

“All of the Women are Weavers:”

**A Community Capacity Building Peer Model
and
Social Inclusion**



The Women's Centre of Calgary

2010

All of the Women are Weavers:
A Community Capacity Building Peer Model and Social Inclusion

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ACKNOWLEDGMENTS

“People don’t know how heroic they are being to one another.

And, that’s the beauty part.”

Woman Who Uses the Women Centre

“Each voice is both the expression of what is unique in the speaker and the evocation of what is shared with others.”

Bronwen Wallace, *Arguments with the World*

This project would not have been possible without the voices of the all the women involved in the Women’s Centre of Calgary. We are grateful to everyone for sharing their thoughts, time, experiences and stories. Some are not easy to tell and we recognize and honor this.

We also thank City of Calgary, Family and Community Support Services for funding this important work and providing a unique opportunity to explore and document the practice and the impact of work of the Women’s Centre of Calgary.

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EXECUTIVE SUMMARY

Warmth: When it's cold outside.

Companionship: With staff and participants.

Information: Direct you in the right direction.

Food: when hungry.

Most of all, when lonely and scared you could sit all day and relate to other people and not feel so alone.

- *Woman Who Uses the Women's Centre*

Background

From August 2010 – December 2010, the Women's Centre of Calgary engaged in a project to research and document its community capacity building peer model and social inclusion. The project was funded by Family, Community and Support Services (FCSS), and the Women's Centre retained a consultant to facilitate the project with the following main goals:

- Research and situate the outcomes of the Women's Centre within the City of Calgary's Social Sustainability Framework.
- Research and determine best practices for social inclusion within a peer model at the Women's Centre.
- Enhance knowledge on how peer models and providing safe places for communities of choice to gather are effective practices for social inclusion.

A variety of qualitative based tools were used to gather datum including structured focus groups, drop-in conversations, a written response questionnaire, and a drop-box response questionnaire. The methods ensured a plurality of ways for women to share their experiences. In total, 70 women participated in the research. There were a total of 45 women involved in focus groups, and drop in conversations. 25 responses were gathered through an email questionnaire and an open ended question for the drop box questionnaire.

Research Learnings

The goal of the research was to identify and document what constitutes best practices for the peer model and social inclusion. What was developed through the process was a re-languaging of the peer model, which is now referred to as the "community capacity building peer model"

and thus best describes the model at the Women's Centre. The following are the ten elements as identified through the research that constitute the community capacity building peer model. Each element is described more thoroughly in the full report.

*Best Practices of the
Community Capacity Building Peer Model at Women's Centre of Calgary*

The following elements are not listed in a chronological order. Each element is equally important, and is interconnected, thus creating a best practice model that is foundationally holistic in nature.

1. Empathy
2. Reciprocity
3. Active Diversity Work and Non-Judgmental Practice
4. Leadership and Non Hierarchal Culture
5. Staff and Volunteer Competency: Critical Thinking and Reflective Practice
6. Open-Space Physical Layout of Organization
7. Open and Accessible Operational Structure
8. Immediate Response and Contextual Support
9. Women's Only Space

Elements of Social Inclusion at Women's Centre of Calgary

1. Sense of Community and Belonging
2. Companionship
3. Dignity
4. Equality and Equity
5. Personal Learning
6. Enhanced Consciousness of Social Issues
7. Experiencing New Understandings Outside of the Women's Centre

There is a reciprocal and interconnected relationship between the community capacity building peer model and social inclusion. At times it is difficult to discern which begets which. However, what is fundamental to them both is recognizing that they are integral to one other and together create deep and far reaching positive impacts for all women involved with the Women's Centre.

The Women's Centre of Calgary

A Snapshot

The Women's Centre of Calgary is a support and resource centre for women, offering a variety of programs and services with no criteria or restrictions. Its mission is "to be every woman's place for support, connection, and community." The Women's Centre is open to all women, yet it most often supports women who experience marginalization through living in poverty, being immigrant women, women with disabilities, and women in transition (new to the city, experiencing family breakdown, looking for work).

In 2010, the Women's Centre:

- Responded to 62,290 contacts from women seeking assistance.
- 90% of the women who came to the Women's Centre indicated that they were currently dealing with poverty.
- More than 44% of contacts are by Aboriginal and immigrant women, women of color, and women with disabilities.
- 57% are by single mothers.

The Women's Centre works within and from a philosophical commitment to a community capacity building peer model. It is the work they *do*, as well as the *way* they work. The work of the Women's Centre is focused within three strategic and interconnected areas: Basic Needs, Association and Participation, and is drawn from the work of Barry Knight (2002) et al, from the book, Reviving Democracy, Citizens at the Heart of Governance:

- *Basic needs* – The fulfillment of the basic needs of citizens - economic security, social services and physical security and peace. When basic needs are met, all people feel safe and secure at home and in the community.
- *Association* – Association with other people - Respect for culture and heritage, caring, and sharing. Association is what binds us in a relationship to one another. When there is association, people experience a strong sense of belonging and neighborliness. There are strong values and a sense of identity. There is plentiful social capital.

- *Participation* – Participation in the governance of society - includes equal rights and justice and responsive and inclusive governance. When there is participation people feel fairly and justly treated and do not experience social discrimination. People feel involved in public affairs and listened to.

Combined, these three areas create and maintain a “good society.” This project in particular addresses the area of “Association” and its internal nature of social inclusion. Association encompasses the related concepts of community, belonging, reciprocity, social networks and social capital.

Project Background

In August 2010, the Women’s Centre initiated a project to better understand its peer model and how it contributes to social inclusion. The Family Community and Support Services (FCSS), recently developed a sustainability framework with social inclusion as one of two of its overall goals to demonstrate social change in Calgary. Part of FCSS’s focus on social inclusion requires understanding how the Women’s Centre’s unique and impactful practice of a community capacity building peer model is contributing to social inclusion. Thus, the Women Centre retained consultant, Dr. Debb Hurlock to facilitate a project from August 2010 – December 2010 that would:

- Research and document best practices of the peer model
- Research and document the elements of social inclusion

Project Approach

Qualitative Research

Given the participatory nature of the Women’s Centre and its commitment to a culture of equity, it was important to ensure that the ways in which the research was conducted aligned with the culture and philosophy of the Women’s Centre. Balancing the brief timelines of the project, with wanting to maintain a participatory approach, the consultant worked closely with Women’s Centre project staff and utilized a variety of methods in which women at the Centre would be able to share their experiences. To do this, the following methods were used:

- Focus groups with volunteers of the Women’s Centre

- Focus group with women who use the Women’s Centre
- Focus group with the Board of Directors of the Women’s Centre
- Focus group with staff of the Women’s Centre
- Two drop in conversations with women who use the Women’s Centre
- Email questionnaire for Direct Service Peer Support Volunteers at the Women’s Centre
- Drop box open-ended questionnaire for women who use the Centre

Social Action Research and Feminist Research

The project approach is qualitative and reflected the tenors of two research paradigms: social action research and feminist research. The philosophy of action research as applicable to this project underscores the choice of qualitative research being the most appropriate method. Action research is a political methodology and is based in social change. Much like the Women’s Centre and its commitment to creating a “good society” so too does social action research. Action research attends to the inequities faced by people who experience social exclusion, as well as attending to the perseverance and strength of those living within these inequities. Thus, it was essential to utilize a variety of methods to ensure equitable participation by all women who use the Women’s Centre.

Coupled with sound philosophical and theoretical premises, is the belief that “in our actions is our knowing.”¹ Further to this, from our knowing, we further our action. With this tenor of feminist research, we are then able to look to the practice of the Women’s Centre and understand that within their action and practice are their knowing, values and beliefs of a community capacity building peer model. Through the actions, a world of practice, and a culture is constructed. To understand best practices and impact we look to the women of the Centre, their narratives and actions to demonstrate a unique community capacity building peer model and its cultivation of social inclusion. While this research project seeks to understand a collective of best practices, it also attempts to honor the multiplicities inherent in women’s experiences, particularly those who experience multiple levels of social exclusion. With that, the results of this research are polyphony of voices of women from the Centre: women who use the Centre,

¹ Lather, P. 1991. *Getting Smart: Feminist research and Pedagogy with/in the postmodern*. Routledge: New York, NY.

volunteers, and staff. Through this polyphony, we bring forth the ways in which these women manifest the experiences of a community capacity building peer model and social inclusion.

Participation in Project

There were a total of 45 women who were involved in focus groups, and drop in conversations. 25 responses were gathered through an email questionnaire and an open ended question for the drop box questionnaire.

<i>Two Focus Group and Two Drop in Conversations Women who use the centre</i>	<i>Three Focus Group and One Drop in Conversation with Volunteers</i>	Volunteer Email Response questionnaire	Drop-Box Responses from Woman Who Use the Centre	Staff Focus Group
12	24	9	16	9

Total participation: 70 women

Section 2:

PEER SUPPORT AND SOCIAL INCLUSION

Defining Peer Support

At the Women’s Centre of Calgary, peer is ubiquitous. The etymology of peer can be traced to the 1300’s in which peer was defined as an *equal in civil standing or rank*. Later evolution and meaning of peer would include “par” with the core meaning still being “equal.” There continues to be varying definitions and discourse attached to a peer model. The work of peer has been given diverse titles such as peer counselors, peer educators, lay health advisors, paraprofessional intervention, cultural brokers, natural helpers, peer mentors.² The form of peer support also varies from one-to-one, group support, or peers as direct service providers.

The essence of peer is quite fitting for the Women’s Centre. One of the core values of the Centre is equality. The essence of peer resounds through all of the programming and activities at Women’s Centre. From the physical structured space of no separate offices to the user informed development of workshops; peer is a lived experience at the Women’s Centre.

A Description of Peer at the Women’s Centre of Calgary

There are hundreds of volunteers involved in all aspects of the Women’s Centre including the board of directors, to volunteers who help with the Calgary Stampede’ football games, to the Direct Service Peer Support Volunteers.

Direct Service Peer Support Volunteers

Currently, there are more than 75 Direct Service Peer Support Volunteers who are screened and trained to provide support and services to women who use the Centre. These volunteers are supported by the staff, which is an inverted approach to volunteering, in which most often volunteers support staff. The volunteers deliver the services daily including greeting women who come to the Centre, working with them to understand their needs and connecting them to the appropriate support in the community, or to engaging in conversation and sharing a coffee

² DeAnne K. et al. 2009. *Health Care Women Int.* July; 30(7): 572–594.

to help the women get through their day. The volunteers are also able to offer individual support in a private space at the Women's Centre in which they can talk with a woman and support her through a crisis. If the crisis is something the volunteer feels she cannot address, then she connects with one of the Women's Centre staff to assist.

The Messiness of Peer Model Work

A peer model is not always the simplest way to do work, nor can it be deemed the quickest way to do work. However, it is one of the most *effective* ways to create and cultivate capacity in women, which then extends into social capital. There is no older adage than the one of the differential impact of either teaching a person to fish, or fishing for them. Teaching, or compassionate facilitation, holds the greatest and longest impact, which is what a peer model entails. A peer model of practice requires a different way of thinking than the traditional linear programmatic service models. Schon, (1987) in *The Reflective Practitioner* describes the two levels of practice, a higher ground and then the swampy lowland. In a good way, the peer model resides in the swampy lowland:

In the swampy lowland, messy, confusing problems defy technical solution. The irony of the situation is that the problems of the high ground tend to be relatively unimportant to individuals and society at large, however great their technical interest may be, while in the swamp lie the problems of the greatest human concern. The practitioner must choose. Shall [she] remain on the high ground where [she] can solve relatively unimportant problems according to prevailing trends of rigor, or shall [she] descend to the swamp of important problems and nonrigorous inquiry?³

When we think of a peer model and *how* it is different, is it important to attend to what kinds of knowledge and experience does a peer model invite? We know that a peer model requires more practical knowledge, rather than a standardized knowledge, and with this invites other ways of measuring that demonstrate the impact of peer models.

³ Schon, D. 1987. *Educating the Reflective Practitioner*. Jossey Bass: San Francisco, CA.

The Clinical Ancestry of Peer Models

We live in a culture that remains dominated by top-down and expert-client models of practice; hierarchies of knowledge that are often built by patriarchal paradigms, and not surprising, that the preferences for knowledge or the hierarchy is built by those who have the good fortune, the privilege and often the gender to construct it. The concept of a peer model challenges professionals to think in different ways about what it means to support someone, how we

“It is no small feat for peer programs to develop this level of critical self-awareness. We are asking people to act in ways that are not instinctual and we are operating on a level of discomfort that shakes our very realities. It is here however, in community, that narrative becomes transformed. This means an entirely new interpretive framework for our construction of crisis/problem and our construction of help. In other words, we begin to understand change and learning not as an individual process, but rather one where we continuously construct knowledge from actions and reactions, conversations and the on-going building of consensus. Rather than thinking about personal symptom reduction we are talking about real social change.” – Sherry Mead, 2003.

define issues or problems and how we define expertise. A peer model involves a non-hierarchical reciprocity-based practice, “based on the key principles of respect, sharing responsibility, and mutual agreement of what is helpful.”⁴ A peer model is inclusive and itself is an act of social change because the “peer support training can help to develop our ability to think critically about who we’ve become.”⁵

Most peer support models have a clinical ancestry, since they were developed out of and in response to medicalized settings and treatment, particularly in response to mental health issues and people living with or who have experienced a disease. The model is usually formal, structured, and based within certain timelines, such as an eight week or 12 week program. Often the defining character of peer is someone who had experienced the *same issue*, for example, someone who had breast cancer, or someone who is HIV positive. The peer model also embodies a larger context of social justice, by wanting to build the capacity of those afflicted or excluded from our mainstream world. For example, peer models within mental health are intending to “discover the ways in which people have been marginalized by their culture, as opposed to seeing them as insane.”⁶

⁴ Mead, S. 2003. *Defining Peer Support*. www.mentalhealthpeers.com/pdfs/DefiningPeerSupport.pdf

⁵ Ibid.

⁶ Mead, S., D. Hilton and L Curtis. Peer Support: A Theoretical Perspective. *Psychiatric Rehabilitation Journal*.

Examples of Different Peer Models

Field of Work	Evidence of Practice, Factors and Outcomes
Mental Health	<p><i>This is the area where peer support is most prevalent, and where most evidence of practice occurs. Part of this may stem from the fact that its context and inheritance is the medical system, which relies heavy on empirical practice.</i></p> <ul style="list-style-type: none"> • Peer support offers an alternative to the transitional psychiatric hospitalization programs for mental health. • Research to date has shown that peer models in this area are successful. • Crises within the context of a peer model is not seen as the construction of illness to be pathologies, it is seen as transforming and that mutually supportive relationships provide what is needed to create positive outcomes for a person experiencing mental illness⁷. • Peer support promotes critical learning and re-naming of experiences. • The culture of peer support provides a sense of community. • There is great flexibility in the kinds of support provided by peers. • Peer support activities, meetings and conversations are instructive. • There is mutual responsibility across peer relationships. • Peer support is being clear about and setting limits.
Chronic Health Issues	<ul style="list-style-type: none"> • Enhancing quality of life. • Shared feeling of illness/reduces sense of isolation and feeling alone in illness. • Support clients emotionally, psychologically, socially and spiritually. • Equip clients with a greater understanding of their cancer experience and the resources available to them. • Enhance the quality of life of people impacted by cancer.
Women’s Centers	<ul style="list-style-type: none"> • Aligns with feminist practice. • Non-hierarchal model of practice to create sense of belonging. • Community-based. • Area most ripe for social innovation for measurement since it invites different ways of knowing and different ways of understanding how the peer model is impactful.
Domestic Violence Agencies	<ul style="list-style-type: none"> • Supports women to stay out of abusive relationships, particularly after they have left a shelter. • Some have programs, such as 15-week module of group and individual support. • Peer Support Groups and Circles led by women who have experienced domestic violence
Independent Living and People with Disabilities	<ul style="list-style-type: none"> • Helps PWD to prepare to live on their own, self-sufficiency and independence. • Effective because they learn more from someone in a similar situation.
Sex Trade and HIV/AIDS Work	<ul style="list-style-type: none"> • Peer Education is a predominate form of practice in HIV/AIDS. Peer education is defined “as the sharing of HIV/AIDS information in small groups or one to one by a peer matched, either demographically or through risk behavior, to the target population.”⁸ • Peer counseling intervention was designed to address the stigma, fear, social isolation, and multiple barriers to information, resources, support, and healthcare that are common among women living with HIV/AIDS.⁹

⁷ Ibid.

⁸ Messias, D. et al. Embodied Work: Insider Perspectives on the Work of HIV/AIDS Peer Counselors. Effectiveness for Peer Education Interventions for HIV Prevention in Developing Countries: A Systematic Review and Meta-Analysis. *AIDS Education and Prevention*, 21(3), 181–206, 2009.

⁹ Ibid.

Common Principles of Best Practice for Peer Models

Although there are a variety of contexts and issues of peer support (groups, programs, two people talking and supporting one another), the following is an aggregate of research that identifies the common principles that constitute best practices of peer support. The unique aspect of a peer model is that it is difficult to discern the practice from the positive impacts of it. For example, good peer model practice requires creating space for reciprocity, yet, this is also one of the elements that constitutes social inclusion. The unique nature of a peer model is that it is not a linear process of “if you do this, then this will happen.” Rather, the commitment to practicing peer support itself is a *process* of social inclusion as well as for the purpose of cultivating social inclusion.

- **A peer model does not necessarily assume a problem orientation, and is not a crisis response model.** A central feature of peer support is an ability to listen, and creating space for people to share their experiences. In this way, the training of direct service peer support volunteers is critical. Listening is one of the ways to maintain a peer model. Through participatory listening, the listener engages in a conversation about the woman’s experience and through this, they develop “a new sense of self in the larger social context of their peer community and hopefully in the general community.”¹⁰ In this way, the key practice of participatory listening is at once social inclusion and social change.
- **Traditional clinical assessments, and intake are not part of relationships.** Instead, people strive for mutual responsibility and communication that allows them to share what their needs and issues may be without a clinical intake and assessment. In this way, the data for intakes are gathered in different kinds of ways.
- **A peer model assumes full reciprocity.** Reciprocity is the key to building natural community connections. This is an enormous shift for people who have learned to think about community as a series of services. The notion of reciprocity is inextricably linked to participation. Not only does reciprocity yield a feeling of value and in helping another woman, it also brings participation to a full presence. In an evaluation of a peer intervention program focusing on rurally marginalized HIV women, the peer counselors

¹⁰ Mead, S. et al. Peer Support: A Theoretical Perspective in *Psychiatric Rehabilitation Journal*. 134-141.

noted that their own lives had been transformed by the experience of helping others and being involved. This corroborated other research on the mutual benefits of providing peer support to women.¹¹

- **A peer model creates emotional safety.**

“Peer support requires people rethink definitions of safety. Beyond the traditional confines of program liability and harm reduction, the responsibilities of peer support require people to embrace relational meanings of safety. For example, relational safety has been described as: the emotional safety one feels through validation, being involved in compassionate relationships, having a place where you can be who you are, being provided the tools and education to be in mutually responsible peer relationships, feeling like you are not being judged, and not feeling like you have to have all the answers.”¹² In an evaluation of a drop in program in San Francisco for women who are homeless and marginally housed, safety was identified as one of the five main benefits of the peer support program. The evaluation noted the importance of the *“essential nature of a safe, accepting space within the complex social context of participants lives.”* Participants talked about the stress they deal with everyday in their lives through *“violence, chaotic drug use, trauma, discrimination, unstable housing, and basic life issues like relationships, family and health concerns.”¹³* The women also noted that being a women’s only program contributed to their sense of safety.

- **A peer model requires an accessible and diverse structure**

Peer model support programs are effective when they recognize the diverse need of the people they are working with, and that the program creates an *“atmosphere”* of something for everyone. Also, key to accessibility is to support and work with people based on what they identify as their issues and areas of support. Given the complexities of issues that people have who require peer support, it is important to have a blend of fluid

¹¹ Arnstein et al. From chronic pain patient to peer: Benefits and risks of volunteering. *Pain Management Nursing* 2002; 3(3): 94-103.

¹² Mead, S and C MacNeil. 2005. *Peer Support: A Systemic Approach*.
www.mentalhealthpeers.com/pdfs/PeerSupportSystemicApproach.pdf

¹³ Magee, C. E. Hurliaux. Ladies’ night: Evaluating a drop-in programme for homeless and marginally housed women in San Francisco’s mission district. 2008. *International Journal of Drug Policy*, 19, 113-121.

drop-in spaces, as well as structured programs that offer a sense of structure.

Impact of Peer Models: *How Do We Know They Work?*

Since the 1970's, there has been a growing body of research and as the research matures, there is also a need for aggregated understandings of best practices and effective impact of peer models. However, "despite the growing evidence supporting the effectiveness of peer counseling interventions, little is known about the nature of peer counseling work, the mutual processes involved, and the effect of the work itself on peer counselors."¹⁴ This is not an absent point. This absence rather exemplifies the need for additional and different ways of measuring impact of peer models.

A peer model calls forth social innovation in measurement. Peer practice invites the use of valid, qualitative based measures. Some statistics can be used to understand differences, such as the sampling approach used for one month every year at the Women's Centre, which is an inclusive and legitimate way to gather outcome data. Organizations like the Women's Centre that require social innovation as part of social change, are ideally situated to pilot an innovative measurement model that could be integrated into their evaluation practices.

There is a plethora of anecdotal and some controlled studies of the effectiveness of peer models. "Peer-based interventions are well-established in many public health and social service settings and are an increasingly popular strategy for reaching disenfranchised and marginalized groups around the globe."¹⁵ A search for peer models yields over 400 published journal articles all looking at the effectiveness of different kinds of peer support models, in different contexts. In particular, peer model or peer intervention is predominate in women's programs and women's health programs. "Examples of the wide diversity of peer support programs in women's health include smoking cessation and recovery from substance abuse among pregnant and postpartum women...peer support has been used for individuals with depression and psychological distress."¹⁶ All the research is valid and published in high quality peer reviewed journals,

¹⁴ Messias, D. et al. Embodied Work: Insider perspectives on the work of HIV/AIDS peer counselors. *Health Care Women International*. 2009. July, 30(7): 572-594.

¹⁵ Messias, D. Et al. 2009. Embodied Work: Insider perspectives on the work of HIV/AIDS peer counselors. *Health Care Women Int*. 30(7): 572-594.

¹⁶ DeAnne, K. et al. *Health Care Women International*. 2009 July, 30(7): 572-594.

providing a strong basis for the development of best practices for peer support. Most of the research appears in psychiatry or medical-based journals. There is limited published research on the effectiveness of community-based peer support models, thus providing the Women's Centre with an opportunity to share their best practice model. Given that mental health was one of the areas in which peer support is predominant, it has also compiled the most demonstrable research. Through the research we know that a peer model, as an alternative to mainstream professional services contributes to cost savings to the larger social and health care systems.¹⁷

Social Inclusion

(Excerpt taken and adapted from the Women's Centre Statement of Need)

For marginalized women who suffer from isolation and lack of social support networks, involvement in a women's peer support based centre leads to increased social support networks and additional positive outcomes. Social support has been found to be a correlate of physical and mental well-being and prevention of illness, particularly for women.¹⁸ For example, single moms living in poverty who have more social support report fewer symptoms of depression than moms who lack social support, regardless of the amount of stress in their lives.¹⁹ Social support networks are important factors in the successful transitioning of women from social assistance to employment²⁰ and in women's ability to leave an abusive relationship and build a new life.²¹ Research has shown that services for women may be more effective when a social support component is included, and stressed that having a medium where single mothers would share their experiences with other single mothers in addition to advocacy and mentoring from social workers would be effective strategies.²² Researchers stress that single mothers would benefit from social supports and feeling confident or in control over life's events for their perceived health and social inclusion. Drop-in centres, similar to the Women's Centre, have been studied and concluded that they positively impact the lives of their users by offering

¹⁷ Ibid.

¹⁸ Hurdle, D. 2001. Social support: A critical factor in women's health and health promotion. *Health and Social Work*, 26 (2), 72-79.

¹⁹ Coiro, M. 2001. Depressive symptoms among women receiving welfare. *Women and Health*, 32 (1/2), 1-23.

²⁰ Horwitz, S. & Kerker, B. 2001. Impediments to employment under welfare reform: The importance of physical health and psychosocial characteristics. *Women and Health*, 32 (1/2), 101-118.

²¹ Tan, C. et al. 1995. The role of social support in the lives of women exiting domestic violence shelters: An experimental study. *Journal of Interpersonal Violence*, 10, 437-451.

²² Hurdle, D. 2001. Social support: A critical factor in women's health and health promotion. *Health and Social Work*, 26 (2), 72-79.

relational care and support based upon more egalitarian forms of interaction.²³ The research supports the need for such centres by arguing that there are many service-focused agencies in Canada's voluntary sector, "but there are few which seek to provide a place for people to relate to each other and simply be."²⁴

Research has shown that nonformal adult education and family literacy programs similar to the workshops and on-going groups offered by the Women's Centre found that the women who participate in these programs build supportive relationships with peers and in turn this leads to psychosocial well-being.²⁵ They stressed that these adult learners attach multifaceted meanings to participation in nonformal education programs and that these programs play multiple functions in the lives of women in poverty. Some meanings that women attach to their participation in the programs are: exchanging emotional and material support, making a friend, finding a confidant, and ultimately psychosocial well-being, reduced anxiety, stress, and depression. The Women's Centre, through its women's space and providing opportunities for socialization and mutual support, educational workshops, and groups, precisely promotes mutual and social support.

Understanding the Harmful Implications of Social Exclusion

In order to understand the multifarious impact of social inclusion we need to identify the issues and factors that are contributing to or perpetuating social exclusion for women. Social exclusion has been criticized and commended: it has been critiqued for its ambiguousness, yet considered pivotal because it shifted the discourse of social exclusion being solely reliant on poverty, and that there are other processes and factors in society that perpetuate social exclusion. Social exclusion then has been defined as "the process through which individuals or groups are wholly or partially excluded from full participation in the society within which they live."²⁶

²³ Conradson, D. 2003. Spaces of care in the city: The place of a community drop-in-centre. *Social and Cultural Geography*, 4 (4), 507-525.

²⁴ Ibid. p. 521.

²⁵ Prins, E. et al. 2009. "It feels like a little family to me." Social Interaction and support among women in adult education and family literacy. *Adult Education Quarterly*, 59 (4), 335-352.

²⁶ Francis, P. 1997. "Social capital, civil society and social exclusion" in Kothari, Uma and Matin Minouge (eds) *"Development Theory and Practice: Critical Perspectives"* Hampshire: Palgrave

One of the predominant forms of exclusion is financial, resulting in poverty for women in Calgary and Canada. Linked to poverty are other social issues that create challenges and inequity for women. Different groups of women are impacted by poverty, thus leading to social exclusion: Poverty is a central part of many women's lives who use the Women's Centre. Being homeless as a result of living in poverty is the most extreme form of social exclusion a family can experience. Financial exclusion from the mainstream systems and institutions creates and isolates families within society. Research shows that "low-income families tend to be socially isolated, and reduced social support restricts the ability of family and community to buffer the direct effects of poverty."²⁷ Also factors of education, employment and areas of residence directly influence how affective personal networks are for people living with low incomes and in stressful situations.²⁸ Low-income families "living in the context of unemployment, poor housing, unsafe neighborhoods, and so forth lack the informal social supports of family and friends to help them manage the acute stressors they face daily."²⁹

²⁷ Klebanov, P.K. et al. 1994. "Does neighbourhood and family poverty affect mothers' parenting, mental health, and social support?" *Journal of Marriage and the Family*, 56: 441-455.

²⁸ Cochran, M. 1991. "Personal social networks as a focus of support." In D.G. Unger & D.R. Powell (Eds.) *Families as Nurturing Systems. Support Across the Life Span*. (New York, NY: Haworth Press).

²⁹ McDonald, L.; et al. 1997. "Families and schools together (FAST): Integrating community development with clinical strategies." *Families in Society: The Journal of Contemporary Human Services*, March/April 1997, 140-155, p. 142.

Section 3:

**BEST PRACTICES OF A
COMMUNITY CAPACITY BUILDING PEER MODEL**

“For me, I don’t want to say peer, I want to say circle.”

- Board Member, Women’s Centre

The following are the key learnings identified through the research that constitute best practices of the community capacity building peer model at the Women’s Centre of Calgary. They are offered as equally important and are not in a chronological order. There are ten key interconnected elements.

1. Empathy

In some of the more clinical models of peer support, peer means having something in common. In the context of the Women’s Centre, the common “peer” experience is being a woman. There may be other shared experiences as well, but being a woman is the fundamental commonality. A staff member noted that the *“shared aspect of the peer model is being a woman. And, the starting point of being a woman is that there is still inequity between men and women, and women are oppressed through wages, gender roles, domestic violence, and poverty.”*

Empathy is a distinct element of the peer model. It is critical to women feeling safe at the Centre and creating trust for women, in particular, who have lost trust in people, services, and society. One of the Direct Service Peer Support Volunteers noted *“you know when they are telling you by the look in*

“I have a nice cushy life. I don’t have to work. I grew up in Calgary. I saw the nice side of Calgary. I’ve talked to people here I would have never been exposed to, or hear of situations out there and now, here I am, facing them one on one. So, it’s not my past, it’s my compassion as a human being, and as a women.”

- Direct Service Peer Support Volunteer

their eyes, that you understand. They need to be listened to with an understanding you can only have when you’ve been through something similar.” Another volunteer added *“Even if [you haven’t been through something similar], you can imagine and try and find*

something strong in them.” One of the volunteers spoke about the feeling of a shared experience with a woman that does not necessarily come from what they have in common, but rather what they create together in their time at the Women’s Centre: “there are women when it is their first time using the food bank and food room and the level of gratitude is the shared experience. That is what I am here to do.”

With empathy as an element of best practice for a peer model, it is important to consider training and how to seek people who are empathetic or to cultivate this in training and through working within a peer model. In this sense, we then discern what is termed an “external sympathy”³⁰ for someone, and by identifying with the person’s vulnerabilities, we recognize that we are all vulnerable in different ways. Sometimes women do have shared experiences because some of the women who use the Centre do move on to become Direct Service Peer Support Volunteers. As one volunteer noted: *“I was homeless. I was on social assistance, I was the single parent since my youngest daughter was one and I was two months pregnant with my son. I was anorexic for 30 years. I was sexually abused. I’d share some of their [women who use the Centre] experiences.”*

For a peer model to work well, it is critical that there is an identified fundamental commonness that opens the space for empathy. Empathy furthers the ability for women who use the Centre to have a sense of trust, which cultivates social inclusion. The trust lends itself in many directions and creates outcomes such as sense of belonging, participation, and sense of value.

2. Reciprocity

The notion of reciprocity as an element of a peer model is common throughout related research and literature. For the Women’s Centre, reciprocity is a crucial component that is cultivated among all women involved with the Centre, and is also demonstrated in the staffs’

“You can give something to somebody’s life. Even if it’s just to listen. I just sit down and say, ‘how’s it going?’ And we end up sitting at the table talking, and then I tell her what this place is about.”
- Woman Who Uses the Centre

³⁰ Nussbaum, M. 1995. *Poetic Justice: The Literary Imagination and Public Life*. Beacon Press: Boston, MA.

practice.

The notion of reciprocity shows up in different ways for women involved in the Centre. For some it means giving back, or full participation in the Centre, or a sense of dignity. For example, a group of Spanish women who came to the practice English group, are now leading Spanish groups at the Women's Centre. One of the Direct Service Peer Support volunteers noted that she *"loves when the women have been coming for a year help new women who come to the centre. I think this is part of the peer model too, that they just jump in."* The reciprocity is *fluid* and multifarious, from a woman who uses the Centre wanting to become a Direct Service Peer Support Volunteer, or to one of the women dropping off food, or making coffee, or helping a new woman who has just come to the Centre. One of the strengths of the peer model is that it is contextual, thus it fosters the flexibility of the women to give back in whatever ways they can, and starting from where they are at. The fluidity is an important cultural component. A staff member describes this fluid culture of the Centre as *"not just a service centre, it is a community you can come back to and participate in whenever you want to."* Women do continue to return to the Centre, sometimes after three months, six months, a year or even ten years.

One of the staff members described the ways in which one of the women who uses the Centre frequently gives back: *"this is a woman who is a street worker and lives on the street mostly and whenever she is not, [on the street] or when she can handle it, because she's also a crack addict, she sweeps the sidewalk, she cleans up the kitchen, she makes coffee, because she has come back to volunteer, to look after the place."* The element of reciprocity is crucial to a peer model and the ways

"Then there are the women who don't volunteer, but bring in canned goods or empty plastic bags, or ten dollars or shampoo, and it's their way of giving back. They might not be able to volunteer, but that's their contribution to building community. It's the women who don't have money that are giving back. They share with others in need."
- Staff Person, Women's Centre

it creates social inclusion because through giving back, the women generate a sense of ownership of the space and place, which also then creates a sense of community. This is

not a place where they come to receive, rather it one in which they are able to participate, which is a key factor in creating inclusion.

3. Active Diversity and Non-Judgmental Practice

Creating a culture and practice that is non-judgmental is essential to a community development peer model. Most women described the non-judgmental nature of the Women's Centre and how important it is to having a sense of belonging, of wanting to participate, which creates a feeling of being equal.

"I think what is really nice is that people don't judge you when you walk in the door. They don't look at you, no matter what kind of background you have, whether you have a job or don't have a job. They don't judge you, how you look, or how you dress, or how much money you have."

- Woman Who Uses the Centre

The practice of being non-judgmental is not a passive practice, but requires being able to recognize and celebrate diversity and difference. In this, each person is recognized and accepted for their uniqueness, and because of this feels that the practice of the Women's Centre creates a culture of acceptance and non-judgment.

Many of the women who use the Centre described it as a positive feeling of home. This was a central metaphor for describing the Centre, denoting that the Centre is place of safety, warmth, connection, support and place where they have a voice. One of the women, who use the Centre, commented that *"The Women's Centre is like a home for me, and I consider everyone that uses the Centre as family, including the staff."* Another woman spoke jovially how *"I just don't have a bed yet, but this is like a home for me."* Not feeling judged, particularly for women who are marginalized or experiencing some kind of social exclusion, is essential to them accessing a service, and further to that, creating connections. The community capacity building peer model is inherently non-judgmental, and inspires feelings of not being judged through its reciprocal and open culture. To this end, a Direct Service Peer Support Volunteer noted that the women who use the Centre also accept the volunteers just as much as staff and volunteers accept those who come to the Centre: *"We accept everybody and they accept us for what we have to give and what we don't have to give. And well that is accepted too."*

4. Leadership and Non Hierarchal Culture

Within an equitable peer based culture, the function of leadership is quite unique. It is not a traditional linear function of leadership. Rather it is a fluid and shared notion of leadership. It is a common misconception that an equitable culture means an absence of leadership. On the contrary, a diplomatic form of leadership is even more necessary and integral in facilitating acceptance, reciprocity, and a non-judgmental organizational culture that staff, volunteers and women who use the Centre feel at home within. Volunteers of the Women's Centre spoke often that to sustain a peer model, you need a *"champion who is really committed to the model."* A community capacity building peer model is not always easy, and it is important to have a champion or leader who can support individuals to remain committed to the culture.

A common theme through all of the research was how the Executive Director and the Board of the Women's Centre are important champions of the model, and demonstrate non-hierarchal practice through their work. Ensuring your practice is an accurate reflection and embodiment of the peer model is key to staff, volunteers and women who use the Centre also remaining committed to the culture. A staff member of the Women's Centre noted that the Executive Director and the Board have cultivated an organizational culture that provides multiple opportunities for all women to be involved in different ways at the Centre. This also comes from seeing the champions doing different kinds of work at the Centre that are not typically and traditionally associated with a leadership role. The staff noted that they have seen the leadership *"do everything from plunging toilets to organizing football games to funding proposal and more. [They] allows each staff to try things and learn through experience. [They] ask for input and opinions about a variety of things from all of us. That is enabling and empowering."* These ways of working within the leadership are generative and the nature of leadership is apparent in the practice of the staff, the volunteers and the women who use the Centre.

5. Staff and Volunteer Competency: Critical Thinking and Reflective Practice

“The peer model requires us to be critical in our work. It means always being open to challenging our own beliefs.” – Staff Person, Women’s Centre

Staff and volunteer competency is absolutely essential to an effective and successful peer model. Working within a community capacity building peer model requires staff to work in ways that challenge the roles of

“The peer model takes an on-going process of exploring and discovery and being willing to challenge standard practice in the community, but also our own practice on a regular basis. It requires a very special staff to do this.”
- Staff Person, Women’s Centre

which they may have been taught and encultured. A community capacity building peer model is not a common way of working. Thus, truly recognizing its worth and understanding how it is unique from other clinical and linear pathways of practice is key to knowing and trusting its impact.

Attunement

Both volunteers and staff are required to engage in critical and reflecting thinking as well as reflective practice. This means being open to continuous learning, which often means unpacking their own beliefs, values and assumptions in a particular situation that arise in the context of the work. Within this community capacity building peer model, there is significant diversity among the women. Not only is critical thinking required, but an ability to move between situations of varying backgrounds, ethnicity, and classes is also needed. A Direct Service Peer Support Volunteer shared an experience when she noticed a woman come in and leave immediately. She knew *how* to respond in that *particular moment*, to follow her outside and to ask what she needed in that particular moment. This is a beautiful example of peer practice. This is not a homogenous population at the Centre, and the essence of diversity at the Women’s Centre requires a unique staffing competency to move seamlessly amongst varying needs and people. This requires an ability to hold a technical knowledge of practice and a practical one. This means they “notice the particulars, and prioritize them, they may call forth their imagination when they need to envisage what might be best for a [woman] today, in

this moment, at this very time.”³¹ It is this ability to work contextually, and to discern particulars of a woman's experience that constitute both critical thinking and reflective practice, both of which are an essential best practice of a community capacity building peer model.

In a discussion with a Direct Service Peer Support Volunteer, she noted that women do not come into the Centre and “see” the peer practice at work; rather they feel and experience the culture and impact of it. A staff member describes this feeling: *“We may be doing seemingly ordinary tasks such as recruiting and training volunteers, doing referrals or helping a woman with basic needs, but doing them within the peer model adds layers to what we do. It is collaborative, it is enabling and capacity and community building. Staff regularly discuss and evaluate how we do things sometimes starting with self reflection and other times spurred on by feedback from a volunteer or a woman at the centre.”* Self-reflection is engendered into the practice and fostered through the leadership at the Centre. In doing this, staff feel safe and comfortable to question, explore and challenge their own and other assumptions of practice to ensure that the peer model is maintained in its purest form.

Reflexive Learning

For women who use the Centre, they spoke of the instrumentality of having an open and accessible culture and environment. Akin to this are volunteers and staff also feeling that they can practice within a space that is open, and safe. Both of these are needed when creating a learning environment. Volunteers of the Women’s Centre spoke of how the peer model dissolves the professional and clinical model, and that creates a sense of openness, that people are supported by policies and procedures of professional practice, but are not bound by them, and that this requires a high level of trust. A Direct Service Peer Support Volunteer shared that *“if I don’t know something, I usually just go and ask one of the staff and nobody ever says, ‘oh. I’ll just talk to them.’ There have been times in really complicated situations where they said: I’ll talk to them because it would have taken half an hour just to explain to me what to say to them. For the most part*

³¹ Hurlock, D. 2008. *Possibilities of a poetic pedagogy: Integrating poetry and professional education*. VDM Verlag Dr. Muller. Berlin: Germany.

they [staff] say, 'just let them know this, or find out this and go ahead.' It empowers me as a volunteer. I think that is part of the peer model. That's how I learn too." Inherent in peer practice is teaching and capacity building.

6. Open-Space Physical Layout

"You walk in and there is a sense of equality."- Woman Who Uses the Centre

All women noted that the physical space of the Centre is crucial to a peer model. Having an open, flowing space, with no defined offices, reflects the equality of the peer model. When you enter the Women's Centre, to the right is where Direct Service Peer Support Volunteers often sit at a desk and greet and meet with women. Across and further to the back of the Centre are staff desks. Towards the front and middle of the Centre is the kitchen, a table, and couches where women sit, gather, connect and have conversations or sit and enjoy a cup of coffee or something to eat. A Direct Service Peer Support Volunteer noted that *"everybody wanders in and can go pretty much anywhere, talk to the staff if they need to, nothing is restrictive. Well some things are for good reason. The layout is important. It makes the peer model work."*

The physical layout directly influences the culture and the environment. Although it is a very informal, fluid, and accepting environment, a woman who use the Centre emphasized that if you were in a crisis situation, your needs would be met: *"The environment is casual with the slightest aura of seriousness...you know it's casual and informal, but there is a seriousness then if it needs to happen, it happens like that (snapping her fingers)."*

7. Open and Accessible Operational Structure

The operational structure is reflective of the fluid and supportive philosophy of the Centre. The structure of the Women's Centre reflects the open space environment where women can come to the Centre, without an appointment anytime during operating hours of 9:30AM – 8:30PM Monday

"It has always been a place of warmth to come to and to feel welcome. The coffee is always on, snacks when you are hungry and certain month you get a beautiful hamper. The women are very friendly if you need to talk. You can share your sad moment and happy moments. They also have computers for people in general to use, which are very much needed in this day and time. I like learning French, knitting, community kitchen, practice English."

- Woman Who Uses the Centre

through Thursday and 9:30AM – 1:00PM on Fridays. This open space is critical to women coming forward for support when they feel comfortable to do so. Once they do, their choice is often affirmed by the safe environment. As one of the women noted, *“They make you feel like you are at home. You can talk to anyone.”* Women do not need an appointment or identification, literally, they just come as they are: *“When they [women] come here they don’t have to have a fixed address, they can just come in as who they are, it doesn’t matter where they come from, they don’t have to have a home. Some places you have to have an address, or provide some kind of data. But here it is on a name basis.”* This operational style of the Centre is a key element in creating a community capacity building peer model.

8. Immediate Response and Contextual Support

This open space structure creates wide access for women: *“access is important, it’s easy to get here, store front, prime location. Everybody is welcome, and evening hours are important.”* (Board Member, Women’s Centre). Women can come to the Centre anytime without an appointment to access whatever support they feel they may need; whether it is talking with a Direct Service Peer Support Volunteer about an issue, using the computer, attending a workshop, or simply talking with other women. The open space offers a culture of fluid and contextual support to meet whatever needs the women have when they come in. The fluid nature of the structure allows volunteers and staff to support women when they need it, and to work with them where they are at in their lives.

9. Women’s Only Space

Akin to the shared experience of being a woman, and the notion of peer as equal, most women talked about the importance of a women’s only space. Having a women’s only space helped create a feeling of safety. They also feel that they will not be judged, and by not having men at the Centre, it removes a major power differential. One of the women who uses the Centre comes *“to get away from the drama of the Drop In Centre.”* For some women who use the Centre, they are living on the street or are staying at a drop-in shelter, which is dominated by men. Coming to a women’s only space offers

them a reprieve. Having a women's only space provides a sense of physical and emotional safety.

Some of the women who use the Centre spoke about working in a male dominated field and not having a voice, and how empowered they feel when they come to the Centre to engage their voice, share and speak. Particularly for the women who use the Centre, not having men in the space brought great comfort for them, and felt the Centre was a place they could always go to feel safe, and a sense of belonging. One of the women noted, *"that's what I love—no men can come here."*

Section 4: ELEMENTS OF SOCIAL INCLUSION

“Individual change is, for me, only one aspect of the process because change for individuals always takes place in a social context. It takes place because of social context.”

– Bronwen Wallace, Arguments with the World

The following are the key learnings identified through the research that constitute social inclusion at the Women’s Centre of Calgary. They are offered as equally important and are not in a chronological order.

Social inclusion is a core strength of the Women’s Centre.

It is embedded within “Association”, which is one of the three strategic areas at the Women’s Centre. Association encompasses the related concepts of community,

“You have women build social capital by having social inclusion, and then they can change their situation, if they need to.”

- Board Member, Women’s Centre

belonging, reciprocity, social networks and social capital. One of the major contributors to creating social inclusion is the community capacity building peer model. Facets of the model are at times, components of social inclusion. Social inclusion is a term that has been created from mainstream paradigms for benevolent reasons: to include those who are marginalized by systemic, cultural, and organizational factors and simply by birth. One of the Board Members of the Centre shared her critical thoughts of social inclusion: *“I have a complex relationship with the term inclusion. I have little concern about wanting to be included in an unequal unbalanced society. I want to actually change the society for everyone to participate in it. I think the Women’s Centre actually does that, because it talks about policy, and making sure laws are fair, and making sure women have day care. All things that are important, and then individuals can come and participate.”*

1. Sense of Community and Belonging

The notion of community at the Women’s Centre is unique. It is constructed through all of the women involved with the Centre, as well as the community capacity building peer model. However, the community is a culture that women can move in and out of. It is

created through their sense of involvement and participation because they feel valued and equal. We know a community is being created when women come and go, and tell other women about the Centre.

Women feel a sense of ownership with the Centre, which denotes that this is *their* community. Having a sense of community is one of the ways of mitigating social isolation and social exclusion.

"I think there is a sense of permanence that comes with the peer model. Even if you are not here all the time, you will always be part of the community, which is distinct from going to an appointment somewhere or, if you are accessing help or expertise then you are in and then out. Peer implies validating that you are always welcome."
- Board Member, Women's Centre

Belonging occurs when there is sense of community, and a sense of community fosters belonging. Some of the aspects that create a sense of belonging are that it is a space for women only and that the culture and practice is non-judgmental. A wide continuum of services and support are available for women depending on where they are at in their lives, their needs and issues. They can come to the Centre to have a wide variety of needs met. Most women, regardless of why they come to the Centre, all experience social inclusion because of the equitable structure and culture. Some of the women spoke of the Centre as their "safety net." A place where they always know they can go: *"For me, it's that safety net. Getting away from all the crap out there, and there's a lot of shit out there. It's just nice to be able to come in, have a chit-chat, talk about our issues with somebody."* Being listened to, for most women who are rendered voiceless in mainstream society, and coming to a place where they feel they have a voice is fundamental to their well being and feeling that they can endure in their day-to-day lives. As one woman who uses the Centre noted, *"You are at the place of having a shitty day, you can come in and sit and talk, while someone listens to you, and then you're out the door and you are okay...they give you the energy to hang on another day."* In this way we know that the impact of social inclusion at the Centre sustains women in their lives. Also, the women spoke of how through meeting women at the Centre, they then know each other when they see them at other organizations, such as the Drop-In Centre, and this creates a feeling of sense of community for them outside of the Centre. They are generating relationships that help them to feel supported and connected.

2. **Companionship**

Some women come to the Women's Centre to have a connection to another women; to be heard; to not feel alone; and to seek support for an issue in their lives. The women come regularly to the Centre for the constant companionship, because they feel part of a community. One of the women who uses the Centre shared an experience in which being a part of the Women's Centre, literally, saved her life:

"For me the place represents companionship. Sometimes I get really lonely, cause I am one of these stubborn independent in your face kind of gals, right. And for me to admit that I like to come in for companionship, and a cup of coffee...that's all I need. There have been times that I have chewed their ears off on occasion, and there are times that I have been helped out...there was a day I was almost suicidal and she [staff person] steered me away, kind of gave me ways of, well, there is hope...My down time was in March, and that is when I was thinking of checking out. Cause I'm proud, independent and gotta be making money, and paying my own way. I had been laid off, I had to go on welfare...it was a time that I was suicidal."

Having a place to go supports women who need a boost to get through their day, or a referral to the food bank, or support because they are suicidal.

3. **Dignity**

For women who use the Centre, they spoke often about how important it is for them to give back in different ways. Through giving back they shared that they have a sense of dignity, and that *"every woman has something she can contribute."* The dignity also fosters a sense of value in the women who feel they have something to give, which leads to enhancing their confidence and self-esteem. The reciprocal nature of a peer model is one of the ways that the model itself is also an aspect of social inclusion. The Women's Centre Board spoke of how they appreciated the multiple roles you can have at the Centre, and that you can be generous with whatever it is you have to give. There is no judgment. Your assets are your contributions to share with others at the Women's Centre. One of the Board Members analogized the reciprocal culture as a quilting process, and that *"All the women are considered weavers. We all put something into this fabric. This quilt is the Centre."*

4. Equality and Equity

For most women who use the Centre, equality means a feeling of being equal. This is crucial to the peer model. Referring back to the opening section of this report, the original and literal

"We're all human. That's the biggest peer group."

- Direct Service Peer Support Volunteer

definition of "peer" means "equal." Equality is a defining characteristic of most peer models, clinical or community based, as well as for social inclusion. All women involved with the Centre, used words such as "non-judgmental", "accepting" and "supportive" to describe their experience of the Centre. The equality is demonstrated in the practice of

"There is no judgment, or 'let me tell you how to run your life'. And that's huge."

- Woman Who Uses the Centre

staff and volunteers, the physical layout of the centre, and the organizing structure. The structure is non-hierarchical, yet there is leadership. The ability of women to feel that they

are equal is possible because of the Women's Centre commitment to equity, and creating social change that ensures that women have equitable access to all social and economic structures of society. A Direct Service Peer Support Volunteer noted that, *"if we take peer out of the Centre, it would be experts then. It wouldn't work. The people who use the Centre here want to feel equal, they don't want to feel that you are an authority figure. They get enough of that everywhere else."* The element of reciprocity is also connected to equality, because without the expert-client, top-down model of practice, the women feel they have a valuable place at the centre. Challenging the traditional encultured hierarchical ways of practice requires continuous critical and reflective thinking, and imagining or empathizing how it *might feel* to be in the position of needing to receive. A staff member shared her experience of this: *"I've always been on the side of helping. I didn't realize how humbling it is to get help, or receive help, or to have to ask for it."*

When training volunteers for the Women's Centre, it is key to ensure that throughout the content and facilitation of the training, that the women who use the Centre are seen as equal. Thus it is important to be attuned to the language used in a peer model and to ensure that the language reflects the actions, and vice versa. A Direct Service Peer

Support Volunteer noted, *“As volunteers, you have to be presented with the notion that the women are equals, otherwise you run into the ‘client shift’ and they are above or below you.”*

5. On-Going Personal Learning

The hope of creating social inclusion and having a peer model is that women are able to have a better quality of life as result, or able to change things in their own lives that will help them to have a better well-being. However, if these changes are not possible, the Women’s Centre is still a constant support for women. There is no prerequisite that they *need* to change.

“For my practice English class I think that the real reason most come is for this social inclusion, they are learning English, but are really here for the friends.”

- Board Member, Women’s Centre

One of the women who uses the Centre, spoke of how she has developed *“self-realization, [as she points to another woman in the group]—she does workshops—beading. I learned from her how to do my dream catcher.”* The workshops offered at the Women’s Centre foster lifelong learning for women, but also confidence for those who facilitate a workshop based on their own capacities, such as yoga, writing, or beading. We also know that the workshops are a

“To me, being a peer support volunteer at the Women’s Centre means I have the opportunity to interact with a diverse group of women—other volunteers, staff and those who access services from the Centre. I appreciate these connections and the opportunity to help other women in any way that might make their day a little brighter or easier to cope. It is the connections and the relationships that mean the most of me. I feel humbled by the strength of many who are striving to cope with the challenges in their lives and I am often inspired by the knowledge shared by staff who know how to help or where to look.”

- Direct Service Peer Support Volunteer

space in which the women foster connections and companionship. A woman who uses the Centre commented: *“I think that’s part of why these workshops are here---for my [Aboriginal] culture, the women get tighter, doing quilting or beading an outfit, we are all sitting around talking, eating bannock, drinking tea. It’s the same thing at the workshops. I can hear them laughing, interacting with each other, and learning something.”*

6. Enhanced Consciousness of Social Issues

When social inclusion happens, there is something that *happens* for the women involved: not only the women who use the Centre, but also the women who volunteer at the Centre. Many of the women spoke of how their involvement with the Women’s Centre led to changes in their own understanding of social issues, but also in their own being, which then impacted their actions beyond the Women’s Centre. Impact outside of the community at the Women’s Centre is often considered one of the most difficult aspects to measure, for any program that is unable to follow the people it supports. However, through reflective narratives, many women spoke of the breadth and width of the impact of the Centre.

“My experience at the Centre has educated me on the ways of the world. I have become aware of the realities of others, situations from which I have been sheltered (e.g. poverty, abuse, discrimination). It has heightened my sensitivity to these realities.”
- Direct Service Peer Support Volunteer

“Being a peer support volunteer means that we can learn from the women who come to the centre. This means making us more aware of the challenges, and concern that each face. We can better support our community paired with being a voice for change and awareness.”
- Direct Service Peer Support Volunteer

For women who volunteer at the Centre regularly, they spoke of how they apply their new learnings to their own lives. A Direct Service Peer Support Volunteer shared how the work was impacting her parenting: *“I think it’s really affected my kids since I come here. I talk to them about what I do here and they are curious about that. They ask a lot of questions and now my son has decided he wants to give five dollars from his allowance...just his idea of giving back. We live very privileged lives and its important for them to realize there is whole big world out there.”*

7. Experiencing New Understandings Outside of the Women’s Centre

Some of the Direct Service Peer Support Volunteers spoke of how their knowledge and understanding of social issues has significantly changed since being involved with the Women’s Centre. They now have an embodied understanding of social issues, as they have a context of the particulars of people lives who are dealing with issues that arise from

“It’s a privilege to meet people face to face. People talk about the poor or homeless, without having met anyone. It puts a face on them.”
- Direct Service Peer Support Volunteer

poverty, addictions, domestic violence, or a New Canadian transitioning to Calgary. One of the volunteers noted, *“I wouldn’t have known about it if I hadn’t come here. I would not have picked up that information. You don’t read that in the newspaper, or see it on TV. You find it out from the people that are using this place.”* She further added, *“I found before I started here, I was afraid of a street-person, now I am able to help them outside of the Women’s Centre. You see them as people.”* Two important learnings come from this in relation to social inclusion: the importance of recognizing that there is class diversity at the Women’s Centre, yet because of the equitable culture, relationships are cultivated between disparate classes, and in doing so, mitigates the stereotypes and assumption that arise from not knowing, or from fear. Secondly, the importance of embodied understanding is key to social inclusion. As one of the volunteers emphasized, we can read about social issues or study them theoretically, but until we participate and create connections with people who are marginalized, then we truly are not included in understanding the issues. She noted, *“It’s not just a matter of educating yourself. I think its exposure. It’s one thing to learn about it, and another to experience it.”* Further to this, the women who use the Centre also recognize that women who volunteer do so because they care about each individual person and want to connect, regardless of difference. This also cultivates trust and respect, which only further enhances the community capacity building peer model and the positive impact of social inclusion.

Section 5: **RESEARCH TO PRACTICE**

The following two recommendations are strategies to further facilitate the research into action and practice. The qualitative research has provided immense value in understanding *how* the community capacity building peer model is constituted and its relationship to social inclusion. Further to this, it is important to ensure that the research is integrated into the organization in a pragmatic and beneficial manner.

1. Outcome Measurement System

It is recommended to review the Women's Centre's logic model and revise and align as needed based on the research of the community capacity building peer model and the social inclusion. This means ensuring that the data collected aligns with the ways in which social inclusion is achieved at the Women's Centre. It will be important to review the logic models, the data collection tools and questions to ensure the methods for gathering datum are appropriate to the equitable culture of the Women's Centre; and secondly, that the questions asked are gathering appropriate datum that can demonstrate the impact of social inclusion and the community capacity building peer model.

2. Dissemination

To ensure that the research is mobilized in a meaningful way, it is important that the research results are shared with all the women of the Centre including staff, volunteers, Board of Directors, and women who use the Centre. The research results can also be shared with allied professionals in Calgary and other community-based organizations working in the areas of peer support, and social inclusion.

APPENDIX 1: Volunteer Email Questionnaire

Questionnaire for Peer Support Volunteers at the Women's Centre

The Women's Centre is working on a project to better understand how the peer model helps to create social inclusion for women at the centre. Your views and thoughts are key to us understanding this. We would like to hear from you about your experiences as a direct service peer support volunteer, or one-to-one peer support volunteer.

If you could take a few minutes to share your thoughts to the questions below, we would really appreciate it. Your response is confidential and anonymous.

If you have any questions, or would like more information, please contact:

Please return this questionnaire by **Monday, October 11**, to Mickey by emailing it back to her, or if you will be coming to the centre, please drop off the survey to Mickey, or we can print it out for you and you can complete it when you are at the Women's Centre.

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1. What does being a peer support volunteer at the Women's Centre personally mean to you?
 2. How do you think being a volunteer within the unique peer model makes a positive difference for women who come to the centre? *For example, how do you help women to have a sense of belonging at the centre? How do you help to create a sense of community at the Women's Centre? Can you share a particular moment or experience that stands out for you in which you felt you made a difference in a woman's life at the Women's Centre?*
 3. What would you say makes for a good direct service or one-to-one peer support volunteer?
 4. If you could do anything to make the peer support volunteer positions better, what would you do?

APPENDIX 2: Semi-Structured Focus Group Guide

Purpose: To gain an understanding of how the peer model is perceived and how they think it creates impact for women at the centre, and influences social inclusion. We really want to garner the ways in which the peer model is a unique practice and why this practice is pivotal for creating impact with the women who come to the centre. During these conversations, we want to capture the narrative aspects of what constitutes “peer” and “social inclusion” so that we can articulate what it is, how it makes a difference, and in essence, identify what is a good peer model and how is social inclusion created.

Focus Group Questions for Board and Staff

Introductory/background question: Can you tell me why it is important for you to be part of the WC?

1. What do the terms “peer model” and “social inclusion” mean to you? (*Prompting Questions: How would you define them, describe them?*)
2. In what ways do you think the peer model creates social inclusion for women at the WC? (*Prompting Questions: is the peer model essential to creating social inclusion? If so how? If not, why? Why do you think the WC is good at fostering social inclusion for a diverse group of women?*)
3. What do you think is needed to ensure a good peer model at the WC? (*Prompting questions: what characteristics/components of practice, philosophy etc constitute peer model? In what ways does peer service show up at the women’s centre?*)
4. Do you see any limitations to the peer model at the WC?

Focus Group for Women Who Use the Centre

Start with talking about the idea of social inclusion and what WC means by a “peer model” of support, and why the WC is doing this project, and why it is important to hear from the women.

1. Can you share with me your story as to why you first came (and come) to the women’s centre?
2. Can you share with me what it feels like to be part of the WC? (*Prompting questions: Do you feel a sense of belonging and ownership at the centre? Do you feel like you are included at the WC? Do you feel like you have a sense of community at the WC?*)

3. Do you feel that you give back to the WC? If so, how do you do that? If not, why? (Is this important to you?)
4. How has being a part of the WC helped your life when you are not at the WC? (*Prompting question: How has the WC made a difference in your life? In what ways do you feel your life is better because of the WC?*)

Focus Group for Peer Support Volunteers (One-to-One and Direct)

1. Can you share with me your story as to why you came to the women's centre? (*Prompting questions: How did you feel the first time you volunteered? Is there a moment that struck you, or a particular experience that stands out for you?*)
2. Can you share with me what it feels like to be part of the WC? (*Prompting questions: do you feel like you are included at the WC? Do you feel a sense of belonging and ownership at the centre? Do you feel like you have a sense of community at the WC?*)
3. What does being a volunteer at the WC mean to you? (*Prompting questions: How has this made a difference in your life? Can you share a particular moment or experience that stands out for you in which you felt you made a difference in a woman's life at the WC?*)
4. Did you feel prepared to engage in being a volunteer with the WC? (If yes, why and how, if no, why?)
5. (*Explain the peer model of philosophy at the WC*) Follow-up question: What do you think makes for a good peer model at the WC? (*Prompting question: Why do you think the WC is good at fostering social inclusion for a diverse group of women?*)