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COMMUNITIES OF PRACTICE AS LOCATIONS FOR FACILITATING SERVICE SYSTEMS IMPROVEMENT FOR NORTHERN HOMELESS WOMEN

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INTRODUCTION

Attention to the gender-specific needs of homeless women in Canada's North is crucial. The complexity of the issues involved warrants a whole system shift in social policy and service delivery, as well as in the way that many individual programs and professionals work. This chapter describes a participatory action research project involving service providers, policy advocates and researchers in the three northern territories who had the goal of catalyzing health system improvement to respond to the needs of northern women with mental health concerns and who are homeless or at risk of being homeless. The first section of the chapter presents the context of women's homelessness in the North. Then the community of practice (CoP) approach employed in the Repairing the Holes in the Net project is described. The CoPs held in the three northern territories supported shared reflective practice space, where literature, women's identified needs and ideas for repairing the net of women-serving agencies and policies could be collectively considered. The chapter concludes with an assessment of successes and challenges associated with system change in the context of the North and the potential of CoPs in supporting relational and programmatic system change.

THE CONTEXT OF WOMEN'S HOMELESSNESS IN THE NORTH

The vast majority of northern homeless women do not fit the profile of women 'living rough' on the streets of Canada's southern cities. Rather, homelessness in this population is more likely to be 'hidden'[1] or 'relative'[2] in that they are 'couch surfing' or living in unstable or unacceptable housing (Bopp et al., November 2007). *You Just Blink and It Can Happen* concluded that:

> *In the North, all women can be considered at risk of homelessness because a small change in their circumstances can jeopardize the fragile structure of their lives that allows them to meet their basic needs. (Bopp et al., 2007: 1)*

All across Canada's North there is an absolute shortage of available housing, particularly affordable and adequate housing, which is a critical factor in the incidence of homelessness (Bopp et al., 2007). In 2012 the vacancy rate for rental accommodation was only 1.5% in Whitehorse, 3.6% in Yellowknife and 2.7% in Iqaluit (Canada Mortage and Housing Corporation, 2013). The physical environment of low-cost housing is largely sub-standard and mould, leaky windows, dirt, mice, thin walls, inadequate heating and poor maintenance are common (Bopp et al., 2007). Overcrowding is also a significant issue that can increase social distress and family dysfunction, including domestic violence (Abele, Falvo & Hache, 2010; Tester, 2009).

There are high labour and material costs associated with increasing northern housing stock and construction does not meet population growth rates (Webster, 2006). Specific northern considerations such as a short building season, permafrost, communities that are not connected by roads, the absence of trees in Nunavut for lumber and the need to ship or fly in most or all materials increase building costs (Bopp et al., 2007; Webster, 2006). Because of the unique circumstances in the North, creating new housing is almost entirely dependent on government initiatives.

Historical and political contexts have also shaped the long-standing housing crisis in the North. Shortly after World War II, during a period of welfare state reform, there was a "deliberate effort to centralize previously nomadic populations across Northern Canada" (Christensen, 2012: 421). However, these policies increased demand for social housing as it increased reliance for shelter by Aboriginal people on the federal and territorial governments. In 1993 the federal government withdrew funding for public housing, stopped its off-reserve Aboriginal-specific housing assistance and assigned the construction and acquisition of social housing to territorial governments (Bopp et al., 2007; Tester, 2009; Webster, 2006). When federal funds have been made available to the territories, such as a $300 million public housing allotment in 2006, these funds did not result in an increase in the number of public housing units and were instead used to replace aging public housing stock (Falvo, 2011).

Currently, Territorial Crown corporations own most of the existing housing stock and these units are managed

1. 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 (Kappel Ramji Consulting Group, 2002)

2. 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, Tester & Kellypalik, 2005)

by local housing authorities (Abele et al., 2010; Stern, 2005). The policies of housing authorities can mean that many women do not qualify for subsidized housing because they have rental arrears or debts for damages to their former housing, often as a result of a partner's behaviour (Bopp et al., 2007).

There are a complex constellation of factors that go well beyond the shortage of housing stock that conspire to keep thousands of women and their children in a condition of absolute or hidden homelessness. Rates of violence, trauma, sexual assault and abuse that are significantly higher than Canadian averages contribute to homelessness among northern women. Most women who are homeless or at risk have experienced violence, have mental health concerns and substance use problems or addictions (Bopp et al., 2007).

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It has been reported that up to 90–95% of the homeless women in the North are Aboriginal (Bopp et al., 2007; Christensen, 2011). The historical and current social policy in Canada has had the effect of disrupting Indigenous families in Canada, and the legacy of colonialism and subsequent intergenerational trauma is central to discussing Aboriginal homelessness (Patrick, 2014; Yellow Horse Brave Heart, 2003). With the passing of the Indian Act in 1867, much of Canada's Aboriginal population was relocated onto reserves, while Aboriginal children were placed in residential schools run by churches and funded by the Federal Department of Indian Affairs (Bopp et al., 2007; Patrick, 2014). These forced resettlement policies limited movement and participation in trading, while the residential school system "not only resulted in the loss of language, culture and community for Aboriginal children, but also established spaces in which rampant physical, sexual and psychological abuse took place at the hands of school and church officials" (Patrick, 2014: 59). Residential schools had a devastating effect on First Nation cultures and people and the resulting intergenerational trauma has an enormous impact on the pathways of homelessness in the North (Bopp et al., 2007; Christensen, 2013; Patrick, 2014).

In a thought-provoking argument for why homelessness among Canada's northern Aboriginal people can best be understood as rooted in a "spiritual homelessness" rather than fundamentally as a lack of housing, Christensen elaborates on the "multiple scales of homelessness: social and material exclusion, breakdowns in family and community, detachment from cultural identity, intergenerational trauma and institutionalisation" (2013: 804).

Many of the homeless women in the three capital cities have migrated from rural communities to seek social, economic and employment opportunities or institutional resources (such as mental health or addiction services) or to leave difficult family relationships (such as domestic violence) (Bruce, 2006; Christensen, 2012). However, once in the city, many women are faced with a lack of economic, social and cultural resources (Christensen, 2012). Women also migrate to the capital cities believing that there will be better housing options (Christensen, 2011); however, even in urban centres, housing unaffordability, limited public housing units for single individuals and the low-vacancy private rental housing market present significant barriers to people at risk of homelessness (Christensen, 2011). Relocating to a different community can also leave women in a jurisdictional "no man's [sic] land" where they lose the support of their own Bands but do not qualify for support from the Band government in their new community (Bopp et al., 2007). The high cost of travel within the North makes it very difficult for women who leave their communities to return home.

The few emergency shelters that exist in the North are overcrowded, understaffed and not always gender specific. Due to the limited transitional and second stage housing in the North, many emergency shelters

become permanent housing (Bopp et al., 2007; Falvo, 2011). For example, the Salvation Army in Whitehorse only has 10 emergency shelter beds which are offered on a first come, first serve basis and none are specifically available for women or children (Yukon Anti-Poverty Coalition, 2011).

In addition to limited emergency shelter services, there is a drastic shortage of mental health and addiction treatment services for women in the North, even in the larger city centres (Bopp, et al., 2007; Christensen, 2012). If women leave their territory to attend residential addiction treatment they are ineligible for income support. This policy makes it impossible to maintain a household to which they can return on completion of treatment (Bopp et al., 2007). Most of the homeless women in Canada's three northern territories who access housing or other types of services report experiencing mental health challenges of some kind, and homeless women and the service providers who work with them identify that these mental health issues are invariably both a cause and an impact of homelessness (Bopp, 2009; Bopp et al., 2007).

In the territories, particularly in communities that were not formed around a sustainable economic base, there is also a crucial shortage of formal sector employment opportunities (Stern, 2005; Tester, 2009). Women are also impacted by the very low minimum wage in the North and most cannot afford even a small apartment at market rental rates without holding several jobs (Bopp et al., 2007). These problems are exacerbated by the seasonal part-time nature of available service and tourism jobs that are without benefits, pensions and security, and the "dependence on self-generated, insecure sources of income related to arts, crafts, expediting, guiding and other activities" (Tester, 2009: 141). Many northern women must depend on income support (Christensen, 2013), but the low levels of support make it impossible for women to break the cycle of homelessness. Women described income support rules as "punitive, onerous and opaque" with long waiting times and low levels of benefits to sufficiently cover the high costs of basic living expenses in the North (Bopp et al., 2007). There are also policies in place whereby women living in shelters cannot receive income support and may face a waiting period after leaving; and women in social housing cannot obtain wage-based employment without having their rent subsidies dramatically decreased (Bopp et al., 2007).

The incidence of women's homelessness in the North has continued to grow despite the attention it has recently received in territorial governmental and voluntary sector planning processes, and despite the array of service options that have been created to respond to this troubling social problem. The slow progress toward solving women's homelessness in the North has not been the result of a lack of good will on the part of service providers, program managers and policy makers. The three territorial governments lack the ability to raise significant revenues and are highly dependent on federal transfers, and while they have "provincial-like" powers and responsibilities, "their weak economic positions mean a limited ability to implement robust measures to address the homelessness problems that they face" (Webster, 2006: 17).

Because of the complexity of the issues involved and the need for innovations to reflect the specific context of these Northern communities, it is clear that progress will not result from the mandated implementation of some type of 'silver bullet' solution. This is the type of complex[3] problem that will require 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. Such a shift will not occur because of a new policy or program framework. Since there are no recipes for solving complex problems, undertaking collaborative learning journeys can be important steps. As Myles Horton and Paulo Freire (1990) remind us, in situations like this we have to make the path by walking it.

3. In their stimulating work entitled "Getting to Maybe: How the world is changed," Westley, Zimmerman and Patton (2006) 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).

THE REPAIRING THE HOLES IN THE NET PROJECT

This was the challenge taken on by Repairing the Holes in the Net, a two-year multi-level action research project aimed to inform the development of culturally appropriate and gender-specific services for Northern women experiencing homelessness as well as mental health and substance use concerns. This applied health services study was funded by the Canadian Institutes of Health Research (CIHR), in partnership with the Mental Health Commission of Canada (MHCC), through the Partnerships for Health System Improvement (PHSI) Program. The British Columbia Centre of Excellence for Women's Health was asked by northern women's groups in the three territories to be the lead research agency for the project, and the Four Worlds Centre for Development Learning provided pan-territorial research coordination. 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 YWCA Agvvik and the Qulliit Nunavut Status of Women Council (Nunavut).

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Repairing the Holes in the Net chose a CoP approach as its key methodology for creating a shared reflective practice space that could stimulate a shift in the system or 'net' of services aimed at addressing the needs of homeless women with mental health and/or addiction issues. The project's scope was largely confined to the more limited concept of homeless shaped by the urgent need of service clients for safe and consistent shelter and for support for the many health, justice and income issues with which they struggle to cope on a daily basis. This approach in no way denies the larger context of colonisation and institutionalization that must be understood as the very root of the current situation. Repairing the Holes in the Net chose, however, to take on a smaller piece of this complex web for the sake of demonstrating an approach to co-learning that can stimulate change within a larger system. For this reason, 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.

With a focus on a common practice improvement goals, over the course of meetings held approximately monthly for two years, participants engaged in discussion and action in five key areas:

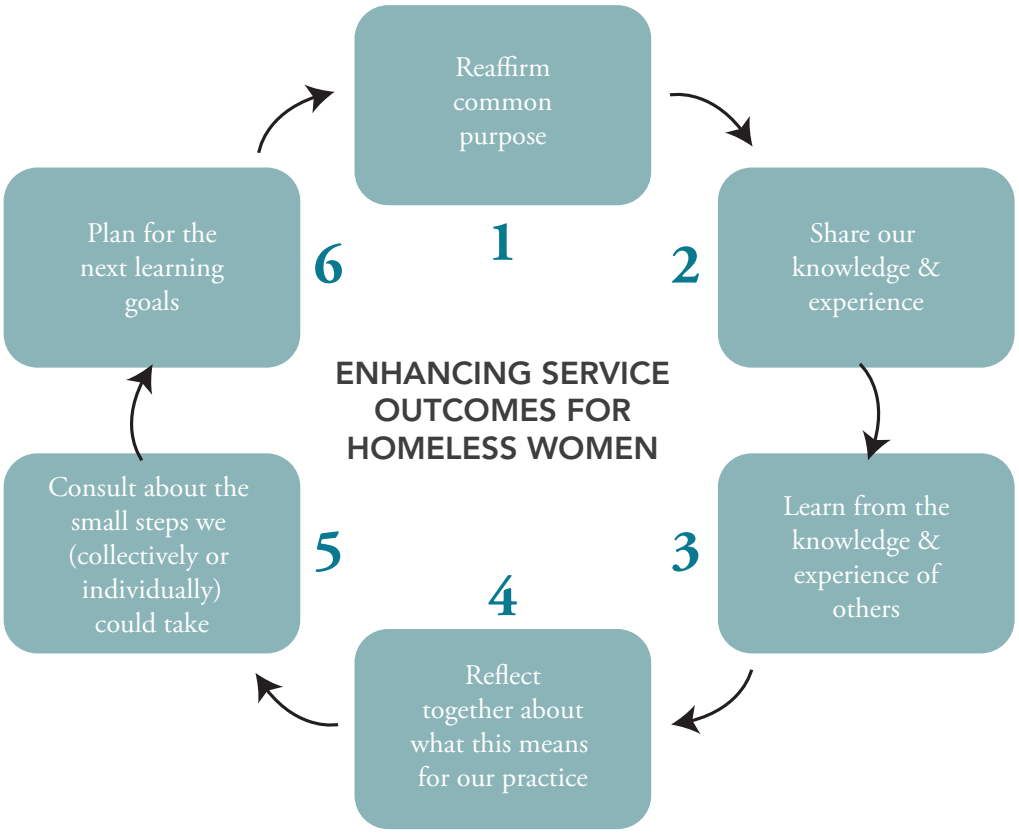
- They considered the relevance of conceptual models from the literature as well as practical examples of service delivery approaches that have demonstrated promise elsewhere;
- They learned from each other as they shared the challenges and successes of the work being done by their own agencies and programs;
- They 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;

- They designed and implemented a service innovation initiative that they could take on to test what they learned about pathways for achieving better outcomes for homeless women with mental health/addiction issues; and
- They continuously set new learning and practice goals.

These steps were incorporated into this simple graphic that served as a model for structuring the community of practice process in each of the three Northern territories.

This chapter describes the CoP model and how it supported this range of collective activities underlying system change: learning from best practice literature; mapping/appreciating services and policy strategies already in place; reviewing and synthesizing the perspectives of homeless women and service providers (derived from interviews) about trajectories of service access and ideas for service improvement; and identifying and piloting some initial actions designed to address the need for improvement in the response to northern homeless women.

FIGURE 1 *The CoP Process*



COMMUNITIES OF PRACTICE AS LOCATIONS FOR STIMULATING SYSTEMS CHANGE

In choosing a CoP 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:

> *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).*

The primary purpose 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. Because the Repairing the Holes in the Net CoPs deliberately brought together researchers, key decision and policy makers as well as frontline service providers from the entire service system that has a mandate to address the issues of northern homeless women with mental health and addiction challenges, they became a strategic tool for stimulating system change.

An important first step for the CoPs was for the participants to learn more about and to gain confidence in the CoP process as a tool for shifting their own practice as well as the collective impact of the net or system of services that they represent. Most of those participating in the CoPs had experience with cross-departmental committees or working groups as strategies for attempting to address challenges that overlap typical government jurisdictions. These types of bodies tend to be somewhat formal groups with a delegated authority and clear mandates related to developing policies or plans. CoPs differ from these structures in several important ways. Denscombe (2008) clearly describes this difference. Compared with formal groups created within organizations whose structure, tasks, and identity are established through functional lines and status hierarchies, CoPs 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 CoPs that they come into existence through the need to collaborate with those who face similar problems or issues for which new knowledge is required.

Taking these important distinctions into account, the CoPs facilitated in the three territories enacted the following features:

1. The CoPs were voluntary and encouraged individuals to participate from a commitment to learning from and with their colleagues about how to improve their own practice and how to create synergies within the whole system of services.
2. Members participated as individuals not as representatives of their agencies, allowing them to speak freely and work together as peers.
3. The CoPs were facilitated, out of a recognition that the busyness of the daily work life for most people in 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. The CoPs paid attention to relationships. They were designed to foster relationships characterized by openness, trust, respect and authenticity, to be deliberately non-hierarchical and to become safe spaces for all members to share their experiences, concerns and ideas in an atmosphere of mutual support. In this way it was recognized that change comes from paying attention to how we relate to each other in a system of services, as much as it does from what we do.
5. A key dynamic of the CoPs was learning based both in reflection on practice (i.e. things that the members have tried or are trying to do to achieve their goals) and effective practice and concepts from the literature or from resource people. The CoPs were geared to stimulate change using a highly dynamic iterative process that creates a collaborative platform for reflecting on past actions, learning, considering options for change and trying out innovations. The collaborative relationships and deepened understanding that CoP participants gain were brought back into their own organizations, and in some cases sparked innovations within these agencies.

Collective learning processes with these features are novel approaches for those who have studied and worked in largely hierarchical relationships. In creating a voluntary relational learning community, it was possible to honour experiential wisdom, practice wisdom, policy wisdom, research evidence and traditional Indigenous ways of knowing. In this way the CoP model had the potential to redress exploitative research processes and bridge north/south isolation.

In enacting the research process, the CoPs undertook a number of collective activities that involved engagement in learning from each other, and from existing literature and policy and practice contexts:

A. Examining promising practices from the literature: Applying gendered, cultural and trauma lenses for deepening understanding

The Repairing the Holes in the Net territorial CoPs began their work by immersing themselves in effective practice literature. Three critical themes emerged from this early collaborative study, and they became lenses through which later work on systems change was viewed.

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

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

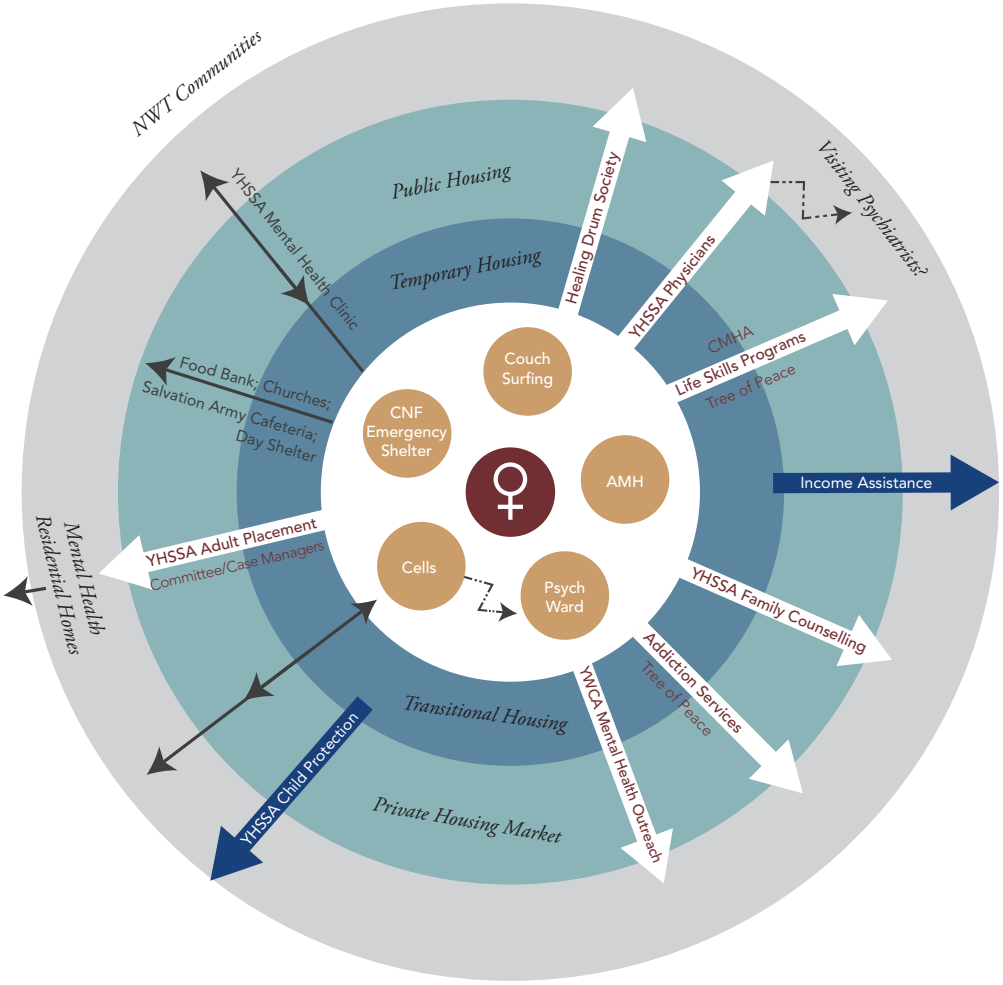
Northern women face overwhelming life circumstances such as interpersonal violence, poverty, hunger and cold, the legacy of adverse early childhood experiences, unresolved grief, persistent exposure to discrimination and racism from many segments of the dominant society and lack of access to real education and employment opportunities (Bopp et al., 2007).

3. The role of trauma as an underlying factor in the mental health and addictions concerns of northern women. The participants spent considerable time learning about the effects of trauma, trauma-informed approaches and healing. Northern women face overwhelming life circumstances such as interpersonal violence, poverty, hunger and cold, the legacy of adverse early childhood experiences, unresolved grief, persistent exposure to discrimination and racism from many segments of the dominant society and lack of access to real education and employment opportunities (Bopp et al., 2007). Most women are also impacted by the legacy of intergenerational trauma that derives from the historical experience of Aboriginal peoples of missionization, residential schooling, the discriminatory and punitive policies and practices of federal and territorial governments and economic exploitation (Aguiar & Halseth, 2015; Royal Commission on Aboriginal Peoples, 1996). Trauma-informed approaches to service delivery that do not require disclosure of trauma or pathologize people's experiences are increasingly being applied (Jean Tweed Centre, 2013; Poole et al, 2013). Trauma-informed approaches focus on creating safe, welcoming services that do not retraumatize (Greaves & Poole, 2012; Prescott et al, 2008).

B. Creating service maps as tools to begin creating a common understanding

A concurrent task taken on by the participants of the territorial CoPs was to map the existing service system for homeless and at-risk women. The map produced in Yellowknife is presented here as an example.

FIGURE 2 *Map of services for homeless women identified in Yellowknife*



A key observation that emerged from this work was: the pieces all seem to be there so why is this service system not producing better outcomes? This question was especially striking for government and non-government representatives in Whitehorse, where the service map that emerged contained the names of several dozen service options. The situation in Nunavut is strikingly different from that in the other two territories in that far fewer services exist, but yet the same observation was made – we should be able to do better with what we have.

To understand the opportunities and barriers that could become keys to answering the question about why service outcomes fall so far short of the needs it was clearly necessary to look more deeply at the experiences of northern homeless and at-risk women as they try to navigate the service system whose aim it is to assist them to meet their basic needs with dignity and purpose.

C. Learning from the experience of northern homeless and at-risk women

In reviewing the rich narratives of the women who shared their experiences with the territorial researchers, 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. These vicious cycles describe the trajectory of the struggle of northern women to overcome such barriers as: one, unresolved trauma; two, poverty and social exclusion; three, an inability to find and maintain housing; and four, ineffective services. Each of these themes can be depicted as a type of vicious cycle in which each element reinforces the others and makes the achievement of a different life pattern difficult. All four of these cycles also support each other. Below these four cycles are described and a visual representation of them is captured in Figure 3.

Thought of in this way, it is easy to see why the stories shared by the northern 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 CoPs reflected on this material, they found it a rich source of valuable insights into a way forward. In discussions of the CoPs it could be seen that each element of the vicious cycles represents a barrier but also offers an entry point for transformative change.

1. 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. In doing so, they were recognizing the importance of understanding the dynamics and impacts of trauma in a way that will enable them to move into a pattern of life that allows them to more fully realize their personal aspirations.

a. 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 kind of deep well of pain that continues to shape their lives in profound ways. 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 the use of addictive substances and other strategies to distance themselves from circumstances over which they feel they have no control. 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. Women spoke about the agony of undiagnosed and untreated mental health issues during childhood or adolescence that left them feeling alone, frightened and worthless. The effects of the systemic physical, sexual and emotional abuse experienced in residential schools affects virtually every family in the North and cannot be underestimated.

b. Living with unresolved trauma -Northern women attribute many of the mental health issues with which they struggle to their attempts to cope with core traumatic issues such as those described above. In describing their daily life, the women commonly mentioned mental health states such as depression (including longstanding postpartum depression), anxiety (including overwhelming panic attacks). insomnia, anger, debilitating sadness,

grief, despair, loneliness, agoraphobia and claustrophobia. Two thirds of the women interviewed described their ongoing struggles with addictions. While they acknowledged that their use of alcohol and other drugs contributed to many of their daily life challenges, they also recognized their substance use as a way to deal with pain and trauma. Women spoke about the shame they felt about some of their behaviour that contributed to the loss of their children to Child Protection Services or to criminal charges and eviction from public and private market housing. 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.

c. **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.

2. Poverty and social exclusion

The second theme, or vicious cycle, about which the women interviewed spoke in considerable detail is their experience of poverty and social exclusion. As shown in Figure 3, there are a number of factors that often conspired to keep them locked into their current circumstances.

a. **Inadequate income -** 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 or pets. Once these resources are lost, they are very difficult to regain when you are just scraping by from hand to mouth.

b. **Physical health issues and FASD -** Chronic diseases and pain and lack of access to timely and effective health care have a big impact on the capacity of homeless women to be integrated into the society around them; that is, to be employed, to participate in social and recreational activities and to maintain a network of friends. Some women also report suffering from fetal alcohol spectrum disorder (FASD), which further exacerbates the challenge of participating in society.

c. **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 forces of sexism and racism. Being homeless and having a mental health challenge worsen these feelings of marginalization. Low levels of literacy and education are another reason why women feel marginalized.

3. An inability to find and maintain housing

A safe and stable home is a precondition for breaking 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 losing your home, 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. Yet, finding and maintaining housing remains beyond the reach of many. Some of the reasons for this are shown in Figure 3 and the description below.

Almost all communities in the North have an absolute shortage of housing, especially housing that is affordable, safe, in reasonable repair and free of mould. Unless a woman is currently fleeing an abusive relationship and is therefore eligible for shelter services, 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. Although couch surfing is a common practice, it often places women at significant risk of sexual exploitation and physical abuse. Many of the women interviewed lost their housing because of rental arrears or were unable to secure housing because of their lack of capacity to pay a damage deposit. Once a woman has been evicted and lost her damage deposit, she is not only responsible for repaying arrears but may also not be eligible for a second damage deposit from Income Support.

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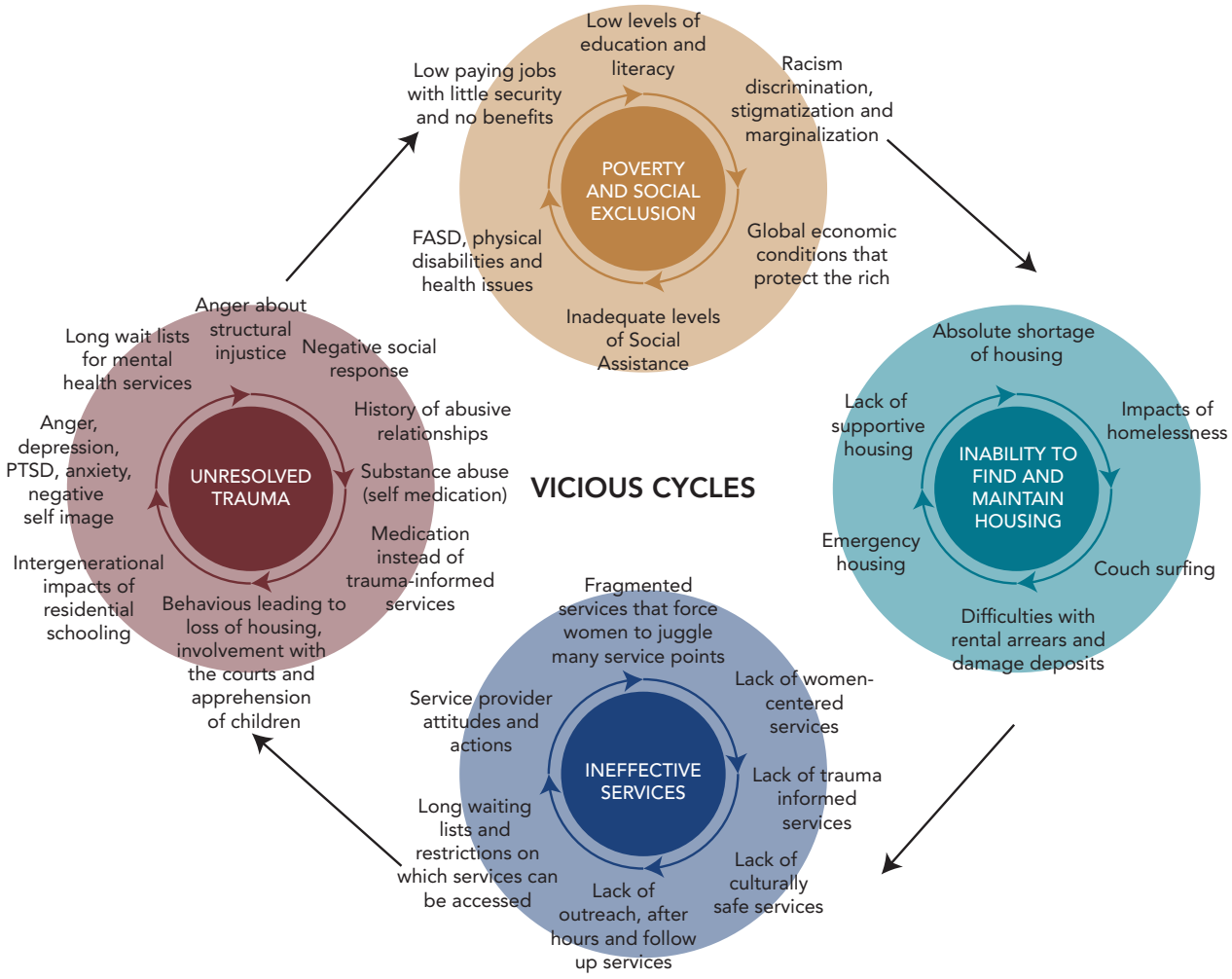
4. Ineffective services

The barriers depicted in Figure 3 related to access to relevant and timely services as reported by northern homeless women were also echoed by services providers in interviews about their own observations: 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 (i.e. recognizing and operating from an awareness of the adaptations people with trauma histories make to cope; being strengths based rather than deficit oriented; creating a safe, welcoming, non-judgmental environments 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 empower; and the lack of capacity to respond to needs rather than to follow standardized, unresponsive policies and procedures.

FIGURE 3 *The vicious cycles underlying women's homelessness in the North*



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 in Figure 3 (above).

D. Scanning contextual policies and strategies which have previously been enacted

Another focus for stimulating dialogue and system shift through the CoP process was the compilation of a program and policy scan for each territory. The purpose of this step was to situate service and system shift in a shared understanding of existing instruments that have been created, largely by government, to address the many issues that are part of the tangled web of women's homelessness, mental health and addictions. A collaborative review of existing policies and service options provides insights related to opportunities for leveraging existing political will and policy directives for more effective service outcomes. This work was also seen as an important step for creating synergy rather than having service providers feel that they are going over the information and creating similar frameworks and work plans again and again without seeing any real change.

One key common issue was the need for integration and collaboration among various health and social care services to offer a continuum of culturally relevant services and supports.

Members of the CoP discussed key strategies, plans and reports linked to the study's topics such as overall health and social care status reports and strategies (e.g. *Tamapta: Building Our Future Together – The Government of Nunavut's Action Plan 2009 – 2013* (The Government of Nunavut, 2009)); mental health and addictions plans (e.g. *Alianait Inuit Mental Wellness: Action Plan* (Alianait Inuit-specific Mental Wellness Task Group, 2007)); anti poverty strategies (e.g. *Building on the Strengths of Northerners: A Strategic Framework toward the Elimination of Poverty in the NWT* (Green et al, 2013); *The Makimaniq Plan: A Shared Approach to Poverty Reduction* (Poverty Summit, 2011)); reports on frameworks and strategies to address homelessness and housing (e.g. *A Home For Everyone: A Housing Action Plan For Whitehorse* (Yukon Anti-Poverty Coalition, 2011); *Igluliuqatigiilauqta: "Let's Build a Home Together"* (Nunavut Housing Corporation, 2012)); reports on community programs, assets, and needs (e.g. *What We Have: Our Community Assets* (Sustainable Iqaluit, 2012)). These reports and strategies identified social determinants of health, emphasized the importance of collaboration, acknowledged cultural values and identified guiding principles and priorities. The findings, principles and priorities identified in these policy documents aligned with many of the perspectives and recommendations of the service providers, service users and CoP members involved in this project. One key common issue was the need for integration and collaboration among various health and social care services to offer a continuum of culturally relevant services and supports. Such a continuum of supports would include prevention, intervention, treatment and after care programs and services for women experiencing mental illness, addiction and housing insecurity; link mental health and housing services with Aboriginal and Inuit specific economic empowerment programs; and involve culturally competent providers in delivering Inuit-specific approaches. A second common theme was the lack of safe and affordable housing for women and children and the need to link housing supports with supports related to violence and trauma and community wellness programs. A third common theme was the need for a variety of approaches for homeless and at-risk women, including: crisis/emergency shelters that can also accommodate children, various levels of subsidized/low income housing options, housing services for individuals with mental illness, transition housing and support services for shelter clients and housing and poverty reduction strategies that are inclusive of women. Finally the need to address the impact of trauma from residential schooling and cultural dislocation and historical and ongoing colonialism was a common theme. These common themes with previous work affirmed the thinking of the CoP members and allowed the community to see how their discussions connected and extended the earlier work.

E. Identifying and piloting a collaborative project

The Repairing the Holes in the Net research project offered each of the territorial CoPs a small grant to stimulate the implementation of a collaborative project that participants felt could prompt a significant system shift. This step was built into the research process on the premise that a visible 'quick win' would consolidate commitment to system shift and would provide a hands-on experience in collaborative work for government and voluntary sector agencies.

The CoPs in both Nunavut and the Northwest Territories chose to sponsor the facilitation of a learning experience and the production of supportive tools related to a more comprehensive adoption of trauma-informed practice approaches within the entire service system for homeless women. As noted in the section below about the impact of the CoP, this small project had a notable impact. Because the individuals who participated in the CoP already had a strong commitment to this system change, they were able to influence their departments/agencies to participate actively and they were able to play prominent roles in the learning event itself. And, since the members of the CoP represented virtually the entire net of services for homeless women, learning could influence not only individual agencies but also the entire system.

The Yukon chose to introduce a new service for homeless women that met a clearly defined need – an after-hours, child-friendly, gender-specific, low threshold and open-ended meeting point for vulnerable women where they could share nutritious food, access daily living supports such as shower and laundry facilities, use computers for their personal or job search needs, speak with a counsellor one-on-one if desired and find refuge from the chaos of their living situations. Since the small grant provided by Repairing the Holes in the Net would not cover the cost of personnel, food and other materials and a meeting space, the project was designed to operate by having existing services share a common access point for some of their own outreach activities. Although this project has struggled to be sustainable, it is still operational more than a year later.

Assessing the Impact of the CoPs

As the Repairing the Holes in the Net project was nearing completion, the CoP participants in each territory were asked to share their observations about their experiences with the process and what they felt was achieved.

Relational system change

The term relational systems change was coined by the Institute for Health and Recovery in Massachusetts as they facilitated systems change to support the delivery of integrated and trauma-informed services for women with substance use, mental health problems and histories of trauma and violence (Markoffet al, 2005). They found that a collaborative, inclusive and facilitated change process can effect services integration within agencies as well as strengthen integration within a regional network of agencies.

Likewise in the Repairing the Holes in the Net project, participants appreciated the involvement of colleagues from sectors such as addictions, mental health, housing, social services, shelters, justice, primary health and law enforcement, and especially the input from service providers and managers who do not usually come to inter-agency meetings. As those who attended CoP sessions learned more about each other – what they are trying to accomplish and the strategies and work plans they are using, the challenges they face and their accomplishments – it became much easier to understand why certain service gaps exist, as well as to see possible connections for supporting each other more. So much of what happens in the day-to-day work of ensuring that services better meet the needs of vulnerable women depends on informal collaboration between agencies and this is much more likely to occur if a service provider in one agency has a collegial relationship with a provider in another.

The CoP reinforced the aspiration that many service providers already had to shift the tendency to function in silos to a more relational and collaborative approach.

The CoP helped participants feel that they were part of a larger, supportive net of service providers and to reflect on ways that this culture of openness could penetrate their own agencies more deeply. Part of this evolving culture was the development among CoP participants of a common, respectful and inclusive language to share experiences, insights and suggestions for moving forward.

Pragmatic learning

The voluntary sector appreciated learning techniques for creating collaborative processes that would allow it to contribute its experiences and perspectives in their interactions with government. CoP participants also commented on the value they gained from the literature review and best practice insights. They appreciated the emphasis on reflective practice and felt more personally engaged and fresh in their jobs as well as more effective in their policy development and service provision work. Participants felt that the cross-fertilization between the three northern territories was especially useful and encouraging.

The CoP reinforced the aspiration that many service providers already had to shift the tendency to function in silos to a more relational and collaborative approach.

The academic literature and best practice review as well as the data generated from interviews with service users and providers was cited as being very helpful for feeding into agency planning and resource allocation processes. Participants saw it as helpful as information to bring to future policy and planning processes.

Action

Participation in the CoP itself was a form of action, as it became a space to share struggles and also to feel some hope that collaboration could bring some positive changes. It is easy for non-government and government service providers to get discouraged in the face of so little progress on the determinants of homelessness such as poverty, access to trauma-informed mental health and addiction services, societal indifference or animosity and punitive social policy. The multi-agency, multi-sectoral discussions, building of relationships and small collaborations were identified forms of action. Shelter and other voluntary sector services need strong partnerships with governmental child protection and income support services for the net result to be better outcomes for homeless/at-risk women with mental health challenges. The CoP discussions on topics such as barriers related to paying prior damage deposits and employment while in shelters became important as small policy changes identified that could make a difference in women's and children's lives, and as places to start in policy advocacy.

The CoP participants were especially enthusiastic about the small service improvement project that they undertook because research and other kinds of inter-agency work too often result only in production of reports. In each location, adopting trauma-informed practice was cited as having significant potential for shifting service provision, and also created an avenue for collaborative work outside the CoP meetings. In Yellowknife, CoP participants from the Salvation Army and the YWCA went on to make tangible service provision changes based on learning about trauma-informed practice. These organizations went on to present their work to a large forum on trauma-informed approaches sponsored by the NWT government to inform change in practice by the health system in that territory.

Interestingly, in keeping with a relational system change model, the CoP participants saw the work to inform each other as central to understanding the benefit of the research project and the CoPs approach. The core principles of safety, trustworthiness and collaboration that form the foundation of trauma-informed practice were seen to have application to CoP members' practice with each other, not only to the women they serve. CoP members claimed that they have now become much more aware about the impact of the way that they interact not only with clients, but also with their co-workers and colleagues in other agencies.

CONCLUSION

The Repairing the Holes in the Net project was designed to fill a glaring gap in evidence that could support a shift in the policy and service environment impacting the wellbeing of northern homeless women. The study built on a previous research project undertaken related to the needs and realities of homeless and vulnerable women in Canada's North. *You Just Blink and it Can Happen* (Bopp et al., 2007) focused on teasing out the determinants of women's homelessness North of 60 and the impact of homelessness on their physical, mental, emotional and spiritual well-being. It also explored the service and policy environment that either mitigated or contributed to this distressing social issue and provided recommendations for greatly reducing the incidence and impacts of homelessness on women and their children.

The Repairing the Holes in the Net project built on the previous research by focusing on the services accessed by northern women who were homeless and had mental health concerns, and the potential for service enhancement and improvement. The study connected local service providers and policy developers in three northern cities with southern researchers to discuss, envision and enact change to improve the lives of homeless women with mental health concerns. The project used a CoP methodology for stimulating system change. In doing so, it brought together, over a two-year period, key decision and policy makers and service providers in a highly participatory process that encouraged them to form deeper relationships built on learning, critical reflection and action processes. The dialogue within the CoP was informed by new research data related to the experiences of homeless women in accessing the net of services aimed at supporting them, and of service providers in working within that net, as well as academic and effective practice literature from elsewhere. The joint research work of the CoP in creating a service map and a policy and program scan was another source of evidence. CoP participants also learned through the collaborative implementation of a small service improvement project. In this way, research dissemination occurred throughout the project in participatory, action-oriented ways.

Although a CoP may offer an approach unfamiliar to many policy makers and direct service providers, the Repairing the Holes in the Net project demonstrated that this way of conducting research can be highly effective in stimulating systems shift by deepening relationships among the many individuals and agencies that shape the service system such that they are able to work together more effectively based on a ground of mutual trust and understanding. CoPs also have the potential to create a stronger knowledge base within the system about the needs, aspirations and experiences of homeless women and the efforts of service providers to make a difference within the parameters of their mandates, jurisdictions and resources. Stronger shared conceptual frameworks and vocabulary are created in CoPs for describing issues, effective practice models and current efforts. CoPs can also offer a shared experience of making a small systems shift through collaborative work.

Although a CoP may offer an approach unfamiliar to many policy makers and direct service providers, the Repairing the Holes in the Net project demonstrated that this way of conducting research can be highly effective.

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