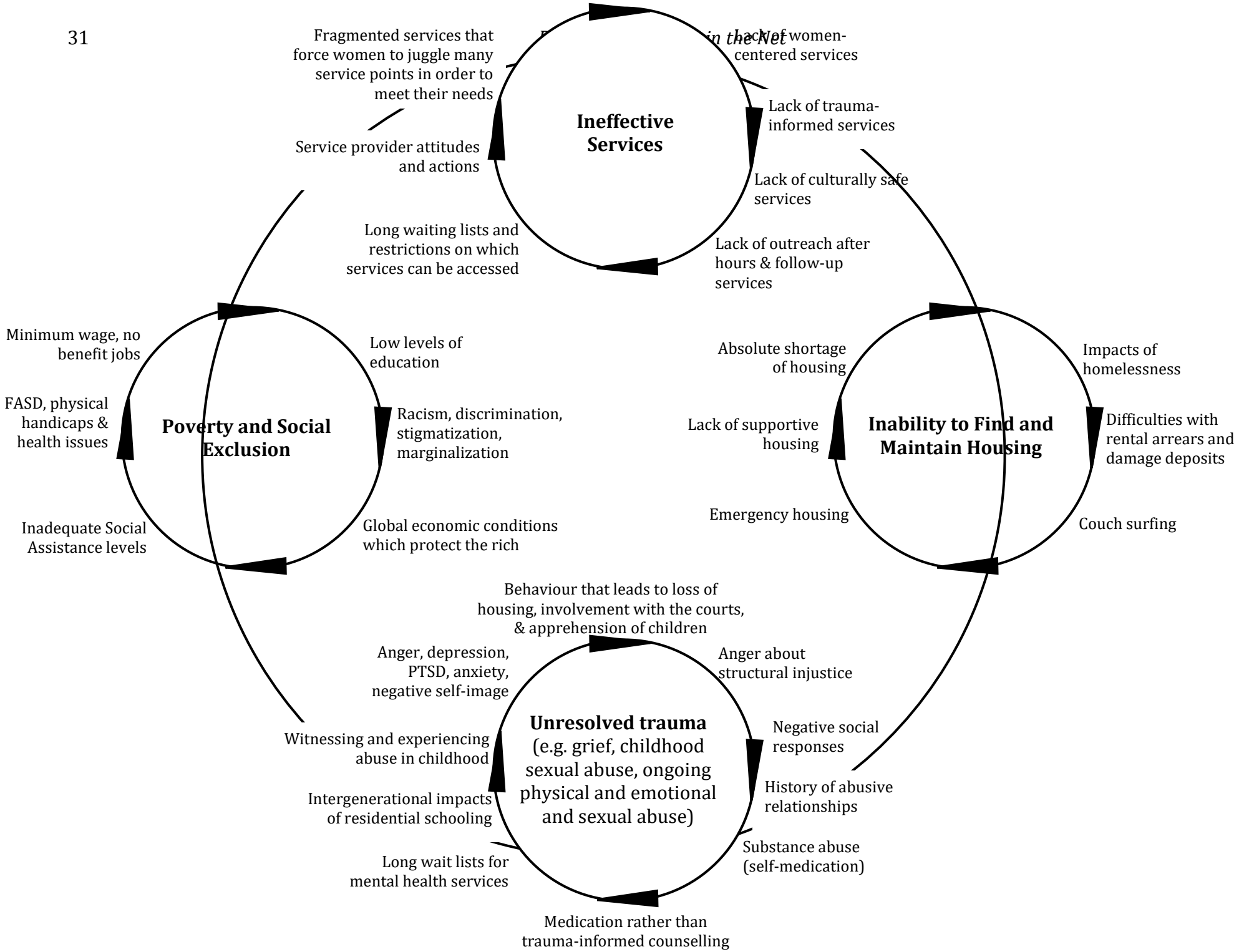
Unhelpful service features

- Long waiting lists and restrictions on which services can be accessed
- Lack of outreach, after-hours and follow-up services
- Lack of culturally safe services and those that are offered in the first language of the user
- Services that address symptoms rather than underlying causes
- Lack of services that operate in a trauma-informed manner (e.g. recognizing and operating from a standpoint of strengths rather deficiencies, creating a non-judgmental environment with low access thresholds, and offering choice rather than asking women to comply with numerous bureaucratic procedures)
- Fragmented services that force women to juggle many service points in order to meet their needs
- Service provider attitudes that stigmatize and punish rather than support and the lack of service provider capacity to respond to need rather than to simply follow policies and procedures

> *You feel belittled, right? And they make it difficult for you and they make you feel like shit for being there. They make you feel like you're taking their money, which I guess you are because it's taxpayers' money, but still, that's what it's created for, so. I needed it.*



The four "vicious cycles" that conspire to trap women in homelessness and poor mental health can be visualized as a complex, interacting dynamic as pictured on the following page.


Ineffective Services
Fragmented services that force women to juggle many service points in order to meet their needs
Service provider attitudes and actions
Long waiting lists and restrictions on which services can be accessed
Lack of women-centered services
Lack of trauma-informed services
Lack of culturally safe services
Lack of outreach after hours & follow-up services
Poverty and Social Exclusion
Minimum wage, no benefit jobs
FASD, physical handicaps & health issues
Inadequate Social Assistance levels
Low levels of education
Racism, discrimination, stigmatization, marginalization
Global economic conditions which protect the rich
Inability to Find and Maintain Housing
Absolute shortage of housing
Lack of supportive housing
Emergency housing
Impacts of homelessness
Difficulties with rental arrears and damage deposits
Couch surfing
Unresolved trauma (e.g. grief, childhood sexual abuse, ongoing physical and emotional and sexual abuse)
Behaviour that leads to loss of housing, involvement with the courts, & apprehension of children
Anger, depression, PTSD, anxiety, negative self-image
Witnessing and experiencing abuse in childhood
Intergenerational impacts of residential schooling
Long wait lists for mental health services
Medication rather than trauma-informed counselling
Anger about structural injustice
Negative social responses
History of abusive relationships
Substance abuse (self-medication)

Reflection

This section of this report summarizes what the service users who participated in the *Repairing the Holes in the Net* research project shared about the trajectory of their experiences of homelessness and mental health challenges. Women described an inter-related set of vicious cycles that make it so difficult for them to achieve their aspirations for balance, wholeness and stability. These are organized into four themes: 1) the contribution of unresolved trauma to mental health challenges and homelessness, 2) the contribution of social exclusion and poverty to the struggles of daily life, 3) the seemingly insurmountable challenges of finding and maintaining housing in the current conditions in the Yukon, and 4) the ineffectiveness of current services in supporting the efforts of women to find ways to live well and cope constructively with daily challenges.

The literature on women's homelessness and mental health issues complements these findings, although the literature specifically about northern women is sparse. The only comprehensive study in the Yukon to date, *A Little Kindness would go a Long Way: A Study of Women's Homelessness in the Yukon* (Hrenchuk and Bopp, 2007), acknowledges the cyclical relationship between homelessness and mental health challenges and the contribution of unresolved trauma (especially stemming from residential schooling) to this pattern. It also points out how common it is for the mental health states that are a response to trauma (such as anger, depression, and anxiety) to be misdiagnosed as mental illness and why women choose addictive substances (and especially alcohol) as a way to cope.

> *Women's homelessness is a complex issue tightly inter-woven with systemic and personal issues. It is difficult to say where one ends and the other begins. Homelessness is the cause of poor physical and emotional health, as well as a result. Poor choices may contribute to homelessness and homelessness limits the choices women are able to make. Alcohol and drug abuse can result in women losing their homes and support systems. But homelessness can drive a woman to drink, to numb the pain and hopelessness of her situation or just to have a little fun. Overwhelming grief and loss play a big role. Women with mental health problems can be misdiagnosed or undiagnosed. With few supports available, women with mental health problems wind up on the street and have a hard time getting out. Women's confidence and capacity is often eroded by abuse, unforeseen circumstances, personal tragedies and past history leading to homelessness. Once homeless, personal capacity and confidence are further eroded in the daily grind to survive. Given all this, homeless women are resilient survivors, coping in a world quick to pity but not to provide a little kindness or real help when needed.*
>
> *A woman's personal capacity is enhanced or diminished by systemic causes such as residential school, generational poverty, and immigration… Most homeless First Nation women attended residential school and the legacy has led them to the street. Society has been slow to accept responsibility and respond in meaningful and helpful ways. Residential school has had a profound impact on First Nation communities, tearing the fabric of culture and social support systems. The significance of this trauma cannot be over-estimated. Communities and individuals are trying to heal. Homelessness is one of the fallouts. (p. 51)*

The observation that adult struggles with mental health challenges often have their roots in adverse early childhood experience was also highlighted in Roberta Stout's 2010

study of mental health issues among Aboriginal peoples entitled *Kiskayitamawin Miyo-Mamitonecikan* (a Plains Cree word that means "knowing mind fullness"). The women she interviewed

> *…explained how experiences of physical, sexual, emotional or mental abuse in childhood, or being passed from foster home to foster home, have affected their mental health from childhood to adulthood. The general sense is that many of the women felt a lack of control over their young lives and didn't feel that they had rights as children. They spoke of emotional distancing and distrust in family and community in childhood. Their forming identities were rattled by the constant and ever-present onslaught of racism and discrimination, which they clearly saw as rooted in colonization and ongoing colonial policies and practices.* (Stout, 2010:viii)

The literature also acknowledges the same observation that the women in the *Repairing the Holes in the Net* study made; namely, that the mental states that others may find distressing are not pathological, but rather normal responses to highly adverse life circumstances. An understanding of the role of unresolved trauma helps counter a tendency on the part of professionals and society at large "to pathologize entirely natural emotional responses to hunger, humiliation, financial insecurity, racism, sexism, overwork, and isolation" (Tsao, cited in Beam, 2009).

Although much more will be said in subsequent sections of this report about what is needed to improve services for northern homeless and at-risk women with mental health challenges, it can be noted here that the literature - especially that coming out of the groundbreaking work of First Nations organizations and people about trauma recovery - clearly supports what the women in the *Repairing the Holes in the Net* study called for: an integrated approach that recognizes the role that trauma has played in the lives of many homeless and at-risk women and that addresses the societal issues that shape their lives but over which they have so little control.

Lawrence Kirmayer (1994) made this argument in a study prepared for the Royal Commission on Aboriginal Peoples as follows.

> *The fragmentation of mental health programs into substance abuse, violence, psychiatric disorder and suicide prevention…does not reflect the great overlap among the affected individuals, the professional expertise needed…and the appropriate interventions. In many cases, it is not helpful to single out a specific problem as…a focus…because focusing attention exclusively on the problem without attending to its larger social context can do more harm than good.* (quoted in Royal Commission on Aboriginal Peoples, 1996:164)

The next section of this report will take up this issue more directly. What can be done to improve services for homeless and at-risk women with mental health issues, such that their life outcomes are greatly enhanced?

Theme Four: Service Use and Entry Points

The twenty-one women interviewed for this study were eager to talk about their experiences and the challenges they faced with individual services as well as navigating the system of care. They wanted their lives and experiences to count and benefit others. They observed that this was a rare opportunity to be included and have their voices heard and given weight. Women demonstrated persistence, resilience and resistance to

the often-dehumanizing aspects of homelessness. Many of the women were well aware of the range of services offered in Whitehorse and took advantage of those that were helpful to them. As one woman put it, "It's the street people that know everything because they're the ones that see it every day… It's that middle class and upper class…don't know…because they don't think they need to know it". Most women were users of multiple services, a circumstance that could create problems in and of itself. What emerged was a complex picture of a poorly coordinated service system that homeless women with mental ill health must navigate.

You feel like a second-class citizen simply because you are poor. And we don't deserve to be marginalized just because we're poor. Human worth is not based on how much you make. And we're not criminals. It is not a crime to be poor.

Service Use

In total, the women who were interviewed listed a total of thirty-eight services that they had used at some point in their lives, ranging from those targeting homelessness or mental health issues to churches. None of the women interviewed had used less than 6 services. The majority reported using between eleven to fifteen services over the course of their lives.

Challenges with navigating a complex service system

The fact that the number of services used by any one woman varied from six to nineteen illustrates the complexity of their lives and the amount of time required just to access services. Women related their difficulty trying to coordinate services and to navigate the system on their own, as well as their frustration with having to tell their story repeatedly to different agencies. This is a daunting task for anyone. For women with mental illness or suffering from trauma, it can be insurmountable. Women recounted just giving up and using their resources on the street, self-medicating with substances and returning to abusive situations instead of using formal services.

…'cause people say they get really worn out just listening to me and I think, well what about when you gotta live it? You know?

Some women started using services as children or teenagers, while others began as adults as the result of trauma, mental ill health, addictions, abuse or involvement with the justice system. The most frequently used services are listed below in descending order (e.g. both the Victoria Faulkner Women's Centre and Kaushee's Place were utilized most and were listed the same number of times). A comprehensive list of services can be found in Annex xx. Both the agencies women access voluntarily and those they are compelled to use, such as Family and Children's Services, probation services and the Whitehorse Correctional Centre, have been included.

Actually, all of the services has really made a big difference in my life, utilizing them. And being aware that there's something, something there for me, whatever aspect of my life…like I'm not alone and people care… Like there's places to go and it's safe and I feel I'm good going there. I feel like I'm part of the community.

1. Victoria Faulkner Women's Centre, Kaushee's Place
2. Salvation Army, Social Assistance
3. Food bank
4. Family & Children's Services
5. Yukon Housing
6. No Fixed Address Outreach Van, Sally & Sisters, Alcohol & Drug Services
7. Blood Ties, Detox
8. Mental Health Services, Victim's Services

9. SOS (Second Opinion Society)
10. Many Rivers, churches
11. Kwanlin Dun Wellness Centre, Skookum Jim's Friendship Centre, Whitehorse General Hospital, RCMP

Other, less frequently mentioned services were:

1. Services to the disabled YG
2. Whitehorse Correctional Centre
3. FASSY
4. Hospice Yukon
5. Employment Central
6. Yukon Justice, probation services
7. Grey Mountain Housing
8. Elizabeth Fry Society
9. Yukon Council on Disability
10. Yukon Learn
11. Yukon College
12. Challenge
13. CAIRS
14. Learning Disabilities Assoc. Yukon
15. SIL workers
16. Psychiatrist
17. Legal Aid

The following page presents a type of visual "map" of the service environment in Whitehorse. It organizes services into a number of categories: The services used can be broken down into five basic categories: services for physical disabilities, mental illness, substance use and addiction, legal issues and homelessness. Women are using the full range of services available in Whitehorse. They spoke eloquently about their difficulty in juggling the requirements of the various services they were using with varying degrees of success.

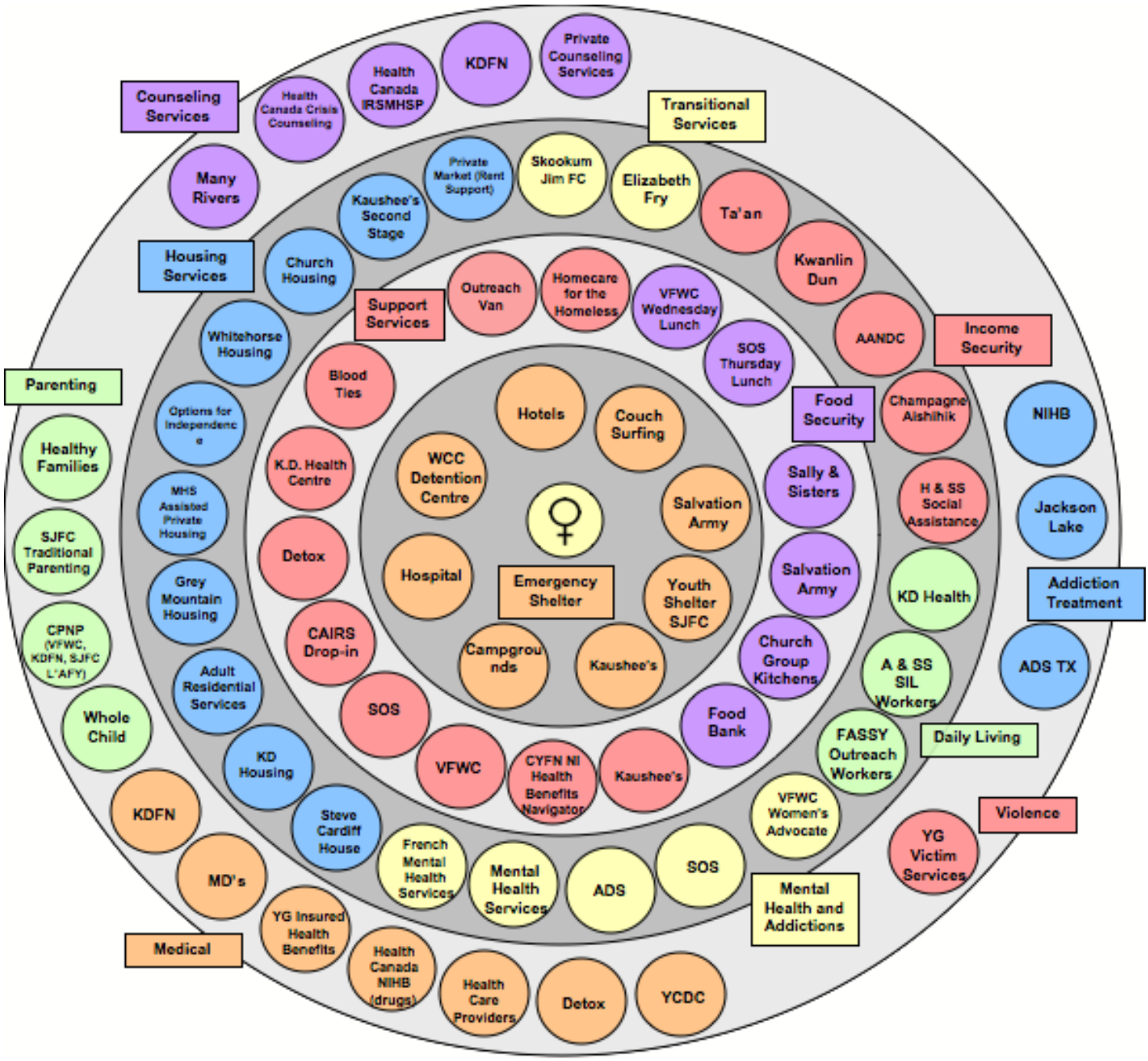
Entry Points for Service

Women did not relate their stories of service use in a linear fashion. Some women were clear about their entry point into services, but often it could not be determined or it had to be teased out of a complex story. Given the high rates of abuse reported by women with mental health issues and the lack of emergency shelter for homeless women (Hrenchuk & Bopp, 2007), it is not surprising that Kaushee's Place—the women's transition home—emerged as the point of service entry for several women. Also, Kaushee's is the only woman-centered service accessible twenty-four hours a day. Women with mental health issues who are facing homelessness spoke of chaotic lives caught in cycles of unresolved trauma, poverty social exclusion and homelessness (inability to find and maintain housing). Because each woman's path into homelessness is different, it follows that various entry points to services were also used by women. Reported points of entry could also be a reflection of the service that referred the woman to this study. The fact that women take so many pathways to access services indicates a need for a "no wrong door" policy for access and an easier way for women to flow from one service to another as needed.

Kaushee's, that's where I learned about stuff, when I first moved to Whitehorse….when I separated.

The following lists in descending order the most cited points of entry.

1. Kaushee's Place (4 women)
2. Word of mouth, couldn't determine (3 women)
3. Social Assistance, Mental Health Services (2 women)
4. Family & Children's Services, Detox, Salvation Army, Food Bank, Second Opinion Society, No Fixed Address Outreach Van, Whitehorse Correctional Centre, Victoria Faulkner Women's Centre (1 woman each)
5. No information (2 women)


Counseling Services
Health Canada Crisis Counseling
Health Canada IRSMHSP
KDFN
Private Counseling Services
Transitional Services
Many Rivers
Private Market (Rent Support)
Skookum Jim FC
Elizabeth Fry
Ta'an
Kwanlin Dun
Kaushee's Second Stage
Housing Services
Church Housing
Outreach Van
Homecare for the Homeless
VFWC Wednesday Lunch
SOS Thursday Lunch
AANDC
Income Security
Support Services
Whitehorse Housing
Parenting
Blood Ties
Hotels
Couch Surfing
Food Security
Champagne Aishihik
NIHB
Options for Independence
Healthy Families
K.D. Health Centre
WCC Detention Centre
Sally & Sisters
H & SS Social Assistance
Jackson Lake
MHS Assisted Private Housing
Salvation Army
SJFC Traditional Parenting
Detox
Hospital
Emergency Shelter
Youth Shelter SJFC
Salvation Army
KD Health
Addiction Treatment
Grey Mountain Housing
CPNP (VFWC, KDFN, SJFC L'AFY)
CAIRS Drop-in
Campgrounds
Kaushee's
Church Group Kitchens
A & SS SIL Workers
ADS TX
Adult Residential Services
SOS
Food Bank
Whole Child
KD Housing
VFWC
CYFN NI Health Benefits Navigator
Kaushee's
FASSY Outreach Workers
Daily Living
KDFN
Steve Cardiff House
VFWC Women's Advocate
Violence
MD's
French Mental Health Services
Mental Health Services
ADS
SOS
YG Victim Services
Mental Health and Addictions
YG Insured Health Benefits
Medical
Health Canada NIHB (drugs)
Health Care Providers
Detox
YCDC

Theme Five: What Works and What Doesn't

What Makes Services Helpful

Safe, respectful, client-centered

Women were very clear about which services were helpful to them and why. They are experts on what kind of support is helpful and know how to assess the safety of a service (Paradis et al., 2011). When services are perceived as helpful, they are also useful, since women reported that they were more inclined to go back and to follow through with options and treatment. They also reported that they felt comfortable going back to the service after a relapse or a prolonged absence. They related feeling respected and safe. These qualities of helpful services are also attributes of client-centered services. Women especially appreciated agencies and service providers that offer wrap-around service and were able to assist them with multiple issues.

> *…I became so bad I was isolated. They would even come to my house for appointments. Like, I don't know if I was just lucky and landed a good clinician or what, but they were nothing but supporting with everything.*

In descending order, the services women cited as most helpful were Kaushee's, Blood Ties, the Salvation Army, Victoria Faulkner Women's Centre, No Fixed Address Outreach Van, Detox, Kwanlin Dun Wellness Centre, Sally & Sisters, Social Assistance, Foodbank, Mental Health Services and Second Opinion Society. These services correlate with the services most used by women noted above.

The reasons varied but can be categorized as follows:

Helpful compassion-ate

1. ***Attitudes and attributes of the workers and the atmosphere of the service:*** Women spoke with feeling about the services and workers that were respectful, showed kindness and understanding and where workers went beyond the call of duty. Helpful service points and providers are friendly, sober, non-judgmental, knowledgeable, caring, compassionate, safe, flexible, confidential, professional, and kind. These are characteristics which everyone values, but the stories women told illustrated how they can be in short supply among those who serve the most vulnerable and needy.

> *Non-judgment. When people don't judge you, that goes a long way. Understanding, compassion—it goes a long way. It makes people who are looking for help feel comfortable enough that they will go back and sometimes, that's all they need. They just need somebody to listen. ….had I gotten that 6 years ago, I might not be where I am today.*

Accessible, flexible, gender-specific

2. ***Attributes of the service****:* Women valued the following attributes of the services they use: central location, consistent and transparent rules, drop-in hours, willingness to go the extra distance, child friendly, free, and gender specific. They consistently reported understanding the need for rules and regulations and appreciated the safety they can impart to a service. They were grateful for these services and understood that staff capacity and funding inadequacies restrict what the services can do. They also related the negative impact that strict adherence to rules and regulations can have in their lives.

Advocacy, outreach, referrals, basic living needs

3. ***Services offered:*** The types of services that women valued included advocacy, food, outreach, support, referrals and connections to other services, accurate information, recreation, and cultural activities. Given the number of services women are accessing, any help navigating between services and systems of care, support and especially outreach was greatly appreciated and valued. Sadly the pressing need for food security was evident in each woman's account. Homeless women, women living in poverty and those living precariously struggle to find food on a daily basis. Recreation and cultural activities helped mitigate the sense of marginalization women

feel, but unfortunately are out of reach for those living in poverty. Land-based activities were described as grounding and healing, especially for First Nation women.

4. ***Practical services for daily living:*** These include showers, laundry, hygiene kits, help filling out forms, use of a phone and a computer and clothing, especially winter clothing. Homeless women have the same needs for daily living as anyone else but these things are hard to come by when living on the street or when overwhelmed by mental illness. Women appreciated places where they could go to relax in safety and access the necessities of daily living without judgment or obligation. It was a bonus when support was also available when they wanted it.

Showers, laundry, clothing, phone and computer access

Service Limitations and Barriers

Basically, the things that limit the helpfulness of services are the opposite of what makes them helpful. Service limitations feed into the vicious cycles of homelessness detailed earlier in this report and create barriers for women who may benefit from access to particular services. Women who are feeling vulnerable and marginalized are particularly affected by the attitudes of workers and the atmosphere of the service. They will avoid the service, even if that enmeshes them further in the vicious cycles of homelessness discussed earlier in this report. The systemic problems described below create larger barriers for women struggling with mental ill health and challenging personal circumstances. In order to do something about their circumstances, they need to access services that contribute to the dynamics inherent in the vicious cycles of homelessness. Social determinants further complicate and reinforce the other barriers. If addressed, the service limitations and barriers described below could become points of intervention and present opportunities for services to become more accessible, safe and effective for homeless women. Addressing and removing them would create positive change for homeless women with mental ill health.

Impact of poverty, stigma and mental health challenges

> *They can walk all over you when you got a mental illness.*

Although the specific challenges associated with each of the services varied, they can be categorized as follows:

1. ***Attitudes and attributes of the workers and the atmosphere of the service:*** Many women emphasized the lack of support and negative attitudes of workers towards them as being particularly unhelpful. The women interviewed for this study felt that some service providers exhibited unprofessional attitudes and behaviour (such as not listening, belittling and judging their clients, being cold and rude). Rather than showing compassion and support, these service providers fall back on rigid rules and procedures. As a result, women feel that these services are unsafe, and that they are not understood and believed. They reported that expectations placed on them by service users were unrealistic and demonstrated a lack of knowledge and training about mental illness and the constraints that homelessness places on women and the realities of their daily life. This resulted in a lack of compassion for them, their circumstances and the issues that brought them to seek service. They keenly felt these slights, which they claimed increased their sense of marginalization. When so much is riding on successfully using services, these negative attributes can drive women away from achieving their goals, such as regaining access to their children, achieving sobriety and gaining and retaining housing.

Lack of support, judge-mental & unrealistic explana-tions

> *Why didn't you ever tell me or get me help? She (social worker) said it's not my mandate. I can't tell you you're mentally ill. And yet I was so much not myself. Nobody came and said "Are you ok?" No one—other than street people.*

2. ***Attributes of the service****:* Inconsistent and inflexible rules and procedures, rigid hours of operation (e.g., only being open during 8 to 4 or 9 to 5 office hours were described as unhelpful service characteristics). Wait lists were always a problem since homeless women are often in crisis and need timely service. Staffing issues such as worker turnover, understaffing, and lack of staff training were recognized as factors limiting service effectiveness. Some women related that there is no help for their mental health when they are on the street and that services lack adequate release or transition planning and follow-up and outreach services. Women often feel unable to re-connect or maintain connections with service providers without some sort of active outreach and transition planning. This is especially problematic when they are on the street and could really use connection and mental health services. However, they were sensitive to the restraints placed on services by lack of funding and staff training, worker turnover and not enough staff.

Long wait lists, lack of flexibility, restricted hours of operation

3. ***Systemic problems:*** Besides the unhelpful attributes of specific staff and services, there are factors within the whole system of services that create challenges and barriers. The Yukon suffers from a lack of needed human resources such as counsellors, psychologists, physicians and physiotherapists. Those services that do exist may not be collaborating and there is no over all coordination to ensure that service gaps are closed. Homeless and at-risk women with mental health and/or addiction challenges lack of information about some services and even other service providers may not be aware of everything that is available. Because there are so many services that offer only a discrete type of support and because of a lack of coordination, collaboration and information sharing, women face many challenges in navigating a very complex service environment. Finally, women often hesitate to access services or to be fully forthcoming with service providers because of the threat of Family and Children's Services apprehending children when they are homeless and in distress.

Lack of human resources, inter-agency collabor-ation, information about services & navigation support

4. ***Circumstances of service users:*** It is clear that homeless and at-risk women with mental health and/or addiction issues are a difficult population for services to reach and to address their needs. Some of the characteristics of this population that create barriers for service provision include homelessness itself, their history of trauma, physical disabilities, mental illness and addictions, poverty, lack of resources, and the distrust and fear they experience in interacting with service agencies and their personnel.

Hard to serve population

5. ***Social determinants:*** There are many factors besides the characteristics of particular services that create barriers for women having their needs met. An absolute shortage of housing in general and supported housing in particular, as well as the lack of affordability of existing housing means that women end up living in unsafe and unhealthy accommodation, including emergency shelter and tents. This type of accommodation leaves women vulnerable to predators. The City of Whitehorse is spread over a large geographic area and transportation is difficult to access, especially in the evenings and weekends. In addition, stigma plays a huge role in making women feel uncomfortable and marginalized. Living in poverty is demoralizing in itself. Women who are homeless face increased stigma and marginalization (Hrenchuk & Bopp, 2007); it is doubly so for homeless women with mental health issues. Women poignantly recounted instances of the humiliations they face on a daily basis when trying to access services, especially when in mental ill health. They felt that their illnesses and consequent behaviours were often misunderstood and misinterpreted, resulting in negative consequences for themselves, such as denial of

Lack of housing, transport-ation, stigma

service or those around them minimizing the degree of their distress, falling further into homelessness and addiction, as well as an escalation of their mental illness.

Cultural Safety

Importance of culturally based programming

First Nation and some non-First Nation women commented on the availability of culturally appropriate and culturally based services, especially those delivered by elders. Women appreciated services that incorporated some cultural programming, such as the Victoria Faulkner Women's Centre, Blood Ties, Second Opinion Society, the Alcohol & Drug Services treatment program at Jackson Lake, and the Whitehorse Correctional Centre. However, they would like to have culture incorporated more fully into their programming rather than being sporadic. It was noted that Blood Ties works with Kwanlin Dun First Nation and that Skookum Jim's Friendship Centre and the Northern Cultural Expressions Society's programs are all culturally based. Services in French and based in the French culture are available through L'Association Franco Yukonnais and the women's group Les EssentiElles.

> *I think probably a cultural camp for women would be good too. And to be able to stay for as long as you want, because that's the best healing, is when you're away from all the distractions, you're with nature. …there should be a little land set aside strictly for women…*

Sharing cultural knowledge

Women enjoyed being able to share their cultural knowledge and abilities with others at several services, particularly with younger women and would like increased opportunities to do so. They also spoke powerfully about the strength of land-based healing programs. Some women expressed concerns about their children's cultural safety in the foster care system.

> *My experience was I moved from…to Calgary and I had culture shock. And talking to my doctor in Calgary, she referred me to mental health. They in turn prescribed medication for me which was so wrong. Meanwhile, it was probably something that I just needed to talk about, was my culture shock. So there was a gap between myself,—Aboriginal woman—and the mainstream society support…*

Services women cited that are most problematic for them in descending order were:

Rigid rules and procedures

1. ***Social Services*** (Yukon government and Aboriginal & Northern Affairs) (12 women): Rules, regulations and policies that are rigid were the main reasons women found it challenging to work with social services, especially with Aboriginal and Northern Affairs. They cited workers' negative attitudes, lack of understanding and rudeness as negatively affecting them and their access to services to which they are entitled.

Lack of safety for women

2. ***Salvation Army*** (8 women): Women felt that this is not a safe place for them due to predators, abusive men, fighting and inebriated clients. They related that some of the staff does not behave in ways that are consistent with the rules, are unprofessional and can be aggressive. Many women realize that Salvation Army staff needs more training in conflict resolution and first aid. At the same time, women acknowledged the some staff are caring and that the Salvation Army provides vital, basic services for people facing homelessness.

> *I don't go to the Salvation Army anymore because the guy that beat me up the last 2 times is there all the time. So I just stay clear of there. So I'll go to Sally and Sisters instead.*

Long wait list and flexibility

3. ***Whitehorse Housing*** (6 women): The wait list and procedures, as well as rules and regulations, were cited as very frustrating and not helpful when fleeing abuse or confronting homelessness. This was especially so for single women who have lower priority than women with children but may be in as much danger and need. The

workers' negative attitudes and lack of understanding of their circumstances and mental illness were very problematic for women.

Apprehension of children

4. **Family and Children's Services** (4 women): It is understandable that this service was cited as not helpful when so many homeless women with mental health issues have had their children apprehended. When they had a family support worker, they felt the workers were monitoring them rather than helping. They felt a total lack of control and that their wishes for their children were not heeded. The fear of having their children apprehended kept many women from accessing services.

Short time for stays, lack of access for women with addictions and mental health issues

5. ***Kaushee's Place*** (4 women): Even though Kaushee's was cited as most helpful, the limitations and subsequent rules placed on the service by their mandate and practical necessities was a drawback for women. They felt that a one-month stay was too short, that there needs to be more second-stage housing with no time limitations, and that there should be provisions for women with active addictions and/or mental illness to access the service. The demands placed on this service and the needs of women interviewed are intensified since there is no other safe emergency or crisis shelter for women in Whitehorse.

Theme Six: Recommendations/Suggestions for Service Improvements

The majority of women interviewed had suggestions or recommendations for new services and for enhancing existing services. Women drew a clear, causal link between lack of transitional housing and homelessness. Women were articulate and drew from their experiences and those of their friends and families. They are experts at meeting their basic needs with very little, standing up for their rights and sharing information and the few resources they each have. They are resourceful and resilient in the face of incredible odds. Their experience provides essential insights into what can be done to enhance service access and offerings.

> *So maybe these politicians could just, like, trade places with me for even a day.*

Changes in approach, policy and funding needed

Some of their suggestions are easier to put into practice, and some would require a shift in thinking and focus. For example, shifts from a charity to a social justice or rights model, to workers and agencies as allies who honour and value women's lived experience rather than as experts who fix or help women (Paradis et al., 2012) would make a real difference. Some suggestions would require funding or a shift in funding priorities. Some would require shifts or changes to policy, regulations or procedures and service models. Many of them conform to Housing First and harm-reduction principles. Implementing these approaches would go far in reducing stigmatization and upholding women's dignity. More than anything, women want long-term solutions to ending homelessness.

The primary suggestions made by service users are as follows.

> *Have some sort of outreach thing for women too, that once they do get situated or located, have outreach programs… where they aren't just…now you have a house, we'll forget about you.*

Services

1. ***In general:*** shorter wait times, eliminate stigma, more caring workers**,** organizational attitude shift with no one turned away, extended hours on evenings & weekends, more services for immigrants, especially for housing, NGOs all in one place, street-level outreach and follow-up, public washrooms and phones, better transportation.
2. ***Legal assistance:*** women's legal advocate, more Legal Aid

Lawyers, Landlord & Tenant Act to prevent winter evictions, keep women with mental health issues out of jail cells, a supported halfway house for women, help finding legal sureties.

3. ***Substance use treatment and support:*** longer in-patient treatment, treatment centre out of town, local treatment for youth, addictions programs focused on positive aspects of sobriety and recreational activities, more staff and treatment options, drop-in centre with programming for women with active addictions

4. ***Housing:*** transitional housing for women leaving treatment that accommodates women with addictions and mental illness; supported housing for pregnant women with active addictions; housing for single women; safe, supported, low-barrier emergency housing; permanent second-stage housing; increase stock of good quality, low-income housing and apartments; rent-geared-to-income units and more rent supplements; employers supply housing for workers; supported housing with own little room to help women maintain housing; First Nations offer housing and services in Whitehorse to their citizens; an agency to assist with finding housing; funding for more tiny houses

> *Like where do I go at 4:30? …I can go back to the Salvation Army or sit there and watch TV and eventually, you know, what? Okay, I'll go out and have a drink and I don't have to worry about being homeless any more. And I just end up drinking. And it's not a good feeling because I wake up with all this guilt.*

5. ***Mental Health treatment and support:*** mental health outreach counsellors at existing services like the Victoria Faulkner Women's Centre, the Salvation Army, and Fetal Alcohol Spectrum Society; street-level mental health worker; respite care for women with active mental illness instead of hospitalization; support group for mothers of "crazy" teens and bullied children; a dedicated crisis line with trained staff.

Programs

1. ***Cultural:*** more culturally relevant programming, such as the Women of Wisdom program, at all services; land-based culture and healing camps; evening women's circles for sharing and support that is open to all women; activities with elders and cultural activities.

2. ***Housing:*** Whitehorse Housing employ housing superintendents with conflict resolution skills, easily accessible fund for rent and damage deposits, Yukon Housing needs to take into consideration the needs, realities and dynamics of women fleeing violence.

3. ***Social Services:*** increase social assistance to match rental rates and a living wage; Social Services provide a pamphlet of clients' rights, entitlements and responsibilities; DIA provide financial assistance in a timely manner; naturopathy and alternative medicine coverage.

4. ***Mental health:*** Programs for families of women with mental illness; a safe place to go to get sorted out and calm down instead of hospitalization; support worker in Ryder Apartments; programs to assist women resume "normal" life after treatment or other circumstances that have interrupted their lives; enhance the Supported Independent Living program; programming for shoplifters; increase the number of physiotherapists, counsellors and psychiatrists; increase advocacy and system navigation programs.

> *You can't divide people up and be like we'll take better care of this part than the rest of you … everything affects everything else. Your mental health affects your physical, your physical affects your mental. They can't expect us to pick and choose and wait for certain things if as if they were more or less important.*

5. ***Education:*** work skills programs, training for staff at the Salvation Army in conflict resolution and first aid, mental health education for frontline workers and managers, upgrading programs with financial support, FASD and violence prevention programs in schools, promotion of available services aimed at middle and upper income people.

FINDINGS BASED ON INTERVIEWS AND FOCUS GROUP SESSIONS WITH SERVICE PROVIDERS

Introduction

To identify keys for improving services for homeless women with mental health issues, it was clearly essential to talk with those who deliver services to women. During the *Repairing the Holes in the Net* study, we spoke with frontline workers from ten agencies and held three focus groups with eleven agency managers. We wanted to learn about the scope of their services and how women accessed their services, as well as what they saw working well, what their challenges were and how well they saw services working together to form an integrated web of support around homeless women with mental health challenges. We were also interested in how their perceptions aligned with those of service users.

Since service delivery is often based in large part on theoretical models that inform and influence the work and day-to-day operations of an organization, we wanted to learn how service providers viewed several best practice approaches identified in the literature: gender specific, trauma informed, culturally safe, housing first and integrated care. Since the goal of *Repairing the Net* is improved service delivery, we also asked service providers what steps they could take to improve their results at the levels of service delivery, policy and funding.

Service providers welcomed the opportunity to reflect on what they do, especially frontline workers who are often overwhelmed by their caseloads. They were empathetic and caring and had a good understanding of the realities and dynamics of women's lives. They are committed to making a difference in women's lives through their work, often going far beyond the call of duty. Those that were new to the Yukon and those that were long-time residents brought their different perspectives to the study. Several service providers had worked for a number of different agencies during the course of their careers and, as a result, had a broad view of the service environment. Interestingly, many service providers displayed persistence, resilience and resistance to the often consuming nature of their work. What emerged is a picture of dedicated and resourceful service providers offering the best service they can within the constraints of working in a small jurisdiction with limited resources, a climate of fiscal restraint and public lack of awareness, misperceptions, stigma and discrimination.

> *It was really great to get some of these ideas out of my head and into a public space, so thanks for the opportunity.*

The following themes emerged from the research findings with service providers:

1. Service scope and access
2. What works well and what does not
3. Holes in the net or service gaps
4. Effective practice models
5. Recommendations for service, policy and funding improvements

Theme 1: Service Scope and Access

The twenty-one participating service providers represent seventeen different agencies. Of these, nine are non-profit organizations, three are from First Nation governments and five are Yukon Government agencies. Four organizations offer women-centred services and five offer services to First Nation people. Five agencies offer limited women-specific programming.

The range of services offered include: long-term housing (1), emergency shelter (2), income support (2), street outreach (2), transitional housing (2), mental health (3), addictions (3), assistance with legal processes (3), systems navigation (4), advocacy (8), and food (9). Most report providing crisis intervention, emotional support and referrals. All services are free of charge and targeted to adults.

Most organizations whose staff we interviewed have mandates limiting their services to a specific clientele. Some target women, others families and still others people living on the streets. Mandates range from serving women who are homeless or with housing challenges, involved with sex work, street-involved, fleeing abuse and violence, victims of crime, living in poverty, trauma-affected, in crisis, with legal issues, Aboriginal and marginalized women. Other mandates included working with people with HIV and Hepatitis C, addictions, mental health issues, and diagnosed mental illnesses, and patients in hospital. Focusing on specific populations has both advantages and drawbacks. Targeting services to a specific need allows organizations, especially small non-profits, to use their limited resources to serve a population well. It is impossible to be all things to all people. However, this approach limits the reach of the service and, when coupled with inflexible rules and regulations, prevents services from responding to the complexity of homeless women's lives. Homeless women with mental health issues face a variety of difficult challenges and issues; this complexity is not addressed by any one agency's mandate or services.

> *I was a child growing up here. I still see the same thing happening. And those people I went to school with are now suffering like their parents suffered. It's just heartbreaking.*

Service accessibility is determined by many factors including long waiting lists, hours of operation, policies related to substance use and mental health issues, and the location of the service. Many services have extensive waiting lists which means that women cannot access services when they are needed and/or when they are ready to take advantage of an opportunity.

Long waiting lists, hours of operation, "zero tolerance" policies

Many service providers reported that their clients access the service through word of mouth, self-referral and referral by other agencies. Several required an intake process and a prior appointment. One agency requires membership in the organization, which is easily acquired if the person meets its mandate. However, this fairly recent change to access resulted in the loss of some long-term clients. Most service providers mentioned that they do not serve intoxicated or visibly high people. They refer them to Detox or the hospital. Some cannot accommodate people in psychosis or extreme mental distress due to lack of training or concern for the safety of others using the service.

Lack of evening and weekend, and outreach services

The majority of services providers interviewed stated that their services are open during office hours, Monday to Friday. The exceptions to this are the two outreach services and the Kwanlin Dun street nurse who provides clients with a phone number for after-hours care. The inability to provide service outside of office hours and on weekends is limiting for many service providers. They note that crises don't just happen on weekdays and during office hours. At other times, there is no safe place for homeless women to go.

> *We're open 5 days a week, eleven to five so longer hours would be good, because a huge thing for people is… After-hours crisis service is a big issue.*

Location limits or enhances access-ibility

The location of the service is important for accessibility, Downtown is the best location for ease of access and so a location out of the downtown core, and not in areas frequented by First Nation women, creates accessibility problems for a couple of services. One outreach provider would like to have an office and more days in town

where she is readily accessible; another cited negative perceptions of the agency as problematic.

It would seem that the collective reach of services should encompass homeless women's needs. However, service users reported that they felt that they often cannot find what they need and that they spend a lot of time going from agency to agency, having to repeat their story each time. This is exhausting and a barrier for many women keeping them trapped in the vicious cycles of homelessness or causing them to disengage or not engage at all. A look at what service providers reported works well and what their challenges are provides insight into this dynamic.

Theme 2: What Works Well and What Doesn't

Many service providers were in agreement about what works well in their own organization and in others. First, all services that are free contribute to easy access. Next, safe women-only spaces, easy and quick access with few barriers, client-focused and led services and collaborative approaches and networks were cited as very effective. Services that were flexible in the application of rules and policies, incorporated outreach, and whose workers had positive, non-judgemental attitudes and were willing to go the extra distance were often cited. Provision of support and housing/shelter were also important factors to service providers.

> *It's a kind of low-access type service. You don't have to fill in a pile of paperwork …provide personal information… We provide a variety of services. So it's not necessarily just 1 service that they have to go to 10 different places for.*

Services mentioned by service providers as working well were the No Fixed Address Outreach Van, Blood Ties Four Directions and its Tiny House, Kaushee's Place, Kaushee's Place Second Stage housing, Seeking Safety program, Options for Independence, Carcross Tagish First Nation Transitional Employment Program, Jackson Lake, Yukon Mental Health Services outreach to communities and hardworking staff, Kwanlin Dun Health Centre, Victim Services, Specialized Response Unit of the RCMP, Second Opinion Society and churches.

Service limita-tions & barriers

Conversely, service providers are well aware of the limitations and challenges inherent in their organizations. The service providers interviewed are dedicated to improving the lives of their clients. They are doing the best they can with what they have within the structures of their organizations and available services in Whitehorse. Providing service to homeless women with mental health challenges can be particularly challenging in itself, and many organizations are not set up to create easy access for them. Service providers say they find it frustrating when there is a window of opportunity in a client's life and they cannot take advantage of it due to the unavailability of the service or structural barriers.

For many, major challenges and frustrations arise with rules, regulations, policies and procedures of their own and other agencies, as well as when systems bump up against systems. Service providers find it especially challenging to work with Aboriginal and Northern Affairs Social Assistance and Yukon Housing. One of the greatest challenges is the general lack of housing, especially the lack of supported or transitional housing options for clients in need. The lack of public and political support for policies such as Housing First and harm reduction is seen as limiting service providers' ability to provide the best services for homeless women with

> *I know there's barriers and I know there's red tape and there's reasons for that, 'cause people have crossed over boundaries, but the red tape is at the risk of a person. And that's, I guess, my passion for the day.*

mental ill health.

What follows is a summary of the structural and program elements that either contribute or are barriers to effective service provision.

1. Structural

a. ***Rules, regulations, policies and procedures:*** Three service providers found prohibiting intoxicated persons created a sense of safety for women and made their service more accessible. One organization found the opposite—not requiring clients to be sober has made their service more accessible. Membership in the organizations and opportunities to build trust contributed to feelings of safety for clients and contributed to relationship building. Harm-reduction policies, barrier-free access and the requirement of community inclusion for staff and clients also worked well. Several services provide trauma-informed training to all their staff as part of their procedures. Policies at Grey Mountain Housing are flexible and give clients four chances before eviction, increasing their clients' ability to remain housed.

> *Stop expecting women and people who have mental health challenges to behave the way you want them to and accept them for who they are. Make the policies fit around them and not try to fit them into the policies.*

Alcohol and Drug Services prioritize women for admission to all programs. They also can place women, especially from rural communities, in pre-treatment beds for up to five days, which helps set clients up for success. Some clients may be eligible to complete the program at Detox and then move to a treatment bed before the treatment program begins. These seem to be little-known features of the service from which homeless women with mental health issues could definitely benefit.

Service providers understand the necessity of rules and regulations, but have problems with them when they get in the way of service delivery and limit accessibility. They described how strict mandates, rigid application of rules and regulations, exclusionary criteria and lack of appropriate services and programs cause many problems and force women to lie to gain access. They noted that standardized services don't work for homeless women. The inability to provide service outside of office hours and on weekends is limiting for many service providers, as is the need to balance safety with providing service for intoxicated/high clients.

> *And especially alcohol…if a service smells it from them, they're turned away. And when they come to you, they're there for a very good reason…they're there for help. And agencies throughout the Yukon have to see that and accept that."*

Despite policies that call for harmonization of rates and service provision, discrepancies between the social assistance offered by the Yukon Government and Aboriginal and Northern Affairs continues and were commented on repeatedly. Service providers commented on the fact that social assistance rates are inadequate, victims lack a voice in the justice system, inpatient addiction treatment that is only twenty-eight days and the women's program alternates monthly with the men's program limiting access, an old Mental Health Act, and lack of access to treatment for trauma.

Some Federal Government policies were noted as exacerbating the tight housing market in Whitehorse. Another service provider observed that street involved women are exploited and hurt by the medical and legal systems.

Policies around confidentiality can be problematic for service co-ordination, even though their necessity is acknowledged. Policies excluding intoxicated clients create barriers but could be honoured in ways that are not hurtful to the person and that will allow women to maintain their dignity and return when sober.

Some workers thought that protocols could be established or adapted to facilitate better collaboration. The fact that in-patient addictions treatment alternates between men's and women's programs means that the window of opportunity for women with mental health challenges is often missed. Mixed gender facilities can restrict access for women. Shelters, and other services with communal living arrangements, find it challenging to accommodate women who are psychotic or a threat to themselves or others, although they will stretch their mandates to admit them if possible.

> *So how does a person that's homeless, that's an addict, that's a schizophrenic, how do they get to see a psychiatrist to get the proper medication? They can't do it until they sober up, clean up and they get a family doctor… Then the family doctor says, "Okay, yeah. You have to see the specialist."*

Waitlists are universally challenging, as is the necessity of booking appointments for some services. Service providers understand that the chaotic nature of homeless women's lives make tracking and keeping appointments very challenging for them. High expectations of clients that do not take into account the reality of homeless women with mental ill health are limiting for service providers as well as for clients.

The application process for Yukon Housing and the procedure to access mental health services from professionals, both essential services for homeless women with mental ill health, are seen to be problematic. On the other hand, the lack of processes (for example for referrals) can also create challenges.

b. ***Service characteristics:*** Providing woman-only spaces works well for both service providers and clients as does outreach and after-hours services. Those interviewed emphatically stated that crises don't just happen on weekdays and during office hours, but the majority of agencies do not offer services after hours.

   Service providers reported that there is a stigma associated with the Salvation Army shelter which creates a barrier and its religious orientation is an obstacle to offering reproductive health programs on site. Some service providers who often work with physicians noted that the individually oriented nature of the way they work creates barriers for effective service provision and collaboration. Others stated that our systems are ultimately flawed because they are imbedded in a patriarchal, colonial and capitalist culture which does not value women and that negatively affects the ability of service providers to offer appropriate services.

c. Funding: Inadequate funding is a source of frustration for most service providers. When there is not enough money, the results are inadequate staffing, a lack of ability to provide appropriate and innovative programming, and the creation of lengthy wait lists. With no mental health transitional housing available, service providers are left in the unenviable position of turning women away with no appropriate places for referral. Lack of ongoing funding creates big holes in service options such as the continuation of successful programs such as "Seeking Safety" and the mental health advocate at Second Opinion Society. Some service providers thought that because mental health is so poorly understood, it is poorly funded, which

> *But it would be nice to have constant funding coming in and then I won't have to spend so much time on proposal writing and really helping the clients instead of working on proposals.*

sends a message to the public that it is not important and leads to a lack of political will. This results in a lack of housing options and adequate services for marginalized women with mental health issues.

Funding is directly linked to an organization's capacity and its ability to provide training for workers. Underfunding leads to understaffing, making it difficult to keep staff. Funding levels limit the size of facilities, and this impacts the number of clients that can be served, necessitating strict mandates, rules and policies. Funding levels are challenging for services offering housing or shelter, limiting repairs and the number of units available for occupancy.

2. Service provision

a. *Staffing:* Certain elements of staffing work well. Female staff creates a sense of safety and an ally for both men and women and, in one agency, permit staff to challenge male attitudes towards their female clients. Staff responsiveness to clients' needs is important, as are workers who can identify and work with women engaged in survival sex or sex work. Staff with positive attitudes who are compassionate and caring and are committed to helping homeless women were noted for providing good service.

> *…they're actually very strong capable women who have attitudes, beliefs and behaviours to protect themselves and that's not necessarily a bad thing…and you're focused more on the benefits of her behaviours and how they have kept her safe in the past rather than on how she's inherently harmed…*

b. ***Practice:*** Practices that focus on the resilience and strengths of women and recognize the coping mechanisms used to deal with trauma are key to success. The ability to work long-term with clients providing a sense of trust works well as does providing service before, during and after incarceration. The practice of placing children with relatives is seen as healthier for both women and children involved. Practices that involve women with mental health issues in the community, integrate mental health work with employment, are trauma informed, provide case management and help with finding housing were also mentioned as effective.

> *Non-judgemental support. It's women-led; women are generally not judged on their decisions. And they are allowed to make their own choices, and they follow what they choose…we assist them in getting to where they want to go.*

c. *Training:* Accessing the training needed to perform their jobs well is challenging for many service providers, especially in the non-profit sector. Several services provide training in trauma-informed approaches to all their staff as part of their procedures and this is viewed as very helpful. An understanding of Aboriginal people's realities and history is an essential training area for this work. Lack of this understanding limits service providers' ability to collaborate successfully, especially for case management. Many service providers reported that a lack of training about how to manage intoxicated people, how to work with people with mental health issues, and about mental health in general, was a barrier to service and contributed to evictions, particularly from Yukon Housing.

> *I feel very ineffective because I see these women desperate and I feel like, you know, we're setting them up for failure because I know that there's not enough here in this community…to be able to truly meet their need. And I'm seeing them come in younger and younger and younger…like seventeen year olds.*

d. ***Agency Capacity:*** It is challenging for service providers to work in agencies that are stretched to the limit. The pressure is especially on service providers when they are the lone provider of a service, such as the Women's Advocate at the Victoria Faulkner Women's Centre, and women have to struggle to find another service provider to help them. Lack of capacity creates many issues for service providers. It prevents them from providing optimal services, inhibits the creation of services and programs, causes the discontinuation of existing programs, places unrealistic demands on workers, particularly if they are the only mental health worker in an organization or the organization is understaffed, leads to wait lists and worker frustration and burn out. Limited resources and space restrict capacity for service. Service providers cited the lack of time to coordinate and to case conference, the amount of time spent writing funding proposals and reports instead of delivering service, the inability to do more advocacy and not having the time needed to spend one-on-one with clients or to follow up. The lack of time makes it challenging for service providers to create programs catering to different populations, such as women and First Nations clients or to provide additional services. When facilities are full, it is difficult for service providers to find alternate placements for their clients, who, consequently, can slip through the cracks.

> *So we need them to go to welfare or social services and get a letter saying they don't qualify…And it's because she has to go to Indian and Northern Affairs and is treated so badly. She won't go. She would rather lose her house than go to them because she's made to feel that she's lower than low.*

e. ***Attitudes:*** Negative attitudes of workers, particularly those employed with Aboriginal and Northern Affairs and the RCMP, were noted. Those interviewed for this study reported that these workers often withhold information from clients, creating unnecessary work for the referring service. They related that there is a general lack of understanding and caring for marginalized women. These negative attitudes are demoralizing for women and can create more work for the referring service because they have to accompany women and advocate on their behalf. The negative attitude of RCMP on the street leads to unnecessary conflicts and involvement with the legal system for women, again creating more work for strained services. Negative social responses from workers and society in general were also an issue for service providers. Sometimes the attitudes of their clients were an issue. As one worker said, "You can't manage someone who doesn't want it."

> *Attitudes. Absolute attitudes… It's really rude. Aggressive. And then the women are there because they are in a vulnerable situation as it is and they need money, and so it just makes them feel more vulnerable… They go in there and they come out worse than when they went in.*

f. ***Safety for women:*** Creating a safe and comfortable space for women was an issue for many service providers. They recognized that their services have a stigma attached to them or that their spaces are mostly frequented by men, creating access barriers for women. Some services find it difficult to attract women who are using drugs or fleeing violence, because women are concerned that their families will find out or that Family and Children's Services will apprehend their children. Women don't use available harm reduction programs due to stigma and fear that their children will be apprehended, making it challenging for staff to monitor their health and safety. Providing safety for women in certain locations is seen as challenging, for example, the Victim Services building. Service providers also find it hard to locate secure shelter for women, since the Salvation Army shelter is not regarded as safe.

g. ***Cultural safety:*** Jackson Lake was cited as a good example of a program run by a First Nation for First Nation people that works very well. The programs offered by the Carcross Tagish First Nation, such as weekly street outreach in Whitehorse and the integration of mental health work into other aspects of programming, are examples of a holistic First Nation approach to mental wellness. Kwanlin Dun Wellness Centre provides culturally safe programming by incorporating cultural practices into the care they provide and offering workshops on traditional practices.

> *Even small things like smudging and different traditions for ceremony and stuff, staff are expected to incorporate that into the care we provide. And being open to that with clients…not all aboriginal clients practice what we might consider traditional aboriginal thing, so you have to be open to that…some people have little*

However, creating cultural safety for women was also an issue. One service provider felt that most services that were not provided by First Nations were not culturally safe. It is difficult and intimidating for First Nation women to go into offices and there are not enough First Nation workers in most agencies. Another finds it challenging to make connections with First Nation service providers. Available mental health services were not felt to provide cultural safety and the provision of basic shelter by a religious organization was felt to be inappropriate in light of First Nation peoples' experiences with residential schools.

> *There are times, especially with people who have severe FAS or mental health where we will collaborate with FASSY, Many rivers, different organizations that are already supporting that person.*

3. Collaboration between services

Collaboration and liaison with other service providers, team work, networks and coordinated case management are essential elements of good practice. For example, Alcohol and Drug Services collaborates with Mental Health Services to provide relatively quick access to mental health counsellors for in-patient clients of Alcohol and Drug Services. Team meetings, inter-agency meetings and understandings between agencies work well to provide better service for women.

Collaboration happens between a wide range of service providers, within coalitions, networks and among government departments (First Nation and Yukon). There is regular collaboration in the women's community, but one service provider wishes that they could expand their reach to agencies whose mandate is not just women. Collaboration happens between private businesses and non-profits such as occurred in creating the Tiny House (Blood Ties Four Directions, the builder and the architect). Collaboration happens between frontline workers, between managers and in structured ways such as the composition and work of the Sexual Assault Response Committee and the creation of the Social Inclusion and Poverty Reduction Strategy.

Several agencies have understandings between themselves, such as Alcohol and Drug Services and the Salvation Army. The Salvation Army and Yukon Home Care Services partner to provide the downtown nursing outreach clinic located in the Salvation Army drop-in centre. Family and Children's Services pulls supports from different agencies to help families. The lunch program for women and children, Sally & Sisters, and the Outreach Van are good examples of five different agencies collaborating to provide much-needed services. Alcohol and Drug Services collaborates with Kwanlin Dun First Nation to provide addiction treatment at Jackson Lake and Kwanlin Dun partners with the RCMP to provide service on their territory. Whitehorse has good examples of positive partnerships and collaboration that benefit both service providers and users. However, despite these examples and, noting that collaboration seems to be improving,

the general consensus seems to be that communication and collaboration is poor. On a positive note, service providers unanimously agree that they want to improve collaboration and are willing to find ways to do so.

What service providers had to say about collaboration is summarized below.

1. ***Service provision:*** Many service providers stated that agencies work in silos. Some frontline workers believe that they collaborate regularly and others believe they just refer clients to one another. Some note that collaboration occurs on the planning level but not on the frontline, and that it is difficult to stay connected as service managers. They all agree they need to work together more to best serve their clients. One suggested that they could work together to lessen the impact of funding cuts on clients. They agree that when collaboration occurs, it works well.

   Why can't you work together so, you know, Alcohol and Drug Services can't see this person for 4 months. Well then, why doesn't Mental Health Services pick that person up and do some training and crisis resolution, that type of stuff to get you to a spot where you might be a little more stable, then pick up your treatment with addictions?

   Service providers state that there is not a lot of case management collaboration. There needs to be more coordination to create better plans and supports for clients, a supportive team that would decrease the necessity of women having to tell their story repeatedly in the hope they will find the right person to help them. Some related that meeting regularly would improve service delivery. They felt there needs to be more collaboration between non-profit and government sectors to bridge the gaps between what each service can offer. One service provider stated that she never hears back from agencies to which she refers clients.

   Services have become more protective of their mandates because they can't keep up with the workload.

   Some stated there is not much collaboration happening around mental health issues and there is a disconnection with the hospital, although one noted there has been increased dialogue recently. Collaborating with physicians is difficult. Some see a lack of cooperation with First Nations and between First Nations. One service provider noted that since many homeless women with mental health issues are from rural communities, there is more work to do to connect with them.

2. ***Barriers to collaboration:*** Service providers are clear regarding the sort of barriers to collaboration they experience. These include strict confidentiality policies and mandates, tunnel vision on specific issues, working in silos, exclusionary policies, and the attitude that collaboration is too difficult. One service provider stated that as long as there are underlying misunderstandings about Aboriginal peoples' history and culture, there will not be a lot of collaboration that affects the work service providers do. Another service provider observed that there are not any good mechanisms for sharing information in high risk situations and the way they currently share information does not help women. One spoke of multiple barriers in the medical system—physicians do not communicate among themselves or with mental health specialists and psychiatrists. Examining barriers can be a useful place to begin to create change and improvements in service delivery for homeless women with mental ill health and make accessing service easier for disengaged women.

Theme 3: Holes in the Net or Service Gaps

Service providers were asked which gaps, or holes in the net, they saw in providing services for homeless women with mental ill health. Some responses refer to gaps with respect to particular services, while others refer to gaps in the whole system of available support. There was both diversity and commonalities in answers given by service providers. Housing was the number one gap or shortage noted by all service providers. They all emphasized that it is impossible to put a life back together without a home of one's own, whether that is a house or a room. There were holes noted in the way services are provided and absolute gaps where a needed service does not exist.

1. ***Housing:*** As stated above, all service providers commented on the lack of housing and how that exacerbates the problems of women with mental health issues. Service providers would like to see a complete housing spectrum available. They noted the lack of affordable housing in particular, and the need for supported housing of all kinds for women with mental health problems and with FASD, women coming off the street and those finding it hard to maintain housing. Gaps along the spectrum include a halfway house or transitional housing for women leaving the Whitehorse Correctional Centre, and an emergency shelter for women not fleeing abuse or for transient women. Service providers commented on the need for Housing First programs or a housing first approach to keep women housed. They observed that when women take training and can't find housing, it undermines their success.

> *There's a lot of… women out there that can work and be leaders but they have no home, so you can't educate them because they're always down in the dumps thinking nobody cares for them.*

2. ***Service provision:*** All service providers talked about the gaps in service provision. They mentioned the need for gender-specific programs and services, both specifically (e.g. a detox space for women only) and generally (e.g. gender-specific spaces and treatments), as well as the need for pre- and post-treatment programs for women during in-patient addiction programs and after coming out of the hospital. They talked about the gap in First Nation culturally safe programming and recommended a wellness centre that would serve all First Nations people modeled on the Kwanlin Dun wellness centre. They mentioned the need for weekend and after-hours services as well as the need for more support workers , the gap in staff training about mental health and trauma, and services with the capacity and training to provide access to intoxicated women. Another gap is support for mothers with mental health issues to help keep their families intact.

> *It's the after 5 pm and on the weekends when things can be especially dangerous for women or they're put in more risky situations…that's where we need to focus on providing better services.*

   Other gaps in service provision mentioned were:
   - case management and planning
   - lack of continuous intake for in-patient addiction treatment
   - support for housing homeless people
   - gaps in networking between service providers
   - life skills for mental health clients and long-time street involved women
   - client-centered services focusing on supporting women where they are rather than focusing on where they should be
   - street outreach in Whitehorse by First Nations
   - education around sexual assault especially for men

- lack of options for basic shelter and services
- psychiatric care for young people and children
- adequate free psychological and counselling services
- lack of physicians
- collaboration needs to result in movement
- inappropriate use of hospital due to gap in services
- adequate and available prevention services, including those that prevent clients from going into crisis
- young women slipping through the cracks and ending up in jail
- funding
- harm reduction
- housing maintenance skills training
- relief for service provider
- holistic approach to healing

3. ***Services:*** Service providers mentioned the need for mental health outreach programs and a walk-in mental health service, including street outreach provided by First Nations. They noted the need for sexual assault/abuse treatment incorporating a trauma lens. Other holes in the service net are:
   - an emergency fund providers could access for client's emergency needs (e.g., moving, food, reconnection fees for utilities)
   - women's mental health support group
   - a place for homeless, intoxicated, beat-up women
   - support services with low-barrier access
   - mental health services for homeless women
   - a safe house in Carcross
   - medical services for homeless women
   - transitional supports for women coming out of the Whitehorse Correctional Centre
   - family addictions treatment
   - services for children with mental illness
   - housing for single women
   - new social housing
   - services for young women who do not currently qualify for either youth or adult programs

> *…transitional supports for women coming out of Corrections, because many of these women are there because of the criminalization of homelessness…or of significant mental health issues.*

Theme 4: Effective Practice Models

Service providers were asked what they thought about the following models that are regarded as best practices for service delivery: gender specific, trauma informed, Housing First, integrated care and cultural safety. Service providers appreciated the opportunity to reflect on these models in the context of their service delivery for homeless women with mental ill health. However, some interviews and focus groups concluded before a fulsome discussion of some of these models occurred due to time constraints. Consequently, each model was not necessarily commented on by each service provider.

1. *Gender specific*

All service providers interviewed unanimously regarded gender-specific services, programming and spaces as very important, especially to provide safety for women. They noted that women's issues and their underlying causes differ from men's, and

women's trauma is often caused by the behaviour of men towards them. Gender-specific programs and spaces are vital to all phases of successful addiction treatment (detox, out-patient and in-patient). There is a need for gender-specific housing, including an emergency shelter and low-barrier housing for women. Several service providers mentioned that the high rates of sexual assault and violence against women in the Yukon underline the need for gender-specific services.

> *I think gender-informed services are really important… I think gender is a huge piece of people's social reality and it contributes to how they're vulnerable, how they're victimized, how they're treated and the outcomes.*

Specifically, it was noted that the outreach nursing clinic needs to be in a more gender-equal space; programming aimed at men to prevent assaults against women is needed; court processes and proceedings need to be gender-informed; gender specific harm reduction programming is needed; and holistic service provision that gets to the root of problems is necessary. Programs offered exclusively for women and children break physical and social isolation and can lead to women forming their own support networks.

2. *Trauma informed*

Trauma-informed care acknowledges that people's experiences and backgrounds are informed by systems and the structure of society and shapes their service needs. Trauma increases a woman's vulnerability.

Service providers agreed about the importance of trauma-informed care. Half of them discussed the underlying relationship between trauma and addictions, while several noted the link with mental health issues. The importance of trauma-informed care was emphasized in the context of the intergenerational legacy of residential schools and colonization. Some highlighted that it is equally important to look at how women resist violence and at the social responses to women who have suffered from trauma.

> *Just about every woman that comes to our program has experienced some kind of trauma in her life…I think a lot are in a state of pathological grief and shock.*

Other comments included: women are traumatized by men and services need to take that into account; awareness of historical trauma and assualt is very important in the justice system; it is important not to re-traumatizing women and not to label responses to trauma as mental illness; the lack of available and accessible treatment for trauma; and the necessity of using this lens to examine policies and procedures.

Two examples of successful Whitehorse programs incorporating a trauma-informed approach were the *Seeking Safety* program offered by Alcohol and Drug Services and the Victoria Faulkner Women's Centre, and a staff training program, *Risking the Connections,* used by Yukon Alcohol and Drug Services. It was noted that women with mental health diagnoses are not receiving treatment for trauma and that a trauma-informed model is just one lens that practitioners at Mental Health Services could use.

3. *Housing First*

Housing First is an approach to housing that centres on quickly providing homeless people with housing with additional supportive services as needed. The basic underlying principle is that people are better able to move forward with their lives if they have a roof over their heads. This is true for all people, whether they have a

mental illness, an addiction or not. Once people are housed, they can receive supportive services for their mental and physical health, substance abuse, education and employment. The core principles are: no housing readiness requirements, choice, individualized support services, harm reduction and social and community integration. This model has been shown to be very effective for people with mental illness and addictions by the At Home/Chez Soi project in Canada.

> *It's the opposite of the thinking that people who drink may possibly damage places (and) don't deserve housing, to thinking that people who may drink or have mental health…or drug addiction issues and may not treat the home the same way that someone who doesn't have those challenges will, but still deserves housing.*

All of the service providers interviewed endorsed this model of service delivery. They see in their practices that lack of safe housing leaves women vulnerable to assault and addictions. They underlined the importance of the core principles to create success for clients. Housing First coupled with trauma-informed practice and gender-specific housing first programs were suggested.

One service provider worked in a Housing First program prior to moving to the Yukon added several cautionary notes. She felt that the program works well for some people, but that the transition is huge for people who became institutionalized after living in a shelter for twenty-five years. Some people felt vulnerable, scrutinized and judged by the many workers monitoring them. She emphasized the importance of teaching life skills as an integral part of the program and the importance of an assessment of participants' safety risks by an occupational therapist before they are housed.

> *Housing First is a good, good protocol I think. It's a good way of living.*

Two examples of this approach in Whitehorse are the Tiny House provided by Blood Ties to their clients as transitional, supported housing and the Housing Navigator who assists clients with housing and provides support when housed. Mental Health Services has a housing worker who helps clients find housing and offers support to them once housed. Both agencies find that these programs are successful for their clients.

3. *Integrated care*

Integrated care models are an effort to knit together service systems for clients receiving care in multiple settings or from multiple providers by assisting clients to experience seamless transitions and care. Integrated care requires coordination of various levels of care and cooperation between providers. It is client-centered and provides a way for information to flow between providers.

> *I think it would be great to deal with a chronic state of anxiety and confusion a lot of women are in about 'what papers I have to fill out and what they want from me and what they said is going to happen next`. A lot of women are just churning from all those stresses in their life. An integrated care would…link it together better.*

Once again, all the service providers interviewed liked this model of service provision. They saw the potential and benefits for service users and providers. They commented that an active electronic network of service providers could facilitate collaboration. One envisioned a facility with counsellors as well as addictions and mental health services on the ground floor with housing above. Another liked the idea of integrated care, but not a one-stop shop because if there is client-service provider conflict, the client might lose access to service and have less opportunity to find a service that fits. Some had

worked or are working with this model and find it effective and useful for case management. Those working with this model are working within their own systems, not between systems. However, they stated that it needs to expand to different levels, perspectives and practitioners. An integrated model of change is needed: first housing, then low-barrier services, then provide supports so the client can live independently and feel functional.

4. *Cultural safety*

The term "cultural safety" was developed in the 1980s by Maori people in New Zealand in response to their discontent with nursing care. It moves beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization and relationships with colonizers, as they apply to health care (National Aboriginal Health Organization, www.naho.ca). The term has been applied more broadly to the social services field. Cultural safety incorporates the following concepts:

- cultural awareness, the acknowledgement of difference;
- cultural sensitivity, the recognition of the importance of respecting difference; and
- cultural competence, which focuses on the skills, knowledge, and attitudes of practitioners.
- Cultural safety involves self-reflection and an understanding that cultural values and norms of the client may be different due to unique socio-political histories (Anishnawbe Health Toronto, www.aht.ca).

Service providers have varying understandings of cultural safety. Many responded from the perspective of cultural sensitivity and some thought in terms of cultural activities or practices being available or accessible to clients. The majority of service providers related that it is important to provide a culturally safe service for women from First Nations and other cultural backgrounds and to have staff from diverse backgrounds. They noted the increasing diversity in Whitehorse and the need for culturally safe services for immigrant women. Some felt they were providing culturally safe services, but most said they would like to be able to provide more culturally specific programs but were constrained by lack of resources and capacity. However, a couple of service providers stated that their rules or their models apply universally to everyone.

> *Very important especially because of colonization & the impact it's had on First Nations people… Two First Nation elders spoke about the impact of colonization & the downward spiral effect it had in terms of mental wellness. That's huge… Often, I think, people are receiving diagnosis labels for something that is not necessarily chemical but completely a result of the colonization of the culture and people and then trying to make your way out of that.*

In fields where there are a high number of Aboriginal clients, such as addictions and the justice system, some service providers noted that these services are not culturally safe. Services are set up and provided for First Nation people by the dominant culture and do not incorporate First Nation values and beliefs. One service provider noted the oppression inherent in this. For instance, keeping families together is very important, but the justice system does the opposite. As well, no addiction treatment programs for the whole family are available in the Yukon.

Some service providers think that the majority of services offered by the Yukon Government are not culturally safe. Several service providers underlined the effects of residential school on the entire Territory, both in the past and today, creating a need for culturally safe services. Services need to be located in First Nation places

and service users need to see their faces and experiences reflected in services they use. It is also important to provide cultural safety for people who don't practice traditional ways. On the whole, service providers understood the need for and expressed the desire to learn how to provide cultural safety for their clients.

Three services intentionally provide culturally safe services. The Kwanlin Dun Health Centre integrates traditional knowledge and practices into its programming, and all staff receive education on the impacts of residential school. They also offer the Jackson Lake land-based programs, which are cited as a good example of a culturally appropriate and safe program. The Whitehorse General Hospital provides the First Nation Health Program for First Nation hospital users that incorporates traditional foods, practices, advocacy and support. At Kaushee's Place seven languages are spoken by staff members to accommodate immigrant and First Nation women, and half their staff are First Nation women. An elder provides an in-house elder program and culturally relevant foods and crafts are provided. Kaushee's makes an effort to respect the traditions and cultural practices of the women who use their service, accommodating both First Nation and immigrant women.

Theme 5: Recommendations for Service, Policy and Funding Improvement

Frontline service providers and service managers that participated in this study are particularly well positioned to assess the needs of their clients and their agencies. Most have been working in the Yukon in their field for many years, some for a variety of service providers, giving them depth of perspective and breadth of knowledge. They were asked to make suggestions for service improvements regarding service delivery, policy and funding. Their responses ranged from the broad to the specific and from suggestions for structural and procedural shifts to suggestions for specific programming and services/organizations. They appreciated the opportunity to provide suggestions ranging from those specific to their own services, to particular systems or more universally, across systems of service. They were all passionate about providing the best possible care for their clients and improving access to and care for homeless women with mental ill health.

Service Delivery

1. Housing

Service providers agreed that the need for housing is absolutely vital in the lives of homeless women with mental health challenges. Housing options need to be available across the full continuum. ***Structured, long-term supported housing*** was recommended**,** including low-barrier housing, second stage housing after addiction treatment and incarceration, group homes, safe shelter for intoxicated women, and housing with comprehensive service programs. Social assistance programs are paying a lot for campgrounds and poor and substandard housing and seem to be supporting "sleazy landlords".

> *…it's hard to reverse twenty years of living on the streets…we need to look at alternatives…in terms of levels of support…we need to be patient and flexible and understanding with how people have been living.*

Housing advocates are also needed. Service providers mentioned the importance of providing supports to keep women in their homes. Adopting a *housing first* model and gender-specific programming would go far to keep women housed. Applying the housing first model may be difficult due to the lack of available housing units. Given

this situation, a recommended interim measure was to increase the rent supplement program, since the availability of social housing is limited and no new social housing, except for seniors, is being built.

2. Frontline service delivery

Service providers made suggestions to strengthen and expand services and the funding needed to support them. The priority was for ***services open after office hours and on weekends*****,** including recommendations for a drop-in safe space, flexible hours such as opening at noon until nine p.m., the provision of one-on-one support, more mobile services which could operate out of different spaces at different times and a hospital social worker on duty evenings and weekends. Funding for more staff, particularly support workers and mental health workers such as mental health nurse practitioners, would improve women's lives and reduce wait lists. More psychiatric beds at the hospital are an immediate need. An innovative and cost-effective idea was that every agency could offer service one evening a week for women struggling with mental health issues providing seven evenings of safety. ***Street outreach*** is needed where workers travel in pairs "hitting the pavement" seven days a week and also provide liaison with other services.

Peer-based programming was suggested as a way of keeping costs down and creating a welcoming atmosphere as well as addressing the fear that women face in accessing services. Most service providers recommended that food be a key component, both as a draw and to address the lack of food security for homeless women. ***Case planning, better communication and coordination*** would create better client outcomes as would the integration of programs with an emphasis on resilience and coping.

Low-barrier services and services for intoxicated/high women are needed. Service providers have a responsibility to discover why clients who are intoxicated have come to their service and address their needs. At the same time, ***rules need to be flexible*** to accommodate the chaotic nature of homeless women's lives and to deal with cases individually. ***Existing programs could be expanded***: The *Seeking Safety* program offered by Alcohol and Drug Services and the Victoria Faulkner Women's Centre to the Whitehorse Correctional Centre, the Carcross Tagish First Nation Transitional Employment Program to other agencies and First Nations, the *Sally and Sisters* lunch program offered for more than an hour and to include cooking classes, crafts, and information on nutrition and more hands-on programming at the Salvation Army.

> *It's all in the approach…people assume that because someone's drinking, that they're automatically a safety risk and I think that comes across in their presentation to a client and I think that gets people's backs up. Like in the 6 years…I can honestly say there has only been 1 time when I felt I wasn't safe…You've got folks who need to drink…they're not detoxed right now…and psychologically they need to. Why can't you have a conversation with them?*

Creating ***gender-specific programming options*** is especially important for homeless women with mental ill health, and in the justice system due to the high rate of violence and sexualized assaults in the Yukon.

Support for childrearing is needed for women with mental health and addictions issues. Instead of apprehending children, service providers could assess what is needed and provide intensive support. Family and Children's Services could contact

agencies already involved with women before apprehending a child so that the agency could support the woman and prevent apprehension. This would require collaboration and coordination of services, which has been mentioned earlier as challenging, especially between government agencies and NGOs.

> *If a woman is homeless, children are taken away. If a woman has a mental health issue that is deemed really serious, the child is taken away. I would like to see service providers that go in and instead of taking the child away, providing intensive support.*

Trauma-informed and client-centred practice approaches with an emphasis on genuine empathy for the reasons that lead women to become and remain addicted and a local service that would deal primarily with trauma.

3. Training

Specific training needs included: trauma-informed training for frontline workers, the dynamics of violence against women for child welfare workers, training for men on what it means not to assault women, training on how to manage intoxicated clients respectfully and training for the RCMP on mental illness. More ***broad based training*** approaches included making educating workers on mental illness a priority in order to change their attitudes from blaming to acceptance and support, educating men to be respectful of women, and continuous staff training to expand their knowledge base. A network of training could be established amongst all service providers.

4. Collaboration

Ideas ranged from frontline service workers taking the initiative to link with *e* other frontline workers, to a champion taking the lead on collaborative models of service, to using the outreach van as a model and workers connecting with van workers to provide continuity of care, to better coordination between the RCMP and the Salvation Army, and to finding ways to share service provision and help each other out. More collaboration is needed to lessen the effects of funding cuts on clients.

> *I think service providers collaborating more and coordinating meetings with clients present to provide better care.*

1. **Addictions*:*** As outlined earlier in this report, many women with mental ill health abuse substances and use addictions services with varying degrees of comfort and success. Service providers suggested that ***alternatives to current treatment programs*** are needed, such as a long-term sobering centre, a separate treatment program for women and children with increased capacity, a family treatment program, a medical detox that connects with social workers and includes discharge plans for clients, increased capacity for in-patient treatment, continuous intake for women, pre-treatment and after-care components, the provision of day care for the children of women in treatment and a separate detox space for women.

> *…ensuring that women have access to culturally appropriate services where they go is, I think is important. I think it's important for aboriginal women and I think it's important for immigrant women, absolutely.*

2. **Cultural safety:** Programming should include elders and an appropriate working space for them. First Nations to run culturally appropriate programs and more First Nation workers should be recruited and hired by all agencies. Programming could be brought to the local community by agencies offering their services out of the Kwanlin Dun Health Centre even one day a week. Workers need to look at their internal biases and if they work differently with First Nation clients; such as in their tone and

the language they use, their availability and responsiveness to First Nation clients and their needs. A specific First Nation mental health and addictions treatment program with First Nation workers is needed that would include traditional foods, spirituality and Elder involvement and treat trauma and residential school effects, and a shelter for Aboriginal women that is culturally safe.

3. **Addressing service gaps*: A walk-in multi-disciplinary/mental health clinic*** geared towards vulnerable people as well as safe, ***low-barrier services*** and/or buildings for intoxicated/high/psychotic women. Services should come together in one building so that women did not have to run around town to find what they need. Another version of this recommendation was a community health hub with Victim Services workers, nurse practitioners, doctors, lawyers and mental health workers on staff. A similar suggestion was for a safe place for women to build trust with service providers and begin to explore their mental health issues confidentially. Before these recommendations are implemented, there needs to be a stopgap measure to provide services for the women on the long waiting list at Mental Health Services.

> *There's a lot of people in the territory, both men and women, who have for whatever reasons, minimal capacity to effectively manage their lives and a small amount of support can make the difference.*

In order to ***change the negative social responses*** received by many victims of sexualized assault, a twenty-four hour sexual assault response team is needed that could provide a well-thought-out response to victims. A specialized unit designated for psychiatry in the emergency ward at the hospital would help change negative social responses towards people in mental ill health and help improve outcomes. More basic supports would prevent crises and an infusion of support workers would help keep people housed and out of jail and hospital. Once women are in crisis, a crisis drop-in centre, especially for suicidal people is needed. This might, in turn, prevent crises from escalating and reduce visits to the hospital. A navigator for street-involved women and a woman's advocate with the power to get things done were recommended. For example, a knowledgeable women's advocate could ensure women receive what they are entitled to from Aboriginal and Northern Affairs.

Policy

Responses to questions about recommendations for policies encompassed a spectrum from broad structural shifts to procedural changes and to changes to specific policies, procedures and services. Service providers saw the value in reflecting on policies that could improve the lives of homeless women with mental ill health. Some have given a great deal of thought to policies that would help improve the lives of homeless women and, for others, it was a chance to think about the challenges from a different perspective.

> *So at a policy level we would be looking at the way services are provided; are they trauma informed? Are they culturally appropriate? Are they culturally safe and how can they get there? Looking at our regulations for medical care. How can we have more comprehensive medical care? Maybe that's more nurse practitioners? On a policy level, why don't we have supported independent housing?*

Policies and procedures can have a great effect on homeless women's lives, for better or for worse. Systems set policies and procedures that often disadvantage traumatized women. Service providers recommended changes that would improve women's experiences with services and outcomes.

1. Policy informing service delivery:

- ***Family and Children's Services***: adopt an integrated approach to working with families and policies that promote alternatives to apprehensions, such as intensive supports for an extended period of time and education for families, support for child rearing; women-friendly application forms and procedures, as well as better understanding and policies for the children of women who need hospitalization for mental health reasons.

> *There should be a policy that before taking such drastic measures with women struggling with mental health are taken, whether it be apprehending a child, that you've completely exhausted other supportive measure, before making the decision that this person is unfit, that education is involved, that intensive support has been in place for an extended period of time before that extreme measure of apprehension of a child…can take place.*

- ***Health and Social Services:*** policies and a holistic funding model for providing alternative services and gym memberships for recipients; policies that ensure clients know their rights; Aboriginal and Northern Affairs adheres to their policy of following the social assistance rates and procedures of Yukon Health and Social Services. Policies need to be in place for agencies ensuring that those issuing financial aid are not providing client counselling to prevent the abuse of power in this situation. Social assistance policies should get clients in the door quickly and provide the services they are entitled to immediately.

- ***Changes to procedures at Yukon Social Services***. Regulations need to be more flexible and connect with the realities of women's lives, providing ease of access for assistance. Rates need to be increased and supports to clients provided, and policies that reduce women's income rather than augment it need to be examined. Policy needs to provide for the inclusion of mental ill health as a disability.

> *Stop expecting women and people who have mental health challenges to behave the way you want them to, and accept them for who they are. Make the policies fit around them and not try and fit them into the policies.*

- ***Alcohol and Drug Services***: a policy to provide addictions treatment options outside the territory for all Yukoners, modernize addiction treatment and use nurse practitioners to fill the gaps at Detox
- ***Easy protocols between agencies*** are needed for case management, collaboration and service delivery.
- Development of policies for ***non-traditional ways to support women engaged in survival sex or sex work***
- ***Adjustment by physicians and other practitioners of their policies*** regarding missed appointments, since homeless women with mental health challenges and addictions have difficulty with transportation and following these rules

> *Don't slam it (door) because I come in like I just crawled out of a bottle or because I'm tweaking out. I'm here because I need you…You say I can come here…Like policies are policies but when it comes to a human life, there shouldn't be a policy.*

- Policies promoting ***an integrated care service model*** for women with mental health challenges that will link Mental Health Services to other agencies and forms of care
- Policies that include ***mental health care for women who lack a diagnosis*** but have mental health challenges

- ***Review of existing programs aimed at comparing them with best practices and policies*** and the subsequent modification of existing programs/policies in light of the findings of this review
- A policy giving priority to homeless women which would be reflected in ***intake forms that include homelessness as a risk factor/criteria***
- ***Prioritizing women at all services***, including Mental Health Services, since they are more vulnerable than men
- Innovative policies to provide ***services that come to women who request it***, such as women facing agoraphobia
- An open door policy that does not turn away intoxicated/ high women from services would establish trust and confidence in a service

> *…at a policy level, what I see is the most pressing, though, is housing and really developing transitional and supportive models of housing for people struggling with substance abuse and mental health issues and homelessness, first and foremost.*

2. Policy informing housing*:*

- A ***housing first policy*** and strategy that integrates supports using the Housing First model. Emphasis was on providing supports to prevent evictions, including at Yukon Housing.
- ***Transitional supportive housing*** for homeless women with mental health and addictions issues
- Policies for ***gender specific, low-barrier housing***
- The Federal Government should revisit its responsibility for ***First Nation women's housing***

> *Mental health issues for women relate back to trauma, to sexual assault. If they have safe housing, there's less assault, less trauma, less addiction, better*

3. **Policy informing cultural safety*:***

- ***Policies that incorporate First Nation traditional values, worldview and culture*** into their work, especially addiction and mental health services. This is based on the belief that all service providers have a responsibility to provide First Nation specific supports.
- ***All First Nations work together as one*** to provide services to homeless people in their communities and Whitehorse
- Every First Nation have a policy to provide a ***street outreach worker in Whitehorse***
- Policies mandating ***on-going training*** for staff of governmental and non-governmental agencies about First Nation realities, history and current affairs.

> *But I know First Nation, they will not see white people…they don't feel comfortable; it brings back bad memories from school or whatever…they have a really hard time going to Mental health…they usually don't end up going.*

4. **Public policy:**

- ***Mental health must be at the forefront of all relevant policies*** and reflect the realities of this demographic. The whole community has to decide this is important.
- ***Vulnerable people and their needs must be a priority*** (e.g., addiction and mental health treatment).

- ***A national strategy with territorial buy-in*** is needed with resultant policies to enact the strategy locally
- ***Prevention services should be prioritized*** to keep people from going into crisis and using expensive services like the hospital
- ***Services and policy must be accountable to service users***
- ***Education should be made truly accessible*** by removing barriers for women's participation
- Data is needed to ***determine gaps/holes which should be filled one by one systematically*** (in other words, pick one hole, such as a sexual assault response team, and start there)

> *I…think it needs to go right to the top now to…our government. Our vulnerable people are not a priority in terms of getting them the help they need…I don't see a whole lot of change…it's getting worse. And that's where I see the change needing to be made is at the very, very top, where they're taking these problems seriously.*

5. **Structural:** Some service providers saw policy improvements in terms of structural changes to existing systems as follows:
   - provide mental health services at arm's length from government,
   - address structural reasons for crimes against women and structural issues in the justice system,
   - set up a correctional system that supports all pieces of the journey from arrest to freedom,
   - bring the medical system closer to service providers,
   - engage in problem-solving at a systems level to remove systemic barriers,
   - adopt a systemic approach to community health, women's health and wellness, and
   - establish a standing group to review and discuss issues on an on-going basis.

> *The biggest challenges is funding.*
>
> *If mental health is at the forefront of policy, funding will follow. It's easy to not fund something that's barely in your policy.*

Funding

As with responses regarding policy, funding recommendations ranged from the broad to the specific. Many service providers made the ***link between policy and funding and between politics and funding. Broader responses included*** supporting existing programs as well as new initiatives; ***shifting from the disease model*** to a social determinants of health and community health approach; ***addressing systemic racism and sexism*** in communities; and keeping the issues of homeless women with mental health problems front and centre with adequate funding. Funding needs to be allocated for the housing and service provisions recommended above.

> *If you were to make a significant intervention in this community by infusing dollars into it, I would infuse it at the support level. That for 1 support-type worker who would have 12-15 clients on their caseload, you could do so much prevention and reduce so many crises.*

In the course of the interviews and focus groups conducted for this study, adequate ***core funding*** was mentioned often as necessary to keep current successful programs running, to keep skilled staff, especially for non-profits, to support new initiatives and to respond to social determinants and changing dynamics. Many service providers talked at

length about the difficulty of keeping their doors open without core funding for essential services and basic expenses, let alone providing adequate services. Service providers spoke of the creativity and resourcefulness required to find and obtain funding, as well as the many hours required to do so rather than to provide services. Specific services that need adequate core funding: the Victoria Faulkner Women's Centre, the Second Opinion Society and women's organizations in general

> *The thing is, if you're not the flavour of the month, someone has to die in care or…something really bad has to happen before something happens about it.*

Service providers were proponents of allocating financial resources to ***prevention*****.** Proactive services were seen as more cost-effective than reactive programs, although both are needed (for example, ***funding adequate basic services*** for people before a crisis develops). Investing in ***treating high-risk populations*** and breaking cycles was seen as an effective use of funding, as was investing in ***prevention programs for children*** and to **stop violence against women.** Service providers made the ***link between housing and prevention***. Providing adequate supported housing decreases demands on the health care and legal systems and provides safety and security, which contributes to a sense of belonging and decreases the sense of marginalization.

> *Fund housing – first. Fund programs that may be a little risky… Stop trying to fix people and fix the problem.*

OBSERVATIONS AND RECOMMENDATIONS THAT WERE COMMON BETWEEN SERVICE USERS AND SERVICE PROVIDERS

Service users and service providers agreed on several key elements that make a service helpful and/or work well as well as many of the challenges and barriers that limit service effectiveness. They also have many recommendations in common.

What Works Well

- Services and service providers that show women respect and treat them with dignity were very important for creating trust and a sense of safety as well as for effective treatment
- Staff who go beyond the call of duty and show kindness
- Staff who are responsive to clients' needs and who have positive attitudes, are compassionate and caring, create an overall positive atmosphere in an agency
- Women-only spaces with female staff
- Collaboration among service providers
- Transparency and flexibility of rules and regulations
- A central downtown location
- Outreach
- Provision of and access to housing

Service Limitations

- Rigid rules, regulations and procedures create barriers
- Wait lists, lack of capacity and gaps in service provision
- Negative attitudes, unprofessionalism and negative social responses of some service providers
- Lack of training in mental health and First Nations history and culture
- Lack of collaboration

Recommendations

1. **Housing (**the number-one priority)
   - increased social housing stock, repair existing social housing and more low cost, rental housing in Whitehorse
   - transitional housing for women exiting addiction treatment programs, the Whitehorse Correctional Centre and the hospital
   - supported housing for women with mental ill health, addictions, recovering from trauma and violence and transitioning from the street
   - low-barrier emergency housing or shelter for women
   - housing services provided by First Nations for members living in Whitehorse
2. S**ervice Delivery**
   - client-centered services

- decreased wait times, extended hours during evenings and weekends, and flexible rules
- a policy of *no one turned away*
- mental health outreach to the street or to places women facing homelessness and mental ill health frequent
- Aboriginal and Northern Affairs Canada needs to change service delivery to be user friendly and more collaborative.

3. **Addictions:**
   - more staff for all services, including Detox, in-patient and out-patient programs
   - more treatment options for homeless women facing mental health and addictions issues
   - a nimble system needs to engage and work with women with many needs and challenges.
4. **Training:**
   - frontline workers receive education about mental health issues, trauma-informed training, the history and reality of First Nations women's lives,
   - create cultural safety for First Nation women in all services.

THE COMMUNITY OF PRACTICE PROCESS

Our Change Theory

As described in the introductory section of this report, *Repairing the Holes in the Net* was designed as a participatory action research approach aimed at informing "the development of culturally appropriate and gender-specific services for northern women experiencing mental health and addiction concerns and homelessness". This challenge was taken on in response to previous research[10] that shed light on the complex nature of the task of improving healthy and quality of life outcomes for this population and the interrelationship between homelessness and insecure housing and mental health and addiction challenges.

By choosing a community of practice (CoP) approach, *Repairing the Holes in the Net* brought together key decision makers (at the level of policy and programming) and frontline service providers to learn, plan and act together toward a common goal of improving services for vulnerable women.

Defining a Community of Practice

In choosing a community of practice approach, the *Repairing the Holes in the Net* project drew on the rich experience from the field. Perhaps the most commonly cited definition of a community practice reads as follows:

Definition of CoPs

> *Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.* (Wenger, McDermott, & Snyder, 2002:4)

The primary purpose, then, of a CoP is to "deepen knowledge and expertise" or, in other words, to improve practice. Individuals participate in a CoP to share skills and information with others and, in turn, to learn from the experience and knowledge of their colleagues. This makes CoPs an ideal instrument for the type of learning that is needed to address complex problems such as how best create the type of supportive net of services for northern homeless and at-risk women with mental health challenges that will result in far better outcomes than those now achieved.

How a CoP is different from an Interagency Working Group

Working groups or committees are common mechanisms for individuals who share a mandate to work on a particular social issue. These tend to be somewhat formal groups with a delegated authority and clear mandate related to developing policies or plans. CoPs differ from these structures in several important ways. Denscombe (2008) clearly describes this difference.

CoPs are not inter-agency working groups

> *Compared with formal groups created within organizations whose structure, tasks, and identity are established through functional lines and status hierarchies, communities of practice hinge on the fact that they can and do transcend boundaries of departments, organizations, locations and seniority. It is crucial to the whole idea of communities of practice that they come into*

[10] See Bopp, et al. (2007). *You Just Blink and it Can Happen: A study of Women's Homelessness North of 60*, Four Worlds Centre for Development Learning, Qulliit Nunavut Status of Women Council, YWCA Yellowknife, Yellowknife Women's Society, Yukon Status of Women Council.

> *existence through the need to collaborate with those who face similar problems or issues for which new knowledge is required.* (p. 276)

Drawing on the distinctions described above, it is possible to develop a feature list for CoPs such as the following.

1. *Membership in a CoP is voluntary* – Individuals participate because they have a commitment to learning from and with their colleagues about how to improve their own practice.
2. *Members of CoPs are there as individuals not as representatives* – People take off their "hats" while they are participating in a CoP session. All the members of a CoP function as peers with respect to their commitment to learning from and with each other.
3. *CoPs are usually deliberately facilitated* – Although CoPs are structured as a peer learning space, it is recognized that the busyness of the daily work life for most people is such that non-mandated activities will not be sustained unless someone is paying attention to calling the group together regularly and catalyzing the rich and purposeful dialogue that characterizes successful CoPs.
4. *CoPs pay attention to relationships* – CoPs are deliberately non-hierarchical and work conscientiously to become safe spaces for all members to share their experiences, concerns and ideas in an atmosphere of mutual support. It is recognized that change comes from paying attention to how we relate to each in a system of services as much as it does from what we do.
5. *A key dynamic of CoPs is learning rather than developing plans or making recommendations* – The stimulus for learning can be both reflection on practice (i.e., things that the members have tried or are trying to do to achieve their goals) as well as effective practice and concepts from the literature or from resource people.

Features of successful CoPs

6. *CoPs are geared to stimulating change* – Effective CoPs use a highly dynamic iterative process that creates a collaborative platform for reflecting on past actions, learning, planning for change, and trying out innovations.
7. *CoPs are not formal decision-making bodies* – CoPs do not keep minutes of their meetings (although someone usually volunteers to record key insights as well as ideas for future learning opportunities). Individuals gain insights about how to improve their own practice through the iterative process described in #6 above and share their experiences with trying to make those changes with the group in future sessions. Community of practice members may also decide to try some collaborative innovations, especially when these do not require formal authority. Rather, individuals may decide to collaborate in new ways or to create a small pilot project of some sort. This collaborative action, however, looks different from the formal inter-agency protocols that typically are the result of mandated working groups or committees.
8. *There are no recipes for CoP sessions* – Each CoP is free to develop the processes that work best for it; however, it is possible to identify some elements that can be helpful: i) reminding each other in some way about our joint commitment to achieving better outcomes through improved practice; ii) providing an opportunity for all members to share what they have been working on and thinking about since the previous meeting; iii) sharing some helpful information (from the literature or the experiences and knowledge of a group member or outside resource); iv) reflecting together on the implications of this learning (especially with respect to what it means

for the improvement of individual and collaborative practice); v) developing a synthesis about what has been achieved to date; and vi) deciding what the members want to focus on/learn about in future sessions.

9. *CoPs can meet face to face, virtually or some combination of both* – Although it may seem easier to establish strong interpersonal relationships built on mutual trust and respect when people meet in the same physical space, there can also be advantages to creating the mechanisms for people to join through distance technology. Government service providers and other key decision makers can be located in several communities and they are only able to participate if they can link in through the Internet. As well, some people have a hard time getting out of the office for an hour's meeting, but can participate if they can do so from their desks.

The CoP Process as Employed by the *Repairing the Holes in the Net* Project

Facilitating CoPs

Facilitation: Community of practice (CoP) sessions were facilitated by the on-site Yukon Research Lead with support from the principal investigator and the pan-territorial research coordinator, who joined the sessions primarily via a web-based platform. create a shared reflective practice space.

CoP membership

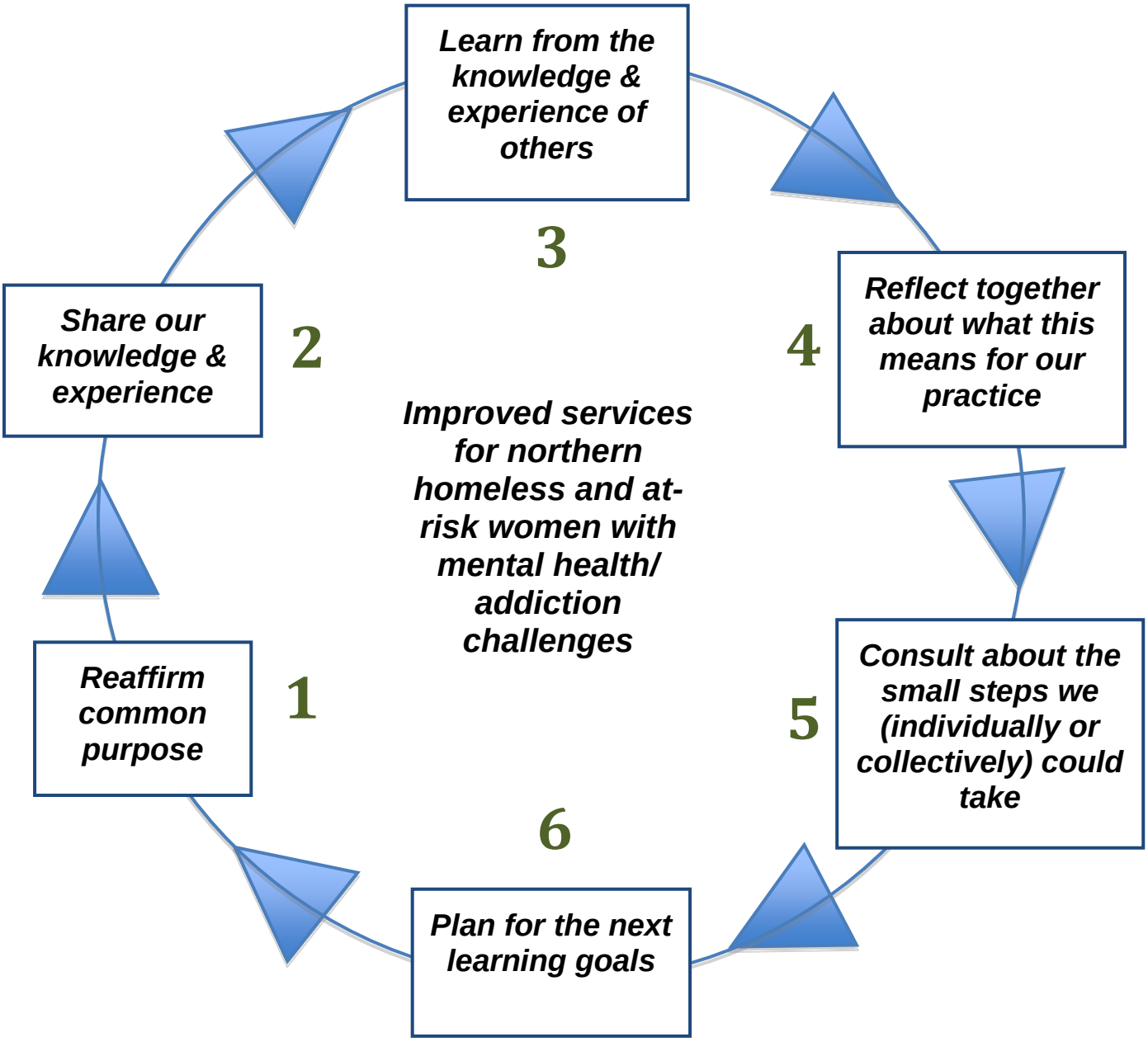
Membership: Many organizations with different services, policies and mandates affect the lives of homeless women. One of the keys to a successful CoP is to involve as many of the players and decision makers as possible without creating an unwieldy group. Bearing this in mind, the Yukon research assistant, in consultation with the research team, invited representatives from organizations that work with homeless women with mental health issues and from allied sectors. Participation was requested from organizations that care about the issues and would help move the project forward towards better outcomes for women. Representation was sought from government and non-governmental sectors, including First Nation governments, federal and territorial governments as well as from the following fields: health, social services, addictions, mental health, women's organizations, housing (including emergency shelter), anti-poverty advocates, justice and the RCMP.

The reflection-learning-planning-action cycle: The diagram on the following page provides a graphic representation of the CoP process as it was adopted by the *Repairing the Holes in the Net* collaborators:

The reflection-learning-planning-action cycle

a. Reaffirm the common purpose: CoP members represent a broad range of services and mandates in both the government and voluntary sectors. They bring with them many concerns and interests. It was important for the CoP members to keep reminding themselves that their purpose in meeting in this format was to reflect on their practice (as individual decision makers and service providers, as agencies and as a net of services) with the aim of enhancing services for homeless/at-risk women with mental health and addiction challenges.

COMMUNITY OF PRACTICE PROCESS STEPS



Share knowledge and experience: A key dynamic of CoP processes is to create opportunities for participants to learn from the rich knowledge and experience of each member. A contribution of the CoP approach is often that individuals are caught up in their own particular work that they do not take the time to really listen to and learn from each other. CoPs create deliberate space for doing so. A vital source of learning from local experience and knowledge was the data from the interviews with service users and the interviews and focus groups with service providers that was collected and synthesized by the *Repairing the Holes in the Net* research team (see the two previous sections of this report). As well, the Yukon Research Lead prepared, for the consideration and review of the CoP participants, a service map of the existing service net and a summary of program and policy initiatives and frameworks related to meeting the needs of homeless/at-risk women with mental health and addiction issues

c. Learn from the knowledge and experience of others: Besides drawing on the knowledge and experience already in the room, the CoP took the time to learn from the literature and from wise practice elsewhere in the North, in Canada and around the world. The topics covered in the sessions were chosen by CoP participants on the basis of their understanding of the Yukon service context as well as the primary learning needs they felt would make the most difference to their own practice. More information about the research and practice models that informed the work of the Yukon CoP is highlighted later in this section.

The reflection-learning-planning-action cycle, continued

d. Reflect together about what this means for our practice: Each CoP session allocated time for reflection on the key concepts, models and strategies presented by the CoP participants from their own experience and knowledge base and from the *Repairing the Holes in the Net* research team's literature and best practice review work.

e. Consult about the small steps we (individually or collectively) could take: The questions continually in the center of the CoP's work were: What are we learning that can improve our practice? What are some real changes that I could make in my own work? How can my agency improve its effectiveness? How can we work together as a system of services to improve outcomes for homeless/at-risk women with mental health and addiction issues. The Repairing the Holes in the Net research process provided a small grant of $10,000 to seed a small collective action that would enhance service at the same time as serving as a learning laboratory for the CoP participants to be able to learn by doing.

f. Plan for the next learning goals: The CoP process is designed to be iterative. That is, the reflection-learning-planning-action is repeated in many ways throughout the course of the project. Not only will the CoP participants learn as a result of the collectively small project that they undertook, but they continually set new learning goals as a result of their reflection on the knowledge and expertise they shared with each other and that was presented on the basis of the literature and wise practice review.

The Story of the Yukon CoP

The first CoP meeting was held on May 1, 2012 with about a dozen participants from the sectors noted earlier well as Judie Bopp (Research Coordinator) and Nancy Poole (Principal Investigator) in attendance. Subsequent meetings were scheduled approximately monthly using WebEx technology that enabled members to attend from

Establishing a regular rhythm of meetings

multiple locations and to share documents in real time. The option to join the meetings by WebEx was offered to all participants but no local members used it.

The Yukon Research Lead organized the meetings and set the agendas. Meetings were scheduled for two hours. Since most members are very busy, this was a big time commitment. However, discussion was often lengthy, in-depth and fruitful, taking up most of the agenda time. It was difficult to arrive at a happy medium for meeting length. The Yukon Research Lead kept the membership up-to-date with notes from the meetings and research and resource materials.

It was very helpful that the meetings were co-facilitated by the Yukon Research Lead, the Principal Investigator and the Research Coordinator. It is challenging to bring such a diverse group of people together who may not have previously worked jointly in the past, or that have history of working together with varying degrees of success. Co-facilitation from outside the local group brought fresh perspectives, knowledge and neutrality to the process and helped diffuse the normal tensions that arise when members working from differing points of view come together for a single purpose. The CoP process provided a fresh platform to transcend the history and usual relationships between members.

CoP member participation

Participation was fluid and fluctuated during the two years of the project, but a core group of members emerged who represented a balance of the non-profit sector, territorial government, First Nation and the RCMP. Some members persevered from the start and some joined part way through the process. The balance between decision and policy makers and service providers was difficult to maintain with some administrators giving priority to the project, while others dropped out despite considerable ongoing encouragement. This was challenging since it left several critical fields and sectors unrepresented at certain points in the CoP process. However, the participating members persisted because they truly want to make a difference in the lives of homeless women and they found the data and research findings useful in their work.

What We Did

At the first CoP meeting, members were introduced to the CoP concept and approach as well as the research process. A menu of learning themes resulting from a broad literature review was presented for discussion and selection as future topics for the CoP. Several research documents were also presented for review and input. Members were encouraged to share their knowledge and experience and add to the learning themes for the duration of the CoP. The learning themes presented were: making communities of practice work, why gender matters, mental health issues among northern homeless women, trauma-informed practice, aboriginal perspectives on mental health, housing models that have shown promise, and why it has been so difficult to make headway on this issue.

It was challenging to strike a balance between focusing on the findings of the literature and best practice reviews and the findings of the research with homeless/at-risk women and the service providers who work with them at the same time as reserving time for participant reflection and consultation about practice implications. Members were eager to explore new ideas and the research data; consequently, items at the end of the agenda often held over until the next meeting.

Learning from the literature

The following learning theme papers were chosen for consideration: 1) using a community of practice approach, mental health issues among homeless and at-risk women, Aboriginal peoples' perspectives on mental health issues, models for change and social finance. A paper on the importance of gender was prepared for discussion but

by that point in the process, members were more focused on exploring the emerging data.

Another significant contribution of the CoP was to review research documents and data and provide feedback to the research team. The Yukon Research Lead prepared the following documents for review and input: a service map for Whitehorse, Yukon Strategies and Plans, an annotated Yukon Literature Review, research theme summaries from the service users and service provider data, drafts of the recommendations from service providers and service users. The service map is a graphic illustration of the services available and used by homeless women with mental health issues in Whitehorse (see the section of this report which presents the research findings derived from the interviews with service users). This generated a lot of interest, lively discussion and went through four versions. Members from the Yukon government involved with policy were very interested in the data outlining what service users identified as gaps in services, which services they actually use and the overlapping recommendations for change (service users and service providers). Members added to the Yukon literature review and the document outlining strategies and plans created in the Yukon around issues related to homelessness.

Learning from research data

This service user data theme entitled *Trajectory of Women's Homelessness and Mental Health Service* (see the second section of this report) contains an illustration of the vicious cycles of homelessness that generated much discussion of the factors contributing to the cycles, how the cycles can be interrupted and safety created for women. Members liked the concept of cycles within cycles illustrated by the diagram and added elements to create a more comprehensive picture. The idea that women are not passive victims was a clear finding from the service user interviews and is summarized in the *Resilience, Resistance and Resources* theme included in the third section of this paper. This theme resonated with some members and was a new concept for others generating valuable discussion.

Besides contributing their knowledge and input at each meeting, CoP members provided the following information and updates on their work and initiatives with relevance to the work in progress: communities of practice in a pan-Canadian Nursing context, the Sharing Common Ground Implementation Plan, the Yukon Social Inclusion and Poverty Reduction Strategy, the Building a Sustainable Network for Yukon Symposium review, and the proceedings of the First Nations Mental Wellness Continuum Advisory Committee national meeting. This was an aspect of the CoP that members embraced. They were eager to participate actively and find a place for their work and perspectives within the CoP. The resulting discussions contributed to the ongoing work of the member and the work of the CoP as a whole.

Learning from CoP member knowledge & experience

Presentations were also made by guest speakers on the Yukon Wellness Initiative, the Yukon Wellness Court, and the work in progress for a Yukon government Housing Action Plan. A member of the Northwest Territories research team made a presentation via WebEx on a participatory action research project involving homeless women in Ontario entitled *We're not asking, we're telling* (Paradis et al, 2012). It was stimulating to connect with a member of another research team and for Yukon CoP members to discuss the paper in a pan-Northern context.

Learning from guest presenters

The Action Phase of Action Research

A unique feature of this project that was an incentive for members is the focus on action research. Each territory set aside ten thousand dollars for an action item or pilot project

Planning a collective action project

informed by the research results that the CoP determined would make a difference for homeless women with mental ill health in their community. By means of this pilot project, they could learn immediately by doing, a process that is often very difficult to realize in bureaucracies. The CoP members not only decided how to use the funds to the best advantage, but they were involved in monitoring and evaluating the pilot project.

Members were keen to move into the action phase of the research. However, given the enormity of the issues and the numerous gaps in services, it was very difficult to come to any sort of consensus on which issue or gap was most pressing and which actions would achieve the most results with the limited amount of funding available. The research team also wanted to have as many members as possible involved in the decision-making, a process that proved difficult because of fluctuating attendance. The research team decided to gather together a small group of regular participants to review the recommendations/suggestions of both service providers and service users and decide on three options, within the context of best practices, to present to the CoP. The three options were:

- to provide after-hours and weekend low-barrier service at the Victoria Faulkner Women's Centre in partnership with the YSWC and the Second Opinion Society;
- to expand on the services provided by the lunch program Sally & Sisters as has been requested by women using this service; or
- to provide mental health, trauma-informed or cultural safety training to frontline service providers.

Filling a service gap for a safe, after-hours space for homeless/ at-risk women

Members were clear that they wanted an action item which would make an immediate difference to homeless women. When presented with the choices, the CoP members felt strongly that the need for the first option was greatest and that filling this gap would improve the lives of homeless women with mental health issues the most of the three choices. Due to the limited funding, the project was framed as a winter project to provide a safe place for women during the coldest months of the year. CoP members were asked to contribute to the project in any way they could and to assist with publicizing the project with their clientele. The research team and the CoP would work together to monitor and evaluate the project and to determine if it is the best way to address this gap in services. At the time of this writing, the project was able to attract additional funding and positive media attention.

Summary

A stimulating, challenging, sometimes frustrating and ultimately worthwhile process

The CoP process was stimulating, challenging, frustrating and ultimately worthwhile. It is a new way for stakeholders to interact and act on an important issue in Whitehorse. Attracting members was not difficult however, keeping them was a challenge. Integrating the different sectors was also challenging. It was surprising to see which members were willing to leave their "hats" at the door and interact in a truly collaborative way. It was also intriguing to see which members with large mandates entered fully into the spirit of learning and problem-solving and attended regularly while others did not. Some members who could not attend meetings contributed by email.

Working toward sustainability

A core group of members that were fully engaged emerged over the two years of the project. An unexpected committed member is the RCMP. In the past, the RCMP have not been involved in similar working groups but the ground breaking work of the Together for Justice project opened the pathway for collaboration. This group decided to find the resources necessary to keep the CoP going locally after the *Repairing the Holes*

in the Net project concludes. They believe that the project has provided valuable data and resources, as well as the impetus to continue to work to break the cycles of homelessness, poverty and despair that entrap women with mental health issues.

REPORT SUMMARY AND CONCLUSIONS

The Repairing the Holes in the Net project was a two year learning process for all involved. The project brought together a diversity of stakeholders all with a passion to improve the lives of homeless women with mental health issues and to repair the holes in the service net that women may fall through. Dr. Judie Bopp from the Four Worlds Centre for Development Learning and Nancy Poole from the BC Centre of Excellence for Women's Health provided their expertise and guidance to the three territories involved and helped to weave the differing perspectives into a cohesive picture. The Community of Practice in the Yukon functioned as a learning community considering and discussing papers on topics relevant to the issues. The CoP worked together to review the data collected from service providers and homeless women with mental health issues and to provide input regarding resources, direction, and recommendations.

The picture that emerged, illustrated by the interacting "vicious cycles" and the service map of concentric circles, provides tools for intervention and a snap shot of the service environment in Whitehorse. Recommendations were made by the CoP for service improvement, to interrupt the cycles keeping women trapped in homelessness and to close the service gaps. This project has provided useful data and resources for policy makers and those in a position to move forward with the recommendations outlined in this report. As members of the Community of Practice resolved, the time for action is now.

ANNEX A: COMMUNITY OF PRACTICE MEMBER AGENCIES

Alcohol & Drug Services
Health Canada, Northern Region Program Consultant, Health Canada
Kaushee's Place
Council for Yukon First Nations, Health & Social
Yukon Mental Health Services
Council for Yukon First Nations
Yukon Government Social Inclusion & Poverty Reduction Strategy
ADM Yukon Social Services
Second Opinion Society
Community Health Programs
YG Social Services, Policy
Yukon Anti-Poverty Coalition
First Nation Health Program, Whitehorse General Hospital
L'Association Franco Yukonnais
Canadian Mental Health Assoc. Yukon chapter
Yukon Family Caregivers Support Association
ADM Yukon Health
Mental Health Social Worker, Whitehorse General Hospital
Yukon Women's Directorate
Manager, Alcohol & Drug Services
Director of Policy, Yukon Health & Social Services
Yukon Anti-Poverty Coalition (YAPC)
Salvation Army
Chief Superintendent, RCMP
Yukon Medical Officer of Health

ANNEX B: FRAMEWORKS & PROGRAMS IN THE YUKON RELATED TO WOMEN'S HOMELESSNESS, MENTAL HEALTH & ADDICTIONS

	Description & Goal	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Results**	**Potential for influence**
A Home for Everyone: A Housing Action Plan for Whitehorse February 2011	• Goal - provide a tool and impetus for action to improve housing options in Whitehorse particularly for low income people • Outlines emergency shelter, transitional housing, housing with long-term support, rental housing, affordable home ownership • Define each need, details gaps, barriers/issues, recommended actions	• Yukon Anti-Poverty Coalition Housing Task Force members, includes NGO's, members of the public	• Reduce homelessness • Reduce poverty • Connect our community • Increase housing options • Inspire community to take ownership and action	Call to action for: • Housing • Community and stakeholder buy-in • Support for the most vulnerable Recognizes the importance of: • Community engagement • Addressing homelessness • Collaborative action at all levels • Gender • Mental health • Range of services to address spectrum of needs	• Broad media attention raised awareness of need for full spectrum of housing and of specific populations • Used by YAPC for advocacy • Yukon Housing used it as resource for their 2013 strategic plan • Used as resource by Yukon Housing & Housing Action Plan working groups 2014 • Used by stakeholders and chamber of Commerce as resource	• YAPC produces a yearly progress report • Potential to influence Housing Action Plan working groups great with resulting positive affect on women's lives.

Note: The categories used in this chart were chosen because they reflected themes that have emerged as important during the Repairing the Holes in the Net research project (including the discussions of the Yukon Community of Practice).

Description & Goal: Provides a description of the plan, strategy or policy and its goal.

Collaboration: There is also strong consensus that an integrated approach based on strong partnerships between government and non-government agencies, across a broad range of government departments and among personnel with government departments. It is also clear that strengthening community-led initiatives is a key to effective service.

Priorities: This column describes key program/service elements, especially related to women's homelessness and mental health issues.

Implications for enhanced services for homeless & at-risk women with mental health challenges: A summary to identify commonalities, gaps, issues, etc.

Results: Outlines the resulting actions taken (or not) in relation to services for homeless women with mental health issues. This is important background for further work on closing the gaps in services for homeless women with mental health issues.

Potential for influence: the object of the Repairing the Holes in the Net project is to improve services for homeless women with mental health issues. The Yukon Community of Practice is most interested in learning where they can make interventions of exert influence to create positive change.

	Description & Goal	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Results**	**Potential for Influence**
Building a Sustainable Wellness Network for Yukon 2011-2014	• Goal: build a sustainable & supportive network of agencies • 3 symposia providing information, opportunities for dialogue and best practices regarding community based health & social service delivery.	• Council of Yukon First Nations, Yukon First Nations, Fetal Alcohol Spectrum Society of Yukon, Health Canada, the Northern Institute for Social Justice, Mental Health Commission of Canada • Yukon Government departments, NGO's	Collaboration & community participation: • Improve working relationships between governments, non-governmental organizations and community organizations in Whitehorse and rural communities • Coordination of seamless health & wellness service delivery systems • Support community action Recognize the community as the best resource in addressing mental wellness & invest in community capacity Healing & wellbeing • Incorporate community-based resources in addressing mental health & addictions • Emphasis on collaboration between mental health & addictions, Indian Residential School programming & community based service delivery.	Calls for improved services related to: • Mental health & addictions • Housing • Food security • Income support • Individual First Nations cultural practices Recognizes the importance of: • Individual First Nations cultures • Collaborative action • Community-based approaches Does not recognize: • gender	• 3 symposia • Formation in 2014 of a Sustainable Wellness Network	Broad representation of all levels of govt. at high levels, ngo's presents an insertion point for gender considerations and analysis

	Description & Goal	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Results**	**Potential for Influence**
Corrections Redevelopment Strategic Plan 2006	• Goals: Implement recommendations of Corrections Action Plan & to improve correctional programs offered to victims, offenders and community members. • Change operation of correctional system so service providers better able to deliver high quality programs. • Developed mission, values & mission statement, developed a regulatory environment & organizational framework to support service delivery	• Yukon Dept. of Justice, other government departments, Women's Directorate, related NGO's, First Nations	• Key initiatives: implement client-focused correctional program delivery model • correctional centre that reflects needs of offenders & support staff • New correctional centre with separate wing for women • Access to Elders & First Nation programming for women • More access to mental health& addictions services for inmates, including women • More programming specific to women's needs	Calls for improved services related to: • Addictions, mental health, life & employment skills, • Connection to community • Post release planning Recognizes the importance of: • Cultural programming for First Nation inmates, • Support for staff, volunteers and community members • Connection between residential school & crime • housing Does not recognize: • Limited recognition of gender • Role of trauma and re-victimization of women	• New correctional facility with wing for women in operation • Limited programming offered to women offenders • No programs offered to community members • DVTO • Wellness Court • Victim's Services continues to offer support & programs to victims of violence	

	Goals & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Results**	**Potential for Influence**
CYFN Mental Health First Aid Initiative 2013/14	• Goal: to improve mental wellness in First Nations communities	• First Nations Health Directors and other frontline FN people and Council of Yukon First Nations Health & Social Development Dept. • Linked with Sustainable Wellness Network	• Train frontline workers in all Yukon communities in Mental Health First Aid Ally with pilot project in NWT for northern adaptation of program	Calls for enhanced services in rural communities: • Mental health & addictions • Better response to suicide • Culturally appropriate grief counselling • Training for frontline workers especially in rural Yukon • Crisis intervention & Recognizes the importance of: • Better training & support for frontline community workers • Residential school trauma & PTSD Does not include gender analysis	• Hired Mental Health First Aid Trainer through Northern Institute of Social Justice • Training held in 2013 & 2014 • The plan is to create and train crisis intervention teams to respond to crises in rural communities	• Opportunity to insert gender into training and gender informed practice for crisis intervention teams.

	Goals & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Results**	**Potential for Influence**
Domestic Violence & Sexualized Assault Framework Development Committee	• Goal: to create a consistent framework for collective responses to domestic violence & sexualized assault	• Federal/territorial /First Nations govts., women's organizations, RCMP, YG Health & Social Services	Closing service gaps, better integrating services • Better services for women experiencing domestic violence and sexualized assault. • Client-centred & trauma informed • Creation of a Sexualized Assault Response Team a priority Recognizes the importance of: • Appropriate language • Trauma informed care • Client-centred care • Poverty, mental health & addictions • Vulnerability for re-victimization • Gender lens • Resistance & resilience of victims of violence	Calls for enhanced services related to: • Domestic violence & sexualized assault Recognizes the importance of: • Collaboration between government services, RCMP & NGOs for service provision • Need for appropriate service for victims of domestic violence & sexualized assault	• Increased collaboration among service providers • Movement on creation of Sexualized Assault Response Team	Members of CoP are members of this committee

	Goal & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Results**	**Potential for Influence**
Yukon Advisory Council on Women's Issues	• Provides information & recommendations directly to the Minister Responsible for the Women's Directorate • Gathers information on key issues for Yukon women, sponsors research and organizes a yearly women's conference	• Members appointed by Minister • Representatives from Whitehorse & rural communities • Broad spectrum of women represented	• The Council establishes a key issue to work towards yearly. • Gaps in accessible and affordable legal services for women, especially women living in poverty and/or with addictions, mental health issues • In 2013, sponsored research into need for legal advocate or court watch program in response to recommendation 4.1 in sharing Common Ground (see below)	• Fill gap for accessible legal advocacy for women especially poor and marginalized women. Recognizes: • Trauma including from Residential School and intergenerational trauma • Colonization • Mental health & addictions issues • Women's resistance & resilience • Gender analysis	• Produced report *Gaps, Needs and Options: Legal Advocacy for Yukon Women* in June 2013. • In 2014, recommended to the Minister that legal advocacy services for women be implemented.	• Open to input from community groups. • YSWC made presentation on finding of RTN. • Opportunity for follow-up. • Has direct access to Minister Responsible for the Women's directorate

	Goal & Description	Collaboration	Priorities	Implications for enhanced services for homeless & at-risk women with mental health challenges	Results	Potential for Influence
Together for Justice 2012-2014	• Goal: to foster communication and a better relationship between First Nation women, women's NGOs, and the RCMP • To learn better ways of responding to violent crime against women in aboriginal and northern communities • To develop ongoing agreements on how to improve women's safety • Dr. Alan Wade and Dr. Cathy Richardson conducted a series of workshops in Whitehorse and Watson Lake with above groups which accomplished the goals as a response to the *Sharing Common Ground* report & experience.. • Effects of colonization, mutualizing language, honoring women's resistance and resilience were emphasized • Learning & respecting the perspectives and experiences of all was a key focus of the workshops	• Liard Aboriginal Women's Society was the lead • Elders, community members, women's organizations (aboriginal & non-aboriginal) • RCMP (all levels)	Closing the gap between RCMP and aboriginal women: • Improve responses by RCMP to aboriginal victims of crime • Increase understanding of RCMP of power dynamics of domestic violence, effects of colonization on aboriginal women & trauma • Improve services to women who are victims of violent crime • Improve experience of policing for women victims of crime • Create alliances between police and women's organizations to assist women victims of crime	Calls for: • Appropriate services for intoxicated women • Appropriate services for women with mental health problems • A range of housing & supports • A SART team • Include a social worker in RCMP domestic violence response team • Services for women leaving WCC • Culturally appropriate services for aboriginal women Recognizes the importance of: • Collaboration between RCMP & community • Training for RCMP • Shared language between police and women's orgs • Trauma-informed practice • Gender lens • Aboriginal culture and values • Role of elders • Impact of lack of housing & emergency shelter •	• Creation of a protocol between RCMP & LAWS • RCMP created a liaison position for vulnerable people in Whitehorse • RCMP member of CoP • Process begun to create protocol between RCMP & Whitehorse Women's Coalition • RCMP involved in advocacy for housing for women with mental health issues • RCMP & women's organizations actively working to maintain and enhance relationships • Improvement is RCMP interactions with victims of domestic assault, intoxicated women & women with mental health issues	• RCMP's increased involvement with different community working groups is influential to create change • RCMP involvement as CoP members broadens the scope for research dissemination and influence
	Goal & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-**	**Results**	**Potential for Influence**

				risk women with mental health challenges		
Landlord & Tenant Act Review 2009-2013	• Goal: review & report findings and recommendations on legislative options for amending the Landlord & Tenant *Act* • Select Committee appointed to conduct public meetings, solicit written input & conduct an online survey • Submitted a written report to the Legislative Assembly in 2010.	• Select committee consisted of members of 3 political parties • Public meetings held in Whitehorse & rural Yukon communities • Input from housing advocates, business, realtors, landlords, women's organizations, aboriginal organizations, poverty advocates, general public, Human Rights Commission • Women's Directorate contributed gender analysis • Reviewed internally by Dept. of Community Services	• An updated Landlord & Tenant *Act* which fairly balances the rights of landlords and tenants • Old *Act* limited the rights of tenants and used unclear, archaic language that was difficult to understand. • Improve ability of women to get and keep adequate, decent housing • Decrease number of evictions • Decrease the amount of slum housing and increase condition of affordable housing • Tenants clearly understand their rights & responsibilities & those of landlord • Tenants have access to free dispute resolution • Creation of minimal rental standards for tenant protection	• Fill gap of no minimum rental standards • Mandatory leases to protect tenants' rights • Clarity around rental deposits permitted • Procedures for dispute resolution other than court • Provide more security for tenants	• New Landlord & Tenant *Act* passes in 2013 • Public consultation on regulations and minimum rental standards ended in March 2014 • Dept. drafting regulations and minimum rental standards • Act will go into effect when regs & standards in place • New dispute resolution mechanisms & process will begin when *Act* in effect	• Many stakeholders and advocates had input into both public consultation processes.

	Goal & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Results**	**Potential for Influence**
Yukon Housing Action Plan 2013-2014	Goal: A housing action plan for the Yukon for the next ten years including short, medium & long-term goals • A planning project with community stakeholders to guide actions of govt & other stakeholders in the housing sector Structure: Steering Committee & 4 working groups to develop action plans • Finalized plan will have an inventory of housing challenges with flexible options to address issues & maximize benefit of future housing investments/development.	• Lead is Yukon Housing Corporation • Broad representation across YG government departments, industry, First Nations, NGO's, business sector, Women's Directorate	• Working groups include Housing Accommodations with Additional Services & Rental Housing • Looking at a range of housing options to serve women with mental health & addictions issues & homeless women • Groups looking at supports needed to keep women housed • Housing First concept accepted	Recognizes: • Effects of homelessness on women • Housing as a determinant of health & well-being • Gender analysis • Existing gaps in housing and supportive services • Working groups will give priority to gaps that can be filled most easily for different groups in need.	• Steering Committee and working groups aim to complete the draft plan by the fall of 2014. • Plan to be reviewed periodically for effectiveness & emerging issues • Steering Committee must accept plan and present to politicians.	• groups serving homeless women with mental health or addictions issues well represented on working groups. • Good opportunity for input and influence to plan which will affect housing development in Yukon for 10 years.

	Goal & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Results**	**Potential for influence**
Human Rights Act Review 2008	• Review of Yukon human rights legislation	• Select Committee of Yukon Legislative Assembly conducted public consultations and solicited written submissions • Broad spectrum of advocacy groups, business, women's organizations, general public participated • Input by Women's Directorate • Yukon Human Rights Commission submitted paper on the implications for women	Recommendations included: • housing as a human right, • social condition as a prohibited ground for discrimination, • freedom from gender based violence • aboriginal identity as a separate ground	• Adoption of the recommendations mentioned at left would have provided recourse to address lack of housing, violence against women and discrimination against based on poverty & aboriginal identity under the law • Establishing the right to housing would have obliged all levels of govt to fill the housing gaps & needs of homeless women with mental health or addictions issues	• Yukon Govt chose to focus on recommendations regarding procedure and structure. • None of the recommendations cited were enacted.	

	Goal & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Results**	**Potential for Influence**
Improving Treatment & support for Yukon women with Substance Abuse Problems & Addictions 2008	• Research project aimed at describing women & substance abuse in the Yukon and improving treatment & support	Yukon Government Interdepartmental Working Group: • Health and Social Services, • Department of Justice • Yukon Bureau of Statistics • Women's Directorate	• Description of programs, policies & services • Identify issues & factors affecting girls & women with substance abuse problems • Report on best practices • Conduct a workforce training needs assessment with YG staff • Recommendations for service improvement	Strong recommendations included: • Strengthening the continuum of services available to girls and women based on a tiered model of a continuum of care • removal of barriers to treatment; • improving treatment and support options for subgroups of women such as First Nation, Inuit and Metis women, women with involvement in the Justice system, women smokers, women requiring specialized intensive treatment for concurrent addiction and violence concerns; • engagement of all frontline service providers in identification, brief intervention and referral and other initiatives; • supportive policy; • specialized training and professional development for frontline workers in Whitehorse and communities.	•	

	Goal & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Results**	**Potential for Influence**
Social Assistance Review (2012)	• An internal review of the social assistance program is being conducted by Yukon Health and Social Services. • Goal: restructuring with policy, organizational and program delivery changes taking place throughout 2014.		• New case management system • Restructuring of service delivery • Organizational & policy changes	• Case managers/social workers will stay with clients from intake point onward • Services for Persons with Disabilities will now serve people with cognitive and developmental disabilities, not physical disabilities. • People with other disabilities will be served by Adult Services. • Some services currently offered may be contracted to NGOs	Recognizes the importance of: • Importance of social worker/client relationship & continuity • Clarity for people with disabilities Does not recognize: • No gender analysis • Importance of stakeholder input into the process	Research finding have potential to affect further changes in program delivery & services

	Goal & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Action**	**Potential for Influence**
Substance Abuse Action Plan 2005	• series of action items outlining proposed programs and services, the strategic direction they fit into, and a general description.		• harm reduction, prevention and education, treatment and enforcement.		• Draft plan which did not result in any action or follow through	

	Goal & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Action**	**Potential for Influence**
Sharing Common Ground Implementation Plan 2011	• Response to the Review of Yukon's Police Force 2010 to improve policing in the Yukon, especially for women • Outlines 6 Terms of Reference with recommendations for implementation	YG Dept. of Justice, Council of Yukon First Nations, RCMP Working groups comprised of women's groups, government & non-governmental organizations were created: • RCMP Training and Development Framework • the public safety group • the domestic violence working group • the Women's Coalition comprised of Yukon-wide women's organizations	• creation of a Yukon Police Council • creation of RCMP Specialized Response Team which reviews cases of violence against women • construction of a secure assessment centre for those detained or arrested by the RCMP • retention of a civilian police investigation agency • decrease incidences of domestic violence against women	Recognizes the importance of: • the history of colonization and the effects on aboriginal women • the role of the RCMP in removal of children to residential schools • the lack of trust between women, especially aboriginal women and the RCMP • gender analysis • aboriginal culture & values • collaboration between women's groups & RCMP • Women's Coalition contributions to RCMP Training & Development Plan • Increased collaboration and trust between RCMP & women's organizations creates opportunity for enhanced services & learning opportunities	• Specialized Response Unit ensures cases of violence and sexualized assaults dealt with appropriately & point of contact for service providers • Research regarding a legal advocate for women conducted & results presented to YG • New position for liaison between vulnerable populations created in RCMP • Increased participation of RCMP with community initiatives • All 4 priorities addressed	• The Women's Coalition & the Women's Directorate has provided input into many initiatives and working groups involved in implementing the recommendations. • The RCMP Commanding Officer & several staff participated in the CoP resulting in greater understanding of women's homelessness & mental health issues • Collaboration between the RCMP & women's organizations has become the norm rather than an exception. • This initiative ended March 31, 2014

	Goal & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Action**	**Potential for Influence**
Social Inclusion & Poverty Reduction Strategy 2010 - 2012	• Guide YG social policy development so policies, programs & services reflect social inclusion & poverty reduction goals • Inform decision making and investment of resources • Goals: to improve services, reduce inequities and strengthen community vitality	• YG Dept. of Health & Social Services the lead • With guidance from YG Interdepartmental Steering Committee • input from the Community Advisory Committee comprised of community stakeholders	• Recognize conditions unique to Yukon & diversity of population • Recognize role of individuals, civil society and community can play in addressing issues • Recognize roles & responsibilities of other levels of government • Plan in timely, accountable & evidence-based ways • Focus on preventing & reducing social exclusion & poverty & improving lives of those experiencing them • Deliver services in client-centred approach • research	Recognizes: • Effects of homelessness on women • Housing as a determinant of health & well-being • Existing gaps in housing and supportive services • Social determinants of health • Possibility of enhanced mental health & addictions services • Possibility of increased & targeted housing options Does not recognize: • 3 research reports do not disaggregate data by gender making it difficult to provide evidence-based service improvements for women. • Collaboration between voluntary & govt. sectors did not continue	• conducted research & produced 3 reports: Dimensions of Social Inclusion in Yukon 2010, Bridges & Barriers 2010 & 2010 Whitehorse Housing Adequacy Study • actions cited in the Strategy comprise those already underway by YG departments & various new initiatives • 10 units of 2nd stage housing being built in Whitehorse for women fleeing abuse • Expansion of Dawson City Women's shelter	• The Community Advisory Committee has been dissolved & the Office of Social Inclusion & Poverty Reduction has been reduced to one employee. • The Repairing the Holes in the Net research findings & recommendations could provide gender-based data & inform future initiatives

	Goal & Description	Collaboration	Priorities	Implications for enhanced services for homeless & at-risk women with mental health challenges	Results	Potential for Influence
Task Force on Acutely Intoxicated Persons at Risk 2010	• Created by YG to address the question of how to manage acutely intoxicated individuals • was predicated by the death of an acutely intoxicated individual in RCMP cells.	• Authors, Chief James Allen & Dr. Bruce Beaton, were appointed by YG • They met with involved social agencies and individuals, and attempted to coordinate with the Review of Yukon's Police Force	• harm reduction • Recommendations: • Department of Health must alleviate staffing & physical resource crisis at Whitehorse General Hospital immediately • Service providers dealing with acutely intoxicated persons at risk must treat with them with compassion & dignity in a non-judgmental manner • Service providers should meet at least annually to identify & address service gaps & competencies & inadequacies. • Update Yukon Liquor Act to define specifically when a person can be detained, what services must be provided & when person can be released • An overnight shelter for accepting acutely intoxicated persons co-located with sobering centre/detox • A downtown sobering centre for persons detained by RCMP which includes quality health care delivery co-located with expanded detox • Current detox provide medical detoxification • Sobering Centre & Detox staff be trained in current addiction medical practices with a medical director trained in addiction medicine • Detox hire primary care nursing	Recognizes: • Need for housing & shelter • Need for outreach • Need to reduce poverty & homelessness • Need for prevention • Effects of colonization & residential school • Effects of trauma & abuse • Need for immediate access to service when person ready • Need for relapse prevention • Human rights of intoxicated persons Does not recognize: • Need for specific treatment for women or role of violence in addiction • No gender analysis • No reference to cross-addiction or concurrent disorders • Heavy reliance on detention under the Yukon Liquor Act	• Taiga Clinic created to serve addicted people with a concurrent disorder and frequent users of the hospital. • Sobering Centre located at Whitehorse Correctional Centre with no dedicated medical staff • A registered nurse on staff at Detox	• Many stakeholders provided input but the report has a very medical model perspective. • Many recommendations not acted upon.

			staff • Intervention team including peace officer, to respond to incidents involving acutely intoxicated persons			

	Goal & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Results**	**Potential for Influence**
Victims of Crime Strategy 2009 - 2014	• A framework to guide YG programs & services for victims of crime • Guides the direct services of Victim Services Unit & identifies indirect programs & initiatives to be carried out by Dept. of Justice & Women's Directorate.	• YG Dept. Justice & the Women's Directorate • Victims of Crime Strategy Advisory Committee comprised of YG depts., First Nations, women's organizations & NGO stakeholders	• Strengthen the focus of the needs of victims of crime: client-centred approach, practical support for victims, identify service gaps , develop skills to work with high risk & vulnerable women • Focus on addressing violence against women, particularly Aboriginal women, emphasizes working with women's organizations • Exploring legislative options to develop legislation for addressing the needs of victims of crime • Mentorship & capacity building in rural communities, emphasizes working with women's organizations, NGOs & First Nations • Integrated responses of victims, offenders, families & communities	Recognizes: • Effects crime has on women emotionally, physically & financially • vulnerability of Aboriginal women • gaps in service • victims service providers need training in working with women with mental health issues • uses gender based analysis • need for sexual assault response teams Does not recognize: • specifically the role of mental health and homelessness in victimization • does not address the specific needs of victims with mental health issues or who are homeless	• Victims of Crime Act legislated in 2010 • Essential Skills for Victims Service Workers in Northern Canada developed with Nunavut & NWT • Victims of Crime Emergency Fund created • Crime Prevention Victim Services Trust Fund created • Prevention campaign run • Working on establishing Sexual Assault Response Teams • Project Lynx for child victims & witnesses of crime	• YSWC is a member of the Advisory Committee & can continue to raise the vulnerability to victimization of homeless women with mental health issues • Research results may influence future directions for Dept. of Justice • Crime Prevention Victim Services Trust Fund could fund projects to fill service gaps

	Goal & Description	**Collaboration**	**Priorities**	**Implications for enhanced services for homeless & at-risk women with mental health challenges**	**Results**	**Potential for Influence**
Wellness Strategy 2012	Goal: to prevent chronic conditions and improve the health and wellbeing of all Yukoners, resulting in savings in health care expenditures.	• A initiative of YG Dept. of Health & Social Services • Select Technical Advisory Committee • H&SS Working on Wellness Committee	Three pathways for lifelong health and well-being: • **Getting a good start in life** with nurturing adults and safe, stimulating surroundings. • **Raising kids who flourish** by creating opportunities for children and young people to develop confidence, interests, and positive relationships. • **Healthy living for all** by making healthy choices easier and equipping all people with information, skills and opportunities to make good decisions.	Recognizes: • Brief mention of role of affordable housing and adequate income on wellness • Mentions residential school legacy & effects on in community wellness • Focuses primarily on good physical health as outcome of wellness Does not recognize: • specifically the role of mental health and homelessness in wellness • specifically the role of poverty on food security & wellness • no gender analysis • does not discuss or address mental health • does not address the specific needs of women with mental health issues or who are homeless	• 3 documents: Pathways to Wellness (2012), Pathways to Wellness: Our Children & Families (2013), On the path together, a Wellness Plan for Yukon's Children & Families (2014) • Conducted an online survey • Created various resources aimed at the general public & those working with children & youth	• Acknowledgment of CoP in list of those who contributed ideas & information to project

	Goal & Description	Collaboration	Priorities	Implications for enhanced services for homeless & at-risk women with mental health challenges	Results	Potential for Influence
Whitehorse Planning Group on Homelessness Community Plan 2011-2014	• to provide background information for the group to allocate funding from the federal Homelessness Partnering Strategy allocated to Whitehorse	Group membership from government & non-governmental service providers & stakeholders	• allocation of Homelessness Partnering Strategy funds through calls for proposals • looks at strengths & weaknesses of WPGH • links to other strategies & plans • creation of a continuum of housing & support priorities • demographics & socio-economic trends • changes in the needs of homeless & at-risk populations • changes in shelter & housing needs • identifies important issues related to homelessness	• funding allocation for the Yukon is inadequate to address anything but the basic needs of emergency shelter & basic outreach to vulnerable people • funds have been allocated to the same applicants for many years • potential for change of allocations in future as structure of committee changes to a Community Advisory Board which will have a nimbler process	Funded: • Salvation Army Emergency Shelter • Fetal Alcohol Spectrum Society Yukon Outreach Support Workers program	• YSWC & many CoP members on this committee and are aware of the unmet service needs of homeless women with mental health issues

	Goal & Description	Collaboration	Priorities	Implications for enhanced services for homeless & at-risk women with mental health challenges	Results	Potential for Influence
Yukon First Nation Mental Health Project	• provide First Nation Wellness workers with information about mental illness and mental wellness • work with community members, informal leaders, around practicing some behaviours that lead to mental wellness.	Council of Yukon First Nations & Yukon Mental Health Services Northern Institute of Social Justice	• increase the capacity and knowledge of First Nation Wellness workers • increase frontline worker's knowledge of mental health issues and interventions • strengthen the relationship between Yukon First Nation Health and Social Departments and Mental Health Services • provide professional mental health support and expertise to frontline workers in communities.	Recognizes: • need for enhanced mental wellness services • First Nations cultural practices • Effects of colonization & residential school • Effects of trauma on community & individual levels Does not recognize: • Need for gender analysis • Adapted training package not shared with CYFN	• adaptation of Mental Health First Aid training for the North • provide Mental Health First Aid Training through the Northern Institute of social Justice • development of community mental health emergency response teams	• CYFN as research partner can bring research findings to work with Mental Health Services

					in rural Yukon in process but no funding commitment	

Note: There appears to be a broad range of departmental and cross-departmental initiatives and plans that have the potential to enhance services for homeless and at-risk women with mental health challenges in Nunavut. The research data derived from service users and services providers will give clearer insights into how well these initiatives translate into support for this population. There are at least 3 possible fault lines in the system:

1. The translation of policy and program plans into day-to-day services that are consistent with these documents (because of lack of adequate funding, lack of adequate staffing, lack of support in terms of organizations structures, etc.)
2. The difficulty of actually implementing cross-departmental initiatives into day-to-day work plans, job descriptions, etc.
3. The difficulty of sorting through the variety of cross-departmental initiatives, all with slightly different focuses and priorities, to create clear departmental work plans, etc.

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