

QUICKSTEP 1: WORK COLLABORATIVELY

WHAT IS COLLABORATION?

Developing relationships by meeting and sharing information is an easy and effective way to begin the collaboration process. There does not need to be complete agreement between organizations to work together. This is the essence of collaboration. By focusing on the shared interests of women's and children's safety, organizations can share expertise, resources, and multiply their influence to make systemic changes. Below are some key principles that will form the basis of collaboration between various agencies and services in your community.

- 1. Responding to a woman holistically will result in her increased safety.** When substance use and mental health are understood to be impacts of abuse, barriers to accessing services because of limited mandates will be reduced. There will be fewer barriers for women seeking safety and support, resulting in an increase in service accessibility, particularly for the most marginalized and vulnerable women.
- 2. Increased likelihood of survival.** Identification, acknowledgement and understanding of the intersection of woman abuse, substance use and mental ill health will create hope for women who are accessing services. Identifying one or two themes in a woman's life and offering a coordinated response to support women can enable a woman to shift her perspective from being "multi-problematic" to being resilient. With inclusive and integrated service provision, women will feel like their issues are surmountable and are more likely to survive.
- 3. Improved and effective response.** Given the overlap between issues and hence overlapping client base, cross sectoral collaboration and partnerships will result in better supports for women by affirming that there are many issues intertwined and not necessarily only one or "best" way to approach her experience. A multi-disciplinary approach will provide women with a wider skill base among service providers.

WAYS TO COLLABORATE...

- Collaborate with the women you support. Talk with them about how to improve your services.
- Visit different agencies
- Have brown bag lunches and invite other agencies
- Invite guest speakers or teams from other agencies
- Share information – continual communication develops trust
- Exchange organizational charts and policies. Show how decisions are made, how roles, functions and responsibilities are organized, how resources are allocated across agencies
- Offer joint workshops
- Exchange staff training events
- Talk to funders about importance of collaboration

Gather existing resources on violence against women, especially those with a health, mental health and addictions focus

HAVE YOU SEEN...

VIOLENCE AGAINST WOMEN

- BC Society of Transition Houses website <http://www.bcsth.ca/>
- Ending Violence Association of BC website <http://www.endingviolence.org/>
- Woman Abuse Response Program, BC Women's Hospital and Health Centre website <http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/default.htm>
- Sexual Assault Services, BC Women's Hospital and Health Centre <http://www.bcwomens.ca/Services/HealthServices/Sexual+Assault+Services/default.htm>
- The SHE Framework- Safety & Health Enhancement for Women Experiencing Abuse http://www.bcwomens.ca/NR/rdonlyres/8D65CADE-8541-4398-B264-7C28CED7D208/37000/SHE_Framework_May20091.pdf
- When Love Hurts: A Woman's Guide to Understanding Abuse in Relationships <http://womankind.bc.ca/>

MAKING THE LINKS

- Building Bridges: Linking Woman Abuse, Substance Use and Mental Health website <http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/Building+Bridges.htm>
- Freedom from Violence: Tools for Working with Trauma, Mental Health and Substance Use <http://www.endingviolence.org/node/459>

- SAMHSA's Women, Co-Occurring Disorders and Violence Study <http://www.wcdvs.com/default.asp>
- The Stella Project: Separate Issues, Shared Solutions <http://www.avaproject.org.uk/our-projects/stella-project.aspx>
- Coalescing on Women and Substance Use: Linking Research, Practice and Policy <http://www.coalescing-vc.org/>
- "Me, I'm Living it": The Primary Health Care Experiences of Women who use Drugs in Vancouver's Downtown Eastside <http://www.bcwomens.ca/NR/rdonlyres/C1AA97BC-FAAB-40E9-972D-F377EE729080/36939/Melmlivingit.pdf>

WOMEN'S HEALTH AND SAFETY

- Canada Northwest FASD Research Network <http://www.canfasd.ca/>
- Women-Centred Care: A Curriculum for Health Care Providers: <http://www.whrn.ca/documents/aaCurriculumforWomenCentredCareFinal.pdf>
- Best Practice Approaches: Child Protection and Violence Against Women. A Curriculum for Child Protection Workers <http://www.bcwomens.ca/NR/rdonlyres/8D65CADE-8541-4398-B264-7C28CED7D208/29712/VAWCurriculumforChildProtectionWorkers.pdf>

Identify leaders in the community and invite them to participate and support your initiatives

QUICKSTEP 2: GET CONNECTED

Find partners and build relationships with others who are committed to providing integrated services for women impacted by abuse, substance use and/or mental ill health.

SOME IDEAS FOR GETTING STARTED...

- Contact service providers in women's organizations, health organizations, community services organizations, government agencies, etc. Are they aware of the need to improve integrated services and create low barrier services? Ask "how are you seeing woman abuse, substance use and/or mental ill health impact women's lives in your practice/ agency?" Learn about what others are doing to develop integrated practices and policies. Are there any examples or model projects in your community, health authority or province?
- Learn about what others in your community are doing to develop violence-informed, integrated practices and policies. Are there any examples or model projects in your community, health authority or province? Find out if there are any municipal leaders who are leading actions for women's safety or opinion leaders who can influence changes in the way services are developed.
- Organize a workshop to educate yourself and others using the "Tools for Integration: QuickLinks" or contact the Woman Abuse Response Program for Building Bridges Workshop opportunities in your community.
- Identify municipal leaders who are championing actions for women's safety or opinion leaders who can influence changes in the way services are developed.
- Identify health and social services leaders who can help with policy development and implementation, resource reallocation and service redesign.

HAVE YOU MET...

- Frontline workers for women who experience violence? (e.g. victim services, outreach counselors, stopping the violence (STV) counselors, transition house staff, sexual assault services)
- Drug and alcohol counselors?
- Mental health counselors, advocates, psychiatrists?
- Representatives from agencies that support diverse groups of women in your community?
- Representatives from aboriginal services? (on- and off-reserve)
- MCFD child protection workers and leaders?
- Income assistance workers?
- Family support workers?
- Health Authority program leaders and senior managers?
- Community or public health system representatives?
- Hospital staff? (e.g. managers, nurses, social workers, physicians)
- Physicians? (e.g. family physicians, emergency physicians)

Did you know?

Most communities in BC now have community mental health and addictions offices. Look for your local services on your health authority's website.

Talk to others in your agency, community and health authority to find out what they know about the links between woman abuse, substance use and mental ill health.

QUICKSTEP 3: EXPLORE WAYS OF MEETING

By now, you have met more colleagues in your community who share an interest in improving and integrating services and reducing barriers for women impacted by abuse and substance use and/or mental ill health. You want to formalize your group before moving forward. Below are some questions to help establish effective meetings.

STEPS FOR ESTABLISHING EFFECTIVE MEETINGS

- Do you have a clear purpose for meeting?** Meeting is not an end in itself but a means to achieving goals.
- Is everyone clear about the goals and objectives?** By focusing on the long term goals, some of the potential differences can be minimized. At the same time, setting shorter term objectives will help you get started on improving services for this population of women.
- Do you have organization support for participating in these meetings?** Partners sometimes have to consciously train, coordinate and build capacity within their organizations to make alliances across agencies effective.
- Are you able to allocate time to work at developing relationships?** Working together does not always happen automatically, particularly when partners come from different models of practice, professional training and life experiences. Focusing on the goal of women's safety will help guide consensus building, planning and decision-making. Developing relationships built on trust is essential for being able to address the many difficult issues that your working group will face.
- Can you allocate specialized tasks and responsibilities?** An effective use of collaborative efforts is to enable each contributor/sector to do what they do best and share that expertise with others.
- Can you develop joint projects?** Successful cooperation on smaller projects can help partners "build up" to larger joint projects.
- Are leaders, managers, policy makers and funders represented?** Effective change cannot happen without buy-in from those with decision making power. If your committee does not have sufficient representation from key leaders, ensure you have a reporting system in place to keep them informed of committee activities and progress.

COMMUNITY COORDINATION

Does your community have an existing coordinating committee on violence against women? Many communities have a Violence Against Women in Relationships (VAWIR) Coordinating Committee or Interagency Committee focused on coordinating services for women impacted by abuse. These committees bring together community anti-violence services, justice (including police, Crown Counsel and victim services), family and social service agencies, child protection and health services. They have many purposes, ranging from sharing information to addressing gaps in services for women and their children.

Historically in British Columbia, VAWIR Coordinating Committees have had a strong mandate to address criminal justice issues and develop collaboration between the anti-violence sector and the justice sector. There has been less focus on the health sector's role in supporting women impacted by abuse, although many communities are working hard to bring the health sector into their committees.

If a community coordinating committee on violence against women exists in your region, strengthen the health representation to include members from mental health, addictions, acute care, public health and continuing care, and ensure representation from diverse groups of women.

For Information on Community Coordination for Women's Safety:
<http://www.endingviolence.org/ccws>

QUICKSTEP 4: FORM A LOCAL BUILDING BRIDGES COMMITTEE

If a VAWIR committee does not exist in your community, you can establish a Building Bridges committee. Begin by identifying all the potential stakeholders who could contribute to developing an integrated community approach to addressing the overlapping experiences of women impacted by abuse, substance use and/or mental ill health. These stakeholders will be located in health, mental health, addictions and anti-violence sectors, as well as child protection services, income assistance, legal assistance and other women and family serving agencies.

WOMEN SURVIVORS BUILDING BRIDGES ADVISORY COMMITTEE

It is essential that your service approaches are in line with what service recipients need. The findings from the Building Bridges research project demonstrate that service mandates are often organized around professional training, a single service focus, or funding restrictions. Women impacted by abuse, substance use and/or mental ill health emphasized that services were often not reflective of their life circumstances. To ensure that the hard work you are dedicating to developing integrated services meets the needs of women you are serving, establish and support a Women Survivors Building Bridges Advisory Committee. This committee should be supported to develop terms of reference outlining their purpose, roles and responsibilities, including decision-making and participation on the Building Bridges Committee.

The resource below provides an excellent framework for involving women who are utilizing your services:

CONSUMER/SURVIVOR/RECOVERING WOMEN: A GUIDE FOR PARTNERSHIPS IN COLLABORATION

The information provided in the manual is based on feedback received from the local and multi-site efforts from SAMHSA's Women, Co-Occurring Disorders and Violence Study. The information suggests improved outcomes, ranging from increased sense of self-efficacy for individuals to improved organizational environments. The manual was developed in an attempt to offer additional insights into strategies, barriers and possibilities for creating a new vision of multicultural, gender-specific partnerships with women who have been traditionally considered "too vulnerable" to become integrally involved in "highly complicated" processes of research, evaluation and system/service design. It is a valuable tool to assist your community to develop a Women Survivors Building Bridges Advisory Committee.

(Laura Prescott for the Women, Co-Occurring Disorders and Violence Study Coordinating Center, November 2001.) The manual can be found at:

<http://www.prainc.com/wcdvs/pdfs/CSR%20Manual%20Final.pdf>

BUILDING BRIDGES COMMITTEE

Include all the partners you have met with from multiple agencies and perspectives, including community anti-violence workers, mental health and addictions service providers, child welfare and income assistance providers and leaders, other health providers and health authority leaders. This diverse group will be able to set priorities and plan initiatives to educate providers, create integrated models of care and improve services for women impacted by abuse, substance use and mental ill health.

If there is an established community coordinating committee, the Building Bridges work could become a sub-committee of this work. Ensuring strong representation and participation from all sectors is the key to the long-term success.

Below is a description of the Vision and Goals of the Building Bridges: Linking Woman Abuse, Substance Use and Mental ill Health initiative. These can be revised to reflect the needs and realities of your community and agency and can be revised to reflect the Women's Committee. They can also be used to develop Terms of Reference for your Building Bridges

VISION OF BUILDING BRIDGES

- » **Service models will reflect women's realities.** This will result in service providers being better equipped to work with women and enhance their capacity and ability to support women. This also has the potential to reduce frustration and burnout among service providers.
- » **Increased collaboration, coordination and partnerships.** Despite the challenges and differences, there are many similarities across the sectors that can provide opportunities for cross-sectoral work. This approach will increase appropriate service provision and effectiveness and reduce risks for women.
- » **Integrated services and service delivery.** Service providers will be able to name the links from first point of contact with a client. The improved capacity and ability of services across the sectors to respond to the intersecting issues will benefit women as well as potentially legitimize the work of all three sectors.

GOALS OF BUILDING BRIDGES

The goals of Building Bridges are to:

1. Understand the ways woman abuse, substance use and mental ill health impact women's lives;
2. Understand what services can do to respond and effectively address the reality of women's lives;
3. Increase safe choices for all women, particularly those who are living with overlapping experiences of woman abuse, mental ill health and/or substance use, by reducing gaps in service provision and working towards a more integrated response;
4. Raise awareness and standards of practice within the woman abuse, mental health and substance use sectors across BC; and
5. Develop a provincial framework to guide services, policy and research in improving the response to women impacted by abuse, substance use and/or mental ill health.

For more information on the Provincial Building Bridges initiative, visit the Building Bridges website:

<http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/Building+Bridges.htm>

QUICKSTEP 5: BUILD CONSENSUS

Reaching consensus can be a challenging process. Yet, a key step towards the successful integration of approaches and services is to reach consensus on the fundamental issues and perspectives related to woman abuse, substance use and mental ill health. Reaching consensus on key areas of practice and service delivery can help agencies avoid variations in service approaches, models of practice and practitioners' beliefs and education which can be confusing, frustrating and sometimes unintentionally harmful to women.

From the outset of the formation of the Building Bridges Committee, it will be important to acknowledge that each sector or field has many values and practices in common. At the same time, the cross-sector differences must be addressed and consensus on key issues must be reached before any effective committee actions can be taken. This process of consensus building is a tool that you can use when working with colleagues, workshop participants and leaders as well.

Below are some examples of issues that will require consensus before moving forward on services that are integrated and collaborative.

EXAMPLE CONSENSUS STATEMENTS FOR DEVELOPING LOW BARRIER, ACCESSIBLE SERVICES FOR WOMEN IMPACTED BY ABUSE, SUBSTANCE USE AND/OR MENTAL ILL HEALTH

- » Woman abuse and other forms of abuse to girls and women precede the development of a high percentage of substance use and mental ill health concerns.
- » Women who have mental health and substance use concerns are more vulnerable to abuse.
- » Violence against women takes many forms, including verbal, mental, financial, psychological, sexual, spiritual and physical abuse. Trauma is only one of many impacts of woman abuse.
- » Services that create an open and collaborative relationship between providers and women and place priority on women's safety, choice and control will be more accessible for women.
- » Women have a right to violence-informed practice and should have the choice about whether to disclose abuse, mental ill health or substance use when receiving services.
- » All women impacted by abuse should have access to safe and supportive services. Measures should be taken to ensure marginalized or at-risk women should have access.
- » Women should not be excluded from services based on past behaviour, or past or current substance use, or past or current mental health diagnosis.
- » Taking a harm reduction approach to support women will result in better outcomes for women and their children.
- » Services need to be organized around women's diverse needs, not around service and professional mandates.
- » Women who are substance using or have mental health concerns can be good mothers.
- » Women who are using substances or have active mental health concerns can be accommodated in transition houses.

See Appendix #1 for Consensus Building Template

QUICKSTEP 6: INCREASE KNOWLEDGE

TRAINING AND EDUCATION

USE THE QUICKLINKS TO TRAIN AND EDUCATE PROVIDERS

One of the main recommendations from our provincial consultation identified the need for cross-sectoral training to address knowledge gaps and build capacity for all service providers. Offering a training workshop is a good first activity for a building bridges committee and can be used as an opportunity to identify additional committee members. The purpose of the **QuickLinks found in Tools for Integration: Concepts** is to ensure that current information, evidence and perspectives about making links between woman abuse, substance use and mental ill health are easily accessible. These QuickLinks are designed to help providers educate themselves about key concepts, links and need for improvement and integration of services and share this information with colleagues in their own sector as well as across sectors. **See Part One: Tools for Integration: Concepts** for a description of these concepts.

CREATE TRAINING OPPORTUNITIES

Implement training to accompany the adoption of new protocols, mandates, practices and policies. Take advantage of existing training programs provided by the Woman Abuse Response Program at BC Women's Hospital and Health Centre. <http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/default.htm>

KEY TRAINING CONCEPTS

Be sure that any cross-sectoral training addresses the following key training concepts related to serving women impacted by abuse, substance use and/or mental ill health.

WOMAN ABUSE, SUBSTANCE USE AND MENTAL HEALTH ARE OVERLAPPING EXPERIENCES FOR WOMEN

The association between woman abuse, substance use and mental health issues has been well documented across demographic groups and diverse treatment settings. Strong evidence shows that women's experiences of abuse precede their substance use and/or mental health issues. At the same time, there is evidence that substance use and/or mental health issues can create a vulnerability to abuse and that the pre-existence of these conditions may exacerbate the effects of abuse.

ANTI-VIOLENCE, ADDICTIONS AND MENTAL HEALTH SERVICES ARE SERVING WOMEN WITH OVERLAPPING EXPERIENCES

Anti-violence, addictions and mental health services are clearly serving women with overlapping experiences of abuse, substance use and mental health issues. An Ontario-based study revealed that regardless of which sector- anti-violence, addictions or mental health- women facing these three issues were in contact with, each had a similar history of experiences of abuse, substance use and mental health issues. These findings indicate that the types of issues that women are facing are quite similar, regardless of which sector women engage with, and that providers within each of these sectors will often serve the same women.

(Purdon, C. 2008. No wrong door. Creating a collaborative rural response for woman abuse, mental health and addiction issues. Retrieved March 3, 2010 from <http://www.endabusenow.ca/files/Final%20Report%20No%20Wrong%20Door%20.pdf>)

CHALLENGES ACROSS ADDICTIONS, MENTAL HEALTH AND ANTI-VIOLENCE SERVICES

There is strong international evidence to suggest that women-centred, integrated services are more effective than 'silo'ed' services for working with this population of women. Overall, the BC Building Bridges findings suggest

that few agencies are equipped to provide the range of services needed by abuse survivors who also experience substance use and/or mental ill health as a result of woman abuse.

The vast majority of participants in the consultation raised concerns about whether current service models are able to address the significant number of women who seek services.

Unintentional Harms

Despite the intention of these sectors to enhance women's health and safety, a growing body of research has revealed that these services can unintentionally cause harm. The sentiment of one Building Bridges consultation participant was echoed by the vast majority of the 460 providers involved in the consultation. *"Women are punished by the systems that are designed to help them: MCFD, SW, police, housing, healthcare and "helping field" women's services. The system is harmful."* - service provider

Facing Compounding and Intersecting Social Inequities

Participants agreed that women face additional inequities because they do not have safe, secure, affordable housing as well as other intersecting forms of oppression that prevent women from living safe, independent lives. Poverty, inadequate income assistance (including rigid income assistance policy that does not reflect women's safety when fleeing an abusive partner) and lack of affordable to legal assistance all further jeopardize women's safety and well-being. Racialized women, young women and women surviving in Vancouver's downtown eastside are other communities of women that are at greater risk and face multiple barriers to services.

GAPS AND BARRIERS

Employing a violence- and gender- informed approach and integrating this knowledge into all aspects of service delivery will make certain that service providers pay attention to the nature and quality of the relationship.

Women face multiple, serious gaps and barriers in trying to access services. In instances when women do gain access, often the support they receive is not reflective of their needs.

The lack of women-specific, integrated and collaborative service models across sectors, along with inadequate training for staff, are service limitations are having a negative impact on the safety and health of women.

Women's safety and health is primary. Consideration for the lived context in which mental health and substance use issues arise ensures that provider's first concern is directed towards women's safety and health.

FUTURE DIRECTIONS

Practitioners and women highlighted the critical need for direction and action to expand service mandates, improve staff capacity and develop effective services that focus on women's safety and health. Building Bridges participants envision that improving service delivery by making these connections will lead to the following key outcomes:

Integrated services and service delivery

Providing training on the intersection of these issues and promising practices will improve the capacity and ability of services across the sectors to respond to the intersecting issues. This will benefit women as well as potentially legitimize the work of all three sectors.

Service models will reflect women's realities

Policy and programming will support trained service providers to work with the diverse women accessing their services. This will strengthen providers' ability to support women, including the more marginalized and vulnerable women. Employing policy and programming that reflects women's reality also has the potential to reduce frustration and burnout among service providers.

Increased collaboration, coordination and partnerships

Despite the challenges and differences, there are many similarities across the sectors that can provide opportunities for cross-sectoral work and collaboration. This approach will increase the relevance and effectiveness of service provision and improve opportunities for women's health and safety.

QUICKSTEP 7: ASSESS COMMUNITY NEEDS

Now that you are meeting as a group of interested providers and leaders, where do you go from here? It's time to take stock of your community by gathering information about how much other service providers know about the links between woman abuse, substance use and mental ill health and about the service needs and experiences of women impacted by these issues. You can also gather information about what agencies are already doing to provide comprehensive, low-barrier, integrated services for women.

- » What are the current capacities in your community?
- » Is there a common understanding and shared knowledge held by service providers in your community?
- » Are there interagency protocols and agreements?
- » Are services based on women's needs and experiences?

SURVEY SERVICE PROVIDERS

Taking stock of your community capacity and resources will help raise awareness of the links and lay the foundation for learning more and taking actions. It will ultimately assist your community in meeting the goal of Building Bridges – to increase women's safety by providing accessible, relevant services.

All members of the community can contribute to an assessment of what is currently available and being done. Use the **Assessing Community Capacity For Integrated Services: Places To Start** questionnaire (**Appendix #2**), to assess for services and gaps specific to the needs of an integrated community response to woman abuse. Review and analyze the findings as a committee, including the Women Survivors Advisory Committee and use findings to develop Action Plans (Quickstep 10).

ASK WOMEN SERVICE-USERS ABOUT THEIR NEEDS AND EXPERIENCES

A cornerstone of Building Bridges is working from the principle that women are the experts of their lives and that they must have a strong voice in designing and delivering service to meet their needs. In the appendices, you will find a **Women's Service User Survey (Appendix #3)**, an example survey to give to women who are using your services to complete. Ask the Women's Committee for suggestions about how to reach a wide range of women to complete the survey.

When gathering the completed surveys, make sure women can drop them in a locked box or return them via sealed, self-addressed, stamped envelopes to ensure confidentiality. This survey can be reviewed and analyzed in partnership with the Building Bridges Committee and the Women's Committee.

QUICKSTEP 8: CONDUCT A GAP ANALYSIS

ANALYZE FINDINGS FROM QUICKSTEP 7

The last quickstep, *QuickStep 7: Assess Community Needs*, will provide your Committee with baseline information about what services, policies and processes are in place to ensure violence-informed, low barrier, integrated services for women. In addition to this information, your committee may want to conduct follow-up interviews with key stakeholders in your community, and review policies, mandates and other local data sources to assess whether women have access to services to address their multiple barriers and increase their safety and health needs.

REVIEW POLICIES, MANDATES AND OTHER AVAILABLE LOCAL DATA

Locate any local data/information regarding the incidence of violence against women and health, mental health and addictions care utilization statistics to identify what is known and what data is needed.

See if health policies include issues related to violence against women and if anti-violence services include women who use substances or have mental ill health.

Find out if there are...

- » Local gender disaggregated data/information regarding use of services? (including woman abuse, sexual assault, substance use and mental ill health)
- » Women-centred or gender-based education and training manuals for health, mental health and addictions providers?
- » Gender-based policies directing services to offer an integrated approach?
- » Women-only services that include women impacted by abuse, substance use and mental ill health as well as other life and health vulnerabilities?

REPORT ON AND DISSEMINATE FINDINGS

You will have gathered a lot of information about service gaps and needs, as well as services that are working towards increasing access for women impacted by these issues. The committee can now analyze the findings, which will assist in future direction, planning, service changes and enhancements. These should ultimately lead to improvements in women's safety. Ensure that the findings about gaps and needs relating to women's access to services for their overlapping concerns of woman abuse, substance use and mental ill health are reported to service providers, women, leaders, policy makers and funders through print and electronic mediums.

DEVELOPING OBJECTIVES

The information gathered through the needs assessment (Quickstep 7) and the gap analysis should be used to establish objectives for your Building Bridges Committee. The objectives of the provincial Building Bridges initiative are below:

OBJECTIVES OF BUILDING BRIDGES

- » Encourage networking, collaboration and partnerships among the woman abuse, mental health and substance use sectors
- » Identify gaps in service provision, level of need, and promising practices within all three sectors
- » Include other services such as child protection services, income assistance, legal services, parenting programs, programs for perpetrators and family support services
- » Educate service providers
- » Use the findings to develop best practice guidelines for each of the sectors as well as integrated models
- » Increase the capacity of services to effectively and safely respond to women's needs
- » Increase the number of no or low barrier services
- » Develop more effective responses across the separate sectors

QUICKSTEP 9: ADVOCATE: INDIVIDUAL AND SYSTEM CHANGES

All effective advocacy strategies will aim to affect change at various levels. Advocacy refers to a process, initiated by citizens or groups of citizens, such as non-governmental organizations (NGOs), to bring about change. Two broad types of advocacy can be distinguished: individual advocacy and systems change advocacy. Individual advocacy focuses on changing the situation for an individual and protecting her rights. Systems advocacy refers to efforts to change policy and practice at the local, national or international level, to change the situation for groups of individuals who share similar problems. While systems advocacy works to improve the *system* to the benefit of individuals, it is a long-term approach to problem solving requiring sustained effort. (from <http://www1.umn.edu/humanrts/svaw/advocacy/index.htm>)

The need for improving the response to woman abuse, substance use and/or mental ill health has been recognized by a variety of organizations in BC and world wide. The success of some of these organizations is evidence of the real possibility of developing improved and integrated services for women. To achieve these changes, we need to advocate for change to our current health care and social services on a number of levels. And these changes will be most effectively executed through collaborations and partnerships with individuals, agencies, and institutions from all sectors, including representation from women impacted by these intersecting issues.

AT A SYSTEM LEVEL, INTEGRATED PRACTICES, PROGRAMS AND SERVICES ARE LIKELY TO BE FACILITATED BY:

- » Collaborating within and between sectors, groups and organizations at all levels, and demonstrating a coordinated effort to adapt service mandates to create a low-barrier, integrated response;

- » Assigning responsibility for creating accessible and integrated services at all levels and in all sectors, including funders.
- » Ensuring that mandates of services are flexible and reflect women's realities so that service gaps and barriers can be rectified.

AT A COMMUNITY LEVEL, INTEGRATED PRACTICES, PROGRAMS AND SERVICES ARE LIKELY TO BE FACILITATED BY:

- » Ensuring representation of all women who use services, including women who face other forms of discrimination (such as disability, racism, poverty) that compound the impact of violence, substance use and mental ill health
- » Attending to diversity throughout all planning
- » Ensuring support and training is in place for leaders in mental health, addictions and anti-violence services so that decisions for improving and integrating services will be informed by current evidence.

AT A PROGRAM LEVEL, INTEGRATED PRACTICES, PROGRAMS AND SERVICES ARE LIKELY TO BE FACILITATED BY:

- » Putting the safety of women and children first
- » Providing services that are violence-informed and women-centered
- » Planning based on complexity of women's realities, focusing those of women who experience violence, substance use and mental ill health
- » Planning based on reality that women are not a homogenous group and that some communities or groups of women are additionally marginalized by poverty, health status, race, ethnicity, religion, disability, age, literacy, etc.

INCLUDE LEADERS

Make sure you include decision-makers, policy-makers, planners, funders and other leaders when you are developing new resources and initiatives. Building relationships between your health authority leaders and community-based women's services will contribute to the success of an integrated approach to services for this population of women.

LEADERS CAN:

- Join the forum or venue where the community committee working on violence against women, mental health and addictions are developing an integrated approach
- Support service providers to set priorities and plan initiatives on women's health/violence against women.
- Participate in Building Bridges Training to learn more about woman abuse, substance use and mental ill health and its impact on women's health and the role of the health system.
- Develop and adopt a health policy on woman abuse, substance use and mental ill health.
- Support educational opportunities and provide resources for your staff to learn more about how woman abuse, substance use and mental ill health overlaps and how to develop Best Practice Approaches
- Work collaboratively with health care providers and community anti-violence women's organizations to set health goals and identify indicators of progress.
- Build on existing resources: second staff to share clinical and support services; share space so women don't have to travel as far; offer joint services, etc.
- Provide leadership: assign responsibility for integrating a health, mental health and addictions sector response to violence against women.
- Identify funding needs to initiate and support programs and discuss them with appropriate funding bodies.
- Create proposals for pilot projects and new programs that work in partnership with community agencies and programs already in place to address gaps and barriers.
- Create accountability mechanisms for ensuring that services have the capacity to provide integrated services
- Provide resources for pilot projects and new programs.
- Identify funding needs to initiate and support programs and discuss them with appropriate funding bodies.
- Provide resources for data collection and evaluation of initiatives.
- Participate in ongoing education and training regarding violence against women, its health, mental health and addictions impact and how the health, mental health and addictions system can respond.¹

¹ Adapted from "Violence Against Women Improving the Health Care Response. A guide for health authorities, health care managers, providers and planners." Prepared for the Women's Health Bureau by Marina Morrow and Colleen Varcoe, pp 19-20.

QUICKSTEP 10: DEVELOP & IMPLEMENT COMMUNITY ACTION PLANS

The Community Action Plan is a tool to guide your committee's planning and implementation. It identifies the stakeholders, commitments, actions and required resources. Start with an explicit statement of commitment that is reached by consensus.

EXAMPLE STATEMENTS OF COMMITMENT TO INTEGRATED SERVICES

- » We are committed to engaging and educating our community in order to improve women's health and wellness related to substance abuse, mental health and woman abuse.
- » We are committed to reducing systemic barriers to services and increasing access to services to women.
- » We are committed to working collaboratively cross-sectorally to improve service provision to reduce barriers to women.
- » We are committed to gathering the service providers together to share information and resources to ensure safety for women who experience violence.
- » We are committed to maximizing and developing new and current resources to ensure safe, flexible and accessible services for women centred care.
- » We are committed to meeting women where they are at, emotionally, physically and spiritually.
- » We are committed to working together to collaborate and share ideas and to prioritize issues surrounding violence and woman abuse.
- » We are committed to engaging and educating our community in order to improve women's health and wellness related to substance abuse, mental health and woman abuse.

EXAMPLE COMMUNITY ACTION GOALS

- Develop and adopt a community policy on an integrated response to violence against women, substance use and mental ill health based on a violence and gender-informed framework.
- Collaboratively set service goals for the community and identify indicators of progress related to low barrier, safe, accessible services for women, based on the recommendations in the Quicklinks
- Do a formal presentation to your health authority leaders on violence against women and the links and prevalence between woman abuse, substance use and/or mental ill health.
- Create proposals for pilot projects and new programs
- Discuss funding needs with the health authority to initiate and support programs
- Provide cross-sectoral training on the inter-relationship of violence, mental health and substance use in women's lives
- Create safety for women impacted by abuse by ensuring that they have women-only services
- Share learning across agencies
- Host a community open house
- Exchange personnel. Personal contact and site visits help maintain communication and builds trust and understanding
- Develop outreach services across agencies or co-locate services
- Develop a joint project between agencies

See appendix #4 for a Template to Guide your Planning.

QUICKSTEP 11: DRAFT & IMPLEMENT NEW INTEGRATED POLICIES

Provincial and international research points to convincing evidence that demonstrates girls' and women's mental ill health and substance use are very often the impacts of experiencing gender-based violence and abuse. Yet, at the local, provincial and federal levels, evolving policy trends are reflecting the connections between substance use and mental ill health, but have not yet incorporated a gender- and violence-informed framework. This fails to highlight the underlying causes of mental ill health and/or substance use for a population of vulnerable girls and women.

Policies are significant tools because they can lead to innovative changes. Policies alone will not make changes, but they do provide direction that can result in broadening organizational mandates, shifting funding to emerging needs and re-organizing the delivery of services. Systemic change requires that policies reflect this evidence and that this evidence then guides the development of integrated approaches and best practices to respond to the needs of women impacted by abuse, substance use and/or mental ill health. The following policy statement is an example that your Building Bridges Committees can adapt to your particular community/ region.

POLICY STATEMENT EXAMPLE

[Our community] is committed to providing low barrier, integrated, non-judgmental services and programs for women - and their children. These services will be based on women-centred, violence-informed, harm reduction philosophies and practices. We will incorporate an equity model of service, being inclusive of all communities of women, and ensuring those women who are most vulnerable have access to support and safety. We will strive to ensure that women are safe in our services and that we reduce barriers and any risk of compounding harms that might result from echoing the power dynamics women experience in their abusive relationships.

Therefore we are committed to showing **leadership** in:

1. Developing integrated, systematic and sustained responses to support women who are impacted by abuse and have substance use concerns or mental ill health. This includes integrating existing programs and initiating and evaluating pilot projects in key areas.
2. Ensuring that all program development and practice responses are designed to meet the needs of all women in the community. That is, responses must be appropriate to a wide range of diverse groups of women (e.g., Aboriginal women, women of colour, lesbian, bi-sexual and transgendered women, women with disabilities, women with mental health problems, single mothers, women who use substances, HIV positive women, and women living in poverty, etc).

3. Working collaboratively and in partnership with a wide range of stakeholders to develop collaborative, low-barrier, integrated responses for women who have been impacted by abuse. Ensuring representation of the health, anti-violence, mental health and addictions sectors on Building Bridges or Community Coordinating Committees, will ensure a wide range of service providers are brought together to discuss integrated responses to women impacted by abuse, substance use and mental ill health.
4. Ensuring that there are adequate resources for supporting further education and training for all health, mental health, addictions and anti-violence workers on the intersection of these issues for women impacted by abuse.
5. Collecting data on the incidence, impact and implications of violence against women in mental health and addictions services. Conversely, collecting data and openly talking to women about their experiences of substance use and mental health concerns in anti-violence services.
6. Evaluating existing programs that provide an integrated approach to address woman abuse, substance use and/or mental ill health as well as developing indicators of success for emerging programs.
7. Setting baseline goals for improving an integrated response to violence against women.¹

Use **the Policy Statement Guide in Appendix #5** to help guide you through the process of developing policy for your committee, organization and/or community.

¹ Adapted from "Violence Against Women Improving the Health Care Response. A guide for health authorities, health care managers, providers and planners." Prepared for the Women's Health Bureau by Marina Morrow and Colleen Varcoe, pp 7-8.

QUICKSTEP 12: EVALUATE PROGRESS

The final steps in an integrated community response are to sustain initiatives, to evaluate those initiatives and to continue to improve the response. The sustainability of any community initiative will depend on communication, collaboration and resources, including funding, across the anti-violence, mental health and addictions sectors. Establishing a cross-sector infrastructure such as a Building Bridges Committee to plan, guide and support the change process will be essential for ensuring sustainable changes.

Evaluation at a system, community or program level can be built on the goals and principles for integrated, accessible, low-barrier, comprehensive services offered in these Quicksteps. Or you can evaluate specific programs or interventions developed by your Building Bridges Committee in **Quickstep 10: Develop and Implement Action Plans**. Issues such as who will have access to the information that is gathered and confidentiality are some of the issues that will need to be discussed prior to embarking on an evaluation.

WOMEN SURVIVORS AND SERVICE PROVIDERS PERSPECTIVES ARE NECESSARY IN AN EVALUATION

Ask women survivors, service providers and other stakeholders about the new service. You can use the **Community Survey on Integrated Services (Appendix #6)** to assess changes to the community or you can develop an Evaluation Framework to evaluate the impact of a new service or intervention that you have developed.

DEVELOP AN EVALUATION FRAMEWORK

The following information should be included in an evaluation framework. Here we use the example of offering a low barrier support group as a service or intervention that can be evaluated. See Appendix # 7 for an Evaluation Template.

PROGRAM/INTERVENTION OUTCOMES AND IMPACTS

Example:

Resources	Services	Outcomes	Impact
Mental health service provider	12 week group – low-barrier, accessible	Women understand how substance use and mental ill health are connected to abuse	Women's mental health symptoms are improved
Anti-violence service provider	Advocacy and support for women in group	Women's isolation is decreased	Women's substance use decreases
Group Space	Connection to appropriate services for on-going support		Women's general health improves
Childcare			

MISSION STATEMENT (FROM BUILDING BRIDGES COMMITTEE)

Example: To increase access to support and services for women impacted by abuse, substance use and/or mental ill health.

PROGRAM/INTERVENTION DESCRIPTION

Example: Low barrier support groups for women impacted by abuse, substance use and/or mental ill health.

TARGET GROUP

Example: Women impacted by abuse, substance use and/or mental ill health

PROGRAM/INTERVENTION GOALS

Example: Offer a low barrier support group for women impacted by abuse, substance use and/or mental ill health, co-facilitated by anti-violence and mental health staff

DEVELOP EVALUATION QUESTIONS

Examples:

- » Do women participating in the women's group understand how abuse, substance use and/or mental ill health are connected for them?
- » Do women participating in the women's group report decreased isolation, and increased support, empowerment and engagement?
- » Do women participating in the women's group access other services as a result of their connections with the group?
- » Do women report a decrease in their mental ill health symptoms?
- » Do women report a decrease in their substance use?
- » Do women report increased feelings of safety as a result of participating in the women's group?
- » What do the group facilitators report as impacts resulting from co-facilitating the women's group?
- » Do service providers have an increased knowledge about the links between woman abuse, substance use and/or mental ill health?

IDENTIFY SOURCES OF DATA

Examples:

- » Women attending group (pre- and post-surveys, focus group)
- » Women not attending group (survey)
- » Service providers who are referral sources (phone interviews)
- » Group Co-facilitators (in-person interviews)
- » Program files and records

DEVELOP EVALUATION TOOLS

In addition to the **Community Survey on Integrated Services (Appendix #6)** you can use the Surveys developed in **QuickStep 7: Assess Community Needs (Appendices #2 and #3)** to re-assess services.

You can also hold a focus group and ask women about their experiences of a new service that you have implemented in your community. Make sure that this process is lead by the Women Survivors Building Bridges Advisory Committee.

Examples of Other Evaluation Tools:

- » Questionnaires
- » Surveys (on-line or pen and paper)
- » Focus Groups
- » Key Respondent Stakeholders
- » Review records, documents, policies

DATA MANAGEMENT AND ANALYSIS PLAN

You will need to decide on who will manage the evaluation data (internal or external evaluator?) and how it will be analyzed. You will also need to determine who else will have access to the data. Only allowing a limited number of people, who are directly involved in the evaluation process, to view the raw data will help to ensure confidentiality of all participants.

DEVELOP AND IMPLEMENT PROCESS TO RESPOND TO FEEDBACK

Ensure that your committee has a way of assessing the feedback, reviewing accountability and assigning responsibility to improve services based on the feedback in partnership with the Women Survivors Building Bridges Advisory Committee.

DEVELOP A PLAN TO DISSEMINATE EVALUATION FINDINGS

It will be important to have a plan to share the findings of your project with the community. You can host an event, develop a series of newsletters, attend a leaders forum or invite stakeholders to an open house to report the findings.



CONSENSUS STATEMENT:

(Write one statement per page)

THE WAY WE UNDERSTAND THIS CONSENSUS STATEMENT IS...

WE WOULD CHANGE/ELIMINATE...

WE CAN NOW AGREE ON THE FOLLOWING STATEMENT:



TOOLS FOR INTEGRATION: **ACTIONS**

ASSESSING COMMUNITY CAPACITY FOR INTEGRATED SERVICES: PLACES TO START

CATEGORY	QUESTION	YES	NO	SOMEWHAT	UNSURE	ACTION
Violence-Informed Practice and Policy	Do all existing programs have policies, procedures, mandates and practice s that ensure women’s safety?					
	When planning new programs and services do you consider the need to focus on women’s safety?					
Women-Centred, Gender-Informed Services	Does your agency have women-only services and/or spaces in your agency?					
	Do you assess existing and new policies for their attention to the different needs of women and men/ girls and boys?					
	Do you have an advisory group of women impacted by these issues to ensure your services are reflective of their needs and experiences?					
Low-Barrier Services	Are your services inclusive of women who are impacted by abuse, substance use and/or mental ill health?					
	Does your agency have policies that ensure that this population of women has access to safe and secure housing?					
	Does your agency offer flexible hours, drop-in services and outreach services?					
Integrated Services	Are there integrated programs or services that reflect the evidence that woman abuse precedes the development of mental health and/or substance use?					
	Do clear protocols exist regarding referral processes and information sharing to protect women’s confidentiality and ensure smooth transitions between services if there are no integrated services?					

CATEGORY	QUESTION	YES	NO	SOMEWHAT	UNSURE	ACTION
Cross-Sectoral Training and Initiatives	Do your community and ministry agencies share training resources to ensure that all providers have access to knowledge that improves services for women impacted by abuse, substance use and/or mental ill health?					
	Do community providers from mental health and addictions services, child welfare services and anti-violence services meet regularly to exchange information and assess for gaps and barriers in services?					
Mothering Support	Is there a recognition that additional barriers exist for women who are mothers and experiencing abuse, substance use and/or mental ill health?					
	Does your agency provide childcare or funds to assist women to pay for safe childcare services?					
Practical Support	Does your agency provide transportation or subsidize women's transportation?					
	Do you offer food for women in your service?					
Research and Evidence-based	Do your services reflect the evidence that woman abuse often precedes the development of substance use and/or mental ill health?					
	Do clear protocols exist regarding referral processes and information sharing to protect women's confidentiality and ensure smooth transitions between services if there are no integrated services?					
Evaluation and Feedback	Do you get feedback from women and incorporate the feedback into service changes?					
	Has your program or service undergone a formal evaluation to ensure the needs of women impacted by abuse, substance use and/or mental ill health are being met?					

WOMEN SERVICE-USERS SURVEY

1. How do you see the links between abuse, substance use and mental health?

2. Has abuse in your relationship and substance use affected your health and well-being?

Yes ___ No ___

If yes, how?

3. Has abuse and mental health affected your health and well-being?

Yes ___ No ___

If yes, how?

4. Do you have an advocate? Yes _____ No _____

If so, describe how this person has helped you.

5. What services in your community helped you address the issues you were concerned about?

6. What barriers did you face when trying to access support around the issues you were concerned about?

7. What else did you need?

8. What other type of services would have been helpful?

9. Other comments or suggestions



COMMUNITY ACTION PLANS

Community (or Agency)

Participants:

Commitment

Goals

Stakeholders

Actions

Resources



TOOLS FOR INTEGRATION: **ACTIONS**

COMMUNITY SURVEY ON INTEGRATED SERVICES

1. How are you seeing woman abuse, substance use and/or mental ill health affect women's lives?

2. In our community, anti-violence, mental health and addictions services ensure that all managers, supervisors and workers have received training on working with women and their children who have been impacted by abuse, substance use and/or mental ill health.

Yes Somewhat No Not sure/Don't know

3. In our community, anti-violence, mental health and addictions services ensure that all services have a gender-specific focus to ensure knowledge and education is based on the needs of women clients.

Yes Somewhat No Not sure/Don't know

4. In our community, anti-violence, mental health and addictions services ensure that all services have an integrated approach to woman abuse, substance use and mental health issues for women.

Yes Somewhat No Not sure/Don't know

5. In our community, anti-violence, mental health and addictions services ensure that managers, supervisors and workers attend joint training to learn about best practices regarding the links between woman abuse, substance use and mental ill health.

Yes Somewhat No Not sure/Don't know

6. In our community, anti-violence, mental health and addictions services have trained staff about the principles of violence-informed practice and women-centred care.

Yes Somewhat No Not sure/Don't know

7. Our community anti-violence, mental health and addictions services have trained staff in how to conduct and participate in a comprehensive safety planning.

Yes Somewhat No Not sure/Don't know

8. In our community, anti-violence, mental health and addictions services have received training that has a focus on diversity, cultural safety and racism to ensure that vulnerable populations of women receive the best possible care and treatment.

Yes Somewhat No Not sure/Don't know

9. In our community, anti-violence, mental health and addictions services work closely with the child protection services and children who witness abuse programs to ensure that women who are mothering have access to inclusive, supportive services.

Yes Somewhat No Not sure/Don't know

10. In clinical assessments and comprehensive case planning, the client and all relevant agencies are included.

Yes Somewhat No Not sure/Don't know

11. Anti-violence agencies and advocates are included in all comprehensive safety assessments and case planning where women are experiencing abuse, or impacted by abuse.

Yes Somewhat No Not sure/Don't know

12. In our community, all agencies have referral protocols in place, and have clear guidelines about consent and confidentiality in information sharing.

Yes Somewhat No Not sure/Don't know

13. In our community, there are sources of community gender-based data about woman abuse, substance use and mental ill health that could assist you in developing a community services profile.

Yes Somewhat No Not sure/Don't know

14. In our community or health authority, there are gender-based policies linking woman abuse, substance use and mental ill health that describe the need and direction for developing integrated services for women.

Yes Somewhat No Not sure/Don't know

15. In our community, we have leaders, both formal and informal, who are champions of the needs of women impacted by abuse, substance use and mental ill health.

Yes Somewhat No Not sure/Don't know



EVALUATION FRAMEWORK TEMPLATE

MISSION STATEMENT: (FROM BUILDING BRIDGES COMMITTEE)

PROGRAM/INTERVENTION DESCRIPTION:

TARGET GROUP:

PROGRAM/INTERVENTION GOAL:

PROGRAM/INTERVENTION OUTCOMES AND IMPACTS

Resources	Services	Outcomes	Impact

EVALUATION PLAN

Evaluation Questions	
Sources of Data	
Evaluation Tools	
Data Management and Analysis Plan	
Process to Respond to Feedback	
Disseminating Evaluation Results	