



The STRENGTH Project Community Report on Outreach Activities

JANUARY 2019

The Project Team



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The STRENGTH team is appreciative of all the partnerships and engagement with service organizations as well as the hard work and dedication of our project staff.

We especially want to acknowledge the fantastic artwork of local Indigenous artist John for his stunning design of the butterfly in the logo. Thank you also to Justin Liu for his graphic design skills to make a digital version of the butterfly logo.



This section outlines how terms commonly used in the STRENGTH Project are defined within the context of the study.

Community-based participatory approach	refers to a shared governance structure for design, implementation, and decision-making
Community Health Workers (CHWs)	refers to an individual with lived experience in the community working in an outreach capacity with a Research Outreach Worker
Community member	refers to any individual who lives, accesses services, or spends a considerable amount of time in the Downtown Eastside of Vancouver (DTES)
Contact	refers to each individual interaction between an outreach worker and a community member
Cultural safety	refers to actively attending to and addressing inequitable power relations, discrimination, racism, and the ongoing impacts of historical and present-day injustices on all facets of people's quality of life, well-being, and their access and receipt of human services
Equity	refers to a commitment to justice and fairness, and orients the work to the systemic, social and remedial inequities and power differentials that limit women's autonomy and overall quality of life
Gender	refers to how people self-identify their gender identity
Location	refers to the setting where an interaction takes place
Mode of contact	refers to the platform an interaction is facilitated by (e.g. over the phone versus in person)



Outreach	refers to the process of building relationship with women to support service access and receipt. It involves locating and making connections with women within their local community in times and places convenient for women
Outreach activities	refers to the work that our outreach workers engage in during their interactions with individuals in the community
Referrals	refers to any connection made with or on behalf of an individual in the community to support the priorities they have identified. Please note, it does not include individuals who are referred into the project
Research Outreach Worker (ROW)	refers to the individuals working in the dual role of outreach worker and research assistant. It is their work that is the source of data in this report.
Trauma and violence-informed	refers to the recognition that interpersonal and systemic violence cause trauma that is directly linked to historical, political, social, and economic structures, influences, and contexts
Violence	refers to both interpersonal violence, such as violent partners, as well as structural violence, such as living in poverty or experiencing discrimination or racism
Wellbeing	refers to the state of wellness of an individual during an individual interaction
Woman	refers to any individual who self-identifies as a woman
Women-led	refers to the direction, priorities, and work being led by women.

STRENGTH Project Overview

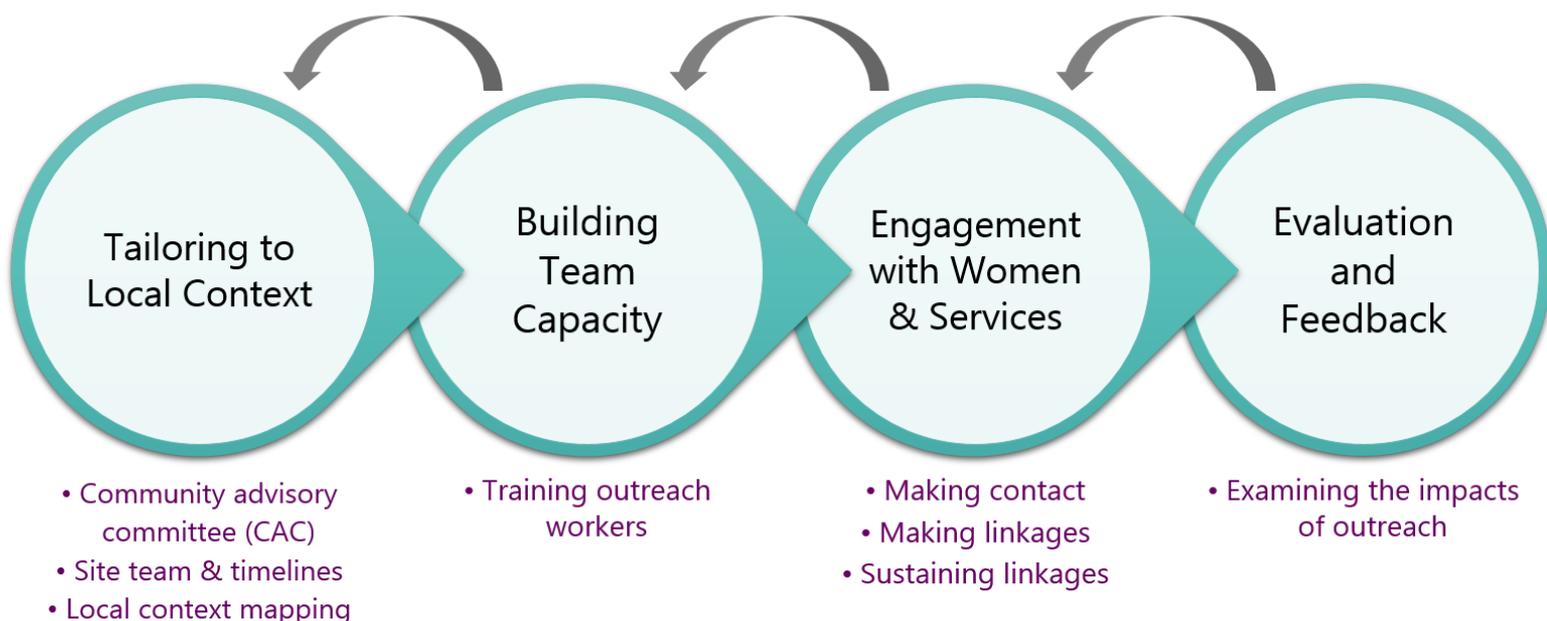


The STRENGTH PROJECT is a 3-year, community-based pilot research project exploring women-led, trauma- and- violence-informed outreach with women in the Downtown Eastside neighbourhood in Vancouver, BC. The goal is to reduce barriers in accessing support services among women affected by violence by building lasting relationships that promote autonomy and enhance overall quality of life.

The project is led by a team of researchers, service leaders/staff and experiential experts (i.e., women affected by violence), and builds on current services' capacities to learn if and how integrating a women-led and trauma-and-violence informed approach to outreach facilitates women's connections with services and improves service coordination.

Many women experience limited access to services necessary to prevent interpersonal and systemic violence and reduce its harmful effects. Barriers include isolation, control by partners, knowledge gaps about services, and negative encounters in support service settings. This project explores outreach activities to build lasting relationships between outreach workers and women to enhance quality of life and overall well-being.

Project Model





Philosophy

Being women-led is at the heart of this project. Nowhere is this more clear than in the design of the team. The Community Advisory Committee was established to be central to the decision-making and operations of the project as a whole. In the spring of 2017, Linda Dewar asked several key women with lived experience if they would be willing to serve on the committee. They began meeting in July 2017, taking 3 months to establish their code of conduct and rhythms of practice before inviting the researchers to a meeting. This dynamic acknowledged and respected the strengths and capacities of the Advisors and meant the researchers entered as guests and learners. Sharing from their expertise, the Advisors ensure that women's safety is upheld at all times.



Approach

The Outreach teams were also created to be women-led. The teams include one Research Outreach Worker working together with one Community Health Worker. At any point, there are 1 or 2 outreach teams out and about in the community. Intensive training was provided at the beginning and ongoing training is organized throughout to meet specific needs as they arise. For example, most recently all the staff were trained in Nonviolent Crisis Intervention.



Source & Background of Data

Over the past 6 months, Julia and Sara - our two research outreach workers (ROWs) - have recorded all their interactions and work. Their first three months focused on relationship building and making connections in the community. After that, the focus broadened to include building linkages between women and local services according to the priorities set by women. This report outlines the most recent and up to date information on their outreach activities in order to see trends over time and inform decision making.

Every day the outreach workers record the interactions they have as "daily stats." No personal information is recorded here. It also does not require the person to answer questions. It is a way of seeing how the outreach workers spend their time to better understand how to meet the needs of women in the community. For example, an outreach worker meets a woman for the first time in an alley. The woman appears to be in her 20s and in the course of conversation identifies herself as a woman.

After the interaction, the outreach worker fills out the daily stats that she met with a woman in her 20s in the community, it was an in-person interaction, the woman was looking for harm reduction supplies, it was about a 3-minute interaction and the woman appeared relatively stable.

Presentation of Data

In the next several pages, we summarize all of their records using graphs and pie charts. The pie charts reflect the cumulative 6-month data and the line graphs or bar charts show each month by category.

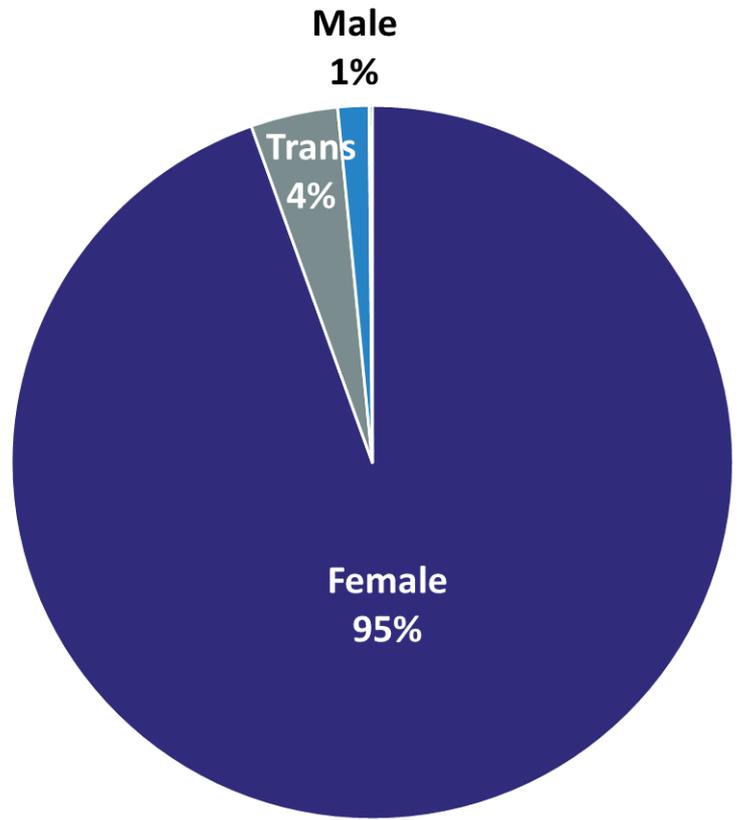
As you're looking at the graphs, please note that the numbers do not refer to individual people but rather to individual interactions. That means that one person could appear multiple times. For example, an outreach worker might see the same woman 5 times in one month. That would be counted as five interactions.

The total number of interactions with individuals over 6 months was 717.

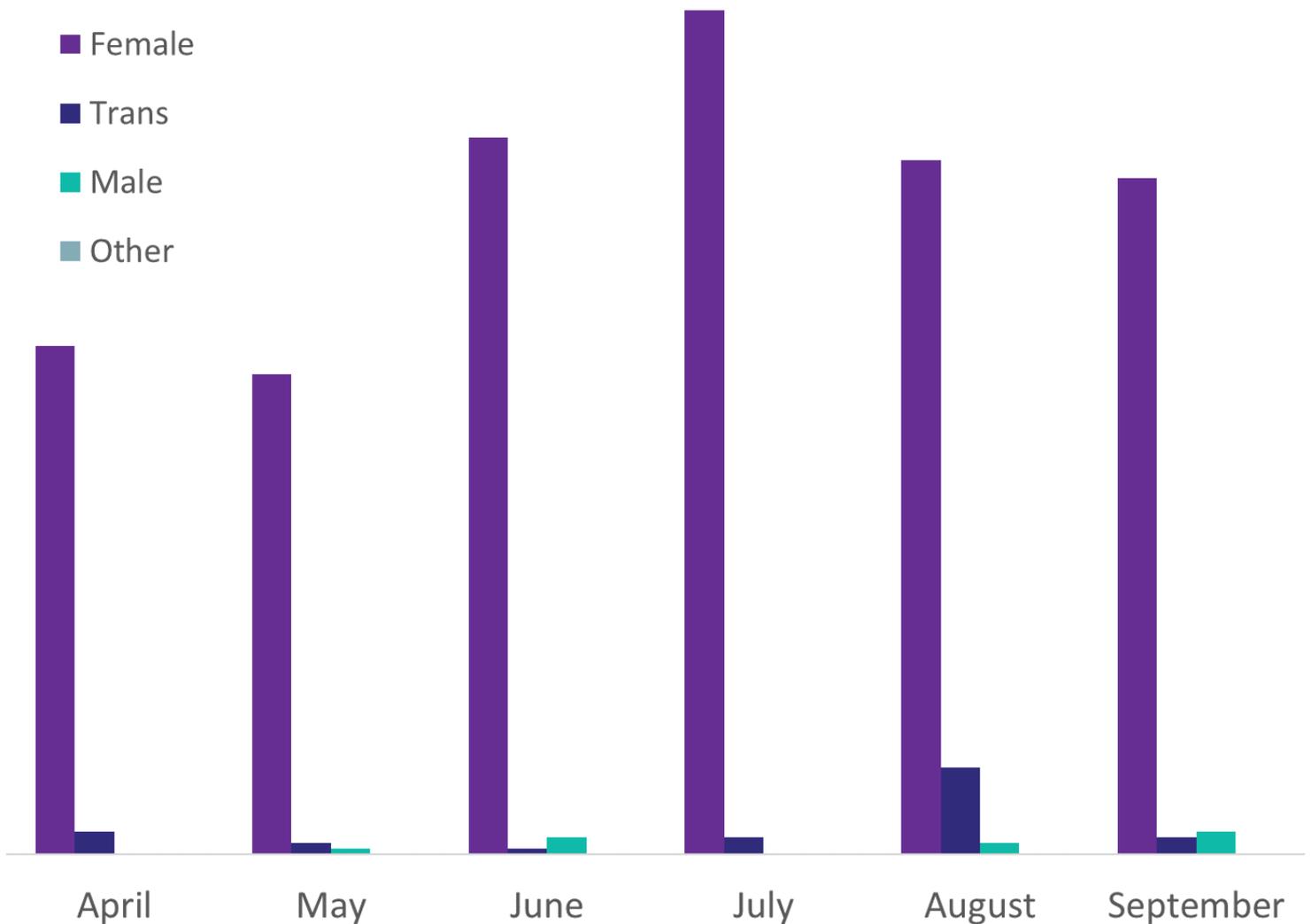
GENDER

The majority of people the outreach workers interacted with present as women (99%). This is not surprising given that the focus of our project is women.

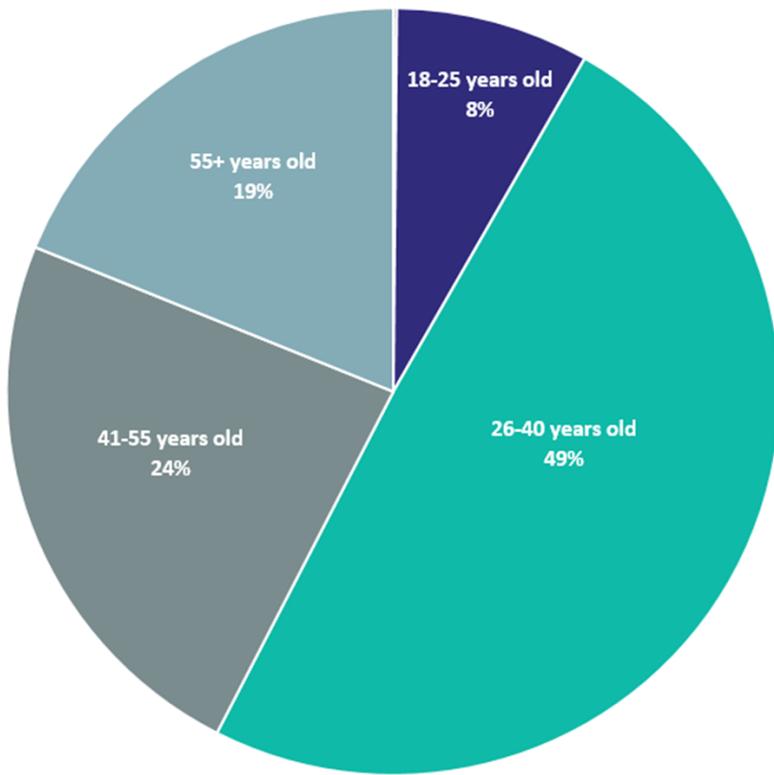
6-Month Totals



By Month



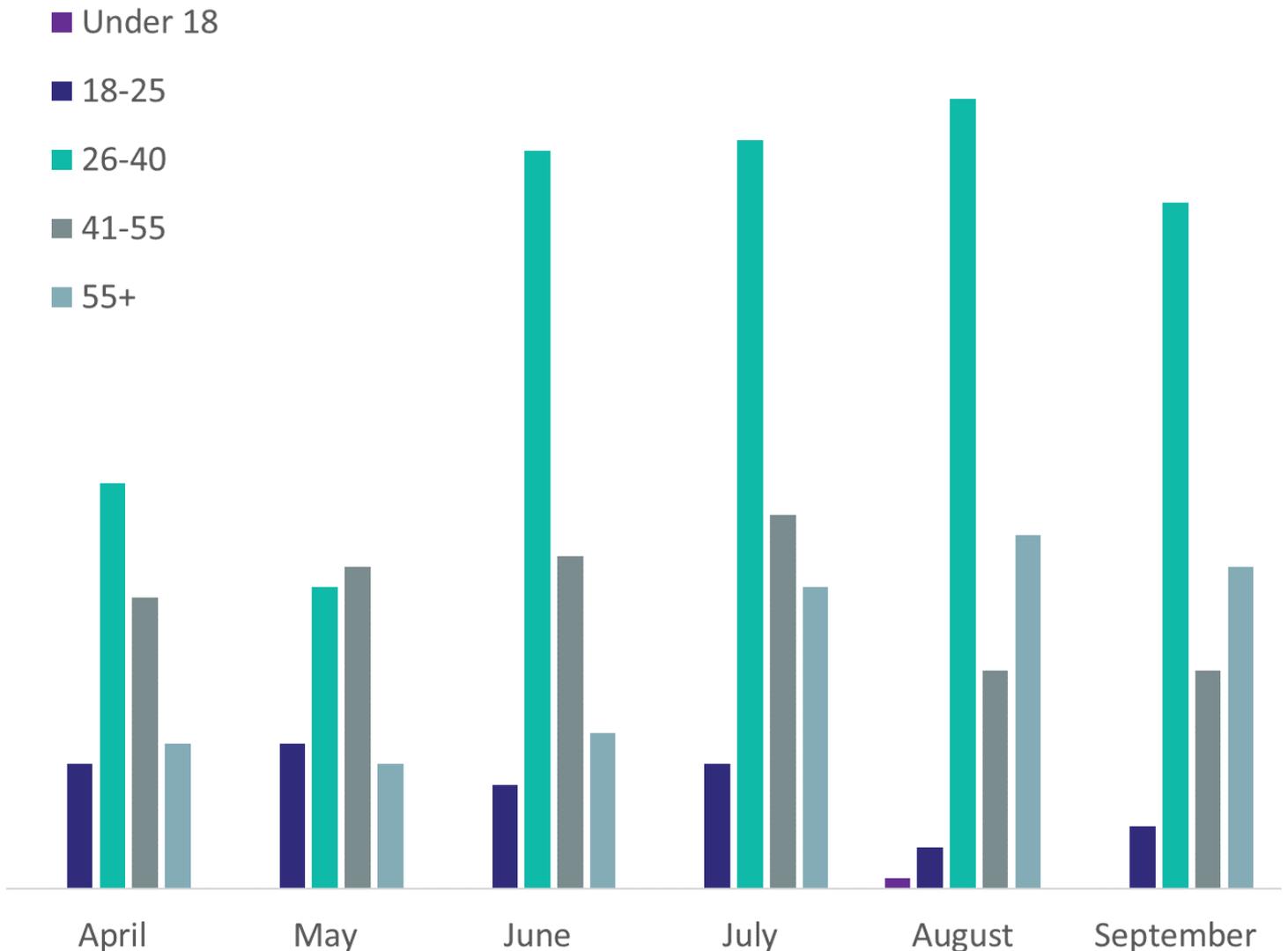
6-Month Totals



AGE

The majority of people are between the ages of 26-40 years old.

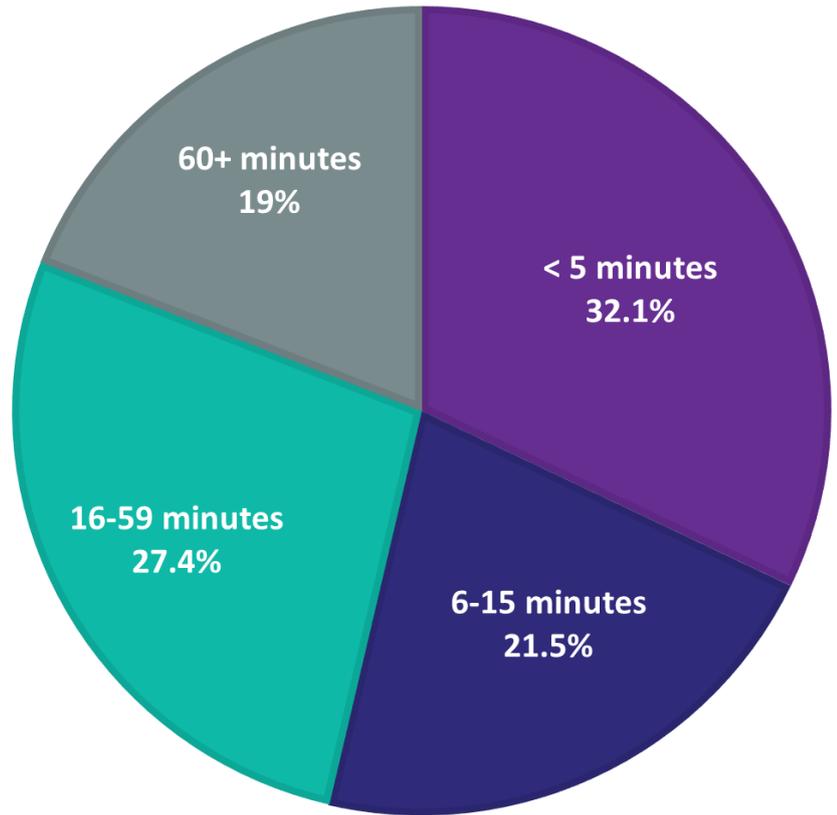
By Month



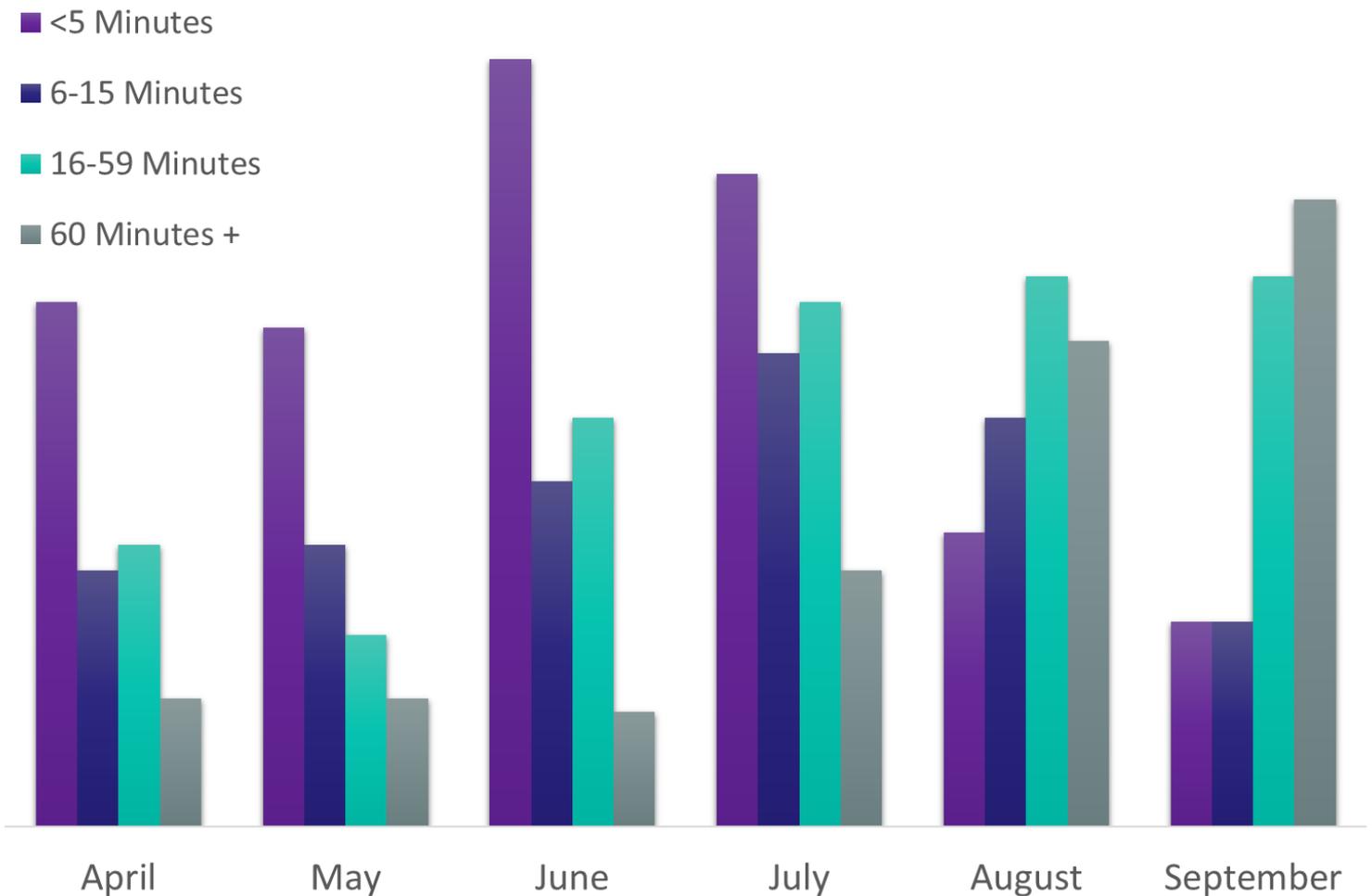
TIME SPENT WITH WOMEN

During the first three months, the outreach workers were meeting lots of people for shorter periods of time. As they built relationships within the community, the time they spent with individuals increased.

6-Month Totals

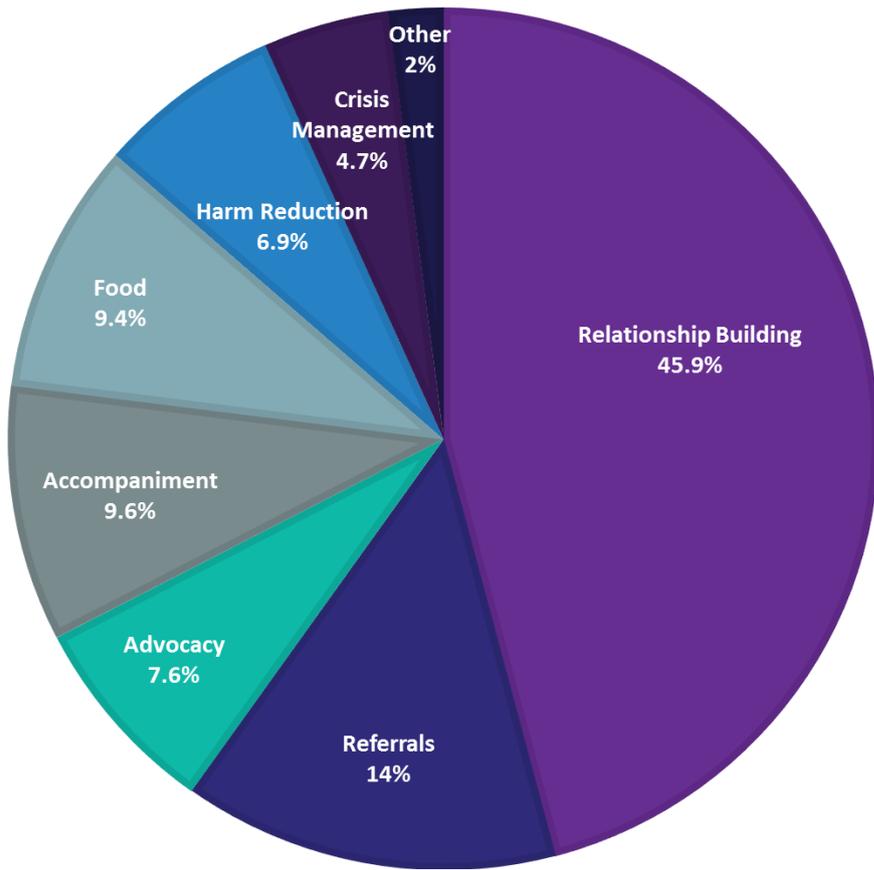


By Month



OUTREACH ACTIVITIES

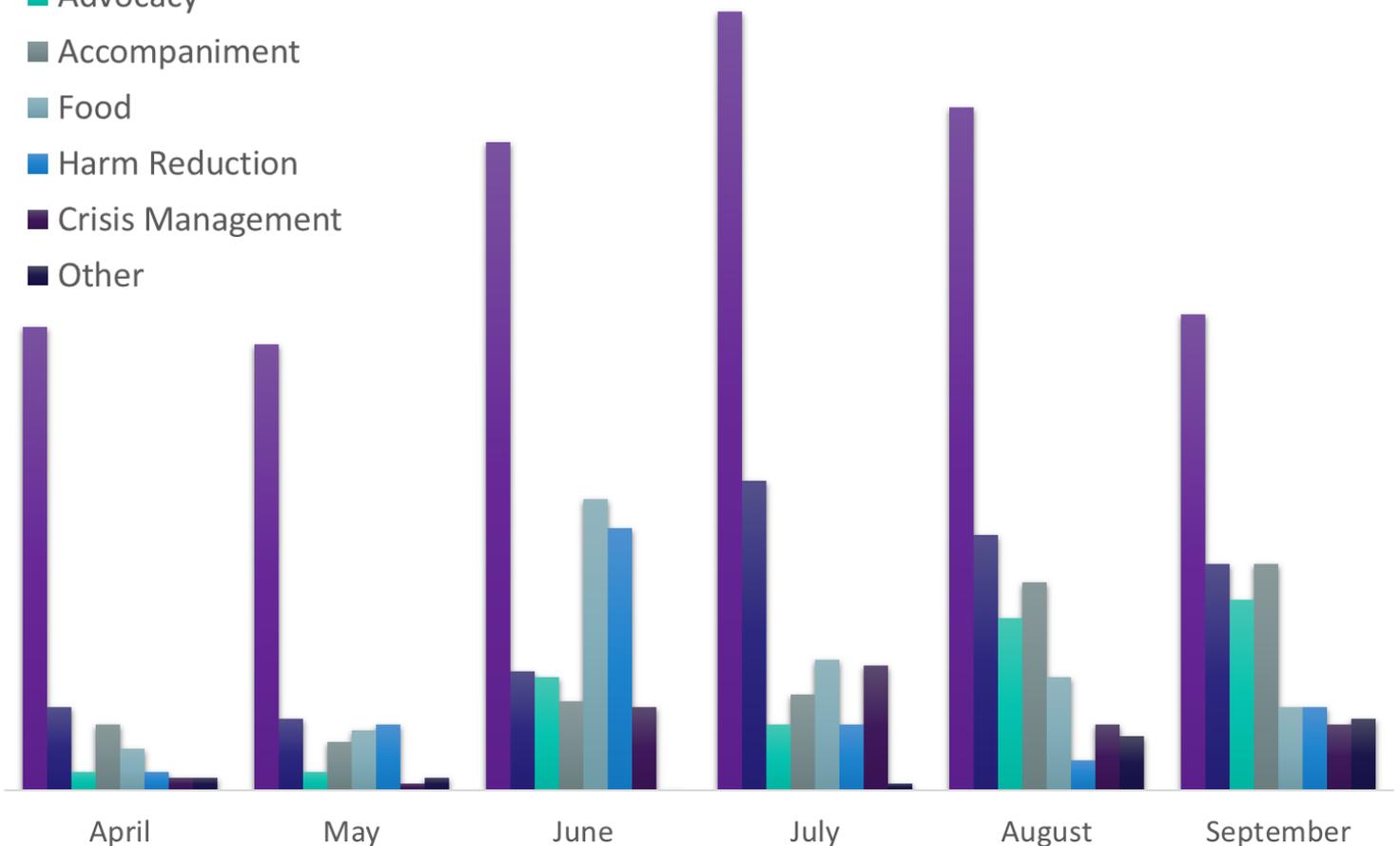
6-Month Totals



Relationship building continues to be the main aspect of the outreach workers' day. In recent months, however, referrals, advocacy, and accompaniment have increased substantially.

- Relationship Building
- Referrals
- Advocacy
- Accompaniment
- Food
- Harm Reduction
- Crisis Management
- Other

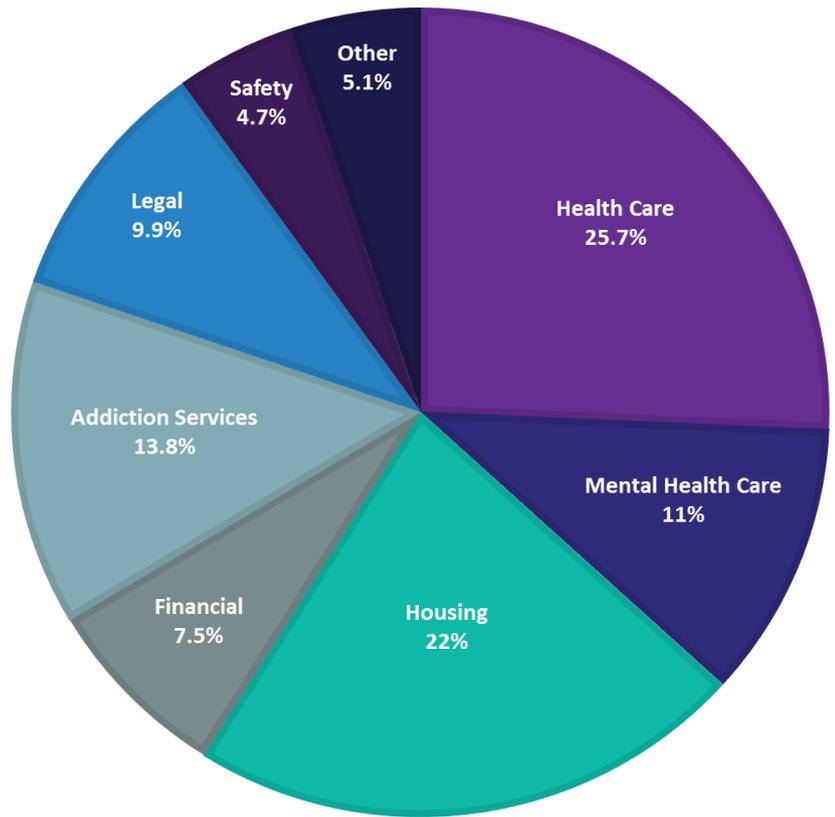
By Month



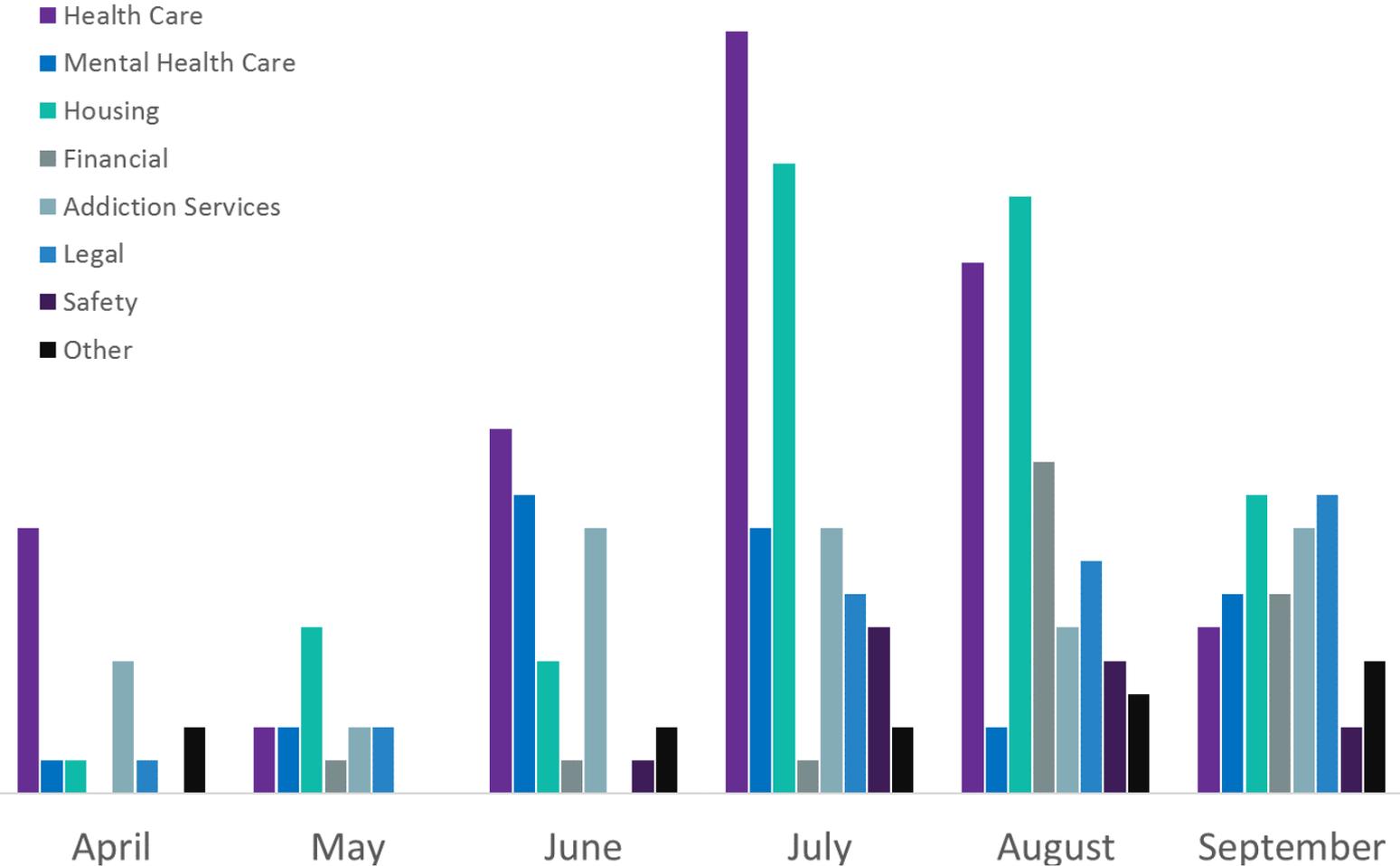
REFERRALS

The types of referrals made most frequently by the outreach workers are for health care (including mental health) and/or housing. Referrals to legal services and addictions services have increased over time.

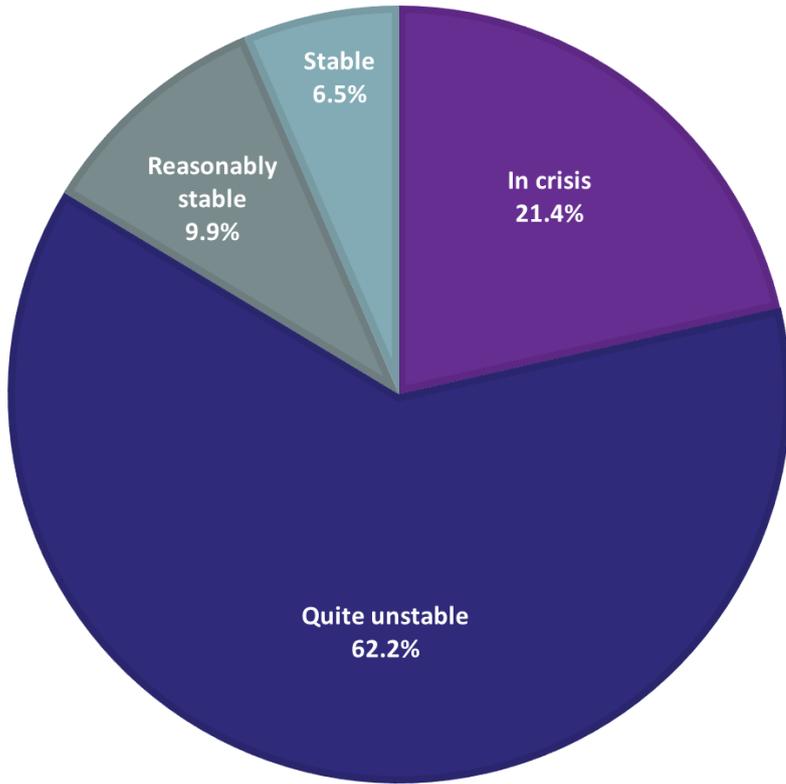
6-Month Totals



By Month



6-Month Totals

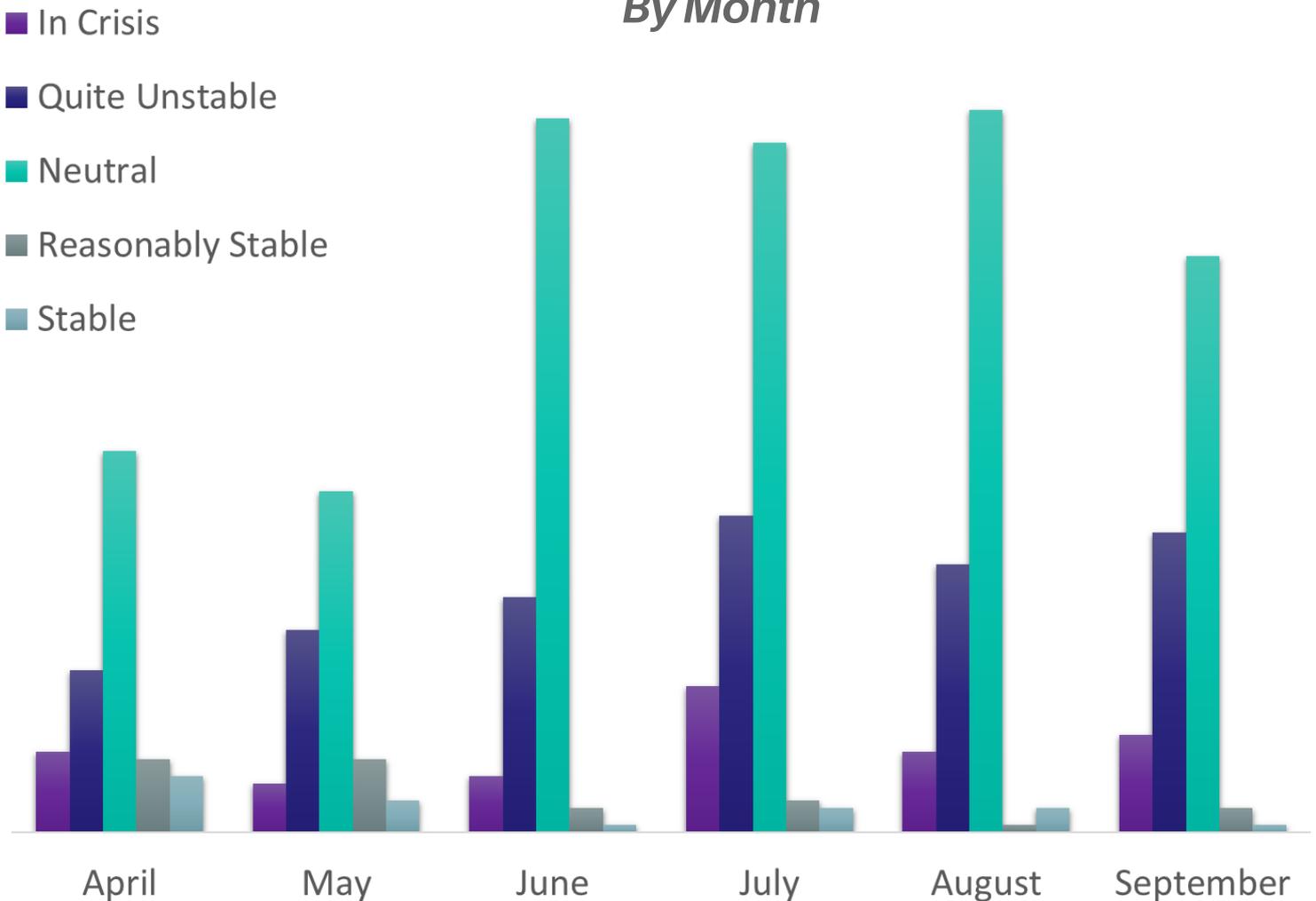


*Neutral designations are not included in this chart.

WELLBEING

The majority of wellbeing designations were deemed 'neutral' by the outreach workers. Looking at those women who were not 'neutral', the majority of women were quite unstable or in crisis. Considerably fewer women were reasonably stable or stable.

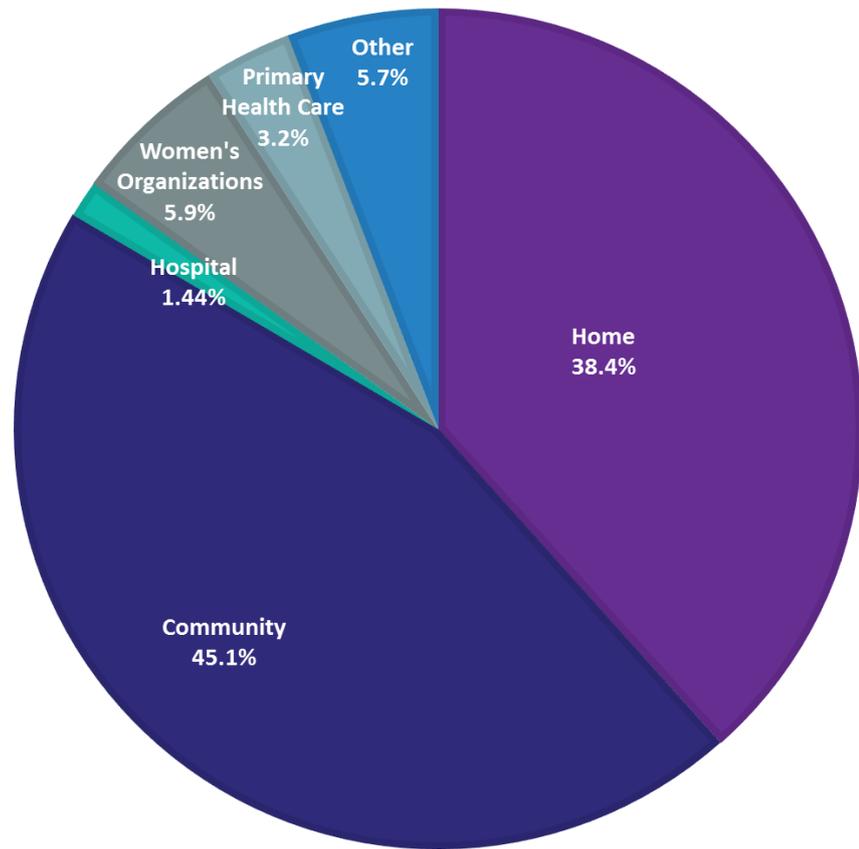
By Month



LOCATION OF SERVICES

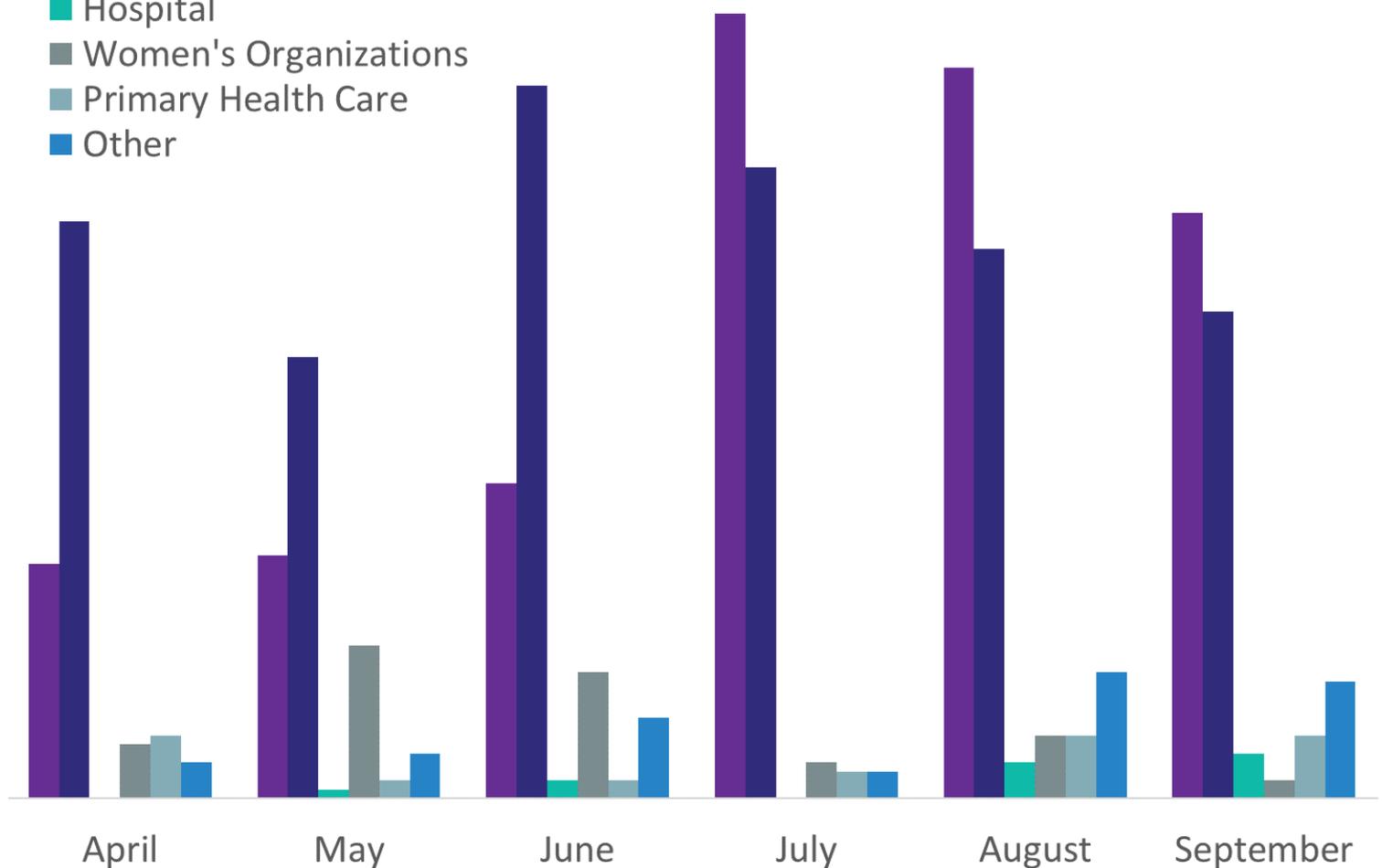
Interactions with individual women most frequently took place either in the community or in women's homes.

6-Month Totals

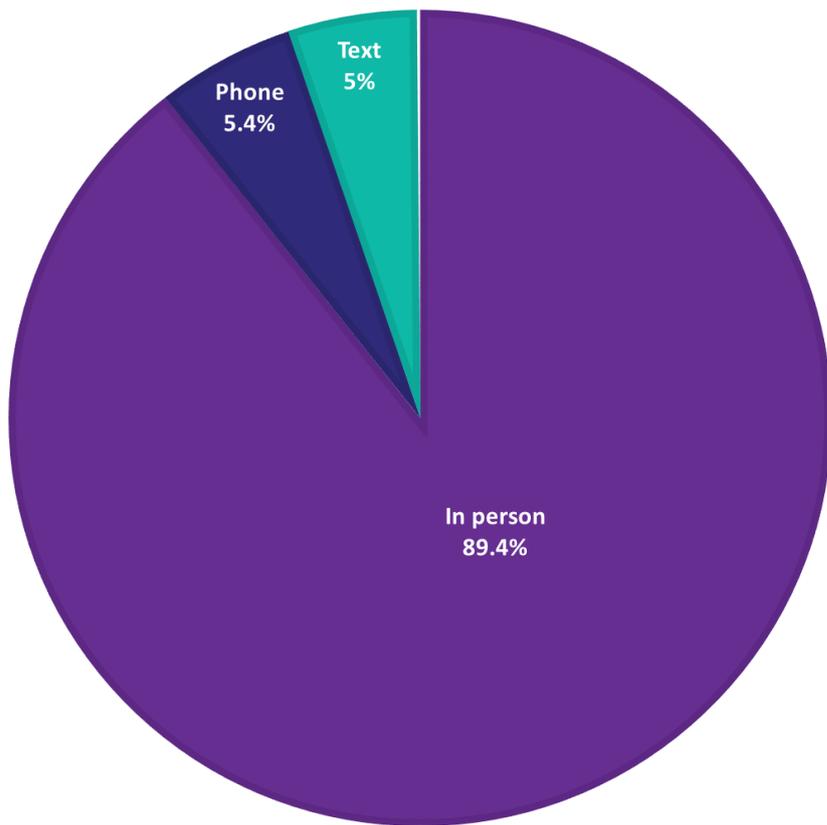


- Home
- Community
- Hospital
- Women's Organizations
- Primary Health Care
- Other

By Month



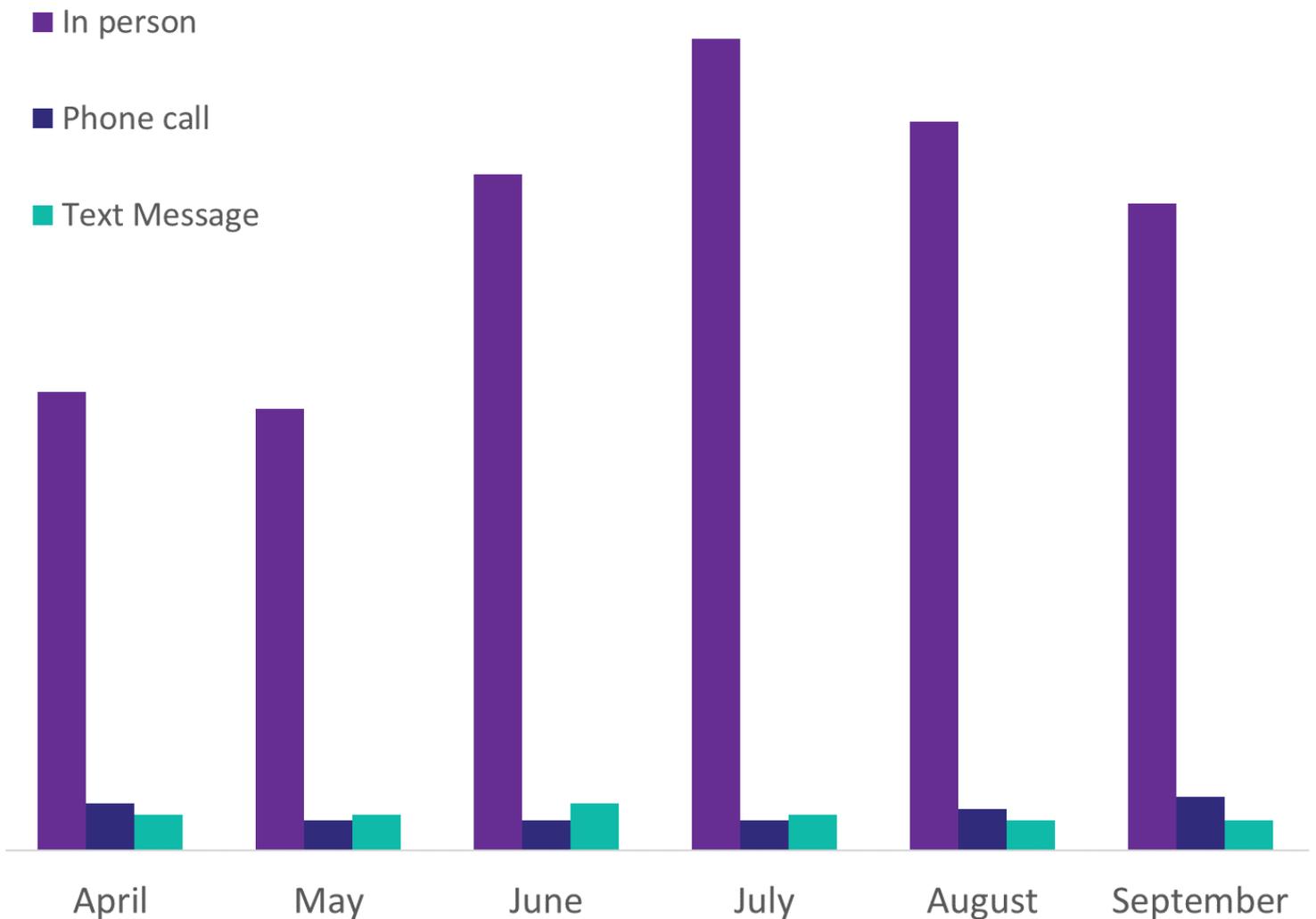
6-Month Totals



MODE OF CONTACT

The majority of interactions with individual women are in person.

By Month





The information collected over the past 6-months highlights some important points:

- > There has been considerable engagement with community members.
- > Overall, the majority of individuals are between the ages of 26-40 years old.
- > Most of the interactions occurred in-person in the community or in individual's homes.
- > Outreach activities provided were most frequently included relationship building, referrals, or accompaniment.
- > Over time, individual interactions with women have increased in length.

In the 6-months the outreach teams have been out and about in the community, there have been...

717	contacts with individuals	2.8x	increase in referrals in the last 3 months compared to the first 3 months
1282	outreach activities	3.7x	increase in interactions that lasted over 60 minutes in the last 3 months compared to the first 3 months
253	referrals made		

What's happening now



1. The Research Outreach Workers (ROWs) are currently working in more intense one-on-one relationships with many women in the community to meet specific and more long-term needs.
2. The Community Advisory Committee and research team are working on resources that can be used by other projects and community members to set up and support effective Community Advisory Committee's as partners in research.
3. Ongoing training for ROWs and Community Health Workers is being planned based on identified goals and needs. We are grateful to PACE Society (<http://www.pace-society.org/>) and Rise Women's Legal Centre (<https://womenslegalcentre.ca/>) for their support in training to date.
4. Preliminary data from the first six months is being analysed to identify strengths and gaps in the program to help inform the next steps.
5. We are applying for ongoing funds to continue this work in the Downtown Eastside and have been invited to support other communities in Canada interested in doing similar work.



STRENGTH Project Description

The STRENGTH PROJECT is a 3-year, community-based pilot research project exploring trauma and violence informed outreach with women in the Downtown Eastside neighbourhood in Vancouver, BC. The project is led by a team of researchers, service leaders/staff and experiential experts (i.e., women experiencing violence), and builds on current services' capacities to learn if and how integrating a women-led and trauma-and-violence informed approach to outreach facilitates women's connections with services and improves service coordination to address their needs.

BACKGROUND

Many women experience limited access to services necessary to prevent interpersonal and systemic violence and reduce its harmful effects. Barriers include isolation, control by partners, knowledge gaps about services, and negative encounters in support service settings. Outreach activities can build lasting relationships between support workers and women in ways that enhance quality of life and overall wellbeing, and are not harmful or re-traumatizing.

AIM

To reduce barriers in accessing support services among women affected by violence by building lasting relationships that promote autonomy and enhance overall quality of life.

TEAM

Project Co-leads: Dr. Vicky Bungay, Associate Professor at the UBC School of Nursing and Director, Capacity Research Unit; Ms. Linda Dewar, Director, Inner City Women's Initiatives Society (ICWIS); and Dr. Adrian Guta, Assistant Professor, University of Windsor School of Social Work.

National partners: Nova Scotia Department of Community Services, West Coast Women's Legal Education and Action Fund (LEAF).

A local Community Advisory Committee comprised of experiential experts guide and provide input on everything from intervention design to recruitment of participants, from how and what questions we ask women to how lessons learned are shared. The community advisors, research team and the project steering committee collaboratively hold the vision, exercise leadership and respect the expertise of all involved in this project.

PRIMARY RESEARCH QUESTION

What are the effects of a women-led and trauma-and-violence-informed outreach intervention on access to and receipt of support services among a highly vulnerable group of women experiencing interpersonal and systemic violence?



PRINCIPLES THAT GUIDE THE WORK

The following principles guide all aspects of this project.

Women-led: The direction, priorities and work are led by women. Each person and their actions are shaped by multiple influences including, but not limited to situations, emotions, context, experience, and relations with others.

Trauma-and-violence informed: Recognizing that interpersonal and systemic violence cause trauma that is directly linked to historical, political, social, and economic contexts.

Cultural safety: Attend to actively addressing inequitable power relations, discrimination and racism and the ongoing impacts of historical injustices on all facets of people's quality of life, wellbeing and their access and receipt of human services.

Equity and justice: Meeting women "where they are at" vs. a provider-centered approach, with an emphasis and recognition of social inequities.

Community-based participatory approaches: Shared governance structure for design, implementation and decision making.

Integrated service delivery models: Community engagement, collaboration and integration of human services, and social inclusion.

CURRENT STATUS OF THE PROJECT

The intervention is currently being piloted in Vancouver's Downtown Eastside. We are in year two of the project, and actively engaged with women experiencing or at risk for violence. A robust Community Advisory Committee has been created and was vital in co-developing the survey. Interviews have been conducted with Outreach Workers from a variety of local community organizations to understand how the intervention can best be tailored to this community. Outreach workers have been hired and trained. Data collection is currently underway.

S.T.R.E.N.G.T.H. aims to reduce barriers in accessing support services by building lasting relationships that promote health and healing.

We work from a trauma- and-violence-informed model that empowers women's experiences. We strive to listen and learn as we understand that women are the experts in their own lives. We hope to build on the resilience and strength of each woman to better meet her goals.



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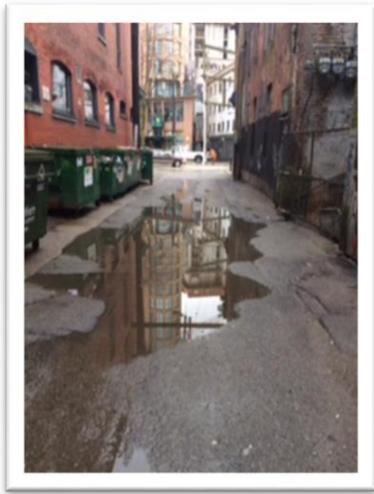


**STRENGTH
Project:**

**Downtown
Eastside**

*Sisters Together
Reaching Every New
Goal Towards Healing*





STRENGTH Project

is a trauma-and-violence-informed outreach/research project. We foster engagement with women through an innovative partnership between the Inner-City Women's Initiatives Society and the UBC School of Nursing.

Our Goal

We aim to work together to facilitate and support women in the DTES to access services and engage spirit, heart, and mind in activities promoting healing. By connecting and collaborating with community members we hope to build empowering relationships.

We fundamentally believe that all women are the experts in their own lives.

Services Provided

Our program is shaped by trauma and violence informed care, non-judgmental & culturally safe approaches, and a harm reduction philosophy framed within a feminist lens. We offer:

- Support for women in reaching their goals
- Care and compassion for women
- To meet women wherever they are most comfortable
- Support with housing
- Support with access to primary-care services
- Support with access to mental health services
- Accompaniment to appointments
- Advocacy
- Harm-reduction supplies
- One-on-one confidential and reliable support

Teams

Our outreach teams include members of the community with a variety of lived experiences.

Research project

Part of our work is conducting community-based, collaborative research that seeks to develop a model of outreach that promotes health and healing while improving access to services. Enrolling in the project is not mandatory to receive immediate support. The research is led by the experiences and knowledge of women in the Downtown Eastside who have engaged with support services. We hope to better understand how to apply a trauma and violence informed model to improve access to services necessary for healing.

Contact Us

S.T.R.E.N.G.T.H. Outreach Teams

Julia & team
778-988-7950

Sara | Briony
778-988-9350



STRENGTH Project: Downtown Eastside

Sisters Together Reaching Every New Goal Towards Healing

We aim to work together to facilitate and encourage women in the DTES to access services and engage spirit, heart, and mind in activities promoting healing. Through connecting and collaborating with community members we hope to build empowering relationships with women.

Our program is trauma and violence informed. We provide support that is non-judgmental and culturally safe. We are committed to principles of social justice and take a harm reduction approach. We work as part of a research project examining how to better support women to meet their needs and desired goals.



**Support women in
reaching their goals**

**Meet women
wherever they are
most comfortable**

Support with housing

**Support with primary
care and mental
health service
access**

Getting ID/Welfare

**Accompaniment to
appointments**

**One-on-one
confidential and
reliable support**

Contact Us

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**IF YOU HAVE QUESTIONS
FEEL FREE TO CONTACT
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