

Exploring Collaboration in Service Provision to Support African Immigrant Families: A
Relational Action Research Study with Multicultural Health Brokers

by

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ABSTRACT

Collaboration is a promising practice in which front-line service providers work together to support African immigrant families who experience a family violence encounter. My dissertation is an exploration of the practice of collaboration undertaken between six multicultural health brokers and me. We explored how collaboration manifests itself in family violence service provision using a relational and collaborative co-constructed design. Underpinned by a participatory and relational constructionism worldview, our design emphasized learning about collaboration through a participatory and emergent process. Our primary mechanism to explore collaboration was a collaborative inquiry method. Our first step was to create guidelines to shape how we related to each other and how we implemented our project through this method. Our co-constructed design involved three iterative phases that collectively generated observations of how collaboration emerges between multicultural health brokers, other front-line service providers and African immigrant families. We explored collaboration by (i) exchanging and reflecting on stories of lived experience with each other, (ii) gathering and reflecting on stories of lived experience from African immigrant family members, and (iii) reflecting on case stories with other front-line service providers in a relational dialogical activity. Our reflective dialogues taught us collaboration is a co-constructed, immersive, dynamic, emergent, non-linear, contextual, and nested phenomenon. In particular, when enacting collaboration, front-line service providers can influence and impact each other and African immigrant families. As such, our findings illuminated to us how front-line service providers must be attentive to how they relate to each other and African immigrant families. I applied a complexity lens to our learnings to generate insights on how front-line service providers can better relate to other front-line service providers and African immigrant families.

PREFACE

This thesis is an original work by Rosslynn Zulla. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board,

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No part of this thesis has been previously published.

DEDICATION

I dedicate my dissertation to the family members, multicultural health brokers, and front-line service providers who believe in the power of story to create relational and collective change.

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Chapter One: Introduction

Overview of Project

As a growing public health issue, family violence can be addressed through the collaboration of multiple agencies that work across different sectors. My dissertation explores the experiences of a group of multicultural health brokers who work with other front-line service providers to support African immigrant families who experience family violence in Edmonton. This exploration of multicultural health brokers' collaboration experiences was undertaken using a collaborative and relational inquiry process. This design was co-developed by six multicultural health brokers and me, who made up the group of co-inquirers for this study. We learned about collaboration using stories from the multicultural health brokers and from African immigrant family members and reflected on case stories with different front-line service providers through an iterative participatory design. We generated conceptions of what and how collaboration emerged in family violence service provision through our reflective dialogues. We learned how collaboration is a co-constructed, dynamic, emergent, non-linear, immersive phenomenon that had differential impacts on multicultural health brokers, other front-line service providers, and African immigrant family members. I applied a complexity theory lens to contextualize our learnings and generate lessons on how front-line service providers could improve their interactions with African immigrant families in family violence service delivery.

Why Family Violence?

In the beginning, the aim of exploring collaboration was not the focal point. Instead, I had broad aims in addressing family violence among African immigrant communities. My choice to focus on family violence was based on my past work of learning about different ways

to address family violence. Despite my learnings, I knew the specific topic would have to be determined by the community.

Before my PhD, I worked and volunteered in the university and in non-profit organizations to learn about migration and settlement. I worked with my mentor on projects that addressed family violence. Although he was not an expert in family violence, he did show me how to do research and evaluation in community-based settings. Here, I facilitated discussion groups with African immigrant women and men¹ to explore the nature of family violence. At that time, my mentor and his team recruited 75 people to attend a discussion group. Beyond this, I became involved in different opportunities. I was an evaluator for a local immigrant settlement organization to review their role and their benefits in participating in a family violence prevention project. I volunteered in facilitating discussion groups with African women to explore family violence and find ways to create peer support groups. I worked as a cultural navigator to increase awareness about family violence among lesbian, gay, bisexual, transgendered, and queer immigrant and refugee communities. I also worked as an assistant in developing proposals to create community capacity to address family violence.

While learning about family violence in different communities, I learned how social identity differences shaped how I related to community members. As a second-generation Filipino immigrant, I am cognizant that my cultural and citizenship identity is different from community members I work and learn from. Given I am a Canadian-born Filipino, I am conscious that my citizenship identity, high English fluency and literacy, and higher education

¹ I use the term African immigrant women and men as the Edmonton-based immigrant settlement agency recruited women and men who migrated to Canada from different countries within the African continent. At the time, the recruitment for the focus group did not specify that invited participants should disclose one's citizenship identity (e.g., Canadian, permanent resident or on a visa)

grant me privilege in Canadian society. These social identity markers also meant they could be barriers to relating to other community members. To bridge this difference, I learned from one of my mentors that I need to build trust with the communities that I work in. In the context of this project, I built a relationship with the Multicultural Health Brokers Co-Operative (herein referred to as MCHB Co-Op) for more than ten years. This relationship has helped members of the MCHB Co-Op be familiar with my values and my work quality.

The work and volunteer experiences provided me with multiple lessons about addressing family violence in immigrant and refugee communities. First, I learned how family violence manifests alongside other problems that immigrant and refugee communities face (e.g., underemployment and post-traumatic stress related to migration). Second, I learned how family violence's definition and nature are contextual and can have different interpretations. Third, I learned how addressing family violence required extensive and ongoing engagement with immigrant and refugee communities. In particular, I learned trust and credibility were essential factors if I wanted to learn from communities about addressing family violence. Through my work, I remembered how communities often avoided organizations if organizations' work did not historically support communities. These experiences collectively helped me become mindful of potential challenges that might occur as I started the research process. For instance, given the stigma related to family violence in African immigrant communities, I expected challenges in recruiting family participants to be involved in our project.

Learning About Collaboration

Learning About Collaboration in Program Delivery

In the beginning, much of my work did not focus on addressing collaboration. Instead, I learned addressing family violence was about improving outcomes for families. How to

collaborate was embedded in this work but was often an implicit topic. When I worked as an evaluator, I remember program administrators reflecting how challenging it was to work with funders in delivering prevention programs. Here, conflicts emerged because of differences in (i) how to engage with family participants, (ii) how to develop prevention strategies, and (iii) how to generate realistic outcomes from these programs. I remember program administrators felt challenged as they were responsible for delivering the program per funders' expectations while also meeting immigrant communities' basic and social needs that the program did not address.

These findings were not new to me. Beyond my family violence work, I learned how challenging it was for government and non-profit organizations to collaborate while delivering community-based programs. As an evaluator for another program to address police-immigrant community relations, collaboration was a central mechanism for developing and implementing prevention programs. Although everyone believed in the value of collaboration, how collaboration was practiced was contextual, dynamic, and emergent. Collaborating on the design of a program was not the same as collaborating on the program implementation. These lessons emphasized the need for time in developing a shared understanding of collaboration among project partners.

Learning How to Collaborate

Alongside these learnings, I began to develop my spiritual self. At the time, I was hungry for existential knowledge as I started a new chapter in my life. I moved from Toronto to Edmonton and sought an education and a purposeful and meaningful career. My spiritual training helped me be more attentive to how I engage with individuals when doing community work.

From 2007, I began learning from another mentor about the interconnectedness between nature and humanity. In the beginning, his teachings felt natural despite being hard to digest. He often taught with stories, and his practical lessons often involved learning to listen to the ebbs and flows in nature. He taught using elements from nature. I often peppered him with questions, and he often responded by saying that I must be patient for these teachings to make sense. Also, at that time, I admit I was still young and very impatient to develop my spiritual self. Such teachings are ongoing, but I have learned to rely on myself to explore how interconnected I am to the human and natural worlds.

These teachings have been influential in shaping my understanding of how to work with others. First, I learned the importance of being open to all the ways we can connect as beings to have a deeper understanding of what reality is. Second, I learned one can never delve deeply into connecting with others if one cannot have a still and non-judgmental mind and being. Third, connecting with others is never isolated and always is interdependent. Fourth, I learned how presence became a core factor in creating and nurturing a sense of trust in relationships. Fifth, I learned how presence is performative and thus shapes how we influence and impact each other. These lessons collectively helped me conceptualize how working with another person is an embodied process in which people influence and affect each other. In hindsight, I believe these learnings helped me to understand how collaboration is a co-constructed process that shapes how people respond and impact each other.

These lessons have helped me become more acutely aware of how to work with individuals in community development and research projects. In particular, I learned to be more mindful of my biases while I engage with people. I learned to quiet my mind and be attentive to all sense phenomena even if I cannot understand how they help me make sense of reality. I

learned to be attentive to the dynamic and emergent nature of working with others and tried to be reflexive in my role in shaping its nature. Nurturing this acute awareness of working with others helped me, particularly in settings where I must nurture safe spaces. For instance, in research and teaching settings, I learned how nurturing safe spaces is key for sharing personal experiences. I am aware that research participants or students always enter these spaces where a power differential exists between them and me. As such, I try to be mindful of how safe spaces are co-created, and more importantly, I try to be attentive to why I enter these spaces and what my role is in shaping their nature. Despite these gains, I learned that having an acute sense of awareness can also be depleting. In hindsight, I find these lessons helped me understand and appreciate how our group generated observations about collaboration as a dynamic, emergent, immersive and interconnected phenomenon.

Choosing a Group and Selecting a Topic

As this was from the beginning intended to be a collaborative inquiry/participatory research, when I started this project, I had to choose who I wanted to work with. I contacted a colleague who informed me of a small group of African immigrants who wanted to create their own support group. However, I did not know them. Hence, I chose to work with members from the MCHB Co-Op. I chose the latter because I had a prior work/volunteer relationship with MCHB Co-Op and its sister organization (e.g., Edmonton Multicultural Coalition). I became familiar with the organization's relational ways of offering support by working with families based on families' cultural norms. Further, I volunteered personally with some of their members on different projects related to family violence, community development, community support groups (e.g., homework clubs), and community functions (e.g., marriage celebrations, beauty pageants, etc). These experiences collectively helped me become familiar with their individual

and organizational mandates of supporting communities through capacity-building and advocacy projects.

In July 2013, I approached the Executive Director of MCHB Co-Op and shared my research goal to address family violence. Following this, the Executive Director suggested I meet with multicultural health brokers who worked extensively with the African immigrant and refugee communities. Following this meeting, two multicultural health brokers chose to be part of my research. These were individuals I had known since 2010. These two individuals recruited additional members. By February 2014, we had six group members who agreed to be co-inquirers. Our membership changed as one member had to leave, and another new member joined in November 2017.

Proposal planning began in August 2013 and ended in December 2014. As we focused on creating a project, co-inquirers oriented me to significant concepts essential to their practice when understanding and addressing family violence in African immigrant communities. These included family, marriage, divorce, and conflict resolution. Later on, I recognized these constructs helped me understand how co-inquirers as multicultural health brokers worked with families in collaborative service provision. Our first proposal suggested a hybrid of an educational/research intervention and thus proved too complex. Co-inquirers and I did multiple revisions to the proposal. In particular, co-inquirers chose to create and be involved in a study that explored collaboration. I submitted our proposal for ethics approval in February 2016. We received approval in May 2016. We implemented the first phase of our study in May 2016. Our design changed as we progressed through this study. I submitted our amendments to the university ethics board and received approval. In total, five amendments were approved by the university ethics board.

Rationale for Exploring Collaboration

Since the 1980s, collaboration has been a strategy to address family violence in Canada. In Edmonton, collaboration remains one of the key strategies in coordinating services to provide comprehensive supports to victims of violence (Alberta Government, 2013). Despite these benefits, how collaboration emerges and is experienced in service provision is still limited, particularly among front-line service providers who work in immigrant sectors. For the co-inquirers who participated in this project, practicing collaboration is a daily work experience. As multicultural health brokers, co-inquirers work alongside caseworkers who are part of the Edmonton Region Child & Family Services. Through this formal partnership, co-inquirers work with various service providers from different sectors and organizations. These include police, lawyers, counselors, and shelter workers. Despite the widespread practice of collaboration, co-inquirers often observed how their collaboration experience varies in their daily work experience. For co-inquirers, the differences in the experience of collaboration resulted in varying service provision outcomes.

Aims, Research Questions and Outcomes

Generating the Aims, Research Questions and Outcomes

Co-inquirers and I generated the aims and the research questions for our project. We started the project with a general research question, What are the elements of collaboration? As the project progressed, objectives and outcomes changed as we reflected on our learnings. Despite this, the overall purpose of the study did not change.

At first, we sought to learn about collaboration from the experiences of co-inquirers and front-line service providers. However, after reflecting on co-inquirers' experiences, we wanted to learn how families interact with different front-line service providers when asking for help in

the service provision context. In the beginning, we sought to develop guidelines and best practices. In doing so, we hoped this would change the practice of collaboration. However, as the project progressed, we learned that changing practice could occur if people learn and reflect on collaboration.

Our group's purpose was to generate knowledge about collaboration and change its practice in service provision. Specific objectives of our project were the following:

- (i) To learn about the experience of collaboration and how this phenomenon manifests in practice from the perspectives of different groups who are involved in its co-creation. These include co-inquirers and family members.
- (ii) To explore perspectives of collaboration from other co-creators such as other front-line service providers. In this exploration, the co-inquirers hoped other front-line service providers would value and appreciate how co-inquirers and African immigrant family members experience collaboration.
- (iii) To explore how relational learning environments contribute to change in the practice of collaboration and,
- (iv) To explore how to change the practice of collaboration to improve relationships between different front-line service providers and African immigrant families based on our observations about collaboration.

It was our collective hope that learnings from our study would help to advance understandings about collaboration as a practice. In particular, we hoped our study could illuminate how collaboration emerges as a complex social phenomenon. In turn, we hoped that our learnings would provide insights into how collaboration can change in practice.

Framing Our Research Process and Our Learnings

Searching for Frameworks

According to Kuhn (2012), paradigms or lenses comprise shared rules and standards to guide inquiry. Paradigms or lenses guide decisions about what procedures to follow and what methods to use. Reason (1994) refers to lenses as the worldviews used by a social actor that guide the nature of reality and how one can understand this reality. In this study, my search for a lens to contextualize our research approach and our learnings about collaboration became a long process. Generally, I felt how we conceptualized our learnings was a ground-up process that began with learning with co-inquirers about how they understand social reality. I have often thought of it as an ongoing and iterative process in which I spend time *being* in the inquiry space with co-inquirers and then immersing myself in the literature to understand what has been happening and then repeating the cycle.

We began work using a participatory worldview (Reason, 1994; Skolimowski, 1994): a paradigm which acknowledges that existence emerges from how self relates to others and the world and everyone is a self-determining individual who can change their reality (Heron, 1996). As we worked together, co-inquirers began mapping out how they understood collaboration as a construct. As conversations deepened and I referenced back to the literature, I realized our group understood reality by the meanings co-created through our relationships. In particular, the concept of collaboration emerged through the meanings co-inquirers co-created with each other, other front-line service providers, and African immigrant family members. Further, the concept of doing research emerged through the meanings we co-created as we planned and implemented the project. From these co-inquirers, I learned how meanings emerged from social interactions comprising the content (e.g., what we said) and its embodiment (e.g., how we talked and the intention underpinning the act). These observations led me to consider applying a relational

action research approach (McNamee & Hosking, 2012) to how we conducted and implemented our research approach.

My choice for a theoretical lens emerged through learning with co-inquirers and reflecting on our understandings of collaboration. I searched for a theory that matched our observations of collaboration as having the following characteristics:

- (i) A phenomenon that emerged between different front-line service providers and families and mediated by various structural factors (e.g., organizational protocols and policies, disciplinary lens, and legislative and institutional policies)
- (ii) A phenomenon that evolved in its nature as different groups of different front-line service providers and families continue to interact and as different structural factors change (e.g., organizational protocols)
- (iii) A phenomenon that influenced and impacted different front-line service providers and African immigrant families in different qualitative ways
- (iv) A phenomenon whose emergence could not be determined prior to an interaction between different front-line service providers and African immigrant families and whose impacts for those involved were not always certain.

Further, in reviewing our data, I observed how co-inquirers believed changing the practice of collaboration involved reflecting on the relationship between different front-line service providers and African immigrant family members. In particular, co-inquirers emphasized the need for everyone who shapes the practice to learn from each other by reflecting on personal stories of collaboration. Such observations highlighted to me the importance of changing conceptions of reality at the ontological level. I felt complexity theory (Bai, 2003; Fenwick,

2009, 2012; Shotter, 2012) was an appropriate theoretical lens to explore the nature of collaboration and determine where change can happen to transform practice.

Relational Action Research

Relational action research was applied as a frame to guide the development and implementation of this project. This approach suggests exploring and changing reality through the interactions that people have with each other. We used a relational action research approach to explore the nature of collaboration as a social phenomenon. In particular, we used a collaborative inquiry method to shape how we wanted to explore collaboration, with whom we wanted to learn about collaboration and to reflect on our learnings about collaboration. Our interactions co-created (i) engagement processes and data collection tools that were respectful to participants involved in this project and (ii) relational learning processes that promoted collective reflection.

Complexity Theory

I used complexity theory (Bai, 2003; Fenwick, 2009, 2012; Shotter, 2012) to frame our learnings. I applied complexity theory (Bai, 2003; Fenwick, 2009, 2012; Shotter, 2012) to explore what our learnings taught us about collaboration and how to act in collaboration. Based on our learnings, we described collaboration as a co-constructed, dynamic, emergent, immersive, non-linear, contextual and nested phenomenon. As a complex phenomenon, the position of complexity theory suggests social actors must learn to be adaptive in a dynamic world and to be reflexive in how they participate in their social relationships. Applied to this thesis, I argue, our learnings taught us how other front-line service providers, co-inquirers and African immigrants are constantly learning how to orient to each other to generate meanings from their collaborative encounters. As they influence and impact each other, I argue, our learnings taught us that front-

line service providers and African immigrant family members all have a responsibility in shaping the meaning-making process.

Our Overall Research Process

The project was a six-year co-constructed process between co-inquirers and me. Phases that comprised this project included: (i) creating conditions (preliminary phase), (ii) exploring and reflecting on co-inquirers' experiences of working with African immigrant families and other front-line service providers (Phase 1), (iii) gathering and reflecting on individual family members' experiences of interacting with front-line service providers (Phase 2) and (iv) exploring and reflecting on collaboration between co-inquirers and other front-line service providers (Phase 3). A detailed description of each of these phases will be highlighted in subsequent chapters.

Who was Involved and Their Roles

My Role

I was the researcher-facilitator in our project. As a peer researcher or a co-inquirer, I contributed to the design and implementation of the research process and the co-construction of knowledge for our project. In our project, my identities as a PhD student, community researcher and community volunteer shaped my knowledge of collaboration and how I related to co-inquirers and to other participants that were involved in our project. Specific details of my role will be outlined in Chapter 5.

Co-inquirers

Multicultural health brokers are members of the MCHB Co-Op who support their communities through multiple initiatives. In our study, six multicultural health brokers agreed to participate as co-inquirers alongside me. Although I am also a co-inquirer, I refer to the six

multicultural health brokers as co-inquirers in my dissertation. I use this grouping based on how all six multicultural health brokers entered this project: they agreed to participate in this project to improve family violence service provision based on their lived experience of collaboration.

Co-inquirers were of African descent but they came from different countries. At the time of recruitment, six were working at MCHB Co-Op as full-time or part-time multicultural health brokers. For some, their roles changed during this project. Two had employment at other organizations or were not working at MCHB Co-Op. Of these two, one worked at a health care center and one worked at a government organization. Two who were part-time multicultural health brokers also had employment outside of the MCHB Co-Op. These two worked in organizations that supported immigrant families who experience family violence. Most had received education in the field of social work. Two co-inquirers had education from different fields. In our project, co-inquirers identified themselves in multiple ways. Half were also community leaders and thus supported their ethno-communities through different ways (e.g., acted as a mediator and coordinated events).

Co-inquirers perceived themselves in different ways. Co-inquirers support immigrant families as families experienced a violent encounter. In this case, they perceived themselves as front-line service providers. They also perceived themselves as advocates who work to change practices and/or policies to better improve the well-being of immigrants. Co-inquirers provide support and advocacy to a diverse group of immigrant families including African immigrant families. In our project, we worked together to identify the topic, develop and support the implementation (e.g., provide recruitment support), and reflected on the project's learnings. The names of the co-inquirers used in my dissertation are pseudonyms.

In our project, co-inquirers' identities shaped different processes in our research project. The lived experience from these identities shaped the content and the research process. As peer researchers, co-inquirers' identities as multicultural health brokers, members of the general African immigrant community and community leaders (if relevant) shaped the content and how they engaged throughout the research process (e.g., generated a research question, identify participants, develop interview guides and support the implementation of the structured story dialogue). For instance, in Phase 2, the recruitment of African immigrant family members was based on their knowledge (i) as a multicultural health broker who has been providing multiple supports to African immigrant family members experiencing family violence and other issues (e.g., financial insecurity), (ii) as a community leader who has been acting as a mediator and thus is familiar with social customs of respectful engagement and (iii) as a community member who has lived experience as an African immigrant and thus would be familiar with social customs that demonstrate respectful engagement in African immigrant communities. As we planned our research design, their lived experience as a multicultural health broker and as a community member helped create respectful research designs.

Co-inquirers' identities as multicultural health brokers and members of the general African immigrant community also shaped how they exchanged and reflected on their lived experiences of collaboration (Phase 1), reflected on family members' stories (Phase 2), and explored collaboration with other front-line service providers (Phase 3). For instance, in Phase 1, their perspectives and stories of collaboration were based on their experience (i) as a multicultural health broker who has been working with other front-line service providers and African immigrant family members in collaboration encounters and (ii) as a community member who has lived experience and thus would be familiar with the values and the social customs that

shape African immigrant families' behaviors in collaboration encounters. As co-inquirers engaged in these activities, the emergent learnings helped to build our observations about collaboration.

Individual Family Members

Individual family members were members of African immigrant families who resided in Alberta. These individuals received support from co-inquirers to address needs related to and/or beyond family violence. These individuals offered a unique perspective on how front-line service providers work with African immigrant families. Individuals shared their experiences of interacting with and receiving supports from front-line service providers including co-inquirers. To ensure confidentiality and promote agency, individuals were encouraged to share their stories based on their comfort level. Further, individuals were given a chance to revise their stories. Stories gathered from families were used as sources for learning and reflecting about collaboration with co-inquirers (Phase 2) and with front-line service providers (Phase 3).

Front-line Service Providers

Front-line service providers represented individuals who work in family violence service provision and thus support African immigrant families. In particular, these individuals represented service provider organizations who worked with co-inquirers and other multicultural health brokers in addressing the needs of families who experience family violence. Recruited front-line service providers and co-inquirers were invited to participate in a structured story dialogue to reflect on collaboration with each other.

Intermediaries

Intermediaries were Executive Directors, administrative staff and trainers who shape training programs for front-line service provider organizations. We recruited key intermediaries

who are well-known and have been influential in shaping family violence service delivery. Intermediaries were recruited to support recruitment strategies and provide feedback on our reflection activity (Phase 3). In particular, their insights on our reflection activity enhanced our understandings of how to engage with front-line service providers better.

Overview of Chapters

In this section, I provide a short narrative of each chapter. The second chapter will be a review of peer-reviewed academic articles that discuss collaboration. Here I outline how collaboration has been conceptualized and studied in family violence service provision. I highlight the knowledge gaps and emphasize the need for collaboration to be examined as a social phenomenon. To support my arguments, I highlight how public administration literature has studied collaboration as a phenomenon that is co-constructed by social actors and shaped by their social environments. This background to the literature highlights why our collaboration study provides new insights to what is already known about collaboration in family violence service provision.

In the third chapter, I discuss the framing that guided how we explored collaboration in our project. In this project we used a relational action research approach to unpack how co-inquirers relate to African immigrant families and other front-line service providers when addressing family violence among African immigrant families. In this chapter, I describe this approach's underpinnings to lay a foundation for how we collectively learned and reflected about collaboration in an iterative and emergent way. These underpinnings also provide the basis for why we needed to be mindful of how we engaged with each other, with African immigrant families and other front-line service providers who participated in our project. This chapter also

provides details on who the co-inquirers were, the methods we used, the ethical, quality and reflexivity considerations we made.

In the fourth chapter, I describe the values and the social experiences that shaped my own and the six co-inquirers' worldviews. This chapter provides a key background in understanding how I came to know and work with many of these co-inquirers. I also describe the fundamental values and experiences that helped me define my conceptions of knowledge, learn how knowledge is used to create or change reality, and explore my expectations in knowledge production processes. These past experiences shaped how I worked with co-inquirers in this study and helped me understand how they define social change. In documenting these details, this chapter highlights our shared history and common values that created the groundwork to develop and implement a project together.

In the fifth chapter, I describe how we engaged with each other throughout our project. This chapter details how we created a shared identity that shaped how we developed, implemented, and supported each other in this six-year project. In this chapter, I illustrate that our shared identity emerged from an ongoing and iterative process of (i) learning and reflecting with each other about how to implement our project and (ii) nurturing a safe space to share our insights about collaboration and discuss our personal lives.

In the sixth chapter, I describe our first activity (Phase 1) in exploring collaboration. Here, we shared and reflected on co-inquirers' past experiences of collaborating with African immigrant families and front-line service providers. Through this activity, our reflective dialogues generated (i) a map of the service delivery landscape in which collaboration is enacted between African immigrant families and different front-line service providers including the co-inquirers, (ii) areas in which African immigrant families and front-line service providers can

better relate to improve service provision and (iii) a list of social actors (e.g., African immigrant family members and other front-line service providers) that co-inquirers wish to learn from about collaboration. In highlighting these details, this chapter sets the stage for broadening our understanding of collaboration as a complex social phenomenon emerging from interactions between interpersonal relationships and structural factors. Our learnings from this phase also created the impetus for implementing the next step in our project: learning about collaboration from African immigrant families.

In the seventh chapter, I discuss our second activity (Phase 2) to expand our understandings of collaboration. In this phase, I describe how we gathered stories about collaboration from ten different African immigrant family member participants. We learned from different family members how actions enacted in collaboration have varying impacts on how individuals perceive themselves and feel valued when working with different front-line service providers including co-inquirers. Likewise, we also learned how co-inquirers perceive themselves and feel involved during the collaborative encounter between other front-line service providers and African immigrant family members. Further, we learned how actions are tied to different cultural meanings that can create misunderstandings and difficult collaborative encounters. Our learnings deepened our understanding of collaboration as an immediate, emergent, and co-constructed phenomenon. The activities undertaken in this phase created the stories used for the final exploration of collaboration.

In the eighth chapter, I discuss our third activity (Phase 3) to explore our understanding of collaboration. This chapter describes the steps we took to design the reflective activity and highlights the lessons generated from engaging in a relational dialogical learning activity with other front line service providers. In describing these details, this chapter highlights another key

learning moment for our group: the value of collective reflection to promote awareness of how front-line service providers including co-inquirers relate to each other and African immigrant families.

In the ninth chapter, I discuss how our learnings have implications for how to study collaboration and to promote its reflection in practice. Based on our learnings, I apply complexity theory as a guide to explore what our learnings taught us about collaboration and how to change our practice of collaboration. In discussing these details, this chapter highlights key theoretical and practical contributions to the knowledge of collaboration in family violence service provision.

Summary

In this chapter, I provided a brief summary of our project. Next, I discussed my work and spiritual development that broadened my knowledge about collaboration as a practice in program delivery and in working with individuals and communities. I outlined how I met the co-inquirers and worked with them to design a project that explored collaboration and the co-created aims, research question, and expected outcomes we hoped would emerge from this project. I introduced the framings that came to shape the research process as well as the theoretical lens applied to our learnings. I provided an overview of the research process and the types of participants involved as it unfolded. In the final section, I provided a brief summary of each chapter.

Chapter Two: Literature Review

Collaboration

Value of Collaboration in Public Health

Roussos and Fawcett (2000) suggest the health of the individual and the population is a responsibility shared by different sectors of the community, including education, welfare, housing, urban planning, and health. As such, partnerships are undertaken to address the goals that each stakeholder could not accomplish on their own. In addressing the health of the public, goals can be local and specific (e.g., addressing crime and violence) or national (e.g., addressing an array of issues in community health and development) (Roussos & Fawcett, 2000). Benefits of engaging in partnerships are multiple for members and are associated with societal outcomes, including improved behavioral outcomes, the facilitation of new programs, services and practices, and policy changes (Roussos & Fawcett, 2000).

Addressing Family Violence

Since the 1990s, global and national public health institutes suggest family violence is a multi-faceted public health issue (Canadian Public Health Association, 1994; Public Health Agency of Canada, 2016; World Health Organization, 2014). Its nature is characterized as having causes that are multiple and overlapping (Garcia-Moreno, & Watts, 2011) and operating at different levels of an ecosystem (Montesanti & Thurston, 2015). Its consequences and costs have an impact beyond the immediate stakeholders (e.g., victim, offender, and their families) to include the general public (Garcia-Moreno & Watts, 2011). Informed by ecological approaches, interventions are oriented within a preventive aim using three different approaches (Kirk et al., 2017). Primary approaches aim to prevent violence from occurring and may involve building healthy public policy, developing empowerment programs and creating antiviolence campaigns

(Kirk et al., 2017). Secondary prevention focuses on preventing re-occurrence of violence and may comprise better screening programs, addressing risk factors, or enhancing the referral pathway (Kirk et al., 2017). Tertiary prevention aims to address the effects after a violent incident and may include providing counseling or rehabilitation to the victim or building supportive environments for them and their families (Kirk et al., 2017).

As an example of primary prevention, coordination of services is a highly regarded strategy to address family violence as identified by the Alberta Government (2012) and the Public Health Agency of Canada (2016). Since the 1980s in Canada, there has been a growing emphasis in different provinces on comprehensive and coordinated services in order to address the needs of immigrant women who experience family violence (Hui & Han, 2009; Justice Institute of British Columbia, 2007). Provincial and federal policy emphasizes coordination across agencies to address domestic violence among immigrant and refugee communities (e.g., British Columbia, Ontario and Saskatchewan) and implemented through multiple projects (e.g., Immigrant and Refugee Initiative in Alberta; Muslim's Safety Family Project in Ontario; Overcoming Barriers in New Brunswick). However, most of these initiatives have focused largely on primary prevention strategies (Harvey et al., 2007) that provide community-based education (e.g., education on rights, laws and regulations; education on healthy relationship skills), media campaigns (e.g., increasing cultural competency among staff to be sensitive to victims' needs) and gender-based programming (e.g., increasing empowerment among women; working with men to address violence). In most cases, these partnerships thrive outside of the health sector, operate within human rights and social justice imperatives, and are funded by sectors external to the health sector.

Secondary prevention strategies are primarily focused on training front-line service providers from different sectors to improve how they respond to victims of violence. Training encompasses a variety of different educational formats that include postsecondary or continuing education courses and small workshops. Also, training targets a range of health care workers (Rossiter, 2011) and social care workers. For instance, in British Columbia, medical and dental students take post-secondary courses as part of their professional training (Rossiter, 2011). In Ontario, the Canadian Association of Midwives are building the capacity of non-Indigenous and Indigenous mid-wives to spot signs of family violence and support victims (Western University, 2020). Also, in Ontario, the Refugee Resettlement Assistance in Ontario and Responding to Intimate Partner Violence project offers resources and training to refugee assistance program workers so they can better support female refugee survivors of violence (Rexdale Women's Centre, 2020).

Tertiary prevention strategies are often undertaken by front-line service providers who operate within the legal, judicial, social, and welfare sectors. Since the 1980s, Canadian provincial policy mandates promote a comprehensive response to family violence by encouraging partnerships between different sectors. These partnerships focus largely on enhancing service responsiveness amongst front-line service providers and other related personnel (e.g., court personnel). For front-line service providers operating within these partnerships, activities comprise sharing information and resources between organizations, sharing risk assessments, and delivering interventions together. Examples are diverse across the country. For instance, in British Columbia, the Interagency Case Assessment Teams comprise judicial, legal, child and family and shelter organizations working together to address high-risk domestic violence cases by facilitating the court process for those impacted by domestic violence

(Baldwin et al., 2005). In Alberta, Homefront comprises law enforcement agencies (e.g., police), judicial sectors (e.g., specialized domestic courts, judges and court case workers), and social service programs (e.g., treatment programs, victim support organizations, and community legal aid offices) partnering to provide a timely response to those involved in domestic violence (Hoffart & Clarke, 2004). At an organizational level, partnerships between organizations have proven beneficial in sharing limited resources, and expertise and providing supportive relationships that can buffer the stress encountered in the work (Baldwin et al., 2005). Partnerships can also provide space for communication, information and resource sharing (Luton, 1996). Collectively, these examples demonstrate that coordinated responses to family violence can be effective at addressing domestic violence (Baldwin et al., 2005; Grasely, et al., 1999; Hoffart & Clarke, 2004).

However, not all tertiary prevention initiatives to address family violence operate within partnerships that promote coordination and have embedded within their network protocols for how organizations can act. In some cases, partnerships between organizations operate within mandates that do not necessarily provide operational guidance to organizations. For instance, in Quebec, different front-line service providers (e.g., staff from shelters, organizations that help violent partners and local community service centers) often work together to address family violence because of a provincial policy (the Domestic Violence Intervention Policy) that emphasizes inter-service collaboration. However, how inter-service collaboration works is dependent on the interactions among these workers and their organizational mandates (Lessard et al., 2006). Further, partnerships between organizations do not necessarily provide guidance for contract workers who provide term-limited assistance to front-line service providers. For instance, translators are often contracted to provide support to front-line service providers as a

consultant (Alaggia et al., 2017) or operating within formal partnerships (Hoffart & Clarke, 2004). Although the use of translators has been beneficial to increasing positive engagement with clients, there is often no training for front-line service providers on how to work collaboratively with translators (Alaggia et al., 2017). These variations in partnerships emphasize a need to explore what collaboration is in practice.

Studying Collaboration

How the Construct is Studied

Lessard and colleagues (2006) argue that collaboration to address domestic violence is a common and heterogeneous phenomenon in Canada. However, studying collaboration can be challenging, particularly because of its diversity as a practice (Lessard et al., 2006) and how it is studied as a construct. As a practice, the development of collaboration is contingent on its region (Lessard et al., 2006). As such, the context of the partnership has implications for how collaboration manifests in practice. Collaborative service provision is diverse in its goals as partnerships can be: (i) voluntary and specific to addressing family violence and (ii) those that are mandated and focus on addressing broad goals (e.g., addressing the health and well-being of children and families). Partnerships can also differ depending on their scope of tasks, number of personnel, and nature of their involvement. Partnerships can vary in size and can be as small as two people coordinating their actions or as large as encompassing a wide range of organizations (Baldwin et al., 2005). Contingent on the nature and the size of the partnership, there can be differences in what it means to feel engaged and what it means to negotiate amongst each other to define the problem issue, determine the solution, and allocate resources to implement the solution.

The literature on collaborative service provision can be divided into two streams. One stream identifies factors that lead to a successful collaboration (Baldwin et al., 2005; Brown & Troutt, 2004; Hoffart & Clarke, 2004; Lessard et al., 2006). As noted in Table 1, factors include shared values underpinning the partnership, strong organizational policies and processes, and relational principles and processes. The second stream focuses on the challenges that front-line service providers encounter amongst each other while functioning as a unit to address family violence (Alaggia et al., 2017; Grasely et al., 1999; Hoffart & Clarke, 2004; Lessard et al., 2006; Luton, 1996). As seen in Table 2, factors that contribute to challenging collaborative encounters include lack of common values, lack of organizational policies, poor organizational processes and insufficient or lack of organizational resources.

Critiquing the Trend in Studies

The studies listed above demonstrate how conceptualization of collaboration as a construct shapes how it has been studied. The prominent focus on identifying factors that lead to successful collaboration implies that the construct of collaboration is perceived as a fixed outcome. As such, the focus for any partnership is to have specific factors (e.g., sharing information protocols) within its structure to increase the potential for a successful collaboration. However, conceptualizing collaboration as a fixed construct has limitations. If collaboration is perceived to be a fixed construct, factors shaping collaboration will be constant and will not change over time or from situation to situation. Public administration literature emphasizes that collaboration is a process-oriented practice. Factors that shape the nature of collaboration and its outcome evolve on an ongoing basis. Further, mediating factors will also shape collaboration. For instance, over time, the partnership structure may change due to the complexity of the issue,

the context (e.g., policy and economic) in which partners operate and the number of partners that leave or join.

Second, stressing the presence of specific factors in a collaboration implies these factors have a universal meaning. For instance, assessment protocols are often stressed as a vital component in any partnership between providers. These protocols are often perceived to be written in a way that is objective and universal – in that everyone understands how to orient their actions in order to attain a goal. However, these assessment protocols do not necessarily incorporate whose interpretations should be at the forefront and thus determine how a particular situation should be looked at and thus resolved. As well, these assessment protocols do not account for how interpretations are assessed and negotiated to determine a course of action. In most cases, interpretations are not necessarily explicit until front-line service providers come together to address a problem within the family. Further, familiarity with these interpretations do not occur until there are repeated interactions between front-line service providers.

Third, extant studies highlight how differences lead to challenges within partnerships but do not elaborate how social actors consider and weigh their perspectives and come to a shared understanding about a particular topic. When individuals engage with each other, they determine rules of how to act (Gray, 2000, 2004; Gray & Purdy, 2018; Huxham & Vangen, 2008). Here, individuals engage in a series of negotiations (i.e., assess the relative value of a particular approach) to determine a set of rules upon which they decide how to engage with each other and how a problem should be resolved. These also shape the identities of those involved. Although some rules can be predetermined prior to working with each other what is eventually displayed (and thus legitimized) is shaped in the moment by those involved.

Repeated interactions between those involved can help to establish patterns of rules.

Table 1

Factors that Contribute to Successful Collaboration

		Type of Successful Element	
Values or principles		Organizational policies and processes	Relational principles and processes
Citations			
(Baldwin et al., 2005)		Documenting and developing formalized agreements; Having clear processes to address accountability	Engaging in reflection on practice; Being respectful to each other
(Brown & Troutt, 2004)	Dedication to the collaborative process	Having a standards manual; Having detailed service partnership agreements	Ongoing communications between program staff and organizations
(Hoffart & Clarke, 2004)		Ongoing review of protocols	Strong working relationships
Lessard et al., (2006)		Having concrete mechanisms for information exchange and clarity of roles; Having a liaison to manage communication	Being proactive, respectful, open-minded and sharing tasks when addressing issues

Table 2

Factors that Contribute to Challenging Collaborative Encounters

	Type of Unsuccessful Element	
	Values or principles	Organizational policies and processes
Citation		Organizational resources
(Alaggia et al., 2005)		Lack understanding of confidentiality and role boundaries across all workers
(Grasely et al., 1996)	Divergence amongst organizations in their organizational mandates	Availability of resources; High costs
(Hoffart & Clarke, 2004)		Poorly trained personnel
Lessard et al., (2006)		Not being aware of others' services and protocols in managing cases
Luton, 1996	Divergence amongst organizations in their organizational mandates	Time constraints

However, given that collaboration is dynamic, rules are likely to change. For example, given that family violence experiences can vary in complexity and those involved in addressing the issue are not always the same people, the rules of assessing and solving problems and how to act may change. Further, external influences can also shape the implementation of these rules. For instance, department mergers can create greater caseloads for an organization and subsequently shape the time workers have when called to address a family violence situation. These influences imply that front-line service providers must adapt to varying situations. These points collectively highlight that the construct “collaboration” needs to be conceptualized as a dynamic and social process that encompasses an array of interpersonal and structural interactions.

Locating Sources About Family Violence Service Provision

Studies on collaborative initiatives to address violence have largely gathered data from partnerships between government (e.g., police, court, and child welfare) and non-profit organizations (e.g., victim advocacy organizations and shelters), relying primarily on perspectives of front-line service providers and administrators. For instance, Baldwin and colleagues’ (2005) understanding of collaboration comes from the perspectives of an array of individuals including counselors, victims and police services, police officers, and victims’ assistance. Lessard and colleagues’ (2006) findings are based on diverse groups that include workers who help mothers and children, help maltreated children, and offer housing and short-term aid to victims. Brown and Troutt (2004) gathered perspectives from a partnership between shelter organizations, victim support organizations, counselling services, court, and men’s service organizations. Thus, extant literature is limited in learning about collaboration from community health workers who are employed by government and non-profit organizations. At present, their roles are not mentioned in these articles. Further, there is limited literature about

how collaboration is experienced among community health workers who work with immigrant communities and who are employed by immigrant-serving agencies. This knowledge is important given community health workers play multiple roles in supporting immigrant communities in addressing family violence (Constellation Consulting Group, 2017; Torres et al., 2013).

The Role of Community Health Workers

The Importance of Community Health Workers

Community health workers (CHWs) serve as liaisons for marginalized populations as they access different types of services. CHWs comprise of different types of providers. In a recent review of CHWs, Taylor and colleagues (2018) found 131 different types of CHWs. These include natural helpers, peer supporter and promotores. Extant literature describes CHWs as individuals who make connections between the communities they serve and health and social care systems (Love et al., 1997; Najafizada et al., 2015). As individuals who act as a bridge, they guide community members to appropriate services. They also provide health care providers vital cultural and contextual information that help health care providers build their cultural competence and improve their communications with patients (Brownstein et al., 2011). They deliver community outreach programs or practices as front-line service providers (Torres et al., 2014). Further, they can increase access to or enhance culturally competent care (Torres et al., 2014).

The philosophies underpinning the practices of CHWs vary, but there are common key elements: Empowerment and client-focused support (Najafizada et al., 2015; Taylor et al., 2017). In their work, CHWs play multiple roles and enact multiple tasks. They provide different dimensions of social support, including informational, instrumental, appraisal, and emotional

support. CHWs have knowledge of the communities they serve. This knowledge has been characterized as population knowledge (Taylor et al., 2017) or community-origin or in-depth knowledge of the community (Najafizada et al., 2015). This type of knowledge encompasses norms, values, behaviors, and information about the community's daily lives (Taylor et al., 2017). Such knowledge remains crucial for CHWs to build trust, mutual understanding, and respect with the communities they serve. Their knowledge as insiders provide a unique understanding that illuminates the strengths and assets of a particular community (Love et al., 1997) and a deep understanding of the issues that communities face in accessing health and social services (Torres et al., 2014). When working with community members, CHWs are relational, support the person throughout their support trajectory, and are flexible when meeting the needs of individuals they support (Taylor et al., 2017). These descriptions of CHWs do not include CHWs who are employed by government and health sectors.

Unlike clinic-based health workers, CHWs often live and work in the community that they serve. As liaisons, CHWs are indigenous to the community that they work in. They have many similarities with community members that span different dimensions, including cultural background, socioeconomic status and personal experience (Taylor et al., 2017). In some cases, CHWs face similar barriers as the community members with whom they work, including racism, discrimination and inequalities (Torres et al., 2017). Their shared experience makes them well-suited to understanding the needs of the communities that they serve. Thus, they are highly regarded for the type of rapport they build with the communities they serve and can be conduits of information, resources and supports (Love et al., 1997).

How Community Health Workers Address Family Violence

In Canada, CHWs have addressed family violence via primary, secondary and tertiary prevention strategies. The title of a CHW can differ depending on the organization and their work. CHWs are employed to provide primary and tertiary prevention in Alberta. For instance, in Edmonton, CHWs are employed by REACH Edmonton to mobilize individuals from 7 diverse ethno-cultural communities (Eritrean, Filipino, French Africans, Middle Eastern, Oromo, Somali, and Sudanese) to attend capacity-building workshops to prevent family violence (REACH Edmonton, 2019). In this organization, CHWs are referred to as cultural navigators (REACH Edmonton, 2019). In Edmonton, CHWs who are multicultural health brokers and members of MCHB Co-Op work with pregnant women or mothers with newborn children who experience multiple challenges including spousal violence (Torres et al., 2013). In these cases, brokers have to navigate and work with different multiple service systems that include child intervention, social services, and immigration to address families' needs (Torres et al., 2013). In Calgary, CHWs who are referred as cultural brokers work with a domestic violence specialist to support families who experience domestic violence (Constellation Consulting Group, 2017).

In service delivery partnerships between immigrant-serving agencies, government, and non-profit organizations, collaboration is guided by a relational framework in service provision. A relational framework provides guidance on how individuals from different organizations interact with each other on an ongoing basis. For instance, in Edmonton, using a model called the Child Intervention Practice Framework (CIPF), multicultural health brokers from the Multicultural Health Brokers Co-Operative, work alongside caseworkers from Children's Services to deliver culturally appropriate interventions to immigrant and refugee families (Torres et al., 2020). Here, the partnership promotes collaboration through three strategies: (i) having a shared protocol detailing each organizations' responsibility in service delivery, (ii) having a

referral system, (iii) providing cross-training and support for multicultural health brokers and caseworkers, and (iv) having multicultural health brokers located in neighbourhood centers that serve high numbers of immigrant and refugee families to provide intercultural support to caseworkers.

In this partnership, the goal is to balance power in service provision between caseworkers and immigrant and refugee families. Here, multicultural health brokers offer a safe space to address any potential misunderstandings between a caseworker and a family. In this safe space, multicultural health brokers enhance a caseworker's knowledge of the challenges that a family faces, help a caseworker understand the actions and perspectives that a family displays, and illuminates a family's assets. Further, multicultural health brokers educate a family about a caseworker's role in supporting the family. Assessment and resolution of a family's situation is undertaken by both the caseworker and the multicultural health brokers. This example demonstrates how the partnership framework can be used by social actors (e.g., families and front-line service providers) to learn from each other how each interprets a situation. This is key in learning how to address a family violence encounter.

In Ontario, the Culturally Integrative Family Safety Response (CIFSR) model orients service delivery using a collectivist relational lens (Baobaid & Ashbourne, 2016). Here, CHWs work with different service providers through a partnership to provide culturally relevant assessment and intervention practices for Muslim communities (Baobaid & Ashbourne, 2016). In the CIFSR model, CHWs work with both mandated (e.g., child protection workers and police) and informal service providers (e.g., community leaders, elders, and imams) to coordinate prevention, intervention, and awareness protocols (Ashbourne & Baobaid, 2019). In particular, CHWs act as a bridge between formal services and families by informing service providers of

collectivist values and norms that shape how Muslim families experience and address violence in their families. CHWs also act as a bridge between informal services and families by connecting families to appropriate informal supports that promote family members' well-being. Key to this practice model is the development of relationships with different service providers prior to undertaking any intervention (Ashbourne & Baobaid, 2019).

In the CIFSR model, collaboration is implemented within a coordinated organizational response team (CORT) (Baobaid & Ashbourne, 2016). CORT comprises coordinating organizations (those that coordinate service provision), community support networks (service providers that offer informal support to family members), cultural organizations (providers that build bridges between collectivist communities and service providers and enhance capacity of service providers and community leaders) and service organizations (mandated and voluntary organizations that offer support to families). Following an assessment of the family's situation, CORT members collaboratively develop culturally appropriate plans to keep a family safe. Their involvement is dependent upon the unique needs of the family and thus can be short or long-term. CORT members are encouraged to engage in ongoing communication about protocols (assessment, communication, and monitoring), the nature and degree of their involvement, emergent challenges, and expectations about the collaboration process and outcomes. In this example, the partnership framework illustrates how ongoing communication remains essential in shaping how different CORT members interact with each other when addressing a family violence encounter.

Collectively, these examples demonstrate the value of CHWs in addressing family violence. However, these examples do not give us an understanding of how CHWs collaborate with other front-line service providers. These cases offered in the literature (Ashbourne &

Baobaid, 2019; Baobaid & Ashbourne, 2016; Constellation Consulting Group, 2017) largely focus on the outcomes of services with limited information on the nature of collaboration between CHWs and other front-line service providers. There are multiple gaps on how collaboration is practiced between CHWs and organizations.

First, existing literature about the nature of collaboration between CHWs and other front-line service providers does not detail how each social actor perceives their own role and their co-workers' roles in coordinating and providing services. Second, extant literature does not highlight the frames that CHWs use in relation to (i) assessment and planning interventions and (ii) engaging and making decisions with other service providers and family members. Third, there is limited or lack of knowledge of how the structure of the partnership impacts CHWs' work when making decisions. Fourth, extant literature does not highlight how CHWs navigate complex social processes that in some cases can be doubly volatile for them (i.e., addressing high-risk family situations and experiencing discrimination from another service provider all at the risk of their personal safety). Fifth, existing literature does not highlight how CHWs navigate between different social situations that involve interactions with different service providers to address family violence and other challenges facing families (e.g., unemployment). Taken together, not knowing the gaps in understanding the nature of the collaboration has the potential to devalue the work that CHWs do as individuals and as organizations in the partnership. This can prove detrimental as they are historically undervalued and under-recognized by other health providers and lack recognition and accreditation in Canada (Torres et al., 2017).

Perspectives from Public Administration Literature

In the next section, I discuss how public administration studies conceptualize collaboration as a social and dynamic phenomenon (Lotia & Hardy, 2008). This literature reveals that partnerships between front-line service providers involve (i) different ways of interacting that can move from co-operation to co-ordination to collaboration, (ii) sets of guidelines that determine how to act and are constructed on an ongoing basis, (iii) constructions of how to act based on worldviews that have deep ties to identities and (iv) constructions of how to act that are always changing in response to those who are involved and to other mediating factors.

Defining Collaboration

As an act, collaboration can occur between two or more different organizations. The entities that different organizations become when working together have been described in multiple terms such as collaborative, multi-agency, coordinated, or cooperative (Cropper et al., 2008). The term collaboration is often used interchangeably with other terms like partnership, cross-sectoral collaboration, inter-agency collaboration and inter-organizational collaboration. In most cases, these terms denote the working relationships between different types of organizations that can range from government to non-for-profit to business organizations.

Collaboration can be perceived as a relational system (Longoria, 2005) in which two or more stakeholders come together to meet objectives that neither can achieve alone (Graham & Barter, 1999). Collaboration has also been described as a developmental process (Longoria, 2005) in which groups engage based on a set of shared rules, norms, and structures to address a particular issue (Wood & Gray, 1991). Collaboration involves autonomous actors interacting with each other to determine shared rules to shape how they engage with each other and how they decide to act on a particular issue (Thomson, 2001). Collaboration has also been perceived

as being embedded within a larger system and thus interacting within a larger environment (Emerson et al., 2011).

Collaboration differs from other constructs that depict working relationships between organizations. For instance, cooperation is often characterized by informal and personal relationships (Kagan, 1991). There is reciprocity but not necessarily a symmetrical exchange of resources (Kagan, 1991; Longoria, 2005). In this case, people work together to serve their interests or attain their own goals (McNamara, 2016). Within this type of working relationship, actors often work without a formal structure, and organizations involved do not need to orient their mandate to guide this relationship. Coordination involves multiple organizations working together within specific areas to attain their own individual goals. In this type of interaction, organizations are linked together as each one requires help from another organization to attain their individual goals. Both co-operation and coordination are perceived as an early precursor to collaboration.

Collaboration is perceived as a higher-order collective action in which the outcome is shared amongst organizations (Longoria, 2005). In collaboration, resources, staff and rewards are shared amongst organizations based on a common interest (McNamara, 2016). Repetitive connections between individuals build trust in relationships (McNamara, 2016). McNamara (2016) suggests collaboration can have different characteristics depending on whether its initiation is voluntary or mandated through legislative action or through a contractual agreement. Mandated collaborative interactions differ from voluntary collaborative interactions in that the structure and the process elements of the partnership (e.g., design, formality of the agreement and information sharing) are coordinated elements often undertaken by a convening authority (McNamara, 2016). Issues relating to resource allocation or turf issues are often mediated by the

convening authority (McNamara, 2016). In contrast, the structure and the process of voluntary collaborative interactions are often undertaken and implemented by participants or by a convener, if needed (McNamara, 2016).

In practice, McNamara (2012) argues that partnerships do not operate using one form of interaction throughout their life-cycle. Instead, McNamara (2012) suggests different types of interactions occur depending on what activity partners engage in and who is involved. For instance, when discussing administrative issues (e.g., grant contracts and exchange of resources), administrative representatives (e.g., executive directors and/or managers) from the partnership may engage in an interaction that is characteristic of a coordinative relationship. In contrast, when front-line workers make a decision about how to address an issue, they may pool their time and resources to resolve the issue (i.e., a collaborative interaction).

Benefits of Collaboration

Working together can provide multiple benefits, namely: (i) increased access to resources, (ii) a shared risk associated with a project, (iii) being efficient in delivering public services, (iv) offering services in a coordinated and seamless way, (v) exchanging learning between organizations, and (vi) addressing complex issues (Huxham & Vangen, 2005). Reasons for engaging in relationships with other organizations include being mandated by legal or regulatory requirements, increasing stability of an organizational environment and enhancing legitimacy among organizations and decision-makers (Sandfort & Milward, 2008). Despite the intended gains, partnerships can experience inertia due to emergent dilemmas. Some of these challenges include (i) ambiguity in the mission of the collaboration, (ii) discrepancies in the goals and the expectations of the collaboration, (iii) how power is given and implemented, (iii)

lack of trust, and (iv) lack of clarity and ambiguity of who is part of the collaboration and how the process of collaboration is being undertaken (Huxham & Vangen, 2005).

Studying Collaboration

The public administration literature is rich in studying the nature of collaboration. Frameworks for collaboration highlight the complexity of working together. Often these demonstrate that multiple variables interact with one another at the individual and organizational levels (Williams, 2016). Unfortunately, Williams (2016) argues the use of frameworks to study collaboration have multiple limitations because of how they portray collaboration. For instance, Williams (2016) critiques frameworks because (i) they portray collaboration as an objective phenomenon that comprises rational and tangible elements, (ii) they can demonstrate general and not specific areas of a particular partnership, (iii) they do not illustrate all the ways that partners interact, and (iv) they do not incorporate the dynamic nature of collaboration. The dynamism of collaboration is best understood when attention is given to the context, particularly the scope of the policy problem, the size of the collaboration, the nature and organizational level of participants' involvement and how participants collectively act to address the problem (Williams, 2016). To unravel the dynamism, it is necessary to study how a group of people shape (Huxham & Vangen, 2005), maintain and hinder their nature (Gray, 2000). To do this, collaboration needs to be understood as a social phenomenon.

Collaboration as a Social and Constructive Phenomenon. Huxham and Vangen (2005) suggest collaboration is a complex picture encompassing multiple inter-related factors. At the base of this complexity is a deeply intertwined constructive process shaped by the interactions that actors have with each other. Within this process are two sets of inter-related factors: factors that shape actions and factors that interpret what those actions mean (Huxham &

Vangen, 2005). Aims of those involved, the level of trust that each actor has in others, perceptions of power, the structure, and the process in which collaboration operates are factors that determine what acts should be undertaken. Each of these factors comprises different dimensions that are often taken for granted in practice and thus create the potential for conflict. For instance, in any partnership, there are goals that an individual, organization, or the partnership wishes to achieve. Further, goals that an individual, organization or a partnership have may differ in their internal and external motivation for partnership engagement, focus, explicitness, genuineness, content, and the individual(s) responsible for attaining the goal and the process to achieve these goals.

Aims, trust, power, structure, and process are all factors that shape the context for how social actors actively and passively engage with each other (Huxham & Vangen, 2005). For instance, when people partner together, they might not have the luxury of choosing each other, but they choose how they build trust within the relationship. The nature of trust will depend on two factors: (i) how each social actor communicates their expectations to others about what will be involved and (ii) how vulnerable each one feels in taking a risk to collectively act. In some cases, some of these factors operate at multiple levels (Huxham & Vangen, 2005). For instance, power operates at the macro-level in the assets (e.g., resources, skills, and information) that an organization has, the formality of power that an organization has (e.g., a constable is recognized in society as having legislative power) and how strategic the power of an organization is (e.g., an organization that writes funding proposals can shape the agenda of the partnership). Power can also operate at the micro-level in the activities that shape the development and maintenance of the partnership (e.g., naming of the collaborative and inviting other organizations into the collaborative).

The Role of Identities in Collaboration. Prior to a collaborative encounter, Huxham and Vangen (2005) argue, people need to develop a mutual identity (e.g., how can we act) in order to agree on the factors that will shape their actions in the partnership. This development is largely shaped by the interpretations that people have about each other's identity and about their actions (Huxham & Vangen, 2005). These interpretations are based on social categories (e.g., organizational or professional identity) and different dimensions (Huxham & Vangen, 2005). For instance, interpretations of actions and identities can be based on the organizational identity that a person has. Further, interpretations can be based on the role that a person has within the organization, the status of the organization to which a person belongs and the locale where a person works. Collectively, interpretations can be determined prior to engaging in a collaborative act and can stay the same or change during the social encounter. The eventual outcome determines how a social actor will act towards another person in a collaboration.

A simple example can demonstrate this complex social process. When entering a partnership, a child welfare worker may have predispositions about how a constable acts based on the organizational identity of the constable. The child welfare worker may value the constable because of the prestige associated with the constable's organizational identity (i.e., police organizations help in the community). Given this positive value, the child welfare worker may act positively towards the constable (i.e., I smile at you). The interpretation of this act by the constable determines the future action based on its impact on the constable's identity (i.e., Do I feel valued or not?). The eventual outcome of this interpretation process (i.e., I felt valued) shapes the constable's action towards the child welfare worker (i.e., I will smile at you). In turn, the child welfare worker will interpret this act based on its impact (i.e., A smile made me feel valued), and then respond to the constable (i.e., I will engage with you). Through ongoing

engagements with each other, the child welfare worker and the constable may develop how they act towards each other.

The different types of social categories that people belong are also how people exchange information and create a sense of belonging. Vangen (2017) argues that people are comprised of different cultural identities, each exerting its effects on the values, norms, attitudes and practices that people adopt. When people engage with each other in a collaboration, they are often exchanging different aspects of culture within the social process. Further, in engaging with others, they also exchange ways of belonging based on a particular cultural identity. Here, Vangen (2017) highlights how identities constantly change as they engage with different people.

In collaborations that occur across sectors and/or countries, Vangen (2017) argues, different cultures and their social etiquettes play a role in how people exchange and understand information and feel a part of the process. For Vangen (2017), three types of culture exert their influence on collaboration and on the identities of those who are part of the collaboration: national, organizational and professional. For each type of culture, there are different types of social etiquettes that shape how people initiate and navigate conversations (Vangen, 2017). These etiquettes can be shaped largely by expectations of how people should act based on different social identity factors (e.g., age, gender or status). National culture includes the cognitive values and beliefs that are manifested in an individual's behavior (Vangen, 2017). These are displayed through an individual's work style or how they interact with others. Organizational culture encompasses ways of doing within an organization (Vangen, 2017). Professional culture refers to the core values, attitudes and beliefs that a particular professional community holds (Vangen, 2017). These are manifested in an individual's knowledge, skills, and experience and are displayed when individuals articulate a situation and how they

communicate with others. Social etiquettes play a part in determining the rules of engagement. For instance, how a situation is appraised will depend on the national values, the professional languages and the organizational jargon they use to define the situation. Appraisal of the situation may be based on whoever holds the highest status within the partnership.

The Role of Frames and Values. As a social phenomenon, collaboration can also be explored through frames and values that shape interactions. For Gray (2000), collaboration is a negotiated activity in which participants engage based on a joint appreciation for a particular topic. At the beginning, individuals come with fragmented conceptions of a particular issue (Gray, 2000). In some cases, individuals may have limited understanding of each other's expectations and beliefs and of how their action can impact each other (Gray, 2000). Divergent perspectives, skills, and knowledge can develop a rich shared understanding of the topic and coordinate action (Gray, 2000). However, this cannot occur unless there is a joint appreciation of the issue and a shared understanding that working together requires each party to be dependent on the other (Gray, 2000). Joint appreciation only occurs if there is a shared appraisal of the issue and there is a collective understanding of what actions are possible and not possible to enact (Gray, 2000). A shared appraisal of the issue cannot be attained if individuals operate from fundamentally different perspectives that are tied into the frames that they use and the values that they hold (Gray, 2000).

Frames are communicative processes that shape how individuals generate meaning from their interactions with others. As individuals discuss a topic, they engage in an array of recurring verbal and non-verbal exchanges: signalling how to interpret the content and the process of an interaction. Interpretations can be shared as well as individual (Gray, 2004). Dewulf and colleagues (2009) describe this as an interactive process in which individuals are aligning with

each other how they interpret the interaction. Frames provide meanings to issues, identities, relationships and interaction processes (Dewulf et al., 2009). Dewulf and colleagues (2009) use the term, framing to illustrate the dynamism inherent in the meaning-making process. In partnerships, framing shapes how issues are interpreted and resolved by those involved (Gray, 2004; Gray & Purdy, 2018). For instance, when responding to a family violence encounter experienced by an immigrant family, a case worker, police officer and an immigrant family will exchange perspectives to determine what the problem is and what the potential solution may be. How the case worker, police officer and the immigrant family understand the problem and the potential solution will constantly change as they continue to generate meaning of the situation.

Frames can also designate roles (Who solves the problem?) and responsibilities (How can this problem be resolved?) that should be undertaken by an actor. Frames also define an actor's identity (I am the problem-solver) and the ethical stance (It is my moral duty to resolve this problem) that is undertaken in relation to addressing the problem (Gray, 2004). As individuals continue to interact, they gain new information about how they should act towards each other (Gray & Purdy, 2018). Over time, during the duration of the partnership, actors' identities' can be cemented and thus have a strong influence on how they act when encountering a conflict (Gray, 2004). Institutional affiliation and leverage (i.e., legitimacy of power) can also influence the degree to which an actor will influence the content of what is discussed and what is resolved (Gray, 2004). To address any conflict, a reframing process needs to occur in that re-interpretations will be made about the substantive issues and the roles and responsibilities that an actor should take to resolve the situation (Gray, 2004). In this process, actors need to inquire about the intentions and meanings of the other actors involved with them. As such, Gray (2004) argues, frames are deeply intertwined with identity in that when conflicts occur, they can either

challenge or support an actor's identity. In turn, when there is a challenge to an actor's identity, this can decrease the potential for reframing an issue and thus addressing a conflict.

Values shape how actors can come to a joint appreciation. For Gray and Purdy (2018), there are two types of values: those that shape the premise for how to arrive at a consensus and those that occur after a premise has been attained. In the first case, when actors disagree based on divergent values, actors will recognize that there are no common goals that can be attained. In the second case, actors may disagree about how to address a problem once they have agreed that there is a problem to address. Like Huxham and Vangen (2005) and Vangen (2017), Gray and Purdy (2018) argue that values are deeply intertwined with identities and represent a constellation of beliefs within a person (e.g., religious, cultural and political ideologies). Their ability to shape actors' actions make them a potential roadblock to collaboration.

Conflict in Collaboration. Extant literature demonstrates divergent perspectives, values and experiences are valuable in collaboration (Gray & Purdy, 2018; Vangen, 2017), but the mechanism for how they are used in practice is still not understood. Given the diversity of cultures and social etiquettes, Vangen (2017) argues there is potential for tension to occur. For instance, tension can be created when people adopt stereotypical characteristics of individuals who come from a particular national, organizational or professional culture (Vangen, 2017). Misinterpretations occur when social etiquettes manifested within conversations do not meet the expectations of others (Vangen, 2017). Further, Gray and Purdy (2018) argue that conflict emerges in collaboration due to differing interpretations of the issue, differing identities and values, differences in risk perceptions, the history of collaboration, whether the partnership is mandated, power differences, and resource constraints.

Relational strategies can address potential conflicts that emerge when individuals collaborate together. For instance, Huxham and Vangen (2005) emphasize the importance of nurturing relationships within the collaborative particularly in buffering the effects from external and internal influences. They emphasize engaging in ongoing communication and reflection can help individuals manage the dynamism that is inherent in collaboration (Huxham & Vangen, 2005). Further, in navigating tensions due to the interplay of different cultures, Vangen (2017) emphasizes the importance of having a shared understanding so that people can orient to and be familiar with each other. Gray and Purdy (2018) propose constructive dialogue strategies that enable individuals to respect individual differences and perspectives.

These perspectives from public administration studies collectively demonstrate that collaboration is a deeply constructive, dynamic, and iterative process. As collaboration is a constructive process, collaboration must explore how individuals construct meaning together to reach a shared decision and deliver a shared action. Huxham and Vangen (2005) and Gray (2000; 2004; 2018) emphasize that collaboration needs to be studied by looking at the factors that shape actions (e.g., membership and perceptions of power) as well as the factors that shape interpretations (e.g., values and frames). Further, McNamara (2012, 2016) emphasizes collaboration must be studied by looking at all the different ways in which people interact at different levels. In particular, interactions between people must be looked at within the environment they operate in. This implies that collaboration is a constructive process that is a product of the interactions between individuals and between individuals and the structures that shape their actions. Thus, collaboration cannot be studied as a universal and fixed construct. Further, studying collaboration as a social construct has implications for how people can change their world. By being attentive to how worldviews and, in particular, values and frames shape

understanding of the situation and engagement, people can change their own ways of working together. In the final section of this chapter, I present an argument for studying collaboration as a social constructive process in which the focus starts from the perspective of community health workers.

Exploring Collaboration as a Social Phenomenon

Perspectives of Community Health Workers

Collaboration has been valued as a tool in which family violence can be addressed by pooling the resources of different stakeholders. As such, studying the nature of collaboration provides value in helping practitioners find ways to work together in order to help families. For partnerships that span different sectors, studying collaboration needs to be undertaken by looking at how it is socially constructed among those involved. Existing knowledge of collaboration has often privileged the perspectives of front-line workers from judicial, legal, welfare and non-profit domestic violence organizations, leaving limited exploration of how community health workers can provide value to collaboration. Other stakeholders are also important in understanding how collaboration is enacted. A key perspective that is often missing is families' perceptions of working with more than one service provider to address their own needs upon experiencing family violence. Families' experiences and their well-being are at the forefront of service goals, but their contribution to being part of the collaborative process in co-constructing solutions has been not been highlighted in the academic literature. Further, if their presence has been acknowledged, it is not known whether they share a legitimate status in decision-making that is equal to the status of other front-line providers (e.g., child welfare workers, police, and community health workers) who are present in the collaboration.

Influence of Values

What is known about collaboration in family violence literature overlooks the ways in which all social actors impart their own values on the interactive processes shaping engagement and conflict resolution in family disputes. Values are derived from culture which encompasses worldviews (Walker, 2004). Not incorporating the role of worldviews when people process conflict marginalizes their ability to function within their worldview (Walker, 2004). In short, excluding these elements neglects the ways in which people have historically created and gleaned meaning from their interactions. Values also need to be acknowledged because their ties to identities help understand how individuals decide (or do not decide) to act during the collaborative process in order to feel a sense of belonging. At present, the family violence literature on partnerships focuses on the outcomes instead of the mechanisms individuals co-create and apply (willingly and/or unwillingly) to produce a particular outcome that is successful for all (e.g., family members and front-line providers). Collectively, these blind spots diminish the applicability of existing knowledge to help guide social actors in understanding how they orient themselves when performing collaborative acts.

Role of Worldviews

Studying collaboration as a social phenomenon from the perspective of community health workers who provide front-line support to families can offer unique perspectives. First, studying collaboration needs to be undertaken through a paradigm that is aligned with those who are involved in its production and in the arena in which it operates. As a mechanism, collaboration operates within an intervention strategy that is oriented to resolving situations within the family. As such it is important to look at how conflict resolution is oriented within different communities. Walker (2004) argues that conflict resolution practiced in Western cultures has

been promoted as transcending the consideration of culture. However, in any collaboration, social actors may have different worldviews that come from Western or communal cultures.

Within a Western worldview, the approach of conflict resolution prioritizes the following concepts: breaking down issues into its components, perceiving the individual as autonomous, satisfying individual interests, and addressing conflicts in the shortest time (Walker, 2004). In conflict resolution, the facilitator or the person tasked to address the problem is an unobserved and impartial observer who is expected to stand apart from the conflict and have little knowledge about the conflict (Walker, 2004). Facilitators place tight control over the discussion and ensure that all involved follow rules (Walker, 2004). In contrast, communal societies adopt collectivist approaches to conflict resolution and their primary aim is to resolve conflict by bringing harmony to the group (Walker, 2004). This approach to conflict resolution prioritizes interconnectedness, incorporates individuals beyond those immediately involved (e.g., extended family and community members), promotes a resolution that is grounded in a holistic experience (i.e., integrates the intellectual, emotional and spiritual parts) and allows flexible time in resolving conflicts in order to meet the needs of all those involved (including the community, if necessary) (Walker, 2004). The facilitator is one who has extensive knowledge of those involved, and is well versed in the beliefs, values and the history of the community (Walker, 2004).

These stark differences in worldviews are often operating within the basis of family violence intervention strategies for immigrant populations (Baobaid & Ashbourne, 2016). In their CSIF model, Baobaid and Ashbourne (2016) argue that intervention models for family violence need to be aligned with the reality of those involved, particularly accounting for how immigrant families and service providers assess and address problems. For immigrant families

and community health workers from African immigrant communities, intervention in family violence is suggested to be undertaken using a communal model, in which community leaders or elders within the community act as facilitators (Rasmussen et al., 2013). Family conflict is resolved by considering the individual's motivations and their place within the family, extended family and the community structures in which the family operates (Rasmussen et al., 2013). Conflicts are seen in their social contexts (Boniface, 2012) and thus reality is relational and decision-making processes (i.e., what is the problem and what is the resolution?) are interdependent and constructive processes. Conflict resolution is perceived as mediation that focuses on soothing hurt feelings and reaching a compromise to improve future relationships (Boniface, 2012).

Given the plurality of worldviews that operate within the arena of conflict resolution, studying collaboration needs to unravel how constructions are made based on the values and frames that individuals hold. Such values and frames need to be broadened beyond national culture and incorporate how people operate within their organizational and professional worldviews (Gray & Purdy, 2018; Vangen, 2017). In addition, the social etiquettes embedded within these different worldviews also shape how people begin and manage discussions with each other (Vangen, 2017). In understanding how these different worldviews operate, attention needs to focus on how these different worldviews coalesce to shape decision-making processes in identifying and addressing the conflict that immigrant families face. In doing so, this helps to understand how all social actors feel valued or not valued.

Summary

In this chapter, I reviewed the literature on collaboration to document how collaboration has been studied in family violence service provision. I highlighted how the study of

collaboration is largely focused on identifying factors that facilitate and hinder its success. As a result, existing literature has limited knowledge of how collaboration manifests between families and front-line service providers when addressing family violence. In particular, the literature lacks a focus on understanding the relational dynamics between families and front-line service providers that shape emergent meaning (i.e., how do we resolve this family violence situation?). I refer to public administration studies that conceptualize collaboration as a social, dynamic and co-constructed construct. By highlighting these points, I argue that collaboration in family violence service provision needs to be examined as a relational construct that is co-constructed by families and front-line service providers whose behaviors are underpinned by different types of cultures. In the next chapter, I discuss the framings and the underpinnings that shaped how we, in this study, engaged in our exploration of collaboration as a relational construct. I also describe the methods we used to help collect and reflect on perspectives about collaboration.

Chapter Three: Framing and Methods

The History of Action Research and the Emergence of Relational Action Research

Although the history of action research is diverse, its practice is shaped by three different historical periods (Greenwood & Levin, 2007). The Northern tradition of action research aims to improve democracy among workers employed in the industrial sector. The Southern tradition of action research focuses on emancipation of ordinary citizens from their oppressive living and working conditions. The third tradition, human inquiry and co-operative inquiry, strives to create a way of doing humanistic research. Led by Heron (1992, 1996), Reason (1994, 1998, 2006), and Rowan (Reason & Rowan, 1981), the third tradition involves a researcher completing a project with participants by immersing themselves in the process. The task of the researcher is to connect experiential to conceptual ways of knowing. By becoming immersed in the research process, the researcher and the participants move from hierarchical ways of being (e.g., expert/non-expert) to non-hierarchical ways of being (e.g., everyone is an expert).

Relational action research emerges from the human inquiry tradition. Led by relational constructionists like Gergen (2003, 2009, 2013, 2015) Hosking and McNamee (2012), this form of action research involves a researcher working with participants to reflect on how they create meaning in their relationships. Like Heron (1992, 1996) Reason and Rowan (1981), relational constructionists suggest that experiential and dialogical learning environments serve as vehicles to unpack how meaning is constructed in relationships. In particular, group reflection seeks to unpack how historical and cultural factors shape meaning-making processes. Although meaning is constructed mainly using language, relational constructionists stress that meaning can also be co-constructed through non-verbal forms (e.g., using body language and gestures). As such, to unpack meaning is to explore all the verbal and non-verbal that individuals use to engage with

each other in social interactions. In the next section, I discuss the ontological and epistemological underpinnings of relational action research through highlighting how relational action research emerges from two paradigms: participatory and relational constructionism.

Identifying the Participatory Paradigm

The Role of Participation in Constructing Experience

A participatory paradigm can be described as interactional (Lincoln et al., 2011; Reason, 1994; Skolimowski, 1994) and constructionist (Lincoln et al., 2011). Although Lincoln and colleagues (2011) suggest reality is socially constructed in a participatory paradigm, Heron and Reason (1997) emphasize constructions of reality are based on a relational character (i.e., existence emerges from the subject's interaction with other subjects and the surrounding world) and deeply embedded in four interdependent ways of knowing. In contrast, in a constructionism paradigm, constructions of reality do not emphasize the importance of experiential knowing.

A participatory paradigm emphasizes that existence is interactional (Skolimowski, 1994). As such, being in this world, constructing reality, creating meaning, and shaping one's destiny are all tasks that involve participation. In a participatory worldview, what is reality and what is knowledge are shaped largely by how the individual and one's sensitivities (e.g., intellect, senses and emotion) interact with what is known (Skolimowski, 1994). What the individual experiences is processed by the mind to create a rendering of reality (Skolimowski, 1994). Here, this is a simultaneous process where an individual experiences reality and learns how to describe reality (Skolimowski, 1994). As the individual enhances one's sensitivity to reality, articulations of reality become richer (Skolimowski, 1994). In this case, the individual is a co-creator and a shaper of reality. How an individual grows and learns to be in the world is based on how open the individual is and whether social experiences result in insights (Skolimowski, 1994). As the

individual learns to be open and gains constructive social experiences, the individual learns more about reality (Skolimowski, 1994). In a participatory worldview, the individual gains knowledge to grow and connect with society and the natural world.

Knowing is Multiple

In a participatory worldview, individuals learn about their worlds through different ways of knowing (Heron, 1992; Heron & Reason, 1997). Ways of knowing are reflective of tasks that an individual's psyche engages in as the individual experiences reality (Heron, 1992).

According to Heron (1996) and Heron and Reason (2006a), four ways of knowing represent how an individual articulates and comes to know the world: experiential, presentational, propositional, and practical. Experiential knowing represents the face-to-face encounters with other individuals and the world around them. Presentational knowing is the expressive ways that an individual uses to articulate knowledge. Propositional knowing encompasses the conceptual ways (e.g., facts and theories) of making sense of experience. Practical knowing demonstrates how-to-do certain tasks. For Heron and Reason (1997), these ways of knowing appear as a pyramid in which experiential ways of knowing forms the base or foundation of knowing, and practical knowing is positioned at the top. For Heron and Reason (1997), practical knowing represents a culmination of knowing as this knowledge grows out of (i) how an individual experiences a phenomenon (*experiential knowledge*), (ii) how an individual expresses knowledge about a phenomenon (*presentational knowledge*) and (iii) how an individual theorizes about a phenomenon (*propositional knowledge*).

Being conscious of all these forms of knowing contributes to an individual's understanding of a particular phenomenon. Here Heron and Reason (1997) emphasize the importance of reflection as a tool to bring awareness to an individual of how they come to

understand a particular phenomenon. However, striving to be aware of how all forms of knowing contribute to understanding a particular phenomenon is insufficient (Heron, 1996). Instead, Heron (1996) emphasizes that knowing must be grounded in relation to its 'being' in the world. In this case, Heron (1996) argues that each of these forms of knowing has its internal criterion: an index representing how well a particular form of knowing has been developed or applied in practice. For instance, conceptual knowledge of collaboration cannot be well developed if its propositions are not clear and do not demonstrate a logical sequence. The more developed a particular form of knowing is the more this way of knowing guides an individual to act or be.

Identifying a Relational Constructionism Paradigm

The Role of Relationships in Constructing Reality

As in the participatory paradigm, reality is participative in relational constructionism (McNamee & Hosking, 2012; Skolimowski, 1994). The focus in relational constructionism is how relational processes shape who individuals are and how they can be in this world (McNamee, 2012). How one is in being and how one relates to others are based on neither rational theoretical knowledge nor experiential knowledge alone (Cunliffe, 2008). To exist and be part of this world means that one's relational being is multiple, continually constructed (Cunliffe, 2008; Hosking, 2004; Madsen et al., 2018; McNamee & Hosking, 2012) and exists within traditions and local communal practices in which the individual chooses to participate (McNamee, 2012). Here, socio-cultural environments shape how individuals relate to each other and how they affirm each other. Through relational processes, self-conceptions are stabilized, threatened, or opened up to new ways of being.

In relational constructionism, the construction of reality is an inter-action or a process in which individuals co-construct, maintain, and shape their local reality (Hosking, 2004).

Although reality can be co-constructed between individuals, relational constructionists suggest that reality also emerges when individuals interact with other objects (e.g., policies and facts). In an inter-action process, individuals can relate to each other in different ways (e.g., written, spoken, and performative acts) (Hosking, 2004; Madsen et al., 2018; McNamee & Hosking, 2012). Also, individuals' social identities (e.g., ethnic, gender, and professional) represent multiple ways to relate to another person (Hosking, 2004). For Hosking (2004), these self-other relations will always evolve and be shaped by the local cultures in which an individual engages.

In an inter-action, meaning emerges as a result of a co-ordinated set of actions enacted between individuals. This is because individuals develop a shared understanding of the actions they exchange with each other. For instance, if an individual stretches her hand towards another co-worker, this handshake can be only be perceived as a greeting signal if both agree it is. Considerations of what inter-action is valid are local to the ongoing practices that are re(constructed) by a particular culture (McNamee & Hosking, 2012). For instance, co-workers are hard-working when they commit to actions (e.g., they work more and talk less) deemed valid by their organization. What is local can be as broad as discourses that shape our practices and are often taken-for-granted. The local incorporates cultural and historical aspects (McNamee & Hosking, 2012). Here, history plays a role in warranting inter-actions' validity in that new actions can replace learned acts (McNamee & Hosking, 2012).

As people engage with each other, they learn a vast knowledge of inter-actions that helps them coordinate how they relate to others (Gergen, 2003). As social exchanges become frequent between people, patterns emerge that generate standards and expectations. These standards and expectations become rubrics that individuals use to assess their own actions and others' actions (McNamee & Hosking, 2012). Over time, these standards and expectations become common

sense and serve as criteria for future co-ordinations (i.e., this is how one should act in a particular context).

Improving Relationships

In relational constructionism, the goal is to understand how individuals relate, with the aim of identifying relational possibilities (Hosking, 2004; McNamee & Hosking, 2012) or ways of becoming in social situations (Hosking, 2004; Madsen et al., 2018) (i.e., how can we better relate). As such, relationships are the site for growth and transcendence (Gergen, 2009, 2015). For Gergen (2009, 2015), relationships are the site where individuals co-construct and revise their reality simultaneously. Thus, being (i.e., learning to act) and becoming (i.e., learning to become) are co-occurring processes (Gergen, 2009; Hosking, 2011). For scholars in relational constructionism, being mindful of how we relate is important given that people live in an interconnected world and their growth is tied to how they interact with their social worlds (Hersted et al., 2020). As such, researchers using relational constructionism often use systems thinking to guide how they unpack, understand and change social phenomena (Hersted et al., 2020).

For relational constructionists, dialogue is the mechanism for creating changes in relationships. For Gergen (2003), dialogue represents a platform on which people learn to recognize how individuals differentiate their understandings of a particular phenomenon. For Hosking (2011) and McNamee and Hosking (2012), dialogue is a place to look at fragmentations of self, at unquestioned assumptions, and friction between values and practices. In particular, dialogue is a space for people to explore how they use language and/or non-language forms to relate to each other and create power differentials (Hosking, 2011; McNamee & Hosking, 2012).

Epistemological Considerations

Having an Ethical Relationship

Both relational constructionism and participatory worldviews emphasize that the subject and the object cannot exist without each other in the pursuit of knowledge and to enact change (Heron & Reason, 1997; McNamee & Hosking, 2012). In participatory worldviews, learning about reality can only be undertaken when individuals feel valued in their ability to inquire and to make sense of their own worlds (Reason, 1998). In relational constructionism, learning about reality involves learning how individuals co-construct meaning and shape each other. Being attentive to the nature of how the subject and object act as a unit in shaping reality suggests that epistemology is connected to ethics (Banks et al., 2013; Gergen, 2003; McNamee & Hosking, 2012).

In both worldviews, the relationship between the researcher and the participants is an embodied process (Banks et al., 2013; McNamee & Hosking, 2012) in which, if an ethics of care (e.g., being attentive, having a sense of responsibility and being empathic) is demonstrated between both actors, new ways of knowing (and being) can be attained in the process. To act ethically is to be mindful of how a researcher acts and reacts towards participants (Banks et al., 2013; Banks & Brydon-Miller, 2018). Also, acting ethically means having mutual respect, promoting democratic participation, and being inclusive in all forms of engagement (ICPHR, 2013). However, ethical acts are situational, constructive, and dynamic (Banks et al., 2013; Hersted et al., 2020). This requires the researcher to learn about local ways of knowing and being in research and to make necessary adjustments to engagement protocols and data collection methods. These underpinnings stated above shape how I related to co-inquirers and other participants in our project.

Composition of Our Group

As noted in the introduction, six multicultural health brokers participated in this project as co-inquirers. Our composition changed throughout our process. During the planning period of August 2013 – May 2016, our composition included three males and three females all of whom had been multicultural health brokers. Our group comprised individuals who had diverse backgrounds in working with African immigrant and refugee communities. At the time, Jacob, John and Arnold had been community leaders within their respective communities. However, they had been working with multiple African and immigrant communities. Similarly, Mariam and Jeneba had extensive experience working with their own communities and with multiple African and immigrant communities. Alice had been fairly new to addressing family violence. All had experience in assisting individuals and families with addressing health, employment, education and settlement issues. As a group, the co-inquirers came from different parts of West Africa and East Africa. Collectively, the experience of working with African immigrant families varied but most of the multicultural health brokers had about five years of work experience. Among this group, Mariam had 15 years of experience addressing family violence. Everyone except Alice had been working with each other in varying capacities prior to being part of this project: as a multicultural health broker and as a colleague in other community projects that addressed issues affecting immigrant and refugee communities.

During the period between November 2015 – May 2016, we halted our meetings as there was a delay in my candidacy exam and my committee reviewed our proposal. There was no guarantee that the same members would return to implement the project. Upon receiving ethics approval, I sent invitations to Jacob, John, Arnold, Mariam, Jeneba and Alice. All returned except Jacob as he had plans to embark on a new career. He agreed to be briefed about the project during this time. A year later, Jacob moved back to his own country and began a new

career in urban development. I chose to stop sending him updates about the project.

Collectively, we felt a loss from Jacob's absence but we recognized the new career would provide opportunities for him. Beginning in April 2016, the five multicultural health brokers and I implemented the project. A new co-inquirer, Sarah, joined us in November 2017 based on Arnold's recommendation. However, I became hesitant about inviting a new member particularly because of the time we had spent developing our group identity to implement our project. Although Sarah's arrival occurred in the middle of the project, we felt her inclusion would be beneficial in generating new insights on collaboration, particularly because she had experience working with African Francophone communities to address family violence. I met with Sarah to discuss the research goals and invited her to a meeting to see if she wanted to be a part of the project (Bray et al., 2000). A few weeks later, she agreed.

Methods

Choosing Collaborative Inquiry

Initially, the project began with a co-operative inquiry approach as the primary mechanism to direct the project. However, as the inquiry developed, I found the constraints (e.g., personal challenges and work commitments) within which we operated inhibited the form and organization of the prescribed action and reflection stages of co-operative inquiry (Bray et al., 2000). Scheduling and conducting meetings with everyone involved became challenging, given their multiple commitments to work, family, school, and community. Challenges experienced by co-inquirers during the inquiry related to family (three members of the group had to deal with deaths within their family), work (e.g., three members were intervention workers and often had to resolve emergency crises), community (e.g., three members acted as mediators or coordinators of community activities when tragic events occurred in the community) and

school (e.g., two members had enrolled in post-secondary studies). Also, I had to juggle my full-time work, my PhD, family life and additional work/volunteer commitments. As such, our chosen methods for the project and thus the manner in which we acted and reflected had to fit in with the needs of all members of our group (Bray et al., 2000). Thus, we used a collaborative inquiry approach, which is more flexible, as the main process for learning about collaboration and planning the project. Chapter 5 will highlight further details about who was involved in the collaborative inquiry project.

Collaborative inquiry is a broader way of doing inquiry together that does not follow the specific procedures of the co-operative inquiry model developed by Heron (1996) and Heron and Reason (2006b). However, collaborative inquiry is based largely on the principles adopted by Heron and Reason (2006b) for co-operative inquiry in that “co-operative inquiry is a way of working with other people who have similar concerns and interests to yourself, in order to: i) understand your world, make sense of your life and develop new creative ways of looking at things; ii) learn how to act to change things you may want to change and find how to do things better” (Bray et al., 2000, p. 4). Collaborative inquiry is “a process consisting of repeated episodes of reflection and action through which a group of peers strives to answer a question of importance to them” (Bray et al., 2000, p.6).

Four stages comprise the collaborative inquiry process. First, forming a group involves activities that invite potential participants to be part of a study. Second, creating the group's conditions entails determining the values and principles that guide the research process that the researcher and co-inquirers engage in. In the third stage, meaning-making and creating knowledge, activities focus on what and how meaning is discerned from engaging in a research project. Here, the tasks involve data generation, analysis, and reflection on emergent learnings.

In generating meaning, Bray and colleagues (2000) suggest multiple methods participants can use to communicate their learning to each other. This includes using stories, dialogue, and other expressive ways. In the fourth stage, participants generate knowledge when they extract themes from their learning. Bray and colleagues (2000) warn that these steps are not necessarily linear.

Identifying the Use for Collaborative Inquiry

As noted in the introductory chapter, our project focused on exploring collaboration as a practice and learning how to change its practice. We hoped all involved in this project would see how collaboration could be a complex social phenomenon. We also expected an increased awareness among co-inquirers and other front-line service providers of how they interact and influence African immigrant families in family violence service delivery.

As the project evolved, our focus moved back and forth between research and personal learning aims (Figure 1). For Bray and colleagues (2000), collaborative inquiry can move between a project that focuses on increasing personal knowledge for personal learning or producing knowledge for the public (i.e., research). Whether a project is for personal or public knowledge will depend on the stage of the research process. For instance, a project may be for personal knowledge as practitioners explore and generate meaning from their experience. In the next step, practitioners may wish to gather data from other sources to deepen their knowledge and share their findings. Here, the focus has shifted from being a personal project to a research project. This project began with drafting learning conditions to guide our conduct during the research project. Following this, we intended to do the following activities: explore collaboration as a practice through reflections of co-inquirers' lived experience (Phase 1), through gathering stories from family members (Phase 2) and reflective (i.e., relational and dialogical learning) exercises with other front-line service providers (Phase 3).

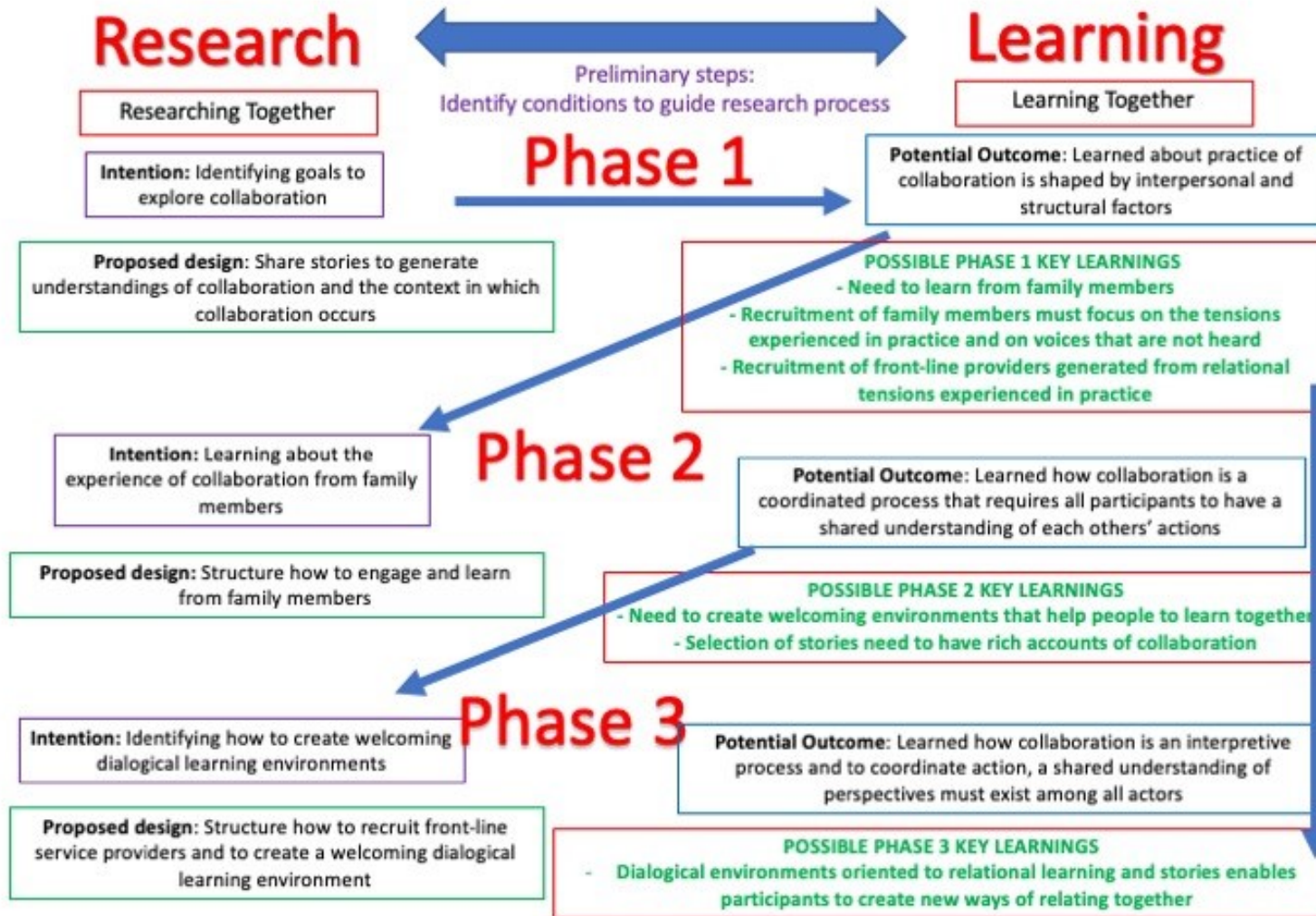
Using Collaborative Inquiry to Learn How Individuals Relate to Each Other

Collaborative inquiry is used to explore how individuals relate to each other. For Yorks and Kasl (2002), unpacking the meaning-making process in research enables social actors to learn how self constructs reality and how self relates to the other. For Yorks and Kasl (2002, 2006), sharing and reflecting on tasks enables an individual to learn how one experiences and conceptualizes the world, a process termed intrapersonal learning. When doing this task with others, an individual learns about self and how self can connect with others, a process called interpersonal whole-person learning (Kasl & Yorks, 2016). To gain knowledge of how self engages with others, individuals must engage in experiential knowing (Kasl & Yorks, 2016). Experiential knowing is non-linguistic and tacit and expressed through emotions, affect, and intuition (Heron, 1992; Kasl & Yorks, 2016). Experiential knowing enables individuals to connect with each other through their emotions and their embodied experiences (i.e., their presence). Here, Kasl and Yorks (2016) argue that connection between individuals is not solely a cognitive experience but a phenomenological experience in which the mind and being are whole.

To engage in experiential knowing, individuals must engage in presentational knowing. Presentational knowledge is imaginal and expressed through stories, visual art, movement, and metaphors. For Yorks and Kasl (2006), presentational knowing acts as a bridge that enables an individual to connect their felt experience (i.e., experiential knowing) to a conceptual articulation of reality (i.e., propositional ways of knowing). In group settings, when presentational knowledge is shared among social actors, the felt experience and individuals' emotions

Figure 1

Phases of Our Project



are brought to group awareness. This enables individuals to gain awareness of each other's worldviews and, in particular, their felt experiences. Through this awareness, learners can develop empathy for each other. By collectively reflecting on these expressive ways of knowing, learners begin to develop propositional knowledge together. As learners continue to share expressive ways of knowing, they bring forth more awareness of their worldviews. As they grow a deep sensitivity towards how they are experiencing and conceptualizing reality, they begin to develop a shared validation of reality. Through these joint activities, learners generate similarities and differences between themselves and others (learning-within-relationship). For Yorks and Kasl (2006), when people share experiential ways of knowing with each other through imaginal forms, they engage in whole-person dialogues.

Using Collaborative Inquiry to Explore Social Experiences

In our study, collaborative inquiry acted as a transformative space to learn and reflect on our understandings of collaboration. Key to creating transformative space was our mutual perception that we were equals and had the competency to contribute to the exploration of collaboration and the design and implementation of this project. Although I did not have practical experience, I had research experience that facilitated the learning process and attained the goals outlined by co-inquirers (i.e., to change the practice of collaboration). Our transformative space was also co-created based on how we engaged with each other. These details will be highlighted in Chapter 6.

Collaborative inquiry enabled us to explore and reflect on the diverse ways of knowing we used to generate our understanding of collaboration (Heron, 1996; Heron & Reason, 2006b). Through reflection, we unpacked how our ways of knowing about collaboration were shaped by cultural and historical factors (e.g., how collaboration could be practiced in an organization).

Although our understanding of collaboration was shaped by engaging with each other, we also learned from African immigrant families and other front-line service providers. In this case, we were open and attentive to how different individuals experience collaboration (McNamee & Hosking, 2012).

Using Presentational Forms to Learn About Collaboration

In our project, stories acted as a key mechanism for learning and reflecting on relationships in the research setting. For instance, in Phase 1, we used stories as means for co-inquirers to generate their understanding of how they relate to each other, other front-line service providers, and African immigrant families and to explore other structural factors that shape the family violence service delivery system (e.g., organizational protocols and policies and legislative policies). In phase 2, African immigrant family members' stories helped co-inquirers reflect on their relationships as multicultural health brokers supporting African immigrant families. In phase 3, stories from an African immigrant family member and a co-inquirer became tools for reflecting on collaboration between co-inquirers and other front-line service providers in a structured story dialogue. In turn, the experience of engaging in a structured story dialogue helped co-inquirers reflect on how they relate to other front-line service providers in defining and practicing collaboration.

The Role of Emergence

In relational constructionism and participatory worldviews, emergence is key in shaping the research design and in learning about a particular phenomenon. Reflective of relational constructionism, emergence emphasizes that the researcher must be attentive to and appreciative of how the project evolves in its content (i.e., what is being learned) and in its embodiment (i.e., how the relationship changes between the researcher and the participant) (McNamee & Hosking,

2012). Likewise, in participatory worldviews, research questions and methodological choices evolve as participants' understandings of a particular phenomenon change (Reason, 2006). Our understandings of collaboration were shaped iteratively as we engaged in multiple cycles of action and reflection (Reason, 2006). In turn, this also shaped who we wanted to learn from about collaboration and how we wanted to engage with them (Reason, 2006). For instance, our decisions about engagement protocols and data collection tools were shaped iteratively as we learned how to engage with African immigrant family members.

Data Collection, Data Sources and Analysis

Our group meetings contained our learnings about collaboration and our learnings of how to design a project to study collaboration. In total, we participated in 47 individual and group meetings. These 47 meetings did not include individual interviews and meetings I had with African immigrant family members, intermediaries and our structured story dialogues with other front-line service providers. I audio recorded and transcribed all meetings with written permission from the co-inquirers. For each phase, analysis followed an action phase and provided part of the basis for reflection on the content of collaboration.

Different data collection methods, data sources and data analysis strategies were used for each project phase (please see Figure 2). For phase 1, data sources included our group discussions of the perspectives and experiences about collaboration from co-inquirers' personal lived experiences. Data were analyzed using a qualitative content analysis approach (Hshieh & Shannon, 2005; Leung & Chung, 2018). For phase 2, collected stories were from family members and co-inquirers through interviews. Data were analyzed using a narrative thematic analysis approach (Riessman, 2001). For the final phase, data collected included field notes and evaluations from the structured story dialogue phase and our group reflections about the

structured story dialogue. Data were analyzed using a qualitative content analysis approach (Hshieh & Shannon, 2005; Leung & Chung, 2018).


Ethics

In participatory research, two types of ethical choices are made by a researcher: principle-based (e.g., respect for autonomy, beneficence and justice) and relationship-based ethics (e.g., ethics of care, virtue ethics and communitarian ethics). As a researcher, I considered principle-based ethics prior to my engagement with co-inquirers. Once the project began, identifying ethical issues became a collective task that the co-inquirers and I undertook together. In our project, we considered principle-based ethics as respecting family members and other front-line service providers' choices to engage in research and determining how they would like to be involved in our project (autonomy). We also reflected on how we could minimize potential for harm and maximize the benefits for family members and other front-line service providers who wished to be involved (beneficence) in our project. Lastly, we took into account how we could be fair in recruitment and data collection processes and made sure questions were relevant to family members and other front-line service providers (justice).

The co-inquirers guided the relationship-based ethical issues. In particular, engagement and design protocols (e.g., data collection procedures) were based on co-inquirers' ways of knowing as multicultural health brokers, community leaders, and members of the general African immigrant community. These collective ways of knowing shaped how we engaged each other and how we engaged with other potential participants. In deliberating on relationship-based ethical issues, we focused on how we acted towards each other, cared for each other, created safety for each other, and welcomed each other's perspectives (De Groot et al., 2019). These

Figure 2

Stages of Our Project

Name of stage	Goals and Activities			
Forming a group	Creating a group [Obtaining ethics approval; creating the research question; recruitment of individuals, orienting ourselves]			
Phase		Phase 1	Phase 2	Phase 3
Creating the conditions for group learning	Planning	Identify ways to explore collaboration from our practice	Identify ways to learn about collaboration from family members	Identify ways to learn about collaboration from service providers
Acting on the inquiry question	Implementing action	Share stories of collaboration at group meetings and in a story for Phase 3	Collect stories from family members and create stories for Phase 3	Engage in a structured/story dialogue with other front-line/administrative staff
 Meaning-making	Analysis (Interim)	Analyze learnings about collaboration	Analyze learnings about collaboration by analyzing stories	Analyze learnings about collaboration by analyzing post-it notes and analyzing experiences of being involved
	Reflection (Content of collaboration)	Check learnings and further generate learnings about collaboration (the content)	Check learnings and further generate learnings about collaboration (the content)	Check learnings and further generate learnings about collaboration (the content);
	Reflection (Experience of doing this research)	Reflect on experience	Reflect on experience	Reflect on experience and on pictures generated from structured/story dialogue
	Analysis (End)	Analyze all forms of data to generate our learnings about collaboration and their experience		

considerations were essential as our dynamics changed continuously due to work/school/family commitments. Our engagement protocols considered how involvement of a particular participant in our project could influence and impact existing and future relationships with the co-inquirers. As representatives of both the MCHB Co-Op and their ethnocultural communities, co-inquirers had to consider the potential participants' (e.g., family members and other front-line service providers) involvement, particularly how their perspectives were cared for, and their safety (De Groot et al., 2019). If these were not considered, there was the potential for existing and/or future relationships not to continue and/or thrive. For instance, if potential front-line service providers had a negative experience in this project, it could hinder an already tense environment and make them wary about reflecting about collaboration. Likewise, if any potential family member had a negative experience in this project, it would likely diminish co-inquirers' and organizational credibility as invaluable helpers to ethnocultural communities.

Quality

We judged the quality of our study based on our project aims. In particular, we looked at how our outcomes aligned with our aims. This strategy aligned with Reason's (2006) suggestion that quality would reflect how the research group attained its goals. In our project, co-inquirers defined change as increasing their awareness of how they collaborate with families' and other front-line service providers. In turn, co-inquirers hoped that through reflective exercises, front-line service providers would deepen their knowledge about collaboration as well as see value in reflecting on collaboration. In attaining these goals, we demonstrated quality through outcome validity.

Quality can also be assessed by how and the degree to which participants deepen their understanding of a phenomenon (Bray et al., 2000; Reason, 2006). In our study, we reflected on

diverse data sources to deepen our understanding of collaboration (Bray et al., 2000; McNamee & Hosking, 2012). Stories from family members and data from reflective exercises with other front-line service providers generated experiences that were similar and different from our understanding of collaboration. Here, we used methodological triangulation to demonstrate quality (Bray et al., 2000) as we had an array of perspectives to learn about collaboration. We also demonstrated educative authenticity by documenting how group members appreciated alternative perspectives offered by different participants about collaboration and about the research design (Bray et al., 2000; McNamee & Hosking, 2012). Lastly, we showed ontological authenticity by examining how different participants' perspectives helped increase our awareness of the complexity of collaboration as a practice. We also displayed ontological authenticity by documenting how our own and others' perspectives enhanced our sensitivity in designing and implementing this research project.

Quality was also evident in how we incorporated local views into our project. We demonstrated inclusiveness by striving to ensure co-inquirers and I had a chance to share participants' perspectives (e.g., family members and other front-line service providers) and make decisions about our project. I documented the processes and decisions that generated how we engaged with each other and shaped the project's design. Further, we also documented how our values shaped the aims, design and outcomes of this project. In the next chapter, I highlight the values that shaped my entry into our research and the values that shaped co-inquirers' involvement. Further, in subsequent chapters, I document how these values played a role during the project.

Reflexivity

In qualitative research, reflexivity encompasses the value-laden nature of the inquiry process (Patton, 2002) given that social science research embeds the values of the researcher (Yang, 2015). As knowing is embedded in both verbal and non-verbal forms in relational action research, the researcher needs to be attentive to how these forms can shape knowledge construction. Here, reflexivity is an embodied self-awareness of how social actors shape the knowledge development process (Cunliffe et al., 2020; Hosking, & Pluut, 2010). In particular, reflexivity requires being attentive to how social actors invite or do not invite perspectives throughout the research project (e.g., planning, gathering data, reflecting, and sharing knowledge). In particular, this involves being attentive to how we interact with each other and with the participants.

Throughout the research process, I practiced reflexivity by being attentive to how I interacted with co-inquirers, African immigrant family members, intermediaries, and other front-line service providers. However, most of my attention focused on engaging respectfully with co-inquirers as we were primarily shaping the research project. How we interacted with each other and made decisions will be documented in Chapter 5. Generally, being mindful of my role in influencing the knowledge development process meant being attentive to what and how we learned together and being patient that our understandings of collaboration would develop on an iterative basis. However, I was also cognizant that the roles I had in our project influenced the knowledge development process. Although I sought to be a facilitator, I was cognizant that my role as note-taker of our meetings and as the data analyst meant I selected key learnings that reflected how we articulated collaboration. I did share my analyses with co-inquirers so they could provide feedback, and I could make revisions. However, it may be that our learnings would have been different if we had done the analysis together.

Summary

In this chapter I highlighted the methodological framings and the methods we used in our project. I provided details on the composition of our group. I also highlighted how we used collaborative inquiry as the primary method to explore collaboration. Collaborative inquiry helped to unpack how co-inquirers learned about collaboration in their interactions with African immigrant families and other front-line service providers. To enhance our understanding of collaboration, we collected stories from African immigrant family members. We also learned about collaboration by engaging in a structured story dialogue with other front-line service providers. In the last section, I highlighted how we demonstrated quality and reflexivity in our project. In Chapters 4 and 5, I describe how we co-created a shared identity based on a common set of values and co-created a set of guidelines to shape how we planned and implemented our study. In the remaining chapters (Chapters 6, 7, and 8), I will describe the activities we engaged in and our emergent learnings that shaped our observations about collaboration. In the last chapter, I will apply a complexity lens to our understandings about collaboration in order to generate insights of how front-line service providers can better relate to African immigrant families when families ask for help from them.

Chapter Four: Values Shaping Our Research Practice

The Role of Values

Relational action research (RAR) emphasizes that research is embedded in the values of those who shape its practice. It is necessary to illuminate the values that shape ways to relate in a research project, ways to construct research designs and ways to construct knowledge. For relational constructionists like McNamee and Hosking (2012), Gergen (2003, 2009, 2013) and Hersted, Ness and Frimann (2020), values shape how social actors relate to each other and subsequently how knowledge is defined and used. Values shape how we coordinate ourselves and name our social practices (Gergen, 2003, 2009, 2013; Hersted, Ness & Frimann, 2020; McNamee & Hosking, 2012). Being transparent about values helps to understand that research is a dynamic and messy activity that is shaped by the values of those involved and the values that shape the landscape in which they choose to do research.

For participatory researchers such as Reason (2006) and Marshall and Reason (2007), values shape how we craft questions, how we design processes, how we make sense of data, and what we choose to share. Knowledge produced by research shapes the construction of reality (Marshall & Reason, 2007; Reason, 2006). Engaging in change-oriented research enables one to understand the circumstances in which one operates and can re-orient one's way of knowing and change how one acts in the future. Doing change-oriented research can also illuminate the marginalized voices that can advocate for better living conditions. Based on this position, research can be a political activity (Lather, 1987; Reason, 2006). As a political activity, research has the potential to be ideological if it is not transparent in its claims (Lather, 1987; Reason, 2006). Being transparent about the researcher's values documents for readers how knowledge is defined, constructed, and utilized to create change (Reason, 2006). Further, in doing research,

we generate ways to be and to act (e.g., positive) and ways not to be and not act (e.g., negative) (Gergen, 2003; Reason, 2006). As such, Gergen (2003) and Reason (2006) warn that if we only pay attention to positive ways, we risk not learning from how we construct reality. In this case, transparency of values is a self-reflexive exercise designed to help the researcher be more attentive to how one constructs reality (Reason, 2006).

Articulating Our Values

Values and Social Experiences

Being Cognizant of Values. I am not sure if a qualitative researcher can articulate their values before beginning a project. I have reviewed my journals and have noted that my values were not forthcoming to me unless there was an experience that sparked their overt emergence. Only then could I articulate how the experience illustrated my values and reflected on their importance with co-inquirers. This created a cascading effect where each co-inquirer reflected on how the experience reflected a particular value they had. In this way, I agree with Gergen's (2009; 2013) and Mezirow's (1991) assertions that values become important (i.e., meaningful) only when interacting with other people. Further, our project changed; the influences of my values also changed. In turn, this had an impact on how I acted in this project. For instance, when this group desired to create an educational intervention for families, I remember reflecting on how my personal and work experiences with family violence could shape this project. Later, as the project shifted towards improving service delivery, I was influenced by my values from my experiences of doing community-based research and being a person of colour. As such, I cannot say with certainty that I became fully aware of knowing my values and thus seeing their impact as I worked with co-inquirers and other participants in this project. In most cases, I think

I can say with certainty that I came to know their impact when I reflected with co-inquirers and looked at the data independently.

As a qualitative researcher working with co-inquirers, it was hard to be mindful of all values shaping this project. As a researcher, I came to know co-inquirers' values in three ways: (i) experiential knowledge as a co-worker or volunteer who worked alongside some of them in community-based settings before and during our project, (ii) experiential knowledge as a researcher-facilitator who co-produced knowledge with them in our project and (iii) propositional knowledge based on my understanding of the organizational culture that shaped their practices before and during our project. In most cases, I came to know these co-inquirers' values through my interactions with them (Heron, 1996). I recognize that what values surfaced was based on what we said and how we talked during our social encounters (McNamee & Hosking, 2012). As such, these encounters and the values that emerged might not necessarily be the same for other researchers who work with these co-inquirers (McNamee & Hosking, 2012). In this case, the values that I highlight here emerged before and as we engaged in this project.

Learning from Social Experiences. Both relational constructionists and participatory researchers define values as located within our social identities and enacted when interacting with people. For McNamee and Hosking (2012), values come from the social practices that historically generate how we act and their purpose. For Marshall and Reason (2007), how one connects to a research project represents the underpinning values. In particular, one's connection to a project can be shaped by ethnicity, class, personality, social context, personal and practical challenges, and conflicts. For this project, I believe the values that shaped this project came from different sources. First, my immersion in different research cultures taught me different social activities that shaped my conceptions of what research is, what to use research for, and

how to engage with others in research. Further, these experiences also helped shape my ideas of what it is like to be a person of colour researching with other people of colour.

Second, I believe the values shaping the co-inquirers' involvement in this project were mainly shaped by their work and personal experiences as front-line service providers, persons of colour, immigrants and community leaders. Third, Marshall and Reason (2007) and McNamee and Hosking (2012) emphasize that the values of a project will be shaped by the discourses shaped by the research environment. In this project, these discourses were tied to my identity as a PhD candidate and the co-inquirers' identities as service providers and community leaders.

My Values

Shaping My Ideas About Research Culture. I came to know what research is in my undergraduate degree as I studied psychology at York University. Here, the introductory course to research methods was taught by a quirky and tall woman who often made jokes as she taught us abstract concepts about research. Unlike my other courses, it was only the course for which I attained an A, and it spurred my interest and motivation to get similar high grades in other research courses. As I gained more research opportunities through my master's degree and volunteer opportunities, I learned about what research culture meant in academic settings. Here, I learned that research was a solitary exercise in which activities occurred in an office on a computer, and there was minimal interaction with others. I learned about reality through surveys and numbers. Research became a means to describe what people experience and to improve standardized tests.

Near the end of my master's degree, I sought more opportunities and felt lucky to encounter a young black South African researcher in the spring of 2007. He saw my hunger for learning and took me under his wing. In my work with him, he introduced me to community-

based work (i.e., research) that involved working with immigrant and refugee communities in their local ways. I learned that working with immigrant and refugee communities was to be physically present in their communities. This involved doing communal activities such as learning about issues and exchanging stories and concerns as you share meals and celebrate events together. Relations were encouraged to be natural, flexible, and ongoing. I hated doing multiple projects with my mentor because of the amount of time involved in each project. However, he often calmly reminded me that the community has to see you as a person before you start to do research with them. They have to see you in different settings instead of seeing you only as a researcher. They have to trust you.

From my work with this mentor, my conceptions of research culture changed from my undergraduate years. First, I often saw how research was used as a tool for participants to share the complexity of their stories. For instance, when doing interviews on the impact of the economic boom on Edmonton's immigrant community, I witnessed how people spoke of how structural elements impacted their living and working conditions (e.g., limited housing opportunities for immigrants and discriminatory policies). I remember my mentor and his boss used these stories to advocate for better living conditions and equal opportunities for participants' lives. For me, this type of "social practice" felt different from my upbringing. For me, the purpose of sharing stories was to find comfort and not necessarily to change situations. To speak out was seen as an act that goes against societal norms. Second, I saw how community-based research was a *grounds-up* practice that involved multiple activities. One had to be flexible in changing the research methods to meet participants' time and needs. Work involved a lot of hustle, uncertainty, resourcefulness, and persistence: qualities I had never known in my days of working within an office.

My two years of working with my mentor spurred my interests in social justice work. In 2009, I worked with a small group of friends to form a society focused on addressing the issues facing lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals who came from visible minority, immigrant, and refugee communities. As part of this work, a co-worker/mentor, and I partnered with another organization to do a community-based project to identify the service needs of LGBTQ+ individuals from visible minority, immigrant, and refugee communities. Initially, I felt excited because the project strived to be a participatory research project. For me, I knew about the term but never really had any experience implementing it. The partnership agreement stated benefits for the organization (e.g., develop culturally sensitive services for this group) and benefits for the public (e.g., increase awareness of challenges facing this group). However, as the project evolved, I became aware of how challenging it was to do participatory research. In particular, many meetings involved exchanging perspectives that diverged from the research focus and design, communication protocols, ownership, and data sharing. For every topic discussed, there followed a debate. For every idea shared, a heated debate began for its inclusion. I felt often disconnected and left feeling voiceless.

My experiences felt puzzling primarily because I thought having a contract meant everyone understood how participatory research should be implemented in a project. In hindsight, I recognized that participatory research could be a power struggle between two different groups despite having a common goal. Second, I learned the danger of being involved in participatory research without having extensive conceptual and experiential knowledge about this approach. More importantly, I learned that participatory research was less of a way of being that was formalized on paper and more an embodied way of being that would be re-shaped constantly during the process.

In 2011, I began volunteering with an organization, Edmonton Multicultural Coalition (EMC). As a sister organization of the MCHB Co-Op, EMC largely acts as an advocacy organization that seeks to increase immigrants' and refugees' community participation in multiple areas of life. As a part of their primary program ('All Together Now'), EMC conducted an annual community research project in which members defined a project based on a topic that could help improve their community. I was a member of their community research advisory board. I became immersed in a research culture whose governance operated non-hierarchically, whose realities reflected collectivist cultures, whose aims were based on liberatory principles, and whose ways of working encouraged everyone to share their voice. Topics deemed important were conceptualized at the group-level instead of only looking at the individual. I learned that social realities could be understood and changed using systematic planning, acting, and reflection methods.

These ways of being in a research culture reflected who I am as a Filipina. Although I am not an immigrant like many EMC members, I am aware that my conceptions of reality have always been intertwined with my parents' collectivist culture. I felt inspired as I saw research conducted by those who look like me. I felt doubly inspired as research could be used to serve the communities that I am part of. My knowledge of research culture expanded when I began employment with the University of Calgary and University of Alberta. Here, I learned how ways of being in research largely operated from propositional knowing (e.g., learning and applying conceptual frameworks) and a hierarchical model of decision-making. Based on these learning environments, critical reflection on one's values was rare if reflection was not intentionally placed in the design. My learning of how to be a researcher came with many trials and errors and learning from different individuals who operated in different settings. I sought to work with and

learn from individuals who believed in a research culture that strived to be participatory and strived to interrogate power in research. Further, I admired those who promoted a research work culture that promoted mentorship, nurtured relationships, and fostered a collective work ethic (e.g., everyone has to do their part to get the goal).

My earlier experiences working outside of university settings became formative in shaping how I can act and use research. However, I am aware that these experiences can be challenging for a number of reasons. First, while I value planning together and using grounds-up approaches, this way of being is messy, time-consuming, and requires flexibility and being resourceful. Second, while I value doing work that changes lives, change cannot occur unless people are mindful of their agency to create change. Third, for every community-based project that labels itself *participatory* and claims to *make changes* in communities that I live in, I am cautious and curious about how these terms are applied throughout the project.

Shaping My Ideas About What it is to be a Person of Colour Doing Research. In my undergraduate and graduate years, I learned my way of being in research from Caucasian individuals. In this way, I never knew what it meant to be a person of colour researching with other people of colour. However, I think this was largely because the research culture emphasized operating from a positivist perspective. Here the researcher is separated from the external world, and knowledge generated is perceived to be value-free. Thus, there was never a need to question what the researcher's values were and how these values could influence the design and outcomes of a project.

When I began work in 2007, I learned from mentors and other people of colour who did research with communities of colour. As a person of colour doing research, one's privilege (e.g., higher education and the power to govern a project that produces knowledge) could be celebrated

just as it could be contested and, in some cases, detested. In my own experience and through witnessing the experiences of other researchers of colour, I learned how credentials and recognition earn praise from communities of colour. Further, I also learned one's credibility could be scrutinized within the community. I have heard these ongoing tensions being discussed among community members who debate (i) whether the researcher has an individual goal (e.g., Is this researcher doing a project to get money and attain a higher status?) or a societal goal for the project (e.g., Is this researcher doing a project to improve one's own ethno-cultural community?) and (ii) whether the researcher is willing to learn alongside the community (e.g., Are community members invited to the planning table?) or willing to consult with the community (e.g., Are community members consulted after the project has been designed and implemented?).

In my own experience, scrutiny becomes more pronounced, particularly when one does not share similar social locations. For instance, I vividly remember a black man on a community project telling me that I could never understand what it feels like to be an immigrant and gay because I am not an immigrant. Wariness about the power dynamics between the researcher and the community occurs when communities are not familiar with the researcher. In one personal encounter, a Filipina woman I had known for a year scolded me because she believed that I received a high stipend as an interviewer and her community only volunteered to participate in the project. I spoke softly and told her that I completed these interviews to help a community organization that hosted this project. Although she acted surprised, I became cognizant that negative assumptions of researchers in immigrant communities could be directed to you as a person of colour even if you have the same colour and same gender, particularly because you were not well-known. From these ways of knowing, I came to be wary about how I

navigate in communities of colour. My own personal experiences of not having a voice helped me to understand what it might be like for a person who has historically been ignored. Although this helps me relate to immigrants and refugees who feel marginalized, I am cautious that my trust has to be maintained and regained, so I try to be as accommodating as possible. For instance, in a youth leadership community project, I recognized for youth to feel empowered to share their voice, I needed to support them as they create and nurture a safe space. As a result, I learned to be flexible in my time as I learned about each youth and learned how to co-create learning spaces with them.

Co-inquirers' Values

Social Practices Shaping Co-inquirers' Values. In this section, I discuss the social practices that shaped the values of the co-inquirers. I came to know their ways of engaging with me and with other communities as reflective of principles espoused by their organization. Further, I learned how they conceptualized how research is practiced and what research goals are based on research principles that the MCHB Co-Op adopts. However, given that I knew some of these co-inquirers before we began our research project, I learned about other social practices that might not necessarily reflect their organization.

Influence of Their Organization. The MCHB Co-Op formalized as an organized group that sought to support ethnocultural communities in 1998 (Ortiz, 2003). The aim of the MCHB Co-Op is “to support immigrant and refugee individuals and families in attaining optimum health through relevant education, community development, and advocacy support” (Chiu, et al., 2008; p. 172). The organization began its work focusing on prenatal education and later expanded its work by addressing issues affecting immigrant and refugee communities, including health determinants and looking at how health is impacted across the life course (Chiu et al.,

2008). The need to expand their work emerged from witnessing families being impacted by structural conditions (e.g., living in poverty and feeling isolated) (Ortiz, 2003). Areas in which the MCHB Co-Op provide services include mental health, employment, chronic disease management, healthy sexuality, and family violence (Chiu et al., 2008). The MCHB Co-Op supports children and youth, adults, families, and seniors. The scope of their work interfaces with the work of government agencies, particularly those offering parenting, early childhood support, intervention, home visitation, and child protection services. However, given the diverse nature of their work, the MCHB Co-Op members often work with other individuals from different sectors (e.g., judicial and legal organizations).

The practice of a multicultural health broker (hereafter referred as broker) encompasses five dimensions as described below (Chiu et al., 2008):

- (i) connecting parents and families together through community-based programs (e.g., collective kitchens and parenting groups),
- (ii) listening and being attentive to how multiple factors affect children and families by providing support that is holistic and family-oriented and connecting families to mainstream and other organizations,
- (iii) mobilizing communities by ensuring information sent to families is salient in its content and in its format, engaging with community leaders, and hosting community training,
- (iv) advocating at the provider and institutional levels by creating partnerships in service (e.g., collaborating with mainstream organizations to provide care to families) and education (e.g., offer training in culturally competent care),

- (v) advocating at the systemic level (e.g., enabling community members to participate in policy discussions).

As a member, a broker acts as a bridge between immigrant and refugee families and health, social service, and justice/legal sectors. Here, brokering is the act and art of navigating how service providers and family members communicate with each other by bridging between two cultures. For each type of service provider and family, a set of social practices define how they perceive reality and thus shape how each one relates to the other. Social practices can comprise values, norms, frames used in practice, rules, protocols, and social etiquettes. Further, as a service provider and a family operate within a system, the system's operational rubric can be shaped by a set of values that reflect economic, political, and ideological beliefs. Thus, to act as a bridge requires a broker to do two things: (i) communicate the social practices in which a service provider operates and the Canadian service delivery culture to the family and (ii) help service providers understand the worldviews that shape families' behaviors and familiarize service providers with the service delivery culture that shaped families' lives before migration.

Brokers bring multiple resources to both families and service providers. They help families understand multiple aspects of a particular service delivery system. This includes the roles and responsibilities of providers, what services are available to support families' needs, and how to navigate administrative processes associated with accessing and retaining a service. They also build (capacity) skills within families by educating them on their rights to attain services and federal, provincial and local legislation. Further, they offer emotional support to families throughout their journey of accessing and attaining services (if needed). In many cases, brokers connect families to other families as a means of emotional support as families acculturate to their new home country. For service providers, a broker offers educational support by teaching

providers (i) the values and norms that immigrant and refugee families live by, (ii) stressors that immigrant and refugee families experience and (iii) the language and cultural customs that shape how families construct their realities, including their problems and their resolutions.

Involvement in Advocacy. As an organization that serves immigrant and refugee communities, the efforts of the MCHB Co-Op extend beyond providing services. In particular, the MCHB Co-Op offers in-house and external educational workshops to existing service delivery partners and post-secondary institutions to ensure existing and new practitioners are aware of immigrant and refugee issues and practice intercultural competency in their relationships with families. Beyond education, the MCHB Co-Op has extensively nurtured collaborative relationships with multiple service delivery partners that include educational institutions (e.g., Alberta Education), health services (e.g., Alberta Health Services), social services (e.g., Ministry of Child and Family Services), police (e.g., Edmonton Police Services), faith communities and other non-profit organizations serving immigrant and refugee populations. The diversity of these partnerships help develop culturally responsive services and build community capacity so that the system can better respond to immigrants' and refugees' multiple needs while recognizing their capacities. Beyond MCHB Co-Op, its members also work with other organizations and informal community groups (e.g., societies) to support immigrant and refugee communities' needs. For instance, most co-inquirers involved in our project supported immigrant families through other community-based initiatives such as building relationships between Edmonton Police Services and ethnocultural communities (e.g., Injera and Police and Youth Engagement program) (Dhakal, 2013).

Research Culture. The MCHB Co-Op aspires to the participatory action research principles outlined by Smith, Willms and Johnson (2006) in their book, *Nurtured by Knowledge*

(Y. Chiu, personal communication, February, 20, 2020). These principles are used to guide the research in which the MCHB Co-Op is involved (Smith et al., 2006; p. 183-184):

- Strive for goals of liberation
- Develop a compassionate culture while working together
- Participate in dynamic processes of action and reflection
- Value local knowledge by using families' realities as a starting point for research
- Engage in collective questioning and acting that strives for structural changes instead of adapting to oppressive environments
- Consciously produce new knowledge that generates in-depth understanding.

As an advocacy organization, the MCHB Co-Op perceives research as a means to enact change to improve immigrants' and refugees' health and well-being. Historically, the MCHB Co-Op has been involved in community-based research projects, particularly projects with a participatory focus (see, for example, Khalema et al., 2016). The relational and cultural expertise offered by the MCHB Co-Op helped develop culturally sensitive recruitment and data collection protocols (Khalema et al., 2016) based on these principles.

Service Delivery in Family Violence. Since its beginnings, the MCHB Co-Op has offered family support to immigrant and refugee families that experience family violence. Brokers are often aware of incidents of family violence in two ways: (i) through their partnership with the Edmonton Region Child & Family Services (CFS) or (ii) through the pre-natal or parenting groups that they offer to immigrant and refugee families. Within the MCHB Co-Op-CFS partnership, brokers are called in to support the CFS caseworkers. Through this partnership, brokers work with a range of different service providers (e.g., police, lawyer, and shelter director) beyond the caseworker. The support offered by the MCHB Co-Op extends

beyond service delivery. The MCHB Co-Op offers in-house cultural competency workshops to front-line service providers working to address family violence at the organizational level.

Through their partnership with CFS, the MCHB Co-Op and CFS work to ensure (i) that front-line service providers engage respectfully with families who experience family violence and (ii) that culturally responsive solutions emerge from interactions between front-line service providers and families. As a key partner of the regional collaborative initiative that addresses family violence, the MCHB Co-Op works with other organizations to support educational and intervention initiatives that help immigrant and refugee families who experience family violence. However, given the vast number of stakeholders involved in addressing family violence, co-inquirers have emphasized that more work is needed to ensure service delivery systems are culturally responsive to immigrant and refugee families.

Meeting the MCHB Co-Op and the Co-Inquirers

Engaging with the Organization. My involvement with the MCHB Co-Op emerged from my involvement with EMC and volunteering on the Board of Directors for the Edmonton Intercultural Centre (EIC). EIC is a center comprising the MCHB Co-Op, EMC and other community groups that collectively work to support immigrant, refugee and Indigenous communities. Within these involvements, I worked primarily with members from the MCHB Co-Op but never became involved in their programs. While I never worked directly with the MCHB Co-Op brokers on a project coordinated by MCHB prior to this project, I had multiple opportunities to work with some of the brokers through my EMC involvement and other community-based initiatives.

Working with the Co-inquirers. Through my encounters with the co-inquirers, I began to learn how their practices are grounded in collectivist cultures. First, while working on several

family violence projects with four of the co-inquirers previously, I learned how family is highly valued and thus service delivery practices encourage family safety and harmony (Asu et al., 2014). Second, as a program evaluator of a crime prevention initiative, I listened to how the co-inquirers emphasized the need to be respectful and flexible when developing relationships with police officers and with families in their work. I learned how presence is integral in establishing and maintaining relationships and thus required being attentive to how police officers presented themselves to family members (e.g., how they dress and what gestures and words they use). However, as they have been working with people from diverse communities, I understood these observations have not been applied with everyone with whom the co-inquirers work. In this case, I learned how the co-inquirers constantly adapt their practice to be culturally sensitive to those with whom they work with.

Third, I learned how the co-inquirers characterize working relationships as being non-hierarchical. Everyone learns from each other because everyone's lived experience can be used as a source of wisdom. Fourth, I learned how they dedicate their lives to supporting their communities. The co-inquirers adopt multiple roles in their ethnocultural communities. These include acting as a secondary guardian, offering temporary housing to youth, individuals with disabilities, and families as needed, acting as a mediator to solve conflicts for families in their communities, and organizing social events (e.g., birthdays, marriages and funerals) for their communities.

Learning the Values. Collectively, these learnings helped me to conceptualize what values have been important to the co-inquirers and thus illuminated how they shaped their ways of being in research. Although all of them worked at the MCHB Co-Op as full-time or as part-time employees, it has been hard to tell whether the organization shaped their ways of being or if

these manifested on their own. First, I knew these co-inquirers as people who oriented their ways of knowing at a group-level instead of at an individual-level. Second, I came to know these co-inquirers as emphasizing the need to work non-hierarchically and in participatory ways on community-based initiatives. In short, to begin and end a project together should be a communal and worthwhile goal. Here, I learned that engaging in research meant seeing the value in everyone and cultivating a group culture in which everyone felt like they were a part of the project. Third, I learned how these co-inquirers have been dedicated to their communities while also being dedicated to their own families. To support and advocate has been a calling to serve. One trains to be of service to the community and not solely for individual achievement. One uses their skills and knowledge gathered from their work and education to support communities. To serve has been a symbol of honor and a moral duty. Fourth, I learned that each participant had a different journey migrating and settling in Canada. Their personal experiences shaped their dedication to support immigrant and refugee families experiencing settlement issues. Lastly, I learned that community-based initiatives, whether research projects, intervention programs or community development projects, were inter-connected and work towards a common end goal: helping immigrant and refugee communities attain optimal health and well-being for their families and their communities and addressing inequities experienced by communities. As such, I learned that research was not conceptualized as an isolated and independent project that benefit the researcher. Instead, research was conceptualized as another stepping stone that could help address the health and well-being of immigrant and refugee communities and achieve equity.

Putting it Altogether. My personal experiences in learning how to be a researcher compliment the values that I associated with the co-inquirers. First, both co-inquirers and I were

familiar with working in non-hierarchical and participatory ways and sharing decision-making strategies on community-based initiatives. Second, we shared common ground in doing projects (e.g., research) that were oriented towards social change, were potentially sustainable, and supported the communities that we lived in or were a part of. Third, we had a common interest in doing ground-up work where flexibility and a strong work ethic were necessary. Fourth, we shared an interest in learning that was mutual and relational. Fifth, we had a mutual dedication to improving service delivery as each one of us had a personal connection to immigrant families who experienced family violence and/or settlement issues.

Research Settings Shaping Our Inquiry.

Our ways of being were shaped by each other and by the environment in which we did this project. Discourses of how to act in research were shaped by three different cultures: (i) the university culture, (ii) the service delivery culture and (iii) the societal culture. For the latter, I define the societal culture as the discourse shaping beliefs about research in the communities from which we aimed to recruit participants (e.g., African immigrant family members). First, as a PhD student, my way of being a researcher in our project was shaped by the university institutional culture. In particular, how I engaged with the co-inquirers and how we engaged with other participants (e.g., African immigrant family members and other front-line service providers) were shaped by logistical pressures (i.e., I had a deadline to finish my study) and ethical guidelines (i.e., the Research Ethics Board at the University of Alberta needed to approve conduct). Further, my way of being and what data was gathered in our project needed to be conceptualized at an abstract level as part of my PhD. As a result, I had to prioritize propositional over experiential and practical knowledge. Second, the sensitivity of reflecting on the practice of collaboration among front-line service providers shaped the research design and

how knowledge was shared in our project. Third, how African immigrant communities perceived the value of research and the value of sharing personal stories of abuse and/or seeking help shaped how we engaged with family members and what and how data was collected in this study. Details of the impact of these discourses will be highlighted in subsequent chapters.

Summary.

In this chapter, I outlined my values and my social experiences that guided my behavior in this research project. As I worked with the co-inquirers, I also highlighted the values and principles that shaped their ways of working on community-based initiatives (e.g., research). These values and social experiences created the setting for how we related to each other and how we conceptualized what research was and its role in creating social change. In the next chapter, I discuss how we created guidelines to shape how we related with each other and how we implemented our project.

Chapter Five: How We Worked Together

Creating Our Conditions

Guidelines

For both relational constructionists (Gergen, 2003; McNamee & Hosking, 2012) and participatory researchers (Bray et al., 2000), creating the conditions to guide the research study is a preliminary phase. As noted in a previous chapter, learning together cannot occur without generating a common way of being (Gergen, 2003) that emerges from shared goals or shared activities (Gergen, 2003; Hersted, et al., 2020). As well, learning with each other requires articulating learning values and guidelines (Bray et al., 2000). In the next section, I discuss how our group began developing a shared identity.

From my own observations and data analysis, the conditions that we created to guide ourselves evolved as we worked together. Although we began with shared goals and some guidelines, these became tentative for us. What guidelines we brought in the beginning for this project came from past experiences. Their relevance needed to be realized for this project. We had to discover how to guide and motivate ourselves (Sergei & Hallin, 2011). This way of acting became an ongoing trial and error process. As we planned, implemented and reflected on an activity, we began developing a group identity. The more we learned to act, the more we came to be a functioning collective unit. Our process is summarized in Figure 3.

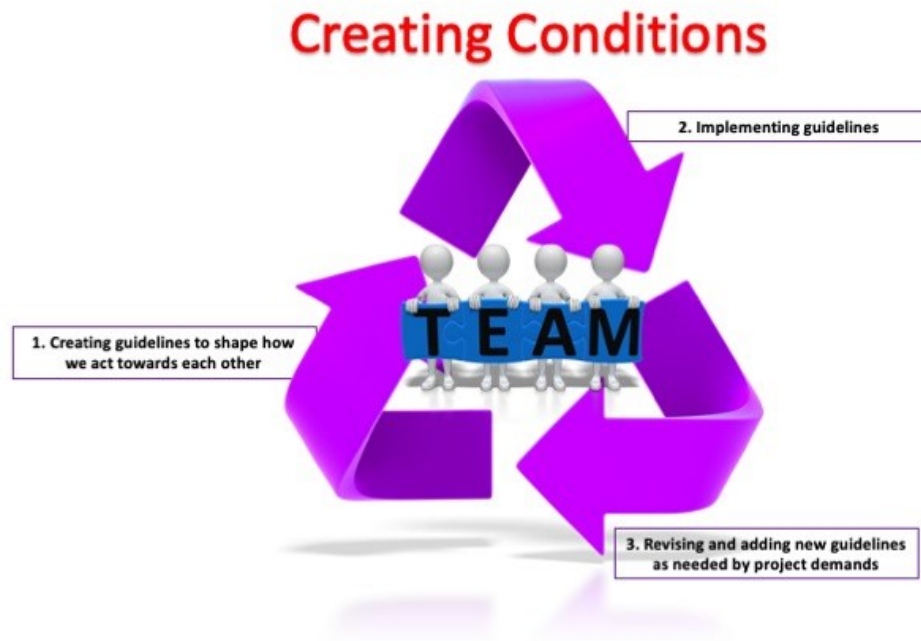
The Process of Creating Conditions

Beginnings

Since we began developing project ideas between August 2013 to December 2014, we developed a way of being and doing that transitioned to this existing project. Our meetings

Figure 3

Process of Creating Conditions



became informal gatherings surrounded by snacks and refreshments brought by different people. I observed that we practiced turn-taking, being patient, being respectful of each other's perspectives and ensuring ongoing communications with each other. When others could not physically make meetings, we used alternative mechanisms (e.g., telephones) so they could share their perspectives. I kept minutes and field notes of our discussions. We had a routine of sharing project ideas and sharing stories. We shared stories of doing family violence work within African immigrant communities. The co-inquirers shared stories of how collective values (e.g., well-being of families) manifest in intricate and elaborate social celebrations (e.g., marriage) and protocols (e.g., taking care of families). These ways of life often involved multiple family members, trusted elders and friends. The co-inquirers also shared stories of the migration and

settlement stressors experienced by African immigrant families. We revisited these topics when we explored collaboration as a practice.

Generating Ways of Doing

Once we received ethics approval to study collaboration, we formalized our process by recording our meetings. I had the responsibility to keep field notes and securely store the recordings. From April 2016, we began meetings to develop tentative conditions that would structure our discussions. Informed by the circle process (Baldwin & Linnea, 2010), we looked for ways in which we could share responsibility and create a sense of wholeness for this project. We looked at our past experiences of learning in Sharing Circles or Learning Circles to help inform us. We considered strategies used by facilitators and attendants that we felt created respectful environments, promoted learning from each other and fostered curiosity in learning (Gergen, 2003; McNamee & Hosking, 2012). From the brainstorming sessions, we generated a set of guidelines that we agreed to revisit throughout the project. Table 3 highlights our guidelines.

Revising Ways of Doing

As the project progressed, additional guidelines emerged as we learned from each other how to plan and make decisions in our meetings. Our earlier engagements prior to this project helped to develop some guidelines we used in this project. First, we agreed that we would have one meeting each month. Times and dates would be determined by the majority. We created multiple ways for people to engage in meetings given the multiple commitments. These included holding meetings in-person and/or by telephone. As well, there were times where I held individual and small group meetings as we could not coordinate everyone's schedules for

Table 3

Guidelines for Our Discussions

Be respectful
Think about your words before you say anything
Practice patience, wait your turn
Every idea has a place
Practice commitment
Rotate leadership (We are all leaders)
Be mindful that others wish to speak
Everyone is mindful of their experience
We will nurture each other's well-being
Speak with intention (Challenge constructively)
Remain focused on what is being discussed (No side-talking or outside discussion)
You cannot be a source of disruption to yourself and to others
Use different ways to talk/re-focus
Cellphones should be on silent/vibrate unless it's an emergency

one meeting date. Second, we used a decision-making model that promoted the invitation and deliberation of ideas. We encouraged everyone to share their perspective. At the end, decisions were made by the majority but needed to be aligned with the shared aims of our project. This model guided how we designed research phases as well as solved emerging problems specific to the project design (e.g., recruitment and ethics) and to the process (e.g., missing meetings). Third, we identified communication strategies to ensure key ideas and decisions were shared with everyone including those who could not attend meetings. Initially, we created online portals to share recordings (e.g., Dropbox) and post feedback about meetings (e.g., WhatsApp) but we did not use these portals. We relied on emails to share minutes from meetings. If needed, we insisted that individual follow-up meetings could be done individually with me via phone or in-person. In most cases, we revisited decisions of a particular research phase or a particular activity within a phase throughout the project.

Fourth, we created mechanisms in which we could share our lives beyond the research project. This began with setting aside a fifteen-minute check-in at the beginning of meetings so that everyone could share how they were and what was happening in their lives. As meetings progressed, the time for check-ins lengthened as the co-inquirers began to share their life experiences including the challenges they faced at work or at home. In these instances, I chose not to intervene directly because I grew cognizant that we became immersed in creating our own safe space. For the co-inquirers, sharing their lives with each other was cathartic. My prior experience working with these co-inquirers and with immigrant communities taught me that sharing personal lives is a common practice as you learn to relate to others during any community project. Here, I strived not to record the beginning of these meetings out of respect to the co-inquirer sharing their personal challenge. Also, we agreed to only record our perspectives, learnings and decisions related to our project. However, this proved difficult as some personal challenges emerged and intertwined with co-inquirers' practices of collaboration as front-line service providers. For instance, coping with racism as a black person is a challenge that many co-inquirers experienced in their professional and personal lives. During these moments, the co-inquirers spent time offering support to each other. Collectively, creating safe spaces to talk about our lives and about the project proved integral in learning more about each other and thus generating empathy and compassion for each other (Yorks & Kasl, 2006). Sharing our own personal stories about collaboration or about work/family/school helped to broaden our knowledge of each other.

Generating Roles

The roles and tasks of our group evolved during the project. Although the idea to study collaboration started with me, I decided to be a facilitator throughout the project. This was a

decision I suggested to the co-inquirers, who agreed I should be the facilitator since our project was my PhD. As relational constructionists (McNamee & Hosking, 2012) and participatory researchers (Heron, 1996; Heron & Reason, 2006b) emphasize, researchers entering the project act as facilitators or change agents who encourage or stimulate the discussion. Although this was my PhD project, I was cognizant that I was not the expert in shaping how we created a way of planning and implementing this project (Heron, 1996; McNamee & Hosking, 2012). I recognized that our intersubjective way of being (e.g., verbal and non-verbal ways of relating to each other) had to be developed with each other in an emergent and iterative process. My role focused on promoting local ways of knowing and being (International Collaboration for Participatory Health Research, 2013; McNamee & Hosking, 2012). In particular, I often asked co-inquirers to generate guidelines on how we could relate and help each other implement this project. For instance, I always asked the co-inquirers for helpful approaches on how we could organize our meetings and how we could recruit participants. When we encountered project conflicts (e.g., providing information to complete requests from the university ethics board and addressing scheduling concerns), I sought suggestions on helpful, welcoming and respectful phrases. Although I had known these co-inquirers for quite some time, I had not worked with all these members at one time. As such, I became mindful that approaches and learning what phrases to use was an evolving process.

Second, I became cognizant that as a group we had to make decisions collectively. As a general rule for me, I opted not to discuss the project and make decisions outside our meetings. If perspectives offered by individual co-inquirers occurred outside of research meetings, I asked consent from the co-inquirer and included these perspectives in the upcoming meeting. As the project progressed, particularly in the later stages, I conducted several individual meetings with

each co-inquirer. These included sharing findings of analyses and doing reflections about past experiences. However, in the later stages, I made decisions in the moment in a few encounters without the consultation of the co-inquirers. These decisions were situational and related largely to emergent ethical issues (e.g., meeting a participant's wish to rewrite a story). As a facilitator and a member of this group, I had the responsibility for completing the technical tasks that involved data collection (e.g., recording our meetings, storing these recordings in a secure place and facilitating reflective dialogues) and data analysis (e.g., transcribing and doing content analysis). I was responsible for the logistics (e.g., generating the agenda and providing project updates to the team).

In the beginning, I acted as a facilitator in charge of generating the agenda, asking questions and summarizing key thoughts. As the project progressed, each co-inquirer had a natural ability to facilitate the discussion. As we shared perspectives, the co-inquirers took turns reflecting on others' thoughts, summarizing or highlighting key areas. The co-inquirers also took turns reminding each other of the values and goals of this project. Further, they took turns being critical of our planning (e.g., What are we missing in our designs?) and our outcomes (e.g., What are we really trying to achieve?). At first, I did not notice these behaviors as we never formally identified who would be tasked with specific facilitation duties beyond myself. As I learned to be sensitive to being present in the moment, I started to be more aware of our dynamics.

Meeting Protocols

About three to four members often attended meetings. For those unable to attend, they followed up with me via phone or in-person or looked at the minutes of meetings. Our meetings were informed by Sharing Circle protocols in which we took turns sharing our perspectives. In

the beginning, we used a symbolic object (e.g., a feather) to take turns. As the project progressed, we rarely used the symbolic object as we grew accustomed to taking turns in sharing our perspectives. Our primary mechanism for learning and for planning research phases was largely verbal. However, there were a few times where we used presentational forms to explore co-inquirers' learnings about collaboration or to reflect on their involvement in the project (e.g., participating in the structured story dialogue with other front-line service providers).

Our meetings comprised three intertwining processes: designing how we wanted to study a particular question (the research design process) enacting this design (the action process) and reflecting on what we learned (the learning process). Generally, we began discussing a research design, formulating an action, and identifying what we wish to learn. As meetings generally lasted between 1-1.5 hours, these processes did not always occur in one meeting. In some cases, we had multiple meetings that tackled an aspect of the research design. For instance, when recruiting family members to share their stories, we engaged in multiple meetings as we trialed and learned from different recruitment strategies.

Learning Together

Group learning did not become an easy goal to attain particularly in the initial stages of this project. Given the challenge of coordinating meetings with seven different people, a few group members emphasized that seeking input on an individual basis would be a better choice. Initially, I agreed that gathering individual perspectives would be helpful and save us from trying to coordinate our schedules to have a research meeting. However, I emphasized that in-person group meetings helped us to be attentive to our own and others' verbal and non-verbal responses that emerged as we engaged in collective activities.

Stories became a common tool for learning. Prior to beginning this project, we used our personal experiences to exchange values and principles and highlight their importance in our lives. Stories became markers of our expertise and familiarity in advocating for better services for African immigrant families. Experiences acted as platforms to explore the construct of collaboration, as Jeneba highlighted in our first meeting,

I think the experiences are the best teacher, you already work with people what you've gone through, collaborate with service providers, but if you don't have the experience, this is hard for you to just go and know about that topic.

Using stories did not feel unfamiliar to me as I had used this way of learning when doing community-based projects. In these past experiences, I saw how stories can highlight the hardship and perseverance experienced by immigrant communities. As noted in a previous chapter, stories were used as tools through which immigrant communities could advocate for better living conditions.

Our experiential ways of learning about collaboration as a practice, and designing the project, became an iterative process. Although a previous chapter highlighted the research process, each phase constantly re-occurred throughout the project. For instance, in Phase 1 we generated learnings about collaboration as a practice as a group by exchanging personal stories. As the project progressed, we continued sharing personal stories. In some cases, we revisited past shared stories to re-interpret or reinforce our understandings of collaboration. Likewise, in Phase 1, we began designing different parts of the project simultaneously. For instance, in Phase 1, we began exploring who we wanted to recruit for Phase 3. As we progressed to Phases 2 and 3, our designs for recruiting participants for Phase 3 changed as we had multiple opportunities to clarify who we wanted to learn from.

Generating Ways of Being

Generating a Common Identity

Our ways of working with each other developed a collective identity (Bray et al., 2000; Gergen, 2003). Our group identity emerged as we engaged in two simultaneous activities: (i) exchanging stories about our personal lives and personal connections to this project and (ii) learning to plan, act, and reflect collectively. As most of us had been familiar with each other through past work or volunteer opportunities, we shared a common goal to advocate for better services for immigrant families. Initially, we shared stories of collaboration to explore how we could collaborate with others in a family violence project. As we exchanged stories, we illuminated how our personal histories led us to working on family violence and collaboration. Some shared personal stories about migration (e.g., being a refugee and resettling in Canada). Some shared personal stories that connected to family conflicts and violence (e.g., experiencing divorce or surviving family violence). The stories exchanged helped us to recognize how each of us felt in relation to exploring collaboration in family violence service provision.

The stories shared illuminated new learnings of our selves and each other. For instance, in expressing and reflecting on personal hardships, we became appreciative of learning with each other and learning about each other. Further, these sessions also helped us to re-examine the lens we used in viewing our past stories. For instance, when reflecting on our stories, we began to see how hardships became powerful lessons that shaped how we relate to others. What we might have seen as negative experiences we re-interpreted as positive lessons. As such, these sessions brought to our attention that this project had both personal and professional impacts.

As the project progressed, our personal stories expanded how we connected with each other beyond the research setting (Bray et al., 2000). Our stories of work, family, school and community development projects became a constant feature at meetings. As everyone had

multiple commitments, we often shared laughs at our own personal foibles (e.g., not getting enough sleep). We shared our own personal challenges in managing our lives and provided each other with supports. For instance, when struggling with managing with work and school commitments, we listened to each other explore the value of education as a route to better employment choices. When personal challenges felt more impactful (e.g., experiencing a death), we offered additional support to each other, when possible. For instance, a parent of a co-inquirer unexpectedly died during the project. Everyone offered support and checked in with this co-inquirer. Support became multiple and ranged from lending an attentive ear, to making house visits, to attending events, to being flexible and understanding. If any of us experienced a personal challenge, we insisted that it was okay if the co-inquirer needed to miss meetings to deal with the challenge. We also shared in each other's personal joys and family stories. We commended individuals embarking on new journeys (e.g., starting a new job and starting an election campaign) and attaining personal achievements (e.g., completing a degree and getting a new job). Working together and sharing our lives helped to deepen how we related to each other as researchers, practitioners, community leaders, students, and private citizens. Learning about the different self-other relations (McNamee & Hosking, 2012) became a process greatly appreciated by all co-inquirers as this created a sense of closeness. We learned how we could connect in multiple ways beyond the project.

The co-inquirers also became appreciative of meetings as avenues to learn about how to do research and reflect on their practice as front-line service providers. At the beginning, we started slowly and patiently as we learned to plan together and learned to reflect together. There was no rush to complete the project. We took time to learn with each other why this topic was important to us. I remember one co-inquirer insisted that the flow of the project needed to be

slow and patient given the sensitivity of the topic. Patience, being flexible, compassionate and cautious became a constant way of being as we recruited family members to share their stories. We applied these same attributes as we recruited front-line service providers in the last phase. As the project constantly shifted, we generated a dynamic identity in which we constantly revised our guidelines and project designs. However, given the sensitivity of the topic and managing our own work/school/family lives, we learned when to be patient and when to speed up our implementation process.

Our experiential ways of working together developed a collective identity and a collective responsibility (Bray et al., 2000; Hersted et al., 2020). As we had begun planning in 2013, we grew accustomed to meeting each other on a regular basis. Meetings became part of the co-inquirers' lives, as Jeneba highlighted,

You know for us, we don't even see it[meetings] as anything as if we have to go, we are looking forward to it, every month, it's part of what we have, we figured out this is what we are doing. It's not even like a chore that you feel, oh, I don't want to go to this meeting, you know.

Physical presence became an integral feature of our progress. If a few members missed meetings, they felt deeply apologetic as they felt their lack of presence contributed to the project's slow or stagnant pace. We became a cohesive unit. When learning to find a balance between project and personal life demands, we found solace by expressing our difficulties while attending meetings. These discussions progressed to reflections as each member shared how involvement in the project had a personal meaning. At these times, Arnold informally and naturally led these reflections. When faced with time management challenges, Arnold reiterated the need to stick together until the project's end. His constant reminders became echoed by other

co-inquirers for the duration of this project as we built a cohesive identity, as Alice noted in one of our reflections,

Alice: To be honest with you, this whole process, the process itself has been a life example of what collaboration is and should be. In the sense that we come into work, we come in with certain perspectives, we worked through the various perspectives on the same page even from, yeah, from the issues, that we discussed to when we meet, how long we meet, and all of that.

Roslynn: Who should be part of this,

Alice: Who should be part of it, all of it, when should we finish, even timelines, and certain timelines and all of that. It's been some collaboration. It's become a shared identity. [laughs]

Summary

In this chapter, I discussed how we created conditions to shape how we related as a group and how we implemented our project. As this chapter highlighted, our functioning as a group became a co-constructed and ongoing process that changed in response to the project's and life's demands. As we learned to create a collective identity to implement a project, we also learned how to find a balance between the emotional demands of being involved in and beyond the project. For us, functioning as a group reflected a patient process in which we learned not only to function as a group but also how to explore emergent phenomena. In the next chapter, I document how we explored our understanding of collaboration by exchanging stories and perspectives about collaboration.

Chapter Six: Exchanging Experiences with Each Other to Learn About Collaboration

Intentions for Phase 1

Initially, we intended to generate stories based on the co-inquirers' lived experiences working with African immigrant families and other front-line service providers. We hoped by sharing stories, we could identify strategies or practices that resulted in successful or unsuccessful collaboration experiences. However, this aim changed as we completed this phase. Instead, we unpacked the co-inquirers' experiences of engagement with different stakeholders and explored how service delivery appears to them.

Sharing stories became a mechanism for the co-inquirers to see how they relate to a diverse range of stakeholders (e.g., African immigrant families and staff of other front-line service delivery organizations). Further, sharing stories became an emotive space in which the co-inquirers could support each other. In response, I became more attentive to co-creating a safe space for the co-inquirers to share their stories. Here, I was an active listener, validated their perspectives (if needed) and immersed myself in their presence. Our explorations of collaboration continued throughout the project. Besides learning about collaboration amongst each other, we sought to learn about collaboration from African immigrant family members and other front-line service providers.

A second goal for this phase focused on planning for Phase 3. We began some preliminary planning of our goals, processes and outcomes for Phase 3. Our initial goal was to share strategies or practices with other front-line service providers based on our experiences. However, this goal changed as we chose to create a reflective learning environment where participants could exchange stories. As we implemented our project, we revisited these

conversations. From our planning emerged our vision for what we perceived as social change and the mechanisms for social change.

Activities for this Phase

We began our exploration of collaboration by identifying topics that would help the co-inquirers recall personal stories of collaboration. We had a brainstorming session in which we asked each other what aspects of collaboration were important to learn. We identified the following topics: the social processes that shape how the co-inquirers relate to family members and other front-line service providers (e.g., learning about each one's responsibilities and the values and aims that shape an individual's goal or behavior), the protocols that shape how the co-inquirers relate to family members and other front-line service providers (e.g., how you share information and how you maintain confidentiality) and the systems factors that shape how the co-inquirers relate to family members and other front-line service providers (e.g., how concepts of productivity and efficiency shape the nature of service delivery).

Informed by Sharing Circle protocols (Baldwin & Linnea, 2010), we created a story circle in which the co-inquirers shared their personal experiences with each of the three topics. As noted in Chapter 5, we used our guidelines for this study to shape how we shared personal experiences. We exchanged perspectives and stories as well as reflected on and summarized what our stories taught us about collaboration. We encouraged questions, reactions and comments to stories and perspectives throughout this time of sharing. Discussions of collaboration moved back and forth from general aspects (e.g., values and elements of collaboration) to specific examples (stories) about collaboration.

As the co-inquirers shared their perspectives and stories, I felt I heard different parts of different stories. Although I could have asked the co-inquirers to clarify stories that I heard, I

did not want to interrupt the reflective process. As such, I asked the co-inquirers if they could volunteer to re-tell their stories. We scheduled a one-to-one meeting outside of our meeting times to record and craft their story for those who chose to share their stories. I took care to take note of stories shared during our discussion. During these one-to-one meetings, I asked co-inquirers to recall one story they had shared at our past meetings. I recorded these meetings so I could remember all details. From the audio recordings, I transcribed these stories and shared them with each co-inquirer. The co-inquirer guided any story revisions. Each co-inquirer could either choose to draft the final version of the story or delegate this responsibility to me. Of the four who shared their stories, only one decided to write a final version of their story.

I did a preliminary thematic analysis of our conversations and shared these themes with the co-inquirers. I shared peer-reviewed theoretical and empirical literature related to family violence and service delivery to supplement this analysis. I explored how our learnings related to existing literature to discern similarities or contrasts. From my analysis, I extracted all the challenges and facilitators we identified as contributing to the practice of collaboration. Next, I created a separate card for each challenge and facilitator. At our meeting, I asked the co-inquirers to sort the cards in a manner that conceptualized our understanding of collaboration. This activity deepened our understanding of collaboration as a complex practice that can have different interpretations. In particular, we found the discussion to be rich as we learned from each other about how collaboration could be a process and a phenomenon that shaped power dynamics between front-line service providers and African immigrant families. As such, we felt this sorting and reflecting activity could be a great tool for front-line service providers to unpack how collaboration manifests as a process and shapes relational dynamics.

The last stage for this phase involved group reflections of our learning experiences. Given scheduling conflicts, I arranged individual and small group meetings as not everyone could meet at the same time. Questions focused on the learnings that we gained for ourselves, about the co-inquirers' practices and our knowledge about doing research. In the next discussion, I highlight two learning processes that emerged in this phase: (i) how we learned together to unpack the co-inquirers' social realities relating to collaboration and (ii) what we learned about the service delivery landscape in relation to enacting collaboration. This process is summarized in Figure 4.

Beginning the Process

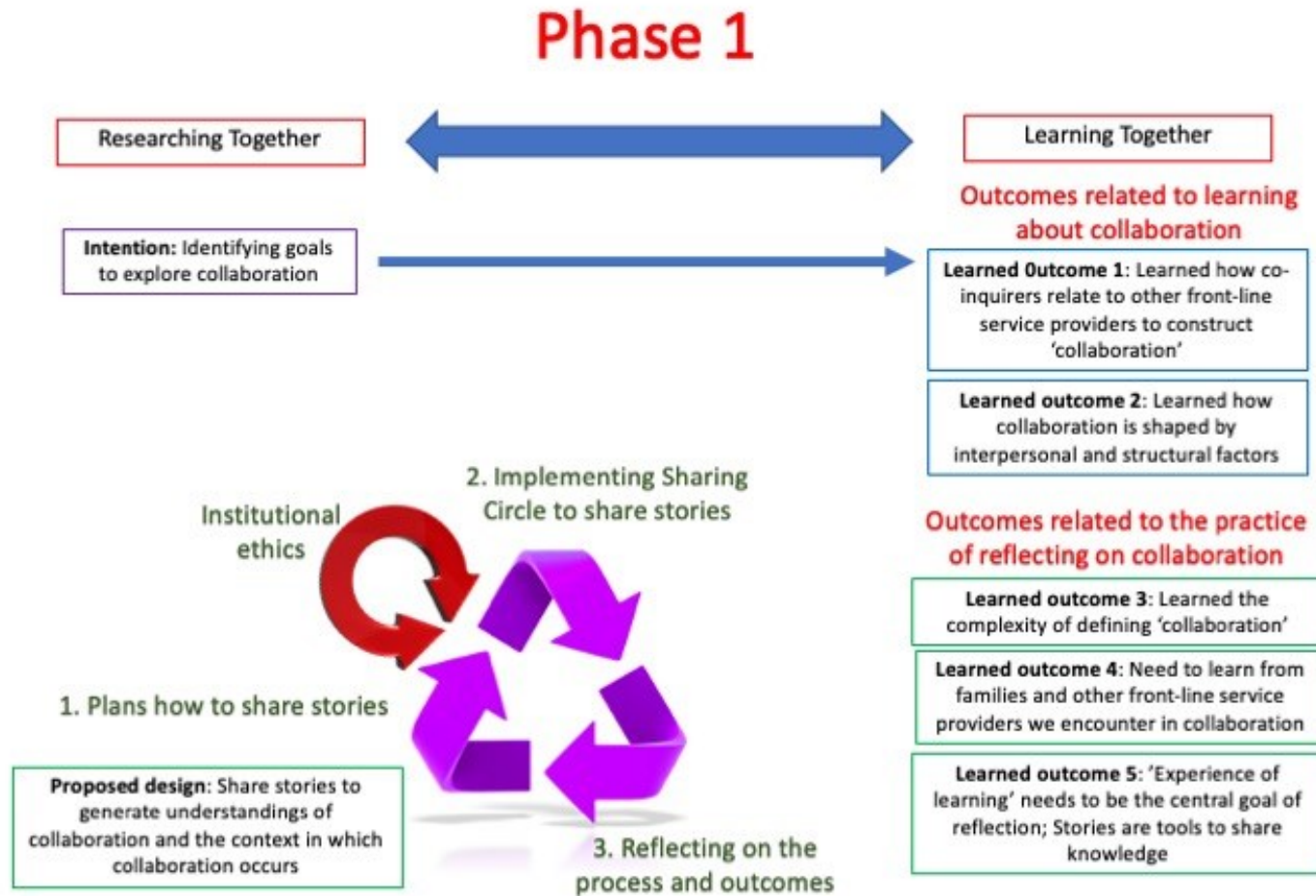
The co-inquirers began by exchanging perspectives and stories about actions or principles that characterize collaboration. As they recalled their collaboration experiences, they unpacked the ways they related to African immigrant families and other front-line service providers. Co-inquirers reflected that they relate to stakeholders through their values, the approaches they used to address family violence and other family-related conflicts and their perceptions about the causes and mediators of family violence.

Being in Collaboration

Relating and not Relating with Families. The co-inquirers had unique knowledge of relating to families. They were aware of the values and approaches that shape families' experiences of family violence and families' preferences for resolving family disputes. For instance, when co-inquirers recalled stories of family members feeling neglected or unheard during service delivery interactions with front-line service providers, they were quick to highlight how families' reactions emerged due to not feeling included in the problem identification and resolution process. In African immigrant communities, conflict mediation

Figure 4

Summary of Our Process and Outcomes for Phase 1



was characterized as involving and incorporating the married couple's perspectives, family members and, if necessary, elders. The goal of the conflict resolution process was to ensure that the proposed solution promotes the family's well-being. Thus, resolutions that did not involve all family members could be perceived as disregarding African immigrant families' values.

Recollecting past stories of collaboration also helped clarify for the co-inquirers how they were different from the families they supported. For instance, co-inquirers were cognizant that families' experiences of violence were not reflective of their own lives. Another marked difference was the power that co-inquirers have as service providers. Co-inquirers were aware they have the power to influence how families interpret and process their service delivery experiences. As front-line service providers who have offered various supports (e.g., navigational, mediation, education and translation), co-inquirers recognized they have the power to shape the relational dynamics in collaboration. Recalling this power helped them realize they could disrupt or support the well-being of the family, as Sarah highlighted,

Yea, we have to be careful with that. [laughs] Be aware of that particular power within our own communities that we have. Yep, it's very, very crucial. Yea. Yea. So that can impact the family decision, you know, and it can actually, you know, sometimes it creates, sort of not being open, as a frontline worker, when we help together to solve their problems but when we have some identity within our community or some kind of power, then that can create some kind of, misunderstanding, among, you know, um, service providers because very often we have different perspectives, they say [organization]. [organization] makes sure that the children are safe back home, are not abused at home, you know, we have to keep that in mind. They go by law...For us, we see the entire family as a unit and we work with that unit by trying to understand the way the family can resolve that problem by working together but again, we have to be aware of ourselves and our own power within our community and with the family that we work with. So, if we're not aware enough, then, it can brought us trouble, working together...

Relating with and not Relating with Other Front-line Service Providers. The co-inquirers also explored how they related to other front-line service providers that work in different disciplines and different sectors (e.g., police, child and family service personnel, shelter

workers, priests, imams, community elders, counselors, social and youth workers, nurses, doctors and income support workers). Similarities emerged when co-inquirers identified common characteristics (e.g., patience, calm and commitment) and working styles (e.g., being co-operative) among other front-line service providers. Differences emerged as co-inquirers highlighted factors that often led to challenging interactions during collaboration. Some examples included approaches to assessments of family violence, conflict resolution and engagement with families.

Having a duty to serve their communities differentiated the co-inquirers from some other front-line service provider particularly for co-inquirers who are also community leaders in their own ethno-cultural communities. In general, co-inquirers felt that a duty to serve was associated with a vigilant attitude of dedication, perseverance, compassion, being flexible and being available. It manifested in long hours of ongoing in-person engagement as co-inquirers found appropriate and relevant support for families. For co-inquirers, this sense of duty was a moral way of being. Helping families became a personal satisfaction that outweighed any material benefits. Accordingly, to support their communities was deeply intertwined with the community's wellbeing, as highlighted at one of our meetings,

John: We feel we are part of the community, we want to see that change, we want to see that happiness, we want to share in that joy. We don't want to be looked at by people and say, 'oh, they're just looking for money'.

Jeneba: Uh-hmm.

John: We don't believe in that concept. We are working to provide service and supports and we are part of you. That's is the bottom line that we are coming from. And so, yea, it's so much that is not explained.

Ways of Relating in Motion. As the co-inquirers exchanged stories, they began to identify collective actions they undertook with other front-line service providers. Examples

included identifying common goals, creating a shared trust amongst each other, and learning to communicate effectively with each other. For those involved, not to engage in collective actions created breakdowns in the functioning between African immigrant families and front-line service providers as they collaborated, as John noted,

Something is defined, what is our goal? And I find that, when people move away from the goal, that's when the relationship break down but as long as people move the course together, they move for the same purpose, with the same goal, the relationship is developed, the trust is developed.

These collective ways of functioning in collaboration also required being responsive and respectful during social interactions. For instance, the co-inquirers often elaborated how working with families involved being respectful about families' goals and perspectives even if these differed from their own and those of other front-line service providers. In particular, co-inquirers advocated for co-operative strategies (e.g., co-developing strategies to meet families' goals and supporting their safety). Likewise, being responsive in interactions between the co-inquirers and other front-line service providers meant negotiating between different goals (e.g., addressing family violence by focusing on the child's safety or addressing family violence by focusing on the safety of the family).

As discussions progressed, the co-inquirers began to explore organizational, discursive and systems factors that shape their relationships with African immigrant families and other front-line service providers. Here, co-inquirers began to illuminate for each other how external factors shape the construction of collaboration. For instance, functioning together was perceived as an ongoing process to develop familiarity among social actors. Time limitations and pressures to be efficient in service delivery shaped the time stakeholders could take to relate and resolved issues with each other, as Miriam highlighted,

When we talk about confidentiality, as well as for me, is that um, you don't take enough time in Canada. We don't take enough and that's part of the problem, for collaboration and in similar countries, say, 'we like to collaborate' and they love that word, but then when you say, 'something is not working on this part, can we back up?' They don't have time. But we want to finish this today. Like, so, collaboration is, something that takes a long time, because to build trust, to understand where you are coming from, you know, to understand what the [organization] is, to understand what [organization] is, to understand is the key word, you know, working, it takes time.

Competencies When Practicing Collaboration. As the co-inquirers reflected on their experiences in this phase, the process illuminated competencies they felt were important in the practice of collaboration. The co-inquirers highlighted how client-centered and trauma-informed processes were helpful approaches in shaping different meaning-making processes (e.g., problem identification and resolution processes). Co-inquirers also described how different forms of knowledge (e.g., having a lived experience of settling into Canada) helped them to engage and support African immigrant families, as Sarah highlighted,

Sarah: The um, understanding and knowledge about this communities...

Roslynn: Right.

Sarah: Which makes it a difference because really, because we work with the communities which we come from.

Roslynn: Yes. Yes.

Sarah: Which we come from. So, these things that we really understand is unique than people from Canada, the mainstream people who doesn't know about the cultures of these communities and stuff like that.

Roslynn: Right.

Sarah: The front-line worker who has the privilege to work with our own community. We easily understand some of these very quickly.

Roslynn: Right.

Sarah: That helps us to know, to provide the support that the family needs. Some of these issues are related to our own experiences, as well...

Roslynn: Yes. Yes.

Sarah: That give us some kind of a privilege, you know, to build that relationships.

Co-inquirers also highlighted relational attributes that helped them to engage with African immigrant families and other front-line service providers. Some examples included patience, willingness, and not being judgmental.

Planning the Next Phases in Studying Collaboration

Identifying Points of Connection to Learn From

As discussions progressed, the co-inquirers identified who they wished to learn from about the practice of collaboration. These people represented the other front-line service providers that co-inquirers hoped to invite to participate in a structured story dialogue (Phase 3). This was an emergent process. In recalling past stories of collaboration, co-inquirers reflected on how they became curious about the values shaping other front-line service providers' behaviors, as Miriam highlighted,

When family has issue, that's where they go to spiritual leaders, so we want to be able to look at those spiritual leaders, how do we bring them in to make sure they understand, what is family violence? What kind of response do you have and what is their responsibility, you know?... like when we look at it spiritually? Aren't you holding a whole lot of responsibility to carry that kind of confidentiality? So, where is that confidentiality? So, that's what we want to do. Like I honestly want to do that and bring John and Arnold and kind of really look at what are the norms of the system, but also, spiritually, and really kind of look at, what are the norms of the system, and also I want to know from them what guides you to be able to support but also to keep that kind of confidentiality.

Co-inquirers listed other front-line service providers they wished to learn from. These included spiritual leaders, police, child and welfare family services, elders and community leaders, staff (e.g., counselors and support workers) from other immigrant-serving agencies and family violence centers (e.g., shelters and non-profit organizations). They also included other personnel who support African immigrant families who experience family violence, including nurses, doctors, and government workers providing income supports. This definition of front-line

service providers highlighted how support in family violence service provision was diverse for co-inquirers.

Recalling stories also highlighted the need for African immigrant families to share their perspectives about collaboration. Although, the co-inquirers had extensive experience working with families, they felt that the families needed to speak for themselves. To not incorporate their voices into this study seemed to denounce their voices, as Jeneba highlighted in one meeting,

Jeneba: Well, it would be like...if you are going to be...let's say you are the researcher, you want to hear from them...like the glass will be...like we were saying...you can't do this research and you can't talk to these people...you talk to the front-line but what about the grassroots themselves? The people themselves? Who are affected?

Arnold: Hmm...

Jeneba: Are you not thinking about having their voice in it?

Roslynn: Yes, there was a gap there.

Jeneba: Okay, so that's what we're saying...so they themselves, will be able to talk to them directly so they will tell you directly how much they have learned about collaboration, what went wrong on, what happened and who was the person that they worked with, or who was the person around them or something like that. Or maybe someone in their family or even their workers, somehow, they will bring some story to let you know...how much they understand what is collaboration.

For the co-inquirers, collaboration stories from families had the potential to improve service delivery. Stories could highlight the factors and processes practiced in collaboration as perceived by African immigrant families themselves. In turn, the co-inquirers hoped that sharing stories would highlight the outcomes and impacts that African immigrant families experience. They also hoped that African immigrant families' stories could inform other front-line service providers about the multiple challenges facing African immigrant families.

As noted in the beginning of this chapter, we intended to exchange stories with other front-line service providers to identify strategies or practices. This was our initial strategy to change practice in service provision. However, as we began planning for Phase 3, we wanted to change our approach. Instead, we hoped to change practice by creating a learning experience in

which co-inquirers and other front-line service providers exchange knowledge through stories, as John described,

But we need to have questions to ask to the participants, you know what happened in your experience...because it's not that they're engaged, well they're just speaking and then they just go home. We want to create that introduction where the stories, share stories and they just share stories.

Here, the co-inquirers emphasized that it was the process of learning that needed to be the central goal of Phase 3. For me, this heightened the central role of stories in shaping educational awareness (i.e., social change). In hindsight, I believe this learning method was not isolated to our study; I know some of these co-inquirers have often taught and shared knowledge with others through oral traditions. Further, I believe we chose to share stories for Phase 3 because we had a positive experience by sharing stories.

Deepening Our Learnings About Collaboration

As I shared the analysis of our discussions and the relevant academic literature in the group, we saw links between the co-inquirers' perspectives and stories and findings from past studies. In relational constructionism (McNamee & Hosking, 2012), peer-reviewed literature offers another perspective on how collaboration is defined and practiced in service provision. The peer-reviewed academic literature helped us identify similar factors shaping collaboration and new factors that we had not considered. Further, I believed Habermas' (1984) concepts of systems and the lifeworld reflected the co-inquirers' collaboration encounters where they navigated between the pressures of the system (i.e., the need to be efficient in providing services) and needs of the family (i.e., their wish to be included in the problem identification and conflict resolution process).

Next, we revisited our conversations by exploring the challenges and facilitators we identified in our discussions about collaboration. Here, co-inquirers sorted cards to identify a collective picture of collaboration. Each card represented a factor that was essential to the practice of collaboration. The names of challenges and facilitators is displayed in Figure 5. Initially, this activity aimed to create strategies or practices that could potentially result in successful collaboration experiences. We would share these strategies or practices with other front-line service providers. In hindsight, I recognized that this activity helped us to explore how difficult it was to harmonize what we had learned from our conversations (Heron, 1996). During our discussions, we realized how challenging it became to define every factor of collaboration. There were moments where we agreed or disagreed with each other. Questions raised included the following: What does this factor mean? Is this factor a principle or a step in collaboration? What other additional factors are there? Are these factors only our conceptions or do other individuals and groups have the same opinion as us? Is it our personal or organizational mandate that shapes how we identify or arrange these factors? These questions brought to our attention the challenge of unpacking the construct of collaboration.

As we came from diverse backgrounds with each person being passionate about their practice, we became cognizant that our diversity would constantly question the definition of collaboration and how this manifests itself in social interactions. In turn, we recognized that other front-line service providers might have different interpretations as they also come from diverse backgrounds. Second, as we sorted the ‘factor’ cards, we began to explore how power manifests itself in collaboration. We constantly questioned whether power was exerted by an external factor or shaped by social actors (e.g., African immigrant family members and front-line

service providers). We began to play with words as we sought to define how power manifests in collaboration encounters, as reflected in our discussion,

Alice: Okay, let's go back to how you were talking about how you check-in, you reflect, you know how the conversations started...

Rossllynn: Yea. Yea. Because what I'm hearing from the stories is that you are incorporating, you check, when you work with families, you're checking in with the families, does this work with you? So, it's, it's almost as if you are incorporating the families as active participants...

Alice: Uh-hmm. That's different from power-sharing.

Rossllynn: Yea, I think that part is maybe being reflective.

Alice: Uh-hmm. So being reflective can be here as a value and then we can talk about power.

Jeneba: Sorry, I have to go.

Alice: Power-sharing.

Sarah: Power over...

Rossllynn: But that's what I'm saying, power over...

Alice: Are we done?

Rossllynn: I don't know, do you want to talk more about the power or do you think you're saturated?

Alice: Power over.

Rossllynn: Power over. I like power over.

Sarah: Power over.

Alice: Yes, I think so. Power over. The power over, unless there's no concept of power over.

Rossllynn: There's a word of power. Power over.

Sarah: Research such word.

Alice: Power something. If you go and research your English and there is no such word, you modify. Yea, power over.

Sarah: I don't know what else to say.

Rossllynn: As a researcher, I'm going to say, what is power over? What do we mean by power over?

Alice: So that is going to replace this one? Is that what you mean?

Rossllynn: Well, I think when we say, power over, what do we mean by power over, what does each of us mean by power over? Or, what does each of us think power over means?

John: If there's a way to include it as a verbal and say, I don't know what can be used, but being conscious of the power and the authority that you have.

Sarah: Uh-hmm.

John: That can influence each of those cycles.

Sarah: Uh-hmm.

John: But I don't know particularly how to look at that.

Alice: Try, I agree with, trying to use it as an overarching something is kind of tricky.

John: Uh-hmm.

Alice: To look at is some work. If you can use it as a value...I don't know how you word it but...

John: Because positively, it is anchored throughout, it's valuing the other people. If it's used with authority, then it's going to disengage with the other people. Like, okay, I'm not part of it.

Sarah: Yea.

John: It could be a good value, I don't know, what can get it to.

Sarah: Yea, I agree, be conscious of your power.

Alice: And it's something that every collaborator needs to be conscious, whether you are a service provider, a family member, a community support, whatever.

Sarah: Whatever. Yea.

Alice: So, then you replace it with the eco-system, the eco-something.

Rosslynn: Okay. I'm going to go back to what you say, 'conscious as a collaborator', is this something that you need to think of power, before you start doing this.

Sarah: Yes, I think so. Before you start doing this, um...

John: Because when you come into the influence...

Sarah: Before...or maybe before thinking about how to provide services...

John: Yea, because once you start to come into the house, once the people (family) are waiting for you, they are waiting for you with these thoughts, 'What are they going to say? How are they going to help us? And then they are thinking of what are they going to be imposing on us? Right?

Sarah: Yea.

Our explorations identified how power could shape how people related to each other during collaboration. We used the phrase “power over” to illustrate the relational dynamics that manifested between co-inquirers, other front-line service providers and family members. We continued to revisit what power over meant to us in subsequent phases. The final conceptual diagram of collaboration agreed upon by co-inquirers is shown in Figure 5.

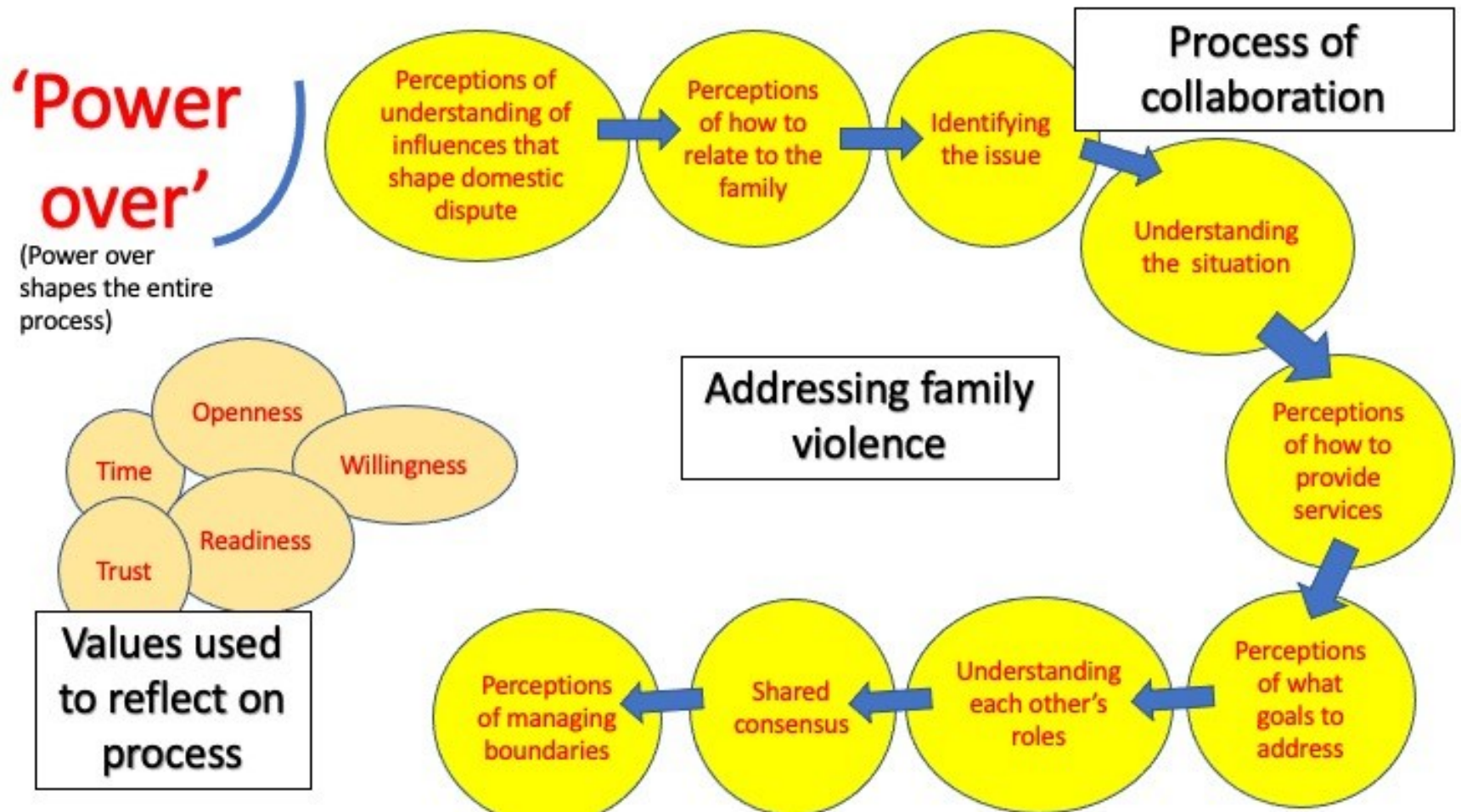
Reflections

Looking Back at What We Learned

As each co-inquirer reflected back on their experience, all recognized how complex it was to practice and reflect on collaboration. Different activities illuminated different ways of reflecting on collaboration. First, in sharing stories and perspectives related to collaboration, co-inquirers expressed their appreciation about learning from each other. As noted in chapter 5,

Figure 5

Conceptual Diagram of Our Conception of Collaboration



sharing personal challenges, fears, hopes and future goals created a safe inquiry space. In doing so, participants empathized with each other as they looked back on their experiences. Second, the experiential learnings brought attention to the frames (e.g., trauma-informed) and relational attributes required to practice collaboration. The co-inquirers felt amazed at their expertise in practicing collaboration. Accordingly, they became more appreciative of having this expertise. Third, the card-sorting activity became a tool to reflect on past experiences for the co-inquirers. Some laughed and recalled how they could understand why past experiences of collaboration seemed like a headache for them because they realized how complex it was to practice collaboration with families (in general) and other front-line service providers.

Looking Back at What I Learned

As I observed, facilitated and recorded our meetings, these experiential learnings helped me be attentive to relational ways of thinking. My ways of being in the research project longed for having separate roles instead of having multiple roles. Second, I found myself framing our learnings by separating the processes of learning about the content of collaboration from the process of relating to the construct as social actors. In particular, I often found myself framing our learnings by looking at how co-inquirers resolve family violence instead of looking at how we viewed collaboration as a social construct. I admit these ways of thinking and acting are common as I enact them in my work experience. Further, while I had early experiences doing participatory research, my participation involved using my conceptual and practical knowledge about research designs. Within these experiences, reflections became more oriented towards learnings gained about content instead of learnings generated from experience. Accordingly, my experience had not taught me much about embodying different roles (e.g., the observer, the facilitator, and the learner) and being attentive to the learning gained from each of these selves.

It had also not taught me how these different selves (i.e., lenses) are inter-connected and thus generate cohesive knowledge of how to do research and how to unpack a social construct. Such reflections have helped me realize how practicing research with others encompasses relating to people in different ways and generating different forms of knowledge.

Third, I often found that the lens I used to process and filter our meetings to be linear and reductionist instead of seeing how inter-related these meetings could be in shaping our understanding of collaboration. I found myself analyzing meetings one-by-one instead of looking at these experiences as a whole. Fourth, I often found myself pondering what framework could be used to shape our learnings. Although I shared peer-reviewed theoretical and empirical literature with the co-inquirers, I recalled feeling that I had not quite grasped what had occurred during our meetings. At times, I cringed as I felt I should have had a defined framework entering this project. Reflections of these experiences brought to my attention the importance of being present and acknowledging that experience is multi-layered, dynamic and emerging through my relations with co-inquirers (Heron, 1996; McNamee & Hosking, 2012). Re-reading Heron (1996) and McNamee and Hosking (2012) helped me to be more cognizant that relational action research is an approach in which reality emerges. Knowledge emerges and builds on an iterative basis. As such, being attentive to what I experience at the moment helped me learn how to abstract from my experience (Heron, 1996).

Accordingly, I learned to stay still and learned to be curious about what happened in the moment. I learned to record and to percolate with the information gathered from meetings. I learned to let go of trying to immediately grasp what the experience could be and instead allowed the experience to define itself. I learned to be influenced by how the co-inquirers were relating to African immigrant families and other front-line service providers as they retold their stories.

As they tried to find how they relate to African immigrant families and other front-line service providers, I wondered how my values related to the co-inquirers. This way of relating to their own experiential learning helped me learn how similar co-inquirers and I were despite notable differences in citizenship and ethnic identity. For instance, I felt amazed at how similar we were in our upbringings related to marriage and families. These moments became important as I started to be more attentive to how the co-inquirers framed their social interactions with African immigrant families and other front-line service providers.

Analyzing Our Learnings

Approach to Data Analysis

In the next section, I discuss the analysis of our conversations as we explored how collaboration manifests itself in service delivery encounters. I analyzed our data using a content analysis approach (Elo & Kyngäs, 2008). This process involved (i) preparation, (ii) organization and (iii) reporting. Preparation involved reviewing transcripts in order to gain a sense of the data to determine “what is going on” (Elo & Kyngäs, 2008). Organization involved conducting the analysis (Elo & Kyngäs, 2008). Reporting involved generating a conceptual understanding of the phenomenon (Elo & Kyngäs, 2008). Inductive coding analysis involved three steps: (i) open coding, (ii) creating categories and (iii) developing themes (Elo & Kyngäs, 2008). Coding consisted of highlighting meaningful units (e.g., phrases) and creating categories based on the relationship between codes. Theme generation involved looking for links between codes and between categories. I completed the inductive coding analysis using QSR International’s NVIVO 12 software (Richards, 1999). I shared themes with the co-inquirers to ensure that they reflected our past conversations. I referred to my field notes when writing up the analysis. A sample of the coding process is in Appendix H.

Themes helped to map the co-inquirers' social realities related to collaboration. In particular, mapping helped us be cognizant of the individuals, processes, and structural factors that shape the co-inquirers' collaboration practices. In doing so, this helped identify who were sources from whom to learn about collaboration and who were sources with whom to change the practice of collaboration. These individuals or organizations became the focus of participant recruitment for subsequent phases. Further, this mapping helped me be attentive to facilitators and challenges revisited by co-inquirers or discussed by other participants in subsequent phases.

Themes

Themes generated represent co-inquirers' perspectives of how collaboration manifested in practice. Themes highlighted (i) the characteristics of the co-inquirers' practices, (ii) the relationships encountered in service delivery, and (iii) the service delivery culture that shaped these social interactions.

Co-inquirers' Practices

Elements of Their Practice. As per their organizational mandate (Chiu et al., 2008), the co-inquirers work within an approach that emphasizes empowerment and sustainability, applies a holistic approach to addressing issues experienced by the family, and uses a relational approach to address issues experienced by the family. The co-inquirers use their personal experiences to gain insight into the worldviews of the families that they provide support to. Collectively, their work and experiential knowledge manifest in their practice by: (i) being cognizant of the family's values and respecting their worldviews and aligning service delivery goals and solutions with these values and worldviews, (ii) engaging in a relational way by aligning their actions to the engagement customs specific to a family's worldview, (iii) exercising flexibility in service

delivery encounters to support the capacity-building skills of the family and (iv) addressing all issues that influence the well-being of the family.

Dual Identity and Duty to Serve. For some co-inquirers, they often wore dual hats in service provision and thus had two identities: (i) as a respectable community leader who has been supporting their ethnocultural community and (ii) as a front-line service provider who has been working in an immigrant-serving agency supporting different ethno-cultural communities. These dual hats have been beneficial to support African immigrant families who experience violence, as Alice highlighted,

It's really helpful when you have someone like John who knows the culture, who understands the people and at the same time, who is a professional who understands the other side. So, intervene, interpret the culture of the organization and the law and everything to the family and then interpret the family's culture and also to the other side. Being that space. Filling in that space.

When the co-inquirers worked with African immigrant families, they navigated personal and professional relationships. Although they have been both a community member of their ethnocultural community and a front-line service provider, the co-inquirers have been mindful of being clear about their roles. Co-inquirers exercise confidentiality and practice client boundaries. For instance, when meeting an African immigrant family the first time to address their issues, one co-inquirer differentiated between her role as a cultural broker (e.g., to provide supports to address issues) and her role as a community member (e.g., to discuss politics) so as not to create confusion for the family.

For all co-inquirers, serving two communities means they have to be accountable to the organization and to the community of which they are part. Co-inquirers described how they are seen as trustworthy and respectable members within both communities. Their accountability as service providers is tied to a moral sense of being. As such, these co-inquirers often felt the need

to work long hours to address the needs of the African immigrant family. Not going above and beyond often made them feel guilty, as John reflected,

The conscience entering in your room or going home knowing that you have not done the service fully. If you care about time, if you were in those shoes, how would it be? How would you feel? This, this kind of human hearts that we feel obligated to say, okay, I will continue with you after 7, I will come after 5 and still be able to meet you. Oh, but we're meeting on Saturday for some 3 hours, so that we can resolve this and see how you can move forward and find one of colleagues there so you can get this extra help.

Relationships in Collaboration

Role of Relationships in Manifesting Collaboration. Relationships became a pivotal theme in our reflections. In particular, developing, nurturing and managing relationships was identified as essential when collaborating with African immigrant family members and front-line service providers. To be respectful towards all involved, the co-inquirers highlighted the value of (i) knowing African worldviews as they relate to family, its functioning, family resolution, family violence and settlement, (ii) respecting the different expertise (e.g., disciplinary knowledge) brought by all stakeholders and (iii) being cognizant of the role identity (i.e., power) that each service provider has and enacts in a relationship.

Expertise Used in Collaboration Encounters. Our reflections revealed multiple forms of knowledge (i.e., expertise) that remain pivotal in helping to address African immigrant families' violent situations. The co-inquirers described expertise as being knowledgeable about service delivery approaches (e.g., trauma-informed approaches and client-centered care) as well as about the cultural customs that shape the social worlds of African immigrant family clients. The co-inquirers observed knowledge of African customs and their application in addressing family violence was not widespread and not in-depth within the service delivery system.

According to the co-inquirers, the basis of life for many African immigrant communities is family. As such, the co-inquirers suggested front-line service providers who practice collaboration be familiar with African customs related to family and its functioning (e.g., what is the role of the husband and the wife in making decisions about finances and child-rearing? What is the role of the extended family in supporting the family?) and family resolution processes (e.g., What is the goal when there is a conflict? What resources do you use to help families address their issues?). However, the co-inquirers cautioned that African customs differ between families and in some cases, between individual members in a family. As such, they emphasized that when supporting African immigrant family members, one must be open to learning how these customs manifest in a particular family. Second, when collaborating with migrant communities, the co-inquirers emphasized the need to contextualize African immigrant families' issues within African immigrant families' settlement trajectories, prior to and following their migration to Canada. Third, in addressing family violence, the co-inquirers recommended that front-line service providers learn about engagement protocols (e.g., What are respectful ways of inviting African immigrant families to conflict resolution processes?) particularly focusing on using respectful language (e.g., recognizing that domestic violence, domestic abuse and family violence have negative connotations and as such discourage African immigrant family members' involvement).

For the co-inquirers, collaboration encounters became challenging when a particular front-line service provider lacked knowledge in any of the aforementioned areas. Collaboration encounters also became challenging when front-line service providers differed in their interpretations of the issue and the solution to address the issue. These challenges were related to either lack of knowledge in one of the aforementioned areas or different approaches to

addressing family violence. For instance, when a co-inquirer recalled an occurrence of family violence, differences emerged when a front-line service provider's goal focused on protecting the child's safety by removing the child from the abusive home. This contrasted with another front-line service provider who wished to address the issue of safety for all members of the African immigrant family.

Role Identity. Our reflections revealed that the role identity of a service provider shaped the content discussed in collaboration. Role identity could play a pivotal part in shaping interactions by virtue of title and status held within the general public. For instance, reflections revealed that respectable roles valued in the community were likely to be community leaders and faith leaders. Amongst African immigrant families, these individuals were seen as external family members particularly if there was no family support in the host country. For African immigrant families, community leaders, faith leaders and social workers were service providers who worked to maintain the African immigrant family, as Alice highlighted,

Sometimes we may call [a service provider] to just come and mediate, ah not by mediate, build, maybe or either, maybe it comes from the culture where the [service provider] in their country do community [work], real community [work], [service providers] are really involved in the community, right? And so, coming from that background, back at home, you call the [service provider] and they come in especially for the first time and they sort of do that kind of thing, mediation in court and give warnings and try to bring the peace back.

Other roles, such as child and family service workers and members of the police, could also be perceived as pivotal in the public because they serve society's supportive and legislative elements. For co-inquirers, power associated with a role shape collaboration encounters and as such required ongoing reflection on its influence, as Sarah highlighted,

We have to check in with ourselves about the heart we have in the community and the power we have in our community and in that if we are constantly aware about that and then it could be, really change the life of the family we work with.

For the co-inquirers, role expectations shaped collaboration interactions. As such, a collaboration encounter could be challenging when a front-line service provider acted contrary to the role expectations that an African immigrant family member had. For instance, reflections revealed that African immigrant families could be disappointed in collaboration encounters when a front-line service provider was seen as a mediator (e.g., listens to the family and supports their goals of keeping the family intact) but acted contrary to these expectations (e.g., disrupts the family by separating the child from the family). Collaboration encounters could be particularly overwhelming when a front-line service provider acted negatively towards African immigrant family members (e.g., questions African immigrant family members' actions).

Service Delivery Culture

What is the Service Delivery Culture Relating to Collaboration? When working in family violence service provision, the co-inquirers described a service delivery culture that shaped how they work with African immigrant families and other front-line service providers. Although their own organizational culture shaped how they practiced collaboration, they described an overarching service delivery culture that shaped how front-line service providers including co-inquirers support African immigrant families. For the co-inquirers, this service delivery was characterized as: (i) efficiency and outcomes-based – focused on attaining outcomes and being efficient in service delivery instead of taking time to work with African immigrant families, (ii) oriented towards women and children instead of focusing on all African immigrant family members – focused on supporting women and children instead of addressing all the needs of each member of an African family impacted by family violence and (iii) punitive instead of relational – focused on delivering disciplinary strategies instead of working with

African immigrant families. Co-inquirers believed that these aspects created considerable barriers for all front-line service providers as they shaped intervention and prevention services in family violence. Characteristics of this culture are reflected in Table 4.

Table 4

Sample Quotes of Characteristics of Service Delivery Approaches Shaping Collaboration

Characteristic of Service Delivery Approaches	Sample quote
Efficiency and outcome-based	<i>There was a rush to assess the situation and resolve the problem and there was not enough time dedicated to learning about the family situation and the factors that influenced the situation. And there was not even time on the, on reflecting on how you provided services. Um, there was also not even time to understanding each other's goals.</i>
Oriented towards women and children	<i>when it comes to domestic violence, right? We've swayed and only support for women, there's so much better and it's going to get worse</i>
Punitive	<i>The system is quick to separate those people that you know what, we are not sure of the safety of either of them, so the man, usually told, 'pack your stuff and go'. You have to appear in court, and these and that or usually the [service provider] arrive and you [the man] go for 72 hours and you come back an hour. You are not to be seen until 72 hours.</i>

A Culture not Conducive to Collaboration. Our reflections revealed numerous cultural-discursive factors that might discourage collaboration. First, the co-inquirers felt there was no infrastructure within the family violence service delivery system to nurture a culture that values reflecting on collaboration across different agencies. Second, they described a system that promoted competition instead of collaboration among different service provider organizations. In turn, this competitive environment limited the reflection on collaboration. Third, front-line service providers had no rubric to assess their accountability to each other as they collaborate with each other.

Areas of Need to Address. Our reflections revealed gaps in service delivery practices that highlight a system that could not meet the needs of all members of an African immigrant family consistently. Co-inquirers described an existing service delivery primarily focused on addressing women's needs and ensuring the child is safe. Thus, the system lacks the resources to address the needs of men who experience family violence. Also, co-inquirers felt follow-ups with African immigrant families were not frequent and when they occurred, only one front-line worker would check on the family. Co-inquirers characterized an existing service delivery where front-line service providers often worked to address areas that met their organizational mandate and created a service delivery culture where organizations worked independently. As perceived by co-inquirers, resource issues (e.g., financial and personnel) emerging at the front lines were not addressed quickly by administrators. These gaps subsequently affected the responsiveness in collaboration encounters as they limited conflict resolution options for African immigrant families. For instance, a service delivery system primarily oriented to women was less likely to have multiple available and attainable supports for men seeking help.

Lack of Time Impeding Relational Approaches. An outcome-based and efficiency-based culture could be problematic when different front-line service providers and African immigrant families could not learn together how to address family violence. The co-inquirers highlighted that time became integral to:

- learning about the situation and the stressors that influenced the family violence incident,
- identifying the solution (e.g., identifying the goals and the values of the family and identifying appropriate kinship, educational and psychosocial resources that were appropriate for the family) and,

- implementing the solution (e.g., connecting resources to the family and ensuring the family obtained their goals).

The co-inquirers believed time was essential for different front-line service providers given that divergent perspectives emerged in collaboration encounters (e.g., differences in identifying issues, goals, and resolution processes) and protocols (e.g., what information to share). In this case, time was integral for different front-line service providers as they learned to come to a shared understanding. Although the co-inquirers could work with other front-line service providers who believed time was essential in collaboration encounters, not all front-line service providers had ample time.

Multiple Structural Factors Impeding Relations. In an outcome-based/efficiency-based culture, the presence of a lack of expertise and embedded racism created unwarranted stress on African immigrant families. Reflections revealed that aggressive and prescriptive service delivery approaches created restrictive ways of working that shaped how African immigrant families and different front-line service providers related to each other in collaboration interactions. In turn, all experienced negative outcomes. Aggressive strategies manifested in service delivery (e.g. scare tactics) were often targeted towards Middle Eastern and North African men, and thus disempowered men (e.g., questioned their behaviors). Our reflections revealed that aggressive strategies might be used because of a disciplinary approach (e.g., using punitive measures) to addressing family violence. Prescriptive approaches manifested in the behaviors of front-line service providers. Here, front-line service providers dictated goals and solutions for an African immigrant family without the consultation of other stakeholders (e.g., brokers) present in the service delivery encounter. These ways limited the voice and agency of African immigrant families. When combined with an efficiency-based

culture, discrimination, prescriptive and aggressive approaches limited, if not prevented, different front-line service providers from learning from African immigrant families' goals and strategies to resolve families' own issues.

Tense vs. Productive Relations in Front-line Service Delivery. Our reflections revealed that the co-inquirers' service delivery practices had mixed responses among other front-line service providers. The co-inquirers felt that the support they offered to African immigrant families and other front-line service providers had positive outcomes. Reflecting on past encounters, qualities of positive relations included being intentional in building relationships and, in particular, understanding each other's values and customs prior to working with each other. The co-inquirers felt that these positive relations resulted in partnerships between the co-inquirers' organizations and other local organizations. Together, these partnerships worked on training initiatives to ensure that all front-line service providers are culturally respectful to African immigrant families.

However, the co-inquirers felt other service providers acted mistrustful of their practices and their value to service delivery encounters. Mistrust emerged because of differences in the approaches to working with African immigrant families. In particular, co-inquirers felt other front-line service providers were skeptical about the relationships between the co-inquirers and African immigrant family members. Mistrust also emerged because the colour of the co-inquirers' skin spurred questions about their professionalism and their competency in addressing family violence issues, as Alice highlighted,

Even though you are a social worker, but you're black. You're probably, your knowledge and your professionalism is lurid, it's second class, it's second class to that of...and so they don't even trust your professional judgement.

Collectively, embedded racism combined with differences in service delivery approaches and workstyles created tense conditions to work in and had relational impacts that all could feel.

Summary

In this chapter, I discussed how we unpacked the co-inquirers' understandings of collaboration and the environment that shapes their practices of collaboration. By exchanging and reflecting on their personal experiences and perceptions of collaboration, we discovered how collaboration manifests itself as an interpersonal phenomenon shaped by multiple structural factors. In particular, co-inquirers unpacked their relationships with an array of front-line service providers and African immigrant families. As a result, we learned how collaboration is an embodied and dynamic process in which social actors (e.g., African immigrant families and front-line service providers) exchange common and uncommon ways of acting in collaboration. Through this sharing, social actors (e.g., African immigrant families and front-line service providers) begin to develop a collective identity that enables them to collectively resolve the situation of the family. For the co-inquirers, having a collective identity among front-line service providers was essential to engaging and working with the African immigrant family to resolve the situation. In the next chapter I focus on our learning from African immigrant families about how collaboration manifested for them and what they perceive their role to be in the construction of collaboration.

Chapter Seven: Learning from Families About How They Perceive Collaboration

Intentions for Phase 2

Our primary goal for this phase was to learn from African immigrant families about their experiences of collaborating with different front-line service providers. However, we were mindful that how we perceived collaboration might not be the same as families. We were aware that when families request support to address family violence, families' focus might not be on co-identifying problems and resolutions with front-line service providers. They might not think of their interactions with co-inquirers and other front-line service providers as collaboration.

We wanted to learn from families about how they interacted with different front-line service providers. In particular, the co-inquirers wanted to understand the factors, processes and impacts that emerge from families' interactions with different front-line service providers including the co-inquirers. How families had been influenced and impacted as they worked with front-line service providers helped us to discern how they experienced collaboration.

As we learned how to design recruitment and data collection strategies, we became aware of how institutional and community settings shape ethical behaviors. A second goal for this phase focused on learning from African immigrant families how they experience family violence. In particular, the co-inquirers hoped that family members would illuminate the multiple challenges that occur alongside the experience of family violence. For instance, in Phase 1, the co-inquirers highlighted how some families who experience family violence also experience additional challenges. These included unemployment or underemployment, financial insecurity, experiences of discrimination and adapting to Canadian norms. Families recruited for our project had multiple challenges beyond family violence. Some examples included social isolation, parenting challenges, housing and financial insecurity. The co-inquirers felt if families

could highlight their additional challenges, other front-line service providers would find ways to support families beyond addressing family violence. For instance, if there is a family violence encounter, assessment might explore how structural factors (e.g., lack of finding employment or dealing with discrimination) might also impact families.

Activities for this Phase

This phase had six activities. These included: (i) planning how to gather stories from African immigrant family members, (ii) recruiting African immigrant family members to share their stories, (iii) interviewing African immigrant family members, (iv) creating and revising African immigrant family members' stories, (v) sharing the analysis of stories with co-inquirers and (vi) reflecting on our involvement in this phase. Informed by our past experience of exchanging perspectives in Phase 1, we generated ideas related to ethics, participant recruitment and interview guides. Our ideas reflected our practical knowledge related to specific areas. Co-inquirers used their practical knowledge of working with African immigrant families to shape how they could recruit African immigrant family members to be part of this project and shape the questions that I could use to interview African immigrant family members. I supplemented their knowledge by sharing my knowledge of research methods from working in university and community research settings.

Our research design for this phase required multiple amendments. Our proposed plan to recruit family member participants changed as we had to meet the University of Alberta research ethics guidelines. We also amended our project as we progressed through the recruitment. These amendments will be highlighted later in this section. Following the approval of our design, I was responsible for interviewing African immigrant family members, creating and revising stories with participants, analyzing African immigrant families' and co-inquirers' stories

and sharing and reflecting on themes with co-inquirers. As I had no prior relationship with African immigrant family members, conducting interviews with them increased African immigrant family participants' potential to share their negative and positive perceptions of collaboration. However, we were aware that it could be possible that family member participants might choose to withhold negative experiences as I was a stranger. As the co-inquirers cautioned me, family participants might not reveal a lot to me or disclose negative experiences because they were not familiar with me.

As I interviewed and worked with African immigrant family participants to complete their stories, I shared with the co-inquirers in group meetings a preliminary analysis of interview themes and how African immigrant family members reacted in their interviews. These preliminary findings helped us to keep track of our learnings. We tracked African immigrant family members' reactions because we were afraid that families would not share their experiences. In turn, we would have to recruit another family member participant. During this sharing, I did not highlight any specific names. At the end I did a thematic narrative analysis to generate themes of how African immigrant family members and the co-inquirers experienced collaboration. These findings were shared and reflected in individual meetings with each co-inquirer. During this time, I shared emergent findings related to theoretical literature relating to collaboration (Gergen, 2003; Gray, 2004). The summary of our process is shown in Figure 6.

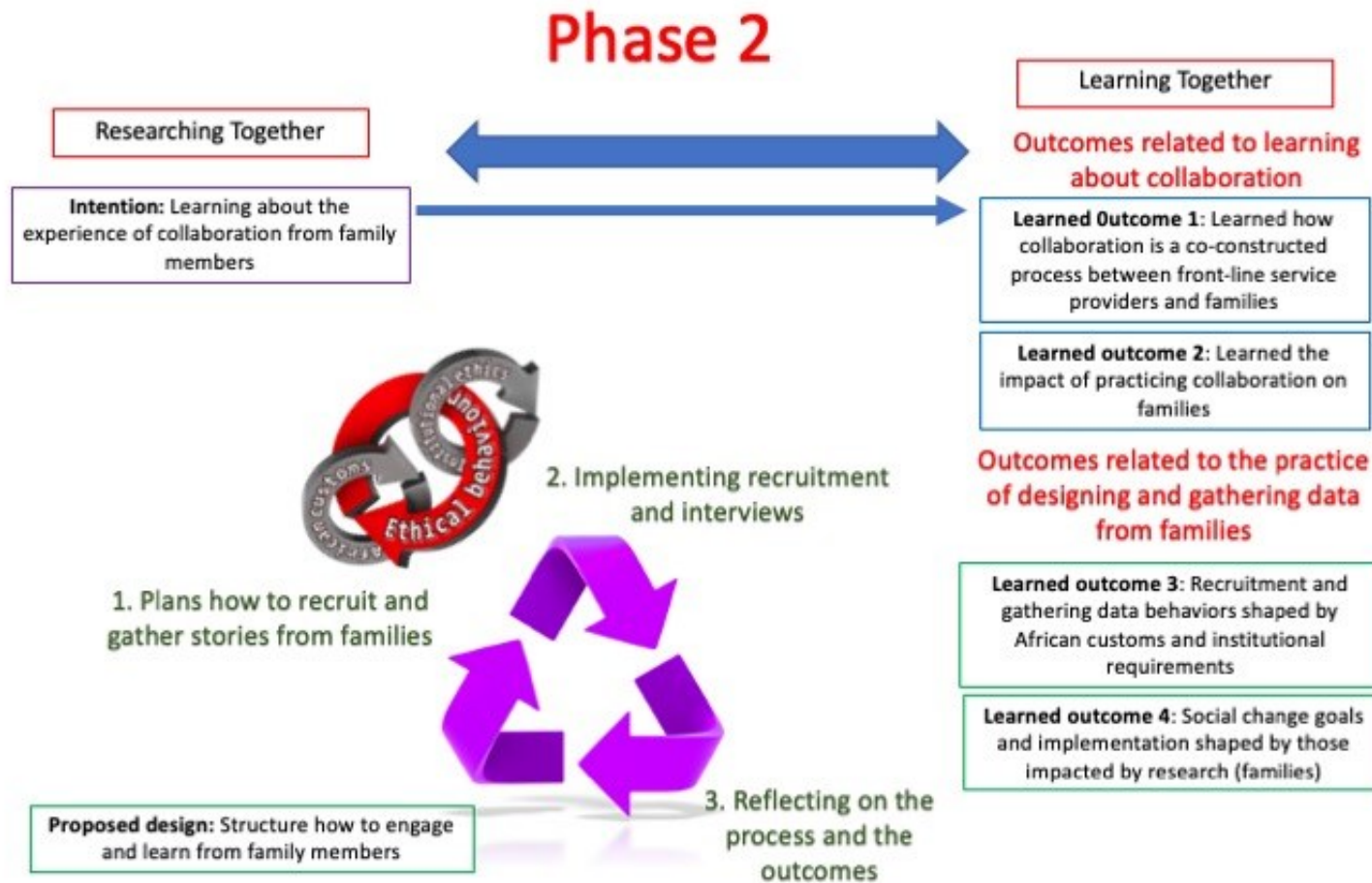
Learning to Design How We Gather Stories

Inclusion of Families' Perspectives

As noted in Chapter 6, by the end of Phase 1, the co-inquirers expressed the need to gather stories from African immigrant family members who experienced family violence. They felt that African immigrant families' stories would illuminate important factors, processes and

Figure 6

Summary of Our Process and Outcomes for Phase 2



impacts that characterize the experience of collaboration. As such, the co-inquirers believed that African immigrant families' narratives could provide another perspective to understanding collaboration for other front-line service providers participating in Phase 3.

Phase 2 began in July 2017 and ended in March 2019. At first, we felt uncertain about recruiting African immigrant families as this task involved multiple challenges, including time, offering respectful honoraria and dealing with community stigma related to speaking about family violence and community stigma related to seeking help to address this issue, as highlighted in this conversation,

Jeneba: My, my issue with that, is getting the clients to even be involved and the time, considering that's she (Roslynn)...that's my only issue that I have about that...

Arnold: How long?

Jeneba: That's what I'm saying, I don't know how long? That might be like an extension again, Her (Roslynn) project, her (Roslynn) time? How can we get these people to come on-board because I mean, do we have to pay them? What do we have to do to get them to come? Some of us have to go to work, how do we tell them, leave your work and come and do this? Those are the things that I'm concerned about...

Arnold: There are some of them that who you don't have to pay...I know a couple, two couples or three couples that I work with it, maybe they don't care, some of them we can say, you know it's a study, depending on the time at the end. Always look at the time that they are available. You can just say, 'I want to meet you at Tim Horton's, you know, if you can meet them on the Sunday or Saturday afternoon, right? But again, I say it's open to the group, but if individuals are able to get involved, you know what, some of them will probably not even want to pay them. Some may want but they know it's a kind of a study, really, for other people to get help, to be connected, um...

Roslynn: We can offer the honorarium. Sorry, we can offer them honorarium.

Jeneba: Yea, those are some of the things, you know, that I'm thinking about. You know, this is confrontational to work with.

Participant Inclusion Criteria

Conversations from Phase 1 informed the participant inclusion criteria. The co-inquirers sought to recruit participants who were reflective of the African immigrant families they encountered in service delivery. Accordingly, they intended to recruit family member

participants from (i) different regions in Africa, (ii) different genders, (iii) different ages and (iv) families who experienced multiple issues that contributed or were associated with the experience of family violence. Further, the co-inquirers sought to include both victims and perpetrators as we learned from our conversations that service delivery often supported women and thus other voices were not necessarily heard (e.g., women who were perpetrators and men who were victims). We aimed to recruit ten individuals: five women and five men. Collectively, we hoped that our diverse criteria and number would provide a set of unique stories (Sandelowski, 1995). Aside from self-identifying as African, having had a domestic dispute, and having sought help, the co-inquirers invited potential individuals (i) whose marital issues had been resolved and thus were in a place to discuss their issues and (ii) who expressed being okay in sharing their story with a variety of different individuals. We were interested in learning from couples but only if they agreed to share their story. Further, if couples did participate, we would honor their preferences for sharing their story in individual or group interviews.

Being Respectful About Language

As a construct, “family violence” is often perceived as taboo within African immigrant communities. The construct, “family violence” and other associated terms (e.g., domestic violence, intimate partner violence, domestic abuse) are constructs that they do not use to depict marital issues. My discussions with the co-inquirers suggested that the manifestation of violence within a family was deeply associated with the identity of the family. Family and marriage were relational constructs with high value within African cultures. Successful relationships between members were associated with positive connotations.

Conversely, unresolved conflict amongst family members was associated with negative connotations. For instance, experiencing marital problems was associated with individual and

collective deficits and in turn created shame for all family members. As such, discussions of marital issues were often avoided to prevent experiencing any shame from the community. However, I learned from the co-inquirers that each family was different in what social customs they honored, how they related to each other and how they experienced family violence. Although family might be central for African immigrant communities, how this value manifested in behaviors and attitudes could differ between families. Likewise, families could also differ in their shame because they had marital problems.

Given the taboo and sensitivity of the topic, we designed the project in a sensitive and iterative way. In doing so, we made sure to use respectful terminology, recruitment and interview procedures. We decided to use the term “domestic disputes.” The co-inquirers often use this term in their practice when they speak to families about their marital issues or conduct local workshops on healthy relationships. It is a broad term and encompasses a range of different actions that include abuse.

Using Intermediaries to Recruit Participants

We decided the co-inquirers would act as intermediaries to recruit individual African family members. As intermediaries, the co-inquirers had built rapport with family members as they helped address marital issues and additional issues (e.g., mental health, child custody, housing, etc.). This decision reflected our collective knowledge of working with African immigrant families. We were aware that African immigrant families were not likely to discuss marital issues with a stranger (i.e. researcher). Instead, having a strong rapport with families would increase the potential for their participation in a study.

Submitting Our Proposal for Ethics Review

I submitted our proposal to recruit African immigrant family members to the University of Alberta Ethics Board on February 2017. Our proposal included the types of participants we would recruit, the respectful language we would use during the recruitment process, the use of intermediaries to support the recruitment process, the potential risks that family member participants might have in this project, how we would store participants' data, and in what ways we would use participants' data. The university ethics board requested an in-person meeting in March 2017. I attended this meeting but informed the co-inquirers. At the meeting, the university ethics board requested clarifications on the following areas: (i) the role that the co-inquirers played in our project (e.g., Why do you need an intermediary to recruit family members? Will co-inquirers interview family members?), (ii) our recruitment plan (e.g., Will you recruit through one organization?), (iii) characteristics of participants (e.g., Why are you recruiting a diverse population? Will participants be in an abusive relationship?), (iv) type of consent you will obtain from participants (e.g., Will you seek written or verbal consent?) and (v) how to maintain safety for participants (e.g., Will you have a trained counselor present during interviews? What happens if a participant reports a harmful act?). I answered a few questions (e.g., why we need to have co-inquirers as intermediaries?) and requested additional time from the ethics committee as I needed to consult with the co-inquirers to address the remaining questions. Co-inquirers and I had one meeting to address these concerns.

Restructuring Our Proposal

The ethics board identified a conflict of interest if the co-inquirers recruited families as the co-inquirers provided support to potential family member participants. Accordingly, co-inquirers and I revised our protocol to recruit only past clients. As well, we agreed I would conduct interviews as I had not provided any supports to families. We also amended our

protocol to include that the co-inquirers would be available to answer any questions from potential participants and addressed any potential fears associated with participating in a study.

We expanded our protocol to address any potential harm that participants might experience. Given the sensitive topic of family violence, there was a potential for family participants to re-experience trauma or to disclose harmful details (e.g., disclose they might commit personal harm). As I lacked clinical training in trauma, the university ethics board suggested counselors be involved in the interviews. However, the co-inquirers insisted that having multiple people in an interview could create unwarranted stress for family participants. As family participants might be uncomfortable sharing their experiences with an unknown individual, having additional unfamiliar individuals might create more discomfort for them, as highlighted at one meeting,

Miriam: If there's a third person, especially a person who speaks their language...

Roslynn: This is where...they're not really going to open up...

Miriam: Yea...They'd rather have us because we were part of that...that situation than having a stranger which for them makes...and even for that, for us, even, we don't want them to go critique our work, that was the idea but they might, you know, be feeling like...you know...so that's what we're trying to avoid but this is even worse when you have a third person doing someone that you don't want to talk about...hearing...like me and all this...like my...it might not be...

Alice: Can we just note somewhere for the future, what she just said, like the fact that we worked with them, makes it even less dangerous for them because we don't know the story. We were right there from the beginning when the abuse took place and we worked through it with them.

Roslynn: Right.

Alice: Is it true even more, is it the ethic committee or somebody might think that we'd rather relate to them but they are more at ease with us.

Miriam: Absolutely...unlike...

Alice: like the [missed word] is a stranger...there is something in those cultures, like you don't air your dirty loins...that is something that we are dirty, that is a value that we really accord and so for them, to be telling their stories to 'quote strangers, it's like they're airing their dirty, they, they will be in another abuse...

To address the issue of potential trauma, we agreed that I would work with participants to address issues of personal safety. This included identifying with family participants the logistics of the interview (e.g., time, location and date) and the necessary people present in the interview. If needed, counselors would be available for family participants to call.

The university ethics board also gave us guidelines of who could interact with family member participants. To protect participants from any potential harm, the university ethics board insisted we limit who could interact with family member participants and who could have contact with family member participants. The university ethics board stressed that potential family member participants might be in the process of seeking help to address their family violence encounters and thus might be in a vulnerable state. Thus, we could only obtain verbal consent and had to limit our interaction with family member participants to individual interviews. I submitted these revisions to the ethics board in April 2017 and did not receive approval until June 2017.

Revising Our Recruitment Protocol

The recruitment process encountered multiple challenges. The co-inquirers informed me that invited individuals chose not to participate for a number of reasons: fear of being re-traumatized, fear of where the research would be disseminated, unfamiliarity with the researcher, fear of information being shared with government and legal officials, potentially experiencing shame by discussing personal details with a stranger and feeling community and family pressures not to disclose any personal stories. As a group, we strived to address these multiple challenges by revising the language used to explain the study. We generated verbal strategies that emphasized that participants had the right to decide what and how much of their experience they wished to share. The co-inquirers implemented these strategies as they re-visited a few

participants and recruited new participants. I also emphasized these strategies at every meeting with a family member participant when they gave oral consent to participate.

Our recruitment also became difficult because of how we approached families. Initially, the co-inquirers provided study information and my contact information to potential participants. We used this strategy to manage role conflict challenges, as suggested by the university ethics board. However, this method often proved unsuccessful, and we had to revise our strategy. As I learned from the co-inquirers, requesting potential participants to contact me did not reflect African social customs related to engagement. Within African engagement protocols, acts of invitation are relational and thus are deeply tied to a person's identity. To demonstrate respect, I had to contact a potential participant. In doing so, this demonstrated that I believed that this particular individual had value (i.e., sharing their story would help other people). I submitted another third amendment to our protocol to reflect these engagement strategies. We obtained approval from the local institutional ethics board in about three weeks.

Additional recruitment challenges were related to scheduling interviews. As all participants worked and raised families, it became challenging to schedule and conduct interviews. For instance, one participant had multiple challenges (e.g., he suffered a heart attack and required caregiving support as an elderly single parent) in addition to an experience of family violence. Our present protocol only focused on recruiting participants who could speak English. Given these multiple challenges, we revised the protocol to incorporate families who wished to share their stories but required an interpreter. The university ethics board approved this revision in about two days.

The new revisions proved fruitful as we were able to recruit ten participants: five women and five men. Participants came from Western and Eastern regions of Africa. A third of the

sample were seniors. Of the ten participants, three were conducted with the support of an interpreter. As family violence has been a stigmatizing topic, identifying an interpreter became challenging because a participant might have been uncomfortable sharing a personal story with an unknown interpreter. We agreed to use interpreters either preferred by the participant or mutually agreed upon between participants and the researcher. To ensure confidentiality, two participants requested their own interpreters. These interpreters were familiar with the participants' experiences of family violence and seeking help. A co-inquirer who had not provided services to the participant acted as an interpreter for one interview. Both interpreters signed a non-disclosure agreement.

Revising How to Collect Stories

Initially, we aimed to collect individual stories from each African immigrant family member participant to create a larger story. This larger story would be shared with other front-line service providers in Phase 3. However, this changed after the first participant requested if we would share other participants' stories. In particular, the family member participant asked if we could share the collected stories (including her own) with her and other families as she did not want to feel alone. This request became a reflective moment for our group as we explored the value of these stories.

The first discussion focused on how we could demonstrate value from a diverse set of stories. We wanted to honor the unique experience displayed in the story shared by each family member participant. We questioned whether learnings could be gained if we merged all stories into a common narrative or whether individual stories needed to be created. In the end, we chose to create individual stories as we recognized that we did not want to be disrespectful to participants by selecting parts of their stories to fit a common narrative. To delete the details that

African immigrant families chose to share in their stories seemed counter-productive to our goals of empowering them to share their stories.

The second discussion explored the value and ethical implications of sharing collected family members' stories with families within and beyond this study. We also considered whether there could be value in sharing families' stories with other front-line service providers in Phase 3. In the end, we agreed to share co-inquirers' stories and families' stories with all family member and service provider participants involved in this study. I submitted the last amendment to collect individual stories from family member participants and to share these stories and co-inquirer stories with all participants involved in this study. The local institutional ethics board approved this revision in three weeks.

Planning and Conducting the Interviews

The interview protocol consisted of a semi-structured interview guide encompassing five questions. These questions focused on gathering information about participants' perceptions and experiences of how they related to different front-line service providers when addressing their domestic disputes (see Appendix A). Specific topics looked at exploring participants' feelings, identifying challenges and helpful factors that contributed to their experience and offering recommendations for improving the collaboration experience. Interviews are often used in participatory and relational constructionism studies however scholars warn interviews can be dominated by researchers (Hsiung, 2008). Co-inquirers and I agreed to structure interviews and create stories with family member participants in a respectful way. We agreed interviews needed (i) to be directed in the way that was comfortable for family member participants and (ii) to demonstrate gratitude for the time participants offered in sharing their story (i.e., offer a \$25.00 gift card to Supercentre).

At the beginning of interviews, I often asked participants how they would like to share their story. I gave them two options: (i) they could share their own story and I could use the guide to ask supplemental questions about their story or (ii) the interview guide could be used to help them share their story. Three chose to share their story and use the interview guide to add more details. The remaining seven chose to share their story by answering questions from the interview guide. I negotiated where to meet with participants. The location options I shared with participants came from suggestions made by the co-inquirers. Of the ten interviews, five occurred in public places, four occurred at a local community center in a private room, and one occurred at a participant's home. For interpreted interviews, negotiations about where to meet were made between the interpreter, the participant and me. All participants provided oral consent following my explanation of the study, their involvement and the ways to protect their identity. As part of the consent process, family members agreed that their stories could be shared with all participants including the co-inquirers. All participants also agreed that their stories could be shared as part of an educational guide to increase awareness of how front-line service providers might work with African immigrant family members.

As I interviewed family members, I shared ongoing feedback with the co-inquirers. As per goals outlined by the co-inquirers, I shared preliminary themes related to challenging and helpful factors. During this process, I did not reveal any names but offered summaries of what I had learned from participants. Most families reported positive experiences in working with front-line service providers. However, a few shared stories of unhelpful front-line service providers. I also shared collective observations of family members' reactions to their involvement in the research. I informed the co-inquirers of participants' eagerness to share their perspectives on their experiences of working with front-line service providers.

Construction of Stories

I recorded all interviews and transcribed the audio. I used a voice-centered relational method titled, *the Listening Guide* (Brown & Gilligan, 1991; Doucet & Mauthner, 2008; Gilligan, et al., 2003) to analyze and create individual stories. This narrative analysis method is used in feminist and participatory research to see how a narrator perceives themselves within their own relationships in one's story and how they generate meaning within their own relationships (Doucet & Mauthner, 2008). The Listening Guide is also a useful tool to highlight a researcher's bias in shaping their analysis of interview data by being attentive to the narrator's voice (Doucet & Mauthner, 2008). My reason for using the Listening Guide was to retain each family member's conception of self in his or her story, particularly within each relationship that was documented in the story. This goal was aligned with the group's aim to respect the individual's voice and his or her experience that was shared for our project.

The Listening Guide involves four readings of the transcript (Doucet & Mauthner, 2008). The first reading documents the researcher's reactions to the story and is attentive to how those reactions may link to personal assumptions or views (Doucet & Mauthner, 2008). This reading requires the researcher to be reflexive in how one's reactions to the story shape how one feels about the narrator (Doucet & Mauthner, 2008). The second reading highlights the voice of the narrator by extracting how the narrator describes self in relation to their social world (Doucet & Mauthner, 2008). In this reading, the researcher extracts and reviews all "I" statements but also pays attention to how the author uses "you" and "we" statements as they offer insights into how a narrator perceives themselves in different ways (Doucet & Mauthner, 2008). In the third reading, the researcher looks at how the narrator describes self in relation to their social networks or groups of individuals they interact (e.g., family, friends and front-line service providers)

(Doucet & Mauthner, 2008). This reading illuminates how the narrator constructs self in different social groups or among different members within a social group (Doucet & Mauthner, 2008). In the fourth reading, the researcher looks for the master narratives that shape the actions of a narrator (Doucet & Mauthner, 2008). Master narratives are public or cultural narratives. They comprise the concepts and explanations used to construct our social identities (Doucet & Mauthner, 2008). Master narratives comprise all the relational narratives that each person has with another individual or a group of people. Connecting these relational narratives reflects how people describe themselves and how they construct their social identities (Doucet & Mauthner, 2008).

In this study, I read each transcript four times. The first reading involved documenting my reactions to the story and being reflexive of how my biases might shape how I analyzed the interview data and constructed each participant's story. The second reading involved extracting all "I," "you," and "we" statements. I particularly looked at how these statements illustrated how the narrator perceived self as they went through their journey (e.g., experiencing a domestic dispute and seeking help). The third reading helped me to be more observant of how the narrator perceived self in relation to their family, their friends, their community, and the group of front-line service providers they sought support from. The fourth reading involved identifying the master narratives that the narrator used to construct the different selves portrayed in the story. This reading made me aware of how the narrator described self and why they acted in these particular ways.

I crafted these individual stories based on these four readings as they guided me on how each narrator presented themselves in their journey. Following this, I intended to share each story with each participant to ensure the content was alright with them. Our group agreed that

family member participants should be satisfied with the final version of the story. Four chose to revise their stories. In these cases, I held meetings with each participant. These meetings ranged from one to four one-to-one meetings with each participant. I read the story to them and they shared with me their thoughts and revisions (if needed). Upon incorporating these revisions, I met with them again to ensure they felt okay with these revisions. This process occurred until they felt satisfied with the story. In these cases, participants wanted to include additional details in the story and review the events timeline. To incorporate more of the participants' perspectives, I asked them to offer some "teaching pearls" they could give at the end of their stories (i.e., what advice would you like to give?).

Of the four who chose to revise their stories, one requested to re-write his own story after he felt that the story was not written well. In this case, I agreed as long as he highlighted the key events he had shared with me. I informed him that he could delete details of his story or include additional details to his story. However, I did not guide him in how he should write his story, add or delete specific details from his story. I called the remaining six participants but they did not answer. In total, we used nine stories. Our group chose not to use one story. Here, the participant chose not to use her story until she felt satisfied about the content and how it was written. Unfortunately, given my time challenges (PhD deadlines) and her own responsibilities, I could not finish the revisions as she did not answer my requests for follow-ups. For those who chose to revise their stories, I gave them a transcript of the interview and a final copy of their story. As stated above, six participants did not receive transcripts or a final copy of the story because they did not respond to my request to review their story.

Analyzing Set of Stories

Although I used the Listening Guide to generate stories for family participants, the analysis provided details of how family member participants perceived themselves in their relationships with front-line service providers including the co-inquirers. However, I felt I could not use this method as some participants revised their stories. For instance, one participant added more significant individuals who supported her help-seeking journey. For another participant, his choice to write his story resulted in deleting parts of his story where he cried. As there was new data, there were new ways of how participants perceived themselves in their relationships. Hence, I decided not to use the Listening Guide.

I analyzed the set of stories shared by the co-inquirers and the family participants. This was a choice given that we wanted to learn how collaboration manifests itself. I chose to analyze constructed stories using a narrative thematic analysis (Riessman, 2008). Here, I generated themes of how family members and co-inquirers perceived the meaning of behaviors enacted during collaboration. I shared these findings with the co-inquirers through individual meetings. The narrative themes are illustrated in the last section of this chapter.

Learning from Families' Stories About Collaboration

First, the narrative thematic analysis of both groups of stories re-confirmed our learnings attained in Phase 1. In particular, families' experiences of collaboration illuminated collaboration as a co-creative process undertaken by both African immigrant family members and the co-inquirers. Second, the stories illuminated the impact of co-inquirers' support on African immigrant families' positive well-being. Although the co-inquirers had been working with African immigrant families in addressing family violence, not all were necessarily aware of the impact of their help on African immigrant families, as highlighted in one reflection,

Jeneba: The other thing, the interviews that you had with our clients that we worked with.

Roslynn: Right.

Jeneba: So even giving us feedback about how some of them really appreciated us. That is something that we did not know.

Roslynn: Right.

Jeneba: If you had not interviewed them and really...although some of them, they appreciate and we know that they appreciate for what you did for them, they are very grateful but the learning, most of what we were able to discuss some of these things that we do for them, we are not even, we did not even realize that we did things like that for them.

Roslynn: Right.

Jeneba: At the end of the day, it's a job that we are doing.

Roslynn: Right.

Jeneba: But we are not focusing on pay, but on what the community, for a specific thing, getting those feedback from them...

Roslynn: Helps to kind of validate...

Jeneba: Yes, the work that you are doing. You really appreciate, you are even grateful that you are able to make a difference in somebody's life.

Third, analysis of African immigrant families' stories shared with the co-inquirers illustrated positive experiences with other front-line service providers. This knowledge proved comforting for the co-inquirers as they felt happy to know African immigrant families had positive experiences with different front-line service providers (e.g., police and social workers). However, the co-inquirers were mindful that there was a possibility families might have shared positive experiences with me as they might have wanted to be perceived in a positive way.

Learning from Families About Doing Change-oriented Sensitive Research

Our experiences of implementing this phase taught us about the emergence of research goals and products. Initially, we had hoped that African immigrant family members would share their experiences of family violence and their experiences of working with front-line service providers. Of the ten who chose to be interviewed, only two chose to disclose detailed accounts of their abusive experience. Another two chose to share their stories but they did not want to be identified as being involved in family violence research. Instead, they wanted to share their stories of seeking help and working with front-line service providers. As I informed the co-

inquirers, we were mindful that we had to honor family member participants' wishes of how stories should be presented when developing knowledge products from our project.

The involvement of African immigrant families also taught us how social goals could be revised by those impacted by this research. Initially, our ways of defining social change had been to generate conceptual knowledge (e.g., best practices of collaboration) and to create an educational intervention for other front-line service providers to reflect on the practice of collaboration. As noted before, a key reflective moment emerged when the first participant requested to revise our protocol for sharing stories. As we debated the value of sharing collected stories with all family member and other service provider participants involved in this study, we recognized stories could be invaluable tools to increase awareness about collaboration.

Further, the co-inquirers recognized these stories could be useful in other settings. In particular, Miriam wished to use them as case stories in a local training initiative developed by the MCHB Co-Op and a government organization. This strategy helped us to understand that products generated from this project needed to have multiple avenues of dissemination in order to increase awareness.

These observations informed us how we would develop knowledge products from our project. In particular, we agreed to create a set of stories whose purpose would be to increase awareness of collaboration. We would emphasize that these stories illustrated how different individuals have different experiences of collaboration. We would advertise these stories as coming from different front-line service providers and family members who do or do not experience family violence.

Reflections

What We Learned About the Process

Our experiential learning of planning and implementing the project taught us that defining ethical conduct needed to reflect institutional and cultural norms even if these contradicted each other. This process became an extensive and arduous process for us, particularly given time constraints, as John highlighted,

That is very challenging because the people you want to gather this information from may not be having the same timelines as yours and so you either take some time or it can be quickly done in our case it took us time, People were not able, let us try this, get this person this way, so yeah, it becomes, a bit tedious but it can also be a source of panic for you doing this research. Time is getting a little bit slim. And so you want this done.

As a collective, we had mixed perspectives. For some, we felt it necessary to conduct the recruitment and interview process as a slow and iterative process as we were asking family members to share their experiences with an unknown interviewer. A few of us felt the process could be shorter. Regardless, the 18-month process of planning, recruiting and implementing deepened our cohesiveness as a group, as Alice reflected,

We were very collaborative and I think that was helpful and that was part of us to overcome the other headaches like you know ethical issues and all of that and the fact that we're all able to put this together and everybody had a question that helped because there were times somebody ask the question, yeah I need to ask the ethics board, I need to do this okay I will speak to my supervisor, Oh yeah...

What I Learned About the Process

Our credibility as a research team was based on how each member of our group engaged with family participants. As a member, I had to be careful in how I presented myself particularly in how I behaved towards family participants. I found myself being patient, flexible and compassionate as I coordinated my schedule to interview family participants and revise stories. For instance, I met one participant three times: once to do the interview and twice to meet with her to revise the story. She was impressed that I continued to visit her to edit her story. In

another example, I met with a participant five times to change his story. In one of these meetings, he accidentally left a draft of his story at home and began to cry. He felt embarrassed because his mistake could be perceived as a sign of disrespect. If he made this type of mistake at a job, he would be fired by his employer. In response, I expressed to him that it was alright to reschedule as the mistake was just an accident. I felt it necessary to be respectful and responsive to how families engaged in this study because if they had a negative experience, this might reflect badly on the co-inquirers' reputations as valued service providers and community leaders in their own ethnocultural communities.

In hindsight, I believe my attentiveness to these relational aspects of this phase reflected my own upbringings. Working in community settings as a researcher and as a volunteer made me cognizant that the type of relationships one has in the community are associated with one's sustainability as a community worker, helper or leader. This became more illuminated in this research as co-inquirers shared how their livelihood as a community member, service provider and a leader were intimately linked to the relationships they have with other community members, as Miriam highlighted,

Not only that, we're going to age with these people. My way of looking at it, these are people, are maybe I'm providing service now, but at the end of day, even their children are going to be, you know, where, who are going to remember, what goes on. So whatever I do, I have to think of three steps forward, I have to think, this is my community because you know, it outweighs for me how incredibly important, much more, right?

However, my patience and flexibility with participants did not always prove helpful. Although I had to re-schedule meetings, this did not guarantee that I would gather stories from all participants. For one participant, I could not finish revising her story as she had multiple caregiving responsibilities. Several co-inquirers cautioned me several times that I needed to be intentional about the time limits of this phase. However, I balked at these requests because I

wanted to attain our project goal of gathering a diverse representation of stories to share with front-line service providers. I did not want to have a small number of stories to choose from. Instead I wanted to have a variety of stories to demonstrate to other future front-line service providers in Phase 3 how diverse the challenges and the experiences of seeking help can be for African immigrant families.

This phase also taught me to learn how to deal with my own biases as I constructed stories. As an individual who had a personal connection with family violence, I was cognizant that my own experiences could shape how I interpreted a story and how I acted towards family member participants. Using the Listening Guide (Brown & Gilligan, 1991; Doucet & Mauthner, 2008; Gilligan et al., 2003) proved essential as the analysis helped me to be aware of my own biases. In turn, this helped me to be more aware of how I presented myself to participants who chose to revise their stories. For instance, I became skeptical of one male participant's portrayal as a victim as his story seemed to overemphasize how his wife appeared neglectful and aggressive. Reconstructing the interviews into stories using the Listening Guide (Brown & Gilligan, 1991; Doucet & Mauthner, 2008; Gilligan et al., 2003) proved helpful as it brought to my attention my own judgment and thus I became conscious of my own judgment as I created his story.

Learnings from Stories

Approach to Data Analysis

In this section, I describe the narrative thematic analysis (Riessman, 2008) I used to explore the meanings of behaviors enacted during collaboration encounters between front-line service providers and African immigrant family members as described in their stories. Stories used for this analysis were those collected from the co-inquirers and African immigrant family

members (see Appendices B and C). This analysis helped us to understand how collaboration is a construct shaped between front-line service providers including co-inquirers and African immigrant family members. These findings paralleled the co-inquirers' earlier conceptualization of collaboration as a construct in motion (as noted in Chapter 6).

I chose to use narrative thematic analysis as this approach focuses on what is said (i.e., content) instead of focusing on the aspects of how the narrative is told (e.g., how sentences are structured by the narrator). Unlike grounded theory and content analysis, narrative thematic analysis does not break data apart into codes to generate categories. Instead, narrative thematic analysis looks at how a unit of analysis is in relation to a broader context. The unit of analysis is determined by the researcher through deductive (e.g., using prior theories) or inductive methods (e.g., emerging from theory). When selecting the unit of analysis, the researcher can use the entire story or specific bounded excerpts of the story. If it is the latter, selected excerpts must encompass all the details that the narrator uses to describe a particular unit of analysis (Riessman, 2008).

In accordance with relational theory (Gergen, 2003; 2009; McNamee & Hosking, 2012), I aimed to explore the social actions enacted by the two groups in order to understand what meaning is generated in collaboration encounters. I looked at actions that depicted successful collaboration. I explored how behaviors, verbal and non-verbal, enacted by social actors in the story enabled the narrator (e.g., African immigrant family member or co-inquirer) to feel valued and subsequently led the narrator to continue working with other social actors (e.g., other front-line service providers). I looked at how unsuccessful collaboration emerged by looking at those social acts enacted by front-line service providers that made the narrator feel not valued and in turn led to the narrator to not wish to work with other social actors in service delivery

encounters. As Gray (2000, 2004), Gray and Purdy (2018) and Huxham and Vangen (2005) emphasize, social acts that validate a person's identity increase the likelihood that the individual will be an active participant in resolving an issue.

In my analysis, each story served as a case to identify the social acts (e.g., verbal and non-verbal behaviors) that provided positive validity to the narrator's identity and actions that made the narrator feel invalid (Riessman, 2008). Specific excerpts were extracted within each story to highlight a particular social act. For each excerpt, I strived to include all the details the narrator used to describe and highlight the importance of a particular social act.

Next, I grouped story excerpts to create a typology of different social acts by analyzing across cases. This typology of different social acts helped to create a narrative of how the construct of collaboration is shaped between front-line service providers and African immigrant family members (Riessman, 2008). As each story varied in its details about the service delivery experience between families, co-inquirers and other front-line service providers, I extracted only incidents from each story that described a particular act. For instance, as highlighted in Appendix I, there was only one incident in one participant's story for the social act labelled, 'being cognizant of the worldviews and/or the experiences that the family member is operating in and acting in accordance with these worldviews'. I shared my data analysis with the co-inquirers to ensure emergent themes and interpretations reflected group experiences of past collaboration encounters. I did not share the findings with families. However, I obtained their consent to use their stories to teach us about collaboration. Appendix I illustrates a sample of the analysis I completed for this phase.

Narrative Themes

The following are themes that depicted co-inquirers and African immigrant family members' perceptions of important factors and processes integral to the practice of collaboration. These themes reflect how working as a unit involves (i) engaging with each other, (ii) interpreting and responding to actions, (iii) acknowledging the role of worldviews, and (iv) being cognizant of the influence of power.

Working as a Unit

Engagement. Stories from African immigrant family members and the co-inquirers demonstrated how the meaning-making process in collaboration was determined by African immigrant family member(s), broker(s), and other front-line service provider(s). Each individual had a different interpretation as it related to (i) understanding the situation, (ii) goals to address the problem and (iii) the nature and level of involvement in understanding and addressing the situation. However, not all perspectives were considered equally at all levels of engagement throughout the collaborations. In the co-inquirers' stories, there were different ways of being engaged that were not consistent as social actors moved from problem identification to conflict resolution. In one co-inquirer's story, he recalled how his own and the African immigrant family members' perspectives had not been included throughout the service delivery encounter:

I remember there was a call intake regarding a family. There was a domestic violence incident. Mom and dad were fighting and they were charged and they had kids with them. I didn't know the family. The kids were apprehended by the police and then taken to a maternal grandma. After that, mom and her kids went to stay with the grandma. I was in training and I went with the worker to visit the family. I met with this worker before I saw the family. This was a worker who was assisting for maybe 10 or 15 years. This was the first time that I worked with this individual. When we were with the family, he introduced himself and then introduced me to the family. Then he talked to the family and asked, 'were you fighting with your partner?' The mother said, 'yes, I started it and this is what happened'. Then the worker said, 'You know you are not supposed to be doing that, right?' Then she said, 'yea, I know, this is what happened'. Then the worker said 'we need to set up a safety plan so that this doesn't happen next time.' So, the worker started telling the mother what needs to be done, 'you need to do this and you

need to do that.’. The mother was looking at him like, ‘this is what you want me to do?’ After, when he asked the mother, ‘do you have any questions?’, she said, ‘I don’t have questions because you are just telling me what to do and it seems that you know about my family and you are the one who knows what happened to my family and therefore you are saying what needs to be done. So why are you asking me a question when in fact, you are telling me what to do?’ This is something embarrassing about my family so I should be...you didn’t give me a chance to tell you why we can do, try to do things that haven’t happened, right?’ So, then he started to say, ‘okay, these are the services if you need help.’ After 20 minutes had passed, we left. After, we met and he informed me that we identified a course of action and we will close the case. He said, ‘there is a safety plan and I’m going to report this to my supervisor.’ After that, there was no follow-up with me.

In contrast, another co-inquirer recalled a service delivery encounter in which the perspectives of all stakeholders (e.g., front-line service providers and African immigrant family members) had been incorporated throughout the service delivery encounter:

There was this young couple with a baby, there was a fight that happened and children’s services was called. A restraining order was given to the young man from the couple, that he should not be with his girlfriend for one year. Before I met up with the couple, I met with a worker and this was the first time that I worked with this person. This worker knew that the family was from my own community, the West African community... So, when I talked to this couple, the young girl told me what the problem was, that there was a restraining order against her boyfriend, that she still wanted to still see her boyfriend despite this restraining order and that she was having problems with her mother. So I asked the young girl to give me her mother’s number so I could call her mother and ask her to help her daughter, come see her daughter and work things out so that she could help take care of her grandson. The mom agreed to help out but she had no money for her transportation to get to her daughter’s home. So I talked with my co-worker to plan some travel arrangements and we both had to talk to our supervisors to get approval and at the end, we both did. So, the plan was to send the young girl back to her mom so that she could have some time away from her boyfriend. When the young girl finally arrived at her mother’s place, I talked to the mom about the type of classes that her daughter needs to get herself involved in like family violence and parenting classes. Throughout this time, the young girl had help from her mother, who could take care of the baby. I called the sister of the young girl to help out in terms of finding housing. At the end, I found out that this young girl is doing well, she has grown and her relationship with her mother has grown too. Thinking back, I think what worked in helping out this family was: (1) the worker and I worked together. We discussed the case together, the worker listened to what I said. We shared and respected ideas and we came to an agreement; (2) we established a relationship with that family through trust and agreement; (3) we took direction from the family, and (4) we focused on kinship care in that we identified support options that act like a relative to a family.

The contrast between these stories demonstrated how different ways of acting could have different outcomes for all involved. As noted in the latter story, when front-line service providers worked with African immigrant family members as a shared unit in problem identification and implementation of a resolution, this increased the potential for positive outcomes (i.e., the African immigrant family is doing well). In contrast, when front-line service providers acted in accordance with their guidelines and was not open to hearing other ways of acting, this increased the potential for challenging interactions that did not necessarily result in everyone feeling heard and valued.

Interpreting and Responding to Actions. The difference between acting as a shared unit and acting as a disorganized unit was shaped by how all social actors interpreted social acts. Behaviors enacted by one individual can shape another individual's sense of self (Gray, 2000, 2004; Gray & Purdy, 2018; Huxham & Vangen, 2005). In turn, how the individual feels will shape how the individual will act. Stories from the co-inquirers and African immigrant family members demonstrated that social acts that validate a person's identity (i.e., I'm an important individual) were more likely to encourage involvement in resolving the situation. In contrast, social acts that provided negative validity to a person's identity (i.e., I'm not someone that has value) increased the potential to have challenging interactions. In turn, this increased the likelihood that outcomes might not be favourable for both African immigrant family members and front-line service providers, such as not feeling heard and not being involved in developing resolutions. For the co-inquirers and African immigrant family members, being validated (positively) or invalidated were experienced in different ways.

Experiences of Validation

Perspectives from Family Members. In stories from African immigrant family members, creating positive validity comprised social actions that incorporated the African immigrant family member as part of the collaboration encounter. These involved four different inter-linked strategies:

- (i) Oriented service delivery to the goals and needs as identified by the African immigrant family member(s),
- (ii) Created a sense of importance of the African immigrant family member(s),
- (iii) Ensured the African immigrant family member(s) understood what was happening as they worked with a front-line service provider and,
- (iv) Gave the impression to African immigrant family member(s) that help would always be present.

If a front-line service provider oriented service delivery to the goals and needs identified by the African immigrant family member, this demonstrated that a front-line service provider was attentive to the needs of the African immigrant family member. In doing so, this created a positive impression within African immigrant family members that a front-line service provider was helpful and compassionate. For African immigrant family members in this study, needs constituted multiple areas including medical (e.g., needing to see a doctor), emotional (e.g., seeing a counselor), financial (e.g., needing to attain financial and housing subsidies), linguistic and cultural (e.g., needing to work with a worker who is familiar with African immigrant family member's culture), educational (e.g., going to school), and respite (e.g., getting access to daycare). Such a range demonstrated that when working with African immigrant families, identified needs might go beyond the relationship between the husband and the wife. Further, identified needs emerged as families sought help from different front-line service providers.

The stories demonstrated how families' needs often changed after their first encounters with a front-line service provider as demonstrated in one story:

On the night that I went to the police station, I met Patty, a social worker who helped me get out of my abusive situation. Patty introduced me to Theresa and she helped me find funds to take care of my family. She helped me find furniture for the house like mattresses and cooking supplies. She introduced me to different organizations and individuals that help women like me. I got help from the sexual abuse center, children's services, the Alberta government and different organizations. I connected to a local bank that had a women empowerment program that I attended. Some of these organizations were very helpful because they gave us some cooking supplies, toys for my children and even some funds. I was able to get some counselling for my son and legal help at a discounted price because I couldn't afford to pay much. Through Patty, I also found someone who could take care of my son while I was working.

Patty was also helpful when I had to deal with issues relating to my housing. I would talk to her about my situation and she would find solutions for me. For instance, after a few nights at the shelter, I went back with my children to get their school supplies, clothes, and cooking items. When we arrived, I found that my husband changed the keys and the codes of the alarm so we were not able to get in. I tried to talk to the police and explain the situation but they couldn't help me because I had no proof that I lived in the house and that I was an owner. When I told Patty, she told me to go to court and ask the judge to help me. During the time that I was waiting to go to court to get help, I had to buy clothing and cooking supplies from a local store. It was hard and I didn't want to spend the money but the kids and I needed things. Finally on the day of the court, I was thankful that the judge instructed my husband to leave the house. Then he instructed that I could go live in my house with my children.

After that day in court, I still encountered more troubles with the housing situation. Once we stayed in the house, my husband decided to cut all the power and the cable. I tried to put everything back but was told by the electric and power companies that I was unable to do so because none of the bills was in my name. Soon after, I received a letter from the bank which was sent to my husband but forwarded to me. It stated that the mortgage had not been paid. I was really in disbelief. How could the mortgage not have been paid? I had put all this money for a down payment and he could not pay the mortgage? How could that be? Despite my shock, I wanted to resolve this issue so I sent a request to my husband through my lawyer. The request stated that if he could put my name on the lease, I would be able to pay the mortgage. Unfortunately, he refused to comply with this request. Instead, he wanted to sell the house instead of losing the house to foreclosure. I was devastated to lose this house to the bank because I invested a lot of money into the house. But if it meant that I could not be the co-owner, then so be it. Let my husband deal with the loss because the house is in his name. The only reason I bought the house was to make my children happy.

Eventually, I found another place to live in. It was an old house but my children did not like it because it wasn't safe and there were a lot of rodents in the basement. Through the help of Patty, Theresa and the sexual abuse center, I was able to find a better place. In fact, it is a beautiful house. We live in that place right now and I'm so happy. Each of my children have their own room. Honestly, even to this day, I could not tell you how I could have gotten that house. It is such a blessing. Thank God. Thank God.

Patty and Theresa were also very helpful during the emotional parts of leaving my husband. For me, going to court was very stressful for me. I had heard that when you go to court, you never know what will happen. I felt very stressed because I didn't understand what was going on. My English is very limited and I had trouble understanding what my lawyer was saying to me. Thankfully, Theresa was helpful in communicating with the lawyer. She would make sure he understood what I needed and she would make sure I knew what was happening. She also escorted me to court. For me, that really lowered my stress. I think what was also key was whenever Theresa helped me, she would always come to my house. Back home, when you come to someone's house, it demonstrates that you have value. Whenever Theresa showed up, I knew that she cared and I was certain that she would listen to me. In this way, I felt valued.

This story highlighted how needs constantly changed as this participant and her family sought psychological, housing and financial stability. Further, stories highlighted how emergent needs differed for each family member.

If a front-line service provider valued an individual, this involved social actions that honored and respected the individual. In some cases, such acts required being cognizant of African social customs valued by families that showed respect and thus incorporating these customs when working with African immigrant families. Such acts are instrumental particularly in the beginning as African immigrant family members often described feeling overwhelmed and lacking hope as a result of their situation. For African immigrant family member participants, social acts demonstrated by front-line service providers were positively validating when they created a physically, emotionally and/or psychologically safe and non-judgmental presence. In

some cases, such actions were vital, particularly when situations were challenging for African immigrant family members, as noted by one family participant,

When I first met Miriam, she came to my house. She saw my situation and she took time to talk, to get to know where I am. She said to me, 'we are always there for those who need help, for those who are going through hurt, be it a woman, be it a man. Don't think it's only for women. Don't think the system is only for women. We're gonna help you because I think you're the one who's dealing with the most challenge.' When she said those words to me, they were really important to me. She really made me feel comfortable. I felt listened to and I felt supported. Honestly, I don't know what kind of help I was expecting. But the fact that she came to my home and assured me that I would be supported. It felt like something went from darkness to lightness. It was such a huge thing for me. After that, everything that I had to do to help take care of my son...the paperwork... navigating the system...she is the one who is handling it.

For African immigrant family members to feel a part of the collaboration encounter, they expressed how vital it was for front-line service providers to always offer educational and emotional support (e.g., explaining the role of a front-line service provider and explaining the protocol) during the service delivery encounter. For some African immigrant family members, educational and emotional support were vital to allay preconceived notions about service providers, as one family participant highlighted,

I met a child care worker and I was scared at first, but she told me, 'don't be scared, we are not here to take your kids, we want just to make sure that they are safe in the home. Our goal is not to take them.' For me, that was really important because I was being reassured that the child care worker really wanted to make sure that my family was safe and that my children were safe.

African immigrant family members often felt they could rely on front-line service providers. This created an impression that African immigrant family members and their own emerging needs would be valued by front-line service providers at any time. This sense of reassurance had physical and emotional properties in that it provided African immigrant family members comfort

and relief. For some African immigrant family members, having a reliable front line service provider was equated with a strong relational bond, as one family participant highlighted,

When I worked with the front-line workers, they make me feel like I have a lot of family, like a large family, like I never feel that I'm alone. They take me to different places. They will take me out to lunch, to coffee and when we're out, they're proud and happy to have me with them. I know their family. I can go visit them, they can come and visit me. That is one of those things that are very important to me for my health. For me, the kind of help they gave didn't feel like it was just a social worker and a client relationship, the help they gave made me feel important.

In some cases, this sense of reassurance was necessary as African immigrant family members often had to resolve their disputes over a lengthy period. For instance, one African immigrant family member participant had worked with three front-line service providers over a span of nine years as he learned how to navigate multiple processes, including Canadian service delivery systems, raising his son and dealing with child custody.

Perspectives from the Co-inquirers. Stories from the co-inquirers demonstrated that validity emerged in social interactions when other front-line service providers worked with co-inquirers as a unit and did the following:

- (i) Undertook shared actions together throughout the service delivery encounter and,
- (ii) Worked with African immigrant family member(s) during the service delivery encounter.

For the co-inquirers, engaging in shared actions with other front-line service providers involved co-identifying the issue, goals, strategies and resolution. This created a joint understanding of the responsibilities, roles and strategies when working with African immigrant families. In turn, this created a shared identity (e.g., how can we act) when supporting African immigrant families.

For co-inquirers, creation of a shared identity was pivotal and increased the potential for positive outcomes in a service delivery encounter. As recalled by one co-inquirer, this shared identity enabled front-line service providers to thoroughly plan prior to their encounter with an African immigrant family member,

I remember this other incident when there was a serious allegation of harming the wife but it's not only that, there are other issues embedded here. When we had this situation, the person that I worked with on this case was taking her time, mapping out the situation, communicating with me, and trying to understand where the client is. She was trying to understand where other members of the family are and how we can help them. We went over the situation and what kind of choices can we make. Like 'no, we don't want to go to families' home unannounced.' 'Yes, we have to think about our own safety when we see families.' 'Yes, we have to think about the safety of the mother and the children.' 'Yes, we have to think about the implications of our decision.' Throughout this planning process, this worker includes you in the idea and in the execution of the plan. That's good.

For the co-inquirers, it was optimal when a shared identity unit could be formed at the beginning and be carried throughout the resolution. However, stories from the co-inquirers demonstrated that a shared identity could also be formed during the course of resolving a situation through constructive dialogue. This involved the co-inquirers working with African immigrant family members and other front-line service providers respectfully to understand what the issue was, what goals needed to be addressed and what strategies needed to be implemented. (e.g., we talked about the case and listened to each other). In short, having a shared identity among all front-line service providers and creating a shared identity with African immigrant families (e.g., creating a sense of trust and agreement) enabled all to move forward to producing an outcome. In contrast, social acts that devalued co-inquirers were those that dismissed their perspectives or behaviors that operate independently of what the co-inquirers did. In some cases, this appeared to be intentional or reflective of an efficiency-based culture (e.g., rushing to deliver services).

Regardless, such social acts decreased the potential for positive outcomes for all including the African immigrant family members, as noted below,

There seems to be this rush, this attitude of 'tackle that and run' and say, 'now we can go,' like a rush to close the file of the client. There's this sense to work separately, you do one thing and we do the other. Like you do this part and we will provide counselling. When a case is given to us and reviewed, there is an urgency to close the file and not stay with the family to provide services. In some cases, when this happens, we see that same family again, only this time, the issues escalate.

Whose priorities were considered shaped how the situation was assessed and how interpretations were considered. Stories demonstrated that successful collaborations were characterized by African immigrant families' perspectives being at the forefront of conflict resolution and supplemented by constructive engagement. Creating a shared identity with African immigrant family members required co-inquirers engaging in social acts that incorporated African immigrant family members. Beyond tasks associated with issue and goal identification (e.g., learning about the situation and the needs and goals of African immigrant families), working with African immigrant families also required ensuring African immigrant family members understood what was occurring during a collaboration encounter. The co-inquirers emphasized that being attentive to African immigrant family members' concerns was essential to ensure that identified resolutions were in accordance with African immigrant families' goals.

The Role of Worldviews. Stories from both the co-inquirers and African immigrant family members suggested that to have a shared identity amongst front-line service providers and African immigrant family members requires all to understand how each one operates within their worldview. The task of interpreting and responding to one's actions can only occur when both social actors have a shared understanding of the meanings underpinning a given act. Without

this, interactions are likely to be challenging and may result in negative outcomes for all involved (i.e., this person does not understand me and thus I do not feel valued).

Stories from both co-inquirers and African immigrant family members demonstrated that the interpretation processes related to issue and goal identification and conflict resolution strategies are often embedded within African customs. Similar to our observations in Chapter 6, stories demonstrated that to work with African immigrant families is to be cognizant of customs related to the family and its functioning: knowledge that lies outside of the domain of family violence. As African customs can have different meanings for each family, it is important to learn from African immigrant families what customs shape how they perceive and address specific issues and what customs create respectful engagement. Second, there needs to be an understanding of the roles and responsibilities that couples undertake in relation to the functioning of the family and in relation to conflict resolution. For instance, husband and wife are perceived as a shared unit whose responsibilities complement each other. When problems emerge that relate to the functioning of the family, both husband and wife must be at the center in determining the course of action. Third, supporting African immigrant families involves unpacking how conflict resolution strategies emerge and identifying the assets that families have to implement solutions. For instance, when resolving family conflicts, decision-making is a collective task that is facilitated by extended family members or elders (Rasmussen et al., 2013). In lieu of extended family members, African immigrant family members often attain mediational support from respected community leaders (e.g., priests, social workers and brokers). Finally, being cognizant of how systemic factors shape families' perceptions of services helps to understand how and why they interact with front-line service providers. For instance, one co-inquirer recalled how she felt wary about how African immigrant families perceive specific

services because they were often associated with negative emotions and a resistance to working with front-line service providers,

When my co-worker and I went to see the family, I went in to see the family because for some families, seeing a particular service enter their home makes them scared. When one is scared, you don't want to have a relationship with them, you don't want to talk with them, you don't want to disclose details. As well, for some families, they are not used to seeing a particular service, say, like child welfare, because it is not a service that is offered back home where they come from, so the family does get scared. So when we go into the home, the aim is try to alleviate the fear, the aim is to say, 'hey, we know that things are bad now, but we are here to help, we want you to tell us your problems, we can help. If we are helping you and you are not taking our help or if we are giving you the resources and you are not using them, if you are not following through with what you are supposed to do, then yes, there might be consequences'. We focused on kinship care in that we identified support options that act like a relative to a family.

Without gaining knowledge of these customs and perceptions, collaboration encounters can be challenging, as recalled by one co-inquirer,

When I met the family, I noticed they came from a cultural background where visitors are welcomed through offering water, tea and in some cases even food. To the family this practice is hospitality and a sign of welcome and acceptance. Whenever, you visit a Sudanese family the expectation is that you will share with them in the water, tea and or food that is offered. When we went into this house, the family brought some water to the caseworker and myself. They also offered us some tea but the caseworker said, 'no, thank you' to all these offers. I noticed the mother gave us a strange look and she went into another room. As the mother did this, I cautioned the caseworker and told her, 'it's important to have the water, it is a sign of welcome from the family.' The caseworker resisted and said, 'No, we are not supposed to be eating things in the place of our clients. When we are involved in a family, we are coming to do some work.' She told me that if she needed water, she would just drink from her own bottle. I explained to the caseworker that we need to respect the offer and just have the water. But the caseworker said no thank you please again.

Collectively working and learning with families about their customs creates the basis for front-line service providers to respectfully engage with African immigrant family members. In turn, this enables front-line service providers and African immigrant family members to work as a shared unit in solving the issues that African immigrant families face.

The Influence of Power. Findings demonstrated that the role that a social actor has within a service delivery encounter can shape the nature of interactions. For African immigrant family members, front-line service providers represent powerful people by virtue of being able to connect African immigrant family members to services and resources and being able to validate their experiences and their concerns. In this case, front-line service providers served as physical and emotional forms of validation that created a sense of worth to African immigrant family members. When African immigrant family members did not attain this validation, often African immigrant family members felt crushed and in turn lost their trust in a front-line service provider, as one family participant highlighted,

When the lady came to my house, I had to explain to her my actual situation but she was trying to roll out the rules that they follow. I felt that she was not helping me out. I felt, like, I know my situation, right? Better than you. I know how I feel. I know what I want. So, listen to me. Listen to me. I just felt that she was not listening to me. She was not trying to understand me, to what I want, and what I'm up to. I felt that she was just going by how she thought that how things are supposed to be. Like, she would say, 'this should happen and this should happen,' but everybody is different, right? So, I was just confused with her. I remember, one time I called her and I was really stressed out. I really needed to talk to somebody so I called her because she was the first one that came to my home. I told her that I need to talk to her, but she replied, 'um, what do you need to talk, I can give you some numbers,' and the way she responded, I was just shocked, I stopped communicating with her. To me, she was just making things more complicated because she was looking at the problem her own way instead of looking at it my way.

For the co-inquirers, other front-line service providers reflect organizational and systemic objectives that shaped the nature of service delivery encounters. These front-line service providers could enact power by virtue of being prescriptive in issue, goal and resolution identification and in rushing the service delivery encounter, as noted in the first story in the beginning of this chapter.

Summary

The themes that emerged from the co-inquirers' and family members' stories suggest collaboration is a social act in which all those involved are participating in its direction and in its outcomes. When meeting in the collaboration encounter, it is likely that divergent perspectives exist (i.e., how we assess what the situation is and how we engage with each other) and thus creates the potential for challenging or positive encounters. What factors determine the outcome lies largely on how actors engage in interpreting and responding to each other's actions. Learnings generated in this phase also illuminate how integral cultural customs shape behaviors and generate meanings in collaboration. Collectively, learnings generated from Phase 1 and Phase 2 helped to structure the reflective activity in Phase 3. In the next chapter, I describe the reflective activity that we generated and implemented in order to reflect with other front-line service providers on how to improve relationships in collaboration.

Chapter Eight: Learning with Front-line Service Providers About Collaboration

Intentions for Phase 3

Our goal for this action phase was to reflect with other front-line service providers involved in family violence service provision. As we planned, we changed our designs for recruitment and for the reflective activity. These designs were shaped by input from intermediaries to ensure respectful language was embedded in our protocols. A second goal of this phase was to identify our plans for knowledge mobilization activities. In particular, we sought to identify what and how we could share our research products (e.g., stories) to improve practice.

Activities for this Phase

Phase 3 comprised seven activities: 1) planning our design for recruiting participants and for creating a reflective activity, 2) implementing our recruitment plans, 3) piloting our reflective activity, 4) implementing the reflective activity, 5) doing and reflecting on the data analysis, 6) finalizing our plans for knowledge mobilization activities and 7) reflecting on our experience in Phase 3. For this phase, we continued to exchange and debate ideas with each other. Similar to Phase 2, the co-inquirers informed planning and implementation activities using their practical knowledge of working with different service providers. I supplemented this knowledge using my practical knowledge and conceptual knowledge of research design.

We sought and included intermediaries to help us recruit local participants and structure our reflective activity. As noted in Chapter One, intermediaries were individuals who were well-known Executive Directors, administrative staff and trainers responsible for shaping training programs for front-line service provider organizations in Edmonton. We asked different stakeholders to be intermediaries to help us recruit senior staff from local key front-line service

delivery organizations. This proved integral as we required key stakeholders who could build rapport and credibility with senior staff. Further, we invited a few of these key stakeholders to a pilot of our reflective activities to assess the pilot's relevance and suitability for training front-line service providers. We hoped that their perspectives would help us to be more sensitive to the ways we related when we engaged in the community reflective exercises (McNamee & Hosking, 2012; Park, 1999). Co-inquirers also relied on their own personal contacts to support recruitment.

In this phase, two learning processes occurred: (i) learning how to create a reflective activity and designing ways to recruit attendees and (ii) learning how reflective activities can promote relational learning with attendees. The summary of our process for this phase is highlighted in Figure 7. As we were nearing the end of the project, we had trouble scheduling group meetings to complete collective activities (e.g., share our reflections about the data analysis and what we had learned from being in this project). As such, we agreed to attend meetings if we had to make decisions that impacted the project. We decided individual one-to-one meetings would be held to reflect on the data analysis and on our involvement in this project.

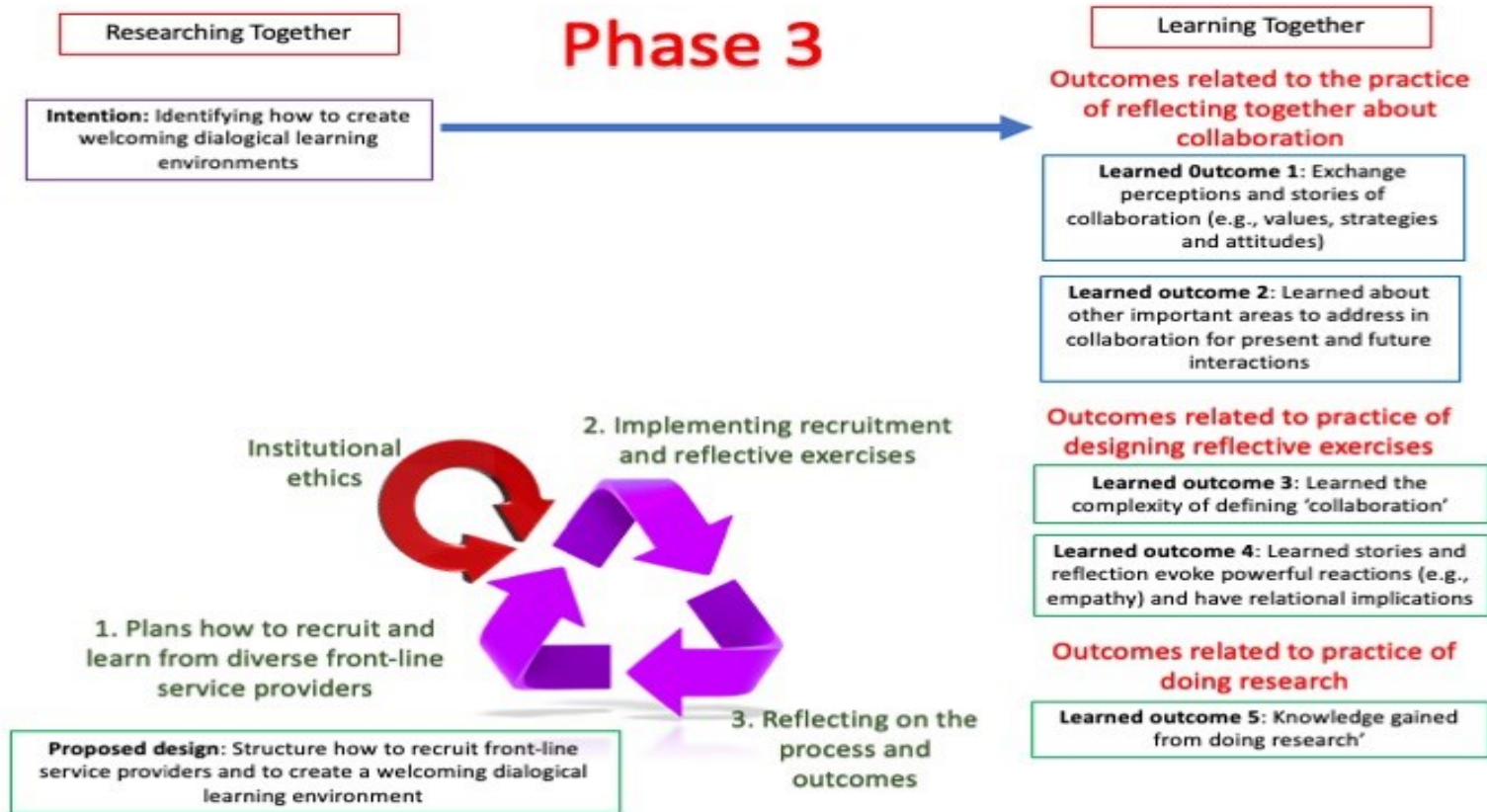
Learning How to Design a Reflective Exercise

Being Cognizant of Different Interpretations

Similar to Phase 2, our experiential learning of planning and implementing this design taught us how to navigate sensitive research settings. Conversations from Phase 1 highlighted how reflection on the practice of collaboration was not common in service delivery discourses. In some cases, the co-inquirers felt that other front-line service providers' reflection on practice

Figure 7

Summary of Our Process and Outcomes for Phase 3



lacked depth and was not always constructive. These influences required us to be attentive to how we implemented research activities. Initially, I felt wary about structuring an activity that reflected on collaboration. Through our reflective dialogues, I realized that the practice of collaboration could be different for everyone. I shared my reflections with the co-inquirers and we agreed that collaboration could have multiple meanings that were not necessarily shared. As such, we decided to use the term, “working together” to reflect the multiple ways that individuals come together to address the needs of an African immigrant family experiencing violence.

Being Attentive to Relational Implications

In preparing for Phase 3, we became aware that the collected stories critiqued aspects of the service delivery system in positive and/or negative ways and as such reflected positive/negative assessments of service delivery. We deleted any personal or organizational names but the generic names used in the stories still reflected a particular organization. For instance, the term, “caseworker” used in stories has been a common reference to personnel employed by government workers. Also, we recognized that each story represented a perspective about the service delivery system that might or might not be perceived as credible as it might be viewed as ‘one side’ of the story.

Given that invited participants were embedded in this service delivery system, it might be hard to determine whether these critiques would be viewed in constructive (i.e., this is illuminating and thus I can learn from this) or destructive ways (i.e., this is only one story and thus I cannot learn from this). As such, on the recommendation of an Executive Director who was an intermediary, we decided to pilot test our reflective activity to determine its impact. Initially, our design did not have a pilot phase. As such, I submitted another amendment to the

ethics board to incorporate a pilot phase. The ethics board was approved this revision in two weeks.

We hoped that the pilot activity would help us determine if the activity encouraged participants to explore how they relate to each other in a safe and welcoming atmosphere. Following this, we used the pilot feedback to revise our reflective activity. Then, we held our first reflective activity with a group of front-line service providers. We scheduled a second reflective activity for participants who missed the first one. This was an amendment to our protocol that was approved by the university ethics board.

Identifying Participants for the Reflective Activities

Our recruitment strategy followed a purposive and convenience sampling approach. Initially, we had a broad scope and recruited individuals from government (e.g., child and family services), not-for-profit social services (e.g., social workers), legal (e.g., community police officers), judicial (e.g., lawyers), faith leaders (e.g., priests), health (e.g., nurses and doctors) sectors and community leaders from non-for-profit social services and societies (e.g., ethno-cultural societies and immigrant-serving agencies). The co-inquirers also wanted to include African immigrant families, policymakers and funders. These choices were reflective of the diverse individuals that shape collaboration at the individual and at the system levels. As planning progressed, we narrowed our options as we considered ethical and practical challenges. We wished that African immigrant families could be part of this reflective activity. However, as described in Chapter Seven, the university ethics board restricted us having from family member participants engage with any other individual that was not the interviewer or the interpreter. Further, inviting other individuals who were involved in collaboration (e.g., policymakers/funders, nurses and income support personnel) appeared to be a promising goal,

but not reflective of the individuals with whom the co-inquirers have ongoing encounters in their practice of collaboration, as highlighted in one conversation,

Rosslynn: Okay. So, I can see, from what I'm hearing, there's four different types of groups of people, that child and family services, pastors, community police officers, and victim's services. So the question that the group has to answer is why are we recruiting such a diverse group?

Jeneba: That's what I was going to ask too.

Arnold: Because they have first hand right, they are the first responders to these issues, right? And their work, their partnership with [our organization], especially that's why we should recruit them, it's very important, it's for family preservation. That's the whole thing. It's for family preservation.

Rosslynn: So all these four services are for family preservation.

Arnold: Exactly.

John: Yea, I mean they have things for people to learn, there's something to learn from these stories.

Arnold: Exactly.

In the end, co-inquirers chose to recruit from a sample of practitioners with whom they had more frequent contact within their practice. This group included child and family services, police, immigrant-serving agencies, specialized centers (e.g., child protection centers) and other agencies that offered services (e.g., counseling and educational workshops) to African immigrant families experiencing family violence. From this group, the co-inquirers wanted to primarily recruit administrative staff who were in a position to train staff or make changes to training staff (i.e., managers). Front-line service providers could also have been part of this group but the co-inquirers believed they lacked the administrative power to make organizational changes. We wanted to invite a wide variety of service providers from different organizations so that more people would be aware of the value of reflecting on collaboration. In particular, we hoped attendees would see the value of reflecting on collaboration in their organizations and subsequently design reflective educational activities to train their own employees.

Recruitment for the pilot occurred in February and March 2019. Six people participated in the pilot including one co-inquirer as a broker. Recruitment for the two structured story dialogues (Phase 3) began in April 2019 and ended in June 2019. In total, 16 people and four co-inquirers participated in the reflective activities. Co-inquirers participated as brokers in structured story dialogues. This group represented ten different organizations. All participants provided their written consent to be part of our project.

Identifying the Mechanism for Change

Our goal to create a reflective exercise emerged from ongoing brainstorming sessions about how we could learn from front-line service providers. Ideas debated sought to determine whether we should engage in solitary activities (e.g., doing one-to-one interviews with front-line service providers) or collaborative activities (e.g., reflective exercises). Solitary activities would have been more time efficient, but this mechanism lacked in-person interaction among all those involved in practicing collaboration. Conversely, we knew that collaborative activities might be challenging if those invited were not comfortable sharing perspectives with each other.

Various ideas were exchanged as we deliberated how to implement a reflective activity. We felt uncertain as to how the reflective activity should be implemented as we considered different options: (i) doing a reflective activity with personnel within one front-line service provider organization but having no co-inquirers present, (ii) doing a reflective activity within one front-line service provider organization in which a co-inquirer works, or (iii) doing a reflective activity with some co-inquirers and representatives from multiple front-line service provider organizations. Although the first two proved feasible as I would have been responsible for coordinating these activities, we recognized that learning about collaboration could only be

effective if participants learned with front-line service providers who came from different disciplines, organizations and sectors, as Alice highlighted,

It's with the [organization 1], we collaborate with town services, we collaborate with other non-profit organizations, we collaborate with community leaders, we collaborate with the [organization 1] and stuff like that...so I think just um, getting information from [organization 2]'s managers isn't extensive enough...it's not representative.

I selected a structured story dialogue approach as the reflective activity and explained the protocol to the co-inquirers. They agreed to use this, as reflection would be premised on case stories that reflected practice experiences. The structured story dialogue is premised on Labonte and Feather's (1996) belief that stories or narratives are a powerful means of conveying experience because the narrator is able to give voice to the particularities and meanings that constitute one's daily life. When practices are constructed in stories, these can be used for exploration and reflection to enable individuals to deepen their understanding of their own practice. In using a structured story dialogue, practitioners share and reflect on their narratives of practice in order to attain a generalized understanding of their practices (i.e., create local theory) that can subsequently inform their future practice. Through stories, participants ask questions that enable them to generate lessons through a dialogical and structured discussion format. The structured story dialogue usually comprises five different steps: sharing stories, having a structured dialogue, creating insight cards, building categories and generating theory and a composite theory note (Labonte & Feather, 1996). In total, Labonte and Feather (1996) estimate the entire process usually takes about 2.5 to 3 hours.

Designing the Reflective Activity

We adapted the design for the structured story dialogue to meet our specific goals. Planning became an iterative process. We hoped invited participants would experientially recognize how different people approach and create meaning in a collaboration. We also hoped participants would become aware of the issues faced by African immigrant families. The co-inquirers' goal was for participants to become aware of the assets (e.g., knowledge and skills) each social actor brings to collaboration. In particular, the co-inquirers hoped that invited participants would recognize the relational characteristics and attitudes (e.g., empathy and attentive listening) that are necessary in the practice of collaboration. Although our learnings from Phase 1 and 2 taught us the importance of relational characteristics and attitudes in collaboration, we were not certain if participants would make the same conclusion.

Initially, I was responsible for creating the learning questions and sharing these with the co-inquirers to generate feedback. Based on the goals of the co-inquirers, I adapted the structured story dialogue so that the focus was on the process (McNamee & Moscheta, 2015). As a group, we created principles, selected the stories and agreed that the structured story dialogue had to be 1.5 to 2 hours. If the structured story dialogue was too long, we felt not many front-line service providers would attend as they had work commitments. Our preliminary design included having two family member participants' stories and ten questions. In particular we selected stories that had a rich narrative of collaboration in which each described positive and negative experiences of working with one or more front-line service providers. Figure 8 illustrates our agreed principles and format for our structured story dialogue.

During our design process, we sought expertise from the same intermediaries who helped us to recruit attendees for this activity. Key discussions with intermediaries illuminated that structuring change required careful attention to its relational impact. This required being

Figure 8

Our Structured Story Dialogue

Structured story dialogue



Principles

- Use stories as a means to share experiences and learn
- To understand how we work together, we have to learn to appreciate and understand different ways of working together
- Sharing and reflecting on practice helps people to have a generalized understanding of their practice in order to inform how they work in the future

Format

- Each take turns reflecting on a story
 - *Each story can take about 30-45 minutes to reflect
- Reflection on stories is based on four aims:
 - DESCRIBE what is happening
 - EXPLAIN what the causes
 - SYNTHESIZE what you have discussed
 - ACT on what you have discussed
- At the end, INSIGHTS cards are collected and organized to develop a generalized understanding of what they learned

Plan A



Step 1: Read a story

Step 2: Reflect on a story

Question 1: What is your impression/reaction to this story?

Step 3: Learn from a story

Questions:

- What are important component of working together that led to the person feeling helped or not feeling helped?
- Why is this component important to consider
- Where did you learn that? [tell me a story]
- Through our discussions, what can we say about how to approach working together in this particular case? Please draw

attentive to design elements of a reflective session: the content (e.g., the story) and the process (e.g., how the story relates to potential participants and how potential participants relate to each other). We knew that invited participants could be colleagues or service providers with whom the co-inquirers would interact in the near future. As such, their experiences of doing this reflection might have had relational implications for the co-inquirers.

Piloting the Reflective Activity

Our pilot comprised key stakeholders from immigrant-serving and crime prevention organizations that provided prevention and/or intervention services to African immigrant families who experienced family violence and other health and social issues. Six participants agreed to experience and share their feedback about our reflective exercise. The pilot proved integral in refining the relational aims and outcomes of the design. First, feedback helped us to be more aware of the non-verbal behaviors that could reflect power dynamics between attendees and the facilitator. For instance, participants emphasized transparency in my recording of insights. Here, they suggested that they watch as I write “insights”. They also suggested I sit down so that the focus could be on learning with each other. Such actions could help future attendees be more comfortable with my presence as a facilitator. Second, although participants enjoyed hearing family members’ stories, they brought to our attention that the type of story reflects a specific perspective of collaboration. To have only families’ perspectives would only generate reflections about families and not perspectives of front-line service providers. They encouraged us to have diverse stories to illuminate the different layers or different perspectives of collaboration (Gergen, 2003; McNamee & Hosking, 2012). Third, the pilot helped us to be acutely aware of how time could be used in reflective sessions. As stories could evoke emotional responses, participants emphasized having periodic reflections so processing of the

stories' content could be slow and people could share their reactions with each other. Having a shared experience of processing and reacting to stories would increase the potential for the exercise to be a positive learning experience for all.

Implementing the Reflective Activities

I shared this feedback from pilot participants with other co-inquirers who did not attend. Co-inquirers and I made final changes to the structured story dialogue and we created the final steps for the structured story dialogue. They were: (i) breaking into small groups, (ii) creating ground rules that fostered an inclusive and welcoming environment, (iii) sharing stories, (iv) having a structured story dialogue, (v) drawing a picture containing the collective emerging insights about working together and (vi) sharing and reflecting on these pictures.

We agreed to use two stories that reflected rich experiences of collaboration: one from a co-inquirer as a multicultural health broker and one from a family member (see Appendix D). These were stories that were gathered from Phase 1 and 2. Time was important so participants could have rich discussions. We limited the number of questions so that we could have more time for potential participants to process their reactions to the stories. We hoped ample time would also encourage participants to share personal stories of collaboration. During the morning of the first structured story dialogue session, I made another revision to revise the last stages of the structured story dialogue session to incorporate a drawing session. This would enable participants to present their collective idea about collaboration visually after discussing what collaboration meant for them using stories (Heron, 1996). I made this change because I thought the drawings would help participants connect their experiential learnings to a conceptual understanding of collaboration (Yorks & Kasl, 2006). Collectively, different forms of learning

(e.g., shared dialogue among participants and doing a drawing together) could illuminate different ways to define collaboration (McNamee & Moschata, 2015)

In total, the final structured story dialogue took about 2 to 2.5 hours. To increase group responsibility for shared learning, we agreed that participants should generate their own ground rules, name the characters in the story, write their own insights and share their learnings with each other. As a facilitator, I would read stories, pose the questions for the structured story dialogue and manage time. During a sharing of learnings, we agreed participants needed to focus on each other. As such, I sat down during this activity. We also agreed not to record the sessions as the co-inquirers felt the device might have created discomfort. After the structured story dialogue, we agreed to invite participants to fill out an evaluation survey so we could learn how they felt about the exercise (see Appendix E). We were interested in whether the exercise helped them value others' perspectives of collaboration and be more mindful of their own approach to collaboration. We also wished to know if the learning environment made them feel safe and welcome.

We held two reflective activities at a local community center. Sessions were held in the mornings. The average time of these sessions was 105 minutes. The first group comprised seven participants from seven different not-for-profit front-line service provider organizations. Three co-inquirers participated in the first activity. The second group comprised nine participants from three different front-line service provider organizations that represented government and not-for-profit sectors. Two co-inquirers participated in the second activity. Of the co-inquirers who participated in these activities, one co-inquirer attended both sessions. From each of these sessions, participants recorded their learnings about collaboration using Post-it Notes, scrap paper and pictures.

Exploring and Analyzing Our Experiences

Following the structured story dialogues, the co-inquirers who had participated and I shared our experiences with the co-inquirers who had not been able to attend these sessions. To supplement our conversations, I shared the Post-it notes and pictures from both structured story dialogues with the co-inquirers (see Appendices F and G). I also shared with co-inquirers the short narratives generated for each picture. As a group, we reflected on the pictures. I led the session, highlighting similarities, dissimilarities and gaps. This sparked a discussion of how these pictures reflected how different participants define collaboration. After our group meeting, I did a content analysis (Elo & Kyngäs, 2008) of participants' Post-it notes and scrap paper notes. Next, I shared the learnings with each co-inquirer at individual one-to-one meetings (see Appendix J).

Our Learnings from the Reflective Activities

The Benefits of Relational Learning Environments. Our reflections about this phase taught us that a relational learning environment can enable practitioners to learn how other front-line service providers and African immigrant family members were important in understanding what collaboration is and how it can be practiced in service provision. By engaging in collective learning and reflection exercises, participants learned from each other how they processed phenomena and how they created meaning from these experiences. Key to this were the relational design elements constructed prior to and during the reflective activity. In particular, cultural-discursive relational elements (e.g., valuing each other) and participatory learning (e.g., enabling participants to draft their own learning guidelines) created a welcoming and safe environment for mutual learning. In turn, this created a platform for participants to engage in collective tasks (e.g., hearing and reflecting on case stories; exchanging definitions, values and

experiences related to collaboration) and develop a co-operative identity in working with each other, as Jeneba highlighted,

Jeneba: That picture that we did, you know, everyone brought in their own ideas, if I was going to do that on my own, I would be able to, okay, whatever comes to my mind, just do it, but because I was working with other people, have to make sure that I get their input

Roslynn: Oh. So, you were collaborating.

Jeneba: So I have to get their own input, or I can bring them in and say, no, I don't think this works out, okay, let's try it this way, so you know that collaboration was neat and tidy, for us to be able to achieve that goal at that time, we don't know each other from nowhere, we were only able to meet there, and here we go, we work together as if we know each other for a long time.

Collective learning and reflective exercises enabled participants to have a deeper appreciation of each other and thus enhanced their understandings of how they relate to each other. For instance, exchanging perspectives, emotional reactions and stories about collaboration enabled participants to learn from each other about the important values, characteristics, attitudes, approaches, knowledge and skills required to practice collaboration in front-line service delivery. In this case, participants learned how important aspects of collaboration were construed by various organizational, cultural and disciplinary cultures. For instance, exploring the underpinnings of important factors illuminated for participants the role of cultural customs (e.g., engaging both wife and husband) in enacting respectful engagement with African immigrant families during collaboration. Second, exchanging personal stories of relational dynamics enacted during collaboration helped participants see how collaboration could have outcomes that were qualitatively different for each involved social actor. Third, exchanging perspectives enabled participants to illuminate the challenges they faced in enacting collaboration, as Miriam reflected,

It was positive and specially the group I was in they were openly discussing their shortcoming in particular the [organization]. My feeling was that they all wanted to

understand how the system needs to change to make it better specially to support the offenders that are coming from different backgrounds.

Collectively, this sharing experience had affirming effects on participants. Evaluations from participants revealed how the learning setting created a validating space to be heard by others. In particular, the co-inquirers felt that the reflective activity had created a space for them to feel heard and thus felt elated when participants began to see their own realities, as Miriam highlighted,

Even the fact that they heard what we have to say, some of them were like, honestly, Miriam, next time, this kind of stuff and you need to tell me, like you know, most of them were saying, this is not fair for you guys.

Beyond creating spaces for validation, the co-inquirers found that this reflective activity had promoted networking opportunities (e.g., exchanging contact information) and encouraged more opportunities to converse with each other (e.g., encouraging communication in order to learn about each other's experiences). For instance, Sarah revealed how exchanging experiences helped to emphasize the need to continue work with peer front-line service providers, as noted below,

That's my take-away so when we were reflecting on the family cases, that we shared with the front-line workers and their comments, I have seen that we still have big gaps amongst ourselves. That the collaboration really needs to improve a lot. Communication and relationship, when we are working with the family, how does that look like us for us? So my understanding is that um, we still have a lot of work to do to work together and to make sure that our understanding of our perspectives of the front-line workers, if it lines up with everyone else. I mean, I don't know. But I could see there is a gap. There was a gap where one of the front-line workers was saying that if I was me, I was going to do this, this, this, I don't see this work having been done, I don't think these workers have time to meet and discuss.

The mutual exchange of perspectives and experiences of validation created a platform for participants to explore how they act when practicing collaboration. Hearing a story about how a front-line service provider felt excluded during collaboration prompted discussions on how relations could occur between front-line service providers (e.g., being respectful of a particular organization's processes and creating mentoring initiatives between colleagues). Likewise, listening to how a family member felt unheard during the help-seeking process spurred conversation on how to better relations between front-line service providers and family members (e.g., practicing positive engagement, looking at cultural/gender considerations in relation to how they influence gender roles in marriage; considering structural challenges). These conversations helped illuminate how participants felt collaboration was a practice enacted between front-line service providers acting as a shared unit. This unit was described as having the following characteristics: having a shared sense of worth (e.g., feeling appreciated and feeling valued) and enacting shared activities (e.g. navigating the system together, having accountability and responsibility, distributing power, debriefing with each other, identifying roles of workers and having a pre-meeting). These conversations also illuminated to participants the value of having pre-meetings between front-line service providers to develop a shared understanding of each other prior to meeting with an African immigrant family.

Revisiting Our Conceptions of Collaboration. As the co-inquirers and I explored the drawings and the insights emerging from both reflective activities, we observed how conceptualizations of collaboration differed between groups or by individuals within a group. For instance, we became cognizant of how collaboration could be interpreted differently by each group. Although group drawings had common features, differences emerged in the following ways: what principles or values were deemed important, what individuals and groups were

represented in the picture, how individuals were grouped or not grouped together and how relational dynamics were portrayed in pictures. Generating these observations illuminated for us how the interpretation of collaboration was intersubjective and shaped by those involved and their experiences of practicing collaboration.

Limitations. Despite the many positives generated from the exercise, we felt there were limitations in our learning about collaboration. Some co-inquirers highlighted how we had limited time to have in-depth discussions to explore how people practiced different aspects of collaboration in their own organizations. Some wanted to hear from other participants how their organizational mandates and protocols shaped the practice of collaboration. This illustrated the need for our reflective activity to encourage reflection on how front-line service providers and African immigrant families could be impacted by structural factors (e.g., organizational processes). Some of us also wanted to hear participants speak more about how to relate to other front-line service providers. We hoped participants could have unpacked the verbal and non-verbal behaviors they enacted when they engage respectfully with each other and with African immigrant families. We also hoped participants could have unpacked how they adapted their behaviors during collaboration. Without this, participants could not see how collaboration emerges as a practice.

Further, we recognized that only two stories had been reflected in this activity. Although these perspectives came from stakeholders whose voices were often not heard (e.g., a husband who feels neglected by front-line service providers and a male community health worker), we recognized that our decisions had resulted in leaving out others stories. Here, our action highlighted the difficulty in giving space to all different experiences. However, our action did not detract from recognizing that all stories were important in learning about collaboration. For us,

excluding stories felt challenging because we wanted to illuminate how the practice of collaboration requires learning from different perspectives (and thus requires hearing from different stories). Further, we recognized that we did not gather perspectives in the study from youth and refugee families. We were aware that youth could be impacted by family violence encounters. However, we were wary that involving youth stories would involve navigating another lengthy process to get approval from the university ethics board. We were also aware that we did not have stories from refugee families who might have had different experiences of experiencing family violence and seeking help from front-line service providers.

Summary of Our Learnings. Collectively, these reflections taught us multiple lessons about the goal of changing the practice of collaboration in service provision. First, collaboration is a highly interpretative activity shaped by the worldviews that guide each social actor's behaviors. Bridging differences can happen if people come together to explore how collaboration is enacted and experienced by different social actors that play roles in its construction. Further, such learning could be enhanced when social actors begin to unpack the underpinnings that shape their behaviors. Second, collaboration as a practice could be enhanced if learning with each other is structured as an immersive experience in which social actors experience and engage in tasks together. In doing so, social actors could become cognizant of how their own and other social actors provided value to the enactment of collaboration. However, as collaboration is intersubjective, the extent to which participants learned about collaboration was dependent on the diversity of social actors. As we learned from our reflective dialogues and from participants in Phase 3, the quality of learning about collaboration felt enriched because participants came from different organizations and different sectors. Third, learning about collaboration needed to involve different learning modalities (e.g., story and

drawings) so that participants could have multiple opportunities to experience and create meaning together.

Planning How We Will Share Our Learnings

Defining and Revising Our Goals

Our plans for shaping knowledge mobilization products were refined again in this action phase. As increasing awareness among front-line service providers was our objective, we spent time planning the mechanism for this education. We recognized that knowledge products generated in this study needed to have sustainability. We concluded that stories were helpful reflective tools, but a guide could be helpful for trainers who wish to design reflective activities. We agreed it would be helpful to create a guide reflective of our design learnings. Further, we would add all stories (co-inquirer stories, family stories and my own story) as reflective tools that trainers could use in their own reflective exercises. I had the responsibility to create knowledge mobilization products and the co-inquirers would provide feedback on the products.

These ideas for knowledge mobilization products were influenced by external activities that co-occurred alongside this project. First, several of our intermediaries highlighted that collaboration training was a focal point in front-line service delivery, particularly among organizations who work with immigrant families. In particular, there was a current job opening aimed to hire a trainer to do collaboration training for front-line service providers. These intermediaries suggested that our research could inform these trainings. Second, several intermediaries and a few co-inquirers were involved in promoting culturally competent training in front-line service delivery. One trainer from a government organization attended Phase 3 and her positive experience of this activity piqued her interest in our project. In particular, she asked for our stories as she was interested in making plans to design future training activities for front-

line service providers. Collectively, these activities offered us channels through which we could share these research products.

Reflections

What We Learned About the Process

For the co-inquirers, Phase 3 became pivotal as it demonstrated why teaming with other front-line service providers helped to unpack how all front-line service providers including co-inquirers related to each other and to African immigrant families. The co-inquirers felt that the planning session had enabled ways to connect with individuals and organizations they work with, as reflected in my conversation with John,

Roslynn: Do you think it was valuable to have all 6 of us because we, in the beginning, I was the one who propose the project and everyone agreed but then I think when it came to Phase 2 and phase 3 selecting the family members and then selecting service providers, that was a shared activity

John: yes.

Roslynn: And I remember us, like you should be go, how many people, um, what kind of question should we as , I mean do you think that process was valuable or?

John: That process was valuable because we were all individuals using our experiences right? If you bring these many people, how long is it going to take? If you bring these particular organisations, or participants from these particular organisations, what are we going to get as opposed to when are we going to get these people from these organizations?

Roslynn: Right.

John: So in most cases will be looking at, where are we going to have more impact when we talk about collaboration with people we work with as opposed to people that we really don't have any connection with but we can call them and talk about collaboration?

Roslynn: Right.

John: Say [organization 1], other non-profits, the [organization 2], these are important because we interact with them will start work of collaborating.

Roslynn: OK.

John: So are we going to be able to learn something from them? Are they going to be able to learn something from us? Are we going to be able to share something together? Then that is the goal. That is good. As opposed to when I say, OK, you know what, we can go to any [organization 3] and just too work with any [service provider], what are we going to learn from the [service provider]? Where are we going to work together? Are we going to make any impact? No. We can talk about it. We could put all the feel about it, but there is nothing that we're going to learn. There's nothing that I would tell

you I would use. At least here, there is Ah, we are seeing our faces we are knowing each other, surely we are putting things that we think would help so again here we are acquiring some tools as we do these conversations.

Generally, the co-inquirers enjoyed Phase 3 as they felt surprised but joyful that different service providers attended the reflective exercise. The learnings generated from the reflective exercises re-confirmed our assumption that learning about collaboration required learning with front-line service providers from different disciplines, organizations and sectors.

This phase also taught us the value and challenges in using family stories as a reflective tool. Although sharing a family story illuminated the perspective of one family member, the ongoing questions from participants placed some co-inquirers in precarious situations. The co-inquirers could easily recognize families' stories as they provided support to them. As such, when these co-inquirers attended the reflective activity, participants requested additional information about families' stories from co-inquirers . However, as Sarah highlights,

Yea...this story that had been shared...like...they had many questions about the story...those many questions are only related to that there was no more details. There were not details about the story. So, so, so they were asking, 'so, when that happened, what did the service provider do? Why did they talk about these things? Why? Why? Why? Why? To the point where you see the story didn't have a detail for people to reflect on among others and supervisors...um...could comprehend right away. They had many questions about the story.

The ongoing requests for details created an ethical dilemma as participants wanted more details about the case study. Requests for details varied as participants became curious about the behaviors of other front-line service providers noted in the story. Participants also inquired about organizational and legislative protocols that shaped the experience of the husband in one story. I also observed this in the pilot session. In the pilot, Arnold and I redirected the requests for additional details that would reveal the identity of clients. We emphasized the need to focus on what shared stories could teach us about collaboration. Further, one participant (and not a co-

inquirer) questioned the pilot group's motivation in requesting details. He suggested that such an act may reflect a disregard for the perspective and the experience of the storyteller. In the structured story dialogues, I observed how co-inquirers redirected these requests by sharing personal stories of similar challenging encounters of collaboration.

As we recalled our experiences, we recognized that requests for details could be interpreted in different ways. Participants might have requested details to compare the story to their own experience. Requests for details might also have been influenced by a need to gather information to inform their own practice or their organization's practice. In hindsight, these observations made me recognize how reflective exercises create a platform for participants to seek relational and organizational knowledge. In particular, seeking additional information could have helped participants build knowledge about clients and other front-line service providers. In turn, the knowledge they gained could help them in future collaborative interactions when they interact with African immigrant families and other front-line service providers. As well, seeking information about social practices and legislative and organizational protocols might have helped inform participants' organizational practices.

What I Learned About the Process

This phase taught me how sensitive research requires ongoing vetting of the design in relation to its language and its structure. The previous stage taught me to navigate recruitment and data collection activities in a sensitive way. My meetings with the co-inquirers informed me how to engage and relate with African immigrants. Their personal and professional stories helped to translate how African values were manifested in varying social interactions (e.g., how to have a conversation with a man/wife and how to interpret their personal experience of violence or seeking help). As such, this helped me to empathize and understand how family

participants viewed their experiences. For this stage, I learned from both the co-inquirers and key stakeholders how to translate relational values into activities and facilitation strategies. These conversations heightened my attention to how research processes and designs are relational mechanisms that encourage sharing of personal experiences. Such an array of perspectives helped me to broaden my understanding of how to structure activities to promote ways of relating among different front-line service providers (McNamee & Hosking, 2012).

Second, I became more acutely aware of the impact of reflecting on experiences on collaboration. Although prior conversations with the co-inquirers illuminated that service delivery discourses have created a precarious setting for reflecting, I did not observe these effects. A poignant moment came when John revealed in our group reflection how he had deleted details of his story, which was not the co-inquirers' story used in Phase 3, as highlighted below,

I didn't go to the other details because I thought in my mind, I didn't share with you all of you, but I was also looking at the corner that some of those people who may have been invited and coming from those larger agencies will be looking for the weak points from the other organization, highlighting and taking advantage of it, which I didn't want them to get that opportunity of saying that, 'yea, we know, we've got the tools, and we can ignite fire here.' Because we are conscious of the eyes and ears and the other things...um...you know, service providers, so I kind of dented my story going into that by highlighting what the person from [organization], what they did, what they did and what I felt that we were not on the same page and so on...so just on the collaboration piece, and if they want to ask me, 'why, why, why?', that can be a discussion but like I said, in my opinion, we should have done this but we don't have this information, but they should not ban this. And if that information is not there, then they don't need to do this. So, that is now the homework.

Initially, I was shocked, and became concerned that the common culture of not reflecting on practice had a powerful effect on how the co-inquirers shared their stories. When I followed up with John, I learned that a service delivery culture of not reflecting on practice of collaboration could potentially hinder how front-line service providers learned from their experiences and

learned how to act. In particular, reflections on practice could seek to highlight shortcomings that were reflective of the individual and the organization. In contrast, John advocated for promoting constructive feedback, in which reflection should focus on identifying and resolving challenges. Such findings illuminated how reflections on practice between practitioners are intertwined with feelings of individual and organizational validation. Although John's story had not been shared, I wondered if storytellers in this study had deleted specific details in their stories. For me, this experience spurred doubt and uncertainty as to how one creates reflective activities from stories if storytellers are hesitant to share details? In hindsight, I am not sure there is an easy answer, as it depends on the storyteller's courage to share their own experiences (and thus vulnerabilities) with unknown readers. I know when I shared my story with the co-inquirers at the first session and on paper, I had to revisit my own vulnerabilities.

Third, I noticed how explicitly and intentionally critical I became during our reflection on the pictures. In particular, I had been intentional about identifying gaps and, subsequently, a flurry of responses came from the co-inquirers to identify gaps in the pictures and relate this to past collaboration experiences. Subsequently, this triggered memories of (negative and positive) collaboration experiences amongst the co-inquirers. I recognized that by identifying gaps, I had not recognized that my actions could shape how they might relate to pictures. As I looked back at my reflections, I recognized that I had been influenced by several factors: my education gained in community and university research.

My upbringings in community research taught me to always advocate for the individual, the family or the general community. This teaching had a pronounced effect as a result of my past experiences of not being heard in community research studies. As such, I empathized with the co-inquirers when they shared their experiences of not being heard. Although I could

empathize, I had to be careful not to let my personal experience shape the collective learning process. In particular, while I may have learned to advocate for those who feel unheard, I have to continue to be open to hearing others' perspectives.

My training at the university level also taught me that problem-oriented approaches (i.e., identifying gaps) is an invaluable tool to address issues and create knowledge. When applied in relational contexts (e.g., reflecting in sessions), its use had the potential to be hindering as it risks focusing on identifying deficits instead of looking at contexts holistically and in positive ways. In addition, I forgot that co-inquirers operate within a service delivery culture in which reflection on collaboration often involves identifying deficits (e.g., what was not done?) instead of celebrating assets (e.g., what were strengths?). Being attentive to cultures that shape the research setting is important as relational approaches seek to improve relations by looking at ways that social actors connect (McNamee & Hosking, 2012). I recognized that using problem-oriented approaches could indirectly hinder relations between the co-inquirers and other front-line service providers because they seek to identify ways of disconnecting. Accordingly, I recognized that my choice to identify gaps and being blind to what assets pictures illuminated was not a constructive way of acting. Instead, I should have stood back and looked at how these experiences illuminate constructive relational knowledge. Although we ended our reflection meeting with a positive feeling, I worried if my way of being critical had a negative impact.

Future Plans for Our Study

At the end of our study, we agreed that I would be responsible for keeping everyone up to date about our project. At the time of this writing, I have not been able to develop knowledge mobilization products as I have been busy with completing my PhD, working full-time and doing community development activities. Our knowledge mobilization products consisted of the

following: all stories produced from this project (e.g., family members, co-inquirers and my own story of collaboration), lessons we learned from our project and a guideline for trainers on how to create relational dialogical activities. Only one co-inquirer has checked in with the status of the project. Unfortunately, I informed her that I had not completed any activities. Despite my progress, I remain dedicated to completing our planned proposed knowledge mobilization activities.

My relations with the co-inquirers extend beyond this project. In the present, I see a few of these co-inquirers as I work with them on other community development projects. For a few co-inquirers, we occasionally check up on each other to hear about each other's lives. During these encounters, we never talked about our project as they are aware my priority is to complete my PhD program. I am lucky that the co-inquirers have always reminded me to complete my degree. Having encounters with the co-inquirers beyond a project is not uncommon for me. As I learned from working with different communities, relationships extend beyond one setting. As an individual who works in different settings, I learned that my credibility is based on how I interact with different groups of people. For most of these co-inquirers, I have worked with them in different settings in other roles over a span of eight years. During this time, I learned to nurture relationships with them as there would always be a strong potential that I might work with these same individuals in the future.

Summary

In this chapter, I discussed how we learned to construct and implement a reflective activity with front-line service providers. Reflections from implementing this phase revealed how relational reflective activities were important in illuminating how co-inquirers and other front-line service providers rely on each other to broaden their understanding of reality and thus

learn how to orient themselves to each other. Through the exchange of stories, reactions and perceptions, the co-inquirers and other front-line service providers experientially explored what collaboration is and collectively generated ideas of how to build better relations between African immigrant families and front-line service providers. In the last chapter, I discuss how the findings generated from Phases 1-3 have implications for how collaboration could be studied in family violence. Further, in using our experiences of exploring collaboration and designing a research study, I explore how RAR can be used to study and change relational phenomena such as collaboration.

Chapter Nine: Discussion

Revisiting Our Goals of Our Project

The primary aim of this study was to explore collaboration and use this knowledge to change its practice in family violence service delivery provision. We used RAR, an approach informed by participatory and relational constructionism worldviews, to explore: (i) how collaboration manifests itself in practice and subsequently (ii) how this practice can be changed to improve how front-line service providers relate to African immigrant families. We used a collaborative inquiry methodology (Bray et al., 2000) to create a project to explore collaboration.

The first objective was attained by engaging in and reflecting on multiple activities to generate knowledge of collaboration as a practice. Our group reflected on collaboration by exchanging stories, analyzing African immigrant family participants' stories and learning from our engagement with other front-line service providers in a reflective activity. Through multiple cycles of collective action and reflection, we came to understand how collaboration manifests itself as an interpersonal and a systems phenomenon. Further, our learnings taught us how collaboration can be a dynamic, emergent, non-linear, generative, contextual and nested phenomenon.

The second objective was met by engaging with other front-line service providers in a reflective activity. Through collective learning and reflection, our group learned how presentational forms of collaboration (e.g., stories and drawings) can be used as a bridge to generate relational knowledge with each other. In particular, the exchange of stories evoked powerful emotions (e.g., empathy) and created a platform for participants to share and reflect on their perspectives of collaboration (Yorks & Kasl, 2006). By learning from each other how each

conceptualized collaboration, participants expanded their understandings of how to relate to each other when practicing collaboration.

How We Felt About Our Attained Goals

All phases brought a deeper and broader understanding of collaboration for us. Of particular importance for our group was Phase 3. The co-inquirers hoped that other front-line service providers who attended Phase 3 would (i) learn and appreciate what the co-inquirers do, (ii) express their empathy for families and for the co-inquirers, and (iii) express a readiness to talk about changing the practice of collaboration in the future. Five months following the reflective activity, the co-inquirers had heard from several participants how they had enjoyed the activity. In particular, one participant felt that the exercise was useful and asked for guidance on how to develop a similar exercise for her own workplace.

As highlighted in Chapters 6-8, our understandings of collaboration deepened as we engaged in different activities. Learnings from different participants helped us to explore different perspectives on collaboration experiences. For the co-inquirers, the different perspectives enhanced their understandings of how they relate to each other, to other front-line service providers and African immigrant families. Our learnings demonstrate how our project created a relational awareness in how co-inquirers and other front-line service providers perceived each other.

Further, we felt that our research activities had created respectful ways of learning from each other and from other participants in this project. First, ethical behaviors were defined by a mix of African customs and those required by the local institutional ethics board. We felt the resulting engagement was respectful towards families (Banks et al., 2013). Second, the co-operative atmosphere that shaped how we related to each other resulted in the co-inquirers'

feeling valued for their contributions. In particular, all felt part of the decision-making process in our project, as highlighted in my conversation with Jeneba,

Roslynn: Okay. So being involved in this project, what has this, what kind of idea of doing research has it made you think?

Jeneba: One, one main one is participatory, that's one main one that I really think and so the research because you are fully involved, you're not going to take somebody's ideas, it's also something that you are also involved, you are also part of, decision-making, you are also part of the discussion, you are also part of the results, you are highly involved in it. Than just doing somebody's else work, oh, all you do is copy and paste or...100%, your voice matters.

Roslynn: So you felt that, you know, doing this kind of thing makes sure that you're...

Jeneba: You're part of it.

Roslynn: And seeing how it becomes.

Jeneba: How it affects the, the way it progress, in fact I remember the very first time we had a meeting, we were only stumbling, what are we going to do? How we going to do this? [laughs]. I remember us bringing so much ideas and we were able to sit there and break it down into partitions.

Roslynn: Do you think it's been a valuable thing?

Jeneba: Very much. Very much. And as a student too, oh my god, what am I going to do? As a student, it really does help me a lot to be able to see how the possibilities of where it went and to see how to collaborate with other people, you know, especially in a setting like this where everybody is in a different field of study.

Roslynn: Yea.

Jeneba: Everybody, um, different nationalities, we're all over, we're not from the same place, we don't speak the same language, we don't, there's a lot of things that we're not the same, everybody is trying to learn from each other.

Roslynn: Right.

Jeneba: And at the end of the day, I think this project is going to make us closer than we were before.

Roslynn: Okay.

Jeneba: Because spending all these years together.

Roslynn: Oh my god, it was 7 years.

Jeneba: 7 years. Time flies, eh? I can't believe that it's 7 years.

However, this outcome might be reflective of a shared work history and a shared value of social change that ultimately influenced how we engaged with each other. In turn, the collective activities in which we engaged deepened our knowledge of each other. As highlighted in Chapter 5, generating a collective and co-operative identity was deemed essential in addressing

emergent issues and persevering through this 6-year journey. However, we were mindful that creating a collaborative environment for our project was a challenging task, as Alice highlighted,

There were times, where like really, it was really hard, everybody to meet, because everybody has to meet to be involved in the decision-making, even where we interviewed, which was, not all the time, even when we were interviewed individually, we never proceeded, until the whole group has had an opportunity to comment even in a bigger group or here in email. You send the minutes and we all comment and reflect. So, there was decision-making, collective decision-making alongside and I thought that was required. Otherwise, then that wouldn't be participatory research. I thought that was a requirement that everybody needs to be part of the decision along the way.

In the next section, I discuss how themes generated in this study provided insights on how to study and practice collaboration. Here, I apply a complexity theory lens to our learnings to identify how front-line service providers can be better aware of how they relate with each other and with African immigrant families. Prior to this, I will provide a brief discussion about complexity theory.

Characteristics of Collaboration from Our Learnings

Acting as a Shared Unit

First, our reflective dialogues taught us how collaboration was enacted by different social actors (e.g., African immigrant family members and different front-line service providers) who came together to address a family violence incident. We learned how collaboration involved social actors coordinating their behaviors with each other to generate meaning of how they could act together. A shared understanding could only emerge when social actors exchanged perspectives and worldviews. Through dialogue and negotiation, social actors determined collectively what the issue was, what the goals were, what the solution would be and ultimately how they engaged with each other. However, in our study, we learned that generating a 'shared

understanding' was not easy as each social actor came to a collaboration encounter with a set of worldviews that were not necessarily the same.

The Interplay of Worldviews

In our study, we learned other front-line service providers and co-inquirers could be guided by a particular lens that framed what the issues were, how to resolve a family violence encounter and how to engage with each other and with African immigrant family members. We also learned how family member participants framed their issues, the possible resolutions they wished to implement and how they would like to engage with front-line service providers based on their own worldviews. This affirmed that each social actor involved in a collaboration encounter would use approaches based on different cultural systems they have been historically involved in (Gergen, 2003; Gray & Purdy, 2018; Huxham & Vangen, 2005; Vangen, 2017). Each of these cultural systems represented a set of values, frameworks, organizational policies and processes and etiquette/engagement protocols (Gergen, 2013; Gray & Purdy, 2018; Vangen, 2017). For instance, a co-inquirer as a broker might address family violence incidents by attending to the needs of the family. This way of resolving issues reflected the co-inquirers' practice of providing holistic support to all members of a family (Chiu et al., 2008).

Cultural systems also shaped the relational dynamics between social actors. We learned from stories how existing power differentials between social actors shaped how they felt about each other in immediate and future contexts. For instance, in Phase 2, when African immigrant family members felt invalidated (e.g., feeling not heard) by a front-line service provider, they began to question whether they should continue working with that front-line service provider. After repeated encounters of feeling not heard, African immigrant family members felt that front-line service providers had treated them unfairly. For two family member participants. they

felt that front-line service providers had power over them. In positive stories of working together, African immigrant family members felt valued when front-line service providers were attentive to their concerns and explained their roles to them. As front-line service providers continued to display these behaviors, African immigrant family members came to trust front-line service providers.

We also learned how cultural systems generated expectations of how actors should act towards each other (Gergen, 2013). For instance, in Phase 2, several African immigrant family member participants perceived front-line service providers as powerful actors who could shape the lives of African immigrant families. These family members believed that front-line service providers could take their children away if family violence occurred. Thus, family members were wary about interacting with front-line service providers. These arguments suggested that conceptions of power were anchored in social and historical processes (Gergen, 2013). Although frames might shape power dynamics in relationships, social actors still had relational power in that they could choose how to respond and to generate new ways of acting (Gergen, 2013). Reflective dialogues between the co-inquirers and other front-line service provider participants emphasized using family-centered approaches to balance power differentials between front-line service providers and African immigrant family members.

Relating Through Shared and Contrasting Perspectives

We learned that collaboration constitutes a negotiated social act between actors involving different ways of being and acting that were situated within different cultural meaning systems (Gray & Purdy, 2018; Huxham & Vangen, 2008; Vangen, 2017). We learned how having shared identities had the potential to better understand each other during collaboration. As reflected in Phase 1 and Phase 2, the co-inquirers and African immigrant family participants related to each

other based on having a common understanding of the customs and challenges experienced by African immigrant families. In some cases, the co-inquirers' gender or linguistic identities and their own lived experiences enhanced their relationships with African immigrant families. Our learnings suggested that collaboration involved the interaction between social actors' soft selves (e.g., cultural identity) as they explore how to work together (McNamee & Hosking, 2012).

Dissimilar identities also acted as a base upon which social actors' learn about reality and about each other. In our study, we learned how dissimilarities in cultural identities created misunderstandings between other front-line service providers and the co-inquirers and between other front-line service providers and African immigrant family members. We also learned the importance of having pre-meetings between the co-inquirers and other front-line service providers to create a shared understanding of how they could engage with the family. Here, pre-meetings created middle spaces for co-inquirers and other front-line service providers to identify how they could relate with each other despite sharing similar (e.g., front-line workers who support a family) and dissimilar (e.g., different cultural) identities. For instance, brokers could work with other front-line service providers to identify potential social customs that might help create a respectful engagement process with an African immigrant family.

Our learnings demonstrated how collaboration involved learning from each other and finding a balance between perspectives. As Gergen (2013), McNamee and Hosking (2012) emphasize, learning about reality and learning how to relate to each other relies on understanding both positive and negative ways of being and acting. When applied to collaboration, similar and dissimilar perspectives can create a dialogical effect that had the potential to deepen one's understanding of what the issue is, what the solution can be and how African immigrant families and different front-line service providers relate to each other. In this case, collaboration is

pivotal in that it could help to see the existence of what we know and what other ways we could know through considering another person's lens. In doing so, this deepens a social actor's knowledge of a particular phenomenon and their relational knowledge of another actor.

A Responsive and Immersive Experience

The interaction between social actors involves a series of coordinated actions that shape how a social actor feels valued or not valued in a collaboration (Gray & Purdy, 2018; Huxham & Vangen, 2008). Our learnings from Phases 1 and 2 taught us how coordinated actions between front-line service providers, co-inquirers and African immigrant family members relied on a mutual exchange of verbal and non-verbal behaviors. This mutual exchange was identified as needed throughout the process of collaboration and thus was not isolated to a specific moment (e.g., learning to identify an issue). Accordingly, this emphasized collaboration as an immersive practice in which social actors needed to be responsive and adapt their behaviors in order to be respectful to each other.

According to Gergen (1978) and Gray (2000), being responsive in social interactions enables people to share their perspectives as they feel affirmed for their subjectivity. As our reflective dialogues taught us, when social actors (e.g., African immigrant family member participants) could express their perspectives and feel heard, they were more likely to engage in the interaction. Being able to be heard and affirmed by others created the premise for all social actors enacting collaboration to open up to different ways of thinking and being (Gergen, 1978). Gergen (1978) emphasizes that affirmative acts must reciprocate what has been exchanged between social actors. For instance, the co-inquirers' and African immigrant family member participants' stories demonstrated that if an African immigrant family member expressed defeat and dismay, affirmative acts were those that valued the person's subjectivity either through

verbal (e.g., ‘it’s hard to feel this way’) or non-verbal (e.g., nodding one’s head while the African immigrant family member shares the story) behaviours between front-line service providers in the collaboration. Likewise, being valued could be demonstrated through verbal (e.g., agreeing with each other’s perspectives) and non-verbal (e.g., being attentive and listening to each other) behaviours. As we learned in Phase 2, family member participants who felt valued began to open up to possible solutions that could help address their issues.

The Role of Organizational and Systems Factors

In Phases 1 and 3, we learned that collaboration was a practice influenced by external factors that mediated how social actors interacted and related to each other. In our study, we identified external factors as organizational (e.g., organizational mandates), inter-organizational (e.g., contractual work agreements), legislative regulations (e.g., emergency protective orders) and discourses (e.g., emphasis for service delivery to be productive and efficient). Each played a role in shaping how co-inquirers engaged with African immigrant families. For instance, child protection orders (i.e., a provincial legislative regulation) issued as a result of a family violence incident could be implemented quickly. Such an order did not necessarily ensure that such actions would be implemented using a respectful engagement approach with African immigrant families and deliver outcomes that met families’ wishes (e.g., ensured that the child stays with a next-of-kin and ensured support was provided to all African immigrant family members). In another example, organizational policies that restricted work hours prevented the co-inquirers from exercising flexibility to address all the needs of the African immigrant family.

Pressures to meet system productivity and efficiency goals shape service delivery approaches used in practicing collaboration. For instance, in a service delivery culture where time was short, a prescriptive approach offered a way to address problems because it enabled a

provider to control the facilitation process (Walker, 2004) and thus increased the potential for services to be efficient. We learned how controlling the collaborative encounter limited the agency of other social actors and subsequently limited understanding of the situation and possible resolutions.

The presence of other systemic factors also created disempowering conditions for African immigrant families and the co-inquirers enacting collaboration. For instance, we discussed how discrimination prevented stakeholders (e.g., African immigrant family members and the co-inquirers) from offering their contributions to the decision-making processes. Further, service delivery approaches that resolved family violence through a disciplinary lens (e.g., arresting an African immigrant family member for enacting a family violent incident) damaged African immigrant families as these approaches promoted separation instead of family preservation.

Our observations taught us how an array of external factors (e.g., organizational and legislative protocols and discourses) shaped the rules by which African immigrant families, co-inquirers and other front-line service providers interacted with each other. External factors also shaped how co-inquirers and African immigrant families perceived their value in being part of the collaborative encounter. However, the influence of external factors can be mitigated by inter-organizational practices. As our reflective dialogues taught us, the co-inquirers and other front-line service providers have partnered to develop inter-organizational practices to promote intercultural competency in front-line service delivery provision at the prevention and intervention levels. As the co-inquirers have attested, this partnership has resulted in more front-line service providers taking the time to understand the perspectives of African immigrant family members and to co-generate solutions with family members and the co-inquirers.

An Interdependent Phenomenon

We learned how collaboration could be characterized as an interdependent phenomenon. Our ongoing reflections taught us how the service delivery landscape constituted a series of separate collaboration encounters enacted between different social actors. Despite seeming to be separate, all collaboration encounters were inter-related to each other. This was largely because seeking support to address and prevent the re-occurrence of family violence occurred across different service sectors (e.g., healthcare, legal, social care).

As such, African immigrant families who sought support were likely to be involved in a series of collaboration encounters with different front-line service providers. For instance, the co-inquirers might offer linguistic and navigational support to families. However, African immigrant families' needs might require legal support and financial aid from other front-line service providers. In this case, collaboration encounters might have occurred simultaneously as African immigrant families engaged with multiple front-line service providers including co-inquirers. African immigrant families were likely to have experienced different collaboration encounters and thus experienced different ways to act. As we learned in Phase 2, several African immigrant family participants discussed how they moved through different ways of acting passively (e.g., receiving instructions from a front-line service provider) and how they had engaging relationships (e.g., spending time with a front-line service provider to identify the issue) with different front-line service providers.

A Dynamic and Unpredictable Phenomenon

We learned that, as a co-constructed, dynamic and emergent practice, how collaboration was enacted could not be predicted prior to social actors encountering each other. Our learnings taught us how the meaning-making processes that framed problem identification and resolution could not be known prior to other front-line service providers, co-inquirers and African

immigrant families meeting each other. Although other front-line service providers and co-inquirers might have entered collaboration encounters with an array of competencies (e.g., applying a trauma-informed lens) that could address the family violence incident and how to engage each other (e.g., having compassion for the family), the eventual course of action could only be determined by how other front-line service providers, co-inquirers and African immigrant family members responded to each other.

Past experiences of collaboration did create a template for how social actors could act. However, given the inherent dynamic associated with collaboration, future experiences of collaboration would be likely to add nuanced, if not novel meanings of how social actors practiced collaboration. As we learned through our reflective dialogues, family violence encounters that co-inquirers addressed were diverse, complex and dynamic. In addition, some external factors were always in flux (e.g., lack of funding) and subsequently impacted how co-inquirers, other front-line service providers and African immigrant families collaborated with each other. These ongoing shifts that we observed demonstrated how collaborative encounters were dynamic and created opportunities for different front-line service providers to learn how to practice collaboration with each other and with African immigrant families.

Second, the dynamic and contextual nature of how families function and how they experience violence require caution in how strategies are used to understand families' situations. Learning about African cultural worldviews and norms illuminated how gender roles manifested in family dynamics particularly in relationships between men and women. However, we came to understand African families were diverse and the factors that shaped their functioning and/or the emergence of family violence were specific for a family. What cultural norms were important and how they manifested in families would differ between families and between individual

members in a family. A front-line service provider cannot know such information prior to an encounter with a family member. As we learned from our stories in Phase 2, the relational dynamics between couples differed among participants' stories and their manifestations were only revealed when front-line service providers engaged with families. Likewise, learning about African cultural worldviews and norms that reflected respectful engagement could be helpful prior to an encounter. However, what social etiquettes were important could only be known and understood as front-line service providers interacted with families. As we learned from family members' and co-inquirers' stories in Phase 2, respectful engagement emerged in interactions between family members, co-inquirers and other front-line service providers.

Given these positions, I argue that front-line service providers, including co-inquirers, are learning how to adapt to their environment. Likewise, African immigrant families might be adapting to front-line service providers and the changing service delivery system (e.g., administrative policies and availability of resources). However, in our study, we only learned how African immigrant families act and react to the actions of front-line service providers and how they adapted to other individuals (e.g., family and friends) and their social environment. Here, African immigrant family members were learning to adapt to different social encounters including their service delivery encounters. In this case, I argue that it is important for front-line service providers to be cognizant that an African immigrant family will be adapting to their environment in ways that might be different from front-line service providers.

The dynamic and emergent nature of the meaning-making process in collaboration suggests that a front-line service provider's knowledge can only be gained in the process, not prior to a collaborative encounter. Knowledge of specific lenses or specific cultural systems (e.g., African worldviews) may be helpful but they cannot be used as fixed templates that a front-

line service provider applies in each family violence encounter. Instead, each family violence encounter offers a new, if not nuanced, way of learning to adjust one's application of a specific lens and how to be respectful to different African immigrant family members. Taking time to learn about each other can help a front-line service provider to orient themselves to how others perceive the situation and the engagement process during the collaborative encounter.

A Nested Phenomenon

We learned that the interplay of interpersonal, organizational and systems factors demonstrated that enacting collaboration was the platform in which different cultures met and determined the emergence of behaviors. In family violence service provision, the service delivery culture that shaped how co-inquirers worked with other front-line service providers and African immigrant families work did not operate independently from the social worlds in that African immigrant families and front-line service providers inhabited. In fact, service delivery cultures operated amidst other worldviews that were part of a person's ecological landscape. As our reflective dialogues taught us, enactment of collaboration involved the intersection of at least two social worlds: the service delivery system that shaped how service providers should operate and the social worlds that guided how African immigrant families should operate in and mediate their issues. They represented contrasting underpinnings. In particular, service delivery culture was reflective of a neoliberal service delivery culture in which efficiency and productivity lay at its center. In contrast, the worldview that shaped African immigrant families, their functioning and their ways of addressing conflict was premised on a collectivist worldview in which a relational way of being was negotiated and shaped by family members. This cross-roads between two worldviews could create a perplexing landscape in which to navigate.

The collision of worldviews parallels Habermas' (1984) contention that the lifeworld and the system can be at odds with each other. In his theory of communicative action, Habermas (1984) posits that individuals live within two intersecting worlds: the social arena that comprises differing relationships spanning families, friends and society and the professional and administrative sphere in which individuals interact with organizational and institutional factors. In the former, the social world is conceptualized as the lifeworld, and comprises all day-to-day interactions that shape social and personal lives. In this world, actions enacted by individuals are premised on a shared understanding in which their meanings are generally understood by all. In this case, the lifeworld shapes the manner in which people define themselves and how they value themselves (Wicks & Reason, 2009). Here, the daily actions performed by individuals in the lifeworld are generally communicative in nature. In contrast, the professional and administrative spheres are considered the system in which actions undertaken in work are oriented towards the interests of the organizations and/or the institutions. Here actions are oriented towards goals that are based on efficiency, predictability and control (Wicks & Reason, 2009). In this case, actions undertaken do not have to occur in the presence of a shared understanding amongst social actors. The mechanisms in which the systems world operates through economic and administrative structures and their influence is manifested in expressions of power.

For Habermas (1984), the lifeworld and the system are embedded within each other and thus influence each other. The lifeworld is responsible for generating the frameworks that provide meaning within social realities through communicative action. In turn, these values shape the system and provide the basis for how it functions (which is manifested through material reproduction). When the goals of the system take more precedence than the lifeworld,

negative outcomes emerge such as a decrease in shared meaning, an erosion of social bonds and a lack of belonging (Hayes & Houston, 2007). Further, when the goals of the system take precedence, a false assumption is created that only one way of knowing can guide interactions. One way of knowing limits social actors' agentic abilities as this approach leaves no room for alternative ways of knowing (Gergen, 1978).

We learned that in collaboration, approaches to helping African immigrant families function after a violent encounter were enacted differently by African immigrant families and front-line service providers. In particular, the manner in which families' realities had been generally managed in African immigrant communities were reflective of the communicative action process in that the course of actions that shape families' functioning had been a negotiated task undertaken by families and mediators valued by the family. In contrast, in service delivery systems, the course of action that shaped the lives of families had been generally oriented to the goals of organizational and regulatory processes and implemented to reflect productivity and efficiency values. A collision emerged when there had been an imbalance between these two social worlds as one social world tried to govern the other world according to its operational rubric. This imbalance had resulted in contrasting understandings of the goals of service provision (e.g., Is the goal of service provision to separate or preserve the African immigrant family?) and the erosion of social interactions between stakeholders (e.g., front-line service providers are distrustful of each other). As such, this emphasized the need for stakeholders (e.g., African immigrant family members and different front-line service providers) to re-examine their service delivery encounters.

Applying Complexity Theory to Our Learnings.

In the next section, I apply a complexity theory lens to generate insights into our learnings. In particular, the epistemological position of complexity encourages reflection on how social actors relate to each other and to their environments. I argue that a complexity lens provides an approach to understand how front-line service providers might better relate to each other and to African immigrant families by unpacking what their relationships mean to each other. To begin, I provide a brief overview of the complexity lens.

Overview

A complexity lens is a framework used to describe natural and social phenomena. Complexity theory has been used in numerous disciplines and thus has several definitions. In health promotion research, complexity theory is used to articulate the experience of health as a complex, dynamic, and emerging phenomenon (Tremblay & Richard, 2011). Further, this theory is used to understand complex social systems that shape health promotion practice (Tremblay & Richard, 2011) as well as service provision in social care (Khoo et al., 2019). Complexity theory can help to unpack complex social systems, particularly how individuals, organizations and socio-materials (e.g., policies) interact, evolve, and sustain themselves.

The Relational World

In complexity thinking, the epistemological position emphasizes social reality as being contextual and embedded in relationships. In this case, social reality is not considered to be a phenomenon that exists outside of an individual but is co-created with another individual. Bai (2003) calls this co-creation process an act where individuals form an inter-being with each other as they inter-penetrate each other's reality. As such, Bai (2003) suggests a participatory ethic is embedded in relationships as people interact with each other and make sense of reality. For Bai (2003), relationships are sites where individuals experience profound effects that shape their

identities. These ideas are in contrast to key ideas about how social reality is conceptualized in mechanistic worldviews. Given that there is a clear distinction between a subject and an object, a mechanistic worldview perceives relationships as phenomena that are external to individuals. Relationships exist for the self-interests of individuals and do not create essential changes to the core identities of individuals (Bai, 2003).

This nuanced attention to relationships in complexity theory places a focus on how people relate to each other. For Fenwick (2012), how people interact with each other has to be a mindful act as their actions shape their own and others' perspectives on reality. Acts are no longer undertaken for the benefits of an individual and to the detriment of another individual. These arguments suggest that people need to consider what they are responsible for and how they are responsible for each other in relationships. However, given that individuals live within a nest of relationships, this sense of responsibility extends beyond one relationship. In particular, Bai (2003) suggests, in complex social systems, people are likely to impact each other, directly and indirectly, because people have multiple encounters. For Bai (2003), this interconnectedness is more problematic given that we can never predict the impacts of our actions. In this case, Bai (2003) emphasizes the need to be more cautious and thus mindful of our actions. For Fenwick (2009), acting responsibly will always involve deliberating on who will be impacted by the actions and to what extent. For instance, when a front-line service provider helps a family to address their problem, solutions offered by the service provider may have differential impacts on individual members of a family.

A sense of responsibility is more pronounced in helping professions that nurture the growth or address individuals' problems (Fenwick, 2009). How a front-line service provider frames the needs of families and suggests potential solutions will impact the family. In

particular, the actions of a front-line service provider may address only immediate needs, such as ensuring the perpetrator is separated from the victims. If possible, the front-line service provider may also address the long-term needs of families, such as ensuring family members develop healthy coping skills to address conflicts and have the social support to help mediate conflicts.

However, the power differentials between front-line service providers and family members complicate acting responsibly towards each other. Sakamoto and Pitner (2005) argue that service provision is often perceived as a top-down approach in which the front-line service provider is the expert who imparts knowledge of services and strategies to the family. In this relationship, the front-line service provider may only rely on general understandings of how one frames the problem and perceives the family. As such, the front-line service provider may not see how crucial one's role is in shaping the outcomes of the family. Sakamoto and Pitner (2005) argue that front-line service providers often enter into helping relationships with their own biases and prejudices which shape how they listen to families and subsequently address their issues. For Sakamoto and Pitner (2005), biases and prejudices are shaped by worldviews and by the social positions that front-line service providers hold in society. For Fenwick (2012), these power differentials will continuously be in flux within a complex social system. Given that front-line service providers may be members of different social networks within a service delivery system, they are likely to have different social positions. These social positions will constantly change as people continue to collaborate with different people throughout the service delivery system. In turn, these changing relational dynamics will continually shape front-line service providers' expectations and their abilities to participate meaningfully within the service delivery system.

The Relational Encounter

As our learnings taught us in Phase 2, behaviors enacted between other front-line service providers, co-inquirers and African immigrant family members shaped how family member participants perceived their sense of self and their abilities to be involved in the collaborative encounter and address their issues. Likewise, behaviors enacted between co-inquirers and other front-line service providers shaped not only how co-inquirers perceived their sense of self as individuals who could support families but also how families were perceived by co-inquirers. These learnings illustrated that in collaboration, behaviors enacted between social actors create different impressions of each other and subsequently impact how they act towards each other.

Applying a complexity lens to these learnings requires a closer examination of the nature of the relationships between co-inquirers, African immigrant families and other front-line service providers. First, responsibility must be examined in relation to who shapes its construction. Fenwick (2012) argues that a front-line service provider must take responsibility because this individual is responsible for the well-being of a family. Thus, a front-line service provider must be judicious in what and how to use a particular frame as a provider addresses a family's violent situation and can impact the family. Our reflective dialogues taught us how each individual, whether it is a family member, a co-inquirer or another front-line service provider, contributed to an understanding of what the family was experiencing and what possible resolutions the family might be undertaken. We learned that front-line service providers cannot frame problems and develop resolutions on their own. In relational worlds, responsibility is not a phenomenon that can be given from one individual to another individual (McNamee & Hosking, 2012). Instead, responsibility is a co-created phenomenon that emerges between people. In this case, the task of framing problems and developing resolutions should be a co-constructed task shared between other front-line service providers, co-inquirers and African immigrant family members.

Second, responsibility must be examined in relation to its emergence. For Fenwick (2012), acting responsibly is an immediate experiential encounter comprised of spontaneous moments of connections and emergent meanings. It is an encounter that requires individuals to be attentive and be present with each other. In this encounter, individuals engage in an ongoing cycle where they act towards each other and learn the consequences of these actions. However, acting responsibly towards another person is embedded in social etiquettes that are specific to a culture (Gergen, 2009; McNamee & Hosking, 2012). In our project, we learned how acting responsibly in a collaborative encounter between other front-line service providers, co-inquirers and family members involved being attentive and responsive to each other. Family members and co-inquirers felt valued in the collaborative encounter when actions enacted aligned with their social customs. However, problems could emerge when acting responsibility was perceived differently by those involved in a collaborative encounter. In our project, we learned how a co-inquirer behaved responsibly towards a family member was sometimes perceived differently by other front-line service providers that were present in the collaborative encounter. To create a shared understanding, co-inquirers described how they created a middle space to help other front-line service providers and family members learn what behaviors demonstrated responsible actions towards each other.

Third, responsibility must also be examined in relation to its interconnectedness. For instance, acting responsibly cannot focus only on the immediate encounter between family members and other front-line service providers. For families who experience violent encounters, seeking and attaining appropriate help often occurred over a lengthy period that involved entering and exiting the service delivery system (Velonis et al., 2015). How families worked with a particular front-line service provider and felt valued in one encounter was likely to affect

how they participated in another encounter with a different front-line service provider. As we learned in Phase 2, some family member participants recalled how feeling valued by front-line service providers throughout their help trajectory opened their eyes to different resolutions and motivated them to address their issues

Further, present social encounters cannot be isolated from future social encounters (Bai, 2003; Fenwick, 2012). In some cases, individuals collaborating with a group in a specific encounter may have had multiple relationships that were beyond the specific encounter. In our project, I learned how the co-inquirers as brokers had multi-faceted relationships with African immigrant families and different front-line service providers. As brokers, they worked with other front-line service providers to support the needs of African immigrant families. Some of the front-line service providers that brokers worked with were also colleagues whom the co-inquirers learned with when reflecting on collaboration or when reflecting on family violence service provision. Co-inquirers could not predict ahead of time how these different types of relationships would develop. This demonstrates that the relationship between a co-inquirer and another front-line service provider may extend beyond a specific collaborative encounter. When a co-inquirer collaborates with a front-line service provider in practice, it is likely that the co-inquirer may meet with the same front-line service provider in a potential inter-organizational meeting or in a potential educational workshop about family violence. In this case, the nature and the responsibility of the relationship between a front-line service provider and a co-inquirer is likely to change. For instance, co-inquirers and other front-line service provider should be responsible for shaping the learning process in constructive ways that can nurture their growth as service providers and as colleagues who work to address family violence experienced by African immigrant family members.

As community leaders in their own ethnocultural community, co-inquirers also served to support and advocate for the rights of immigrant families within and beyond their own ethnocultural community. Co-inquirers are members of the same ethnocultural community they support. As such, when a co-inquirer supports a particular African immigrant family, they will likely interact with one, if not more members of the family at future ethnocultural community events. In these encounters, co-inquirers as members of their community may be engaging with members of the family in community events (e.g., coordinate cultural events). As such, how they interact with a potential family when addressing the family's violent encounter may shape how they engage with them in future ethnocultural community events. In this case, co-inquirers and family members will then have a responsibility to each other to work together to support their community.

Given these multiple memberships in different communities, acting responsibly can have differential impacts for co-inquirers when they collaborate with other front-line service providers and African immigrant families. The co-inquirers must be attentive to how they interact with African immigrant family members and other front-line service providers in the present collaborative encounter given there will be the potential to encounter these same individuals in the future. Co-inquirers were highly valued by both the family violence service delivery community and their ethnocultural community. For the co-inquirers to continue to sustain in both communities means they must maintain and/or enhance their credibility with these two different communities.

Our learnings taught us key lessons about how collaboration manifested in family violence service provision between other front-line service providers, co-inquirers and African immigrant family members. First, if collaboration is a phenomenon that is co-constructed,

dynamic, non-linear, immersive, emergent, inter-dependent and nested, the complexity theory suggests that individuals must constantly adapt to their environments. This further suggests that front-line service providers and African immigrant family members are constantly orienting to each other and to their environments so that they can learn how to act towards each other. Second, if collaborative encounters are framed using a relational lens, front-line service providers must be mindful that their interactions can have immediate and cascading future impacts for them and for others even if future impacts are not known at the time. Shotter (2012) considers this acting systemically and suggests that one must be mindful of one's power in shaping relationships in the immediate and future contexts. However, Fenwick (2012) argues that it can be challenging to be mindful of the impact of one's actions in the future because the immediate context creates a relationship and a conception of responsibility that may or may not be different in the future. This position further emphasizes the need for front-line service providers to be cautious and mindful of how they act at all times (Bai, 2003).

Improving the Relational Encounter

Ways to Reflect on Our Relationships

The epistemological position of complexity encourages reflection on how we relate to each other and how we relate to our environments. For Fenwick (2009), illuminating how we are responsible to each other requires reflecting on the nature of our connections with each other. This involves unpacking (i) the quality of this connection in its local and immediate nature, (ii) how our actions address the well-being of each other, (iii) how our actions have an interdependent effect that extends beyond one relationship, and (iv) our role in shaping and re-shaping discourses about how we work with each other. In this case, responsibility in

relationships is illuminated for individuals when they begin to unpack meaning-making processes (Gergen, 2003; Reason & Goodwin, 1999).

For Reason and Goodwin (1999), unpacking meaning-making processes within complex social phenomena involves collective reflection. How meaning is historically shaped and validated can be revealed through experiential accounts. Experiential accounts provide a window into how people experience their daily lives and in particular how they make decisions that shape their daily lives (Tremblay & Richard, 2011). Experiential accounts are vehicles to understand how (i) emergence shapes the meaning-making process in relationships, (ii) meaning changes in relationships and (iii) dialogue in conversations can be generative and present potential ways for individuals to act (Reason & Goodwin, 1999).

Learning About Each Other

In our project, we learned how relational and dialogical tools enabled the co-inquirers and other front-line service providers to reflect on collaboration. Through case stories, both co-inquirers and other front-line service providers explored different ways of interpreting a family's actions or a co-inquirer's actions in a story. Further, co-inquirers and other front-line service providers explored different ways to act in a shared way that demonstrated respectful engagement when meeting an African immigrant family. Thus, our learnings taught us how relational dialogical tools invited participants not to look for tried and true explanations of collaboration but to invite and muse about potentials (e.g., what ifs) (Kuhn, 2008). From our observations of Phase 3, I argue that other front-line service providers and co-inquirers were inviting and deliberating on potential ways they could act so they could be more responsive and thus more responsible in their actions towards African immigrant families and to each other in future collaborative encounters.

Unfortunately, however, in Phase 3 we did not have opportunities to explore different characteristics that shape the practice of collaboration. For instance, we did not explore how the practice of collaboration had different immediate and cascading impacts for other front-line service providers, co-inquirers and African immigrant families. Also, we did not have opportunities to explore how external factors (e.g., organizational protocols, provincial legislation and racism) had an impact on the collaborative encounter between other front-line service providers and African immigrant families. Without these types of reflections, it would be challenging for other front-line service providers or co-inquirers to learn how to think systemically and be more reflexive about their power in shaping the collaborative encounters they have with each other and with African immigrant families.

Implications

Studying Collaboration

Our learnings about collaboration differed from how collaboration has been studied in extant peer-reviewed academic literature. As highlighted in Chapter 4, existing literature in family violence service provision in Canada has largely focused on mapping collaboration at the interpersonal, organizational and systems levels. Efforts to describe the service delivery landscape helped us to see the layout of the system in which front-line service providers and African immigrant families operate. However, this mapping did not provide an idea of how these factors manifested and shaped relational dynamics between social actors as they collaborate with each other.

Extant literature has also focused on identifying factors that contribute to successful and unsuccessful collaboration experiences, but such analyses has limitations. First, the practice of identifying a list of factors to increase the potential for ‘a successful outcome’ assumes that

collaboration is a practice that can be predicted prior to its encounter. Further, the assumption that a series of factors can lead to success assumes that the outcome(s) have the same meaning for everyone enacting collaboration. As highlighted in our learnings, the practice of collaboration was a highly interpretative, dynamic, contextual and emergent activity shaped by the coordination of action among social actors. The action generated by a specific actor could be interpreted differently by another actor. How to act and what meanings emerge could never be predicted prior to different front-line service providers meeting with each other or with African immigrant families. Further, the practice of identifying successful and unsuccessful factors strips away the historical and social processes that underpin social actors' behaviors as they enact collaboration. As highlighted in our study, verbal and non-verbal behaviors were anchored in historical and social processes that shaped the power dynamics between social actors (Gergen, 2013; Gray & Purdy, 2018). Without illuminating these historical and social processes, social actors are limited in understanding how to change their practice (Gergen, 2003, 2013).

Second, the practice of generating successful versus non-successful factors promotes an *either/or* way of being in collaboration that hinders the learning process. '*Either/or*' conceptions create the potential for practitioners to focus on one way of acting in their practice. To be oriented by one way of knowing creates a false assumption that everyone acts in the same way and this leaves limited or no room for reflection and for looking for alternative perspectives. As highlighted in our learnings, collaboration was a practice in which an array of different worldviews interacted and their dialogical effects shaped different ways to engage, to identify the issue, to generate goals and to resolve the issues (Gergen, 1978).

Third, generating successful versus non-successful factors excludes the experiential learnings that occur during collaboration. For Gergen (2003), Heron (1996), and Yorks and Kasl

(2006), experiential knowing is essential for actors to learn how they articulate reality and how they orient to others. Experiential knowing is the basis from which social actors express their perspectives about collaboration and from which they abstract to generate tentative ideas about collaboration (Heron, 1996; Yorks & Kasl, 2006). The more social actors interact with other actors, the more differentiation can occur (Gergen, 2003). Collectively, to be mindful about how one differentiates between acts helps actors to develop conceptual knowledge about particular acts (Gergen, 2003; Heron, 1996; Yorks & Kasl, 2006).

Implications for Practice and Education Related to Collaboration

Our learnings highlight the need for education to promote generative thinking among practitioners through which they can collectively deliberate on different aspects of collaboration (Gergen, 1978) in order to adapt to their environments. Generative thinking illuminates for practitioners how each social actor (e.g., African immigrant family members and different front-line service providers) provides qualitatively different but equally valuable contributions to the enactment of collaboration.

Our learnings from Phase 3 offered us ideas for exploring the practice of collaboration. First, generative thinking can occur in safe relational learning spaces in which the learning environment and learning tools promote relations between participants. Second, stories serve as relational platforms through which listeners can connect with narrators as well as other listeners. In particular, as stories are windows to narrators' worldviews, they act as reflective mirrors in that listeners can explore how their own worldviews relate to those of narrators and other listeners. In doing so, reflection invites different perspectives on a story, both similar and divergent, and thus creates a rich source for listeners to perceive, differentiate and understand multiple ways of being (Gergen, 2003). Engaging in group reflection provides different ways to

explore how the listener can orient themselves to others (i.e., how can I identify this issue experienced by a family member). The more perspectives are shared in a richer learning environment, the more participants can muse about their potentials (Kuhn, 2008). Likewise, having a diversity of learning tools creates multiple opportunities for learners to explore, reflect on and thus re-visit their understandings of collaboration. However, as relational constructionists (Gergen, 2013; 2015) and participatory researchers (Kasl & Yorks, 2016) warn, diversity has the potential to stimulate more conflict. Accordingly, it is important to create relational learning environments that are premised on enhancing connections between learners.

Limitations

Our project had several limitations. First, front-line service providers enacting collaboration are diverse and come from different disciplines, organizations and sectors. In this project, we engaged with front-line service providers who came from immigrant serving agencies, government and law enforcement agencies. Despite this diversity, these organizations represented only a subset of front-line service providers. These did not include other service providers who delivered social care to immigrant families and were often perceived as mediators for immigrant families. These included faith leaders (e.g., priests and imams) and other informal leaders (e.g., elders).

African immigrant family members also need to share their collaboration experiences with front-line service providers. Although this study sought perspectives from African immigrant women and men of different ages, additional perspectives from different family members and different family structures would be necessary in order to deepen understandings of how to collaborate with families. For African immigrant families, family care and family mediation responsibilities are often undertaken by relatives and close friends or neighbours (if

needed). Further, migration trajectories or pathways shape family structures and may create changes in those responsible for mediation and family functioning process. As such, it would be important to include their perspectives in future studies as these social actors may play a role in mediating family conflict and subsequently supporting families' functioning after the family violence conflict.

Third, this study was limited in that it was guided and shaped by our worldviews. What we generated from our learnings informed how we conceptualized collaboration. However, these perspectives might not be the same for others undertaking a study on the same topic. This was largely because of the relational dynamics and environmental influences that shaped the design and learnings of this project. More studies guided by other front-line service providers working with African immigrant families would be needed in order to enhance the field's understanding of collaboration. In particular, studies must explore and unpack how people create meanings as they enact collaboration.

Making a Case for Relational Action Research

Relational action research offers multiple benefits in exploring relational phenomena and how to change their manifestation. First, relational action research places emphasis on unpacking the relations between social actors. Its attention to both verbal and non-verbal forms of relating illuminates that the meaning-making process is varied and sensorial. As such, what occurs in the enactment of collaboration is not just the exchange of verbal behaviors but also non-verbal behaviors between social actors. This also includes the artifacts (e.g., protocols and policies) that shape social behavior between actors. Likewise, in doing research, relational action research also asks us to be attentive to the verbal and non-verbal ways in which we relate to each other. These interactions are not only embedded within our research interactions but also within the

tools that are used to engage and collect data from other social actors that from whom we choose to learn.

Second, an emphasis on the historical and social processes that shape behaviors broadens understanding of collaboration as ways of knowing that have been historically learned over a period of time and thus guide how social actors relate to each other. Likewise, illuminating the historical and social processes of knowing and knowledge production enables the creation of appropriate research designs and tools and respectful engagement protocols. Third, as intersubjectivity is the basis for knowing, relational action research illuminates how collective learning and reflection not only broadens our understanding of phenomena and creates joint meaning but also illuminates the multi-layered learning processes that constitute the meaning-making processes that we use when relating to other social actors. When applied to studying collaboration or learning to do research, this may create a deeper understanding that is both experiential and conceptual. In doing so, this enriched learning may create a more sensitive and more ecological understanding of how we are connected to each other in creating reality.

Summary

In this chapter I summarized our learnings and applied a complexity theory lens to generate insights on how front-line service providers could better relate to each other and African immigrant families. I discussed how our project met our proposed goals. In particular, our project created relational awareness between co-inquirers and other front-line services and built a collaborative environment in which to learn and implement our project. Our learnings taught us how collaboration manifested as a co-constructed, dynamic, immersive, emergent, contextual, interdependent and nested phenomenon. When I applied a complexity lens to our learnings, I discussed how our conceptions of collaboration suggest that front-line service providers are

constantly orienting themselves to each other and African immigrant families as they learn how to respectfully engage with each other. As front-line service providers and African immigrant families influence and impact each other, I argued that front-line service providers must be cautious and mindful of how they act towards each other and African immigrant family members in collaboration.

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Appendix A: Interview Questions for Individual Interviews with Family Members

- 1) What does a family mean to you?
- 2) How did you react when there was a case of disharmony?
- 3) What were the supports that helped you?
- 4) What was your perception of receiving these supports?
 - Probe 1: How were these supports different/the same to you?
 - Probe 2: How did these supports compliment with each other?
 - Probe 3: How did you relate or felt treated by those who provided these supports?
 - Probe 4: How did those supports meet your own needs and your family's needs?
- 5) If you had a family member or a friend who was going through these services, would you recommend that particular service provider?

Appendix B: Family Stories from Phase 2
I'm happy, I'm alive

When I first met my husband, I was hesitant not to marry him because we had different religions. He was a Muslim and I was a Christian and I did not want to change my religion. I also chose not to marry him because I had a gut instinct that told me this was a 'bad person'. It would not be good if I married him. I don't know why I didn't pay attention to that feeling but I decided to marry him. After a month into our marriage, he beat me. The beatings happened on a frequent basis. He used to complain that I needed to convert to be a Muslim but I resisted. When I became pregnant, the beatings continued and I felt pressure from him to convert to Islam. But I think the pressure was also from feeling alone because I had moved to a new country and did not know anyone. Most of my friends were from my husband's side and they were all Muslim. I thought that if I converted to Islam, I would at least have some friends who understood what was happening to me. I thought maybe they could help.

As I was in a new country, I had to be responsible for taking care of the children but also taking care of my husband. I had to cook and clean. For African women, we have a mentality back home about how you should act. As a wife, you have to be under your husband. You have to make sure he eats before he leaves the house. You have to wash his clothes. If he says anything, you have to say, 'yes sir, yes sir', you can only say 'yes' and 'please'. You cannot even look at his face. This is the kind of mentality that I practiced as a wife. I remember I would cook in the morning from 7 to 3 and then re-heat the food when he would come home at night. I always listened for his car and as soon as he opened the door, I would heat up his food in the microwave, arrange the food, put it on the table and go back to bed.

For my husband, I always had to have sex with him because he always wanted that. Three or four times. It was like that every day. Because I was not born a Muslim, my husband told me that it was my responsibility as a Muslim woman to have sex with him. I was not allowed to say no. Even when I was pregnant and tired, he always wanted me to have sex with him. If I had to go to a party, I was not allowed to go unless I had sex with him. If I buy a gift for a friend, I had to have sex with him first. I felt like I had to have sex with him, any time I wanted to do anything. If I resisted, he would beat me. I tried to get help from a family friend but they didn't believe me. They always questioned me, 'your husband is handsome, why would he beat you?' The beatings continued throughout the marriage and when we had kids. Once, it got so bad that I needed many stitches for my head. At that time, I went to the police and showed them what had happened to me. They wanted to arrest him but I refused because I only wanted them to see what was happening to me.

Since we had young children, we got some money from the government for child benefits. They often came to me. My husband always questioned how I got the money and how come it never got to him. The money I received was never enough so I chose to work as a cleaner to bring in additional money. I also started going to school to get my high school diploma because I wanted to be someone. I was so tired of just being a wife and just pleasing my husband. So, I ended up working night shifts and going to school in the morning. Sometimes, it would switch. I would go to work in the morning and then go to school in the evening. My husband was not happy with

what I was doing and insisted that I leave. But I resisted and told him that I didn't want to stay at home. After I received my high school diploma, I decided to become a healthcare aide. My husband chose not to offer me financial support. I was lucky because I was able to go to a private school who was owned by a kind lady who agreed to help me out. When I finished and got my license, I started working as a health care aide providing care to different people. In some cases, the work involved giving baths or showers to some people. Because of this kind of work, my husband was very mad at me. He used to beat me and told me that I was not acting like a woman. He told me that I should not be giving men any baths. He told me that if I was giving baths to men, I would be looking at male body parts. As a woman, I was not allowed to do that.

So, I chose to leave that field. I had to find another job. I chose to be a licensed practitioner nurse but I needed to go to school. Again, my husband refused and said that I should not go to school but I thought, 'how can I pay rent?' I ended up going to school and receiving financial support from loans, bursaries and even a former employer, Danielle. During the time that I was working and trying to find a job as a licensed practitioner nurse, my husband had left to live in another part of the country. He was working and going to school to be an electrician. At that time, I was sending money to him for his school as well as paying the rent and taking care of the kids. In addition to these challenges, it was also hard for me because the Muslim community that I lived in also frowned upon our family because my husband and I lived in separate parts of the country.

During the time that I worked, went to school, took care of my children and dealt with my husband, it was stressful for me. Thankfully, Danielle was a very supportive employer. Looking back, she was such an angel to me who was very kind and generous. I had worked with her for about 3 years and she always showed that she really cared for me. Besides paying me for cleaning, sometimes she would buy my groceries. At other times, she would give me any furniture that she didn't need. She would give me clothes and shoes. When it was Christmas, she would buy my children toys. When it was September and school began, she would buy them school supplies. Her husband was even nice to me. In fact, he paid for my license to be a nurse once I finished school. Besides being generous, Danielle always made sure to spend time with me and make sure I was okay. Sometimes we would eat together and she would ask me, 'how is your house? How is your family?'. In fact, there was one time where Danielle talked to my husband and told him that he needed to appreciate me. I'm glad she said that to him because it showed to him that I mattered. It showed to him that I had value and I deserved respect. I am so grateful for what she did for me and even now I have still kept what she gave to me.

Unfortunately, I had to leave Danielle because my family moved across the country to be with my husband. At first, I didn't want to go, and I told him that he needed to treat me better. He promised me that he would change his behavior. I didn't know what to expect but I agreed to move. When we moved across the country, I was responsible for the moving expenses. Soon, after our arrival, the same behavior continued. He kept telling me that I needed to have sex with him. He told me that I was supposed to give him sex whenever he wanted it. There were even times where I would be cooking and he told me that I should go to the bathroom and have sex with him there. There was even a time where he raped me in front of my son. That day, he told

me that no one was ever going to believe me because how can a husband rape his wife. He demanded that things would always be his way or the highway. At that time, I believed he was right. How could anyone believe me? I tried to talk to the people I knew within the Muslim community. I tried to talk to my friends. No one believed me. They always believed him. So, I continued to stay and the beatings grew to be more dangerous. Before raping me, he used to spit on me and tear my underwear. I remember a time I refused him and he threatened to throw me off the balcony. At that time, my son called the police. But nothing happened. After that incident, I tried to get some help by calling 411 and asking for a lawyer. But I found that it was not an emergency line and they could not find a lawyer for me. So, I felt that I had no choice, I went back and I stayed in that abusive situation.

I continued to work and work. Apart from taking care of my children and the living expenses, I had to take care of my husband's financial issues. You see my husband financially struggled during our marriage. He would always find ways to get money from me, my children and other people but he never paid any of us back. I'm not sure what he did with the money but I always had to deal with the consequences. He would borrow money from his friends and ask me to pay back this loan. I agreed because I didn't want to have any shame brought down on my family. My husband could not pay anything using a credit card because he had maxed out his own cards. So, he would ask me to apply for credit cards in my name with a promise that he would pay me back. Later on, he would reach the credit limit but he never paid back these expenses. As a result, I ended up having a lot of debt because of his behavior. When my daughters started working, he would borrow money from her and promised to pay them back. But he never paid them back.

Fortunately, I was able to save some money and get a house for my family. My husband decided that he should put his name on the documents for that house and leave my name out of it. At that time, I didn't care. I thought, I'm going to die married to this man. I thought, 'death will bring us apart', so I don't care if he put my name or not, it's not my house. Soon after our move into the house, he wanted me to have sex with him again. Now, the amount of times increased each day. My children who were older, started to get involved and pleaded with him not to do anything to me. Then he started to beat on them. He often used his belt to beat them. He used the belt on me too. At that time, whenever there was a beating, I always made sure that the public didn't see us. So, if my husband would be beating one of my children, I would always make sure no one would see. Like I would close the door. Back home in my country, when you close the door, then no one knows what's going on. At that time, I was really stupid because I should have let someone see what was happening. Maybe they would know what to do, maybe they would have called the police. But I thought, if the police takes the father away, what will the children do without their father? What would the community say about our family?

One night my husband threatened to kill me but only after he had finished praying. My husband always believed that through prayer, he would always be forgiven for his sins. So, it didn't matter what happened after because he knew that if he prayed, all his actions would be forgiven by God. At that time, I decided to leave but I was wary because my husband instructed my son to make sure that I didn't leave while he prayed. I was scared to leave but I didn't want to die. I also didn't want to leave my children. As I walked out of the house, I asked all my children if

they would come with me. First, my older daughter followed me, then my second daughter and then my son. I could not believe that my son chose to follow me instead of staying with his father. I could not believe that my children were unhappy with their father. When we left, we went to the police station. I told the police what had happened and they wanted to arrest my husband. But I didn't want him arrested, I just wanted to leave the house with my children. So, after talking to the police, they took us to a shelter to be in a safe place.

From this point on, I focused on moving away from my husband and taking care of my children. At first, I tried to get help from a local mosque that I go to with my family, but they wouldn't listen to me. Later, I found out that my husband told them that I wasn't being a proper wife and being attentive to his needs. I felt like no one in the community was listening to me. I couldn't live like this anymore.

On the night that I went to the police station, I met Patty, a social worker who helped me get out of my abusive situation. Patty introduced me to Theresa and she helped me find funds to take care of my family. She helped me find furniture for the house like mattresses and cooking supplies. She introduced me to different organizations and individuals that help women like me. I got help from the sexual abuse center, children's services, the Alberta government and different organizations. I connected to a local bank that had a women empowerment program that I attended. Some of these organizations were very helpful because they gave us some cooking supplies, toys for my children and even some funds. I was able to get some counselling for my son and legal help at a discounted price because I couldn't afford to pay much. Through Patty, I also found someone who could take care of my son while I was working.

Patty was also helpful when I had to deal with issues relating to my housing. I would talk to her about my situation and she would find solutions for me. For instance, after a few nights at the shelter, I went back with my children to get their school supplies, clothes, and cooking items. When we arrived, I found that my husband changed the keys and the codes of the alarm so we were not able to get in. I tried to talk to the police and explain the situation but they couldn't help me because I had no proof that I lived in the house and that I was an owner. When I told Patty, she told me to go to court and ask the judge to help me. During the time that I was waiting to go to court to get help, I had to buy clothing and cooking supplies from a local store. It was hard and I didn't want to spend the money but the kids and I needed things. Finally on the day of the court, I was thankful that the judge instructed my husband to leave the house. Then he instructed that I could go live in my house with my children.

After that day in court, I still encountered more troubles with the housing situation. Once we stayed in the house, my husband decided to cut all the power and the cable. I tried to put everything back but was told by the electric and power companies that I was unable to do so because none of the bills was in my name. Soon after, I received a letter from the bank which was sent to my husband but forwarded to me. It stated that the mortgage had not been paid. I was really in disbelief. How could the mortgage not have been paid? I had put all this money for a down payment and he could not pay the mortgage? How could that be? Despite my shock, I wanted to resolve this issue so I sent a request to my husband through my lawyer. The request stated that if he could put my name on the lease, I would be able to pay the mortgage.

Unfortunately, he refused to comply with this request. Instead, he wanted to sell the house instead of losing the house to foreclosure. I was devastated to lose this house to the bank because I invested a lot of money into the house. But if it meant that I could not be the co-owner, then so be it. Let my husband deal with the loss because the house is in his name. The only reason I bought the house was to make my children happy.

Eventually, I found another place to live in. It was an old house but my children did not like it because it wasn't safe and there were a lot of rodents in the basement. Through the help of Patty, Theresa and the sexual abuse center, I was able to find a better place. In fact, it is a beautiful house. We live in that place right now and I'm so happy. Each of my children have their own room. Honestly, even to this day, I could not tell you how I could have gotten that house. It is such a blessing. Thank God. Thank God.

Patty and Theresa were also very helpful during the emotional parts of leaving my husband. For me, going to court was very stressful for me. I had heard that when you go to court, you never know what will happen. I felt very stressed because I didn't understand what was going on. My English is very limited and I had trouble understanding what my lawyer was saying to me. Thankfully, Theresa was helpful in communicating with the lawyer. She would make sure he understood what I needed and she would make sure I knew what was happening. She also escorted me to court. For me, that really lowered my stress. I think what was also key was whenever Theresa helped me, she would always come to my house. Back home, when you come to someone's house, it demonstrates that you have value. Whenever Theresa showed up, I knew that she cared and I was certain that she would listen to me. In this way, I felt valued.

But even when I was seeking help and slowly moving away from my husband, there was a time that I bumped into him. One day he and his friend popped up to see my family at the new house. He wanted to see the children but the children refused to see him. In fact, my children refused to speak to him unless he apologized. My children also wanted my husband to pay child support because they knew he had a job. Unfortunately, he chose to pay only a small amount and he chose not to apologize to the children for what he put them through. Honestly, I couldn't believe that he would do that. How could he not offer to give money to his children? Years ago, when he wanted to get a new job, I would work and send money to him. Now that he has a job, he says that he can only give a small amount of money to the children. How can he do that? I can't believe that.

Looking back at my situation, I really appreciated what all these individuals and organizations did for me. I'm happy that I'm alive. My children are alive. If I didn't leave that marriage, I don't know what would have happened? Maybe he would have killed me. I heard from my daughter about her classmate whose mom got killed by her father. When I think about this, I thank God, I was able to leave that marriage and my children are okay. I thank God that I got the support from all these organizations and from all these people. There are some things that are still hard for me. For instance, I have some friction with one of my children because they got beaten and watched me get beaten. We are still working on it but it takes time. I am hopeful that things will work out.

Also, looking at how I have been treated by the community, I think it would really be helpful if the Muslim community could believe what a woman is saying. Women are human beings. Women deserve respect and need help around the house. Whatever happens between a man and woman, the Muslim community always places the blame on the woman. They say statements like, 'women do not respect their husband'. 'Women take their husbands to the police station and to the court'. These statements are not true. We deserve respect. We deserve to be appreciated. Women are just as important as men are. You need to listen to what we say. You need not dictate what and how we should behave.

Lastly, I'd like to share some advice for others who are in abusive situations. Please speak out. Please do not think your voice does not matter. Sometimes, when you are in an abusive situation, you think that you are alone. If you choose to hide and not speak out, no one will know what is going on inside your home. Talk to people and follow your instincts. Don't second-guess yourself. You need to know that you matter.

When you find help, you can choose what you want to do

Family has always been important to me. It's a connection with someone ah, this connection for me is love. It's someone I can count on and that person can count on me. I feel like when you are in a family, there is a chain that connects from one person to another person. So for me, if there is some disharmony in my family, I will try my best to resolve it by myself. You have this need inside you to fix the problem. At the same time, I can't help but feel guilty or I try to do more than what I'm supposed to do. But sometimes, it's not me who's going to resolve it.

In my situation, I didn't like what was going on between me and my husband. I've been telling him that I was uncomfortable with what was happening. I didn't like his actions, I didn't like it when he hit me and when he pointed at me. But he didn't listen. I tried to talk to him so that he could find a solution but he wasn't listening.

At that point, I tried to talk to his family and some of his friends. I tried to explain that I felt alone and it's important that the couple function together. My husband got mad at me because he was feeling that I was revealing our problems to everyone we knew. He was stressed and started acting out towards me, displaying bad behavior to me. At that point, it was very serious for me, so I went to a local hospital and saw a social worker. The social worker connected me to Jerome. She knew that I needed someone from my community. A person who knows my background and my culture. I think that's important because if you have someone that you can confide with, everything that you say, that other person would understand what it is. If I say my husband is not helping me at home, the other person who knows my background and my culture would understand that. If you were born here, you would never understand that men from my culture do not help at home.

When Jerome started talking to my husband, it was like, a revelation. I could see that my husband opened his mind. He began to understand the difference between what a husband does here in Canada and what a husband does back in our country. In my home country, men actually go outside and once they get home, they don't do nothing, they just sit and the wife does the cooking, cleaning, everything. The wife takes care of kids and that's all. Jerome worked with my husband. Jerome explained to him that what he was doing was not good for himself, for his kids and for his wife. Jerome helped my husband understand that it is both the wife and the husband's efforts to save the family, to stay together. He gave him different options to consider, he can choose to divorce his wife or stay with the family. But if he stayed with the family, he needed to change his behavior. My husband chose to stay and worked on changing his behavior. When I saw that he's changing, I said I need to do my effort as well as he needs to do his effort. I think Jerome was able to work well with my husband because he knows the reality of our home country. He knows the reality of being in Canada and he felt comfortable to express himself.

When I met Jerome, I also met Sarah. She was very helpful as she helped me to find some solutions. She gave me some information where I can find a job and sometimes, she called me and asked how I was doing. She was really helpful because she was really there for me. She connected me to someone that could help me get rid of things off of my chest. Sarah helped me find jobs. She introduced me to some activities for my kids. She helped me apply to school. She

gave me advice. Everything that I wanted to do, I felt like I could talk to her. She would just ask me, 'what is your plan?' And I said, I plan to do this. She always had information, she always knows something that can help me. She was always following up and until now, she's even still calling me, texting me as to find out how I'm doing.

When working with Jerome and Sarah, I was encouraged to do more than just be a mom that stays at home and just cooks and cleans. Jerome insisted to me that I have some time for myself. He encouraged me to go out. He insisted that I don't need to be a good wife by just staying at home. Sarah was telling me the same things too. She would say to me, 'I think you need to go out, be someone, just don't stay at home and be a wife and a mom. Be a professional, go find a job'. I'm glad they said these things because it helped me to realize that I needed to have some time for myself and that I could do other things besides being a wife and a mom.

During this time, there were other people that I met that helped me and my family. I met a child care worker and I was scared at first, but she told me, 'don't be scared, we are not here to take your kids, we want just to make sure that they are safe in the home. Our goal is not to take them'. For me, that was really important because I was being reassured that the child care worker really wanted to make sure that my family was safe and that my children were safe. As well, I saw a doctor who helped me because at the time there were these issues, I was experiencing migraines and could not go to sleep. I met a nurse and a social worker who really helpful and caring. Any time I would see my doctor, they would attend these sessions and ask if I was okay and reassured me that I can talk to them if I need help. They are nice people. I liked having them there because I felt they really cared about me. They really made sure that everything was okay with me. I also went to see a psychologist to get things off my chest. I felt very comfortable with her.

Thinking back on my situation, I really appreciate what they did for me. I can't thank them enough. I've worked for them for about a year and Jerome tell me, any time you have concern, you call me. So, I know, if something happens, I can call him. Any time I need them, I can always contact them. To me, I find them sincere and are always available. I also think I learned a lesson about finding help.

When I met Sarah, I was confused, I was totally devastated. I didn't know what I was going to do because I was like lost in my thoughts. I felt that I could not determine what I really wanted to do, what I wanted to do now, so I think at that time, I felt like I needed someone to help me. At first, I was hesitant because I've heard that when you ask for help, it's bad. I've heard from men that live here, that when you ask for help, you are asking for trouble. You are involving other people, like police or like children's services. If you involve them, then the kids will be taken away and the man will be sent to jail. When I was thinking about getting help, I was told by my friends, I am inviting trouble into my life. But at that moment, I needed someone who is qualified to help me, because friends were trying their best, but nothing positive was coming out. From my experience, I learned that there is a judgement of services. Some people think children's services will come to the family, see what's wrong and then punish you. But, it's not about punishment. Actually, they come because they want to help, they want to improve lives. It's about changing something that's not good. For me, it was about fixing a marriage because it

was falling apart. I was at a point, where I thought, ‘oh my god, how am I going to raise my kids by myself?’ I was thinking just negative things.

I also learned that when you find help, you can choose what you want to do. When I worked with Sarah and the social worker, they told me that I don’t deserve to be treated like that in the marriage. You are enough. We’re gonna help you, don’t worry. We help you, that’s why we are here. I felt very comforted because of their compassion. They understood my story, they didn’t judge me, they understood that I needed help and they were committed to doing their best to help me. When I was trying to figure out whether to get a divorce or stay in my marriage, they gave me a choice. Many people think that when you go to ask for help, the people who will help you will drive you to divorce when they see the marriage is not good. But, the people who helped me didn’t push me. Whatever I wanted to do, it was going to come from me and not anybody else. Even Jerome explained to my husband, we are not here to push your wife, to push for divorce, no, we are here to help you. No matter what you are deciding. We are here to help you.

He knows our culture

Family is an important part of me. I see a family as a union. When there were some challenges between me and my wife, it's very upsetting. When there's arguments, I don't like being shouted to, like a kid. I like to have dialogue. Sometimes, I don't talk about things. I just clear out and go out. Sometimes I don't like to argue in front of kids, they are growing up. I just want to leave...and go, I just want to sleep at another place. Sometimes it takes 2 days, once I feel better, then I come back.

I got help from my family, I have my brother here. I talk to him about it. He told me that you have to get better. That's my big brother. That's my own brother, so I have to listen to him sometimes, and this is my family, I call my brother, my father, they give me some advice. They gave me different strategies to try out. My family are against breaking up in a relationship with someone, because you have kids, you have to think about the safety of your kids. My brother told even my wife, don't, don't, don't be like, don't be by yourself, don't separate, think about your kids. I talked to my wife, tried to tell her that she can't think only of herself because she needs to think about the kids. For me, I work for my kids. I work for me. Everything is for my kids.

In the community here, some people really have bad friends, some people they have some bad advice, some of them, they call the wife up and say, 'do this to the husband, it's going to work'. They have comments about what you should do in your marriage. But these people don't know what's going on in the marriage.

So I went to see a lady in a nearby office and she introduced me to Arnold. When I first met him, we talked in English but as soon as he told me he was from a country that was near to my own, I asked him if he could speak my language. I felt so comfortable with him because I could express my ideas very well. We speak the same language, he understands everything, maybe I speak my language and I understand what's going on. He knows how it is. He knows our customs, he knows our culture. He's an immigrant like me and we are from the same place, the same area, we're from the same region. So, he knows more. So, he knows what's going on here in our community, how woman here reacts to everything. He knows our culture. He knows we are people who like to go out, meet people and make friends. So, he was helpful when he came to help us. He came to my house and had a conversation with me and my wife. He gave us some advice, he shared with us some of his experience, he showed us what was wrong and why it was wrong. He explained it to both of us. It was helpful for us and it was helpful for me. Even now, things are good because of what advice he gave to us. Because he knows how a woman acts and a man acts in our culture, he tries to put a balance.

For me, I found Arnold very helpful because he knows things and I like to learn things from the people. So, if you give me this advice, I take it. Everyone who gives advice, I take it, that's how I am. For me, I see Arnold because he is older than me. I was lucky that they I got Arnold because I never asked about him. I didn't know him.

Thinking back, I think it would be helpful if people who give advice to families, send people from different regions, send someone who knows our language so that we can express ourselves, so that we can talk from our hearts. So, sometimes, maybe taking someone from Africa, send someone from the same region so that they can understand each other. A second recommendation would be to help out men. There are men who are suffering...but they cannot even express themselves. Here, people think the women are right, all the time, the women are right. That's not true. Sometimes, they go against men, but they do not listen to the men. It seems that when a woman reports you, somewhere that's all, you cannot win that case.

But that's not right, you have to think first, you have to think carefully. But you know, there are some men who are suffering on their own. But they cannot go somewhere, they cannot go to like an office, there's not one for men, just an office for women. The office is for women. It's for them when they complain. Do you see any man will complain? There's no office for women, only for women and the children. Men, they just forget men, they are not alive here. They're not alive here. Men who have problems in their families. Where do they go? There is none for them.

Just be with me

Family is like everything to me, it's important to me, like my spirituality, it's just like my life. Back home, you have a lot of family that includes your extended family members. So, if you are having some issues, you have a lot of supports from the extended family to try to bring you together and resolve your situation. But here in this country that you moved to, it's different, you don't have family, you don't have extended family to run to, to share your whatever you are going through. You need to have somebody to listen to you. You need to have somebody to talk to. You need to have somebody that will help you get out of a situation. Without this, it can be really challenging for you to address your issues.

There was a time where there were a lot of things going on with me. I started my school. I had some family issues. I had lost my dad. I was taking care of my kids. I was also working. I think because I had a lot of things in my life, there was a point where I was like even not wanting to go to school. I know I had to go for classes, but I didn't go. I was depressed. I was not able to eat. Like, even my kids, it was hard to look after them. Thankfully, my mom was with me and took care of them.

When I had my issue with my spouse, I went to this place, and the social worker tried to match me with someone from my background. There was one lady who first came to my house who was a social worker. When the lady came to my house, I had to explain to her my actual situation but she was trying to roll out the rules that they follow. I felt that she was not helping me out. I felt, like, I know my situation, right? Better than you. I know how I feel. I know what I want. So, listen to me. Listen to me. I just felt that she was not listening to me. She was not trying to understand me, to what I want, and what I'm up to. I felt that she was just going by how she thought that how things are supposed to be. Like, she would say, 'this should happen and this should happen', but everybody is different, right? So, I was just confused with her. I remember, one time I called her and I was really stressed out. I really needed to talk to somebody so I called her because she was the first one that came to my home. I told her that I need to talk to her, but she replied, 'um, what do you need to talk, I can give you some numbers', and the way she responded, I was just shocked, I stopped communicating with her. To me, she was just making things more complicated because she was looking at the problem her own way instead of looking at it my way.

After that I met Jeneba because she was assigned to me. I worked well with Jeneba because she knows what I'm going through and she knows what I would say. I've known Jeneba for the past 2-3 years but we became closer because she helped me out. She knows more about our culture so she's able to understand me more and help me through whatever I was going through. For Jeneba, I believe she has experienced it, most of the things that like, a woman like me, is going through because she has already been there. Like for instance, she shared her own story about her mother passed away and how she had to continue moving forward. I really related to her. I think when you have someone who knows your culture, it's very different from someone who tries to be culturally competent. It's easy to study or read about my culture but it's hard for you to know exactly what and how I experience because you haven't been able to experience it yourself. But, sometimes I don't blame people for not understanding me more.

In any case, Jeneba was always helping me wherever she can. She was encouraging, always listening to me and would always follow up with me. When I was having doubts about continuing with school, she would talk to me and say, 'you can't drop it now, you can't stop going to school. I know it's difficult but you just have to try to be strong'. She will just be pushing me to get up and I thank her for that. I was able to like complete my course. She counseled me and talked to me. When I needed food, she would take me somewhere. Even though I was going through stuff, she was suggesting how I could find ways to pay my bills. She was one of my greatest supports that I had. She gave me the assurance that I can find her at any time. She said that her door is open anytime. Like she was giving me all those kind of assurance, call me at any time of day or night, whatever, just call me. So, once in awhile, I just call her to give her an update and she will call me, 'how is the family doing? How is your mom? How are the kids? She still follows up even though everything has been settled.

There were also people that helped me throughout my struggles. I went to see my doctor during this time. He almost tried to prescribe me some medication but he suggested that I could go to this center to see a mental health counselor. I was really down for quite some time when my dad passed away because we were really, really close. I was not getting along with my spouse. I think I was going through that grieving process. It really hurt me because I was really sad because I was so close to my dad. He passed away and I was not able to go. When I talked to this mental health counselor. She was so nice. She shared with me her stories. She helped me. She taught me the grieving process because she knows that it was one of the contributing factors that made me not be happy. Each time I visited her, I just felt like so relaxed. She gave me materials, like some stuff to listen to. She was patient with me. She listened to me.

After awhile, I stopped going to see her. I told myself, 'I need to get out of this, I should not have this situation drag me to this point that I have to seek medical help because I'm feeling sad.' I have my kids and they're looking up to me. If something is wrong with me, they'll suffer more than I'm suffering now. Nobody will be able to take care of them. I also have my siblings and my dad has passed away. I'm the eldest and they're all looking up to me. What if something happened to me? What will happen? So, I just got myself out of it and I tried to be fine. My doctor wanted to put me on depression medication. I told myself, 'no, I'm not going to take medicine, I'm not, I'm not'. Because it will mess up my life and my family. I knew that I meant so much to my family and to my kids. So, I just said no to the doctor about taking medicine. I just started to become stronger within and decided not to get medication. I decided to be stronger and take control of the situation and not feel sad anymore. If I didn't, who would take care of my kids and my family?

Thinking about what I experienced, I would say that it is important to have supports. Because imagine if I was not making all those trips, not talking to all those people, what it would have been? I don't know. What would have happened to me? Because I was really sad even to get up and eat. I was feeling like the whole world was coming down on me. When you have someone that can listen to you, it's really helpful. These supports can help guide you in your decision-making.

I also learned that support services need to listen to the client. As a client, you have to listen to me and know what I want out of this particular situation. Know what I'm working towards, identify my goals. Be patient. Be at my own pace. Be with me. At the time, I might not be saying sense and that's because I'm confused. All I ask is just be with me. Also, support services need to have people who have a cultural background that is similar to the people that they work with, or just be as close as possible. Somebody that really knows or understands the client's culture, the client's background. I think that will help. Workers need to understand how we grew up in our culture and what values and customs we have. Like, in our culture, we have to make sure that our families are together. From growing up, I learned if you think you are being abused, don't stay there, because you might lose your life. But I also learned that if it's just a misunderstanding, you try to resolve it together. Bring the kids together when there's a dad and a mom.

I also think that there needs to be support for men. Like most of them, when they come here, they don't understand the culture here. They do not have a detailed understanding. So, they need people that can talk to them about the new culture. Inform them what they should do. Help them to learn the do's and the don'ts. Like what is legal vs. what is not legal. Help them to pay attention to the don'ts if you want to raise a good family here. Some of them don't know this information. This is not good because they should not wait until they get into a particular situation that is not good and they don't know what to do.

They made me feel like I'm important

There was a time when my health wasn't good. I was sick. I couldn't get the support of my family. I consider myself an independent person and so I thought I could do this on my own. My husband used to be my support but after the divorce, I thought nobody would support me. I was very down. I thought what's the point if I don't get that support. There was no children and my husband had left. I thought maybe, I should just kill myself. For me, I didn't want to try to get help from the community like the mosque or a pastor because of confidential reasons. At the time, I didn't want anyone to know what was happening.

When I decided to get help, I first met a social worker who introduced me to an immigrant serving agency. When I began working with Mariam, I started to access different resources like emotional supports, financial supports and government supports. The first time that I worked with Mariam. She saw me, I was down and really in a very deep hole, emotionally, and she saw me struggling while I was down, trying to work and support myself. So, we talked and explored options. Because of her, I went to school. I got financial help. I moved to a new place and she introduced me to a group of women. This was good advice because even at work, I wasn't doing well, I went to work just to survive because I didn't know if I could get any other support. Mariam also introduced me to other workers like Semira and together they helped me find supports. I really valued that kind of support that I got and that kind of connection that I had with Mariam. I felt it was beyond my expectation. The kind of help she gave just didn't stop. Even now, the support is still going. Because of these things, because of the support, because of the school, because of the affordable rent, it made my mind feel at ease and I felt like I could move forward in life.

When I worked with the front-line workers, they make me feel like I have a lot of family, like a large family, like I never feel that I'm alone. They take me to different places. They will take me out to lunch, to coffee and when we're out, they're proud and happy to have me with them. I know their family. I can go visit them, they can come and visit me. That is one of those things that are very important to me for my health. For me, the kind of help they gave didn't feel like it was just a social worker and a client relationship, the help they gave made me feel important.

The social worker and Mariam worked together to help me. Whatever I need, they made me feel comfortable to ask and they're just open to listen to. Anytime, I need, they are there. Anything that I ask, they will listen. There's no judgement and I can ask anything. I don't hold back when I first ask. I don't hide anything. I can ask anything. Language, support, if I need translator, if I need information, if I need any support, I can ask them. I see them as a family.

But I have found that there is a difference when working with these front-line workers and working with the social worker. With these front-line workers, they can speak my language, so it's easier to express. I can walk in anytime and they won't tell me, 'oh, you don't have an appointment'. With the social worker, because I can't express, usually, I hold back a bit. Like when it comes to the social worker, I always feel that she might not understand, culturally, my language, so I feel that I might not express myself that well to her. When it comes to my feelings, I can totally be open to these front-line workers. I don't think the social worker knows

my feelings. I don't think she probably understands me because culturally she might not relate with me because we are from different cultures.

The social worker is more like the person that helps me when I need the paperwork. When it comes to getting the letters, and connecting with the doctors, and the government, these are all things that I am kind of prepare myself to ask the social worker for help. She is like my ally. If it's appointments, paperwork or something from a doctor, she can help me. If I need to deal with some kind of government or an official thing, again I can call her and she can make the phone call. If it's about a letter, I can ask her. Whatever. She would do it. So, really I feel like I have someone on behalf of me. I feel like with the social worker, I can do it anytime I can pick up the phone or go to her office and be hands-on. She's not like by the paper, social work. She's like, she knows my needs. She's open for me, like, for anything, she doesn't say this is not my job, no... If anything, she will then go and ask Semira to help out, whenever there is something to address. If I ever have questions about what the social worker says, I can always ask Semira and she will talk to them.

With the group of women that Mariam introduced me, I lived in the same area with them, we are like family. We come from different situations, family violence and divorce. Some of the members are single mothers. We have many celebrations, weddings, we take care of each other. We are comfortable with each other. The first time we met, it was like right away, we connected, and since then, it's been like that, we are family and we are friends. I went to school with some of the women from this group. When we come home from school, we make black coffee and tea and talk. When we get together, all we do is laugh. I've been with them for 7 years. Even though some have moved away, we will still support each other. Some of the kids are even now in university. I think we have a connection that does not involve judgment. We don't have to talk about our situation to understand the pain that we have gone through. When we are together, we give life to each other. We help each other out.

Right now, I'm helping families. I visit homes. I tell them how to deal with their kids. I tell them this is what I've learned and what kind of support that I have from the community and from the government. If I see a kind of a family conflict or a violence or something, I talk to mom by herself, dad by himself and I try to kind of pass to them what I've learnt from. I bring them here for more support but I'm passing what I have learnt to those who are newcomers and to those who don't know the Canadian resources. I pass it to these front-line workers but am mindful that they are also challenged with time. So, I only go to them if I have to because I don't want to work them too much.

Given the help that I was given, personally I cannot even thank the front-line workers – Mariam, Semira and Sara enough. It's a favor that I can only try to pay back with love. For me, the support is like giving me life again. I always admire and I always am thankful for that gift. I admire how these ladies put things together and tie it to somebody's life. And it's God's will. It is a gift from God, even, to be able to support families and individuals this way. The only thing that I can tell is that I love them. That's the only way, I can say, I can give them a favour back, just the love that never dies.

I have to do what I can to raise my son

Having a family has always been important to me. When I think about family, I think about how can I take care of those that I love? How can I contribute? How can I help out? For me, I always wanted to be a father. As a father, you have to understand your role in supporting your kids. For me, I always wanted to get married. When you get married, you always think best. You think about being in love. You have a picture of meeting that person, having kids and being in a successful marriage. When I got married, I really wanted everything to work. After my son was born, everything started to fall apart. It was a shock to me. I never expected that the marriage would go in that direction. I really tried to fix it. I really tried to find a solution for whatever was going on between us. But when there was so many things going on that disturbed me, I decided to actually leave the house. So, I chose to move peacefully because I don't want to go through too much. I don't want to have disagreements with my wife. I knew the Canadian laws and I knew it was important not to hurt your wife. So I just chose to stay away. After a few weeks, my wife called me and told me I needed to take care of my son. She said, 'here's your child, take your child. I'm done with this relationship'. That was the last straw and I knew that there was nothing that I could do to make it work. I was very, very hurt. I was really down. But I knew that I couldn't give up because I had this little boy that needed to be cared for. I wanted to raise and support my son. I chose to support my wife, because after all, she's the mother of my son. Even though I was hurt, I calmed myself and tried to focus on my son. I told myself to put my hurt aside and be strong for my son. I wanted to be a good father.

At the time, I was new to Canada. I was in a new culture, in a new world. I didn't know the system. When you are new, it's hard to take care of your son. You have no knowledge of the culture. You are limited in language. You are limited in where you can work. You don't know the system. This is even harder when you are a single parent who must raise your child by yourself. All I knew was that I had to work and I had to take care of my son. I was saddled with a responsibility that my wife would have done if she was there but she left. So, I had to be the one to take care of him. I decided first to put him in daycare. One day, when I went to a daycare, I asked them, 'how much do you charge?' They gave me an amount that was too expensive for me. I couldn't believe it but I thought, maybe I could go get another job? But I was worried because I thought, if I get another job, how can I stay home and take care of my son? Then the person at the daycare asked me, 'why did you bring him by yourself?' 'Where's his mom?' At that time, I wasn't comfortable to say what happened so I responded, 'oh, she didn't come today'. I just didn't tell them. I couldn't tell them that I was a single dad. I wasn't ready to tell anyone that I had separated from my wife.

Thankfully, I started meeting people in my community. They started telling me about supports that I could get. I found out that I could get a subsidy to help take care of my child. The neighbours spoke about an organization that helps people. So when I first met Mariam at this organization, it felt like everything started to happen. I started to receive supports and that made me feel relieved because I started understanding how the system works.

When I first met Mariam, she came to my house. She saw my situation and she took time to talk, to get to know where I am. She said to me, 'we are always there for those who need help, for

those who are going through hurt, be it a woman, be it a man. Don't think it's only for women. Don't think the system is only for women. We're gonna help you because I think you're the one who's dealing with the most challenge'. When she said those words to me, they were really important to me. She really made me feel comfortable. I felt listened to and I felt supported. Honestly, I don't know what kind of help I was expecting. But the fact that she came to my home and assured me that I would be supported. It felt like something went from darkness to lightness. It was such a huge thing for me. After that, everything that I had to do to help take care of my son...the paperwork... navigating the system...she is the one who is handling it. For me, I wouldn't have known how to navigate the system. If I didn't meet Mariam that time, I would have been lost. I would have always been worried. Until now, I don't know what would I have done? How could I have raised my son? What kind of father would I be?

When Mariam came to help me, I was not mentally ready to learn and navigate the system because I was so hurt. I was done. My dreams had fallen. When my wife left, she took all the papers, the government papers, the health care...everything was gone. I didn't know what to do and I didn't know where to go. At that time, I wouldn't have been strong enough to raise my child and be a good father for him. I wasn't ready to say, um, I'm separating, I cannot even open up and tell anybody and say, I'm not with my wife anymore. It was too painful and I wasn't ready for that. The fact that Mariam came and with the little information I told her, she told me she can help me in all areas. It was a blessing. I'm so thankful for that. I didn't want to go anywhere because I wasn't even ready to tell anybody else. The fact that Mariam connected me to the system and then the daycare subsidy kicked in. I was going to work without worry. It was like, suddenly, I could get through my situation and I didn't have to worry because I had help to support me along the way.

Given that my wife took all the papers, I tried talking to her because I needed those papers to take care of my son so that I could apply for different subsidies like child tax benefits. Unfortunately, during this time, I was always in court with my wife because she wanted to obtain custody of my son. Semira helped me find a lawyer. She explained to the lawyer what I needed. She would escort me to court. She would help me get papers from my lawyer. She even helped me apply for support like child tax benefits.

To help me take care of my son, I also started going to a parenting group. It was a women's group but I sat and I listened to them. For me, I wanted to learn from them, to understand who they are and for me, that requires that I sit with them. They were very helpful because I felt like one of them. I was a single parent raising my child. It was a very humbling experience and I learned from them.

Looking back, Mariam and Semira were so helpful. I am so grateful for their kindness. They helped me get the documents, helped me find a way to raise my son and helped me deal with the divorce and the child custody. Everything that I needed was taken care of, so I didn't want to go anywhere else because everything was done. It was very helpful talking to them. I worked with one of them for 4 years and another one for 5 years. In total, it was 9 years. They have helped me so much that I have connected other women to them. I'm so confident that they will provide the service to them. In fact, many people know Semira in the community because she helps a lot.

They also know that this organization helps people. I think when you have a reputation for helping people in the community, people will always know where to look for help.

Untitled

My name and those of people in this true story are fictional

My name is Hindo. I relocated to Edmonton, Alberta, in search of a better paying job. Unfortunately, I crashed unto unemployment, strenuous financial difficulties and virtual homeless. And yet, in spite of the hardship I was facing, I insisted in finding a job, and feared the shame of lining up openly for social welfare. Things got much worse before I went cap-in-hands to AlbertaWorks with my community Social Worker.

Upon my arrival in Edmonton, I found out that the province of Alberta was grappling with an economic downturn. There were massive layoffs, and soaring unemployment. Worse, although I had an enviable Class 4 Driver's License, I didn't have a vehicle which was one of the basic requirements for employment.

Unable to pay the high rent, I slept in a friend's office at night and went out all day job searching. In one month, I found a Health Care Aide job. I moved into the basement room of a young couple where the rent was \$600 per month, including all utilities. Two months later, to help me to pick up shifts, and to find another job, I bought a second-hand sports utility vehicle (SUV).

At the end of my three-month probation, I was excited to begin my regular full-time work. Sadly, I was laid off along with five other workers. My landlady was blunt. She told me to sell my SUV and pay the rent. When I hesitated she asked me to vacate the room. The day before I was supposed to move out, my landlady found me doing laundry. She angrily threw out my clothes from the dryer and washing machine, all while she was yelling at me. She then walked on my wet clothes and, as she was returning upstairs, she looked over her shoulder and hissed at me. Speechless, I collected my clothes from the floor and took them to my room. I later resolved to use my SUV as a Room-on-wheels. Hence, the following morning, December 19, I packed my things into my SUV and moved out.

According to the radio, the temperature was minus 19 degrees Celsius with the wind chill making it a freezing minus 27. Later that day, I went to my newly-found evening job. Towards the end of the shift, my co-worker surprisingly told me that she overheard my telephone conversation in French with a friend. She said she told her mother about my situation, and that her mother agreed for me to stay in her son's room until the end of December. That's how I didn't spend the night in my SUV.

On New Year's eve, a magazine publisher offered me his office couch to sleep on, and a contractual position to sell advertisement and write stories for publication. I slept late, got up early, and spent the day out soliciting advertisements, following up on stories, and job hunting. I got a few interviews but not the jobs. Also, the Health Care Aide job that I found early in December lasted only that month. The agency only gave me shifts across town without paying for mileage. When I couldn't cope, they fired me.

Five months later, having saved some money from the magazine, and through the help of a friend, I moved into another basement room. The rent was \$450 including utilities. Three months passed, I still had no guaranteed source of income. My financial difficulties worsened and disharmony mounted. I began to default on my rent, and my landlord started losing patience with me. One day, I came across Tamia, a prominent member of my community. In a chat with Tamia, she told me that she was a Social Worker. That moment, Tamia made two suggestions to me. First, since I was qualified, and that the process takes about eight months, I should go to Service Canada and apply for retirement. Second, I should go with her to AlbertaWorks to apply for Income Support, and possibly a job. I agreed to apply for retirement but scoffed at the idea of applying for social welfare. I simply said no without explaining my reservation. The following day, I applied for retirement and continued sending resumés for employment.

Tamia kept following up on her suggestion to accompany me to AlbertaWorks. I told her that I was managing and failed to go. She still loaned me money three times to pay my rent, and I paid her back a week or two later. When there seemed to be no prospects for me finding a job soon, or money from any source, I went with Tamia to AlbertaWorks. I then began receiving financial support while I continued applying for employment. As soon as I found a labourer job in a warehouse, I promptly reported it to AlbertaWorks. This turned out to be a terrible mistake on my part. Barely three weeks later, I got injured at work when a dolly fell on my big right toe. More disharmony followed. A doctor mistook my injury for a sprain instead of a fracture and sent me back to work. When I failed to go to work because of the pain on my swollen foot, the Workers Compensation Board refused to pay me. At this time, AlbertaWorks had already taken my name off financial support. So, there I was again with no money to pay my rent. My landlord was uncompromising. He gave me a hot verbal warning. He then called the Police and gave me an eviction notice. At this point in time, my resilience cracked badly. I called Tamia again and followed her, head bowed, to AlbertaWorks. In three business days, I breathed a fine sigh of relief when I started receiving Income Support. Limping with excruciatingly pain, it took me a whole week to move to another single room.

The following week, Tamia referred me to Sage, a Seniors agency where I met with Miatta, another community Social Worker. Upon hearing my story, Miatta attended to me swiftly. She gave me two sets of paper work to drop off: one at Canada Revenue Agency (CRA) and the other at Alberta Seniors Benefit. From CRA I went to Alberta Seniors. There, I was shocked to hear that my application for Guaranteed Income Support had not been received. I was told to reapply and that the process will take another four to six months. Now, I lost patience and courtesy but not my voice. I said loudly, "How come they received only half of my application? I just had an eviction notice, and I'm not feeling well. How will I be paying my rent? This is not fair!" Another lady approached me like, with caution, and offered to help. I submitted the envelope Miatta gave me along with other documents. The lady finally told me that my application would be expedited. I muttered, "Thank you", and left. Three months crawled by, still nothing.

I was sitting at a mall exit one day, responding to a text message, when I heard a voice, "Uncle Hindo, long time!" I looked up and it was Ida, a fellow-community member. I casually told Ida that I was looking for a room. She told me she was also a Social Worker, doing advocacy and helping people with housing. A few days later, Ida accompanied me to the downtown location of

AlbertaWorks. She went with me to an inner office where she stated my case. I discovered that I had been over-reporting my income. So, I had a refund for several months plus one month Income Support. A week later, I followed up with Miatta who called Revenue Canada in my presence. I went home whistling that day after hearing that my application for Guaranteed Income Support had been approved. In two weeks, I received my package, and was I ever so happy!

Looking back now at what I went through, I see a dusty trail of ego, ignorance and stubbornness all of which, in part, caused the humiliation and general hardship that I experienced. Some of the pride emanated from my upbringing. I was taught to man up and work for my living, and not to be in the habit of asking for favours. I was told to manage with what I have when trials and temptations strike. Obviously, I took all that training overboard.

Regrettably, my ego tied me up tightly unto ignorance. Was I naïve? Largely. Hence, I failed miserably to find out about the people who line up publicly at AlbertaWorks. I unquestionably believed in the negative impression, and stereotype, painted about them. Talking about gullibility, my stubbornness typified my attitude. Truly, I didn't want to be stigmatized; I dreaded being labeled, rejected, and mocked at by my equally ignorant community. People will gossip: "Oh, did you hear? Hindo ... that man...!!! They say he's lining up for welfare. Somebody saw him. What a shame!" But I could have easily found out the truth, the true picture. I should have verbalized my impression about social welfare by telling Tamia exactly why I didn't to go to AlbertaWorks. In other words, I should boldly stated what I heard about social welfare. Even a little curiosity, spiced up with some humour, would have sufficed for me to ask: "Why do those people have to line up there?"; "Who are they?" "Is it true that all those people are a bunch of lazy, homeless drunks who don't want to work?" Clearly, in hindsight, I was prejudiced, opinionated, and indeed, stubborn. As a result, I paid dearly for it when my turn came to be unemployed and in dire financial difficulties.

In conclusion, I would like to use my strenuous and painful experience to impress on anyone facing unemployment, and financial difficulties, to be open-minded. This goes especially to immigrants in general, and to Elders nearing retirement in particular. They should learn to ask questions about social welfare, about Albertaworks, and why their clients have to line up outside. Social Workers, for their part, who strive to alleviate the suffering of deserving clients, should endeavour to conduct annual seminars or workshops in their communities. They should raise awareness by highlighting their duties and educate individuals who may be skeptical about the intentions of Social Workers. Such workshops would go a long way to project the impact and good image of AlbertaWorks in alleviating poverty and homelessness in the community.

Tamia, Miata, and Ida, thank you all very much, ladies, for the time, compassion and patience that you had for me!

How come I was not included?

When I came to Canada with my wife and my children, I was looking forward to being part of the country. My first encounter with an immigrant settlement agency focused on helping my family obtain housing in the city. We were given stubs. We lived well and I was happy. A year later, everything changed in my life. My wife changed. She changed her behaviors. She started having a boyfriend. She started taking money for herself. She started being irresponsible and only thinking about her own agenda. She refused to pay the immigration loan and I had to pay the loan. She took the child benefits, the money that the government was giving to her and started building her business. She would collect items and send them back home to different shops. She would travel to and back to Canada.

It felt like everything was happening so fast. I couldn't believe my wife had become this kind of person and I wanted to understand what was happening. So I began to do my own investigation and later found out that my wife was working with a settlement agency. This agency was helping her out. I wondered, how could that be? One day, there was a phone call at home that I picked up, and heard that a social worker was looking for her. They asked if my wife needed anything to be done for her. I was shocked and I wondered, 'how did you get my wife's phone number? How...I don't know you, we haven't met, how are you inviting her for an assistance?' I was angry, I was in disbelief and I asked him, 'if I call you, on your wife's phone, how are you going to feel?' I told the social worker, 'you counsel us immigrants but you are not counselors. You are there to destroy the family'. I contacted the agencies that were giving help to my wife and found out that they were applying for travel documents for my wife. I did not understand what they were doing. I confronted them and asked them, 'how can you guys do all these things when me the husband, the head of the family, I have no idea what you guys are doing?'

Things were not going well at home. One day when I came home I found my wife with another man. At first, I didn't say anything because I had a family event to go to. When I came home, I called the police to address the situation. When they arrived, I started to talk to them that it is an unfair situation for immigrant men who come to Canada with their wives. When men who were responsible taking care of their wife in Africa, their arrive here in Canada with their wives and then settlement agencies start disrupting the family. Instead of consulting the husband, they give them houses. They give them all these benefits without husband's knowledge. When women get here, most of them here, they feel that women have power, men have no power, and they feel like the law just protects women and it doesn't protect men. For women, when they get to Canada and if they complain about problems, a man is sent away, the man becomes homeless, and then the family is destroyed. The family is destroyed on both sides. How can that be? The law should work for everyone, for women, men and also children.

I told them that I didn't understand what was happening. Why did my life change? When I was back home, I was a professional, I was educated, a leader, I was responsible. I was the main applicant who came to Canada. My wife and my kids were the dependent ones. Suddenly things change and I hear from my wife that she says, her husband wants to kill her? And I asked them again, how come with all these services, they never ask what the perspective is of the husband? What is the husband's opinion? At the end of the night, I just wanted to leave the situation. I

told them to just take away my wife because she was caught in the act of adultery. There's no blood, no knife, I haven't punched her, I haven't done anything. They took her to the shelter and I went to court to get a restraining order because she tried to take the kids away. I also wanted to apply for a divorce.

But I was hesitant because I didn't want to break up my family. When I met a community social worker and a child and family services worker, they were neutral towards me. In fact, I heard that a community social worker could speak French and Kinyerwanda, I was happy. Later on, I met with a community social worker at her office. She explained to me the procedures for going to family law services. She gave me recommendations to help my family because I wanted to reconcile with my wife instead of getting this divorce. Unfortunately, it didn't work. I also connected with a settlement worker from the same organization that my wife got help from. Unfortunately, the community social worker told me that he couldn't help me because I have been here for more than two years. Even though I connected with this settlement worker, I was very hesitant with asking help from this organization because one of their workers who was helping my wife was also dating her. So, I didn't have confidence in getting any kind of help from this organization. In fact, I found out that the settlement worker who was working with my wife had given her a lot of advice. He had been giving her all this guidance while my wife was living with me. For instance, my wife's goal was to bring her family to Canada. The settlement worker told my wife that she needed to be single. If she was single, she could apply for benefits and take out a loan and then be able to sponsor her family. Once my wife started following this advice from the settlement worker, she transformed into a different person. She was being disrespectful at home. She did whatever she wanted to do. This kind of behavior shows that instead of working to keep families intact, a settlement worker can disrupt the family. In this case, instead of working with my wife and having a professional relationship, this settlement worker developed a personal and a sexual relationship. This is an abuse of power. This power was used to exploit women because they know that women might be vulnerable especially when they are having issues in their home. These kinds of workers exploit the women and take advantage of them.

I tried different processes that could talk to my wife including community members like church members and friends. My church community tried to help but it didn't work. I tried to talk to my wife again, but she wanted a divorce.

I didn't understand why this was happening to me and I didn't understand why these agencies seemed to be intent on breaking up the family. This is unfair. I do everything for my kids. From supporting their education to their recreational activities, I do everything. My wife always got the money. She got the support from the agencies. Whenever I asked for the support that we get for our children, she always goes to these immigrant agencies. Then these social workers just makes fun of me. These settlement counselors, their duty is supposed to be helping immigrants integrate into Canada, to be able to contribute to the Canadian economy. But instead of that, when the family has issues, these workers get into women's ears. They help the women, support the women, find resources for the women and advocate for the women. Throughout this time, the men are never involved, the men are never contacted. For instance, when she went back home to get married to another man, the agencies helped her to sponsor her new husband based

on this marriage certificate. But this marriage certificate is a fraud because we weren't divorced at this time. So how can this be?

Thinking back to what has happened to me, I believe this situation needs to stop. Immigrant agencies need to hear from men. They need to engage with men. They need to learn about what is going on with families. They need to listen to how their approaches and their style has ruined families. Second, there needs to be some collaboration and connection, some partnership with agencies. If a woman says one thing to this agency and then says another thing to another agency, then there's a conflict and lying. They should be working together, and then agencies will be able to communicate. They will know the needs of the family. When it's the husband and wife having a problem, they can bring both together so that they can work together. They don't just take one perspective. I think that's how these agencies should help families.

Our marriage was for 26 years. We had 9 children together. In just two years, all these complications that started ended up in a divorce. When these agencies advocate for a divorce, how are they helping families? How are they helping the kids? How will the kids survive? How are these workers bringing families together? How can they work for the government? These agencies are not helping achieve the aims of the government. The government provides housing support, financial support and all these different kinds of support for the well-being of the family. But some of these immigrant agencies, some of the workers destroy the family and what the government aims to do. How is that fair to the government and to the family? Agencies are not collaborating with governments. I believe that most of the divorce that has been happening with recent immigrants are a result of when workers take one side and being intrusive with families. This must stop.

There is always someone to help

In my family, we were experiencing some challenges. My wife was a gambler and she often took money from our finances for her own. She often left the kids at home which made me worry because I didn't know who was taking care of them. During these times, I was always working full-time. One night I received a phone call from the police to come get my kids because they could not stay with my wife. They told me that my wife is no longer capable of taking care of my children. They told me that I should take them to my home. At that time, I couldn't be near my wife because we were having challenges. When I went to get my kids, I saw the police and I saw the case workers' van. I was worried and afraid. These are things you don't want to see. At the time, I told them that I was living in a one-bedroom apartment. It was a small space in a quiet place. If my kids would live with me, there was going to be a lot of noise and I knew the landlord would disapprove of the situation. To help me, the police told me that the case workers will help me find a place and they did in 2 hours. I was so surprised but so thankful.

Even though I got the help, I was faced with a bigger decision to make. When I met with the case workers, they gave me two options: option A, I can continue my job and they will take the kids away or option B, I quit my job and stay with the kids. For me, family is important to me. They are my personal people. They are my blood. They are my loved ones. So, I will do everything that I can to help them out. So, I chose Option B. This meant that I had to help my wife and I also had to take care of my children. But this also meant that I could not work and so I had to figure out how to take care of all of them. This is not an easy choice to make.

So, when my family worker connected me to Semira, she stepped in, came and helped me out. They helped me with my kids. They helped with advice. They helped me emotionally, financially and provided me with so many resources. They would remind me to get food. They helped me fill out an application for daycare for my kids. I was able to get daycare for one year and even now, that daycare still continues for me. For my wife, I really appreciated the help that they offered. Alice called her and talked to her about her gambling. Alice would drive to my house and talk to my wife. She would help her quit the casino, give her advice, tell her, 'do this and don't do this', and show her how to take care of the kids. She helped my wife so much and this was good because there was something wrong inside the wife's head. Alice worked with my wife for 2 years. Everything, I got from this immigrant serving agency. They have always been there for me even now as I take care of my kids.

But now, as a single parent with many kids, I am always thinking about my kids. I am always thinking what I can do to help them and to raise them. For me, this is hard because I am an older parent who has to raise many kids of different ages. At one time, Alice had given me advice that I should find a woman to help me take care of the kids. I think that was a good solution because you never know what is going to happen to you and so, you are always worried about them. If something happens to you, you wonder, who is going to take care of them? Where are they going to live? Who is going to feed them? Take them to school? Take them to daycare? These are terrible fears that are inside you. In fact, I had these fears when I had an accident and a stroke. When this event happened, I was in the hospital for a long time and wondered who took

care of my kids? At that time, thankfully, I had help. Now, I am working with the case workers to get someone to help me take care of my kids. In fact, I found someone from my own country to help out. So, they are helping me with the process by connecting me with a lawyer to help fill out the forms so that a caretaker can come to Canada and help me out with my kids.

When I think back to how I worked with Semira and Alice, I really liked that they gave me good advice and they are always there for me. In some cases, the help that they give is so unexpected and I am lucky to have been blessed with their kindness. For instance, there was a time when I was struggling with money and one day, I get a phone call from Semira, she asked me to come to the office and she gave me a cheque. I was shocked and she said, 'here, help your kids'. I couldn't believe that I could receive this kind of financial help because I didn't know what I did to receive this.

When working with these two people who helped me resolve my issues. I feel very comfortable with them. In fact, Semira become like my sister. She knows our culture and she knows how we can deal with our things. She has a big complimentary heart. She keeps what you say to her confidential and close to her heart. This is important because when you are working in any community, you have to be careful because community members will always worry that someone has said something about them. But Semira cares and is always willing to offer to help. In fact, she is loved by our community. We help each other in our community. In our community, if there is a problem between wife and husband, we call Elders to come and sit down and fix the problem. So, we always go house to house to fix the problem. If the problem becomes bigger and we can't fix it or we can't solve it, we just call Semira. When she goes into a house to solve a problem, that means that fire is going to be extinguished. If the house is on fire there, when Semira is in that house, the house is going to be tended. She has such a calm and peaceful heart. She will tell you, 'if you are upset with somebody, calm down, forgive her, forgive her, think of God...God is gonna work on this...you don't have to bring anger into this situation, so maybe you calm down and maybe you forget whatever you have in your heart'. For me, that's important because when you have a challenge with your family, you have to remain flexible, you have to remain positive and you have to be normal.

Appendix C: Co-inquirer Stories from Phase 2

Learning to engage: Understanding each other to work with each other

I remember there was a call intake regarding a family. There was a domestic violence incident. Mom and dad were fighting and they were charged and they had kids with them. I didn't know the family. The kids were apprehended by the police and then taken to a maternal grandma. After that, mom and her kids went to stay with the grandma.

I was in training and I went with the worker to visit the family. I met with this worker before I saw the family. This was a worker who was assisting for maybe 10 or 15 years. This was the first time that I worked with this individual. When we were with the family, he introduced himself and then introduced me to the family. Then he talked to the family and asked, 'were you fighting with your partner? The mother said, 'yes, I started it and this is what happened'. Then the worker said, 'You know you are not supposed to be doing that, right?' Then she said, 'yea, I know, this is what happened'. Then the worker said 'we need to set up a safety plan so that this doesn't happen next time'. So, the worker started telling the mother what needs to be done, 'you need to do this and you need to do that'. The mother was looking at him like, 'this is what you want me to do?'

After, when he asked the mother, 'do you have any questions?', she said, 'I don't have questions because you are just telling me what to do and it seems that you know about my family and you are the one who knows what happened to my family and therefore you are saying what needs to be done. So why are you asking me a question when in fact, you are telling me what to do?'. This is something embarrassing about my family so I should be...you didn't give me a chance to tell you why we can do, try to do things that haven't happened, right?' So, then he started to say, 'okay, these are the services if you need help'. After 20 minutes had passed, we left. After, we met and he informed me that we identified a course of action and we will close the case. He said, 'there is a safety plan and I'm going to report this to my supervisor'. After that, there was no follow-up with me. I don't know what happened to the family.

For me, I was really shocked because there was a domestic violence in this family. The worker didn't take the time to know what has happened? Why? What has contributed to this situation? Why are these things happening? What has been the impact on the mother, on the kids, or even the husband, or even the whole family? You know? What are the family's worries based on what has happened? What are some good things going on in the family? What are some strengths or support for the family? Why didn't he come up with a plan with the family? You know the safety plan is about people. People need to come up with their own safety plan. You don't just give them what to do. You can have a bottom line, say, of course, no belittling, no fighting, they need to be brought in line. But telling them what to do, how is that going to achieve a goal? The safety plan needs to come from the family.

I was confused because the worker never asked these questions. He didn't find out what's going on with this family. He didn't inquire more about the family. By asking more, he would have helped the family understand their own behavior. By understanding their own behavior, the

family could understand their strengths, their inherent strengths. They could understand their own importance. Sometimes, it makes them think about their supports. It helps them come up with their own plan for the future because it's about teaching them.

The worker also didn't incorporate what I was saying. I just thought, this guy isn't interested in what I do. I don't know what was in his mind though. I guess, he needs to show that he's doing his job, right? But in reality, he's not doing his job. He could have said, 'what do you think? Is there anything you want to say?' He was the only person talking. I think this is why the mom was defensive to him. I remember the mother was talking to me and pointing out that her mother would help out with the family. But the grandmother was never asked about what she could do. It was disheartening for me because I really wanted to show that we were supporting the family. At the end, I did not work with this individual again.

Thinking about this story, the next time I go in with a worker, I would say, I'm neutral, you know, I'm shadowing. I would tell the worker, 'when we're going to this meeting, what's my role? Can I provide my own inputs and what are you going to do? Would that be okay?' At least the worker knows to remember to cooperate with me. I would have this kind of talk before the meeting. We could have a pre-meeting, like if we're going to see the family, this is what's going on, this is what we're worried about. For me, can I be a part of it? Can I participate, ask questions or maybe, show that I have something to contribute? Can you make my presence known by introducing my role and what I do? During the meeting, can I ask questions so that this looks collaborative?

As I think more about the story, I think there needs to be more emphasis on training workers to work with community agencies and not telling them what to do. Focus on having a pre-meeting and creating a protocol together. As well, if there is a safety plan, do not be so focused on closing the file. Instead, have more discussions on safety, on finding out what this is about for the family and what's available for them?

Providing services: Understanding cultural customs

I had a case with a family and I was called in to be a support to the caseworker. I have never worked with this particular individual but I have worked with her colleagues. As a support worker, I bring my knowledge of working with diverse families including Sudanese families. I was informed by the caseworker to make an appointment with the family so as to arrange a meeting. After completing this, I called the caseworker to confirm the appointment including the details.

When I met the family, I noticed they came from a cultural background where visitors are welcomed through offering water, tea and in some cases even food. To the family this practice is hospitality and a sign of welcome and acceptance. Whenever, you visit a Sudanese family the expectation is that you will share with them in the water, tea and or food that is offered.

When we went into this house, the family brought some water to the caseworker and myself. They also offered us some tea but the caseworker said, 'no, thank you' to all these offers. I noticed the mother gave us a strange look and she went into another room. As the mother did this, I cautioned the caseworker and told her, 'it's important to have the water, it is a sign of 'welcome' from the family'. The caseworker resisted and said, 'No, we are not supposed to be eating things in the place of our clients. When we are involved in a family, we are coming to do some work'. She told me that if she needed water, she would just drink from her own bottle. I explained to the caseworker that we need to respect the offer and just have the water. But the caseworker said no thank you please again.

In our conversation with the mother as directed by the caseworker, we were only getting partial information to the questions or investigations. I could see that the mother was struggling to understand why the caseworker did not want the water and or tea that she offered.

She eventually gave us some few details and then remained silent for most of the time. So I talked to the mother and apologized on behalf of the caseworker for not taking the water. I emphasized to the mother that we are coming to help her family but not to take her children away. I also explained to her that the caseworker is coming from a different culture. I encouraged her to share her side of the story so the caseworker can determine what to do and how to help her. I explained to her that I was a support for her to advocate for some supports. We got lucky because the mother started talking and I was thankful she was co-operating with us. At the end of the day, we were able to get so much information from the mother. We arrived at some suggested supports and solutions to her challenges.

I later also confronted the caseworker and explained to her the importance of listening to the advice of the worker like me. This is like a partnership and we need to value the clients through the possible ways they feel respected. Eventually the caseworker agreed with me although we have done some damage in building the relationships for the success of our work.

From this experience, I learned that collaboration is good and can be successful when you can work together. For example, when a mother comes to welcome visitors and offers water and tea, I do not have a problem with it. I would take the offer because I know the mother had spent time

preparing these for the visitors as per her culture. Sometimes collaboration can easily fail if the parties involved in the service are not sensitive or are not culturally competent.

I had expected the caseworker to ask questions on how we can engage this family as we try to understand her culture and values.

It is important for the caseworker and the support worker to always sit down to thoroughly share the facts in the file and understand the cultural background of the family. They should also be able to discuss on how best to engage the family in getting the information needed from them.

At the end the family was receptive to the solutions and supports suggested. It was a clash of practices that paved way for the involvement of children services. The family was fairly new to Canada and applied its traditional methods of discipline on her teenage child.

Working together and working with the client

There was this young couple with a baby, there was a fight that happened and children's services was called. A restraining order was given to the young man from the couple, that he should not be with his girlfriend for one year. Before I met up with the couple, I met with a worker and this was the first time that I worked with this person. This worker knew that the family was from my own community, the West African community. Most times, families that are from our own culture feel safe to talk to us because they know that we understand their culture, we can speak the language that they speak. When my co-worker and I went to see the family, I went in to see the family because for some families, seeing a particular service enter their home makes them scared. When one is scared, you don't want to have a relationship with them, you don't want to talk with them, you don't want to disclose details. As well, for some families, they are not used to seeing a particular service, say, like child welfare, because it is not a service that is offered back home where they come from, so the family does get scared. So when we go into the home, the aim is try to alleviate the fear, the aim is to say, 'hey, we know that things are bad now, but we are here to help, we want you to tell us your problems, we can help. If we are helping you and you are not taking our help or if we are giving you the resources and you are not using them, if you are not following through with what you are supposed to do, then yes, there might be consequences.

So, when I talked to this couple, the young girl told me what the problem was, that there was a restraining order against her boyfriend, that she still wanted to still see her boyfriend despite this restraining order and that she was having problems with her mother. So I asked the young girl to give me her mother's number so I could call her mother and ask her to help her daughter, come see her daughter and work things out so that she could help take care of her grandson. The mom agreed to help out but she had no money for her transportation to get to her daughter's home. So I talked with my co-worker to plan some travel arrangements and we both had to talk to our supervisors to get approval and at the end, we both did. So, the plan was to send the young girl back to her mom so that she could have some time away from her boyfriend. When the young girl finally arrived at her mother's place, I talked to the mom about the type of classes that her daughter needs to get herself involved in like family violence and parenting classes. Throughout this time, the young girl had help from her mother, who could take care of the baby. I called the sister of the young girl to help out in terms of finding housing. At the end, I found out that this young girl is doing well, she has grown and her relationship with her mother has grown too.

Thinking back, I think what worked in helping out this family was: (1) the worker and I worked together. We discussed the case together, the worker listened to what I said. We shared and respected ideas and we came to an agreement; (2) we established a relationship with that family through trust and agreement; (3) we took direction from the family, and (4) we focused on kinship care in that we identified support options that act like a relative to a family.

Differing mandates, differing priorities

There was this case where there was some domestic dispute in the family and the family had a young child. This was a young family. The mom called for help from an organization. For a mom to call another organization is a shameful thing and the mother could be feeling guilty. When the mom called, the organization responded and the caseworker went to see her first. Then this caseworker started to call my colleagues and I had to advise my colleagues. I said to my co-worker, 'the worker needs to come out with you. A male and a female worker needs to go out together to this family'. Honestly, I want to send a male worker to that family so that the husband's voice is also being heard. In this way, the workers can take seriously the husband's concerns. I advised my co-worker that a safety plan for the wife is needed but that she should engage with the family to identify what do they want and what could work for them?

For this caseworker who made the call to my co-worker, she had this urgency to resolve this family's issues. She seemed hesitant when she heard about the suggestion that a male and a female worker needs to come with her to work with the family. She had to talk to her supervisor to get approval. In previous cases, whenever there is a child in danger particularly in a case of a domestic dispute, the focus seems to be on ensuring the safety of the child and forgetting that there is also the family that you have to focus on. When there is a focus on the child, there is an understanding that the child should not be exposed to this violence. There is not a focus on the impact of the violence. There is not a focus on the interests of the parents. No one asks them what they need to support themselves to have a better life. Like, what about the father and what he has gone through? How has he adjusted? What was his life back in his country and what is his life now? Is it cruel? Is it good?

There seems to be this rush, this attitude of 'tackle that and run and say, 'now we can go', like a rush to close the file of the client. There's this sense to work separately, you do one thing and we do the other. Like you do this part and we will provide counselling. When a case is given to us and reviewed, there is an urgency to close the file and not stay with the family to provide services. In some cases, when this happens, we see that same family again, only this time, the issues escalate. The family is still struggling. It seems in this system of providing services, it's quick, quick, quick. If the family comes around again with another issue, that's okay, services can be provided again. For some organizations, it seems that they're okay with that because they're used to having people come again for another case and another. But in my case, I see it as when a family goes back to the system for services, it's because the services aren't synchronizing and working from the same planning and idea. So, it's no wonder that the family is coming back with the same problem, right?

Also, when I worked on this case, it seemed that the young couple was not aware of what was being given to them. I remember asking the mother if she understood what an EPO is and she did not understand what it meant. In fact, the young couple had other people speaking on their behalf and that's a big problem because they don't understand what they want. Also, this family was also dealing with parenting issues and it would be helpful if they had education to help them understand how parents are to act in Canada.

Reflecting on this, it would be great if service providers could work together. Like if we have to see a family together, service providers need to always think, can we go out together? Right? It's always good when we go out together. Like I remember this other incident when there was a serious allegation of harming the wife but it's not only that, there are other issues embedded here. When we had this situation, the person that I worked with on this case was taking her time, mapping out the situation, communicating with me, and trying to understand where the client is. She was trying to understand where other members of the family are and how we can help them. We went over the situation and what kind of choices can we make. Like 'no, we don't want to go to families' home unannounced'. 'Yes, we have to think about our own safety when we see families'. 'Yes, we have to think about the safety of the mother and the children'. 'Yes, we have to think about the implications of our decision'. Throughout this planning process, this worker includes you in the idea and in the execution of the plan. That's good. But when there is just one focus, like, 'what about the child's safety?', then there is a forgetting about other factors, like if the mom isn't safe, then how can she keep the kids safe?

When we map together, we listen from the client, we think about the implications, the short-term and the long-term. When I work with others, I use a third space in making sure that both sides know what either side wants, between the parents and the service providers. We can't do this in a rush. You need to give the families time and calm them down. Help the family get to a point where they are open to talking and understanding how the law and the customs have changed from their own country. Like for example, if a parent normally slaps the child because the child does something, help the parent understand that maybe that's not something that you can do here. Our work shows families how the system works. Like, how the system says hitting is wrong and so, we tell parents, you have to practice this law at home. We have a way to bring them in, not to teach them or lecture them.

So, my principle is, first of all, let's go figure out what this family is struggling and identify what's working. When we look at what's working, then what we can see, we can kind of ask them, 'would this work?' Or, what is your idea? And they can come and tell us. I don't want to be telling them.

Appendix D: Chosen Stories for Structured Story Dialogue

Story A

**Note: Stories selected for Phase 3 were from group of collated stories from co-inquirer and family member participants*

How come I was not included?

When I came to Canada with my wife and my children, I was looking forward to being part of the country. My first encounter with an immigrant settlement agency focused on helping my family obtain housing in the city. We were given stubs. We lived well and I was happy. A year later, everything changed in my life. My wife changed. She changed her behaviors. She started having a boyfriend. She started taking money for herself. She started being irresponsible and only thinking about her own agenda. She refused to pay the immigration loan and I had to pay the loan. She took the child benefits, the money that the government was giving to her and started building her business. She would collect items and send them back home to different shops. She would travel to and back to Canada.

It felt like everything was happening so fast. I couldn't believe my wife had become this kind of person and I wanted to understand what was happening. So I began to do my own investigation and later found out that my wife was working with a settlement agency. This agency was helping her out. I wondered, how could that be? One day, there was a phone call at home that I picked up, and heard that a social worker was looking for her. They asked if my wife needed anything to be done for her. I was shocked and I wondered, 'how did you get my wife's phone number? How...I don't know you, we haven't met, how are you inviting her for an assistance?' I was angry, I was in disbelief and I asked him, 'if I call you, on your wife's phone, how are you going to feel?' I told the social worker, 'you counsel us immigrants but you are not counselors. You are there to destroy the family'. I contacted the agencies that were giving help to my wife and found out that they were applying for travel documents for my wife. I did not understand what they were doing. I confronted them and asked them, 'how can you guys do all these things when me the husband, the head of the family, I have no idea what you guys are doing?'

Things were not going well at home. One day when I came home I found my wife with another man. At first, I didn't say anything because I had a family event to go to. When I came home, I called the police to address the situation. When they arrived, I started to talk to them that it is an unfair situation for immigrant men who come to Canada with their wives. When men who were responsible taking care of their wife in Africa, their arrive here in Canada with their wives and then settlement agencies start disrupting the family. Instead of consulting the husband, they give them houses. They give them all these benefits without husband's knowledge. When women get here, most of them here, they feel that women have power, men have no power, and they feel like the law just protects women and it doesn't protect men. For women, when they get to Canada and if they complain about problems, a man is sent away, the man becomes homeless, and then the family is destroyed. The family is destroyed on both sides. How can that be? The law should work for everyone, for women, men and also children.

I told them that I didn't understand what was happening. Why did my life change? When I was back home, I was a professional, I was educated, a leader, I was responsible. I was the main applicant who came to Canada. My wife and my kids were the dependent ones. Suddenly things change and I hear from my wife that she says, her husband wants to kill her? And I asked them again, how come with all these services, they never ask what the perspective is of the husband? What is the husband's opinion? At the end of the night, I just wanted to leave the situation. I told them to just take away my wife because she was caught in the act of adultery. There's no blood, no knife, I haven't punched her, I haven't done anything. They took her to the shelter and I went to court to get a restraining order because she tried to take the kids away. I also wanted to apply for a divorce.

But I was hesitant because I didn't want to break up my family. When I met a community social worker and a child and family services worker, they were neutral towards me. In fact, I heard that a community social worker could speak French and Kinyerwanda, I was happy. Later on, I met with a community social worker at her office. She explained to me the procedures for going to family law services. She gave me recommendations to help my family because I wanted to reconcile with my wife instead of getting this divorce. Unfortunately, it didn't work. I also connected with a settlement worker from the same organization that my wife got help from. Unfortunately, the community social worker told me that he couldn't help me because I have been here for more than two years. Even though I connected with this settlement worker, I was very hesitant with asking help from this organization because one of their workers who was helping my wife was also dating her. So, I didn't have confidence in getting any kind of help from this organization. In fact, I found out that the settlement worker who was working with my wife had given her a lot of advice. He had been giving her all this guidance while my wife was living with me. For instance, my wife's goal was to bring her family to Canada. The settlement worker told my wife that she needed to be single. If she was single, she could apply for benefits and take out a loan and then be able to sponsor her family. Once my wife started following this advice from the settlement worker, she transformed into a different person. She was being disrespectful at home. She did whatever she wanted to do. This kind of behavior shows that instead of working to keep families intact, a settlement worker can disrupt the family. In this case, instead of working with my wife and having a professional relationship, this settlement worker developed a personal and a sexual relationship. This is an abuse of power. This power was used to exploit women because they know that women might be vulnerable especially when they are having issues in their home. These kinds of workers exploit the women and take advantage of them.

I tried different processes that could talk to my wife including community members like church members and friends. My church community tried to help but it didn't work. I tried to talk to my wife again, but she wanted a divorce.

I didn't understand why this was happening to me and I didn't understand why these agencies seemed to be intent on breaking up the family. This is unfair. I do everything for my kids. From supporting their education to their recreational activities, I do everything. My wife always got the money. She got the support from the agencies. Whenever I asked for the support that we get for our children, she always goes to these immigrant agencies. Then these social workers just

makes fun of me. These settlement counselors, their duty is supposed to be helping immigrants integrate into Canada, to be able to contribute to the Canadian economy. But instead of that, when the family has issues, these workers get into women's ears. They help the women, support the women, find resources for the women and advocate for the women. Throughout this time, the men are never involved, the men are never contacted. For instance, when she went back home to get married to another man, the agencies helped her to sponsor her new husband based on this marriage certificate. But this marriage certificate is a fraud because we weren't divorced at this time. So how can this be?

Thinking back to what has happened to me, I believe this situation needs to stop. Immigrant agencies need to hear from men. They need to engage with men. They need to learn about what is going on with families. They need to listen to how their approaches and their style has ruined families. Second, there needs to be some collaboration and connection, some partnership with agencies. If a woman says one thing to this agency and then says another thing to another agency, then there's a conflict and lying. They should be working together, and then agencies will be able to communicate. They will know the needs of the family. When it's the husband and wife having a problem, they can bring both together so that they can work together. They don't just take one perspective. I think that's how these agencies should help families.

Our marriage was for 26 years. We had 9 children together. In just two years, all these complications that started ended up in a divorce. When these agencies advocate for a divorce, how are they helping families? How are they helping the kids? How will the kids survive? How are these workers bringing families together? How can they work for the government? These agencies are not helping achieve the aims of the government. The government provides housing support, financial support and all these different kinds of support for the well-being of the family. But some of these immigrant agencies, some of the workers destroy the family and what the government aims to do. How is that fair to the government and to the family? Agencies are not collaborating with governments. I believe that most of the divorce that has been happening with recent immigrants are a result of when workers take one side and being intrusive with families. This must stop.

Story B

Learning to engage: Understanding each other to work with each other

I remember there was a call intake regarding a family. There was a domestic violence incident. Mom and dad were fighting and they were charged and they had kids with them. I didn't know the family. The kids were apprehended by the police and then taken to a maternal grandma. After that, mom and her kids went to stay with the grandma.

I was in training and I went with the worker to visit the family. I met with this worker before I saw the family. This was a worker who was assisting for maybe 10 or 15 years. This was the first time that I worked with this individual. When we were with the family, he introduced himself and then introduced me to the family. Then he talked to the family and asked, 'were you fighting with your partner? The mother said, 'yes, I started it and this is what happened'. Then the worker said, 'You know you are not supposed to be doing that, right?' Then she said, 'yea, I know, this is what happened'. Then the worker said 'we need to set up a safety plan so that this doesn't happen next time'. So, the worker started telling the mother what needs to be done, 'you need to do this and you need to do that'. The mother was looking at him like, 'this is what you want me to do?'

After, when he asked the mother, 'do you have any questions?', she said, 'I don't have questions because you are just telling me what to do and it seems that you know about my family and you are the one who knows what happened to my family and therefore you are saying what needs to be done. So why are you asking me a question when in fact, you are telling me what to do?'. This is something embarrassing about my family so I should be...you didn't give me a chance to tell you why we can do, try to do things that haven't happened, right?' So, then he started to say, 'okay, these are the services if you need help'. After 20 minutes had passed, we left. After, we met and he informed me that we identified a course of action and we will close the case. He said, 'there is a safety plan and I'm going to report this to my supervisor'. After that, there was no follow-up with me. I don't know what happened to the family.

For me, I was really shocked because there was a domestic violence in this family. The worker didn't take the time to know what has happened? Why? What has contributed to this situation? Why are these things happening? What has been the impact on the mother, on the kids, or even the husband, or even the whole family? You know? What are the family's worries based on what has happened? What are some good things going on in the family? What are some strengths or support for the family? Why didn't he come up with a plan with the family? You know the safety plan is about people. People need to come up with their own safety plan. You don't just give them what to do. You can have a bottom line, say, of course, no belittling, no fighting, they need to be brought in line. But telling them what to do, how is that going to achieve a goal? The safety plan needs to come from the family.

I was confused because the worker never asked these questions. He didn't find out what's going on with this family. He didn't inquire more about the family. By asking more, he would have helped the family understand their own behavior. By understanding their own behavior, the

family could understand their strengths, their inherent strengths. They could understand their own importance. Sometimes, it makes them think about their supports. It helps them come up with their own plan for the future because it's about teaching them.

The worker also didn't incorporate what I was saying. I just thought, this guy isn't interested in what I do. I don't know what was in his mind though. I guess, he needs to show that he's doing his job, right? But in reality, he's not doing his job. He could have said, 'what do you think? Is there anything you want to say?' He was the only person talking. I think this is why the mom was defensive to him. I remember the mother was talking to me and pointing out that her mother would help out with the family. But the grandmother was never asked about what she could do. It was disheartening for me because I really wanted to show that we were supporting the family. At the end, I did not work with this individual again.

Thinking about this story, the next time I go in with a worker, I would say, I'm neutral, you know, I'm shadowing. I would tell the worker, 'when we're going to this meeting, what's my role? Can I provide my own inputs and what are you going to do? Would that be okay?' At least the worker knows to remember to cooperate with me. I would have this kind of talk before the meeting. We could have a pre-meeting, like if we're going to see the family, this is what's going on, this is what we're worried about. For me, can I be a part of it? Can I participate, ask questions or maybe, show that I have something to contribute? Can you make my presence known by introducing my role and what I do? During the meeting, can I ask questions so that this looks collaborative?

As I think more about the story, I think there needs to be more emphasis on training workers to work with community agencies and not telling them what to do. Focus on having a pre-meeting and creating a protocol together. As well, if there is a safety plan, do not be so focused on closing the file. Instead, have more discussions on safety, on finding out what this is about for the family and what's available for them?

Appendix E: Evaluation Survey for Structured Story Dialogue

Participant name (optional):

Ethno-cultural background:

Sector you work in:

Job title:

Years in the field serving African immigrant families?

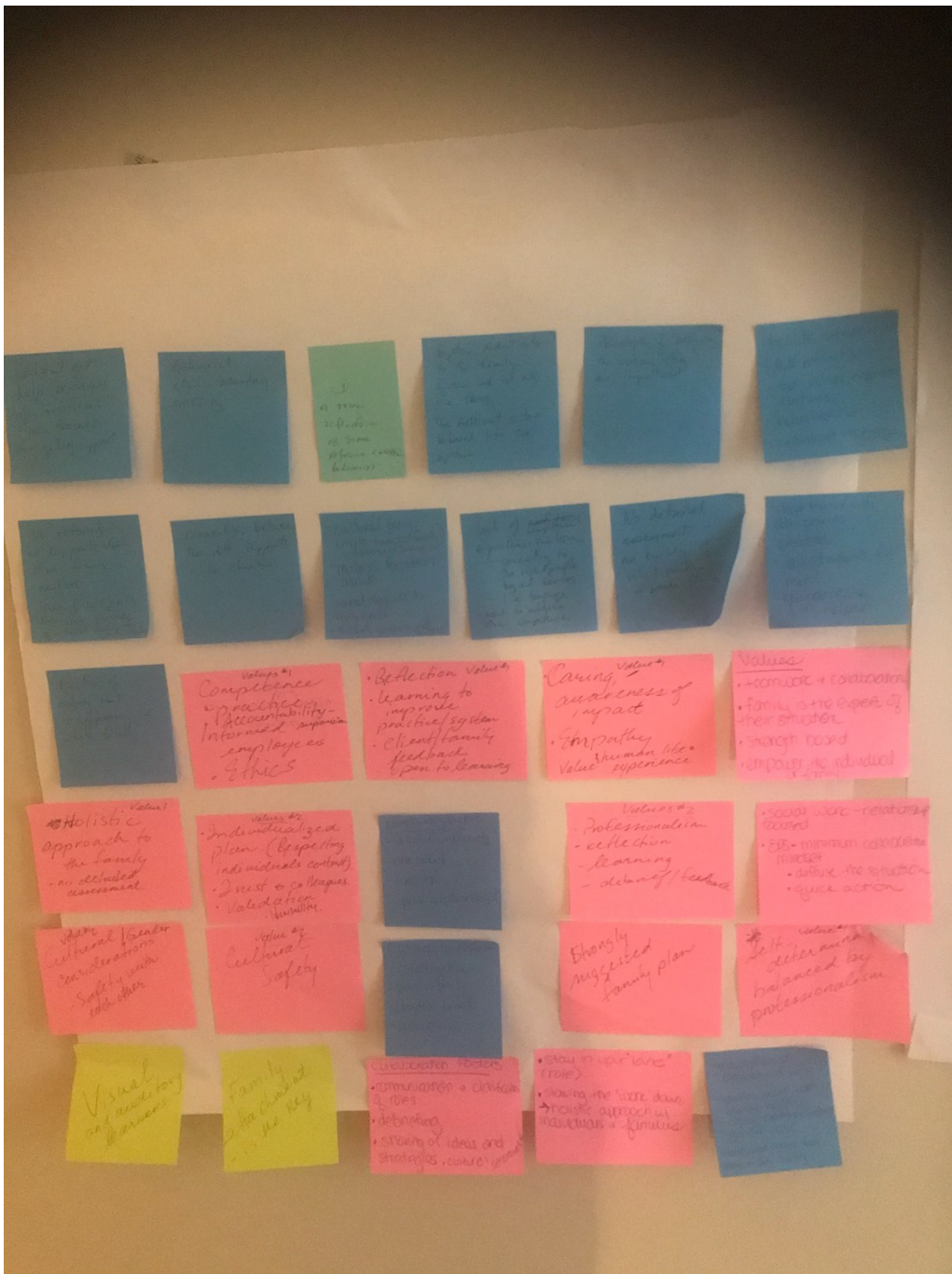
Please circle your response to the items. Rate answers based on a 1 to 5 scale

1 = Strongly disagree; 2 = Disagree; 3 = Neither agree nor disagree; 4 = Agree; 5 = Strongly disagree

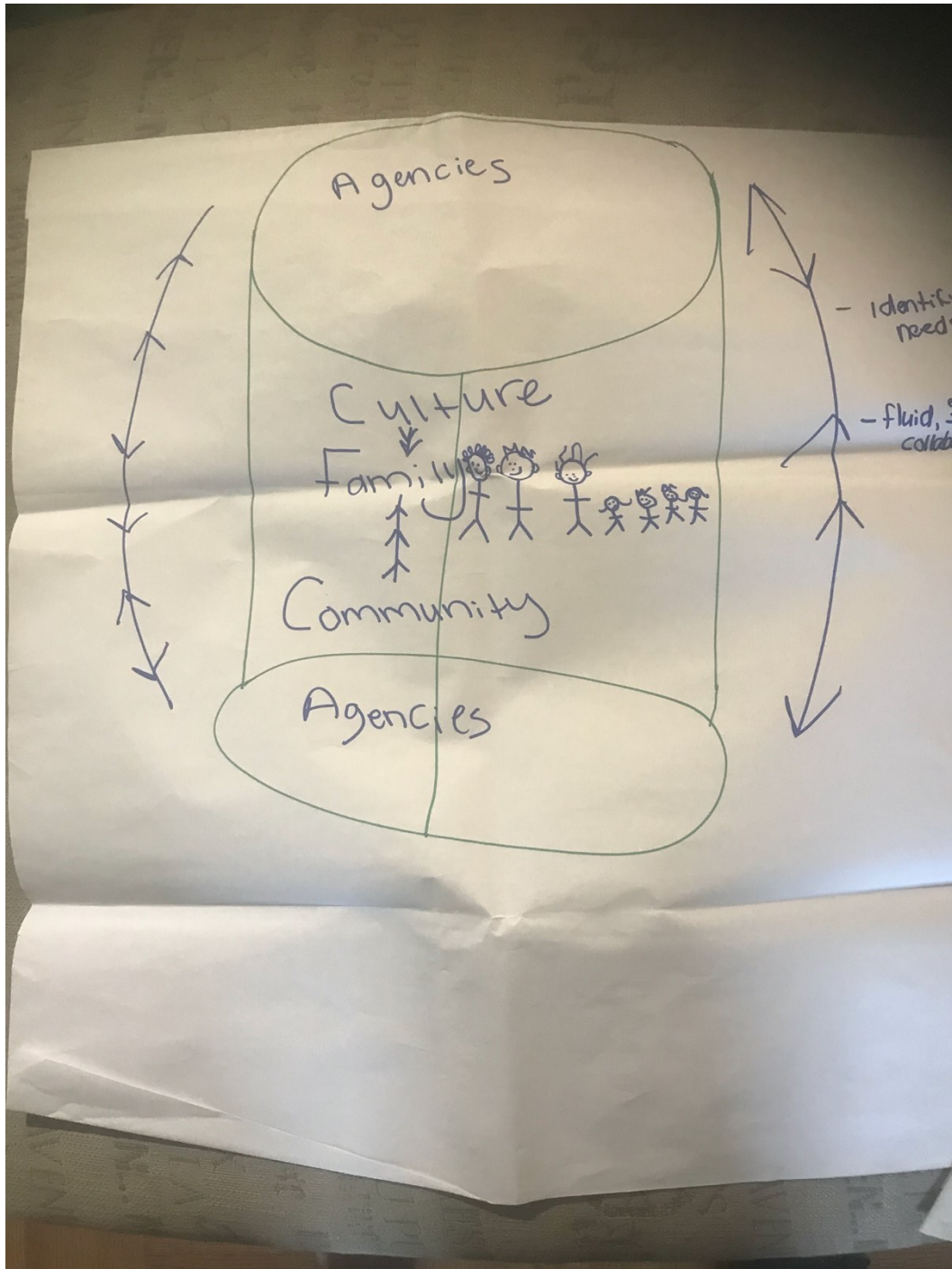
1. I appreciated different ways of how to work together
(1 2 3 4 5)
2. The learning environment helped me to reflect on my understanding of working together
(1 2 3 4 5)
3. I considered the implications of using a particular approach when working together
(1 2 3 4 5)
4. The learning environment felt safe, welcoming and comfortable
(1 2 3 4 5)
5. I felt valued and heard from other peers
(1 2 3 4 5)

6. When you think of working together, what comes to mind?

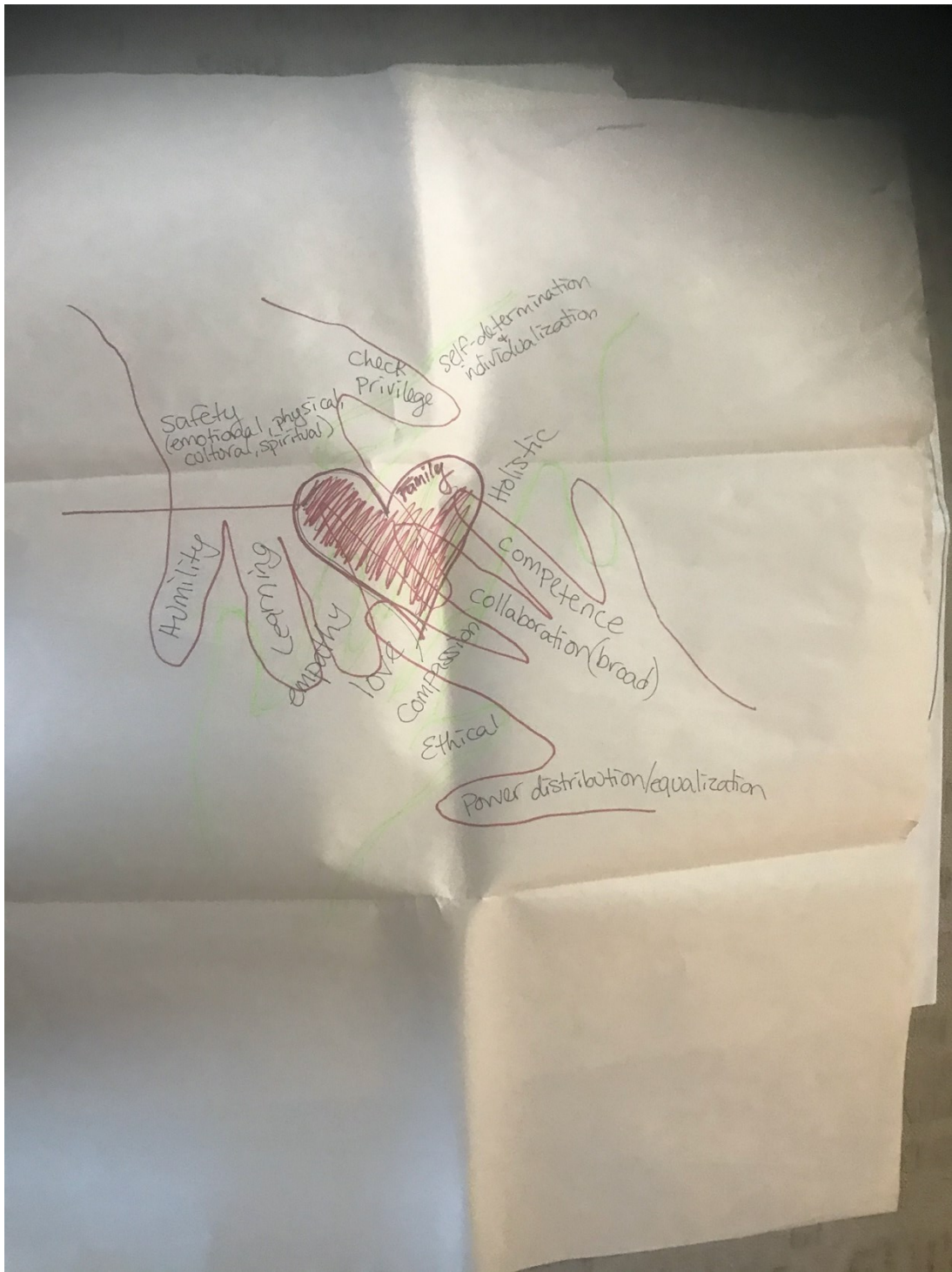
Appendix F: Post-it Notes from Structured Story Dialogue

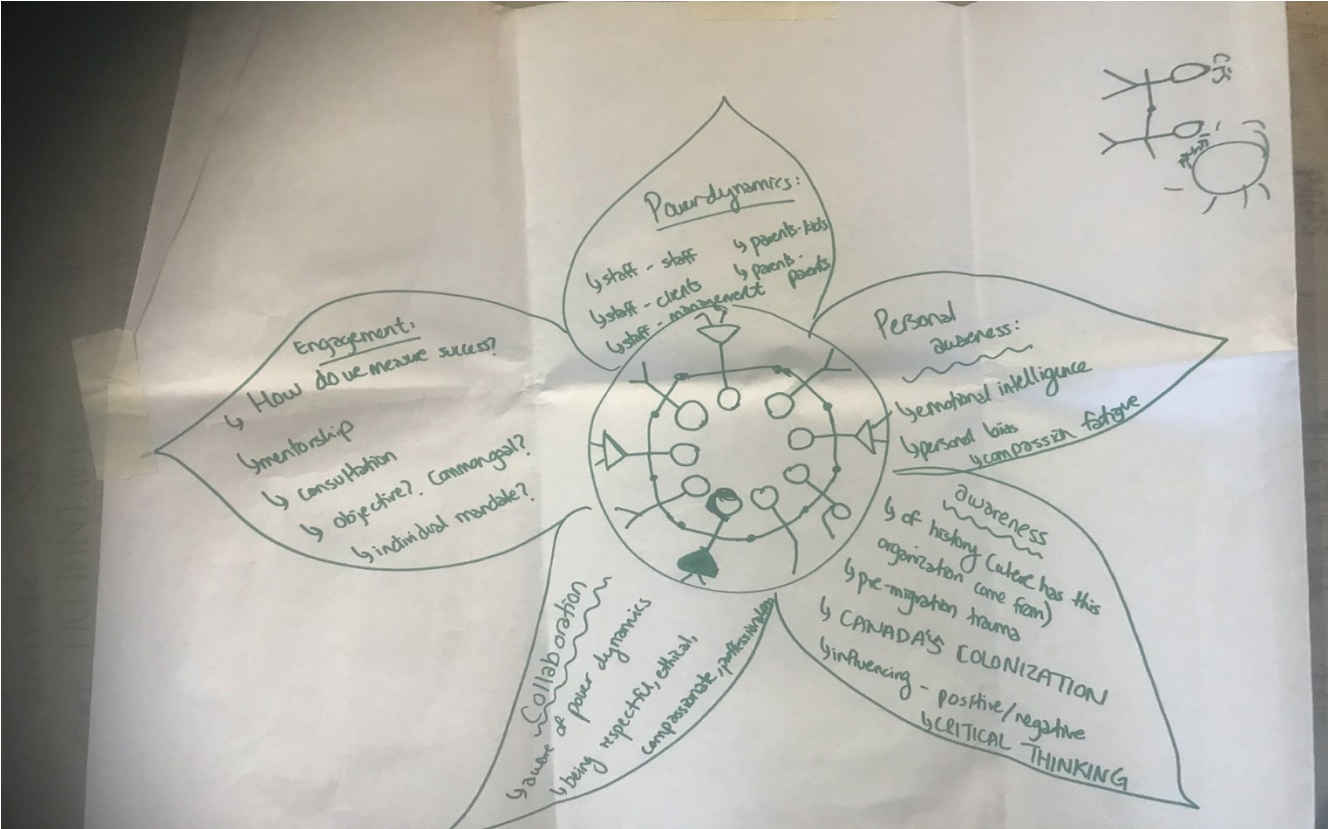


Appendix G: Drawings from Structured Story Dialogue









Appendix H: Sample Coding, Categories and Themes for Phase 1

Main Theme	Sub-category 1	Sub-category 2	Sub-category 3	Code	Exemplar quotes
What is service delivery?	Collaboration	Areas of need in service provision	(Not applicable)	Incorrect definitions of family violence	<p>S: Uh-huh.</p> <p>Jo: And now it's going good. But if this key information is being kept, with this lady get the real help...</p> <p>S: No.</p> <p>Jo: Because the counselor says, 'we have no problem'. Ummm...you know your husband is the problem and this and that. But, the husband would say, 'hold on the problem is her, she's keeps throwing things at me. After so many times, you know...</p> <p>S: Uh-huh. But he says those things a little later.</p> <p>Jo: Hmm?</p> <p>S: He says one thing.</p> <p>Jo: He says later, and now he's the one carrying the cross.</p> <p>S: Exactly because the actions speak through the actions.</p> <p>Jo: Yes.</p> <p>S: You know...</p> <p>Jo: But the social worker said to him that he will report but he said no. I want to get it because I want real help. Because all what is on the paper and what we are saying and sending us is to in fact, I want to tell the group this is what he's trying to say. And you regret it and I'm going to report. And this guy keeps quiet. We are not, you know, addressing the pain.</p> <p>S: what cause have happened if you do that? I mean...</p> <p>Jo: If you say that, it is a passing, of course, it is the wife that needs that, 'yea, he did it and she will do, if she wants, presses the charges'. She will be charged. If he doesn't, they could recommend that he goes for</p>

					<p>anger management, right?</p> <p>S: Exactly.</p> <p>Jo: So but...it's good, as much as he didn't say it, he wants helps also, and she's willing to go for counseling but the only difference is the information there that they had on the paper was not the right one. It was there that this guy was the problem.</p> <p>S: Problem.</p> <p>Jo: But had he also, he was the initiator was not there. So now, she's getting the right counseling. See that?</p> <p>R: So did the person who was doing the report, did they give them the insight? [laughs]...I'm just...did they learn from being involved from this or did they feel like...</p> <p>Jo: That lady was like this [holds hands up against head] So we have to...here, we have to, I have to step aside and not be the broker and just be the guy who's fighting for this guy to have his voice, whether she's all ready, to catch it on the table, you see. Because the [name] already took the statement. This guy is already going to court. And the lady is already on her own with her child. Look.</p> <p>S: Are the children [missing word]</p> <p>Jo: yea, those are children in the [missing word], yea</p> <p>S: And this is the work of the ah, how to report...</p> <p>Jo: yea.</p> <p>S: yea and was he trying to you know...balance.</p> <p>Jo: Yea, he was trying to balance...</p> <p>R: Hey, one leaves, one comes in. [laughs]</p> <p>Jo: He was saying he wants help. He said there is something wrong, I need help.</p> <p>S: Good to see you.</p> <p>A: [missing word]</p>
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				<p>Jo: So that was great. For somebody to come forward and say, 'I need help'. So, you don't have to say this person is smelling. If I say, you know what, I need water to shower. You already know I'm smelling. Do you have to tell her again that I'm smelling? If I'm asking for water? That I want to shower. [laughs]. You don't have to. You just have to make arrangements.</p> <p>R; I wonder what was going on with that worker's mind?</p> <p>S: What are you talking about? What's going on? Oh my god.</p> <p>A: In respect of the situation, telling someone that you are smelling, it's a little bit cruel, it's not nice.</p> <p>Jo: Well, this is [name] Services, this gentleman say what is on the paper is not true. But he wants to tell the truth to save the relationship with his wife. So, they get the right help. But this social worker from [name] Services, the caseworker is threatening, 'he is asking what he says here should be operated, but they need the help'. But he said, 'no, I have to report'. And now this gentleman say, 'well, I have nothing to say'. And then I screwed up and I said, 'no, let's be human, let's give him the opportunity to say something'. He's asking for help and we don't what is real. If you are told that it is fake, and the real thing here, and you have a say, don't you want to think the real thing?</p> <p>A: Uh-huh.</p> <p>R: And I think this goes...</p> <p>Jo: [laughs]</p> <p>A: Right. He was kicked. It was not his mom that abandoned the child, so this is something that have to work with the individuals' support network</p>
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					<p>M: Exactly.</p> <p>A: Some things are not things that should go to [name] organization. Work with the individual's support network. What support network do you have? Oh, okay, she's Ethiopian, oh, okay, there's an Ethiopian worker is..</p> <p>M: Find out.</p> <p>A: What can we do.</p> <p>M: Yea, yea.</p> <p>A: And if that fail, or if mom is not collaborating, okay, then you know that mom is doing it deliberately and that is a child protection issue, that is an unsafe situation. For all you know, some of the issues that you go in, some of these people don't even know that they done anything wrong. Oh, so what they did is education.</p> <p>M: If there is bias, of course, that's where we, honestly, sometimes that's what we're fighting for. Even [name] services don't like it when neighbours, sometimes, or even landlords will call in and say things, just to get this family evicted or problems, they will make up stories. Especially when you see this worker in a crisis, the things that you hear is amazing. And they will say, 'for us to get involved, this is custody issue, this is not for us to get involved, this is landlord and tenant issue, you hear them say, many, many times. All of 50% calls are like that. When people are mad, they just want to get them in trouble...that's...no...</p>
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			(Not applicable)	Lack of experience in field	<p>M: Don't pick a fight, honestly, because we know this is not urgent for us. We need to map the family, R: Right. Right. A: And don't forget, new workers come M: That's true. A: And they have a turn-around. M: Yea, yea. A: So some don't know how to work with the people from the other cultures. So, some people don't, new people coming in, especially the new ones. They just come, excuse me, with just the book knowledge field, but we all know, that sometimes, what works in theory M: They're biased. A: Is not grounded, so they just come in with a narrow-mindedness</p> <p>R: Right. Right. But I don't mean, when we talk about the system, is it not only just, I mean, there are the social workers but what about like the priests and the community leaders? Like you do you guys, experience the same thing with them? In a way A: It might be the same thing but different effects. R: Different effects A: Yea, it depends. Because you could meet somebody, a community leader who is lacking a, an open-mindedness... M: Uh-hmm. A: Just like a social worker M: They might be new themselves A: Yea. They may be new, so it depends, the effect maybe different but they might...</p>
			(Not applicable)	Lack of understanding	<p>R: For me, I'm also thinking, there's also parents, extended family members..[laughs]</p>

				<p>of understanding an array of supports</p> <p>Jo: Yes, there is extended family, they're always want these things, the family supports, they have all these supports before chaos came in, the family is not an island, they have friends, they have ones who are supporting them. That's why we ask, do you have any support? Do you have any people who are close to you?</p> <p>Jen: Uh-huh.</p> <p>Jo: That can be involved in this and we can all work together.</p> <p>A: Yea, again, it comes down to a system that was created for a white western culture, in the sense that when we define family, we don't define family in terms of nuclear family.</p> <p>Jo: True.</p> <p>A: Mother, brother, sister...</p> <p>R: There's more.</p> <p>A: Africans, when they define family, grandma is included. Mom's friend who is Aunty [name] is included.</p> <p>S: Yes. Yes.</p> <p>A: Even if Aunty [name] is not family.</p> <p>S: Yea.</p> <p>A: So this is how we define family, right?</p> <p>S: Yea.</p> <p>A: So when you are looking at that, the extended family is not there. It becomes a problem</p> <p>R: For me, I'm also thinking, there's also parents, extended family members..[laughs]</p> <p>Jo: Yes, there is extended family, they're always want these things, the family supports, they have all these supports before chaos came in, the family is not an island, they have friends, they have ones who are supporting them. That's why we ask, do you have any</p>
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				<p>and say what's happening, I wish the client was part of this conversation behind the doors, so they understand how to advocate for themselves and we are saying that collaboration could be challenging for front-line workers when there's lack of understanding of the array of supports that influence African families' well-being right, so you are advocating this is what the family needs, this is what the family is saying, this is, you know, this is available based on your acts, based on your whereabouts, you know, so, this is really good.</p> <p>A: But I don't really understand what this means. Interestingly. I felt on the line with you. That there's a lack of understanding how to provide supports, what does that mean? A lack of understanding, what is that?</p> <p>Jen: Which point are you talking about?</p> <p>A: So, it should be well, actually, I forget to outline something, thank you, so, there's different supports, there's kinship, there's formal supports, um, but there's also, what I forget to identify,</p> <p>Ar: Like here, what I'm understanding, is that we identify five different points that kind of really contribute to collaboration is a family, community service provider and the [missing word] out as a professional, and here, there's a lack of understanding and so, we think, um, we are saying, that we see that there's a lack of understanding from the caseworker 'cause understanding of those factors or those, or those um, supports that influence you know, the well-being of a family.</p> <p>A: Yea.</p> <p>Ar: Yea, the caseworker, make income in the family</p>
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				<p>and like I said, this is what has happened, this is what has happening, this is what you need to do, right? Just describing sentences and so on, and so on, without really understanding what is required for this family to function successfully, how does this family, that's my understanding, is that what I'm</p> <p>A: I think that's how that this statement doesn't reflect what it says.</p> <p>R: Okay then, let's change it.</p> <p>A: I think that, my understanding.</p> <p>Jen: No, I think [name] is trying to explain what she said because I understand it the same way that [name] understood it.</p> <p>A: Yea, me too.</p> <p>Jen: But there is a lack of understanding from other people and not us. And that's true. That they really don't understand...</p> <p>Ar: Yea, something came earlier, that there's a lack of understanding from the mainstream service providers of the... I don't know, what do you think?</p> <p>A: That is what is needed.</p> <p>Ar: So, is this okay?</p> <p>A: Yea, it's okay, there is a lack of understanding, but it was [missing word]...</p> <p>Jen: Influence...</p> <p>A: When you read it, it's kind of ambiguous, but when you explain it, you got it now.</p> <p>Jo: [missing word]</p> <p>Jen: No but I think what [name] um, say here, it makes sense to me anyway. There's a lack of understanding of array of supports that influence African families' well-being, some of these people that's what they were saying, let's say the assessors...</p> <p>A: Uh-huh.</p> <p>Jen: When they come in the first thing is, 'okay, you</p>
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				<p>beat your wife, okay, that's wrong in Canada', without even thinking second thought of what kind of support do they have in their own community or in their own cultural services support that will help them</p> <p>A: Basically what this is saying is that somehow, some people don't know that there are array of supports that influence African culture.</p> <p>Jen: Uh-hmm.</p> <p>A: And if that's so, I think for me, the array of supports, for me, that's where it sounded vague.</p> <p>Jen: Uh-hmm.</p> <p>A: That array of supports.</p> <p>Jen: Yes, they have many, many supports.</p> <p>A: I think I get it now. People don't know that they have an array of supports available.</p> <p>Jen: Uh-hmm.</p> <p>A: That influences their well-being.</p> <p>Jo: The other people who are working with, these people don't know of these other supports, what they know these supports because they think this person is a blank cheque, right?</p> <p>Jen: Right.</p> <p>Jo: So. [laughs]</p> <p>A: So, really there are supports within the community.</p> <p>Jen: Exactly.</p> <p>A: To [missing word] family violence.</p> <p>Jen: Yes.</p> <p>Jo: But they don't know.</p> <p>A: That's accessible.</p> <p>Jen: Yes.</p> <p>Ar: Yea that point you can add but this comes back from that strength-based, when you, when you go into the family, to assess the family, do you, what are the</p>
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					<p>factors, what are the supports that already exist in a family for the functioning of this family? And this is written well so I don't think you should change it but maybe you can make an addition of that, that there's a lack of understanding of an array of supports.</p> <p>R: There's also a lack of understanding of an array of supports.</p> <p>A: Practice...to practice social work in Ghana, ah culture permeates it in the sense that we don't have to have any alternatives so if you are looking to remove a child and think that you are removing a child, you look for aunty, some aunty in the community, where are you going to put that child? So we don't have that alternative. So we work with family members. With social work, we work with family members to address domestic violence situations. We work with the communities, the chiefs to address domestic violence situations, right?</p>
			(Not applicable)	Lack of understanding of causes in family violence	<p>R: But there's also an array of other factors that cause family violence.</p> <p>Ar: Exactly.</p> <p>R: That needs to be put here.</p> <p>A: Exactly.</p> <p>Ar: Yea.</p> <p>R: We also agree that there's also a lack of understanding of causes.</p> <p>Ar: yea, of course.</p> <p>Jen: Yes. Of course, there's a lack of understanding of causes, so that this person is just hitting because they want to beat the other, this they know, it's not something.</p> <p>Ar: It's on both sides.</p>

					A: It could be that...
			(Not applicable)	No formal documented procedures	<p>R: I don't know.</p> <p>Ar: Because that's where like for me um , to be honest with you is there are no reports , there's no success stories, from the front lines or there's no stories from that were like challenging how the way that agencies really serve the people. You know what they're doing.</p> <p>R: Right.</p> <p>Ar: Yeah so I feel there is lack of documentation to have on the front lines of what immigrant organizations are doing. we are often given like these kinds of clients , and the clients are coming here, so we're just hiding there, like dealing with some leftovers , you know , so that's how I feel so I don't know whose job is, is it director of these organisations to really go And I feel they do, they do, they do right , they do, you talk to [name] and see how they do their funding but is it just, I don't know, what are the policies to write?</p> <p>R: But also I think that ties into I think you're highlighting a bigger point saying who gets privileged? You know, if mainstream organisations are more valued , they get the funding, they get the accolades , right And their workers are the ones where service delivery benefits them. They have the power whereas immigrant serving agencies , they're not as valued especially given the amount of work that they do so they don't get the funding. The reputation is , they might get the reputation but again that doesn't help them with their service delivery.</p> <p>And then next time it may not be you or I coming back</p>

					<p>to the same person , it's going to be another social worker and another different, you know, support worker from another different organization, So what happens is this family is coming back to see you. Sometimes, even the next social worker that gets comment that doesn't bother, to look at the notes , this is the same family that comes back, what was it? And who was it , those involved calm can I touch base with those involved because the communication, the Contacts are all there.</p> <p>R: Right.</p> <p>Jo: And what they don't reveal to you is what was there and then they devise a way how to to move forward. But they don't touch base because there's so much that's written down in those files.</p> <p>R: OK. And you lose a lot of that when you go back to previous files.</p> <p>Jo: Yeah. So it's good if the collaborating partners , parties really agree on that exit process , develop some outreach , how eventually you're not just going yes we are going no more there, but we're still with you so while you're phoning, so while you're visiting</p> <p>R: some sort of follow up plan so that the family is doing well.</p> <p>Jo: Exactly. Exactly. Sometimes it's there but it's not , it's not happening that way, I mean , it's happening, it's 1 sided, for example, I work with the social worker from child and Family Services, and when they close the file, they're completely out so now I can initiate and make a follow up to ensure that this person is doing well.</p> <p>R: But that's on your own time?</p> <p>Jo: On my own time again. Or I'm also out or this</p>
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				<p>person gets confused and does not know where to go now , things are scrambles, so this is the most serious thing that's happening, really what is the exit strategy for both [name] Services after they closed the file and after you have entrusted the support I'm they close . We support them for a number of time and then we are booted and we're called, just be there for them , just be there on call for them , if they call, support them.</p> <p>Jo: Right?</p> <p>R: Okay and if the family doesn't call you, you're gone. You have no initiative to</p> <p>Jo: If you lose my contact, it's done. because I'm waiting, do they have anything? It shouldn't be that way that you have to struggle too look for me or call for me. It should be that we all put in effort but more importantly because I hold the corridors to some resources, and more resources, let me touch base and so that will let you go slowly until you are settled and you say, you know Wat, I know all around here and if there's a problem , I'll give you the call because I have the contact , again, don't worry about me.</p> <p>R: Okay . In working with those , do they ever have policies about collaboration or it's just a?</p> <p>Jo: There's no policies about collaboration in any of these organisations , look as we talk the talkers by word of mouth</p> <p>but there's nothing formal down that were collaborating on this on this on this , it's not there.</p> <p>R: So there's no structure?</p> <p>Jo: There's no structure. Even with multicultural health brokers , their partnership with [name] Services this, OK you're going to be a backup for us and so when we</p>
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				<p>get families, we're going to work with them and we call you upon be able to support that family through and this and this and this , yes we support the family but what is your role question mark and what is your role? Taking aside the family , what is your role of the family what is my role in the family? Be things are not clearly clearly defined . It's not clearly, clearly defined no</p> <p>but there's nothing formal down that were collaborating on this on this on this , it's not there. R: So there's no structure? Jo: There's no structure. Even with [name] , their partnership with [name] Services this, OK you're going to be a backup for us and so when we get families, we're going to work with them and we call you upon be able to support that family through and this and this and this , yes we support the family but what is your role question mark and what is your role? Taking aside the family , what is your role of the family what is my role in the family? Be things are not clearly clearly defined . It's not clearly, clearly defined no</p> <p>That is tied to accountability on their part. Because they tend to hold more accountability because of policies, that's what it tells us. We ask them to slow down for instance, right? They let us know that if something should happen to the child today, I bear more accountability than you.</p> <p>A: yea, and now solution, remember that we talked about, [name] services feeling that they have more accountability, when it comes to certain situations when it comes to a broker, so there's a power</p>
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					<p>challenge between the... R: [name]...this goes back to the policy... A: Yea. It goes back to policy, right</p> <p>because when you have these two agencies, working, the common things are sometimes, there are no memorandum of understandings that are created, even if there are a memorandum of understanding that have been struck out, but still the people who are following it are human and our attitudes matter. [laughs] R: Uh-hmm. Uh-hmm.</p>
			(Not applicable)	Not understanding situation of family in family violence	<p>Ar: And probably...it's...they don't put time in there...that's the thing...</p> <p>Jen: Makes a difference. So, already, one they have told you about this person, about the information that you get is different from who you are hoping to see. S: Yea. Jen: So it's different. Totally. Jo: Family is... Jen: Everything that they have in the file is totally different. Totally different from the person that you're going to meet. So sometimes, I take my file and put it aside and say no. I'm going to dela with this person. S: You don't attend to what is written there. You meet the person. A: And so the approach is going to be really different. Jen: When they tell you on the phone, oh you are great, see, he's not even that. Jo: The house is on fire. [laughs] Jen: And the file, when you read that, you say, wow, I'm scared to enter this home. Sometimes I want to, you know, you don't know how to do this but when</p>

				<p>you go, you totally need...</p> <p>R: I think [name] makes a point that you have to see the person for the person.</p> <p>Jen: Yes, but they don't see it that way.</p> <p>M: Uh-huh. A lot of these factors. There's are always presence and um, we've had so many of this, in which we have to negotiate, find a way before jumping the gun. Whereas the system doesn't have that time, something happen that night, then, put him in jail, take him out of the house, then EPO, that's it. Done. Done. Done. Well, yea, it's easy and done but that's not easy. If he's in jail, he may quit his job, he may be fired, like there's a lot of things that this woman have to address before they go to the system.</p> <p>M: And the victim will take you but also need to sit down and map it with the perpetrator as well, but those two are huge factors, how timely wise, what the next step looks like, it should also involve them.</p> <p>R: Okay.</p> <p>M: Many times, it doesn't.</p> <p>R: And you say that from your experience.</p> <p>M: Absolutely</p> <p>A: Yea, the system impacts our work. One way that I would say the system impacts our work is lack of cultural sensitivity, that part of um, um, sometimes, some of our collaborators, right? And that cultural sensitivity like Jo was saying, for instance, there is domestic violence, right?</p> <p>gradually, so that at the end of the day, the family has served you and you have also served the family. And it's a process, it's not just a one-day thing.</p>
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					<p>T: Uh-hmm. Uh-hmm.</p> <p>A: But sometimes, I think that there's a lack of insensitivity</p> <p>M: Yes.</p> <p>A: A lack of trust</p> <p>M: Absolutely.</p> <p>A: And then they are impatient and then they might go back and boom, they decide to go their own way, and they suspect that, 'oh, what she's doing is not helping us, she's behind the family, no, you are not behind the family. You know what? This insensitivity? There is a way of doing things and a way at the end of the day, the family is helped and not distressed.</p> <p>M: Yea, I tell you. One of them just phoned me around 4, and say, 'there's this Eritrean family, and I know about it, and she phoned me, 'I would like to go out with you on Friday' and I go , I don't think I can and also, it's not only me in this case, in this family, there's also one stakeholder, one colleague, a male colleague because they are really needing someone like that, to, to talk to the dad. 'Oh for what?' and I say, 'because culturally, they need do that and it is cultural sensitivity.</p> <p>Jo; Uh-hmm. Uh-hmm.</p> <p>M: 'I guess okay, then can you give me [name of worker's] number?' Like so, hmphf, and she said, that I said to her, 'I don't know if I can make it this week, I am absolutely busy and I am, honestly, and she said, 'Well, I have to see this family, within 5 days', well 5 days is not Friday, but you know the way, like I can't make it so you should not make it. Like, even from get-go, you can tell, her attitude, is scary for me and we are going to this family, where family violence is</p>
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				<p>huge, and I already talk to [worker]</p> <p>R: Right.</p> <p>M: This morning, and tell him that, 'I need you to accompany me or whoever is our colleague within our community visit this family because there's a lot of, dangerous situation, he's like, macho the man and all that, but she's like too busy trying to get there before 5 days, and I say, well, I understand, but you go in 5 days but really, we have to bring [worker], I don't want to go by myself.</p> <p>R: Right</p> <p>M; But, in her attitude, she's like, 'I'm talking, right, 'I should be bringing [worker]', but for us, we're gonna need their hand in it, to really maneuver what we need to do but, I just don't want her to make me feel like, 'I'm important and you're being there, like if kind of make it, I'll take [name]', she's not thinking, honestly. But why would she phone me if she didn't think I'm very important to come in there? Because already from crisis, she's seeing my name, but she's just giving me off-letter, and yet this is collaboration, so you need to actually, and it's not only 5 days, she can stretch that, I know that. So...</p> <p>R: That is very demanding.</p> <p>M: It's just that kind of attitude. They have it. So, it's just from get-go, you know, I have a problem with this kind of person, and she'll just go and say, 'you [snaps finger], you go and da da da da', and that's not helpful. That's why this family is coming 5 times.</p> <p>M: And, and, and she wants me to, she want to go there and talk to the family but wouldn't you want to spend enough time to understand what we need to do this family? Wouldn't you want to take time? But rather, she's like, 'I really need to go, and I need to be</p>
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				<p>there before this and before that, and I'm like, I don't care what your life is, I know that you can stretch this for 14 days, I know so, your, your law. But she, you can tell she's new, you can tell she's like, but my boss said, I have to see this family in 5 days, I understand but I think, you need to talk to [worker] there is a better thing to do between you and [worker] sitting to plan better way to get in, to the child, yea, let me talk to [worker] and see, if [worker] is ever going to, fine, then I'm going to. Okay, then, go eat the wall, honestly, that's what it is...but for me, I need her,</p> <p>R: Right M: We need her, but I know, there's a better strategy than what's she like [pounding on table], and she's running fast, and if they're running fast, go hit the wall and come back, A: It happened, it happened to [worker]. M: Absolutely. A: [Laughs]. A family left her. They were working and the family took off and left her. Nowhere to feed them or walk them. M: Don't tell them that. A: The worker called [worker], 'I need you, M: I need you. A: Can we go to the family, and [worker] said, 'Okay, I want to talk to the family, ask them when they are available?' Oh, yea, yea, yea</p> <p>M: They, [laugh], it's like, this is who you are dealing with, right? And the dad start crying... R: This is the only response you can get... M: Because you know what, they let her whose crying, what could they do? They have to fled the country, she wouldn't understand that but they, they</p>
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				<p>wouldn't let the parents say like, she feels abandoned, but what? And I'm like, after that, are you kidding me? You want to know their react? Do you want to know? And the dad was just like, 'if you ask me, my daughter, I can tell but I didn't want to tell you until you are old enough but I send you money to go to Italy to get her transplant when I'm working in Belgium, I'm a refugee, in a restaurant, underground, Hmpf, my grandma told me it's my aunt who sent me, no, it's us, and we were refugees, they didn't accept. So then, from there, we have to come to Canada, and then in Canada, we brought you right away, because you are limited there, we put your name everywhere we go to tell them, we have a daughter, honestly, I didn't know about that, why didn't you ask me about that? I didn't want to tell you because it is not a story that I like to share appreciate</p> <p>Jo: Uh-huh</p> <p>M: 'Cause I don't want you to know the truth. But you had to go there. But, when I gave you here and the other kids, who gets their own room? Who gets this? When I do everything, as an older, you could, you could cry, you see, and they're sitting going like...I'm like...[laughs]</p> <p>A: So you see, purely this case is not a case of neglect and abuse.</p> <p>M: Yea.</p> <p>A: Purely this case is a case of a family that needs healing, like...</p> <p>R: The worker doesn't understood</p> <p>A: Exactly the worker doesn't understand that. Her parents have gone through a whole lot, so they themselves they need healing</p> <p>M: So, why must she's been coming to their office?</p> <p>Ar: And this worker, this worker is in a system where</p>
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				<p>the common unit, the family doesn't exist anymore. M: Absolutely.</p> <p>M: But then, you know now, many of them would not go without us, even if that urgency is still there, it's still worked and they know, 'I will slow down, I will text my commander, R: Right.</p> <p>M: A nurse asking a Somalian dad and asking mom, does he help you? You just had baby, does he help you? He works at late, how dare him and how dare you? So, asking, are you able to support it , there are ways of asking, and I would never go and disrespect your spouse, what do you know about the country to ask that kind of way?</p> <p>A: In court there are ways of dealing with this situation, right? So if the child has to be moved from the abusive environment or the child has to be separated for their own safety, from their own parents, the abuser, right, that's how it's supposed to be. It may not align with the client's value...</p> <p>Jo: Yea A: Or belief system but that's the way it's dealt. So again, we get a husband is the abuser or the unsafe individual is in the home, the child is taken away from the abuser. The husband either leaves the home which may not align with the woman's culture, or values, or belief system.</p> <p>there's a lack of understanding of different factors that cause the family violence, um, like, how, employment issues A: Okay.</p>
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					<p>R: Parenting, like that doesn't get considered, so I should point another point here.</p> <p>A: And then they consider the immediate factors but some of the underlying causes that are not, not properly highlighted, is that what you mean?</p> <p>Je: Like here...</p> <p>R: Go ahead.</p> <p>It is just using these preliminary things that you have seen with the Canadian, like the Canadian what they know.</p> <p>A: Okay.</p> <p>Jen: Without it going further to even tap further from the cultural services, the environment, other things that make these people who they are, like their background so Roz I think it depends if you read it critically, you should be able to. For me, I think how I understand it here. Is that what you are trying to say here?</p> <p>Ar: They don't understand this culture and this one don't want to understand the new culture because you are hanging onto the culture. So they hang on what you know help, what you know...[laughs]</p> <p>Jen: And then there's friction big time, yea.</p> <p>Ar: Yea.</p> <p>Family unit, we work with communities where family units is the basis of life and once that is destroyed, if you are a social worker, you are going to work to keep the basic unit of family, you are losing it.</p> <p>R: Right.</p> <p>M: You are seeing it from one perspective.</p> <p>Jo: Uh-hmm.</p> <p>M: And not really to spend the time you need to</p>
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					<p>understand what happened.</p> <p>Jo: Yea.</p> <p>M: Rather, you are just seeing, he slapped her, ah, you're running, just for that, you are not gaining all the story. We have heard many stories like that.</p> <p>R: Right.</p> <p>M: Where she actually, you know, he was asking how her day was in, she got a response full of water and threw it on him, in an angry way but she had, she's going through post-partum, you know and he got up and slapped her. And the next thing you know, she called [name] and they take her.</p> <p>Jen: Yea.</p> <p>M: But she threw things on her, right? You know what I mean, it's a reaction, I'm not saying it's right but she's not right, either. Right, you know what I mean? So, usually, they don't see, they don't have the time to take what went on rather they just react, it's reaction</p> <p>M: And for us, watch them and see how they're going...so we are very much, trying to convince them, please don't go there, because if we are there with them, and they try to make that decision, you're trying to say, 'oh no, no, please don't say this, look at it, I can help...we can do this...just give them time, let me talk to them in my language...that's what we do, even yesterday, that's what I've done, many, many times...I've tried to say, okay, call the office and let me talk to the parent when they call the office and then they try to call the office and say, 'who's with you', and then depending on the person, then in the office, the person, the supervisor, listen to her, to the [name] worker, listen to her or you can feel it like they're kind of wanting to apprehend, right? So, it's like, it's like those kind of dances you do...</p>
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				<p>R: We were trying to figure out what kinds of questions we can for this kind of reflection session. So everyone agrees that we need to ask questions that can help people understand like how do I work with families? So, what are the things...but I also identified the fact that for the story that [name] talked about, there are some people that are operating like this, well, you need knowledge about what African families go through. What sits in the background are relational skills. Like I'm not surprised. Like I'm kind of wondering what social etiquette skills that this person has that she didn't really listen to this man. Because to me, that says something about her expectation of how this man is and how this man should be framed in the report.</p> <p>A: Hmm.</p> <p>Jo: Uh-huh. Uh-huh.</p> <p>Jen: Umm. I think I'm gonna to agree with you in regards to the system, because when you are dealing with these issues and even collaboration, with other colleagues, right, the benefits should be with the plan that we are working with, we have to always, I think we personally, we always have to put that first, we are at these people, you know, when it comes to family violence, some of them, especially for the husband back home in Africa, we didn't see, we didn't even know what is violence. For us, it's just like this, with parts of the life, we didn't know what's the name? What would we say? We didn't know the name? Yea. I tried to [missing word] because I have a daughter because this is the father...but now that we have come here, across, we say, for every incident that happens, we are going to really take it in this cultural way, then</p>
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				<p>all of our men, everybody will be in jail. Because there's no way. I remember, like, telling, a collaboration story, one caseworker and the mom beat her child, children with spoon, the cooking spoon in the kitchen, so when she call me, for us to sit down so that we can have a discussion, and this is a home, the first she brought out of her drawers, [name], look at all these spoons', she collect everything at home and brought it to the office [laughs]</p> <p>M: [laughs]</p> <p>Jen: All the wooden spoons in case they use, [laughs] the case collected all of them from this mother and brought them, 'look at all this, [name], I collected everything', you know? So. If we, this is where this person is. And we do understand that it's not something that she didn't just learnt, it's part of her life.</p> <p>M: Uh-hmm.</p> <p>Jen: Big wooden spoon, all those things, she brought them and kept them and said, 'look, we are not going to do this and let those kids be hit again' [laughs], you know, so [laughs], a lot of those stories are like that and I've got another one, but a recent file that I got from here, they didn't know, they didn't know it was wrong to hit a child, they didn't know, 'oh, the Jamaican have just come, just a couple of months ago, she said, 'I don't know, what should I do then?', you know, I had to give them the tool, you know, you have fighting, you have other things that you can use rather than hitting them. Because the child went to the school, and they report this...</p> <p>M: [laughs]</p> <p>Jen: And we save so many families if we were to count, the count was those families that have sticked</p>
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					<p>together and that one push, that one slap has not mattered, nobody is bad and literally those who kill are those who have lost their minds.</p> <p>M: That one...</p> <p>Jo: Somebody is slapping someone because someone is frustrated, in time, it does not look bad, okay...</p> <p>R: Right.</p> <p>M: [missing word]</p> <p>Jo: But the system defines that, 'get it right', [laughs]</p> <p>Ar: I have two [missing word] males who told me...they don't mind being handcuffed but they hate the fact that they were handcuffed in front of their kids. And then from there, the [name] not really talking, not communicating with them and the law, [name] wanted to educate them, to give them training from the law, same thing with the social workers, the policies, the help, give something that they would be educated, hopefully this will change. You know?</p> <p>R: Like what you said. I can't believe that they would say those things to the family...</p> <p>M: But in this case, the teacher also didn't do her job. She knew this [name] family, they must have come from a terrorist situation and of course they may have got so many stressors and all of those issues that are happening back, back in, you know, refugee camps and they do have to send more because of the whole frustrations, and all this that has happened and you having been told, if you have seen a child and there are issues, there are sponsors who brought the youth, why can't you get a hold of them? Why can't you call them and ask them to come? You can talk before you call the [name]?</p> <p>R: Right.</p>
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					<p>M: And everybody is on me.</p> <p>A: So that's, the school is working with other people. There was one case where one broker and I worked on, [name], um, mom was a young mom, got married, had four children, was divorced, then got involved with another guy and had a baby, had a fresh baby. I was somewhere when they called that they needed to see mom, blah, blah, blah. So I came back to the office and I talked to [name]... [name], we tried to find [name], and quickly, I find a way to get a hold of [name]. They were like, 'we need to go now, we need to go now; [banging on table].</p> <p>M: Yes.</p> <p>A: [name]. We need to go now. We need to go now. So, finally, I get [name], and we needed to track mom, mom said, 'okay, I'm in the [name] Mall'. Okay, so [name] and I drive to the [name] mall, sat in our car, wait for mom to come, mom met us in the parking lot, she was scared, 'What is it? Because [name] services had been involved several times. She has a child with disabilities. I mean, disability, paralyzed, so she, so she and she's young, so her mom is always overwhelmed, everyday, day-to-day care of her children.</p> <p>R: Right.</p> <p>A: So 4 children out of the 4, 1 is paralyzed, and she has a baby,</p> <p>R: Right.</p> <p>A: Really</p> <p>M: And this worker</p> <p>A: Exactly and so what is it? What did I do now? Well, calm down, calm down, calm down. So we go in with the worker, the worker that did, what she would do, it's a Friday, yea, and we are sure of it. She</p>
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					<p>said, initially, she said, 'if I don't get to talk to these people, I'm going to apprehend today because it's the weekend and we can't leave this child in an unsafe situation. Blah, blah, blah, blah. And there she was that and the school said that, 'the child came in diapers from the previous night, blah, blah, blah'. The mom said that was not true. So, we had to assure her, 'Like, leave it to us. Make sure that this weekend, this child, whatever safety constraints are there, we'll take care of it'. Then we continue on Monday. Please, let's do this. And so, we talked about this and she agrees. There was no apprehension. [name] was supposed to call into the family support worker. M: And she was going in...and of course,</p>
		Impacts on family	(Not applicable)	Break-ups on family	<p>Jo: We are abusing the paper, these families break them apart, they're, for somebody who pushes his wife, or insults the wife or pushes his husband in the house and then they are coming to say, 'go your ways', well we could have said there, 'hey, can we be a tool, calm down,' M: We'll go to the court, deal with the results there. Jo: [laughs] M: [name] taking him, handcuff, just me and [name] taking the guy... R: Right.</p> <p>M: Because he's so angry with his wife, I mean she call someone, they literally let, he literally didn't see his children for two years. Then one he didn't say and I said to him, 'it's been too hard, you, you can say that to a child or do that to your child and you're punishing her? If he owe something, chart the station, how can you just [missing word], what I pay or what did</p>

					<p>[missing word], so finally I just kind of said to him, 'like honestly, and like I said to him, if I did [missing word], emotional injury to the children, I said to him, 'can you [missing word] and never the [missing word] was open did he [missing word] and now I know and he stomach it and he [missing word].</p> <p>R: Right.</p> <p>M: But honestly, this punishment isn't the right one, what do you think? That's why she asked full custody. He see [missing word], that's what too. He had been feeling that.</p> <p>Jo: It's terrible. So, it's a lot</p> <p>M: Just because he's being in jail, he has a CPO for one year. He's said, really, [missing word], so that's why he call this one. So, those are fundamental issues that we're talking, it's, it's takes a toll on them because he's new to the country and he cannot get, you know, citizen. There's a lot of things, so that under..</p> <p>Jo: [missing word]</p>
			(Not applicable)	Fear of services from families	<p>M: Exactly. Yes. And you could see this family looked very isolated and down. So I was, when I heard that Thursday morning, I was so upset, like I mean that was uncalled for,</p> <p>Families can get scared of social services</p>
			(Not applicable)	Traumatic experiences for men	<p>Ar: Well, it's true, usually in the domestic violence, what happens is when the [name] show up or the social worker, or whoever, the guy will be asked to get his clothes and go, going where, go to any shelter and those supports are not there.</p>

				<p>A: Those supports are not there.</p> <p>Ar: So now the following day, a non-profit has to go around and get this guy because all the [name] people are in court, he visits, but where is he going? Nobody knows.</p> <p>Jen: No, but sometimes, the men have lost their rights in front of their family, in front of their wife, in front of their children. And they put them in jail, straight. Sometimes just straight there. Me, that's what I have a problem with because this is the dad that the whole family adores, the parent, and then you are cuffing him, right in front of his children...</p> <p>Jo: Yes, psychological damage.</p> <p>Jen: You're done. Your family is broken because when that man comes back...</p> <p>A: That's true.</p> <p>Jen: Do you think those kids are going to respect him?</p> <p>Jo: No.</p> <p>Jen: He's done</p> <p>Ar: Let's sit down and talk about it , what's going on , you know but also one thing is that if a client is calling to other service providers that can also mean exploitation of clients , right?</p> <p>R: Yea.</p> <p>Ar: Like that story of that gentleman , he was saying, you know my wife , settlement counsellor and then so, but going back the wife was assessing some services here , [name], at [name], and then also going to The [name] organization so she's doing some stuff there , she's getting support here , you know, so the first story you know, she tells the other people these stories which service people hear the stories and you know,</p>
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					organizations can work together and they will serve people and learn.
			(Not applicable)	What kids experience	<p>Jen: Yea, see and all because of culture. Kids are not supposed to know what mom and dad are going through.</p> <p>R: Right.</p> <p>Jen: Kids are not supposed to ask questions. Kids are supposed to be just there. You hear, and you ask questions, and sometimes when these things are happening, we have a meeting, maybe the family comes and let's say there's a conflict between mom and dad...</p> <p>R: Uh-huh.</p> <p>Jen: The kids are sent away. We cannot be around adults that are talking.</p> <p>R: Right.</p> <p>Jen: You have to be with your own group of friends. So if this is the place that the meeting is taking place, all kids leave this particular room unless you are all coming to do something.</p> <p>R: Right.</p> <p>Jen: So we don't know, so for us, our kids suffer a lot when there is conflict.</p> <p>R: Exactly.</p> <p>Jen: Sympathize thinking about the adults.</p> <p>R: Exactly and so I go, oh, wait, it's not so much as a, it's not so much a weakness of the study, but it's also, you know I think, and I'm going to go back to, I think we want to include the families' voices because we wanted to be as inclusive, incorporate people as much as possible.</p> <p>Jen: You see, the children will always have that memory of these White people coming in and</p>

					<p>knocking on the door like this, and doing this and coming to our room? There is no...your home is your, your...</p> <p>R: No respect</p> <p>M: [missing word] and acting. So those children are growing up, feeling like you don't have a father, their father doesn't want them, and this is why we're having these kids with a gun. Everywhere, in the community.</p> <p>R: Uh-hmm.</p>
		Tensions in approaches that shape relationships	Different approaches	Differences in goals	<p>R: Right. Right. So what are those goals that you need to do to make sure that the family environment is safe? Therefore the child will be safe.</p> <p>A: Yea. Yea and so I think sometimes at the end of the day, you worked with the family to a certain point. The goal is to keep the child safe. [name] services wants to keep the child safe. We want to keep the child safe. We, as brokers, we do that as brokers. Um, the family, the parents want to keep the child safe. So, the goal becomes the same, at a point.</p> <p>R: Right.</p> <p>A: Right and all collaborators are in agreement that this is what we do. I think where the problem is the objectives to obtain that goal.</p> <p>R: To obtain that goal.</p> <p>A: Is where sometimes differ, or the family has certain objectives that they want to pursue, to achieve that goal. [name] may also want to have certain objectives, certain route that they want to take to achieve that goal, I think that's when there is friction.</p> <p>Ar: You see that? And so, it impacts us because now, when you go to the family, you go with the, with the social worker, say for example, the social worker sets off the gun. That you know, by law, you know, I have</p>

				<p>to do this and I have to ask these questions and I have to be, like, you know, writing all this stuff. Ah, when they explain, they explain with authority, they are not explaining in a way to get the comfort of this person. So, you find yourself at this state where this family is resisting but you know you could help, you know there could be a bit of help, if there was a bit of relaxation. And that is so how they impact us because these are how we, follow the rule and it's my job that I have to follow this.</p> <p>M: Hmm.</p> <p>Jo: As we say, we know how you are supposed to work, we know the rules but we also want to create the environment where they can realize that because there is a bigger chance to move forward together and that they are the beneficiaries and they are not the losers.</p> <p>So it has us between the two, our conscience and um, the, the law or the system. Because our conscience would say, there is, 'you can create a good environment for them to stick together'. On the other side, you know, suppose to be like this, we do like this, 'gentlemen, if you don't do this, it's not going to work.' And it's even worse, when you try to say okay, we don't want you to create limitations, let's let them know that you have the opportunity, if it doesn't go well, you can also file out the children. But they storming the [name], take these children aside, interview them, and these children come home, they tell their stories and then, I, who accompany, look like, 'oh this guy from this party is not supposed to be somehow different, what are they doing? So, really, they're collecting information to get us in trouble whereas something is uncovered that was not brought up by the others. Now the social worker goes to deep,</p>
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					dig deeper, what has been uncovered and so that becomes
				Different perspectives	<p>then that can create some kind of, misunderstanding, among, you know, um, service providers because very often we have different perspectives, they say [name] services.</p> <p>R: Um, there was this, there was this one picture that everyone said, we have the family here, and then we have the agencies here, and then your picture that you created with the group. They considered that the ideal one.</p> <p>M: [laughs]</p> <p>R: Um, because there was a recognition that there was an overlap and that everybody has a key, so you have [name], family, um, [name], so they said that it was reflective of how collaboration is, everybody has a key to addressing this issue, and that there's also overlaps.</p> <p>M: Yes.</p> <p>R: We have divergent opinions, which [name] had said, that's good because families can have choices.</p> <p>M: Absolutely.</p> <p>R: But it also, there can be conflict as well.</p> <p>M: Yes.</p> <p>M: Yea. Yea.</p> <p>R: And then we shared reflections of, there was a lot of talk about how to help the family, there's always these different frameworks</p> <p>M: Yes.</p> <p>R: You have to be client-centered, you have to think about culture. Um, we have to think about the different perspectives of the family, we have to</p>

				<p>include different kinds of kinship support</p> <p>A: Exactly. We always use that holistic approach and sometimes that's what mainstream doesn't understand...that you are dealing with the safety issue at hand, right? But, when we go in, we tend to see that issue has so many layers to reach and we see to all these layers. So the work before us, is broader than [name] thinks, sometimes broader, when we are going in, we are looking at everything. Really when we go in, there's a grandma in the house who perhaps is not well and has a mental health issue that contributes to the issue.</p> <p>R: To the issue.</p> <p>A: And we start working with grandma as well.</p> <p>R: Right.</p> <p>A: So at the end of the day, [name] has a child as the client. Child is their client, right? Or the child and the parent but we go in and the child and the mother and the father and the cousin in the house and the grandma in the house and the uncle living in the house are all of our clients because we are working to address that. So we see beyond just the issue, we see beyond that.</p> <p>A: And many times, many times I think that becomes a problem , the child safety becomes primary especially if the child's there and that's not surprising , that's what it is , the safety of the child overrides.</p> <p>R: Right. So my understanding is that there's all these different practices , approaches , are we looking at the child? Are we looking at the family? Are we looking at the factors that related to relationships? Looking at other factors? About the relationship?</p> <p>A: Looking at, I think looking at in completing assessments we look at</p>
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					<p>R: but when you guys do it , I think there's different peoples that look at because my understanding of what the stories are saying is that there is a conflict between one service provider versus another</p> <p>A: OK, so you want me to talk about me?</p> <p>A: So I'm going to take the first point, yeah in collaboration we kind of look at all the components that impacts the family that results in family violence . We do that rather than focusing on the child safety. So yeah, that reflects that. employment, yeah, other factors come into play</p> <p>R: so maybe it's more of focusing on long term solutions and or addressing immediate or short term aims that's really specific for the family.</p> <p>A: So pull. Because remember when you go into a home, you go in because there are some issues,</p> <p>R: yeah I mean but I think from the stories , at least with the stories are trying to say, that people go into situations , I think based on what the story, I think the family members say that there's multiple things that are happening And I think what the stories , even [name] stories, that again there are multiple things. [name] story start it off with domestic violence but he couldn't address all the things because the case worker said no we're doing this and we're closing the file.</p> <p>A: Exactly. And so that's why I was asking from which perspective because if you are coming from [name] services perspective, because [name] closes the file, they are focused, that's their mandate , their mandate</p> <p>R: Oh, I think this is just learning, all this, all that we assess the stories that have helped told us.</p>
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					<p>A: OK. R: Yeah. A: OK. R: I think how is this is more of what we have learned from these stories and they have told us that there is different practices that are being undertaken A: OK. R: Yeah. A: OK. Then the next one is how we interpret. I'm looking at the point that each person has a different interpretation, as it pertains to understanding the situation, What is the problem, nature and level of involvement, understanding of the situation, yeah this first paragraph really reflects what happens and that's even the more reason why there's a need for that kind of collaboration because of the individual interpretations. Individual understanding. Right?</p> <p>Again I'm going to ask this, What is this? Conflict resolution? What is it here? Is it a problem? R: No it's a solution. A: OK, because conflict resolution , in itself it R: I guess it has different interpretations. A: Yes. I think that's what is happening here. I'm understanding it differently from the literature is about. R: There's a paragraph in my literature review that says conflict resolution , conflict resolution is the ability to resolve an issue . In western societies , conflict resolution is the facilitator coming in , their timing it and they are directing . This is different from an African which is very relational-based, which involves kinship and which is not timed. So i put that in the literature review because i made an argument saying you have to look at peoples conflict resolution</p>
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				<p>style because the western one is I am the facilitator but I'm the expert. I I dictate what is to be said in here. And I dictate the time.</p> <p>A: Yeah.</p> <p>R: So of course , it's all submissive.</p> <p>A: Yeah. Yeah. OK</p> <p>Ar: You see that? And so, it impacts us because now, when you go to the family, you go with the, with the social worker, say for example, the social worker sets off the gun. That you know, by law, you know, I have to do this and I have to ask these questions and I have to be, like, you know, writing all this stuff. Ah, when they explain, they explain with authority, they are not explaining in a way to get the comfort of this person. So, you find yourself at this state where this family is resisting but you know you could help, you know there could be a bit of help, if there was a bit of relaxation. And that is so how they impact us because these are how we, follow the rule and it's my job that I have to follow this.</p> <p>M: Hmm.</p> <p>Jo: As we say, we know how you are supposed to work, we know the rules but we also want to create the environment where they can realize that because there is a bigger chance to move forward together and that they are the beneficiaries and they are not the losers.</p> <p>So coming then to within, one day, make a 360 and, and move away from these values, this is really...[voice overheard]. Exactly. This is really. And so what we try to do is that yes, 'we are there as workers to the same principles, we are there to the ah, same professional ethics, yes we know what domestic violence is, we are there but the approaches are</p>
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					<p>different. So, the system or the people who work for the system have a different approach to deal with the same situation, we also have a different approach. At the end of the day, we want healthy families, how do we work for this family to stay together and be healthy?</p> <p>M: Uh-hmm.</p>
				Mixture of approaches	<p>R: So it's a mix of those things.</p> <p>A: It's a mix of both. That's what I would say, but if I were to choose one, I would ...</p> <p>R: [name] thinks it's a mix of both.</p> <p>A: It's a mix of both. But if we are choose one, I would go with number one.</p> <p>R: The outcome-based, that system?</p> <p>A: Yea.</p> <p>R: Okay.</p> <p>A: Yea, they have these outcomes based.</p> <p>R: Personally, I see it as a mix of both.</p> <p>A: It's a mix of both. Are you able to pick both or are you supposed to choose in between the two?</p> <p>R: Well, I actually asked [name], [name] and [name], well [name] had to go because he had to take care of his kids homework. Um, but with [name] and [name], it's a mix of both.</p> <p>A: It's a mix of both.</p> <p>R: And so, I think, and this is my thing, with theory, there's always limitations, different approaches with how you see the problem, there's always a limitation.</p> <p>A: Yea.</p> <p>R: So it's always a matter of improving it, from ah, I guess you could say, from practice...</p> <p>A: Okay. Okay.</p> <p>R: So for me, I think the work that you guys, in our</p>

				<p>discussion have said that it really is a mix of both, it's not just one or the other.</p> <p>A: It's not just one or the other. Yea and so forth.</p> <p>R: Because you can't just emphasize this outcome-base without knowing this...how can you emphasize an outcome-base without understanding what the family...</p> <p>A: Yea.</p> <p>R: Taking the time to understand the situation.</p> <p>A: Situation.</p> <p>R: Because this level 2 here also says that from the intersectionality, it says working with vulnerable populations, like immigrant, women, people that are in abusive situations, like children, you have to put their experience first, you plan everything based on them based on what their needs, so they are, the premise on them.</p> <p>A: Yea.</p> <p>R: Not on a system that makes comparisons, it's first and foremost, their voice needs to heard.</p> <p>A: So that why the wrap around, that's the choice, that's what they have a choice but when there is also the needs for outcomes to be looked at, on their focus on outcomes, sometimes it prevents us from not, moving things around, getting resources to families, so...</p> <p>Ar: It's a community support...that is what social work is.</p> <p>Jen: Actually, before when we came to Canada, when I started working in this profession, one, especially the main agencies, central this and blah blah, by the time you identify that or disclose that, you know this person, automatically, they will not like to work with this person, they will not even allow you to</p>
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Appendix I: Sample Coding, Categories and Themes for Phase 2

Main narrative	Type of social acts	Meaning	Exemplars from stories
Feeling a part of the service delivery encounter for the family member(s) requires enacting social behaviors that acknowledge the family member(s) as integral to the identification and resolution of the issues that the family member(s) face.	Being cognizant of the worldviews and/or the experiences that the family member is operating in and acting in accordance with these worldviews	<p>Service provider understands the customs related to family functioning and resolving family disputes. Solutions are oriented within the goals of the family member.</p> <p>Service provider relates to family member through sharing of personal stories and/or being compassionate.</p>	<p>‘Valued social acts’</p> <p>P03 [male] When I first met him, we talked in English but as soon as he told me he was from a country that was near to my own, I asked him if he could speak my language. I felt so comfortable with him because I could express my ideas very well. We speak the same language, he understands everything, maybe I speak my language and I understand what’s going on. He knows how it is. He knows our customs, he knows our culture. He’s an immigrant like me and we are from the same place, the same area, we’re from the same region. So, he knows more. So, he knows what’s going on here in our community, how woman here reacts to everything. He knows our culture. He knows we are people who like to go out, meet people and make friends. So, he was helpful when he came to help us. He came to my house and had a conversation with me and my wife. He gave us some advice, he shared with us some of his experience, he showed us what was wrong and why it was wrong. He explained it to both of us. It was helpful for us and it was helpful for me. Even now, things are good because of what advice he gave to us. Because he knows how a woman acts and a man acts in our culture, he tries to put a balance.</p> <p>P04 [female] I worked well with Jeneba because she knows what I’m going through and she knows what I would say. I’ve</p>

			<p>known Jeneba for the past 2-3 years but we became closer because she helped me out. She knows more about our culture so she's able to understand me more and help me through whatever I was going through. For Jeneba, I believe she has experienced it, most of the things that like, a woman like me, is going through because she has already been there. Like for instance, she shared her own story about her mother passed away and how she had to continue moving forward. I really related to her. I think when you have someone who knows your culture, it's very different from someone who tries to be culturally competent. It's easy to study or read about my culture but it's hard for you to know exactly what and how I experience because you haven't been able to experience it yourself. But, sometimes I don't blame people for not understanding me more.</p> <p>P04 [female] Support services need to have people who have a cultural background that is similar to the people that they work with, or just be as close as possible. Somebody that really knows or understands the client's culture, the client's background. I think that will help. Workers need to understand how we grew up in our culture and what values and customs we have. Like, in our culture, we have to make sure that our families are together. From growing up, I learned if you think you are being abused, don't stay there, because you might lose your life. But I also learned that if it's just a misunderstanding, you try to resolve it together. Bring the kids together when there's a dad and a mom.</p> <p>P05 [female]</p>
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			<p>With these front-line workers, they can speak my language, so it's easier to express. I can walk in anytime and they won't tell me, 'oh, you don't have an appointment'. With the social worker, because I can't express, usually, I hold back a bit. Like when it comes to the social worker, I always feel that she might not understand, culturally, my language, so I feel that I might not express myself that well to her. When it comes to my feelings, I can totally be open to these front-line workers.</p> <p>P09 [male] When working with these two people who helped me resolve my issues. I feel very comfortable with them. In fact, Semira become like my sister. She knows our culture and she knows how we can deal with our things. She has a big complimentary heart. She keeps what you say to her confidential and close to her heart. This is important because when you are working in any community, you have to be careful because community members will always worry that someone has said something about them. But Semira cares and is always willing to offer to help. In fact, she is loved by our community. We help each other in our community. In our community, if there is a problem between wife and husband, we call Elders to come and sit down and fix the problem. So, we always go house to house to fix the problem. If the problem becomes bigger and we can't fix it or we can't solve it, we just call Semira. When she goes into a house to solve a problem, that means that fire is going to be extinguished. If the house is on fire there, when Semira is in that house, the house is going to be tended</p>
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	<p>Creating a sense of 'importance' of the family member</p>	<p>Physical and emotional presence of service provider creates a positive value within the family member.</p> <p>When enacted, this ensures that service provider places needs of family member at the foreground of service delivery encounters</p> <p>Conversely, actions that devalue individuals (e.g., excluding them from resolving family disputes and being prescriptive towards them) depicts an image the individual is not at the foreground of</p>	<p>'Valued social acts'</p> <p>P01 [Female] I think what was also key was whenever Theresa helped me, she would always come to my house. Back home, when you come to someone's house, it demonstrates that you have value. Whenever Theresa showed up, I knew that she cared and I was certain that she would listen to me. In this way, I felt valued.</p> <p>P02 [female] I also learned that when you find help, you can choose what you want to do. When I worked with Sarah and the social worker, they told me that I don't deserve to be treated like that in the marriage. You are enough. We're gonna help you, don't worry. We help you, that's why we are here. I felt very comforted because of their compassion. They understood my story, they didn't judge me, they understood that I needed help and they were committed to doing their best to help me. When I was trying to figure out whether to get a divorce or stay in my marriage, they gave me a choice. Many people think that when you go to ask for help, the people who will help you will drive you to divorce when they see the marriage is not good. But, the people who helped me didn't push me. Whatever I wanted to do, it was going to come from me and not anybody else. Even Jerome explained to my husband, we are not here to push your wife, to push for divorce, no, we are here to help you. No matter what you are deciding. We are here to help you.</p> <p>P04 [female] When I talked to this mental health counselor. She was so nice. She shared with me her stories. She helped me. She</p>
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		<p>service delivery encounters</p>	<p>taught me the grieving process because she knows that it was one of the contributing factors that made me not be happy. Each time I visited her, I just felt like so relaxed. She gave me materials, like some stuff to listen to. She was patient with me. She listened to me.</p> <p>P04 [female] As a client, you have to listen to me and know what I want out of this particular situation. Know what I'm working towards, identify my goals. Be patient. Be at my own pace. Be with me. At the time, I might not be saying sense and that's because I'm confused. All I ask is just be with me.</p> <p>P05 [female] When I worked with the front-line workers, they make me feel like I have a lot of family, like a large family, like I never feel that I'm alone. They take me to different places. They will take me out to lunch, to coffee and when we're out, they're proud and happy to have me with them. I know their family. I can go visit them, they can come and visit me. That is one of those things that are very important to me for my health. For me, the kind of help they gave didn't feel like it was just a social worker and a client relationship, the help they gave made me feel important.</p> <p>P06 [male] When I first met Mariam, she came to my house. She saw my situation and she took time to talk, to get to know where I am. She said to me, 'we are always there for those who need help, for those who are going through hurt, be it a woman, be it a man. Don't think it's only for women.</p>
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		<p>Don't think the system is only for women. We're gonna help you because I think you're the one who's dealing with the most challenge'. When she said those words to me, they were really important to me. She really made me feel comfortable. I felt listened to and I felt supported. Honestly, I don't know what kind of help I was expecting. But the fact that she came to my home and assured me that I would be supported. It felt like something went from darkness to lightness. It was such a huge thing for me. After that, everything that I had to do to help take care of my son...the paperwork... navigating the system...she is the one who is handling it.</p> <p>'Acts that did not value individual'</p> <p>P04 [female]</p> <p>When the lady came to my house, I had to explain to her my actual situation but she was trying to roll out the rules that they follow. I felt that she was not helping me out. I felt, like, I know my situation, right? Better than you. I know how I feel. I know what I want. So, listen to me. Listen to me. I just felt that she was not listening to me. She was not trying to understand me, to what I want, and what I'm up to. I felt that she was just going by how she thought that how things are supposed to be. Like, she would say, 'this should happen and this should happen', but everybody is different, right? So, I was just confused with her.</p> <p>P08 [male]</p> <p>I found out that the settlement worker who was working with my wife had given her a lot of advice. He had been giving her all this guidance while my wife was living with</p>
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			<p>me. For instance, my wife’s goal was to bring her family to Canada. The settlement worker told my wife that she needed to be single. If she was single, she could apply for benefits and take out a loan and then be able to sponsor her family. Once my wife started following this advice from the settlement worker, she transformed into a different person. She was being disrespectful at home. She did whatever she wanted to do. This kind of behavior shows that instead of working to keep families intact, a settlement worker can disrupt the family.</p> <p>P08 [male] These settlement counselors, their duty is supposed to be helping immigrants integrate into Canada, to be able to contribute to the Canadian economy. But instead of that, when the family has issues, these workers get into women’s ears. They help the women, support the women, find resources for the women and advocate for the women. Throughout this time, the men are never involved, the men are never contacted.</p>
	<p>Ensuring family member understands what is happening</p>	<p>Service provider ensures that the family member(s) understand what was happening during a service encounter with another service provider. In some cases, the service provider</p>	<p>‘Valued social acts’ P01 [Female] ‘For me, going to court was very stressful for me. I had heard that when you go to court, you never know what will happen. I felt very stressed because I didn’t understand what was going on. My English is very limited and I had trouble understanding what my lawyer was saying to me. Thankfully, Theresa was helpful in communicating with the lawyer. She would make sure he understood what I needed and she would make sure I knew what was happening’.</p> <p>P02 [Female]</p>

		<p>acts as an advocate.</p> <p>Being able to understand what is happening helps the family member feel important as well as helps them to be an active participant in addressing their own issues.</p> <p>In contrast, not knowing what is happening creates a sense of doubt and worry about the future.</p>	<p>I met a child care worker and I was scared at first, but she told me, ‘don’t be scared, we are not here to take your kids, we want just to make sure that they are safe in the home. Our goal is not to take them’. For me, that was really important because I was being reassured that the child care worker really wanted to make sure that my family was safe and that my children were safe.</p> <p>P02 [female] ‘When Jerome started talking to my husband, it was like, a revelation. I could see that my husband opened his mind. He began to understand the difference between what a husband does here in Canada and what a husband does back in our country. In my home country, men actually go outside and once they get home, they don’t do nothing, they just sit and the wife does the cooking, cleaning, everything. The wife takes care of kids and that’s all. Jerome worked with my husband. Jerome explained to him that what he was doing was not good for himself, for his kids and for his wife. Jerome helped my husband understand that it is both the wife and the husband’s efforts to save the family, to stay together. He gave him different options to consider, he can choose to divorce his wife or stay with the family. But if he stayed with the family, he needed to change his behavior.</p> <p>P08[male] I heard that a community social worker could speak French and Kinyerwanda, I was happy. Later on, I met with a community social worker at her office. She explained to me the procedures for going to family law services. She gave me recommendations to help my family because I</p>
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			<p>wanted to reconcile with my wife instead of getting this divorce. Unfortunately, it didn't work.</p> <p>‘Acts that did not value individual’ P07 [male] From CRA I went to Alberta Seniors. There, I was shocked to hear that my application for Guaranteed Income Support had not been received. I was told to reapply and that the process will take another four to six months. Now, I lost patience and courtesy but not my voice. I said loudly, "How come they received only half of my application? I just had an eviction notice, and I'm not feeling well. How will I be paying my rent? This is not fair!" Another lady approached me like, with caution, and offered to help. I submitted the envelope Miatta gave me along with other documents. The lady finally told me that my application would be expedited. I muttered, "Thank you", and left. Three months crawled by, still nothing.</p>
	<p>Connecting resources to the needs of the family member in accordance with his/her goals</p>	<p>Service provider attentive to the resource needs of the narrator. Service provider connects narrator to multiple resources and services that valued her.</p>	<p>P01 [Female] ‘On the night that I went to the police station, I met Patty, a social worker who helped me get out of my abusive situation. Patty introduced me to Theresa and she helped me find funds to take care of my family. She helped me find furniture for the house like mattresses and cooking supplies. She introduced me to different organizations and individuals that help women like me’.</p> <p>P02 [Female] The social worker connected me to Jerome. She knew that I needed someone from my community. A person who knows my background and my culture.</p>

			<p>P02 [Female] When I met Jerome, I also met Sarah. She was very helpful as she helped me to find some solutions. She gave me some information where I can find a job and sometimes, she called me and asked how I was doing. She was really helpful because she was really there for me. She connected me to someone that could help me get rid of things off of my chest. Sarah helped me find jobs. She introduced me to some activities for my kids. She helped me apply to school. She gave me advice. Everything that I wanted to do, I felt like I could talk to her.</p> <p>P05 [female] The social worker is more like the person that helps me when I need the paperwork. When it comes to getting the letters, and connecting with the doctors, and the government, these are all things that I am kind of prepare myself to ask the social worker for help. She is like my ally. If it's appointments, paperwork or something from a doctor, she can help me. If I need to deal with some kind of government or an official thing, again I can call her and she can make the phone call. If it's about a letter, I can ask her. Whatever. She would do it. So, really I feel like I have someone on behalf of me. I feel like with the social worker, I can do it anytime I can pick up the phone or go to her office and be hands-on. She's not like by the paper, social work. She's like, she knows my needs. She's open for me, like, for anything, she doesn't say this is not my job, no... If anything, she will then go and ask Semira to help out, whenever there is something to address.</p> <p>P06 [male]</p>
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			<p>Semira helped me find a lawyer. She explained to the lawyer what I needed. She would escort me to court. She would help me get papers from my lawyer. She even helped me apply for support like child tax benefits.</p> <p>P07 [male] One day, I came across Tamia, a prominent member of my community. In a chat with Tamia, she told me that she was a Social Worker. That moment, Tamia made two suggestions to me. First, since I was qualified, and that the process takes about eight months, I should go to Service Canada and apply for retirement. Second, I should go with her to AlbertaWorks to apply for Income Support, and possibly a job. I agreed to apply for retirement but scoffed at the idea of applying for social welfare. I simply said no without explaining my reservation. The following day, I applied for retirement and continued sending resumés for employment. Tamia kept following up on her suggestion to accompany me to AlbertaWorks. I told her that I was managing and failed to go. She still loaned me money three times to pay my rent, and I paid her back a week or two later. When there seemed to be no prospects for me finding a job soon, or money from any source, I went with Tamia to AlbertaWorks.</p> <p>P07 [male] Upon hearing my story, Miatta attended to me swiftly. She gave me two sets of paperwork to drop off: one at Canada Revenue Agency (CRA) and the other at Alberta Seniors Benefit.</p> <p>P07 [male]</p>
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			<p>I casually told Ida that I was looking for a room. She told me she was also a Social Worker, doing advocacy and helping people with housing. A few days later, Ida accompanied me to the downtown location of AlbertaWorks. She went with me to an inner office where she stated my case.</p> <p>P07 [male] I followed up with Miatta who called Revenue Canada in my presence. I went home whistling that day after hearing that my application for Guaranteed Income Support had been approved. In two weeks, I received my package, and was I ever so happy!</p> <p>P09 [male] So, when my family worker connected me to Semira, she stepped in, came and helped me out. They helped me with my kids. They helped with advice. They helped me emotionally, financially and provided me with so many resources. They would remind me to get food. They helped me fill out an application for daycare for my kids. I was able to get daycare for one year and even now, that daycare still continues for me.</p>
	Creating a sense of reliability	Service provider provides a physical and emotional reassurance to family member that help will always be available.	<p>P02 [female] Any time I would see my doctor, they would attend these sessions and ask if I was okay and reassured me that I can talk to them if I need help. They are nice people. I liked having them there because I felt they really cared about me. They really made sure that everything was okay with me.</p> <p>P04 [female]</p>

		<p>In any case, Jeneba was always helping me wherever she can. She was encouraging, always listening to me and would always follow up with me. When I was having doubts about continuing with school, she would talk to me and say, ‘you can’t drop it now, you can’t stop going to school. I know it’s difficult but you just have to try to be strong’. She will just be pushing me to get up and I thank her for that. I was able to like complete my course. She counseled me and talked to me. When I needed food, she would take me somewhere. Even though I was going through stuff, she was suggesting how I could find ways to pay my bills.</p> <p>P05 [female] The social worker and Mariam worked together to help me. Whatever I need, they made me feel comfortable to ask and they’re just open to listen to. Anytime, I need, they are there. Anything that I ask, they will listen. There’s no judgement and I can ask anything. I don’t hold back when I first ask. I don’t hide anything. I can ask anything. Language, support, if I need translator, if I need information, if I need any support, I can ask them. I see them as a family.</p> <p>P06 [male] When Mariam came to help me, I was not mentally ready to learn and navigate the system because I was so hurt. I was done. My dreams had fallen. When my wife left, she took all the papers, the government papers, the health care...everything was gone. I didn’t know what to do and I didn’t know where to go. At that time, I wouldn’t have been strong enough to raise my child and be a good father</p>
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			<p>for him. I wasn't ready to say, um, I'm separating, I cannot even open up and tell anybody and say, I'm not with my wife anymore. It was too painful and I wasn't ready for that. The fact that Mariam came and with the little information I told her, she told me she can help me in all areas. It was a blessing. I'm so thankful for that. I didn't want to go anywhere because I wasn't even ready to tell anybody else.</p> <p>P09 [male] When I think back to how I worked with Semira and Alice, I really liked that they gave me good advice and they are always there for me. In some cases, the help that they give is so unexpected and I am lucky to have been blessed with their kindness. For instance, there was a time when I was struggling with money and one day, I get a phone call from Semira, she asked me to come to the office and she gave me a cheque. I was shocked and she said, 'here, help your kids'. I couldn't believe that I could receive this kind of financial help because I didn't know what I did to receive this.</p>
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Social acts X front-line providers

Main narrative	Type of social acts	Meaning	Exemplars from stories
Working together as a unit	Identifying the situation to address, the subsequent goals together and implementing the solution together.	The task of goal and issue identification has to have a shared understanding among front-line workers. In turn, this shared understanding must extend to families.	'Valued acts' S01 [female] I remember this other incident when there was a serious allegation of harming the wife but it's not only that, there are other issues embedded here. When we had this situation, the person that I worked with on this case was taking her time, mapping out the situation, communicating with me, and trying to understand where the client is. She

		<p>Social acts that enable this require including perspectives from all front-line workers within the service delivery encounter.</p> <p>Conversely, social acts [e.g., not taking time to understand situation and not incorporating perspectives from another front-line worker] and existing conditions [e.g., divergent perspectives on how to address the problem] can create or add extraneous stress to building a cohesive unit.</p>	<p>was trying to understand where other members of the family are and how we can help them. We went over the situation and what kind of choices can we make. Like ‘no, we don’t want to go to families’ home unannounced’. ‘Yes, we have to think about our own safety when we see families’. ‘Yes, we have to think about the safety of the mother and the children’. ‘Yes, we have to think about the implications of our decision’. Throughout this planning process, this worker includes you in the idea and in the execution of the plan. That’s good.</p> <p>S01 [female] When we map together, we listen from the client, we think about the implications, the short-term and the long-term.</p> <p>S01 [female] So, my principle is, first of all, let’s go figure out what this family is struggling and identify what’s working. When we look at what’s working, then what we can see, we can kind of ask them, ‘would this work?’ Or, what is your idea? And they can come and tell us. I don’t want to be telling them.</p> <p>S04 [female] The worker and I worked together. We discussed the case together, the worker listened to what I said. We shared and respected ideas and we came to an agreement</p> <p>S04 [female] we established a relationship with that family through trust and agreement</p> <p>‘Acts that did not value individual [front-line provider]’</p>
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			<p>S01 [female] There seems to be this rush, this attitude of ‘tackle that and run and say, ‘now we can go’, like a rush to close the file of the client. There’s this sense to work separately, you do one thing and we do the other. Like you do this part and we will provide counselling. When a case is given to us and reviewed, there is an urgency to close the file and not stay with the family to provide services. In some cases, when this happens, we see that same family again, only this time, the issues escalate</p> <p>S02 [male] The worker also didn’t incorporate what I was saying. I just thought, this guy isn’t interested in what I do. I don’t know what was in his mind though. I guess, he needs to show that he’s doing his job, right? But in reality, he’s not doing his job. He could have said, ‘what do you think? Is there anything you want to say?’ He was the only person talking.</p>
	Acting in a manner that includes the family member(s) within the service delivery encounter	Creating a cohesive unit with the family member(s) requires social acts that make family member(s) feel like valued members. These acts involve operating within their worldviews (e.g., incorporating engagement customs that are respectful and invite them to be part	<p>Valued acts’ S01 [female] When I work with others, I use a third space in making sure that both sides know what either side wants, between the parents and the service providers. We can’t do this in a rush. You need to give the families time and calm them down. Help the family get to a point where they are open to talking and understanding how the law and the customs have changed from their own country. Like for example, if a parent normally slaps the child because the child does something, help the parent understand that maybe that’s not something that you can do here’.</p> <p>S04 [female]</p>

		<p>of the service delivery encounter; being cognizant of fears that family members have about services; identifying resolutions), incorporating their perspectives and working with family member(s) to understand what is happening during a service delivery encounter</p>	<p>When my co-worker and I went to see the family, I went in to see the family because for some families, seeing a particular service enter their home makes them scared. When one is scared, you don't want to have a relationship with them, you don't want to talk with them, you don't want to disclose details. As well, for some families, they are not used to seeing a particular service, say, like child welfare, because it is not a service that is offered back home where they come from, so the family does get scared. So when we go into the home, the aim is try to alleviate the fear, the aim is to say, 'hey, we know that things are bad now, but we are here to help, we want you to tell us your problems, we can help. If we are helping you and you are not taking our help or if we are giving you the resources and you are not using them, if you are not following through with what you are supposed to do, then yes, there might be consequences. We focused on kinship care in that we identified support options that act like a relative to a family</p> <p>'Acts that did not value individual [<i>family member</i>]' S01 [female]</p> <p>In previous cases, whenever there is a child in danger particularly in a case of a domestic dispute, the focus seems to be on ensuring the safety of the child and forgetting that there is also the family that you have to focus on. When there is a focus on the child, there is an understanding that the child should not be exposed to this violence. There is not a focus on the impact of the violence. There is not a focus on the interests of the parents. No one asks them what they need to support themselves to have a better life. Like, what about the father and what he has gone through? How</p>
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			<p>has he adjusted? What was his life back in his country and what is his life now? Is it cruel? Is it good?</p> <p>S02 [male] When we were with the family, he introduced himself and then introduced me to the family. Then he talked to the family and asked, 'were you fighting with your partner? The mother said, 'yes, I started it and this is what happened'. Then the worker said, 'You know you are not supposed to be doing that, right?' Then she said, 'yea, I know, this is what happened'. Then the worker said 'we need to set up a safety plan so that this doesn't happen next time'. So, the worker started telling the mother what needs to be done, 'you need to do this and you need to do that'. The mother was looking at him like, 'this is what you want me to do?'</p> <p>After, when he asked the mother, 'do you have any questions?', she said, 'I don't have questions because you are just telling me what to do and it seems that you know about my family and you are the one who knows what happened to my family and therefore you are saying what needs to be done. So why are you asking me a question when in fact, you are telling me what to do?'. This is something embarrassing about my family so I should be...you didn't give me a chance to tell you why we can do, try to do things that haven't happened, right?'</p> <p>S02 [male] For me, I was really shocked because there was a domestic violence in this family. The worker didn't take the time to know what has happened? Why? What has contributed to</p>
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			<p>this situation? Why are these things happening? What has been the impact on the mother, on the kids, or even the husband, or even the whole family? You know? What are the family's worries based on what has happened? What are some good things going on in the family? What are some strengths or support for the family? Why didn't he come up with a plan with the family?</p> <p>S01 [female] when I worked on this case, it seemed that the young couple was not aware of what was being given to them. I remember asking the mother if she understood what an EPO is and she did not understand what it meant. In fact, the young couple had other people speaking on their behalf and that's a big problem because they don't understand what they want.</p> <p>S02 [male] I remember the mother was talking to me and pointing out that her mother would help out with the family. But the grandmother was never asked about what she could do.</p> <p>S03 [male] When I met the family, I noticed they came from a cultural background where visitors are welcomed through offering water, tea and in some cases even food. To the family this practice is hospitality and a sign of welcome and acceptance. Whenever, you visit a Sudanese family the expectation is that you will share with them in the water, tea and or food that is offered.</p>
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			<p>When we went into this house, the family brought some water to the caseworker and myself. They also offered us some tea but the caseworker said, 'no, thank you' to all these offers. I noticed the mother gave us a strange look and she went into another room. As the mother did this, I cautioned the caseworker and told her, 'it's important to have the water, it is a sign of 'welcome' from the family'. The caseworker resisted and said, 'No, we are not supposed to be eating things in the place of our clients. When we are involved in a family, we are coming to do some work'. She told me that if she needed water, she would just drink from her own bottle. I explained to the caseworker that we need to respect the offer and just have the water. But the caseworker said no thank you please again</p>
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Appendix J: Sample Coding, Categories and Themes for Phase 3

Type of learning outcome	Main category	Meaning	Codes	Excerpt from group reflections
Process	Evoke empathy and respect	<p>Stories evoked personal reactions amongst participants. The nature of the reaction either evoked positive or negative responses. What the outcome was based on the degree to which the narrator's experience was similar to an attendant. First, when stories were similar to own personal experiences, it stimulated others to see how the experience was similar to their own. When stories were different, the story became a stimulus for participants to share their thoughts and perspectives about the story.</p>	Promoting respect	<p><i>Data from group reflections</i> It was the man who did not feel help, and a lot of people and I'm going to say half, of the group in both phases didn't want to take , I think they didn't felt like there was a lot missing and they felt like they couldn't , for me it was almost like it felt like they didn't want to take the word of what this person is , so they were looking at a weakness and really it wasn't a weakness because it was more of respecting where this person is coming from and validating them , so I don't think it wasn't until [co-inquirer] and [attendant] who said , we really need to take into account this person story of what he's telling us. So I think your point highlights these people we invited , that some of them just saying like let's look at the weaknesses, shortcomings , and that story was that shortcoming that this is really only one man side of the story and we're not really seeing this story but it is the person, he is experiencing that he's not feeling included. So there is almost of that disrespect and not valuing what he's bringing to the table. And then because you don't have the full story you hold it against him.</p>

			Highlighting power differentials	<p><i>Data from group reflections</i></p> <p>R: I think [co-inquirer's] story , in the 2nd , 3rd phase really highlighted to everybody that there's a lot of power struggles that everyone is experiencing.</p> <p>Jo: Yes. Yes. It was a good chance that we had that talk.</p> <p>R: So it was a really poignant moment , it wasn't just one group, it was everyone was feeling it</p>
			Stories resonating with everyone	<p><i>Data from group reflections</i></p> <p>so when we shared [co-inquirer's] story in Phase 3, a lot of people really resonated with it, like they, I think there was one person, I remember the person from [organization] and [organization] center were saying those are power issues, like we feel that. And it was such a discussion, I was like, it was totally unexpected because people were really like, I relate to that, that happened to me.</p> <p>I remember 1 person from [organization] and she was like, that's exactly how we feel that [organization] is not paying attention to us , they have their own protocol, they don't listen to our workers, so they ended up drawing collaboration in a way that everybody shares the same, everybody is part of it And these are the values.</p>

Process	Cognizant that we can learn with each other	The learning environment became a space for stimulating learning, creating an open space to share experiences (including expertise and shortcomings) and to discuss challenging conversations (e.g., how to relate to each other)	Admission of our gaps	<p><i>Data from group reflections</i> it makes a big difference when you have someone who acknowledges, yea, we lack this, in our agency, this is something that we lack, and that's what she said, that she's trying to work with supervisors to try to make them understand why you shouldn't rush the process, and da da da, so she has also been front-line worker and particularly dealing with family violence, as well.</p> <p>M: It was positive and specially the group I was in they were openly discussing their shortcoming in particular the police</p> <p>R: So they recognize the shortcomings of their service? M: Absolutely.</p>
			Display diverse experience and wisdom	<p><i>Data from group reflections</i> R: So I don't know how you found in your group because you worked with a mix. M: Actually they were a mix but we were more experienced R: From both child and family? M: Yea. You actually couldn't have picked the best of them, simply because the police, she's on family violence, in this area, she has been working in this area for so long and she's also a police and she also knows where the police are lacking, anyway, her struggle</p>

				<p>is, even the police, which is way different than what a normal police constable would tell you, that's just how it's dropped, that's not how she came about, much of them lack an understanding of family violence, much of them, only consider that acute and then go, they don't have to deal with it, it's just plans for some other agency, but the truth is, not all of them are embedded in understanding given that conversation, right, so the ones that I have been with are more experienced, with people who have really experienced this</p> <p>R: And this was reflective of the people...</p> <p>M: Yes.</p> <p>R: Okay.</p> <p>M: So, you could see that whenever I was talking, she said, well I can see that, I know, rather than being, oh, we are this and we are that, and our mandate and this and that, but she's different, and even with children services, I know her, she's my friend, [name], she knows and they lack many things and they lack understanding, both sides...</p> <p>R: This is the one on the right.</p>
			Stimulating learning and openness	<p><i>Data from group reflections</i></p> <p>It really helped people to think in a way to come up with ideas as you can tell by the drawings that we have.</p>

				<p>R: And I think even like, you were there, because you were on the other side of the group, but I don't know if you remember, when we read [co-inquirer's] story, it was one, it was [attendant's] group, there was one lady from the [organization], who said, that is so what child and family does.</p> <p>Jen: Yes.</p> <p>R: And I think these were the issues of power issues that nobody talks about.</p> <p>Jen: You can't. Are you kidding me? People don't want to talk about it. These are such a good thing and here we were able to just open the cans...</p> <p>R: And then let people talk about it.</p> <p>Jen: And let people talk about it.</p> <p>R: Talk about it in a safe environment. So, I know that one, I know that [co-inquirer's] said we took a long time.</p> <p>Jen: Yes, we did.</p> <p>R: But you said, like even the group was saying like, it got them to start thinking.</p> <p>M: Yea, thinking and stop and say</p> <p>Jo: We see those things. But it's good, at least they're noting it down. That's a change. That's a big one. [laughs] – in relation to factors that can address the power dynamics in the service delivery encounter</p>
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			<p>Jen: Remember the time we had, we were doing this exercise with the groups that we were working with, remember, I think five or six of us, R: You were five. Jen: yea, so imagine all those people are different, never met some of them, it was the very first time we meet... R: Was this the very first time you met most of them? Jen: Yes. Most of them. It was the first time. R: Okay. Jen: It was the first time that we met on that day and still we were able to work together R: And still. Jen: Yea. You know, we had no problem, no conflict, nobody got very mad unless we also sat down and worked nicely and we said everything, all, in fact at the end, I think exchange numbers.</p> <p>Jen: That picture that we did, you know, everyone brough in their own ideas, if I was going to do that on my own, I would be able to, okay, whatever comes to my mind, just do it, but because I was working with other people, have to make sure that I get their input R: Oh. So, you were collaborating. Jen: So I have to get their own input, or I can bring them in and say, no, I don't think this works out, okay, let's try it this way, so you</p>
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			<p>know that collaboration was neat and tidy, for us to be able to achieve that goal at that time, we don't know each other from nowhere, we were only able to meet there, and here we go, we work together as if we know each other for a long time, I was even asking one of them, I think I know you before, did you do a [missing word], but I know you, you seem like somebody I know of, I've met you before, but I don't know where, and so you know, it was these kinds of things. Oh, okay.</p> <p>R: On Phase 3, I don't know if you saw my email but everyone thought it was a really good phase. M: Yea. R: Because people started talking about um, concepts that they were not familiar with M: Uh-huh. R: Like helping the man.</p> <p>Data from attendant evaluations Qualitative responses -wanting to learn; open mind; welcome and values the opinion of others *Note: Quantitative responses demonstrated that the learning environment was experienced positively.</p>
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				[Characteristics: Appreciated different ways of how to work together; Helped me to reflect on my understanding of working together; Consider the implications of a particular approach when working together; learning environment felt safe; welcoming and comfortable; felt valued and heard from peers – all scored high – average 4.89]
Learning	Identifying factors to improve relations with ‘other’	The learning environment and the activities [e.g., sharing stories and doing collective reflection] created a mechanism for participants to identify ways in which they can interact with the family member and front-line workers. These ways included values, service delivery approaches and learning strategies	Understanding the client’s experience	<p><i>Data from group reflections</i></p> <p>R: Did they mention certain things, like coming out from their questions, did they say something like, we have to value this man’s experience, or...</p> <p>S: They understood the man experience, you know, what he was frustrated with</p> <p>R: There is a hierarchy.</p> <p>A: And</p> <p>Jen: That’s exactly what we talked about.</p> <p>Jo: Yes.</p> <p>Jen: That’s how exactly what we talked about. That male, as a case, that’s exactly how ...</p> <p>Jo: This is.</p> <p>Jen: Because it was a man, where it is a culture, I’m just talking about it, the man is the lord of the family and you come in, and then you come in, the first thing you do is look down at the man...</p> <p>Jo: Yea. Yea.</p>

				<p>Jen: You don't even want him to get information. We don't have anything to do to help him.</p> <p>Jo: Yea.</p> <p>Jen: Leave them in the limbo. How do you expect that family to be functioning?</p>
			Enacting multiple values while engaging with families	<p><i>Data from Post-it notes</i></p> <p>Having empathy, valuing human life and the experience, promoting safety, promoting being genuine)</p>
			Applying multiple lens to address the issue	<p><i>Data from Post-it notes</i></p> <p>Using a holistic approach to address issues of the family; looking at cultural/gender considerations in relation to how they influence gender roles in marriage; looking at the roots of the conflict, and applying a client-centered approach)</p>
			Being aware of structural challenges that impact working relationships with families	<p><i>Data from Post-it notes</i></p> <p>The system focuses on women more; culture can't be generalized; system can't only examine one area but needs to examine the whole family; prevention and intervention before the issues – educate on power and control change in Canada; confidentiality is improper- limits how we can support – systems issue</p>
			Creating respectful relations with family	<p><i>Data from Post-it notes</i></p> <p>Considerate of client's position; Include them in the conversations about collaboration; Abide by professional ethics</p>

			Having a repository of tools to work together	<p><i>Data from Post-it notes</i></p> <p>Having specific knowledge about a client's culture, resources that are relevant and appropriate for clients, and knowledge of different service delivery systems that can provide access points to resources and services</p>
			Working together	<p><i>Data from group reflections</i></p> <p>R: So these two pictures are both, this was [name] group Jen: Uh-huh. R: Bascially, their group was police services and children's services. Jen: Uh-huh. A: Uh-huh. R: And they basically said that each agency and the family has the. Key to addressing the problem and that these are values that are constantly in motion and that we have to think about this.</p> <p>R: And everyone took notes and so these are the important factors , this is what you should do, look at culture but when it came to how do we work with each other, like I have to let go of my eog, I have to share my power, I have to be accountable, I dind't find a lot of people writing. I don't know if that's what you found in your group. S: Yea, that's, that's, we had the same thing too. They had nothing to share. Jen: Because...</p>

				<p>S: They talked about, you know, how you guys never collaborate, you see that, just a few comments there, oh...</p> <p><i>Data from Post-it notes</i> feeling appreciated and feeling valued; navigating the system together, having accountability and responsibility, distributing power, debriefing with each other, identifying roles of workers and having a pre-meeting; brokers and children's services work together; 'no pre-planning and going in cold; be respectful of organization's processes; can have mentoring amongst peers; influence of time</p>
	Identifying ways to understand each other	The learning environment created a mechanism for attendants to learn about each other in relation to the different lens they use to practice collaboration (e.g., identifying prominent players in the family violence service delivery system; identifying values and strategies in; learning how they conceptualize collaboration) and the challenges they	Expanding knowledge with each other	<p><i>Data from group reflections</i> R: So you learned about different ways, about how they do collaboration in their organization? Jen: Yes. And that it gave me more added knowledge that I would want to see to. R: But you don't necessarily get that when you're doing your own work. Jen: I do get it but it gives me more. It gives me more, more chance for me to be able to get more information, more knowledge at that time, with other people. R: When you say more information, more knowledge, what is that? R: strangely everybody agrees that differently that what took in the</p>

		<p>encounter (e.g., learning about the influence of time on service delivery practices). In doing so, this created a platform for some attendants to find ways in which they can connect with each other in the present and future (e.g., wanting to learn more about service delivery encounters from the perspective of co-inquirers, and wanting to learn how to change the system to address batterers)</p>	<p>conversation, there was a conversation of about different frames about different frameworks about how to help families</p> <p>R: There was one picture that Martha drew with her group where the idea was two agencies were holding the family and Martha and everybody agreed that this was a picture of what collaboration is right now because it's this idea that we're supposed to help this family but instead we're pulling the family back and forth.</p> <p>M: And that is important, it is what, even a way for us to have them listen to us is through this.</p> <p>R: So by then, that account, the research, you find this research was helpful.</p> <p>M: Absolutely. 100%. I know that. Even the fact that they heard what we have to say, some of them were like, honestly, Tigist, next time, this kind of stuff and you need to tell me, like you know, most of them were saying, this is not fair for you guys, but it's going to take a long time.</p> <p>A: And really when you think about children service cases, it's mainly [name], the [name] where there is domestic violence and the situation and the police attends...</p> <p>Jo: Yea.</p>
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				<p>R: So they're perceiving it from what they usually see.</p> <p>A: They usually see.</p> <p>R: Okay.</p> <p>A: And that's why you may not see health in there.</p> <p>R: Yea, because there is also health.</p> <p>A: Yea, but mostly they see it as involving police attended, children services involved, now community organizations are involved.</p> <p>S: You know, okay, why this service providers, the people did not communicate, why they not meet, why, why, why, yea, so, there was, there was some critique about the collaboration among the service providers, these providers, they spend a lot of time, asking the questions around that, so there were a few things, yea, yea.</p> <p>R: From their asking of their questions, did you get a sense that they were really trying to explore what is the nature of collaboration?</p> <p>S: Yes.</p>
			Expanding my knowledge for the future	<p>R: So you learned about different ways, about how they do collaboration in their organization?</p> <p>Jen: Yes. And that it gave me more added knowledge that I would want to see to.</p> <p>R: But you don't necessarily get that when you're doing your own work.</p>

				<p>Jen: I do get it but it gives me more. It gives me more, more chance for me to be able to get more information, more knowledge at that time, with other people.</p> <p>R: When you say more information, more knowledge, what is that?</p> <p>Ar: I think that , that's what's missing , when I read the stories , that's what I really kind of really get. And of course also that puts responsibility to me and my frontline you know, Do I highlight, do I do enough documentation,</p>
			Identifying 'points to connect'	<p>R: And her feeling was that they all wanted to understand how the system needs to change to make it better, particularly the offenders who are coming from different backgrounds.</p> <p>Ar: That's it.</p> <p>Jen: Yea. Good.</p> <p>Ar: That's what we want them to say.</p> <p>Jo: So it's good that they're talking about how they can change the system because the system is really like this, and this is what they can do but we all have to put our hands together and say, look, this is what, 30 years ago, now let us make these changes.</p> <p>Jen: Yea.</p> <p>Jo: And when they see it, and when they do, when they experience it, it's even better.</p>

				<p>Jen: It's even better. Jo: So that was good. [laughs]</p> <p>that's my take-away so when we were reflecting on the family cases, that we shared with the front-line workers and their comments, I have seen that we still have big gaps amongst ourselves. That the collaboration really needs to improve a lot. Communication and relationship, when we are working with the family, how does that look like us for us? So my understanding is that um, we still have a lot of work to do to work together and to make sure that our understanding of our perspectives of the front-line workers, if it lines up with everyone else. I mean, I don't know. But I could see there is a gap. There was a gap where one of the front-line workers was saying that if I was me, I was going to do this, this, this, I don't see this work having been done, I don't think these workers have time to meet and discuss about they [] the family so how are you going to help mom if you don't know dad's situation, why did these two front-line workers not meet to discuss about, about how to help the family going forward, so why these things haven't been done? So it was like a big gap.</p>
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				<p>R: But do they also recognize how they relate to front-line workers, have a challenge relating to each other?</p> <p>M: Ah, yea, I think to some degree they did, but more or less, they say, everybody has their job, right? And they do, I'm out, of course one of the issue they talk about is time.</p> <p>R: Okay.</p> <p>M: And that has been all a challenge, for all of us, they are very fast in trying to do,</p> <p>my feeling was that they all wanted to understand how the system needs to change to make it better specially to support the offenders that are coming from different backgrounds.</p>
	<p>Learning mechanisms may face existing barriers</p>	<p>The existing learning environment faced structural and cultural limitations.</p>	<p>Lacking details of the service delivery</p>	<p>S: The story that has been shared to reflect on, they had many questions about the story. Those many questions is ah, formulated to that...there was no details. There were no details about the story. They were asking, um, when that. Happen, what did the service provider did? Why did they talk about these things? Why? Why? To the point you see the story didn't have a details. For people like, for people who came to reflect from other service providers, couldn't comprehend right away. They had many questions right away about the story.</p>

				<p>Ar: how the agencies can work together, how the agencies learn from, how you share, shared practice, you know? Ah, how can we have shared practice? How can we, of course knowing that Ah, there is, this is one side of the story because there was, this is one side of the story, his story, you know? But on the other hand it instead of focusing on, this is one sort of story, let's say this is, this is the case so what could the agencies have done and what can the agencies learn from This? So that's what I really saw.</p> <p>R: So aline said the same thing</p> <p>Ar: Yea</p> <p>R: That they were very focused on trying to identify the whole story and they weren't really and for her she Felt that there was a confidentiality, risk for confidentiality.</p>
			Lacking time to reflect deeply on other areas of collaboration	<p>R: yeah and strangely everybody agrees that differently that what took in the conversation, there was a conversation of about different frames about different frameworks about how to help families but there wasn't really a conversation about how do we create, what is a shared practice?</p> <p>Ar: uh-huh</p>

				<p>R: Um and there really wasn't a conversation about how do we create a practice knowing that each of us are different?</p> <p>Ar: Yea</p>
			<p>Still a challenge to break away from critiquing (destructive learning)</p>	<p>Ar: You know that's how I see this. But I just feel like they, the agencies are, most of the agencies who are present there, they were looking at how agencies can do this better or this is what we have done, these are the issues, they are more critical about the cases I would say than looking at the agencies as all what did we learn from this.</p>