Breakfast

Charting Opportunity
"I want to know more/talk about..."

Welcome & Setting the Stage

Objectives of the Knowledge Exchange

- ▶ Share information about trauma- and violence-informed practice in the gender-based violence field

- ▶ Share and explore ways of measuring change at the individual and organizational level

- ▶ Create sense of belonging among CoP members and a sense of identity of our CoP

- ▶ Gather information for creating resources, linking projects, disseminating knowledge

- ▶ Brainstorm how to measure the effectiveness of our CoP and the collective impact of the investment

Trauma- and violence-informed care: From individual to organizational approaches

COLLEEN VARCOE, RN, PHD

PROFESSOR EMERITUS

UBC SCHOOL OF NURSING

Acknowledging the diversity of lands we live on, and the First Peoples who have stewarded those lands, and our collective obligation to mitigate the ongoing colonial violence against those people and lands.

My assumptions

➢ You are all advocates in some way
➢ You are all skilled in TVIC interpersonal relationships
➢ You have all worked on your own biases and assumptions
➢ Many of you work in marginalized organizations, often with marginalized staff, providing service to marginalized folks
➢ It will be most useful to focus on addressing structural violence and organizational change within and **beyond** your organization

Learning Objectives

At the end of this session, participants will be able to:

➢Describe the significance of the "V" in TVIC

➢Identify how **structural violence** shapes the lives of people they serve, the organizations in which they work, and their practices

➢Identify processes and practices to promote TVIC within and **with** their own organizations
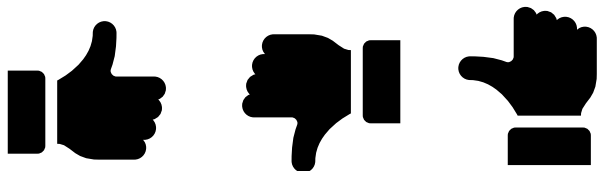
Plan

30 minutes – overview: principles, key ideas

30 minutes – small group work (8 groups of 5-6 mix across teams)

15 minutes – break

30 minutes – report back 3 minutes each

45 minutes – wrap up, insights, applicability to your contexts

From: Trauma- and violence-informed physical activity
https://equiphealthcare.ca/projects/tvipa/

Research in Violence and Inequity

Studies about Violence

- ER Nursing practice in relation to violence
- Women's experiences of system responses
- Violence/HIV risks for rural and Indigenous women
- What are the health effects of intimate partner violence (BC, ON, NB)?

Can interventions with individual women who have experienced partner violence improve health?

- Pilot ON
- Pilot NB
- Reclaiming our Spirits (BC)
- Randomized Control Trial
- Implementation studies
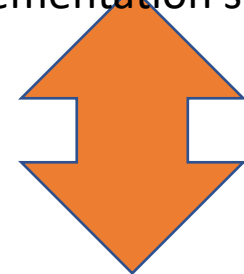
Studies about Equity

- What shapes access to care for diverse people (e.g. single mothers, women in rural settings, Indigenous people)?
- What is equity oriented health care?

Can an organizational intervention improve care?

Key Dimensions of Equity-Oriented Health Care

Trauma- and Violence-Informed Care

Harm Reduction/ Substance Use Health

Cultural Safety/ Anti-Racism

Tailored to context and responsive to inequities

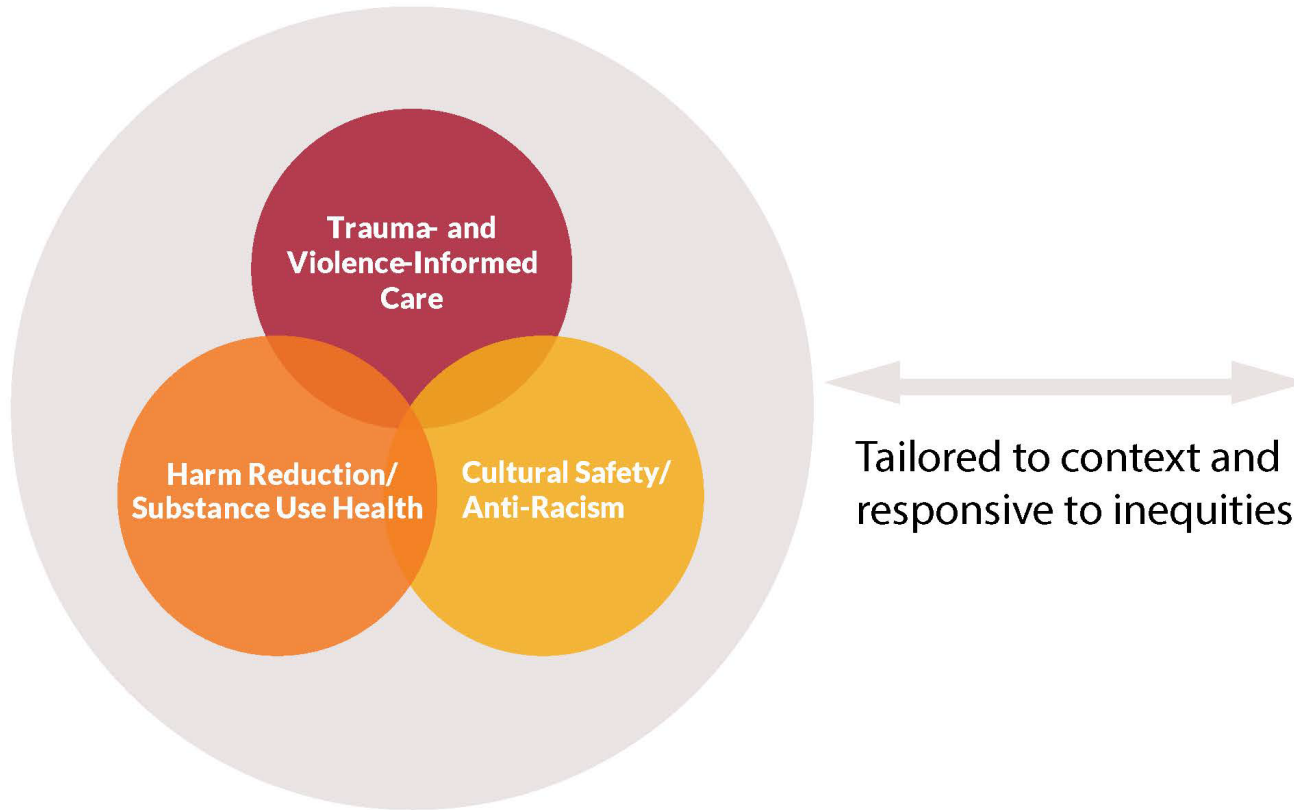Modified from: Browne, A. J., Varcoe, C., Ford-Gilboe, M., Nadine Wathen, C., Smye, V., Jackson, B. E., ... & Blanchet Garneau, A. (2018). Disruption as opportunity: Impacts of an organizational health equity intervention in primary care clinics. International Journal for Equity in Health, 17(1), 1-16.

10 Strategies to Guide Organizations in Enhancing Capacity For Equity-Oriented Services

- Explicitly commit to equity
- Develop supportive organizational structures, policies, and processes
- Re-vision the use of time
- Attend to power differentials
- Tailor care, programs and services to local contexts
- Actively counter racism and discrimination
- Actively seek input from community partners and people with living and lived experience
- Tailor care to address inter-related forms of violence
- Enhance access to the social determinants of health
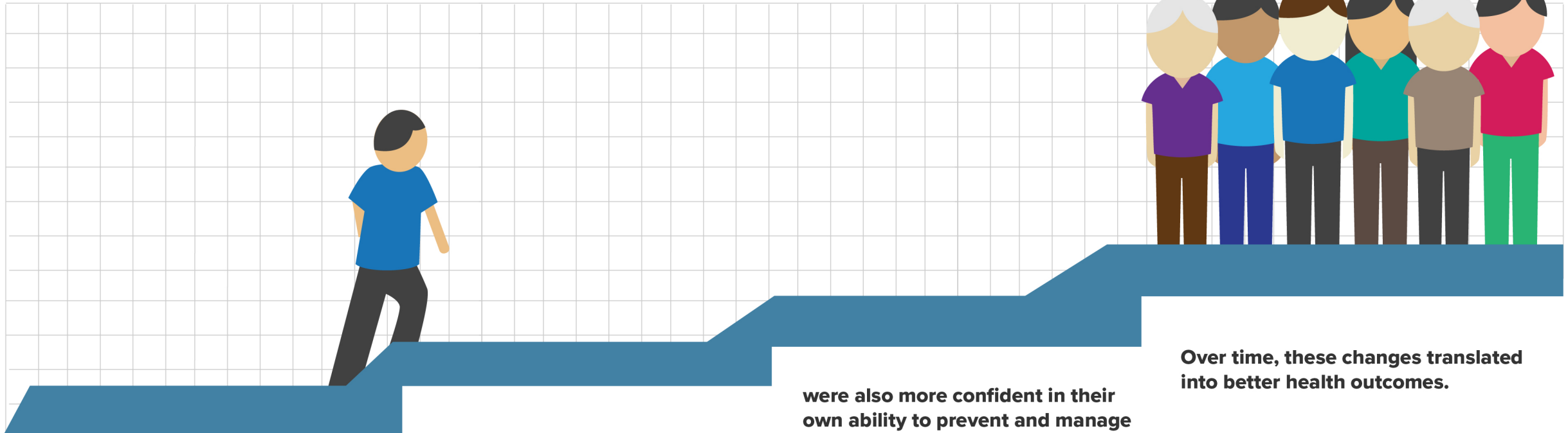- Optimize use of place and space

EQUIP Health Care
Research to Equip Health Care for Equity

Equity Oriented Care is
Part of the Path to Better Health

Using longitudinal data from 395 patients, EQUIP is one of the first studies to show
a path between equity-oriented care and better patient health outcomes over time.

Fewer Trauma Symptoms

Better Quality of Life

Less Disabling Chronic Pain

Less Depression

Over time, these changes translated into better health outcomes.

were also more confident in their own ability to prevent and manage health problems.

they felt more comfortable and confident in that care AND...

When patients received care they felt was more equity-oriented...

EQUIP Health Care
Research to Equip Health Care for Equity

For more information please visit: **www.equiphealthcare.ca**

Ford-Gilboe, M., Wathen, C. N., Varcoe, C., Herbert, C., Jackson, B. E., Lavoie, J. G., . . . Browne, A. J. (2018). How equity-oriented health care affects health: Key mechanisms and implications for primary health care practice and policy. Milbank Quarterly, 96(4), 635-671. doi: 10.1111/1468-0009.12349

Trauma- and violence-informed care

A <u>universal</u> approach that:

- Builds on trauma-informed care

- Goes beyond individual pathology

- Takes ONGOING (as well as historical) violence into account

- Takes **structural violence** (e.g. systemic racism, poverty, stigma, discrimination) into account

EQUIP Health Care
Research to Equip Health Care for Equity

iHEAL
Intervention for Health Enhancement and Living

Housing policy

Indian Act

Interim Federal Health Program

Structural violence

- The way societies are organized that do harm

- encompasses the forms of violence that are **embedded in social, political and economic policies and organizations**

(Farmer, 2003).

Minimum Wage and welfare rates

Barbaric Practices Act

① Understand trauma, violence and its impacts on people's lives and behavior

EXAMPLES

Organizational Policies & Procedures

- Develop policies and processes to build a culture based on understanding of trauma and violence

- Provide staff training on health effects of violence/trauma, and vicarious trauma

Individual Interactions

- Be mindful of potential histories and effects ('red flags')

- Handle disclosures appropriately:
  - believe the experience
  - affirm and validate
  - express concern for safety and well-being

Create emotionally and physically safe environments for all clients and providers

EXAMPLES

Organizational Policies & Procedures

- Create welcoming space and intake processes; emphasize confidentiality and the person's priorities

- Seek service user input about safe and inclusive strategies

- Support staff at-risk of vicarious trauma (e.g. peer support, check-ins, self-care programs)

Individual Interactions

- Take a non-judgmental approach (make people feel accepted and deserving)

- Foster connection and trust

- Provide clear information and expectations

TVIC

TVIC

3. Foster opportunities for choice, collaboration and connection

EXAMPLES

Organizational Policies & Procedures

- Have policies and processes that allow for flexibility and encourage shared decision-making and participation

- Involve service users in identifying ways to implement services and programs

Individual Interactions

- Provide real and meaningful care choices

- Consider choices collaboratively

- Actively listen, and privilege the person's voice

4. Use a strengths-based and capacity-building approach to support clients

EXAMPLES

Organizational Policies & Procedures

- Allow sufficient time for meaningful engagement

- Provide program options that can be tailored to people's needs, strengths and contexts

Individual Interactions

- Recognize and help people identify strengths

- Acknowledge the effects of historical and structural conditions

- Teach skills for calming, centering and recognizing triggers

Gender, Trauma & Violence
KNOWLEDGE INCUBATOR
@WESTERN

GTV

CIHR IRSC
Canadian Institutes of   Instituts de recherche
Health Research   en santé du Canada

Rate Your Organization: A Discussion Tool

10 Strategies to Guide Organizations in Enhancing Capacity for Trauma- and Violence-Informed Care (TVIC)

On a scale of 0 to 10, rate your organization, where 0 = "not at all acting on this strategy", and 10 = "fully acting on this strategy".

1 **Trauma and violence informed care is identified as an explicit commitment in mission, vision, or other foundational policy statements of your organization.**

Attention to the extent and impact of trauma and violence, including structural/systemic violence, is a strategic priority of the organization and leadership is committed to TVIC at all levels of the organization, including for service users and providers.

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

2 **Policies and processes are in place, or being developed, to support commitment to TVIC.**

Policies and processes, including resources, to support emotional, physical and cultural safety of service users and staff, to optimize choice and control, and to ensure consequences and accountability of service providers are in place.

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

3 **Places and spaces are used optimally to make all people feel emotionally, physically and culturally safe.**

Intake spaces and practices are confidential; signage conveys safety and respect (rather than conveying assumptions about service users such as "violence will not be tolerated"), and is useful (e.g., how to access washrooms) and welcoming, not punitive (e.g., puts limits on questions per visit).

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

This tool has not YET undergone a consultation process for translation

4 Time is used in a flexible way to meaningfully engage with people.

Time is used to optimize people's abilities to provide consent for care, have choice and control over their care, and connect meaningfully. Flexibility is shown with scheduling appointments, accepting that people who have or are experiencing interpersonal and structural violence must deal with multiple competing priorities. Time should also be provided for staff to rest or debrief when needed.

0 〇 〇 〇 〇 〇 〇 〇 〇 〇 〇 10

5 Power differentials are attended to.

People who have experienced trauma and violence have experienced abuses of power. Care providers must be supported to take a 'power with' rather than a 'power over' stance toward service users, regardless of whether their histories are known, and regardless of their apparent "social position".

0 〇 〇 〇 〇 〇 〇 〇 〇 〇 〇 10

6 Care, programs and services are tailored to local contexts.

Context refers to the broader cultures, structures, economic, legal and political systems, and history of a particular place. With respect to trauma and violence, this means knowing the histories of the populations served (e.g. people with refugee status, Indigenous people) and how those populations are currently treated (e.g. limited or no access to health care, children likely to be apprehended by the state).

0 〇 〇 〇 〇 〇 〇 〇 〇 〇 〇 10

7 Racism, discrimination and stigma are actively countered.

Experiencing violence can make people feel shame and stigma, and is interrelated with other forms of stigma: racism, ageism, classism, heterosexism, sizeism, etc. Everything from signage, to intake forms, to language used, is scrutinized and modified; for example, stigmatizing issues (e.g. lice) should not be associated with particular groups. Claims of racism and discrimination are considered seriously and addressed, regardless of intention.

0 〇 〇 〇 〇 〇 〇 〇 〇 〇 〇 10

8 Service users and community leaders are authentically engaged in strategic planning decisions.

Advisory groups, whether standing or ad hoc, are formed and consulted, with their suggestions meaningfully integrated into programs/services, care protocols and organizational policies. The advisors as representative as possible of the local community, service users and those with lived experiences of trauma and violence.

0 〇 〇 〇 〇 〇 〇 〇 〇 〇 〇 10

9   **Care, programs and services are tailored to address inter-related forms of violence, including violence in the past that continues to affect the present.**

Historical and structural forms of violence such as systemic racism and poverty are understood, acknowledged as being beyond the control of individuals (e.g., being on social assistance is not a "choice"), and efforts are made to mitigate harms including specific strategies to facilitate access to social determinants of health. Service providers have knowledge of histories of trauma and violence common in the community (e.g. people from a war-torn country or confined to reserves).

0   10

10   **Care is tailored to address the structural, systemic and social determinants of inequity and harm.**

Circumstances of peoples' everyday lives have major impacts on their exposure to violence. Care interactions should support access to resources that prevent or mitigate the harms of violence, such as affordable, safe housing, income above the poverty line (social assistance/disability incomes are not), and interactions be respectful, non-stigmatizing, and non-discriminatory.

0   10

Our Projects

Primary Health Care

Emergency Care

Trauma- and Violence-Informed Physical Activity

EQUIP Chronic Pain

Led by Dr. Francine Darroch
Carleton University

Trauma- and Violence-Informed Physical Activity Toolkit

TVIPA for Women

Create a Welcoming Environment for Diverse Members

Create a Welcoming Environment for Diverse Women

Rate an Organization

Creating Accessible Spaces

Free or Low-Cost Fitness Resources for Women in the Downtown Eastside

Taking Steps Documentary: A Trauma- and Violence-Informed Approach to Physical Activity

Taking Steps: A Collection of Images Shared by Mothers in Vancouver's Downtown Eastside Community

Trauma- and Violence-Informed Physical Activity Video: An Approach to Address Barriers and Enhance Access

Rate a Gym or Community Centre

10 Ways to Rate the Accessibility of a Physical Activity Organization

You can use this worksheet to assess a local organization using the 10 key values below. Rate the organization, where **0 = "does not meet this value"**, and **10 = "fully meets this value"**. Feel free to write any other comments or observations you have.

1 **It is used by women in the neighborhood.**

One way to tell if an organization is accessible is by looking at the people that use it. Do you know women who go here? Would you feel comfortable bringing friends or family here?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

1   10

2 **It is inexpensive or free.**

Cost can be an issue when trying to participate with physical activities. For people with low income, it is important for there to be affordable options. Would someone with low income be able to go here? Are there options to help make it more affordable for someone?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

https://equiphealthcare.ca/francais/evaluation-de-equite/   https://equiphealthcare.ca/resources/equity-walk-through/

You are consultants!: The Context

You are a team of consultants (each bringing exactly what you bring) hired to revamp a community center in a city of 74,003 people that serves as a regional hub for diverse rural and remote communities, including diverse First Nations. The hospital serves as a regional referral center, and many provincial services (e.g. employment, fisheries, forestry, etc.) have head offices in the city. The primary industries are resource extraction industries, with some tourism. The unemployment rate is higher than the provincial and national averages. The city has a growing population of homeless people. There is a significant market in criminalized drugs, and the overdose rate is 3 x the provincial rate. The city has a reputation for racism being directed to Indigenous, Black and people of colour.

The Problem

The community center nearly lost its funding last fiscal year. On one hand more privileged people in the city have complained that people attending the community center are problems – police have been called frequently because of complaints of violence.

On the other hand, people who use the center and people working in social services, Indigenous and antipoverty groups have complained that the services and activities offered do not meet the needs of people who need to access low cost leisure, recreation and community education.

The Center has received 2 years of funding from a donor who has specified that the Center has 2 years to show that it can be trauma- and violence-informed and meet the needs of the community.

Your job

In your groups at your table, you will:

✓Appoint a reporter for the large group report

✓Use one of the 4 principles of TVIC (assigned at your table)

✓Review the 10 strategies for equity oriented care (handout at your table)

✓Develop a plan for the community center with:
  ✓At least 5 steps to take
  ✓At least 3 key recommendations

Identifying intended individual outcomes in trauma-informed interventions

- With your project partner, using a sheet of Bristol board, create a Storyboard (visually appealing) that includes:
  - Name of your project
  - Defines the problem you are trying to mitigate or solve
  - Describes the population you are working with
  - What you are doing to change specific things

Conversation Opportunity

Mural - "Piecing together our experiences of trauma-informed practice"

▶ Using sticky notes, we are going to create a mural on the poster board about how we are/plan to apply(ing) the principles of trauma and violence-informed practice in our projects

  ▶ (1) understand trauma, violence, and its impacts on people's lives and behaviour

  ▶ (2) create emotionally and physically safe environments for all clients and providers

  ▶ (3) foster opportunities for choice, collaboration, and connection

  ▶ (4) use a strengths-based and capacity-building approach to support clients

Day 1
Wrap-up & looking toward tomorrow

Dinner

- All are welcome to enjoy dinner tonight at zen'Za Pizzeria (71 King St, London, ON N6A 0A5)

- Hand crafted pizza, salads, and drinks

- Accommodations for all dietary needs

- Meet at 6:00 pm in the lobby and we will guide you there

Community of Practice Meeting

Day 2: June 7, 2023

Breakfast

Charting opportunity
"I want to know more about..."

Welcome & check-in

Forum #2

Building strong relations between community organizations and evaluators leads to better client outcomes
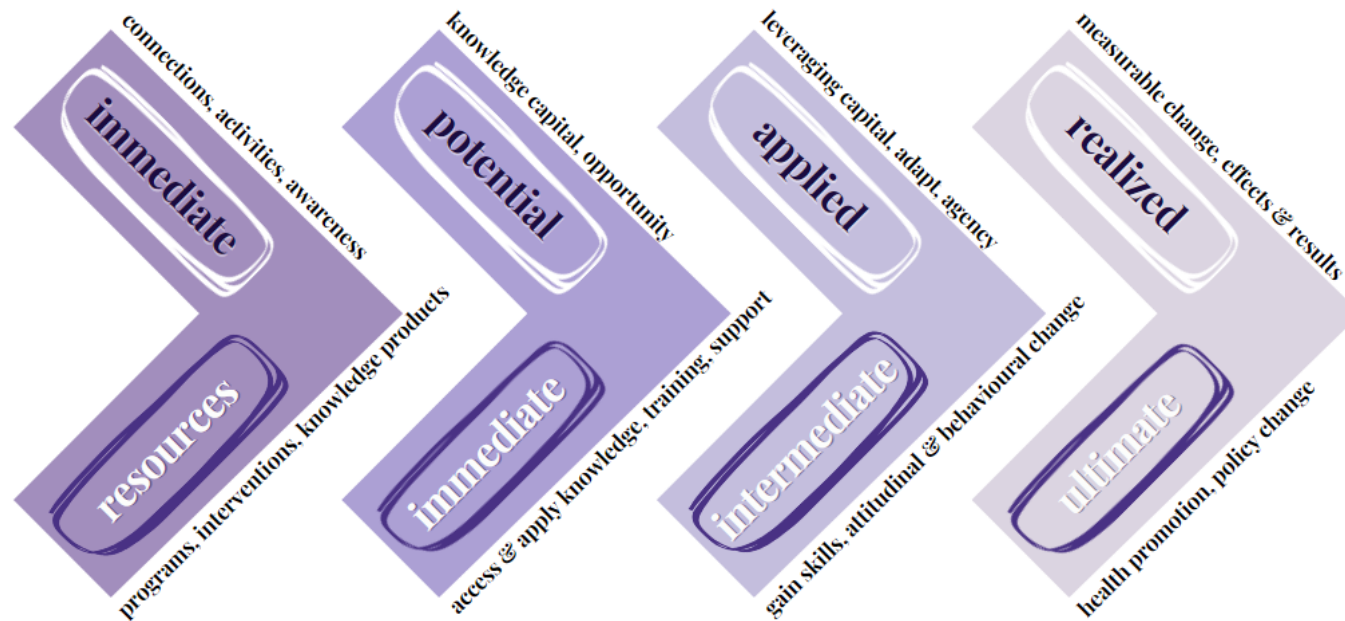
David Gallant

Workshop

Value creation (Storyboard)

Workshop #2

▶ Working with your project partner, add to your Storyboard visual representations of how your project produces different types of value and outcomes

value value value value value value

immediate *connections, activities, awareness*	**potential** *knowledge capital, opportunity*	**applied** *leveraging capital, adapt, agency*	**realized** *measurable change, effects & results*
resources *programs, interventions, knowledge products*	**immediate** *access & apply knowledge, training, support*	**intermediate** *gain skills, attitudinal & behavioural change*	**ultimate** *health promotion, policy change*

outcomes outcomes outcomes outcomes

Mural - "Mapping patterns of collective value and outcomes"

▶ Use sticky notes (see colour guide below) to add to the poster board the types of values and outcomes associated with your project as identified in the previous activity

▶ How is your project creating or involved with:

- ▶ (yellow) immediate value / resources as outcomes
- ▶ (green) potential value / immediate outcomes
- ▶ (orange) applied value / intermediate outcomes
- ▶ (pink) realized value / ultimate outcomes

Forum #3

Collective impact & participatory evaluation

Forum #3

Small group discussions

▶ Are there patterns concerning values and outcomes and do these point to some key <u>elements of a common agenda</u> we might share?

▶ What can these suggest about our <u>potential collective impact</u>?

  ▶ How can we *measure* this collective impact?

  ▶ Are there *shared indicators* involving certain common agenda items?

  ▶ Are there thematic elements best dealt with using *working groups*? What might those be?

  ▶ Who is interested in forming/joining an Evaluation Committee?

Lunch

Workshop #3 Knowledge translation planning

Working with your project partner, complete the KT planning template

Workshop #3

Social media

- Do you use social media in your project? If so, what for?
- How best to share across both official languages?
- Who is the audience? Who has access to the knowledge shared?
- How do we do better at connecting with people (strategic methods)?
- Are we following one another?

Conversation Opportunity

Day 2 Closing & final thoughts

Storyboard Gallery Tour