



I-CREAtE
INNOVATIONS FOR COMMUNITY RESILIENCE, EQUITY AND ADVOCACY



Engaging Families to Build Healthy Communities

QUEEN'S FAMILY MEDICINE | CENTRE FOR STUDIES IN PRIMARY CARE | QUEEN'S UNIVERSITY

Acknowledgements

This report was prepared by the I-CREAtE (Innovations for community equity and advocacy) Research Team, in collaboration with I-CREAtE’s student research assistants who contributed countless hours toward the project as a whole. We would like to express our sincere appreciation to the families in this study who so willingly opened up their homes and their lives to share their stories and experiences with us. We are privileged to have had the opportunity to get to know these families and learn from them what is needed for healthier, more resilient communities. To each family who we met with, thank you. We will honour your narratives, leveraging your voice and amplifying your stories to help create the changes you have recognized as essential within our community. The I-CREAtE team would also like to thank the many community members, service providers, and representatives who sit as part of the I-CREAtE Community Advisory Board. Your ongoing and continued commitment to this project has made all of this work possible – you keep us rooted in the needs of community and for that we are endlessly grateful.

I-CREAtE Research Team

- Dr. Eva Purkey – Principal Investigator
- Dr. Imaan Bayoumi – Co-Principal Investigator
- Dr. Susan Bartels – Co-Investigator
- Riffa Carter - Community Researcher
- Dr. Sophy Chan-Nguyen – Research Associate
- Michele Cole – Community Researcher
- Dr. Colleen Davison – Co-Investigator
- Logan Jackson – Community Researcher
- Bruce Knox – Project Coordinator
- Autumn Watson – Community Researcher

I-CREAtE Student Research Assistants

- Meghan Ford – Research Assistant
- Meghan Jenkins – Research Assistant
- Georgia Nelson – Research Assistant
- Danielle Pinder – Research Assistant
- Ayesha Shakeel – Research Assistant
- Yvonne Tan – Research Assistant
- Ryan Truong – Research Assistant



**CENTRE FOR STUDIES
IN PRIMARY CARE**
at Queen’s University



Queen's
UNIVERSITY



Queen's
UNIVERSITY Family
Medicine



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada

Canada

Land Acknowledgement

We acknowledge that Queen’s is situated on traditional Anishinaabe and Haudenosaunee territory. We are grateful to be able to live, learn and work on these lands. The Kingston Indigenous community continues to reflect the area’s Anishinaabek, including Omamawī’iniwag (Algonquin) and Haudenosaunee roots. There is also a significant Métis community as well as First people from other Nations across Turtle Island present here today.

Considering I-CREAtE’s focus on adversity and resilience, it is important to recognize the traumatizing impacts of colonization, which contributes to health disparities among Black, Indigenous, and People of Colour in Canada. We work to address historical and ongoing colonialism, racism, oppression, and marginalization of the BIPOC people in Canadian society, while simultaneously honouring peoples’ resilience and resistance to this oppression.





From left to right: Danielle Pinder (Research Assistant), Riffa Carter (Community Researcher), Logan Jackson (Community Researcher), Dr. Eva Purkey (Principal Investigator), Michele Cole (Community Researcher), Bruce Knox (Project Coordinator), Dr. Imaan Bayoumi (Co-Principal Investigator) – missing from photo: Dr. Sophy Chan-Nguyen (Research Associate), Autumn Watson (Community Researcher), Dr. Colleen Davison (Co-Investigator), Dr. Susan Bartels (Co-Investigator).

Introduction to I-CREAtE

I-CREAtE (Innovations for Community Resilience, Equity and Advocacy in Kingston and Area) is a community based participatory action research group (CBPAR) that started in January 2020. I-CREAtE's vision is to create a research hub to meaningfully engage and respond to community needs. This includes exploring, advocating, and acting on initiatives that enhance family and community resilience and equity.

The research team is currently made up of four community-based and four university-based researchers, each with diverse identities and experiences, and guided by a project coordinator and a Community Advisory Board (CAB). The CAB is made up community members with lived experience of adversity and representatives from community agencies including from municipal government, public health unit, school boards, agencies for newcomers, Indigenous peoples, children, vulnerably housed persons, and many more in the KFL&A area. While the core team has remained consistent, we continue to incorporate research assistants, additional academic and community research partners, as well as students, who collectively contribute to the growth and evolution of I-CREAtE. I-CREAtE's first project was developed in collaboration between the research team and the CAB.

It was funded by Queen's University Department of Family Medicine and the Office of the Principal at Queen's University, as well as the Social Sciences and Humanities Research Council. This project, "Engaging Families to Build Healthy Communities", explored the experiences of families living with adversity during and since the COVID-19 pandemic, to better understand what made it easier or more difficult for families to thrive and to experience resilience in Kingston and the surrounding area. Families were also asked to think about strengths and weaknesses in their communities, imagining things that could improve the resilience of other families like themselves.

The following report outlines this project in more detail, including how it was developed, how the families were selected to share their experiences, and what was learned from these families. You will also hear about the strengths and weaknesses of our community, and what families think could be done to improve the communities in which we live. You will hear families' recommendations for policy, programming, and community development to enhance the lives of people whose voices are not frequently part of the discussion. We hope you will value and respect these voices and experiences, as we have tried to do.



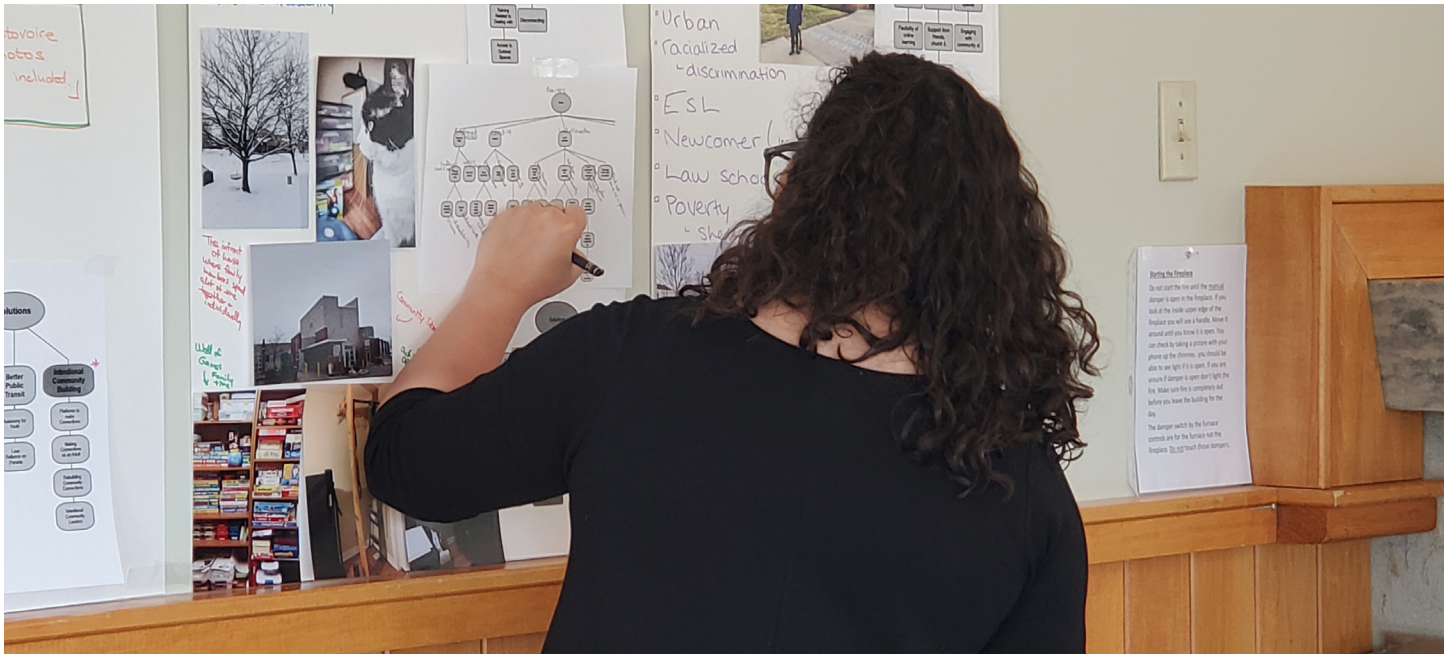
A. Background

The COVID-19 pandemic was hard on everyone, but it was particularly difficult for people who were already experiencing hard times or facing adversity. The effects of the pandemic, including the public health measures that were part of it, were not felt equally by all. Instead, for some families, it provided a stress test on a system that was already, in some cases, stretched to the breaking point.

“Engaging Families to Build Healthy Communities” focuses on family and community resilience in the context of the COVID-19 pandemic and beyond. Specifically, this study explored what factors families think helped and continue

to help them build resilience, which factors hinder their resilience, and what solutions they imagine may improve the resilience and well-being of families like themselves.

This study focused on families who had already been experiencing hard times or adversity before the pandemic. Some families struggled with disability, some with poverty, and some with mental health concerns or substance use. Some families were racialized and had experiences of discrimination, some were new to Kingston, or to Canada, and some were members of Indigenous communities. What all the participating families had in common was significant resilience in the face of personal or structural barriers to well-being.



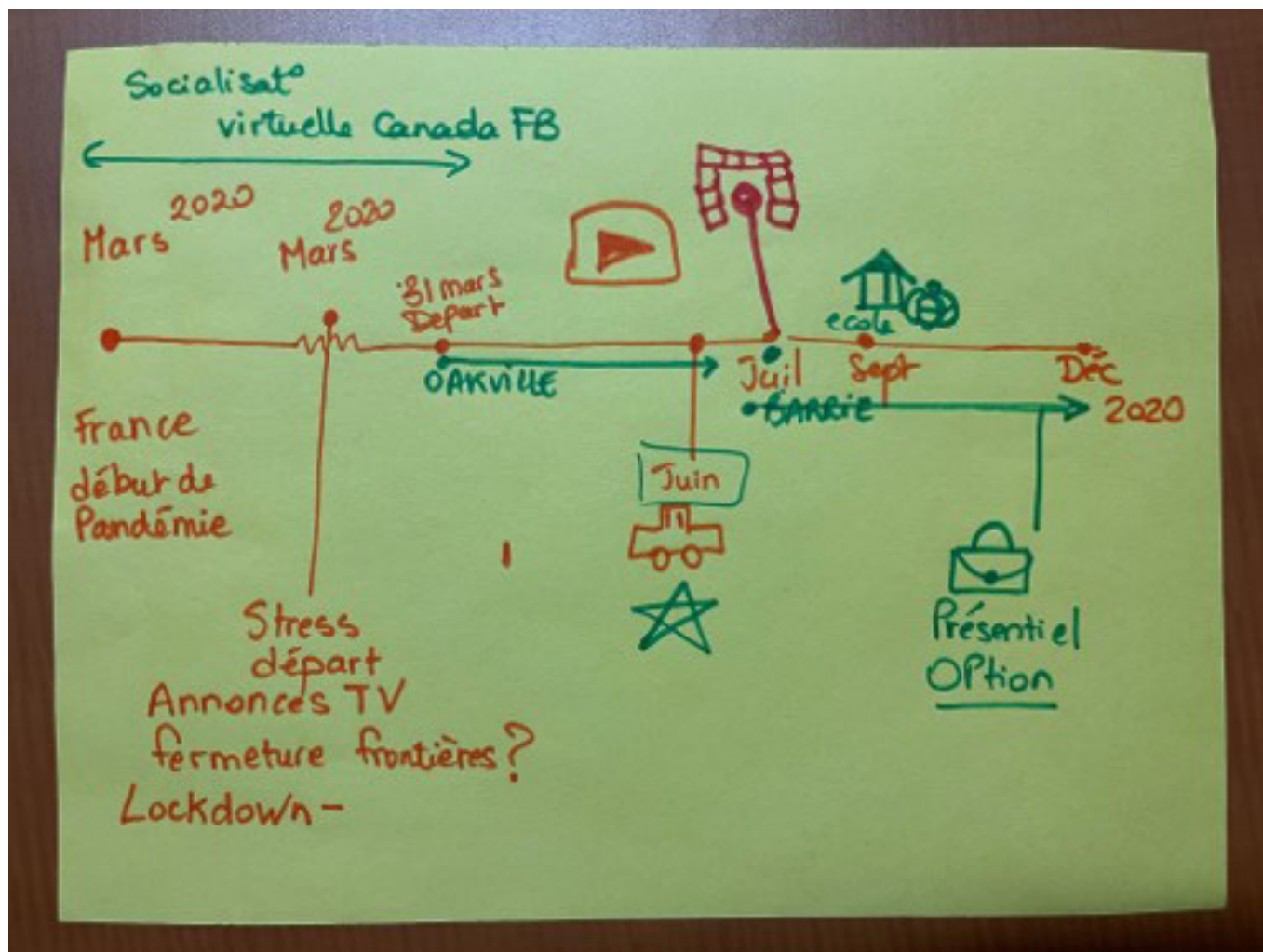
Rifaa Carter (Community Researcher) makes notes about a family's data during a data analysis meeting.

B. Methods

Families living within the Kingston, Frontenac, Lennox, and Addington (KFL&A) area who self-identified as experiencing adversity leading up to the start of the study and during the time of recruitment were invited to participate in the study. The I-CREAtE team purposefully sought out a diverse group of families with different demographics, backgrounds, size of family, location in the geographic region, and experiences. A qualitative multiple case study methodology was used to explore

specific factors and experiences that contributed to the relationship between resilience and healthy communities. Each family made up one case. Community researchers were involved in all phases from designing the research question and developing the interview guides to data collection and analysis. For each family, one community researcher and an additional team member conducted data collection. Families who participated in the project met with the research team three to four times for data collection. At each of the meetings with families, a





An example of a family timeline drawn by one of the participating families in the study about their experience arriving in Canada during the pandemic.

different data collection method was used to learn about the family's experiences. The data collection method included:

- 1) **Visual timelines:** The entire family met to develop a visual timeline to represent their experiences during the COVID-19 pandemic. Families were asked to construct their timeline together on paper (or using an online timeline tool) while being observed and supported by two members of the research team. Once completed, families walked the research team through the key events in their timeline.
- 2) **Semi-Structured Individual Interviews:** Each family member over the age of 12 was invited to complete an individual interview to explore their concepts of family and community resilience, including topics

such as deprivation, community safety and adverse community environments.

- 3) **Photovoice:** Finally, families were provided a tablet to collect images that illustrated supports and barriers to their well-being in the community. Following image collection, families met with the research team to discuss and debrief the images they had taken.

Phase 1 of the study was an in depth intra case analysis of each family. In this phase, the information from each family was analyzed separately to explore what helped or hindered the individual family's well-being. Each case was analyzed by a community researcher and another team member (academic researcher or research assistant).





Phase 2 involved an inter-case analysis of all cases to examine the similarities and differences between the families' experiences. In doing so, we aimed to understand what could be learned from the families more broadly. Data were analyzed by the entire research team for patterns of meaning. The research team generated patterns through a rigorous process of data familiarization, data coding, and theme development and revision (reflexive thematic analysis). Researchers frequently reflected on their own subjectivity and experience and how these influenced the research process (e.g., patterns identified within the dataset).

The team was supported by the CAB which met quarterly to provide input on all aspects of the project including conceptualization of the study, recruitment of families, and knowledge mobilization to share the results of this study.



Top: Drs. Eva Purkey and Imaan Bayoumi review and sort the data to look for themes or similarities across the families' experiences; Bottom: Dr. Eva Purkey talks to the I-CREAtE team during a data analysis meeting





C. Results/Findings

Nine families participated in the project. Each family shared important information, some of which was included in the community Photovoice exhibits.

Twelve themes were identified that significantly impacted families' experience of resilience. These themes are listed and described below.

1) Community Safety

Community safety is an important concern for families raising their children in adversity. The perceived lack of safety included concerns related to the visible public consumption of substances and related considerations (needles, disruptive community behaviour, etc); experiences of overt racism, bullying and discrimination directed towards themselves and their children in community settings; a sense of low community cohesion and trust; and other considerations such as poor policing (both lack of necessary response and feeling overly profiled by police), unsafe housing, and community violence.

2) Impacts of COVID-19

The COVID-19 pandemic presented different challenges for different groups. Many experienced

social isolation, and this was worse for those who were newcomers to Kingston and area during the pandemic. As is widely recognized, the pandemic impacted employment, schooling, activities of daily living, and access to important community infrastructure, programs, and supports. Community cohesion was threatened by fears related to the COVID-19 virus, as well as tensions related to beliefs around vaccination, and infection prevention behaviours.

3) Indigenous Community Needs and Experiences

The limited availability of Indigenous specific programs and services coupled with institutional racism and discrimination impacted Indigenous individuals', families' and communities' physical, mental, emotional, and spiritual well-being.

Experiences of racism and discrimination generated mistrust and fear of accessing health and social services. Families felt that these experiences could be improved through ensuring cultural safety training for health and social services providers, as well as ensuring that dedicated Indigenous staff are present in organizations providing health and social services. Access to services is promoted when people see themselves reflected in programs and service and when they interact with service provider who are



culturally safe and aware.

Indigenous specific programs and services were identified as a community strength when they integrated Indigenous ways of knowing and being, supported a sense of wellness and belonging, and were rooted in the importance of cultural identity. Building community infrastructure to create holistic culture-based programming is known to contribute to an individual's family and community Bimaadiziwin (well-being).

this uniqueness needs to be considered with respect to programs, services, and negative or positive experiences.

Some families face challenges such as single parenting, family members living with disabilities, experiences of adverse childhood experiences, experiences of racism or other forms of discrimination, substance use (and recovery), parental migration, and experiences of familial loss that require very specific supports.

4) Integration of Newcomers into Kingston and area

Newcomers to the community (from other Canadian communities or from outside of Canada) would have benefited from programs that were visible, accessible and explicitly designed to help them integrate into the Kingston community(ies). These programs should include opportunities for receiving peer mentorship, volunteering and contributing to the community in various ways, and support for system navigation which would allow newcomers to learn about services and groups available to them.

5) Anti-Discrimination

Community members continue to face overt racism and discrimination both within health and social services and within the community at large. Therefore, awareness of discrimination is needed throughout our communities, as are more inclusive and anti-racist health and social services. Community members require services that target their unique cultures, identity and needs.

Having a culturally diverse set of programs and services that are delivered with an inclusive, anti-racist and culturally safe lens strengthens community.

6) Family Supports

Each family has its own unique circumstances, and

Families gain strength from successfully overcoming challenges, from culture, social connection and positive interactions within family units.

Families gain strength from successfully overcoming challenges, from culture, social connection and positive interactions within family units. Some families are able to create internal structure and routine to help support their own resilience.

Many families experienced the negative impacts of social isolation.

7) Impacts of Material Deprivation

Poverty and material deprivation remain core to the lives, experiences, and opportunities of many families with a history of adversity. Basic needs, such as the need for safe and secure housing, food security, childcare, transportation, internet access, and access to employment are not consistently met. Community infrastructure is not always designed with the needs of those experiencing material deprivation in mind (physical distance from parks, ability to access services without

childcare, etc). Material deprivation has concrete implications for parenting, school engagement, activities of daily life, and the mental, physical, and social well-being of children, parents and families.

8) Health System Navigation Challenges

Systems navigation within the health and social services sector is extremely complex and challenging for families experiencing adversity.

The data collected from the families in this study indicate that racism and discrimination continue



to impeded access to health and social services for families, including racialized families, Indigenous families, and families experiencing substance use or in recovery among others.

Mental health services continue to be inadequate to meet the needs of the community.

9) Healthy Communities

Community infrastructure can enhance or detract from family wellness and community cohesion.

To improve family wellness, infrastructure must be accessible (geographically, culturally, financially, and from an ability perspective), perceived as safe, and reliable. It must include spaces and places that enable structured and unstructured connection, and that foster a sense of belonging, and of being visible within the community.

Formal spaces (libraries, places of worship, schools, community centres, parks, etc.) can provide access to community programming and infrastructure. A healthy community should also include accessible spaces for being in nature and outdoors.

10) Social Support Networks

Mutual aid (providing social and resource support to others in our peer, community, and family groups) increases the sense of purpose, contribution, and agency within the community.

Mutual aid can be formal, such as formal volunteer opportunities; opportunities for community advocacy or activism; or informal, such as organically formed community groups, neighbour to neighbour support, “street mothers”, and other forms of material aid or mentorship.

Mutual aid may help to remedy some of the community vulnerabilities identified in our study, such

as social isolation, and breakdown of community trust and cohesion resulting in part from the COVID-19 pandemic, among others.

11) Family Friendly Substance Use Treatment Needs

Families affected by substance use need assistance that is specific to their needs to supports safe substance use and recovery (including for those experiencing intergenerational impacts of substance use). These programs need to include services that support children without exposing them to further

substance use; services that take into account the requirements of parenting, particularly for single parents who use substances or who are in recovery; and support for children whose immediate or extended family members use substances.

Recovery from substance use can lead to profound social isolation in order to maintain sobriety.

12) Rights-Based Approach

Despite experiencing significant adversity and structural violence, study participants rarely articulated a sense that they were being deprived of their fundamental rights (as outlined in the Universal Declaration of Human Rights, the UN Declaration on the Rights of Indigenous Peoples, International Covenant on Economic, Social and Cultural Rights, UN Convention on the Rights of the Child, etc.). Increasing

community members’ awareness of their rights, as well as the rights of specific groups (e.g. people with disabilities, Indigenous People) might create possibilities for, enhanced advocacy, activism, mutual aid and community action.

All organizations and leaders responsible for the development of programs and services need to ensure that the voices and experiences of marginalized communities inform the development of supports and services, from inception through implementation and evaluation.

To improve family wellness, infrastructure must be accessible (geographically, culturally, financially, and from an ability perspective), perceived as safe, and reliable.





Danielle Pinder (Research Assistant) stands in front of the photovoice exhibit on display at the central branch of the KFL Public Library.

What is a Photovoice Exhibit?

Photovoice is a research activity that uses photos to capture aspects of peoples' lives. The photos are taken by research participants as a way for them to share their story through images. The photos are then shared with others in the form of an exhibit to explain how something (an event, experience, or community structure for instance) impacted that person, their family or their community.

This Photovoice exhibit tells a story about family and community resilience from the perspective of families who have faced hard times. Research participants were asked to take photos to show what has supported or challenged their resilience. Interestingly, participants chose to only take photos of what supported their resilience. The photos were taken in the context of

the COVID-19, but speak beyond the pandemic to the spaces, places, activities and people who contribute to their family's resilience.

The photos taken by participants in this project illustrate family and community strengths, or examples of what has helped them be resilient in the face of hard times. The pictures were compiled and used to create a photovoice exhibit which has been displayed widely and remains available for display. The photovoice exhibit has been displayed in public spaces such as libraries, marketplaces, and shopping centres, and the exhibit will continue to circulate throughout the year in different venues. The following two pages provide a preview of the Photovoice exhibition.



FAMILY 003

The family consists of a single mother in her mid-20s, who identifies as a member of the LGBTQIA2+ community, and her young child. The family describes themselves as living in poverty. They have had past experiences of domestic and community violence, trauma, and discrimination. Despite these challenges, the mother has created a safe environment for her child to grow.

"It shows strength and resilience that I have a home. I've worked and I provided a home for my child [...] I had to really, really fight for what I have. Everything in the picture is something that I fought for [...] I was very resilient during hard times. And no matter what, I managed to provide for my family and myself."



"I was just sitting out there having a coffee that my neighbour bought me this morning [...] When the day comes, we're still all friends. We're still close to each other [...] And I know if I was to run inside while my son's outside, he'd be 100% taken after and looked after by people in the neighbourhood. That to me, that's a community - looking out for each other, the appreciation for each other, the respect, the honesty, the loyalty, the security."



"That's the chair that I sit on to watch my child play or to talk with my friends [...] The kids in the neighbourhood love to climb on it because it moves back and forth [...] I got that chair for watching a baby monitor for a couple of hours. That's it. So, it's all trading, it's bartering, it's resilience in a community being able to barter."



FAMILY 007

This family consists of a single mother and her young son. The mother is a gender-based violence survivor and believes it is important to teach her son about activism, including connections to the land and anti-racism. Through this, she hopes he will grow up to be an engaged and respectful community member. Her efforts are shown through the photographs featured, displaying their story of resilience.

"He (the son) loves to build things up and then break them down and then build things right back up. So, to me, it sort of spoke about resiliency as a whole. You're going to get knocked down a hundred times and you have to be able to build yourself back up [...] I kind of liked that idea of building things up and leaving something [...] behind for another person."



"I think that learning about the life that goes on around us, the world itself, the Earth itself, is so important because, at the end of the day, the Sun is going to rise, and the Sun is going to set. I remember during the pandemic [...] just going outside and I could hear the birds louder, there were no cars driving, I just felt that connection [...] I remember taking this photo thinking in that moment - the Earth was living."

"To me, this image is secure, (it) is safety. Even though it's empty [...] we always had a meal prepared. To me, this is a sense of calm and it's a delivery system [...] it's sustenance [...] My friend would cook food and deliver it in hundreds, not a word of a lie, of mason jars [...] It helped build my resilience by knowing that we were cared for in this way."



NEXT STEPS

Our participants shared rich and diverse experiences, all rooted in adversity and resilience. Families discussed both the challenges they have and continue to face, as well as what helps them and their families overcome challenges and thrive. The above themes are cross cutting. Some are not surprising, given what we know, for example, about the housing situation, the opioid crisis, and the challenges accessing physical and mental health care in our community. Most issues are also not unique to KFL&A. All these, however, highlight important barriers to thriving that can present opportunities for our community to enhance the well-being of its members as we move through our post pandemic reality.

It is our intention that the priorities and realities identified by participants will be honoured in the next steps of our project. We intend to work with community members, CAB members and other partners to identify opportunities to enhance the well-being of all community members, particularly those who experience adversity.

Photovoice

The photos taken by participants to illustrate community strengths have been used to create a photovoice exhibit which has been displayed widely and remains available for display. This exhibit brings together families' photographs, along with descriptions of what these photos illustrate in participants' own words and has been displayed in public spaces such as libraries, marketplaces, and shopping centres, and the exhibit will continue to circulate throughout the year in different venues.

Community visioning

During the fall and winter of 2023-2024, CAB members and the research team are hosting community meetings. Some meetings will include specific partners, but many will be open to the broader community.

At these meetings, community members will be invited to share how their priorities interface with the findings of this study. Specifically, reflecting on the themes shared by participants, community members will be asked to help prioritize what our community needs to work on, and to conceptualize potential novel solutions that can help address the challenges identified in this study.

These deliberations will help inform public programming and policy and will direct the next steps and activities of the I-CREAtE team.



For more information on the project, or to host a photovoice exhibit, please contact I-CREAtE Project Coordinator, Bruce Knox, at bruce.knox@queensu.ca

