

**Community Women's Circle: A Partnership Program
Developed to Connect and Serve Homeless, Poor and
Socially Marginalized Women with Developmental
Disabilities**

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Abstract

For approximately three years Street Health Nursing Foundation, Regent Park Community Health Centre and Surrey Place Centre (SPC) have been conducting a drop-in, support group for women who have developmental disabilities and are homeless, poor, and socially marginalized. We found that these women came from a different culture and shared some increased vulnerabilities not shared by the clients we meet at SPC. In order to make the group accessible to these women, keep them coming and hopefully help them to get adequate nutrition, we offered something to eat and drink. The cost of their transportation was also covered. Our aim was to: 1) connect with women who could be referred to SPC services; 2) help them develop a positive sense of themselves; 3) help them to develop socially acceptable and satisfying ways of interacting with others; 4) help them to determine and express their own attitudes, feelings, and values; 5) increase their sense of independence; 6) increase their knowledge base regarding their health; and 7) develop a method of evaluating the group and individual outcomes. Some of the topics covered in the group included: general health, education, jobs, housing problems, abuse, relationships, feelings, being safe at home and in the community, being assertive, self esteem, birth control, sexually transmitted diseases, losses, and problem solving. Structured monthly workshops have included such topics as biracial relationships, coping with frustration, and self esteem.

The Women's Circle began as a result of Street Health Nursing Foundation nursing staff identifying women with developmental disabilities requiring specialized supports at their portable health clinics in downtown Toronto. Surrey Place Centre (SPC), Adult Services Division, had the desire to partner and do outreach to make their interdisciplinary services for these women more accessible. Regent Park Community Health Centre became a partner given that they provide comprehensive supports and outreach to overcome barriers to wellness, more specifically to persons who are homeless, poor, and socially marginalized. With this partnership we could all see the learning potential for ourselves as clinicians and agencies and, through that, provide the necessary connections to women who so often "fall through the cracks." We began the Women's Circle in August of 2000. Our goal was to do outreach, provide specialized and generic community resources, establish an ongoing forum for learning, social connection, and support to these women.

This paper is a retrospective analysis of the activities of this group, what we know about the women, the outcomes to date, plans for development, and how we might evaluate outcomes in the future. In addition, this is documentation of the authors' learning journey in working with these women and their culture from our differing perspectives and focuses.

Method

The target population were women with developmental disabilities who live in the hostel system; they are marginally housed and at risk of homelessness. There have been 45 women who have connected with the Women's Circle in over 88 meetings from August 2000 to December 2002. Twenty of these women are assumed to have a developmental disability. The remaining 25 mainly attended workshops open to all of the Adelaide Resource Centre for Women's drop-in.

References to the group came from Street Health, Regent Park Community Health Centre, group members, and other agencies. The only screening was for risk to others and compatibility. Four staff facilitated a weekly, one-hour, drop-in support group for women. Three staff attended on a rotating basis and one on a consistent basis, so there were two facilitators at every meeting. When a member had come to two or three meetings, an intake form is completed. General information was gathered. The group rules are reviewed and signed. Twice a month, meetings were "check-in" oriented. Women would bring in concerns and accomplishments, new information, and questions to the group. Once a month an art project was the focus of the

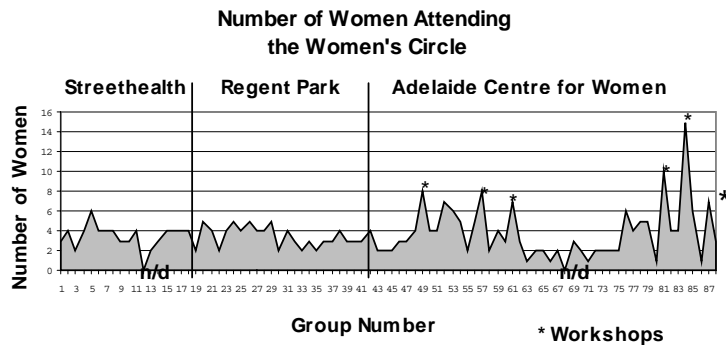
meeting and facilitated conversation. Once a month there was a workshop. To try to maintain and increase membership, we: 1) changed locations three times; 2) provided food at each meeting; 3) reimbursed the members for public transportation; 4) scheduled activities; 5) provided members with a calendar; 6) actively recruited members; 7) provided outreach to members that have not been attending; and 8) provided and supported access to resources.

Results

Number of women attending the women's circle

The chart below shows the variability in attendance across the 88 meetings and three meeting locations.

Figure 1: Number of Women Attending the Women's Circle



Connections to support services

The most significant outcome is the number of referrals made to services for the women from the Women's Circle. Eleven of the women have been connected with 34 services. Significant also is that two referrals of people not in the group were made to specialized services at Surrey Place Centre as a result of the partnerships.

Discussion

According to McMurray-Avita (2001), "The primary difficulty in measuring the impact of a particular service is that the 'population' of homeless people is...not a stable community...It is constantly changing as people move in and out of homelessness or...of a geographic area. This immensely complicates the establishment of any kind of baseline data...and inability to track outcomes" (p. 50). Attendance at our meetings confirmed this view.

The participatory nature of the group has allowed the women to provide feedback regarding the structure of the group, location, nature of the group, and topics for discussion and workshops. We have struggled as the number of women attending fluctuated, as group members bonded with one other and we became aware of the complexity of their lives. The connections that the women have made with the facilitators are an important first step in working successfully with people who are homeless. Jezewski (1995) claimed that an important strategy for maintaining these links is to establish a trusting relationship with the homeless person. The process of relationship building has evolved over time within the group, and has been a topic of discussion among us on a regular basis.

As our work continues, we shall define (program) evaluation as a collection and analysis of information by various methodological strategies to determine the relevance, progress, efficiency, effectiveness, and impact of program activities (Veney & Kaluzny, 1984). The evaluation of this group and the individuals within it will require a marriage of quantitative and qualitative measures. Using a program evaluation approach we will be able to capture the complexities of the processes and outcomes. Using this functional format with satisfaction surveys and both standardized (E.P.S.-Self-esteem subscale, Social Re-Adjustment Scale) and non-standardized tools we plan to continue our formative evaluation by measuring women's development and growth with regard to the following:

- number of women attending the group
- number of women returning to the group
- number of referrals made to Surrey Place Centre and other agencies
- changes in format of the group
- decrease in social isolation
- increase in self esteem
- measure major life changes
- self-report of making healthy life changes

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