WOMEN'S health and well-being

IN MONTÉRÉGIE :

PERSPECTIVES OF
THE COMMUNITY SECTOR

RESEARCH HIGHLIGHTS

Suggested reference :

Cournoyer, Laurence, Pache, Stéphanie and the Table de concertation des groupes de femmes de la Montérégie (2022). ***Highlights of the research report Santé et bien-être des femmes en Montérégie : perspectives du milieu communautaire.*** Montréal: Service aux collectivités de l'Université du Québec à Montréal/Table de concertation des groupes de femmes de la Montérégie [Women's Health and Well-being in Montérégie: Perspectives of the Community Sector]

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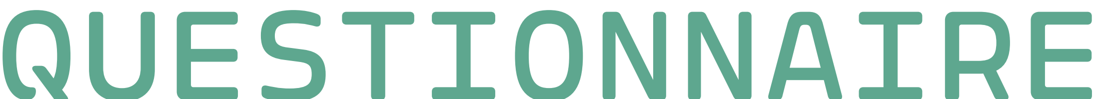
CONTEXT

The literature on women's health confirms the importance of researching women's specific needs and the particular barriers they face in accessing care and services. This is even more true for certain groups of women in situations of heightened and/or intertwined vulnerabilities (e.g. homeless women, racialized women, women with mental health problems, victims of violence, etc.).

In the case of the Montérégie, a region characterized by multiple specificities, the lack of information on the state of women's health and well-being is problematic, preventing an adequate assessment of needs and the availability of adapted and accessible services.

In view of this, in the spring of 2021, the Table de concertation des groupes de femmes de la Montérégie (TCGFM) set up a regional women's health and well-being committee (Comité montérégien en santé et bien-être des femmes / CMSBEF). Composed of more than 15 member and partner organizations, this expanded committee sought to bring together women working in different sectors of the Montérégie region to work collectively on women's health and well-being.

To inform the committee's work and ultimately have a more meaningful impact on women's health and well-being, the TCGFM sought data specific to the region that reflected the current state of women's health and well-being. A literature review combined with the observations of TCGFM member groups and partners, based on their experiences, contributed to the development of this research partnership. The project also involved researchers from UQAM and was conducted within the framework of UQAM's Service aux collectivités.



The research included an online questionnaire. It surveyed community workers in the Montérégie region on the following topics: 1) profile of participants and details of their work within the community sector; 2) profile of the organizations and their mission; 3) profile of the organization's users, characteristics and needs; 4) experience in working with women users of their organizations and obstacles encountered. The needs identified by the questionnaire represented the point of view and personal experience of people working in the community sector in the Montérégie.

133 people from 80 organizations responded to the questionnaire. **The responses show that several recurring obstacles seem to affect the organization, delivery and coordination of services offered to women in the Montérégie.**

NON-ADAPTED RESOURCES

The most commonly cited reason for referring a user to another resource was that the organization does not offer services adapted to her situation. Respondents indicated that the most common referrals are to shelters for women experiencing domestic violence. Addiction issues were also mentioned frequently, as well as general mental health issues.

WAITING LISTS

Long waiting lists for access to the health care network is another big obstacle reported by many respondents on several occasions, although we made no direct mention of this issue in the questionnaire. These delays prevent women from accessing appropriate services, primarily in mental health, which can have the effect of complicating other intertwined issues. For example, they can create a barrier to returning to employment, which may then lead to financial insecurity.

SPECIFIC NEEDS

When asked if meeting the needs or demands of certain groups of women is more difficult, respondents most frequently referred to women with mental health issues. Mental health is a critical issue that was further addressed in the focus groups.

TRANSPORTATION

Not surprisingly, given the vastness of Montérégie's territory, the lack of regional public transit services was frequently cited as a barrier to accessing services. This is especially significant because the issue was most often raised in responses to the open-ended question. According to the respondents, mobility problems and support issues are directly related to difficulty in accessing health services.

LACK OF RESOURCES

Among the difficulties most often mentioned in the open-ended question concerning insufficient resources the answers obtained are: lack of staff, difficulty in recruiting new people and work overload. Lack of funding, perceived as a recurring problem for community groups, was also mentioned repeatedly.

FOCUS GROUPS

We conducted focus groups to clarify what community organizations meant by resource issues—including staffing—and mental health issues. We held 5 focus groups, with a total of 19 women and 1 man, all of whom were given pseudonyms. These discussions illustrate the participants' diagnosis of the organization of health and community services. They also point to ways to overcome what often appears to be a hopeless impasse.

CASCADE OF EFFECTS

A veritable vicious circle, the issues reported successively aggravate working conditions in the community sector and the services that organizations are able to provide. Discontinuity of follow-up, limited personal accompaniment for essential outside appointments, limitations on reception capacity: workers have to function under difficult conditions that everyone is aware of, and that allow them to offer only a diminished version of their services. The community sector has the impression that it is making up for the shortcomings of the health care system, without receiving adequate recognition or training, particularly in the area of mental health.

> Valérie : In the last year, we have done a lot less support work...We have not closed the shelter, but we have had to cut back elsewhere to be able to offer basic services.
>
> Patricia : Our women's centre has a small team: normally we are three, we were four with the funding from a new project. Now, we're down to two people on sick leave out of 4, so we are really understaffed. This means that while I am at the focus group today, my colleague is alone at the women's centre. So if the phone rings, and she's already busy with someone else, she can't split in two, so services are very affected. Even when the whole team is there, often one person is at the door, the other is running the workshops and the other is already busy...

RECRUITMENT

Beyond the chronic underfunding of community organizations and the impact of project-based funding on service sustainability, what stands out are recruitment problems and associated issues. While participants systematically pointed to wages and working conditions as factors, the recruitment pool seems to have changed as well. New hires are very young, often have little experience and want to work part-time. A refusal to take responsibility and high staff turnover seem to signal a form of disengagement that has never been the norm in the community sector, where there is a tradition of providing social support.

> Marthe : In our organization, there are about 60 employees, but the staff changes a lot; so the files will have continuity, but not always with the same person. The impact is especially hard on refugee families, specifically on the capacity to build trust. Staff exhaustion must also be taken into account: our coordinator had to train I don't know how many new people in the space of 6 months to a year. This brings additional mental burdens...

BURNOUT

The current situation generates additional work: more recruitment activity, related administrative tasks, training of new colleagues, etc. These tasks come on top of those related to the pandemic: switching tasks to adjust to health measures and new priorities, and the need to maintain health measures. The constant accumulation of tasks overloads workers in the community sector. A feeling of frustration and powerlessness develops when faced with the impossibility of fully accomplishing the work plan, and sometimes, even the organization's basic mission. Absences and departures are increasing, further exacerbating the problem. The increase in mental health problems affects both workers and their clientele, but there is a shortage of specialized services.

Lorraine : Staff who held down the fort throughout the pandemic are drained, burned out and no longer capable and this is jeopardizing the survival of some organizations. For example, in Québec, there are only two organizations for ethnically diverse women. Already, the team is small, so the remaining staff are exhausted and fear they will be unable to provide services. Both the women using the services and the women providing the services are experiencing anxiety.

Mireille : Currently, we are subsidized by a project of the Secrétariat à la condition féminine to maintain workers' health, so we provide psychological support to workers. But it is not enough, the women are burnt out. Even a month of vacation in the summer does not suffice. I'm really worried about the future. I am seeing enormous emotional, psychological and physical fatigue, [a] state of post-traumatic shock. The work of helping new employees settle in is hard because everyone is so strained already.

SUMMARY
OF THE DISCUSSON ON RESESARCH FINDINGS

The research revealed the dynamics of discontinuity: in communication, division of labour and recognition. These interruptions in the flow of services, solidarity and work organization contribute to the fatigue and powerlessness of community sector workers, making it impossible to provide adequate services to users. Nevertheless, the research shows that the community sector is willing to renew links and meaningful connections, to make sense of a situation that appears chaotic and hopeless.

SEXUAL DIVISION OF LABOUR

Domestic work and the working conditions of women employees are linked. The research illustrates these interrelated issues. The unequitable distribution of domestic work places an additional burden of work on women, including responsibility for caregiving. Furthermore, women provide the vast majority of professional care and service work. **Thus, in addition to the specific health problems they may be dealing with, in a system straining from inadequate resources they are the first to both suffer from and shoulder the work overload, in the private and professional spheres.** Working on a very tight schedule, community workers are concerned they will be unable to keep up with requests for assistance. Additionally, differences among women are reflected in a hierarchical organization of work. These interlocking divisions require a more systematic intersectional analysis to better understand them.

COMPETITION BETWEEN THE HEALTH CARE NETWORK AND THE COMMUNITY SECTOR

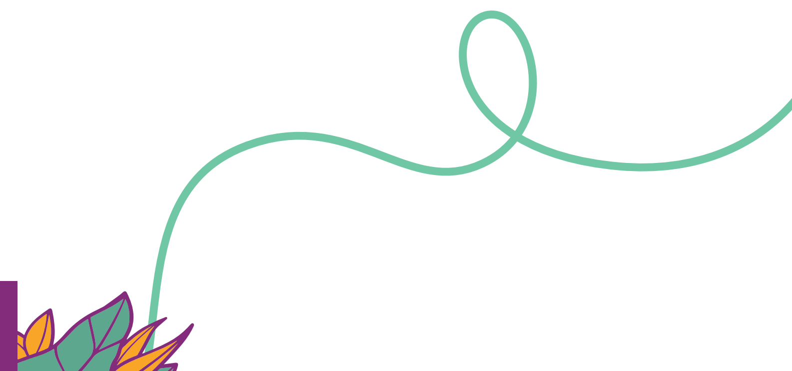
A sense of injustice has arisen as the expertise of community sector workers is not recognized for what it is worth, particularly by a government that relied on community organizations during the pandemic crisis. **This sense of unfairness is compounded by competition for staff and the perception that they are taking on tasks that belong to the health care system.** Instead of a supportive coordination of services, a pernicious form of competition for resources seems to have developed, which does not benefit women in need of assistance and care. However, the research shows that there is still a will to recreate links to resist public sector policies that place community organizations and the health network in competition for resources.

PSYCHOLOGICAL DISTRESS AND THE RELATIONSHIP TO WORK

The problems generated when faced with a mission that may be impossible to carry out result in exhaustion and much distress for both workers and users. Not only is it important to expose women's mental health problems, it must be stressed that these problems are also manifestations of social processes, to be measured in terms of social conflicts, processes of exclusion and social hierarchy. **The response to such problems should be more than psychotherapeutic. It must encompass far-reaching organizational and collective measures to deal more comprehensively with anxiety and other symptoms, such as violence, precariousness, lack of autonomy or isolation.**

SOLIDARITY AS A COMPASS

The research documents a desire to recreate links of solidarity and communication to repair that which workers and users feel is broken : **resume support work outside shelters, develop interpretation services for allophones, a solidarity network between practitioners in the community sector.** Communication is notably at the heart of these concerns, and a desire for more sharing and exchange within a work context that can be isolating and exhausting.



SUGGESTED ACTIONS

List of actions identified by participants and the research team :

Carry out research to refine the profile of needs, and test solutions

Organize psychological counselling for shelter residents

Set up mobile teams that can travel throughout the Montérégie to provide services

Increase funding to enable community organizations to offer attractive salaries, retain qualified staff, and fulfill their missions, including during crises

Develop a solidarity network in the community sector to reduce the isolation and sense of powerlessness of workers and prevent burnout

Provide access to psychological care for women workers in community organizations

Assess the need to review procedures for recognizing immigrants' qualifications and diplomas

Avenues of research: general survey of women, needs studies within the health network, evaluation of proposed measures

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Please note that the TCGFM's women's health and well-being committee will also be formulating action recommendations, based on group discussions and reflection during the presentation of the research findings, (18 November 2022), to complete those identified during the research.

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