

***Moving Forward:
Conversations with Urban Aboriginal and
Immigrant Organizations***

Final Report



By Dianne Rogers

ACKNOWLEDGEMENTS

A special thank you is extended to the many multicultural **service providers** of women's programs in Ottawa who participated in this project. Thank you for entrusting us with information about your communities and the cultures they represent. The information you shared with us will help Amethyst Women's Addiction Centre to nurture partnerships with your agencies and organizations representing diverse populations in Ottawa. It will not only raise awareness of Amethyst Staff and Board of Directors but will also serve to strengthen outreach and accessibility of health promotion and prevention programs, namely, *Women Juggling Roles: Skills for Change – Self-Esteem module*.

This project was led by Dianne Rogers, Health Promotion and Problem Gambling Prevention Worker. She worked closely with Sandi Harmer, Health Promotion Program Coordinator and Gundel Lake, Program Manager Problem Gambling. Their experience, combined wisdom and excellent input ensured that the integrity of the project was maintained at all times.

Thank you for the time, dedication and knowledge of the Diversity Committee who supported this project. Members of the Amethyst Women's Addiction Centre Diversity Committee are: Carol Wu, Marie Gerin, Nighat Ara, and Sandi Harmer.

GLOSSARY OF TERMS

Aboriginal Peoples: The indigenous people of Canada including Inuit, First Nations and Métis as included in the Constitution Act. Aboriginal and First Peoples are interchangeable. Aboriginal and First Nations are not interchangeable.

Diversity: Diversity is broadly defined, based on equity, human rights and an anti-oppression framework.

First Nations: First Nations is a term that came into common usage in the 1970s to replace the word “Indian,” which some people found offensive. Among its uses, the term “First Nations peoples” refers to the Indian peoples in Canada, both Status and non-Status.

Inuit: The contemporary term for Eskimo. Inuit in Inuktitut (the language of Inuit) means people.

Inuk: The singular of Inuit is Inuk.

Inuktitut: The language of Inuit.

Innu: The name Innu is often mistaken for Inuit. Innu are First Nations located in Quebec and Labrador and are represented by the Innu Nation.

Landed Immigrant: A person who is born outside of Canada¹.

Métis: Métis are a people of mixed First Nation and European ancestry who self identify themselves as Métis, as distinct from First Nations people, Inuit or non-Aboriginal people. The Métis have a unique culture that draws on their diverse ancestral origins, such as Scottish, French, Ojibway and Cree.

Refugee: A person who as a result of events occurring before January 1st, 1951 and owing to well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or unwilling to avail himself of the protection of that country².

¹ CAMH Working with Immigrant Women: Issues and Strategies for Mental Health Professionals, 2008.

² 1951 Geneva Convention.

EXECUTIVE SUMMARY

The Health Promotion and Problem Gambling Prevention education and awareness programs have created an internal partnership to better serve First Nations, Inuit, Métis and Immigrant/Refugee Women. Amethyst set the compass to work in partnership with service providers of women's programs throughout Ottawa's urban diverse population. The intention was to reach out to vulnerable women to build their strengths and reduce the incidence of showing up for treatment further along their life paths.

Four successful Focus Groups were designed and conducted from June 2008 through to September 2008 with each of the aforementioned populations with Elders present when appropriate. During the fall of 2008 multiple attempts to meet a second time with each population were met with challenges such as: recidivism in staffing, lack of funding to pursue the proposed new initiative/partnership, and business of fall program schedules already in place since spring/summer. This occurrence led the Project Manager to acknowledge *readiness* as a significant variable in the process.

First Nations – Empowerment: There were a few challenges related to gathering a critical mass of First Nations service providers in the spring of 2008. In September, three service providers participated in a dialogue which will be built on during the spring of 2009. The Self-Esteem module was renamed *Empowerment*.

Inuit – Resiliency: Inuit service providers originally wanted an Ad Hoc Committee that represented all the agencies who attended the Inuit Specific Focus Group to work on design, development and delivery of the Self-Esteem module renamed *Resiliency*. In the spring of 2009 the Ottawa Inuit Children's Centre agreed to work separately with Amethyst to begin to build momentum in the Inuit community. The service providers requested one on one 'life skills' counseling based on reworking the current Self-Esteem module to improve culture competency and relevance. Several service providers from Mamisarvik Healing Centre/Tungasuvvingat Inuit committed to reopening dialogue for a separate workshop related to Inuit people in pre and post treatment.

Métis – Belonging: The Métis Nation of Ontario (MNO) was able to commit to a round table discussion to begin working in partnership on the Self-Esteem module now renamed *Belonging*. The service providers at MNO and Amethyst are now offering the Métis ten week workshop beginning April 14 and ending June 2 2009 with eight participants signed up. *Belonging* will focus on cultural identity issues and strengths identification as well as tools for change.

Immigrant/Refugee: My Life - Coping with Changes: Immigrant Women's Services and Catholic Immigration Centre decided to join together to discuss the

opportunities to reach women who are in the settlement process. There have been several meetings about the process of collaboration and to discuss the appropriate format. It has been decided to offer an information presentation to clients of both organizations at the same time with a question and answer period and simultaneous interpretation. Once the success of this format is evaluated then a second format will be introduced with a small group. The service providers stated that practical aspects of settlement such as cooking, humour and/or self care would attract community interest. The first information session will be held in May 2009 soon to be followed by workshop series.

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AMETHYST WOMEN'S ADDICTION CENTRE

Our Mission:

Amethyst Women's Addiction Centre offers bilingual (English and French) addiction services to women. Amethyst is a day treatment centre which is committed to working with diverse and marginalized groups of women. Our aim is to support women, individually and together, to take control of factors affecting our health and well being.

Philosophy:

Amethyst is grounded in the feminist belief that women's experience with alcohol, drugs and gambling cannot be separated from our experiences and status as women. We make direct links between the unequal position of women in society, the various forms of violence against women and substance use and/or gambling.

Health Promotion:

The fundamental goal of this program is to encourage women to create healthy life style changes, through helping them take control of their lives.

Women & Wellness

- Exploring the many complex issues in their lives: poverty, violence, stress, anger, low self-esteem, cultural issues and too much responsibility.
- Making links between issues in their lives and coping mechanisms.
- Experiencing and discovering methods of raising one's self-esteem.
- Seeing change as a positive opportunity rather than fearing change.
- Developing strategies to recognize their anger and learn how to effectively use anger in their lives.
- Identifying stress in their lives and learning appropriate stress reduction techniques.

- Developing social supports.
- Learning techniques to communicate effectively in an assertive way.

These specialized workshops are 4-8 weeks in length:

- *Women Juggling Roles* - This health promotion lifestyles program with variable timeframes (4 – 12 weeks) was developed to address the needs of a large population of women, who may be at risk of using substances to cope with many complex issues in their lives: poverty, violence, lack of social support programs, too much responsibility.
- *Self-Esteem* - An eight-week in-depth look at strengthening self and focusing on a positive attitude.

Inclusion of Diversity: Moving Forward Initiative

Amethyst understands the need to modify program delivery, develop cultural competence, incorporate multicultural education and undertake organizational change to promote diversity.

Amethyst provides meaningful opportunities to support women to realize their full potential from a wholistic, culture specific perspective thereby demonstrating leadership. Amethyst reaches out to a diverse urban Ottawa population to create viable, sustainable partnerships and share human resources to achieve relevant program design, development and delivery.

PROJECT BACKGROUND

Amethyst Women's Addiction Centre is healthy, dynamic and changing as it anticipates and responds to the complex challenges it faces. As such, organizational snapshots with respect to diversity have been documented to provide impetus and direction to enable Amethyst to remain healthy, vibrant and responsive.

DIVERSITY

The underlying premise for the development of a diversity perspective at the Centre for Addiction and Mental Health is that addiction and mental health services are part of a system that maintains a status quo that creates barriers for people outside of dominant identity groups. This status quo is maintained through intervention techniques that impose cultural norms and expectations of the dominant society on these groups as well as through the concentration of power and influence among people that do not include representation from these groups. It is maintained through unequal access to resources such as money, information, opportunities and services. It is maintained through the entrenchment of standards or norms of acceptable behaviour that reflects the assumptions and values of dominant groups³.

Diversity and equity organizational change initiatives should address:

- Policies
- Leadership
- Human Resources
- Access to Programs
- Community Partnerships

³ CAMH Introduction to Diversity, Access and Equity for Mental Health, Addiction and Allied Health Professionals, Ottawa, March 27, 2009.

And demonstrate:

- Inclusiveness
- Respect
- Accountability
- Access
- Equity⁴

2002: In June 2002 services for the following groups were provided: Lesbian program/services, Concurrent Disorder group, special services for deaf women, Health promotion to difficult -to-access women, and Francophone program/services⁵.

2003: An organizational review regarding diversity and inclusion was initiated by Amethyst Women's Addiction Centre in June 2003 as an expression of its commitment to examining and better integrating issues of diversity within its organizational framework and mandate. Recommendations provide a snapshot of Amethyst at a particular historical moment in time and relate to enhancing the development of outreach program and service initiatives targeting immigrant and ethno-cultural women and groups, centres and organizations as well as levels of success.

It was concluded that Amethyst must be recognized and commended for its substantial interest in and commitment to wanting to meet the varied needs that are or may be present in the community of women facing different forms of addictions. In addition, Amethyst must also be recognized for "walking the talk" and risking the examination of its rhetoric in light of organizational and operational practices. In itself, this is a huge first step that has been taken and there is considerable confidence that more steps will follow⁶.

The three Key Research Questions that guided the organizational review were as follows:

- Where is Amethyst now with respect to issues of diversity?
- Where does it want to go in the future? What are its priorities (short and long term)?
- What steps/strategies are needed in both the short and long-term to achieve these goals and priorities?

⁴ Ibid.

⁵ See Amethyst Women's Addiction Centre Evaluation on Current Operational Plan, May 10 2002

⁶ See Amethyst Women's Addiction Centre and Inclusion of Diversity: An Organizational Review, June 2003

Key Recommendations Relevant to Inclusion and Diversity⁷:

- That Amethyst Women's Addiction Centre initiate a forum to discuss and critically explore the concept of 'diversity' as it is currently defined and critically explore the possibilities and limitations it presents for its implementation, for instance organizationally and programmatically.
- That the Centre's Board, staff, volunteers and/or clients discuss the value of adopting an over-riding statement about cultural, racial, religious and linguistic inclusivity in all of its official documents, publications and programs plans. This recommendation speaks to the provision of programs/services with respect to communities differentiated by culture, race, religion and languages other than English and French.
- That Amethyst establish clear action plans and strategies to operationalize its priority areas of 'harm reduction', 'diversity' in the development and delivery of the programs, and 'outreach' to diverse communities.
- That in reviewing and revising its communications plan and strategies, Amethyst establish measures to provide for effective and meaningful communications, input and feedback between diverse communities (i.e. cultural, racial, religious and linguistic) and itself ...
- That the Centre develops and adopts a reporting format ... especially when reporting on issues of 'diversity' and 'outreach' to diverse communities.
- That the Centre should actively seek out and promote staff development opportunities in the areas encompassing issues and effective models for working with and responding to clients and groups from diverse cultural, racial, religious and linguistic backgrounds.
- That further research be initiated on the health promotion program and its strategies to better assess what has worked under what conditions, why and with whom. This information would be invaluable for other program components of Amethyst's work in assisting it to reach diverse communities and respond to their needs and issues in ways that are more culturally appropriate.
- That Amethyst incorporates data collection, monitoring evaluation and research functions in an on-going fashion into its organizational life, especially in regards to its efforts regarding diversity, inclusion and organizational change.

⁷ See Amethyst Women's Addiction Centre and Inclusion of Diversity: An Organizational Review, June 2003.

2004 – 2008: Statistics suggest that outreach could be improved by actively seeking out and nurturing meaningful and equitable community partnerships with diverse populations in Ottawa. Over the years, Amethyst Women’s Addiction Centre has been actively monitoring opportunities to breathe life into the principles of diversity, equity and inclusion contained within the organization’s statements of values and addressed in the strategic plan. Given the continuum of dialogue of the Diversity Committee regarding improving opportunities for social inclusion within the organization, Health Promotion and Problem Gambling Prevention hours were reallocated to the task of improving involvement and visibility without jeopardizing current priorities. Amethyst Women’s Addiction Centre partnered with the Immigrant Women’s Services over the years to seek funding to diversify Health Promotion programming but was unsuccessful in securing funds.

2008: Moving Forward on recommendations⁸, Problem Gambling Prevention and Health Promotion Program Coordinators created a joint outreach initiative in June 2008 entitled **Inclusion of Diversity: Moving Forward** by sharing human resources and establishing priority activities such as Focus Groups and Partnership Building with First Nations, Inuit, Métis and Immigrant/Refugee women’s service providers.

2009 Recent Linkages with Ottawa’s Diversity Networks/Activities:

- CAMH Introduction to Diversity, Access and Equity for Mental Health, Addiction and Allied Health Professionals, Ottawa (March 2009).
- Urban Aboriginal Strategy Ottawa Community Forums (January and March 2009).
- Community Approaches and Initiative Division /Community Development and Partnerships Directorate/Social Development Canada Workshop Series – (i) Welcoming Communities, January 2009 (ii) Diversity, February 2009.
- Health Canada: Concern for the Betterment of the Life of Our People, February 2009.
- City of Ottawa Aboriginal Working Committee “The Road Less Traveled” 2006 – 2007 and “Listening Circles” (January 29, 2008).
- Agency Coordinator on the provincial Position Paper of the Ontario Federation of Community Steering Committee Mental Health and Addictions Programs that drafted the position paper on, “Embracing Cultural Competence in the Mental Health and Addictions System”, November 2008.

⁸ See Amethyst Women’s Addiction Centre and Inclusion of Diversity: An Organizational Review, June 2003.

INCLUSION OF DIVERSITY: MOVING FORWARD

Proposed Pathway

- I. To pick up on the Long Term Recommendation #17⁹ – Allocation of Resources for Diversity Initiatives¹⁰ was accomplished by allocating a portion of Problem Gambling and Health Promotion contracts to addresses the challenge of collaborating and partnering without relinquishing very important commitments to communities already being served by Amethyst.
2. To reach out to culturally, racially and linguistically diverse women’s service providers in the Ottawa region and meeting the needs was done by coordinating four dialogue sessions using a Focus Group format:
 - Inuit
 - Métis
 - First Nations
 - Immigrant/Refugee

The proposed outcomes were initiated by mobilizing action through planning and partnerships with diverse communities of women through dialogue with local agencies, organizations and Aboriginal community health centres. The actual outcomes (both expected and unexpected) emerged from the dialogue along with Next Steps as recommended by the participants of the Focus Groups.

Ethical Considerations

In keeping with the principles of community based research, Amethyst wanted to ensure that we considered all ethical implications of this project. The following questions were developed to guide the project:

- How do we ensure women’s service providers understand the project?
- How do we ensure respect towards the community at all times?
- How do we ensure respect for cultural diversity within First Nations, Inuit, Métis and Immigrant and Refugee populations throughout the project?
- How will women’s service providers have access to the final report?
- How will the community benefit from this project?

⁹ See Amethyst Women’s Addiction Centre and Inclusion of Diversity: An Organizational Review, June 2003.

¹⁰ Ibid.

This project, *Inclusion of Diversity: Moving Forward*, proposes to reach out to both urban Aboriginal and Immigrant/Refugee women by first creating a Focus Group dialogue with service providers who represent the existing programs and services currently being offered in Ottawa.

(i) **Urban Aboriginal People**

There are three different groups of aboriginal people living in Canada. They are **First Nations, Métis and Inuit**. Each group has a unique history within Canada and have distinct traditions, beliefs, and cultural practices.

Traditional aboriginal societies are communal in structure, as well as being steeped in a spirit of cooperation and harmony with people and the environment. Common goals of survival and a good life link every member of the group together. The role of the extended family of aboriginal groups is key to understanding the interdependency of the group. Elders, children, grandchildren, adult siblings, cousins, and their spouses and children constituted the extended family.

Although similar values are shared amongst the groups, it is important to recognize the distinctness of each culture. It is also important to note that within each indigenous group, many differences exist including traditions, ceremonies, language, and diet among others. A pan-Aboriginal approach to programs and services does not honour and respect each particular group.

(ii) **Urban Immigrant/Refugee People**

Immigrant and refugee women in Ottawa represent multiple ethno-cultural continents and countries of origin such as India, Africa, Middle East, China, Japan, Latin America, Asia and Europe to name a few. Many studies have emphasized that immigrant and refugee women live in situations of continuing inequality which especially impacts their well being economically. Assessing and meeting the health promotion needs of many immigrant, refugee and racial/ethnic minority women may be especially complex in the context of certain realities such as: language barriers, separation from the family and social networks, traumatizing experiences prior to immigration such as war and torture, immigration and settlement stressors, lowering of socio/economic status after migration, and racial discrimination in the new country and within the health services system¹¹.

Other barriers which may impede access to ‘mainstream’ or ‘alternative’ health services and programs are: denial that a problem exists, societal attitudes that blame and ostracize women, lack of culturally relevant programs and services, lack of necessary support systems such as child care as well as lack of access to information.

¹¹ See Health Canada: Immigrant Women and Substance Abuse-Current Issues, Programs and Recommendations.

As a result of this project, we anticipate the following outcomes:

- Increased awareness of the unique needs First Nations, Inuit, Métis and Immigrant/Refugee women living in urban Ottawa.
- Increased collaboration and service delivery between Amethyst Women's Addiction Centre and First Nation, Inuit, Métis and Immigrant/Refugee service agencies.
- Increased mobilization of resources of Amethyst and the ethno-cultural women's services in partnership to meet the health promotion/prevention needs of urban women of diverse ethno-cultural backgrounds.
- Increased sensitivity to the distinctness of First Nations, Inuit, Métis cultures and a decreased pan-Aboriginal approach to service delivery.

FOCUS GROUPS: WOMEN'S SERVICE PROVIDERS

Objectives

1. To strengthen partnerships with First Nations, Inuit and Métis as well as Immigrant & Refugee women's service providers and to open up new opportunities to collaborate through a series of Focus Group consultations;
2. To encourage women's service providers representing diverse communities within urban Ottawa to design *Women Juggling Roles: Skills for Change – Self-Esteem modules* to strengthen women in their every day lives;
3. To s-t-r-e-t-c-h existing human resources through population specific module redesign and co-facilitation to improve access and

Methodology

In accordance with the mission statement of Amethyst Women's Addiction Centre, our aim is to support women, individually and together, to take control of factors affecting the their health and well-being. Amethyst is interested in exploring how the existing *Self-Esteem Module of Women Juggling Roles – Skills For Change* can be adapted for women of different ethnic, cultural and linguistic backgrounds for problem gambling prevention and health promotion purposes.

Using the mechanism of four constituency Focus Groups, Amethyst will create a community space to encourage the continuation of the diversity dialogue that has been in process for many years and begin again to overcome the persistent obstacle of lack of funding with renewed vigour by implementing a Focus Group process.

PHASE I: Focus Groups (April 2008 – December 2008)

- In consultation with the Problem Gambling Prevention and Health Promotion components of Amethyst a decision was made and a work plan was designed to offer four Focus Groups inviting women's service providers in Ottawa who represent diverse populations.
- Email invitations were sent out to several local organizations, agencies and health centres to attend the Focus Groups and discuss collaboration, coordination and partnership building.
- Using *Women Juggling Roles – Skills for Change* as a baseline document/module for discussion, the Focus Groups highlighted the Self-Esteem workshop sessions and the possibility of collaborating to modify the existing content to create a Skills For Change Diversity series.

Focus Group Questions

1. *What would you recommend as an approach to addressing issues of self-esteem within your culture?*
2. *What are the root causes of low self-esteem within cultural setting?*
3. *Using a cultural lens, does the written material on self-esteem from the Women Juggling Roles – Skills for Change program fit for the women you serve in your communities?*
4. *Are you interested in collaborating in partnership with Amethyst Women's Addiction Centre to make modifications or redesign the self care/self-esteem building program component in the Women Juggling Roles – Skills For Change manual?*
5. *If yes, do you have staff who could be assigned to help develop a culturally sensitive workshop based on the proposed model?*
6. *If yes, do you have staff who would have a job description which would enable them to co-facilitate outreach workshops with an Amethyst staff person as a pilot project?*

A. INUIT SPECIFIC FOCUS GROUP

Inuit (meaning people in Inuktitut). Although Inuit are a federal responsibility, they are not a part of the Indian Act¹². Inuit pay taxes and do not live on

¹² Statistics Canada www.statcan.ca.

reserves. Ottawa has the largest Inuit population outside of Northern Canada. The 2006 Census data reported that 725 Inuit live in Ottawa. However, Inuit organizations in Ottawa believe there to be over double this number, an estimated 1500. This number indicates that the Ottawa Inuit population has quadrupled in the past 10 years. Further, data from Statistics Canada documents the trend of a growing urban Inuit population when it reports that 17% of Inuit currently reside in urban settings¹³. We know from anecdotal experience and a small number of written reports that Inuit are drawn to Ottawa by education and employment opportunities, safety from abusive relationships, health and community services and the desire to be close to friends and family who have previously relocated to Ottawa. We also know that families who leave their home community in the North are leaving behind a close-knit community, extended family support, traditional food, cultural traditions and events, and the Inuktitut language. Adjusting to living in an urban centre can be difficult for many Inuit families and Inuit-specific support programs are essential.

Participants (Please see Appendix IV)

Proceedings

Elder Reepa Evic-Carleton had offered Opening and Closing Prayers for the dialogue group. Reepa had spoken about Inuit history and the traditional use of the qulliq. She had been very interested in the identity questions of youth and had seen how they struggle for balance in their lives. Inuit youth had absorbed the 'common pain' of the past and present as experienced by their families who had experienced residential school, relocation trauma and many changes to their traditional and cultural way of life over the last few generations within a very short time.

Dianne Rogers, Amethyst Women's Addiction Centre Health Promotions Worker, had facilitated the introductions and ensuing discussion based on the Focus Group questions.

Sandi Harmer, Health Promotions Coordinator, attended and offered information about the history of Amethyst and the *Women Juggling Roles – Skills for Change* program model, selecting the Self-Esteem component for discussion.

SUMMARY FEEDBACK FROM THE INUIT SPECIFIC FOCUS GROUP

Ottawa has the largest Inuit population outside the north – approximately 1500 Inuit people live in the Ottawa Region. Health support for Inuit people is provided through the Mamisarvik Healing Centre under the umbrella of Tungasuvvingat Inuit. Clients are those who have lived with trauma resulting residential school attendance and community relocation in the North. There has been considerable

¹³ Ibid.

public education to raise awareness about trauma of Northern experiences which is root cause of Inuit men and women turning to alcohol and drugs to ease the pain of their experiences. Reepa Evic Carleton spoke about talking with many urban Inuit women who want to give their children a better way of life and would like to learn new coping skills. Reepa spoke about how poverty and stress hide the root causes of addictions and that symptoms are often treated medically rather than service providers understanding these physical manifestations as the outcome of spiritual malaise.

The Ottawa Inuit Children's Centre (OICC) sees how parents could benefit from a self-esteem strength building series of workshops at the OICC. Fathers and families as units need skills for change as badly as women as a target group. There are a lot of challenges for families around Children's Aid intervention for the OICC. There are biological parents and foster parents of the same children who come together within the community environment OICC provides.

In the general Inuit community in Ottawa there are a lot addiction issues. Inuit generally do not like "touchy feely" approaches – they are more practical. One must look at any programs through a lens of extreme trauma – everything is predicated on the experience of trauma and cultural oppression which colours trauma and takes it to a more complex level for the individual and the community as a whole. Identity crisis through the trauma lens is a huge struggle due to historical activities such as forced individual and community relocations. Other Northern traumatic events such as RCMP slaughtering Inuit sled dogs and children forced into residential schools away from their families and communities led to generations of post traumatic stress with little or no social supports. Remote communities continue to suffer from a lack of consistent health and social services citing staff recidivism due to isolation. Many communities have one mental health worker available once a month and fly in medical care. Group work is one thing but individual work is essential as well. There must be continuity through the service provider to create a sense of emotional safety. Clients from Mamisarvik Healing Centre in Ottawa prefer to be accompanied when referred to health service providers. Fetal Alcohol Spectrum Disorder (FASD) is also a concern amongst service providers for Inuit people.

Inuit Specific Cultural Considerations

Looking at the history of Inuit people first is important in order to recommend an approach to address issues related to low self-esteem and Inuit women. Everything revolves around low self-esteem. The umbrella that will help is assertiveness as a common denominator associated with Inuit history, guilt, anger and shame. If we are able to ask for what we want or need as women, our self-esteem goes up and related stress goes down. If not, self-esteem plummets and emotional, spiritual and physical malaise takes over. Beginning to love ourselves takes time. Negative words associated with the history of Inuit people and passed on from one generation to the next forms a pattern and community

members begin to believe that they do not have self worth. We learn to respect ourselves first and put the pieces of the puzzle together.

It is important to understand that people need to feel comfortable where they are at, a place where professionals know where they come from. Given that not all Inuit are comfortable with their own culture, it is essential to understand that many Inuit people are in the process of reclaiming who they are and may not be there yet. Nevertheless, professionals must go into the communities where the women live and find support. They need to feel safe so a centre where they feel safe accessing services is essential. They need to look at the positive aspects of who they are. This should be a group for anyone who wants to know who they are.

Choices should be featured on any agenda. Getting to know who we are is a life long process and deconstructing the messages from childhood can be a very long process as well. There needs to be workshops on anger and parenting as well as self discovery and self-esteem related components.

A lot of paper does not work as low literacy levels are a concern. When providing workshops for Inuit people it is important to have visual tools and hands-on activities. The Inuit language is a real barrier for some clients as Inuktitut is the first language and English is the second language. The programs must be Inuit specific in nature as mixing cultures when dealing with trauma is not a good idea. Confidentiality is also a primary priority.

Women must learn how to replace the “I can’t” vocabulary with “I can” vocabulary and change the words “I’m afraid” to the words “I’m capable”. They must be able to set realistic goals and set priorities in an action plan that has relevance with their life circumstances and become the architects of their own lives with a broad vision as the driving force.

Collaboration/Partnership and Co-Facilitation

- An Inuit Women’s Healing Circle exists in Ottawa. Pamela and Meeka could approach the facilitator to see if there is interest in co-facilitating;
- Participants suggested striking an Ad Hoc Committee amongst the people present for the Focus Group since they all deal with the same population and everyone knows everyone and would avoid overlap;
- The Ad Hoc committee would be willing to meet with Amethyst to establish a collaborative approach towards program design and development;
- It was suggested that ‘second stage housing’ through Tungasuvvingat Inuit might also be a good venue for a Skills for Change series - second

stage housing reaches Inuit residents in Ottawa as well as Inuit from the north for continuing care associated with trauma and addictions;

- Mamisarvik is interested in a partnership with Amethyst in collaboration with the Ad Hoc Committee as suggested by others as women want to do their own healing;
- It was suggested that Morley Hansen from Algonquin College and/or Reepa Evic-Carleton could come to Amethyst and offer an 'in-service' to provide a cultural and historical snapshot of Inuit life conditions for the staff to better enable Amethyst to work collaboratively with Inuit specific organizations and their populations;
- It was suggested that Amethyst check out the National Aboriginal Health Organization (NAHO) website for culturally sensitive counseling materials and information;
- Homeless Healing Group could be contacted as well.
- Nancy Curry is a good source of research: Cross Roads (deep statistical analysis of kids in grade 3,4,5 and 6).

Inuit Specific Group Evaluation Summary

All participants were satisfied that the issues they were expecting to discuss were indeed addressed with the exception of one participant who was invited the day of the Focus Group and was not fully aware of the purpose of the Focus Group. Unanimously participants felt their voices were acknowledged, heard and documented on a flip chart. All participants saw potential for partnering with Amethyst and were willing to work together to make this happen. Participants reported learning information about programs and services that they did not know before. They were satisfied that Amethyst would respect "an Inuit specific approach" to collaboration and program design, development and delivery in partnership with one or more Inuit organizations or agencies.

B. MÉTIS SPECIFIC FOCUS GROUP

Métis are a people of mixed First Nation and European ancestry who self identify themselves as Métis, as distinct from First Nations people, Inuit or non-Aboriginal people. The Métis have a unique culture that draws on their diverse ancestral origins, such as Scottish, French, Ojibway and Cree.

Participants (Please see Appendix III)

Proceedings

Elder Reta Gordon offered the Opening Prayers and Lois McCallum offered the Closing Prayers for the dialogue group.

Dianne Rogers, Amethyst Women's Addiction Centre Health Promotions Worker, facilitated the introductions and ensuing dialogue based on the Focus Group questions.

SUMMARY OF FEEDBACK FROM FOCUS GROUP

Cultural Considerations

The root causes of low self-esteem within the Métis population in the Ottawa Region are as follows:

- Poverty (#1)
- Living environment (subsidized housing)
- Lack of education
- Lack of employment
- Discrimination which infiltrates the entire family and their self worth
- Family secrecy about not identifying as Métis and children not really knowing who they are or where they fit in society

Most Métis people assume they do not have low self-esteem but it is there. They need guidance to know who they are by doing research and where Métis come from as most are in denial. Most Métis people deal with discrimination in their day to day lives and in order to combat this situation they need to know how to accept their designation. Racism is particularly challenging in areas of employment whereby Métis people may not know why they are being discriminated against if they have not identified as Métis but it's clear to others that that's who they are. This designation needs to be traced back for people to find out who they are through genealogical research. It is also important for the Métis to focus on heroes and cultural life to overcome issues of low self-esteem. There are many dysfunctional Métis families who do not totally accept who they are but there is always lots of love and laughter.

Because of poverty Métis people are often treated with disdain and this discrimination starts young. Young students lose a lot of ground when the schools ask for money to pay for field trips and sporting equipment when their families live in poverty. In northern Ontario there are many families whose children suffer from the impact of residential school experiences suffered by their parents. Issues of low self worth are intergenerational and are directly related to post traumatic stress and depression. If children have been taken away from their parents at a very young age, how can they know who they are or where they come from? A woman must know where she comes from before she can

move on. There are a lot of secrets – many grandmothers died with their stories because they tried to protect their children. Many did not know their relatives but there the Métis people are a nation of strong women.

One of the most challenging aspects of the Métis Nation is lack of identity as Métis and self awareness. Once you add the loss of culture which is central to identification issues because of the protective factors, Métis people are vulnerable. They need pride to be instilled in them to offset lateral discrimination. Youth are particularly in trouble as they live in a state of confusion.

Living in balance is an essential objective – a (w)holistic approach to wellness – spiritual, physical, emotional and cognitive. The work of Elders is to provide traditional and cultural information with guidance. One cannot derive guilt or glory from the accident of birth – one must design one's own life, be independent and self sufficient. It is important to “be” who you are as a woman, to protect the children and keep your family identity with you at all times. There is a real need to get back to nature.

Collaboration/Partnership and Co-Facilitation

Programs must meet the needs of Métis women and be modeled on Métis values and beliefs using the “wellness wheel” which is punctuated with cultural identifiers and icons.

Elder Reta Gordon suggested we invite Jo MacQuarrie to become an Elder in residence at Amethyst Women's Addiction Centre. It would be important to find the funds for this role. In fact Amethyst could invite three Elders – Métis, First Nations and Inuit Elders to be at present at Amethyst or on call for guidance.

The Métis Nation of Ontario (MNO) is interested in collaborating but perhaps more in the area of youth. While understanding the importance of working with young women it is important not to exclude young men as they cannot move forward without knowing the issues each other faces as Métis people of different genders.

Métis Focus Group Evaluation Summary

All participants were satisfied with the focus of the dialogue. They felt a Métis specific approach was expressed and that the discussion more than met their expectations. All participants felt their voice was acknowledged and heard. Participants were impressed by the knowledge and commitment of Amethyst staff and programs/service delivery and found the Focus Group informative as well as a beginning for collaboration. They reported learning information for the first time and agreed with the importance of self-esteem in health promotion and prevention. Some did not know Amethyst Women's Addiction Centre existed while others knew of Amethyst but not the extent of the work undertaken.

(C) FIRST NATIONS SPECIFIC FOCUS GROUPS

Presenting problems of substance abuse, family violence and sexual abuse are often indicators of cultural themes of powerlessness, oppression, land and identity issues. First Nations people are struggling to regain the knowledge of where and how they fit in urban Ottawa. Unhealthy identity issues may be indicative of collective community grieving for traditional family and community ties, support through traditional teachings and practices and cultural celebrations. Weakening of family structure, increased fragmentation of community, loss of spirituality, loss of pride and cultural identity, unemployment, poor self image unhealthy role modeling and lack of receiving guidance from Elders all contribute to the need for wholistic approaches to empowerment¹⁴.

Elder Annie St. George provided opening and closing prayers asking for blessings to guide the discussion. We started with a small circle and expanded.

List of Participants (Please see Appendix III)

Proceedings

The more avenues there are to seek help, the better for First Nation women. It is a personal choice whether to access First Nation specific or mainstream services although it is helpful for mainstream services to be culturally welcoming. It is important to build capacity within the Aboriginal and mainstream communities so that First Nations women have options. Sometimes it is perceived as safer for First Nations women to seek support outside of their immediate community due to issues related to confidentiality and safety. All the doors must be left open.

At the Drop-In Centre 510 Rideau Street, 70% of the clients are Inuit and the rest are First Nations. The Centre learns a lot from their clients and often hear that women who are asking for support and help do not know where to go or who to turn to. We need to recognize that they all have lives beyond the street, specifically in regards to the values and beliefs that they grew up with. To address their needs, service providers should collaborate and partner with these women and their families on the street. Health conditions are often appalling on the street and one of the emerging concerns along with HIV/AIDS is tuberculosis. To compound the problem, people return to their reserves and home communities with communicable diseases and transmit them to members of their families and community. Time is the issue and service providers, children, youth, men and women need to be educated about these concerns.

¹⁴ Odawa Power Point Presentation (no date).

SUMMARY OF FEEDBACK FROM THE FIRST NATION FOCUS GROUP

Who are the women who demonstrate issues related to self-esteem? There are two groups of women who are vulnerable – those in shelters, drop-in centres, community centres (i.e. personal empowerment lost in low income conditions) and those who are professionals (i.e. racism and other barriers). In other words, all Aboriginal women are vulnerable to assaults on their self-esteem, the roots of which reside in the history of colonization. Ottawa needs an Aboriginal specific shelter to address violence with special attention given to the suicide crisis amongst youth 24/7.

Cultural Considerations

First Nations women tend not to seek help as they prefer to say they have no problems although may be living with a closet drinker. First Nations women endure. Culture must be the first consideration and must be respected. The urban community where a First Nations woman lives is the least safe place for her to seek services and support. First Nations women would be more comfortable coming to a workshop at Amethyst because it is outside of their community and feels safer. We need to work together to create and provide culturally relevant “empowerment” workshops for Aboriginal women at Amethyst. Empowerment is a continuing process and takes time. We need to help women overcome their fears. We need to be able to say:

- *This is who I am and not be afraid to speak out with your heart;*
- *We must be able to tell our life stories about our own hardships and celebrations, to be able to identify our personal tools that give us strength;*
- *What I have to offer is what I have experienced in life, what I have lived in my life;*
- *We must learn to speak with an authentic voice;*
- *First Nations women think they are alone with their problems and challenges – they need support to understand others share in their experience*
- *Aboriginal women need to learn from their life condition and use their experiences to develop survival skills, share their teachings with other women – come out and say it (guilt, shame, grief) – live it, learn to live in the absence of whatever is causing pain ... accept the pain and make it work for them to move their lives forward;*
- *We must ask others if they are ready to know “who I am”;*
- *Sometimes we must crawl again before we can stand up and walk - we need to share our lives, not be afraid to address real issues and find support to do this.*

Partnerships

First Nations people are afraid of partnerships in case they lose their funding. There must be very specific relationship building amongst service provider contacts, one on one, to get more organizations involved. There appears to be no funding as government is more interested in the environment than issues that relate to Aboriginal women. Status of Women is a good contact.

Emerging Issue

The discussion focused on the needs of Aboriginal women across the region with a highlighted need for women living in both Ottawa and Gatineau who do not access main stream shelter services due to lack of cultural issues and transportation respectively. There are virtually no services for Aboriginal women dealing with family violence and all the issues women face which create the conditions for alcohol and drug use and problem gambling in Gatineau. These women are close to urban services but do not access them.

The group discussed the Request For Proposals (RFP) from the Ottawa Urban Aboriginal Coalition as a way to begin a needs assessment for this resource poor area. Given that the population is within the National Capital Region (and the fact that there are no provincial boundaries for Algonquin people in the area) it is likely that a proposal will be accepted that crosses provincial borders. Two of the participants agreed to meet and develop a proposal to address this urgent concern of lack of crisis shelters and services on the Quebec side for urban Aboriginal women. The Native Alliance of Quebec will be consulted as will Waskeegan Housing for Métis and off reserve First Nations people.

Empowerment (rather than self-esteem)

Main stream organizations and First Nations collaborations are good for urban Aboriginal women and children to feel empowered within the urban community and educational system. Though school programs have changed, the organizational structure of schools has not – the old approach is still there which leads to disempowerment of young people which takes their energy away from learning. This leads to disempowerment in adulthood as children grow up. Disciplinary actions within schools are based on the removal of identity and degrading children – systemic bullying starting with the staff towards one another can end with bullying children and youth. Immigrant and refugee people are often treated with more respect than First Nations children and adults. The educational and employment systems have to change for First Nations people to improve their quality of life – the Urban Aboriginal Coalition is beginning to draw attention to this need. Aboriginal children are learning under pressure, being labeled, bullied in schools and communities as well as experiencing other stressors in their families. Patterns of abuse often begin in schools and are repeated by children when they grow up to be parents. Childhood vulnerabilities

set the stage for alcohol, drug abuse and other addictions. Partnerships with mainstream organizations will help improve understanding, communication and focus on solutions.

Knowledge leads to empowerment – awareness sessions related to First Nations health conditions could help. The community could seek HC-FNIB or Women’s Bureau funding for this purpose.

Proposed Next Steps:

- Makonsag AHS suggested a Saturday day long workshop to address self-esteem/empowerment issues with mothers.
- The Drop-In Centre at 510 Rideau suggested that Amethyst host a series of workshops at 488 Wilbrod for First Nations women.
- All participants offered to support a proposal writing process to gain support from the Ottawa Urban Aboriginal Coalition for a shelter in Ottawa.

First Nation Focus Group Evaluation Summary

The participants engaged in an animated discussion about the need for an Aboriginal Women’s shelter in both Ottawa and Gatineau. They reported that they were satisfied that their voices had been heard and they expressed interest in coming together to discuss modifying and/or redesigning the Self-Esteem Module, stating they prefer the word ‘empowerment’ to self-esteem. They spoke about colonization, the residential school legacy and the difficulty of First Nations women in domestic abuse situations. All agreed to meet again during the winter months to strategize about how to get more First Nations agencies involved in workshop planning.

(D) IMMIGRANT & REFUGEE WOMEN FOCUS GROUP

Settlement agencies such as the Catholic Immigration Centre and Immigrant Women Services Ottawa are community-based organizations that focus their attention on supporting newcomers to Canada. These agencies offer many types of services and hire staff who have expertise in immigration and settlement issues. Common supports at settlement agencies include: language training, employment support, interpretation services, counseling, information sharing, as well as refugee reception and community orientation. Amethyst has a history of working with these settlement agencies as well as the Community Health Centres in Ottawa to support women in transition.

Participants (Please see Appendix (III))

Proceedings

Dianne Rogers, Amethyst Women's Addiction Centre Health Promotions Worker, facilitated the introductions and ensuing dialogue based on the Focus Group questions.

SUMMARY OF IMMIGRANT WOMEN'S FOCUS GROUP

Cultural Considerations

Sometimes the community needs interpreters with each person and this takes a lot longer to deliver programs. One model for a parenting program was to have a specific interpreter for each person(s) taking the program in their language of origin; everyone talks at the same time.

It would be important to have a workshop on "stigma" to begin the dialogues about being able to mention the unmentionable. Self-esteem is defined differently in each culture therefore service providers cannot use the same tools. One must be open and inclusive and understand that self-esteem is related to healthy, successful children in one culture and body image in another. Also when coming to a new country, self worth and self-esteem take a hit with different life conditions to acclimatize to – it also true that a person's sense of self-esteem changes throughout life with or without the cultural adjustments from immigrating or being a refugee – this kind of experience adds to the stress of change.

Racism is a huge issue. These people have left the flames of war and associated losses and are met with racism while trying to move forward in their lives. Low self-esteem is the backdrop to problem gambling and addiction issues which translate into feelings of "shame" and "stigma" in most cultures. Shame prevents people from seeking help as there is also shame associated with asking for assistance. Public education outreach is essential as families are embarrassed and fear being further isolated by admitting they need help in these areas. They feel they have failed their families, their tribe and their community. As a result, addictions are kept secret as women do not want their husbands or neighbours to know. These feelings go well beyond the North American concept of self-esteem and everyone in the family feels the shame, there is a circle of silence and the women tend to lead a double life and do not talk about these issues.

Financial losses are considered even more damaging when families are already relying on "the system" per se for support as they grapple with challenges associated with a new culture and settlement adjustments. There is already a perceived loss of status when immigrants and refugees leave their country of

origin and cannot reclaim their professional status upon entry into Canada as issues of identity arise (i.e. no one needs their services, foreign credentials are not recognized). Questions about what “integration” means to each individual surface – on the one hand it is a policy issue that requires re-education and patience, while on the other hand, individuals are incorporating the losses they are experiencing while adjusting to a new culture and settling their families. They feel as if “they are nothing” in the context of how their communities saw them “back home”. Any achievements they gained “back home” are meaningless in the context of the new experience.

In most cultures success is linked to families – different groups, different issues. One has a lot of adjusting to do to feel successful in Canada – making new boundaries, dealing with intergenerational gaps and difficulty understanding one another. Issues related to becoming “too western” can persist, and relationships can change quite dramatically from the country of origin to Canadian customs. There are a lot of power struggles within families. The roles of women and men change and with that reality comes a lot of drama that unfolds in families depending on the number of years they are in Canada. Children face new values in school and depending on how the family reacts or responds to this “threat” life can play itself out with a fair amount of tension.

Given what has been shared, it is also true that these things are not necessarily about self-esteem per se. They know the experiences will pass but the changes upon arrival in this country are related to grief and loss which can lead to loss of self worth. Many women do not agree with “feminism” and many do not understand how it is defined. Stress is considered a western phenomenon and although immigrant women talk about stressful experiences, but do not label them. They own it, cry about it and move towards stress reduction but they do not label it. To deal with it in a workshop series, it must be approached creatively. They are considered ‘challenges’, not “problems” and the concept of self-esteem is related to whether one likes oneself or not. The language must be kept simple. In the future, one could call a series on self-esteem – *My Life* and it would probably get a lot more attention. The content is important in a workshop such as this – one could talk about what kind of animal one feels like today and it would be culturally acceptable.

Women also have a lot of domestic activities to take care of so a group cannot be more than two hours in length – better 1.5 hours. One must combine the group with an activity such as yoga, exercise or manicures or other self care to get anyone’s attention. Humour in workshops is the best approach (i.e. dancing yourself through a self breast examination). They want to laugh and lots of visual imagery should be used. Dancing could be used to lighten things up especially if there is a language barrier. A nutritious snack could be provided as part of the planning. Topics such as assertiveness are important and once the topics are adjusted to fit the interests of the group, they can expand the group by bringing their friends. Exercise and snack first, followed by a speakers series concluding

with discussion – this could all take three hours as long as the exercise is 50% of the planning. Whatever the series of workshop topics it would be appropriate for them to be linked to addictions, gambling, education and prevention. The topics should also focus on self care and coping with transition strategies.

Women have to feel safe to seek help. Carlington CHC has incorporated a Health Facts line whereby the caller pushes option two and hears information about the signs of addiction (alcohol, drugs and gambling - causes, support and treatment) so that when women call they can find help if they want it. Health facts and public education are very important tools.

Collaboration/Partnership and Co-Facilitation

It was agreed by all participants that there are more similarities than differences amongst all cultures and that the immigrant and refugee organizational representatives are very interested in moving ahead towards collaboration, partnership and co-facilitation.

There is diversity training in all health centres which is useful. This is very important work and may need clarification depending on the group. It may be possible to get more funding based on partnerships ... team funding initiatives. One staff person per community health service centre could meet to put a partnership together with Amethyst. Amethyst has good information in the foundational document –*Skills for Change* – so it could be used as a baseline to build on.

The Chinese communities see the need for this type of collaboration and information for women. Self awareness and anger management would be good for young Chinese women as they have problems with their husbands and there is a lot of family conflict. Programming should be provided in the mother tongue, and it is essential that we be clear about why we are offering the program. Co-facilitation is possible. There are many different models that could be used but it is expensive to translate materials. For instance, smoking cessation programs are offered which is very mainstream but different cultures could also participate. Without translation it is difficult as the facilitation may be too fast for everyone to understand. One program hires four cultural interpreters using whisper translation in sync with four facilitators. It is better to answer the needs of the biggest linguistic population. If we work together as a team then we can decide together which language group needs the most attention. Funding for interpreters is a must for women with issues of violence in their lives, but funding for interpreters is also difficult to obtain. A new workshop should be called *Coping with Changes* rather than “self-esteem”.

Immigrant Women Focus Group Evaluation Summary

Participants enjoyed the discussion and felt the issues were in keeping with addiction issues of immigrant women. The Focus Group agenda was to the point but open enough to allow service providers to discuss what was important to them. Unanimously participants felt their voices had been acknowledged, heard and documented. Participants spoke about stigma, loss, unexpressed pain and how the program content would have to be altered to be relevant for many ethno-cultural populations in Ottawa and said they had learned a lot from one another. Participants were aware of Amethyst services and programs and were inspired by the idea of designing, developing and delivering a self-esteem series that was relevant to specific cultural groups.

Lessons Learned

Aboriginal women's service providers and Immigrant/Refugee women's service providers experience short falls in funding and personnel as do mainstream agencies and as such were under human resource limitations which impact on their ability to attend and/or to follow up on new initiatives.

Next Steps

Understanding that Self-Esteem has been redefined as (i) *Empowerment* (ii) *Belonging* (iii) *Resiliency* amongst Ottawa's distinct Aboriginal women's service providers, and (iv) *My Life - Coping with Change* amongst Immigrant/Refugee women's service providers, the following steps have been articulated for follow up:

1. Cultivate and nurture partnerships with First Nations, Inuit, Métis and Immigrant/Refugee women's service providers.
2. Work with representatives from each distinct ethno-cultural service provider(s) to redesign the Self-Esteem module of the *Women Juggling Roles-Skills for Change* manual for cultural relevance.
3. Coordinate and co-facilitate one group from each cultural group between January and December 2009 using a cultural specific module and approach.
4. Provide staff in service training from each of the ethno-cultural communities Amethyst is outreaching to through this initiative – First Nations, Inuit, Métis and Immigrant/Refugee Women.

Please Note

PHASE II

Amethyst Women's Addiction Centre will be conducting pilot workshops in partnership with culturally specific organizations to provide services for First Nation, Métis, Inuit and Immigrant women from February 2009 through to December 2010.

Objectives:

- To work with Aboriginal and Immigrant/Refugee service providers to design, develop and name culturally distinct Self-Esteem Modules for women in their catchment area as a foundation for program delivery;
- To develop the agenda and evaluation components together;
- To co-facilitate and implement culturally distinct Self-Esteem modules where the participants are most comfortable receiving services/programs.

A summary report of the outcomes will be available once the pilot workshops are completed.

APPENDICES

FOCUS GROUP MATERIALS

(i) FOCUS GROUP BACKGROUNDER

Amethyst Women's Addiction Centre has a Twelve Week Outreach Program called *Women Juggling Roles – Skills For Change* covering topics a variety of topics such as:

- Self-Esteem
- Stress Reduction
- Assertion
- Drugs and Alcohol
- Anger and Depression
- Relationships and Trust
- Living Alone Successfully
- Family Dynamics in Addiction
- Handling Difficult People
- Grief and Loss
- Handling Conflict
- Effective Communication

Amethyst offers prevention programs to enhance self care to support women to design their lives in such a way as to help them create understanding and action plans to avoid slipping into cycles of too much responsibility, lack of self care, stress, anger, depression, isolation and negativity which can lead to problem gambling and substance abuse.

The root causes of low self-esteem often relate to family dynamics of the family of origin, early childhood and adolescent experiences, poor parenting, lack of self care and/or lack of effective coping strategies.

(ii) **FOCUS GROUP INVITATIONS**

- **ABORIGINAL WOMEN**
- **IMMIGRANT AND REFUGEE WOMEN**

Dear _____

Amethyst invites you to attend a Focus Group to discuss key considerations related to cultural sensitivity for our women and wellness outreach program Women Juggling Roles: Skills for Change.

We are excited to invite your agency to a Focus Group to find ways to partner for the expansion of women centered health promotion services. Our aim is to support women to take control of factors affecting their health and well-being by establishing links between too much responsibility, lack of social support, violence against women in all its forms, personal losses and addictions.

Amethyst Women's Addiction Centre Health Promotion Program has reported positive impacts on the lives of over 100 women a year for the past ten years in the Ottawa urban area. A central task of Amethyst is to help women take charge of their own lives and reclaim their personal strength by creating healthy lifestyle changes in a supportive environment.

SERVICE PROVIDER FOCUS GROUPS

Please call (613.563.0363 ext 37) or email (dianner@amethyst-ottawa.org) and confirm your attendance at one of the Nation Specific Service Provider Focus Groups to be held at Amethyst Women's Addiction Centre:

- (1) Inuit Specific - Monday, June 16, 2008 (9:30 – 12:00 noon)
- (2) Métis Specific - Tuesday, June 17, 2008 (9:30 – 12:00 noon) (Changed to Friday, June 20)
- (3) First Nations Specific - Wednesday, June 18, 2008 (9:30 – 12:00 noon)
(Postponed until September)
- (4) Immigrant & Refugee Women Service Providers – Wednesday, June 18 (1:30 pm – 4:00 pm)

Key Focus Group Issues:

- (1) Partnership building and co-facilitation

(2) Cultural approaches to health promotion programming

(3) Cultural content as it relates to *stress & wellness, anxiety, self-esteem, anger solutions, assertiveness, too much responsibility & lack of self care as a priority.*

Outreach Health Promotion Programming helps prevent addictions associated with problem gambling and substance use by offering women an opportunity to explore and define the meaning of self care. Groups are co-facilitated by an Amethyst health promotion staff person along with a host agency staff person (or student placement volunteer). Once a week, women are able to meet in their own communities to learn about skills for change and address challenges in their daily lives. Education and prevention programming provide a safe environment for women to learn new coping strategies and move self care forward as a priority in their lives.

Other Amethyst Programs offered in English and French (substance use treatment only) include:

- Health Promotion Women and Wellness Outreach Programs using Amethyst's *Women Juggling Roles: Skills for Change* as a foundational model
- Treatment Programs for drugs, alcohol and problem gambling
- Sexual Abuse Support Program
- Children's Drug Abuse Prevention Program including individual and group sessions as well as play therapy

We look forward to exploring cultural competency in Amethyst outreach programming with you at the Focus Groups.

Thank you for your interest in this exciting initiative!

Amethyst Health Promotion Team

Sandi Harmer - Health Promotion Coordinator

Gundel Lake - Problem Gambling Coordinator

Dianne Rogers – Health Promotion Worker

(iv) FOCUS GROUP EVALUATION TEMPLATE

1. Did the Focus Group address the issues you were expecting to discuss?

2. Did you feel your voice was acknowledged and heard?

Yes ____ No ____

If no, please explain:

3. What did you learn from your colleagues during the dialogue?

4. What did you learn about Amethyst Women's Addiction Centre during the Focus Group?

5. Who did not attend this Focus Group who Amethyst Women's Addiction Centre should contact?

Name(s) and Organization (s)

THANK YOU!!

PARTICIPANTS

A. INUIT SPECIFIC FOCUS GROUP

Monday, June 16th, 2008
9:30 am – 12 noon

Elder: Reepa Evic-Carleton

Facilitators: Sandi Harmer: Health Promotion Coordinator and Dianne Rogers:
Health Promotion & Problem Gambling Prevention Worker

Participants

Eleven (11) participants were invited by email to attend the Inuit Specific Focus Group at Amethyst Women's Addiction centre, 488 Wilbrod Street. Reminders were sent out to the community participants twice before the Focus Group. Seven (7) participants attended the Focus Group, some of which were on the original list of invitees and some of which replaced those who were unable to attend:

Mamisarvik Healing Centre (TI)

Trauma and Addiction Therapist
Residential Counsellor
Continuing Care Counsellor
RHSW (Resolutions Worker)
mamisarvik@ontarioinuit.ca
613.563.3546

Tungasuvvingat Inuit

Community Support Worker
communitysupport@ontarioinuit.ca
613.747.2225

Wabano Centre for Aboriginal Health

O.W./Addictions Support Worker (pre & post treatment)
613.240.7402

Ottawa Inuit Children's Centre

Family Support Worker
613.744.3133

B. METIS SPECIFIC FOCUS GROUP

Thursday, June 19th, 2008
9:30 – 12 noon

Elder: Métis Senator Reta Gordon

Facilitator: Dianne Rogers, Health Promotion Worker and Problem Gambling Prevention Worker

Participants

Ten (10) participants were invited by email to attend the Inuit Specific Focus Group at The Métis Nation of Ontario centre at 500 Old St. Patrick Street in Ottawa. Reminders were sent out to the community participants twice before the Focus Group. Eight (8) participants attended the Focus Group, some of which were on the original list of invitees and some of which replaced those who were unable to attend:

Métis Nation of Ontario (MNO)

Elders
Mental Health & Addictions
Wellness Program Counsellor (Intern)
Long Term Care
613.798.1488

C. FIRST NATION SPECIFIC FOCUS GROUP

Friday, October 3rd, 2008
9:30 am – 11:30 am

Elder: Annie St. George

Facilitator: Dianne Rogers: Health Promotion Worker & Problem Gambling Prevention Worker

Participants

Three (3) participants attended the First Nations specific Focus Group at Amethyst Women's Addiction Centre. Eight other service providers were invited but were unable to attend due to staff turnover/shortages and starting up the work of the fall programs (i.e. Native Counselor/Algonquin College, Aboriginal Outreach/Bronson Centre). Reminders were sent out to the community participants twice before the Focus Group. By attending several events at

Wabano Centre for Aboriginal Health and Odawa Native Friendship Centre over the course of the winter season 2009, other contacts have been made in the First Nation community who have expressed an interest in working with Amethyst Women's Addiction on this initiative.

Elder: Makonsag Aboriginal Head Start
family@makonsaq.ca
613.724.5844

Drop-In Centre
510 Rideau St
shawenjig@odawa.on.ca
613.789.3077

D. IMMIGRANT & REFUGEE FOCUS GROUP

Wednesday, June 18th, 2008
1:30 – 4:00 pm

Facilitator: Dianne Rogers: Health Promotion Worker & Problem Gambling Prevention Worker

PARTICIPANTS

Six (6) participants were invited by email to attend the Inuit Specific Focus Group at The Métis Nation of Ontario centre at Amethyst Women's Addiction Centre, 488 Wilbrod Ave. in Ottawa. Reminders were sent out to the community participants twice before the Focus Group. Seven (7) participants attended the Focus Group, some of which were on the original list of invitees and some of which replaced those who were unable to attend:

Immigrant Women Services of Ottawa
613.729.3145

Sandy Hill Community Health Centre - Problem Gambling Services/Addictions
613.789.8941

Carlington Community Health Service Centre
613.722.4000

Catholic Immigration Centre
613.232.9634

Somerset West Community Health Centre
613.238.821

APPENDIX IV

RAW DATA: EVALUATIONS

(i) INUIT SPECIFIC FOCUS GROUP EVALUATION

Did the Focus Group address the issues you were expecting to discuss?

- New employee at Mamisarvik and was asked at the last minute to attend by colleagues
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes

Did you feel your voice was acknowledged and heard?

- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes

What did you learn from your colleagues during this dialogue session?

- Mamisarvik is willing to (possibly) partner with Amethyst;
- Mamisarvik sees some potential for partnering;
- Cooperation within different agencies and the willingness to work together;
- We can work together;
- Potential partnerships and programming potential;
- Learned more about TI programs than I knew before.

What did you learn about Amethyst Women's Addiction Centre during the Focus Group?

- Programs Amethyst offers to women in Ottawa;
- Amethyst is constructively flexible and can add much to the Inuit community; there is fertile ground for these programs with an Inuit specific approach;
- Amethyst can go to where women are at and that we can build a partnership for the people we serve with Amethyst;

- I can let Inuit women know about Amethyst as a resource they can check out;
- Programs offered by Amethyst;
- Learned more about the functions of Amethyst otherwise I pretty well knew what Amethyst's basic services were all about;
- Willingness to collaborate to generate an Inuit specific self-esteem strengthening series of workshops.

Who did not attend this Focus Group whom Amethyst should contact for more information?

- Nunavut Sivuniksavut (Inuit History)
- Mamisarvik Healing Centre (613.563.3546 – ext 150)
- Community Support Workers at TI who facilitates Women's Healing Circle (613.747.2225 ext 11)

(ii) METIS SPECIFIC FOCUS GROUP EVALUATION

Did the Focus Group address the issues you were expecting to discuss?

- Yes, very focused, excellent facilitation
- Yes
- Yes, we had the occasion to discuss a Métis approach and explore other avenues to deliver the program with the exclusion of men.
- Yes, more than what I was expecting
- Yes, and the discussion gave me an understanding of other issues
- Yes, and I'd like to speak to Amethyst more about addictions
- Yes
- Yes, more than expected

Did you feel your voice was acknowledged and heard?

- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes

What did you learn from your colleagues during this dialogue session?

- Catalysts and focuses in other approaches colleagues use;
- Amount of knowledge and commitment;
- How willing they are to all work on programs with Amethyst;
- That we are all passionate about healing and wellness when it comes to Métis people;
- Everyone was interested in participating in the discussion;
- Very informative;
- Collaboration would be welcome from a Métis point of view.

What did you learn about Amethyst Women's Addiction Centre during the Focus Group?

- New to this community so I heard many things for the first time about Amethyst;
- Good introduction to the Focus Group;
- The type of services being offered by Amethyst and the importance of self-esteem;
- I did not even know this centre existed and now I am happy to know there is a place for Métis women to go for help;

- They have been established for several years and help women with addictions, self-esteem and other issues;
- That it had so much to give that Métis women are not aware of;
- Very informative;
- I did not know the extent of work done at the centre and the explanation was very helpful to me.

Who did not attend this Focus Group whom Amethyst should contact for more information?

- Health Branch Métis Nation of Ontario, Coordinator of the Problem Gambling Program (905.714.9864).
- Wabano Centre for Aboriginal Health.

(iii) FIRST NATIONS FOCUS GROUP EVALUATION

- 1. Did the Focus Group address the issues you were expecting to discuss?**
 - Yes
 - Yes
 - Yes

- 2. Did you feel your voice was acknowledged and heard?**
 - Yes
 - Yes
 - Yes

- 3. What did you learn from your colleagues during this dialogue session?**
 - First Nation women need an Aboriginal specific women's shelter in both Ottawa and Gatineau
 - First Nation service providers present at the Focus Group are willing to partner with Amethyst Women's Addiction Centre

- 4. What did you learn about Amethyst Women's Addiction Centre during the Focus Group?**
 - Amethyst already has some First Nation clients attending treatment programs

- 5. Who did not attend this Focus Group whom Amethyst should contact for more information?**
 - Minwaashin Lodge
 - Wabano Centre for Aboriginal Health

(iv) **IMMIGRANT/REFUGEE WOMEN FOCUS GROUP EVALUATION**

1. Did the Focus Group address the issues you were expecting to discuss?

- No expectations
- I wasn't sure what the meeting was going to be about but it was very interesting
- Yes, good discussion
- Yes, it addressed issues of Immigrant Women Addiction issues
- Yes, it was a constructive discussion
- Yes, it was to the point but open enough to allow people to talk about what was important to them
- Yes, very much

2. Did you feel your voice was acknowledged and heard?

- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes

3. What did you learn from your colleagues during this dialogue session?

- As a non immigrant I learned more about some of the issues affecting the self-esteem of immigrant women and the programs available
- About stigma, loss of status, how the content needs to be altered if we have multicultural groups
- About issues and challenges
- Citywide programs
- Some inspirations and ideas
- Different things that are going on already – challenges working with different cultural communities
- About experiences with different services and willingness to work together to help

4. What did you learn about Amethyst Women's Addiction Centre during the Focus Group?

- I'm already very familiar with Amethyst and thinks it's a great program. I didn't know it had been residential at one time or that it has been around since 1979.
- That they are a day treatment centre.

- I was aware of their services.
- The role of Amethyst and the Self-Esteem program.
- I already knew about the centre.
- Multicultural focus, interest in partnership and about stigma and how it relates to self-esteem
- What you are doing because I didn't know about it.

5. Who did not attend this Focus Group whom Amethyst should contact for more information?

- Immigrant Women Against Violence and Abuse
- City of Ottawa Multicultural Health Coalition
- Mental Health Workers
- Somerset West Community Health Centre
- Aboriginal Organizations/Agencies
- Other “non culturally marginalized” groups
- Minwasshin Lodge – Traditional Support/Violence Against Women
- OCISO

APPENDIX V

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