ACWS
Alberta Council of
Women's Shelters

Practical Frameworks for Change *–*
Supporting Women and Children in Alberta
Emergency Shelters

Report Prepared for the
Alberta Council of Women's Shelters *by:*

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It all began with an overwhelming desire for positive change. In the fall of 2008, the Alberta Council of Women's Shelters (ACWS) hosted the first ever world conference of Women's Shelters. Eight hundred shelter workers in Canada and around the world came together to network, to share proven innovations, and to learn from each other.

Inspired by the conference, ACWS and eight member shelters conceived and implemented the Practical Frameworks for Change project, introducing and evaluating promising practices learned at the conference to better support women in areas of Safety, Health and Culture.

Participating shelters contributed their expertise, time and ingenuity to ensure successful project implementation over a two year period. Along the way many challenges were addressed and overcome to ensure that women and children in Alberta shelters received the best possible support to help them reach their goals.

This report is first and foremost a testament to women's courage. It also attests to shelters' domestic violence expertise and their willingness and commitment to do whatever it takes to improve services for women.

The Alberta Council of Women's Shelters wish to convey our deep appreciation to the women whose voices are reflected here for their participation in the project and to the 8 shelters for their inspiring work.

In particular our thanks go to

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The staff in the eight shelters who contributed expertise, ingenuity, deep commitment and so much of your precious time;

EXECUTIVE SUMMARY

The foremost purpose of emergency shelters is to provide a safe place for women and children escaping domestic violence. The secondary goal of emergency shelters is to support women and children in accessing the internal and external resources needed to live a violence-free life.   Alberta Council of Women's Shelters (ACWS) is a province-wide, voluntary organization supporting women's shelters and their partners through education, research and services for the benefit of abused women and their children.

Through the Alberta Council of Women's Shelters (ACWS), Alberta's emergency, second-stage and senior's shelters work together in a learning collaborative to develop promising-practice knowledge and maintain high quality service in Alberta's shelters. Over the last few years, this collaborative has completed two significant projects. The first involved merging and analyzing a common data set across all Alberta shelters; and the second project piloted the use of the Danger Assessment as a promising practice in risk assessment and supporting safety of women and their children.

Those projects demonstrated that collection and analysis of cross-shelter data allows shelters to tailor their work to individual women's needs as informed advocates. Ultimately, shelters are better positioned through action based research to inform funders and policy makers about these needs. Fundamentally, this work enables women fleeing domestic violence to keep themselves and their children safe.

The ACWS Practical Frameworks for Change (PFC) initiative was the third major step in the work of the collaborative and is a legacy to the 1st World Conference of Women's Shelters. The 1st World Conference of Women's Shelters was held September 8-11, 2008 in Edmonton, Alberta, Canada. It was the first time shelter workers in Canada and around the world came together to network, to share proven innovations, and to learn from international experts and each other. It was that conference that inspired Alberta Council of Women's Shelters and eight shelters to undertake the Practical Frameworks for Change project, focusing on the areas of Safety, Health, Cultural Competence and Legal Issues.

Coordination of the project was provided by the Alberta Council of Women's Shelters' Director of Member Programs and Services and the work of the group was supported by ACWS staff and external consultants. A leadership team was struck with representation from each participating shelter. In addition to the time devoted to the work of the leadership team, each individual shelter made significant contributions to project implementation through:

- the participation of shelter management and staff in numerous meetings and teleconferences;
- delivering and attending training both outside and internally in the shelter;
- developing and maintaining community partnerships;

- holding numerous staff meetings that were required to support project implementation;
- putting in place new data gathering tools and assessment processes;
- developing and monitoring data collection processes; and,
- participating in interviews and surveys.

This document describes the women and children in participating shelters, summarizes the results across each of the areas of promising practices and concludes with recommendations for the next steps for those shelters and the ACWS collective.

I.   The Women and Children in Shelters

This report highlights information collected by the shelters over a period of 11 months between October 1st, 2009 and August 31st, 2010. In that period the eight participating shelters recorded:

- a total of 4,010 admissions;
- 2,177 admissions of adult women; with 1,111 admissions in the shelters in Alberta North and 1,066 admissions in the shelters in the Centre/South; and,
- 1,833 admissions of children who accompanied them.

Abused women who were admitted without children represented 42% of all admissions, followed by 40% of abused women who were admitted with children as well as other women meeting shelter mandate (16%)[1]. Shelters in the North had a higher proportion than the other shelters of "other women meeting shelter mandate" than the shelters in the Centre/South Alberta.

1.1   Characteristics of Women in Shelters

- On average, women in shelters were about 32 years of age, and about a third of them were 24 years of age or younger;
- 58% of women in shelters self-identified as Aboriginal, Métis, First Nations or Inuit and 9% of all women represented other visible minority groups;
- There were proportionally more Aboriginal women in Alberta North and more immigrant/visible minority women in Centre/South; and,
- Overall 39% of women were in common-law relationships, 11% were married and 24% were separated or divorced. At least 46% of the women were living with their partners at the time of shelter admission.

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[1] "Other women meeting shelter mandate" often access the shelter for reasons other than domestic violence and may include women who are homeless, who have been sexually assaulted and women awaiting hospital admission or other specialized medical or social services.

1.2 Characteristics of Children in Shelters

- 2,177 women who were admitted had, among them, a total of 2,955 children. Of these, 1,833 children or about 62% were admitted to the shelters;
- About 78% of women with children were admitted with one or two children. 28 families had four or more children;
- Families in the North appear to be larger than families in Centre/South; and,
- Children admitted to the shelters are generally very young: 850 (47%) of them are 3 years of age or younger and 385 (21%) are between 4 and 6 years of age. In total, there were 1,235 (67%) children in the shelters of pre-school age.

1.3 Background of Women and Children in Shelters

- 41% of women had a physical health condition at the time of admission;
- About a third of the women (28%) had an addiction at the time of admission;
- Almost 80% of women were unemployed at the time of their admission to the shelter, and about 77% needed financial support.

1.4 Service Utilization by Women and Children in Shelters

- About a third of women admitted to the shelter stayed in the shelter for 4 days or less. About half of the women (47%) were in the shelter for a period between 5 and 21 days and the remaining 20% stayed in the shelter longer than 21 days;
- All together, eight participating shelters recorded about 50 different types of services that women and children received;
- In the course of their shelter stay, women were referred to over 56 different services. Of these, community agency (20%), basic needs - shelter (18%), general basic needs (16%), income (16%) and health-related resources (13%) were most frequently documented referrals.
- Almost two-thirds of all admissions concluded successfully – that is women reached the goals they identified while in shelter.[2]

II. Implementation of Promising Practices

2.1 Safety

Shelters used two different tools related to women's safety. The Danger Assessment Questionnaire and Danger Assessment Calendar informed risk assessment and safety planning. The Domestic Violence Survivor Assessment helped determine the woman's level of readiness to address issues related to her safety. Administration of both those tools was supported by documentation as well as training provided to shelter staff by external experts as well as internally, followed by the train the trainer sessions.

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[2] Note that more work is required to define clearly how reasons for discharge should be measured.

The information gathered using Danger Assessment Calendar and Questionnaire tools showed that:

- Women were most often abused by their partners or common-law partners (51.4%), ex-partners or ex-common-law partners (14.16%), boyfriends (8.51%) or husbands (6.24%);
- Women experienced multiple forms of abuse with most women (96%) having experienced emotional/verbal/psychological abuse;
- The average woman in this sample experienced emotional abuse at least 15 times per month, and physical abuse at least once or twice per month;
- For these women, sexual abuse occurred more frequently than the physical abuse (at about 3 times a month);
- Almost half of the women in the shelter are in extreme danger of femicide and an additional 17% were in severe danger.

Results from the interviews with the leadership team and shelter staff survey responses showed that the Danger Assessment (DA) training was valuable in helping staff understand and address the stress women are likely to experience and improved staff ability to administer the DA properly. A large majority (about 82%) agreed that it is important to continue using DA questionnaire to collect information and 42% had a similar opinion about the DA Calendar.

Concerns associated with the administration of the DA Calendar were about the traumatic impact of the tool on women and staff, time required to administer it and the ability of the woman to recall the events. Ultimately, some survey respondents were not clear about the purpose of the Calendar, and tended to see the tool as a form to be completed rather than a process and a support tool.

The Domestic Violence Survivor Assessment (DVSA) is based on the Transtheoretical Model of Change (TM) first developed by Prochaska in 1979. The TM model identifies five stages of change that include pre-contemplation, contemplation, preparation, action and maintenance. The DVSA examines those stages of change for 13 personal and relationship issues commonly faced by survivors of domestic violence. These issues are grouped across four areas, including safety, culture, health, and personal strengths and skills. The information gathered using the Domestic Violence Survivor Assessment (DVSA) showed that:

- Women had the highest proportion of "preparation" ratings (27% of all ratings were in this stage), followed by action ratings (26%), contemplation ratings (21%), pre-contemplation ratings (15%) and the proportion of maintenance ratings (12%);
- Women appeared to be more ready to address the issues related to culture (about 46% were in action or maintenance stage and 23% were in pre-contemplation or contemplation stage), but less ready to work on their health issues (primarily mental health issues - 36% were in action or maintenance stage and 39% were in pre-contemplation or contemplation stage).

About two thirds of the survey respondents agreed that it is important to continue using DVSA. For those who disagreed, the issues with DVSA were generally based on the assumption that the tool was primarily intended to precisely determine the woman's stage of readiness and predict the choices that she is likely to make. Those who considered DVSA a useful tool (including most of the leadership team) described it as helpful in changing the way staff worked with the women, particularly in helping them become more client driven, helping guide the ways of working and focus the intervention. Those respondents also talked about the relevance of the readiness model to the shelter work.

2.2   Safety and Legal Issues

PFC project further supported the safety of women and children in shelters by implementing promising practices related to legal issues women experience. Women accessing shelters are often dealing with a number of issues that require legal interventions. Women are faced with decisions regarding custody and access, dealing with criminal court if charges have been laid against their partners, pursuing property settlements or commencing divorce proceedings, etc. For example, the information gathered about the legal needs of women in shelters showed that over 70% of women had some type of legal issue that required support.

The "Legal Issues" component of the PFC project involved several activities, including partnership with Legal Aid Alberta (LAA) to initiate a telephone line dedicated specifically to calls from shelters, training associated with the implementation of the line, collection of information about the legal needs of women in shelters, assignment of staff within each shelter to support the legal needs of women in shelters and agreements on behalf of the project with key provincial stakeholders that seek to address legal needs of women and children in shelters.

According to the feedback gathered using the interviews and the survey about the LAA line and related training:
- The training was extremely helpful, with the exception of its applicability to all locations and challenges associated with the "Train the Trainer" concept;
- The pilot implementation was initially slower than expected, with only a few shelters using it in the first few months. The respondents attributed this to the timing of training, lack of clarity, initial problems accessing the service and delays in communication;
- Once up and running, the line proved to be extremely beneficial to most shelters. Immediate and priority access to relevant legal information and advice was particularly important. Many respondents also would have liked the access extended to outreach programming;
- LAA initiated a significant reorganization during the project, which culminated in revisions of the process that was originally established, although the key characteristics of the project remained: while there is no longer a phone line dedicated to shelters, the calls from the shelters are prioritized.

Overall, stakeholder feedback suggested that the pilot was achieving its objective of improving access to legal advice for women in emergency shelters. The project also increased the understanding of both LAA and shelter staff about each other's work. Ultimately, most respondents were hoping that the partnership between the LAA and ACWS will continue.   Their recommendations for next steps included expanding the service to other shelters in Alberta, implementing additional training both for the LAA and shelter staff (possibly using Podcasts developed by LAA) and improving the Law Line protocols.

2.3   Health

The area of Health was also supported by the Domestic Violence Survivor Assessment (DVSA) training, tools and materials as well as by the Trauma training provided by an external expert. Shelters utilized a Domestic Violence Survivor Assessment tool to help determine the woman's level of readiness to address issues related to her health, defined in the tool as 'Feelings' and 'Mental Distress' and to support service planning and referrals.

Trauma training was very positively received by the participants – it provided in-depth knowledge regarding post-trauma stress reactions, including information about triggers that may result in women re-experiencing emotions attached to an original trauma situation and suggested interventions to utilize in work with women impacted by trauma. Several interview and survey respondents thought that trauma expertise is something that should continue to be developed in the shelters.

2.4   Cultural Competence

This project component was comprised of several elements. Cultural Competence training with an external expert focused on exploring the concept of culture and what it means to be culturally competent. Fundamental to supporting organizational cultural competence are policies and procedures that provide the structural framework for individual staff activities. A survey completed by management and staff at each participating shelter assessed organizational needs in relation to building cultural competence in their organizations. The results of the survey assessing cultural competence needs in each shelter showed that, in general, organizational policies, activities and approaches were supportive of the women and children of different cultural backgrounds. The project leadership selected one statement among those with lowest survey ratings on which to base the beginning of implementation of promising practices in the shelters. The consensus was for all participating shelters to develop written policies that support their efforts to be culturally competent and to develop definitions of cultural competence that would be consistent among shelters. This work is currently underway.

From a practice perspective, emphasis was placed on front line workers knowledge about and acceptance of individual uniqueness. Inherent in this is recognizing one's own biases and prejudice. Additional implementation components included selection of internal shelter champions, use of DVSA in determining what cultural support women require, and discussion of scenarios involving work with women from diverse backgrounds.

As with other project components, stakeholder feedback about the cultural competence work was collected using telephone interviews with the members of the leadership team and an on-line survey with shelter staff who participated in training and/or used the tools that were implemented in the course of the project. Comments about cultural competence training illustrated the differences in impact of training on staff – most thought that the training was extremely valuable and others (generally the front line staff who were responding to the survey) thought that they were already "culturally sensitive" and so they did not benefit as much from the training.

Those who thought positively about the Cultural Competence training also thought that it was important to have access to more training opportunities in this area, albeit delivered by the experts, rather than using a "train by trainer" approach. Some also thought that more individual work needed to take place before the whole organization could move forward in the direction of cultural competency. They also identified unique implementation challenges - for example the scenario discussion was particularly difficult to implement within the 24 hour shelter service delivery model.

In general, while many participants thought, for the reasons described above, that the cultural competence component was extremely important component to implement in shelters, it has proven to be the most challenging to implement and, ultimately, did not receive as much attention as the other components.

III.   Women's Satisfaction

The key outcomes in the PFC Outcome Measurement Framework focus on women's satisfaction with their relationship with staff, their safety, and their knowledge of various community resources that correspond with the promising practices areas (i.e., safety, legal, health and culture). All shelters currently ask women to complete the Women's Shelter Exit Survey upon conclusion of their stay in the shelter. The questions in the survey ask women to comment about their experience with the shelter in accordance to those promising practice areas.[3] The survey administration produced the following results:

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[3] Nine questions that were not part of the original Exit survey were added for the purposes of the PFC project to ensure consistency with the PFC measurement framework.

- Depending on the question, between 92% and 96% of women were satisfied with shelter services; and,
- Women were most satisfied with their increased ability to keep themselves and their children safer as a result of their shelter stay and least satisfied (although the satisfaction rate here is still extremely high) with their level of knowledge about health-related community resources.

IV.   Overall Project Feedback

Stakeholder feedback was collected using telephone interviews with the members of the leadership team and Legal Aid staff and an on-line survey with shelter staff who participated in training and/or used the tools that were implemented in the course of the project.

In order to support implementation of the PFC project, a number of tools that were new to the participating shelters or tools that were revised were put in place. The shelters then had to develop new forms and new data gathering processes, including obtaining consents for participation, dedicating staff to data gathering and entry and putting in place methods to ensure accurate data collection.

A majority of respondents (ranging from 64% to 81%) had a positive opinion about the data gathering process and their role in it. In general, the respondents understood the reasons behind the data collection requirements and their part in the process, and they often thought that the staff received the necessary training and were kept updated on changes as needed. Some of the dissatisfaction stemmed from the concerns (primarily from the survey respondents) related to use of the specific tools (i.e., DVSA and DA calendar) and that may have been a result of some staff not having a clear understanding of the tools' purposes.

About 80% of on-line survey respondents thought that the PFC project has had an impact on their shelter. Over 80% of the respondents were able to integrate information and skills that they have gained as a result of the project into their work, almost 80% thought that the project helped them better assist women and children in the shelter and almost two-thirds of the respondents believed that the project helped improve services provided to women and children in emergency shelters.

General feedback was that the project was very valuable and that the implementation of promising practices and the data collection that was started through the project should continue. The participants also thought that the project represented a significant time investment on the part of the shelters and careful attention should be paid to project scope in future projects.

V.   Summary and Recommendations

Overall, and based on all sources of information discussed in this report, the project has been a success. It has had a positive impact on shelter staff, improved quality of service delivery and, ultimately helped enhance safety and well-being of women in Alberta shelters. This section further discusses the impact of the project, identifies particular successes and challenges inherent in its implementation and provides recommendations for ACWS and members shelters to consider.

5.1   Impact on Women and Children

In the course of the project shelters admitted 4,010 women and children. All of these women and children were kept safe and were provided with basic needs support such as lodging, food and transportation. Additionally, the participating shelters recorded a total of 50 different types of supports that women and children received in the course of their stay as well as referrals that were made to over 56 different services outside the shelter.

The overall satisfaction rate of women with shelter services was very high and ranged from 96% to 92% depending on the question. The information reported here also showed that the longer women stay in the shelter the more likely they are to achieve their goals. Moreover, there was a trend towards a gradual increase in proportion of "successful" discharges over the course of the project, suggesting that the project implementation increased the likelihood that women would meet their goals while in shelter.

The analysis undertaken for the purposes of this report also showed that some groups of women come with unique challenges that require exploration and further service development in shelters, as discussed in recommendations provided below.

Recommendation 1: Explore and address reasons for Aboriginal women leaving shelters earlier than the other shelter resident groups.

Aboriginal women constituted almost two thirds of the shelter population in this project; they often leave the shelter earlier than other client groups, are more likely to be in the pre-contemplation and contemplation stages and have higher lethality scores. This carries important implications for shelter services, especially those in Northern Alberta and particularly for program content, cultural competence, shelter staffing and establishing linkages or partnerships with First Nations reserves and Métis settlements in the area.

Recommendation 2: Consider a project to further examine the characteristics of women who meet "other shelter mandate", how they use shelter services and how shelter services can best meet their needs.

About 16% of women in shelters and 30% of women in 3 shelters in the North are described as "other women meeting shelter mandate". These women may be admitted because their primary issues are poverty and homelessness. Higher rates of their admission in the North is likely a reflection of shortages of housing-related resources and services that are available in those communities combined with lack of resources available to transport women to services located elsewhere. While other Canadian studies have documented a strong connection between homeless women and abuse it is unclear from the information collected in the course of the PFC project, whether or not these are predominately homeless women, whether or not they come with previous histories of abuse and whether or how the lack of resources in the community influences their numbers in the shelters. It is important to understand these women's needs, given the strong links between women's homelessness and abuse.

Recommendation 3: Implement a promising practices project aimed at supporting work with the younger children who receive shelter services.

In the course of the study a total of 1833 children were admitted to the shelters. These children were generally very young: 850 (47%) of them were 3 years of age or younger and 385 (21%) were between 4 and 5 years of age. In total, there were 1,235 (67%) children in the shelters of pre-school age. Children in these early years are at the highest risk of maladjustment as this is the critical time for brain development. Exposure to domestic violence or child abuse at this age is extremely harmful and adequate staff expertise, training and programming must be in place to address their needs.

Recommendation 4: Review shelter services funding arrangements and partnerships to assist shelters in addressing the needs of the women with a complex array of needs (e.g., health, mental health and addiction). The review may focus on such elements as shelter policies, staffing models, staff training and linkages with community resources.

A substantial proportion of women (about 40%) report presence of physical health conditions and a third (likely underestimated) had an addiction at the time of admission. Although limited data was available on the presence of mental health issues, participant feedback estimated those rates as high as well, particularly concerning mental health issues related to trauma. The presence of health issues or addictions was associated with lower readiness scores, higher lethality scores and a higher likelihood of women being asked to leave the shelter.

It may be important for the shelters to review their services to identify potential interventions and partnerships that are required to effectively address the needs of the women with complex needs. As one example, shelters may want to determine whether or not shelter resources are available to accommodate women with certain health or addictions issues and how the shelters might have immediate access to medical, mental health or addictions professionals.

5.2   Implementation of Promising Practices

Over a period of eleven months participating shelters implemented promising practices in the areas of Health, Safety and Culture. Project participants thought the implementation of those practices has helped shelter staff "become more client-focused" and "more sensitive to women' needs", helped them deliver "more meaningful work for women", informed their referrals and transfers, supported "high quality service delivery to better meet the needs of women and children accessing Alberta shelters", "provided more structure", and "increased level of professionalism" among shelter staff. All of the participating shelters plan to retain at least some of the new practices and most recommended that they be disseminated to the rest of the ACWS membership. The following recommendations are provided in support of future efforts of continuing the use of these promising practices by the participating shelters as well implementation of those practices by other ACWS member shelters that choose to do so.

Recommendation 5: Ensure that the scope of future promising practice projects contain fewer key practices or is implemented in a staggered fashion.

As project planning evolved, an opportunity arose to partner with Legal Aid to better support women's safety. The project team's decision to proceed with this partnership in the context of the project resulted in overall implementation growing to a scope that was much bigger than originally conceived. This put significant pressure on shelter resources and individual shelter's ability to fully implement some of the project components (Cultural Competence in particular, as discussed in Recommendation 9 below). Also, the costs of the project exceeded significantly the resources that were ultimately required and had to be absorbed by ACWS. In future projects shelters and ACWS may consider implementing new practices in a staggered fashion and implementing projects involving community partners in a more singularly focused way.

Recommendation 6: In support of future projects, put in place communication strategies to ensure that shelter workers are fully informed about the project, its purpose, process and results.

As shown in the report, shelter staff would have liked to have had more information about the project and its expectations before it started, a better understanding of the reasons for asking certain questions, assurances that data collection was consistently implemented and feedback about what information was showing and how it was impacting the women in shelters. A transparent communication process is important at the beginning of the project but also in the course of the implementation so that the involvement of each staff can be supported and project expectations reinforced. Resources permitting, a newsletter sent to all staff participating in the project might be helpful in future projects.

Recommendation 7: Resources permitting, ACWS should support any future use of the tools tested in the course of PFC with regular training initiatives that are accessible to all shelter staff.

Such training should be made accessible to all staff in shelters that choose to use particular tools by being delivered regularly, possibly using podcasts or videos, and, whenever possible at shelter sites.

Recommendation 8: Provide more training to support administration of the DA calendar and the DVSA.

Although training was provided to support administration of the DA calendar and DVSA, more training is required for those shelters that choose to use those tools with a particular focus on the purpose of those tools and the method of administration.

Recommendation 9: The shelters should review the value of the "Train the Trainer" approach.

Although helpful to some shelters, most would have preferred to receive training from someone who is not a member of the shelter staff (this was particularly relevant to Cultural Competence and Legal training).

Recommendation 10: Working with tool developers as necessary, review or revise existing tools.

The particular areas of focus for tool revision or review include:

- Ensure that the tool contents are sensitive to the needs of different cultures;
- Make sure that the tools are made applicable to all shelter residents (e.g., those not abused by their partners, other women meeting shelter mandate) or develop protocols

that identify particular shelter resident groups with whom the use of the tool may not be appropriate;

- Explore additional tools providing information about IPV risk rather than lethality;
- Exploring, with the test author, revisions to the DA questionnaire to reflect recent trends in violence against women, such as gang involvement and risk of deportation;
- Explore further the interaction between DA and DVSA;
- Review the administration and contents of the Exit survey: put in place a project to study the results of the survey if it is administered after discharge from shelter;
- Consider utilizing input from women about data collection processes and tools.

Recommendation 11: Review and revise the contents of the Cultural Competence component to support its on-going implementation within the 8 participating shelters and possible future implementation by other ACWS member shelters.

As did the other project components, Cultural Competence work included training, document development and new implementation processes in individual shelters. Unlike other promising practices, Cultural Competence work was 'less easily defined'. There was no assessment tool such as the DA or DVSA or a new intervention, such as the Law Line. As a result, and because of the project scope, the Cultural Competence piece became less of a priority and its implementation has had less of an impact on the shelters than the other promising practices.

However, most participants acknowledge the critical importance of this work to support effective service delivery in shelters. The results documented in this report also highlight a need to focus on the unique needs of Aboriginal and Immigrant women. Overall, Aboriginal women constitute almost two thirds of shelter population. This carries important implications for shelter services, especially those in Northern Alberta and particularly for program content, cultural competence, shelter staffing and establishing linkages or partnerships with First Nations reserves and Métis settlements in the area.

According to the respondents, the directions for future work in this area should include the following:

- Support on-going training by 'experts' (possibly using videos or podcasts);
- Provide support to shelter staff to explore the issues individually before rolling the process out to the whole organization and revise the Cultural Competence exercises so that they can better reflect the nature of the shelter work;
- The ACWS Shelter Program and Education Committee, along with participating shelters develop a 'a standard culturally competent response' across all project participating shelters; and,
- Upgrade the ACWS Aspirational Standards to reflect the project, thus impacting practice in all member shelters.

Recommendation 12: Partnership with Legal Aid Alberta and the work on the Law Line should continue.

Partnership with Legal Aid Alberta (LAA) was struck to improve access of women and children in shelters to legal advice. The pilot project initiated a telephone line that was dedicated specifically to calls from women's emergency shelters in Alberta. Although some changes to the original pilot occurred as a result of internal LAA reorganization, most respondents still consider such a line an essential service for the women in their shelters as it provides immediate and priority access to relevant legal information and advice. Their recommendations for next steps included expanding the service to other shelters in Alberta, making the services available to other shelter-related programs such as outreach, implementing additional training both for the LAA and shelter staff (possibly using Podcasts developed by LAA) and improving the Law Line protocols.

5.3   Knowledge-Based Service Delivery

Collection and analysis of cross-shelter data allows shelters to tailor their work to the individual needs of women. Ultimately, women and children benefit as shelter workers gain knowledge as informed advocates. Fundamentally, this work enables women fleeing domestic violence to keep themselves and their children safe.

Practical Frameworks for Change project helped shelters develop a framework for becoming more intentional and informed in their service delivery approaches and programming. Over the period of 11 months, the shelters implemented new data collection processes, developed and administered new forms, dedicated staff to data collection and entry and spent countless hours in ensuring that the information they collected was as accurate and as comprehensive as possible. As a result, the data collection practices and processes improved as did the understanding among many shelter staff and management of the value of data collection to inform service delivery. As noted by one participant: "The project showed us that if you can't collect good data you can't tell a good story".

The recommendations below are provided to support any future efforts the participating shelters and/or other ACWS shelters take towards continued data collection in their shelters.

Recommendation 13: Ensure that future work in support of developing data collection processes in shelters is responsive to and reflective of different levels of shelter capacity and resource access.

While all participating shelters reported some type of improvement as far as data collection practices were concerned, the practices and processes improved at a different rate in different shelters.

Participating PFC shelters reflect the overall ACWS shelter membership as they vary significantly from the perspective of their staffing, access to resources and data management capacity. Specifically, there were differences among shelters and shelter staff in their ability to collect information, the comfort level among some shelter staff when working with women when gathering information, as well as differences among staff in their levels of understanding of the reasons why information needs to be collected and how it ultimately benefits women and children. Future support available to shelters in this area should not be uniform, but should reflect unique shelter requirements and needs.

Recommendation 14: Ensure that all ACWS project and outcome information collected by shelters for individual women can be linked using a confidential unique id number.

In the course of the PFC project participating shelters were able to link all of the information they collected to unique id numbers. Therefore, it was possible to understand not only how many women accessed the shelters, who the women were who were accessing the shelters, and what services were provided to women in shelters but also how well shelters services work for women with different backgrounds and needs.

Recommendation 15: Put in place processes to track information from multiple shelter stays and other shelter services received by individual women.

The nature of shelter work is short-term. In a period of about 3 weeks most women are not likely to achieve all of their goals and will require additional support beyond the single shelter stay. Many women return to both emergency and second stage shelters multiple times and may also receive follow-up or outreach shelter services. All of these stays and services ultimately contribute to the women's ability to reach their goals. Indeed, we know from earlier research that women at highest risk are more likely to have multiple visits to shelter.

Almost all ACWS member shelters are now using Outcome Tracker which is a program that assigns unique id numbers to individual women. Therefore, it is now possible to track the progress women make over their multiple shelter stays within a particular shelter as well as their participation in other shelter-related programming. The capacity is now in place for shelters to demonstrate women's ability to reach goals over a longer period of time and better understand services or a combination of services that contributed to this outcome.

Recommendation 16: Provide training to shelter staff to support collection of "sensitive" information.

Staff concerns about having to ask questions that they considered sensitive emerged as one of the key issues in this project. The items of particular concern included questions about health, mental health and addictions. As described in the report, substantial proportions of women report physical health conditions and addictions and there are also likely many women with mental health concerns.

Continued data collection is required to get more clarity about the types of conditions that women experience and to address the issue of underreporting, particularly where information about health of children in shelter is concerned. Training in this area could help staff become more comfortable in discussing women's mental health concerns and those of her children in order to better link women with needed resources.

Recommendation 17: Determine a consistent and accurate way to record and document services provided to women who stay in shelters for a short period of time.

As noted earlier, shelters provide multiple services and referrals to support women and children who stay there. There are instances, however, when those services or referrals are not recorded, possibly because they are not provided or because they are not documented. Information in this report showed that the likelihood that services or referrals were documented increased with the length of stay in the shelter, suggesting that there may not be enough time for shelter staff to ensure that service needs are identified, documented or provided within the first few days of the shelter stay.

Given information described above, future discussions among member shelters should focus on determining a consistent way to record and document shelter service provision so that shelters can clearly describe services they provide. In particular, attention should be paid to putting in place training associated with provision and documentation of services related to safety planning.

Recommendation 18: That additional funding be sought to increase shelter staffing levels to assist in data collection processes.

The PFC project, along with the recent shift shelters have made to new software have had an impact of increasing the potential overall scope of data collected by the shelters. There are now more tools to complete, more information to enter and more processes to supervise and manage. Even though much of this information is required by funders, the increase in data collection requirements has not been accompanied with an associated increase in resources to support those requirements.

Moreover, as shelters move to an outcome based model, adequate training and staffing levels for data collection and related processes is critical. As became clear in this

project, and from participant feedback, the implementation of the project saw many benefits for shelter staff and residents. However, inadequate resources meant that shelter staff often feel stretched in meeting the multiple demands placed upon them in delivering shelter services.

The respondents recommended that the following directions to support on-going shelter data collection be considered:

- ACWS should work with its membership to identify data entry, outcome measurements and training needs to inform the implementation of an outcome based model;
- ACWS should support shelters in their work to implement the "ACWS Shared Data Set";[4]
- ACWS seek out resources to support dedicated data entry personnel at each shelter; and,
- ACWS should continue to provide support to individual shelters as required.

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[4] *ACWS Shared Data Set* represents a recommendation from ACWS and the Executive Director Ad Hoc Data Group as to the types of data fields in the new software that are likely to be useful to the shelters individually to inform their service delivery and to the Alberta shelters collectively to advocate on behalf of the shelters. Shelters require support in deciding which of the items in the ACWS Shared Data Set represent priorities for them.

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I.   INTRODUCTION

In 2008, shelters came together from around the world to participate in the first World Conference of Women's Shelters, in Edmonton, Alberta. Shelter workers learned from one another, shared experiences and took strength from one another. Determined to take what they learned from the conference to make a difference for women, the Alberta Council of Women's shelters along with eight member agencies banded together to implement the Practical Frameworks For Change project.

The foremost purpose of emergency shelters is to provide a safe place for women and children escaping domestic violence. The secondary goal of emergency shelters is to support women and children in accessing the internal and external resources needed to live a violence-free life. As a province-wide, voluntary organization, the Alberta Council of Women's Shelters (ACWS) supports women's shelters and their partners through education, research and services for the benefit of abused women and their children.

Through the Alberta Council of Women's Shelters (ACWS), shelters work together in a learning collaborative to develop promising-practice knowledge and maintain high quality service in Alberta's shelters. Over the last few years, this collaborative has completed two significant projects. The first involved merging and analyzing a common data set across all Alberta shelters; and the second project piloted the use of the Danger Assessment as a promising practice in risk of femicide assessment and supporting safety of women and their children.

Those projects demonstrated that collection and analysis of cross-shelter data allows shelters to tailor their work to the individual needs of clients. Clients benefit as shelter workers build their knowledge as informed advocates. Ultimately, shelters are better positioned through action based research to inform funders and policy makers about these needs. Fundamentally, this work enables women fleeing domestic violence to keep themselves and their children safe.

The ACWS Practical Frameworks for Change (PFC) initiative was the third major step in the work of the collaborative. The PFC project began in September of 2008 with the first World Conference of Women's Shelters hosted by ACWS. Participating shelters identified promising practices learned at the conference that they wished to implement in the course of the Practical Frameworks for Change project. These practices were in the areas of Safety, Health and Cultural Competence.

1.1 Project Goal and Objectives

<u>Project Goal</u>

To contribute to women's full participation in the economic, social and cultural life of their communities through improvements in emergency shelter services in Alberta.

<u>Project Objectives:</u>
- Identify promising practices in safety, health, and cultural competency;
- Develop a learning collaborative;
- Support high quality service delivery to better meet the needs of women and children accessing Alberta shelters; and,
- Contribute to the promising practice knowledge base.

1.2 Project Scope and Process

In 2008, the Alberta Council of Women's Shelters hosted the 1st World Conference of Women's shelters in Edmonton from September 8 – 11th. Shelters gathered from around the world to share, learn and take strength from one another. In preparation for this project, eleven shelters attended the conference with the view to selecting promising practices that could be implemented in their shelters so that they might better support women who come through their doors. Following the conference eight ACWS member shelters formally committed to participate in the project. Three shelters chose not to participate due to capacity issues. Participating shelters included:

- Central Alberta Women's Emergency Shelter, Red Deer
- Columbus House of Hope, St. Paul and District
- Community Crisis Society, Strathmore
- Dr. Margaret Savage Crisis Centre, Cold Lake
- Lurana Shelter, Edmonton
- Odyssey House, Grande Prairie
- YWCA Lethbridge and District
- YWCA Sheriff King Home, Calgary

These shelters met after the conference to select practices that they had learned about and wished to replicate in their shelters. The group decided that the project should focus on three key elements of shelter work: safety, health and cultural competence. The work in each of the areas involved training, implementing and evaluating emerging assessment practices and tools, and specific to the area of safety, it also involved the development of partnerships to support shelter work. Please see the process report, relevant Appendices and sections in this document for more detailed description of the elements.

Safety

- Shelters administered the Danger Assessment Questionnaire and Danger Assessment Calendar to inform risk assessment and safety planning with women and children in the shelter (Appendices F & G);
- Danger Assessment training was provided to staff of participating shelters utilizing the newly developed ACWS Danger Assessment Curriculum developed in partnership with Dr. J. Campbell. Additional onsite Danger Assessment training was provided by ACWS as requested.
- Shelters used the Domestic Violence Survivor Assessment to help determine the woman's level of readiness to address issues related to her safety, defined in the tool as 'Triggers of Abusive Incidents', 'Managing Partner Abuse', 'Seeking Legal Sanctions' and 'Accessing Help' (see Appendix H).
- Dr. Jackie Dienemann, author of the Domestic Violence Survivor Assessment Tool, provided initial training to all participating shelters reinforced by onsite training at individual shelters at their request.
- ACWS struck a partnership with Legal Aid Alberta (LAA) to improve access of women and children in shelters to legal advice. The pilot project initiated a telephone line that was dedicated specifically to calls from women's emergency shelters in Alberta (see Section 10.2 for further discussion).
- Law Line Legal Aid Training was provided by Legal Aid. The training included information on the changes to the Divorce Act, the Criminal Code and the Family Law Act. Participants were also given an overview of Emergency Protection Orders, Restraining Orders, Parenting Orders and Child Support Orders including instructions on how to complete documents related to each of the orders. The training also included the opportunity to shadow Law Line calls. The training sessions were videotaped supporting the development of training podcasts which will be available on the ACWS website for all shelters to access at a later date.
- Each participating shelter identified one staff member to work with individual women and the legal services to support women's enhanced safety through legal interventions.
- A list of legal resources was added to the list of data to be collected in order to document women's legal support needs.
- Members of the PFC project team provided training on domestic violence for Legal Aid staff.
- ACWS also brokered an agreement on behalf of the project with the Integrated Threat and Risk Assessment Centre (I-TRAC). The original intent was to initiate training sessions in the eight shelter communities on high risk case assessment. This collaborative work with I-TRAC was complicated by the involvement of a number of government ministries concerned with women's safety. Because of the complexities it did not proceed quickly enough for inclusion in this project report. ACWS hopes the work with I-TRAC continues post project.

<u>Health</u>
- Trauma Training by Natalie Zlorde provided in-depth knowledge regarding post-trauma stress reactions, including information about triggers that may result in women re-experiencing emotions attached to an original trauma situation and suggested interventions to utilize in work with women impacted by trauma.
- Shelters administered a Domestic Violence Survivor Assessment tool to help determine the woman's level of readiness to address issues related to her health, defined in the tool as 'Feelings' and 'Mental Distress' and to support service planning and referrals (see Appendix H).
- Dr. Jackie Dienemann provided Domestic Violence Survivor Assessment training.

<u>Cultural Competence</u>
- Cultural Competence training with Dr. Sujata Warrier focused on exploring the concept of culture and what it means to be culturally competent. Emphasis was placed on shelter workers knowledge about and acceptance of individual uniqueness. Inherent in this is recognizing one's own biases and prejudice;
- Based on Dr. Warrier's work, shelter staff engaged in discussions of scenarios involving work with women from diverse backgrounds (see Appendix J for some samples of the scenarios);
- Shelters administered a Domestic Violence Survivor Assessment tool to help determine the woman's level of readiness to address issues related to her culture, defined in the tool as 'Attachment' 'Views Relationship and Options' and 'Managing loyalty to norms and own beliefs' (see Appendix H, Section VIII).
- Each participating shelter completed a survey that assessed organizational needs in relation to building cultural competence. Based on the survey results each shelter plans to develop definitions of cultural competence as well as a policy statement (see Appendix I).

Coordination of the project was provided by the Alberta Council of Women's Shelters' Director of Member Programs and Services and the work of the group was supported by ACWS staff and external consultants. The participating shelters received training to support the implementation of Legal Aid, Danger Assessment, Cultural Competence, Trauma, and Domestic Violence Survivor Assessment components of the project. The training was supported by various manuals, protocols and training materials.

A leadership team was struck with representation from each participating shelter (please see Acknowledgement section for their names and shelters they represented). The team met frequently to guide project implementation as a group and in smaller task groups to support different project components. In addition to the time devoted to the work of the leadership team, each individual shelter made significant contributions to project implementation through:

- the participation of shelter management and staff in numerous meetings and teleconferences;
- delivering and attending training both outside and internally in the shelter;
- developing and maintaining community partnerships;
- holding numerous staff meetings that were required to support project implementation;
- putting in place new data gathering tools and assessment processes; and,
- developing and monitoring data collection processes.

A separate report was produced to discuss the process of project implementation in full detail.

II. THE MEASUREMENT FRAMEWORK

An outcome measurement framework was developed by the Leadership Team to guide the development of tools and methods and the data collection processes for the Practical Frameworks for Change (PFC) project. A number of important considerations played a role in the framework development process:

- Attention to shelter resources in the project's design;
- Availability of support to shelters and their staff throughout the PFC implementation process;
- Grounding the work in ethical research principles. Possible ethical concerns included: confidentiality of women and their children; security of information collected; fully informing the women of everything that will be required of them; and, ensuring that there are no emotional risks to women and children as a result of the project (see Appendix A for the consent form that was administered to all clients who participated in PFC). The project was reviewed by ACWS's Ethics Review Committee;
- Requirement that information currently collected on the HOMES[5] database may need to change and/or expand to meet the project goals; and,
- Transferability of the framework and the associated data collection requirements to Outcome Tracker, the software selected to replace HOMES.[6]

The framework that is depicted in Table 1 on the following page includes outcome statements for each of the four key components in the framework – Relationship & Satisfaction, Safety & Legal Considerations, Culture, and Health and Trauma. Each of these outcomes is further defined in the indicators column and the method of data collection for each indicator is described under the Measurement Tools heading. In addition to tracking outcomes, the project also tracked information about clients' demographics and history (e.g., gender, age, cultural background), shelter admission statistics (e.g., type of admission, history of abuse), service history (e.g., services provided, referrals made, reasons for discharge). All of these items are described in detail in the HOMES Data Entry Guide that is attached in Appendix B.

The data collection framework also included interviews and surveys with project stakeholders. Information from these sources was used to contextualize the quantitative results and summarize participants' opinions about the overall project, its impact on the shelters and ultimately the women and their children (See Appendices C and D for the staff survey and the stakeholder interview schedule).

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[5] Hull Outcome Monitoring and Evaluation System

[6] Outcome Tracker is a web-based data management software that ACWS member shelters chose to use to replace now discontinued HOMES program. Outcome Tracker was developed and is managed by Vista Share which was formed in 2001 to serve data management needs of nonprofit organizations across North America.

In order to document the implementation process, the ACWS and participating shelter representatives also tracked various activities including staff training initiatives, partnerships and collaboration efforts as well as the documentation produced in the course of the project (please refer to the Process Report for further detail and see Appendix E for the Implementation Activity Tracking Table).

The final framework informed the development of the data set used by the participating shelters. The initial draft data set was based on a review of the information that was entered into HOMES and the measurement tools that were being used by the shelters at the start of the project. The data set was then revised in accordance with group's feedback and discussion. Revisions reflected promising practice requirements and the time available for data entry to shelter staff.

Ultimately, the data collection process included five key components:

1. An evaluation plan was developed and approved by the ACWS Ethics Review Committee and the ACWS Board;
2. New or revised tools were put in place
    - Danger Assessment Questionnaire
    - Danger Assessment Calendar
    - Domestic Violence Survivor Assessment (DVSA)
    - New questions added to the Exit survey
    - New discharge forms are developed
    - Demographic, history and service related variables are added or revised;
3. HOMES data base was revised and used by shelters to enter demographic, service, assessment and outcome data;
4. 43 staff provided feedback using an on-line survey;
5. 16 individuals, representing the Leadership Team, participated in telephone interviews.

Table 1:   PFC Outcome Measurement Framework

Outcomes for Women & Children	Indicators	Measurement tools
Relationship & Satisfaction		
Women experience a positive working alliance with staff	The relationship between women and staff is strong at exit	Exit survey
Women, independent of their DVSA readiness scores, are satisfied with shelter services	Comparison of DVSA scores with women's satisfaction responses to the Exit survey	DVSA Exit survey
Safety		
Women estimate their levels of risk realistically	Women describe improved understanding of the impact of violence on self and children	Danger Assessment survey Danger Assessment calendar Exit survey
Women report increased sense of safety	Safety plan is in place Women rate themselves as safer	Safety plan Exit survey
A plan is in place to address legal issues identified at intake	Legal issues are identified Plan is in place to address legal issues Appropriate referrals are made to address in legal issues	Women's history (HOMES), including the list of legal issues Exit survey
Women know how to connect with appropriate legal resources	Women know about legal resources that are available in their community Women know how to connect with legal resources that are available in their community	Exit survey
Culture		
Women perceive shelter staff as culturally competent	Women feel that staff demonstrate respect for culture, ethnic origins and religious beliefs	Exit survey
Women perceive agency practices and facilities as culturally competent	Women feel that agency policies, practices and facilities account for their culture, ethnic origins and religious beliefs	Exit survey
Health		
A plan is in place to address health/trauma problems or issues identified at intake (including physical health/disability, mental health, trauma symptoms/PTSD & addictions)	Health/trauma problems are identified Plan is in place to address health/trauma problems Referrals are made in correspondence with health/trauma issues	Women's history including the list of health/trauma issues Exit survey
Women know how to connect with appropriate health/trauma resources	Women know about health resources that are available in their community Women know how to connect with health resources that are available in their community	Exit survey

2.1   Data Collection, Entry and Analysis

Shelters began the data collection and entry process on October 1, 2009. Data entry was preceded by work with the representatives of CORI[7] to ensure that all of the elements in the framework could be entered and reported using HOMES. As noted earlier, a data entry guide was developed and training was provided to staff from each participating shelter to ensure that data was entered consistently and accurately (see Data Entry Guide, Appendix B).

Two data collection audits took place – one in February and the other in April of 2010. The audits were based on cumulative information collected beginning on October 1, 2009. The purpose of the audits was to:
- Ensure accuracy and completeness of data entered;
- Address shelter questions or concerns related to data entry;
- Carry out preliminary data analysis and review; and,
- Identify additional research questions of interest to shelters for future analysis and reporting.

For the purposes of the audits and the discussion presented in this report the data was downloaded from HOMES to statistical analysis software (SPSS) for analysis. This approach was preferable to the alternatives (e.g. a separate Excel spreadsheet) because it decreased the amount of work for the shelters (i.e., did not require double data entry) and ensured that all information collected could be connected using the non-identifying HOMES ID number to protect confidentiality of women and their children.

The variables used in the analysis were selected in accordance with the original framework and included basic client demographics, admission and shelter statistics and survey information. Nine summary reports were produced for each audit– one for each of the eight participating shelters containing individual shelter data and one aggregate report summarizing information from all shelters. A power point presentation was also developed to assist the shelters in dissemination of the audit information to their staff.

2.2   This Report

This document represents the final project report. It summarizes the information provided by women in the eight participating shelters over the course of eleven months – between October 1, 2009 and August 31st, 2010. As the shelters were able to link the information they collected to unique ID numbers, it was possible to understand not only how many women accessed the shelters (Section III), who the women were who were accessing the shelters (Section IV), and what services were provided to women in shelters (Section V) but also how well shelter services work for women with different backgrounds and needs (Sections VI through IX).

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[7] Canadian Outcomes Research Institute – manages HOMES software used by the shelters

The quantitative analysis is contextualized in this report by the qualitative information derived from the interviews and an online survey. Thematic analysis of these data summarizes stakeholders' opinions about the impact of the implementation of the promising practices on their shelters (Sections VII through VIII) as well as their overall opinions about project implementation and impact (Section X). The report concludes with a section summarizing the results and providing recommendations for next steps that ACWS and its member shelters might consider in implementing promising practices in the future (Section XI).

The production of the final report was preceded by a PowerPoint presentation and discussion of the information gathered with the Project Leadership Team. The report reflects their feedback and suggestions.

III. ADMISSIONS INFORMATION

This document reports on information collected by the shelters over a period of 11 months between October 1st, 2009 and August 31st, 2010. In that period eight participating shelters recorded:[8]

- a total of 4,010 admissions;
- 2,177 admissions of adult women (1,890 individual women and 287 of them or about 4% were admitted more than once); and,
- 1,833 admissions of children who accompanied them.

The report analyzes information about women with multiple admissions in comparison to the women with single admissions. For example, in previous ACWS reports multiple admissions were associated with the presence of addictions and higher Danger Assessment scores. Similar trends were noted here, but they were not statistically significant.

The analysis will become more informative in the future as shelters track this information over a long period of time. A question about women's previous use of emergency or second stage shelters has been added to the ACWS Shared Data Set (see current Exit survey) and the capacity exists to link these results with other information about the women.

3.1 Regional Distribution

ACWS and the participating shelters were interested in identifying any differences in study variables between geographical regions in Alberta. The shelters were therefore divided among two regions: north and central or south, as shown in Table 2 on the following page. About half of all the admissions were in each: the North (n=1,111) and the Centre/South (n=1,066).

It should be noted, however, that those numbers do not necessarily represent the areas where women were residing prior to admission into the shelter, as women staying in a shelter may have come from another geographical location in the province. Women may choose to use a shelter away from their home area for many reasons, including, for example, need to re-locate to avoid further abuse, family support in another region, or greater anonymity than they may have at a nearby shelter. The ACWS Shared Data Set[9] now includes data on the location of the women's residence prior to the shelter stay which should clarify this issue in future studies and reports.

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[8] Only women who have been discharged were selected for the study. Therefore, there were more women who have not yet been discharged who are not reflected in the overall number of admissions.
[9] Data set recommended by the Shelter Director Ad Hoc Data Group that suggests data for shelters to collect using Outcome Tracker. The purpose of the data set is to support individual shelter service delivery needs as well as the needs for collective shelter advocacy.

Table 2. Shelter Location

Location	City	Shelter Name
Alberta North (1,111 admissions)	Grande Prairie	Odyssey House
	Cold Lake	Dr. Margaret Savage Crisis Centre
	St. Paul	Columbus House of Hope
	Edmonton	Lurana Shelter
Alberta Centre and South (1,066 admissions)	Red Deer	Central Alberta Women's Emergency Shelter
	Calgary	YWCA Sheriff King Home
	Strathmore	Community Crisis Society
	Lethbridge	YWCA Lethbridge & District - Harbour House

3.2   Types of Admission

As shown in Figure 1 below, abused women who were admitted without children represented 42% of all admissions, followed by 40% of abused women who were admitted with children followed by "other women meeting shelter mandate" (16%). For ease of categorization, the "other women meeting shelter mandate" category also included victims of sexual assault (n=7) and women awaiting hospital admission or other specialized medical or social services (n=3).   Of 9 men who were admitted, 4 had children.

Figure 1. Type of Admissions (n=2179)
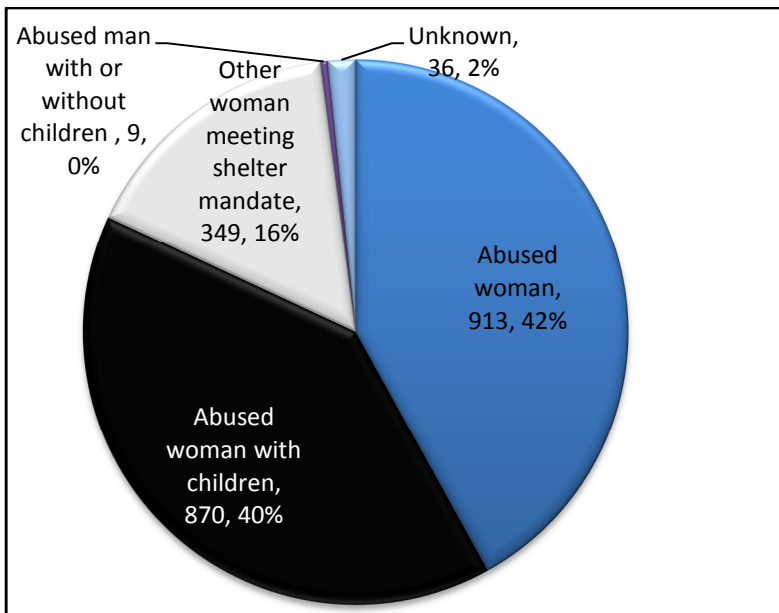
Shelters in the North had a higher proportion than the other shelters of 'other women meeting shelter mandate' where that proportion in three shelters reaches 30%. Most other shelters serve 10% or fewer 'other women meeting shelter mandate'.
 The 'other women meeting shelter mandate' are also more likely to have had multiple admissions than the other groups and, as is discussed further, they were also different from the abused women in the shelter in a number of other ways (e.g., services received, length of stay in the shelter, reasons for leaving).

The 'other women meeting shelter mandate' are usually admitted because their primary issues are poverty and homelessness and higher rates of their admission in the North are likely a reflection of the lack of housing-related resources and services that are available in those communities combined with lack of resources available to support these women connecting to services located elsewhere. Nevertheless, there may be similarities between this group of women and the women who are admitted as 'abused'. Research suggests that most women in shelters (whether admitted as a result of domestic violence or homelessness) have an extensive abuse history, and often experience similar systemic barriers including low income supports, low minimum wage, immigration issues and access to child care service ("I Built My House of Hope": Best Practices to Safely House Abused and Homeless Women. Tutty, et. al., 2009).

The Figure also shows approximately equal percentages of abused women who are admitted with or without children (40% to 42%).   However, shelter experience suggests that, at any one time, there are more women admitted with children. Because abused women without children transition out of shelters faster, their overall admission numbers will be higher when calculated over longer periods of time.

3.3   Referral Sources

Almost half of the women were documented as having been self-referred (43%), followed by about 7% of those who were referred by friend/relative or police/RCMP (Figure 2). The remaining referral sources included friends, other shelters, community support programs or agencies, medical or health services, and Child and Family Service Authority.

'Self-referrals' can be defined in several ways and may describe women who have been in the shelter before, possibly those with a history of violence in their families of origin, or women who have found their way to the shelter on their own, i.e., through a phonebook, internet etc. However, discussions with the shelter directors suggest that the relatively high proportion of self-referrals is more likely a reflection of the existing data collection processes. Women who call the shelter crisis lines before they are admitted are often documented as 'self-referrals', even though the referral to the line may have come from a source in the community.

Figure 2. Referral Sources (n = 2142)

Figure 2. Referral Sources (n = 2142)
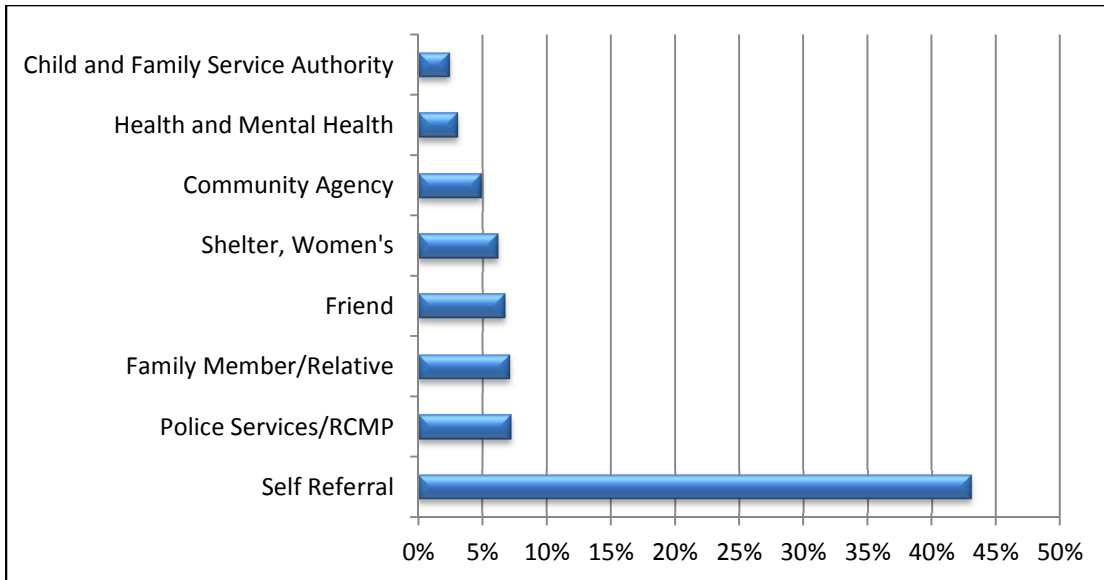
Although providing some information about a women's route into the shelter, this approach is limited as it does not collect information about the community services that originally referred the woman to the shelter and, therefore, does not paint an accurate enough picture about relationships and partnerships between the shelters and other services providers. It is recommended that, when they are collecting this information, the staff are trained to inquire about the referrals that motivated the women to make the initial contact with the shelter.

IV.   CHARACTERISTICS OF WOMEN IN SHELTERS

4.1   Age and Gender

As illustrated in the Figure 1 above, and with very few exceptions (there were 9 men admitted), the shelters admit women only. [10] On average, these women were about 32 years of age, and about a third of them were 24 years of age or younger. There is a large proportion of Aboriginal women in shelters and they tend to be younger than the general population.

Figure 3. Age of Women in Shelters (n=2121)
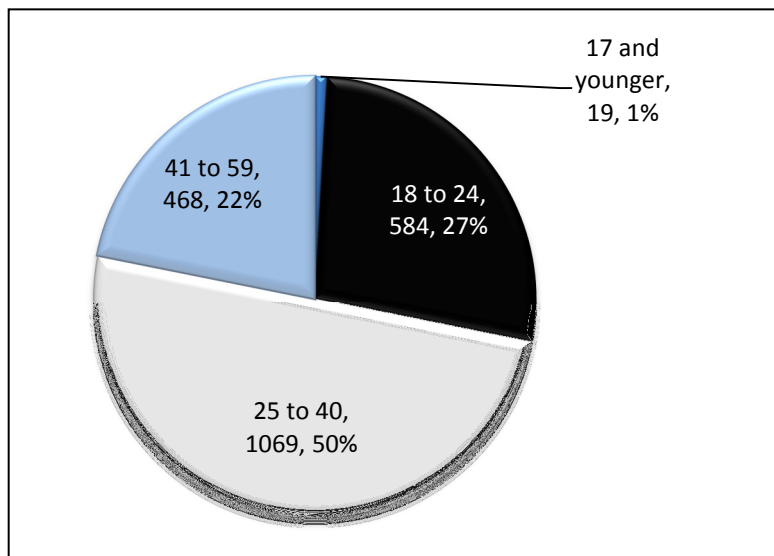
4.2   Ethno-Cultural Background

58% of women in shelters self-identified as Aboriginal, Métis, First Nations or Inuit and 9% of all women represented other visible minority groups. At least 35% of the Aboriginal women in shelters lived on a reserve at the time of their admission and represented many different First Nations bands, including Saddle Lake (14%), Frog Lake (4%) and Cold Lake (4%) in the Northern Alberta and Blood (25%), Siksika (8%), Samson (8%) and Peigan (7%) in Centre/South.

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[10] The one women's emergency shelter that admits men in Alberta was part of the study group, which accounts for all the men admitted to shelter during the project. The two shelters for abused seniors also accept men although they did not participate in PFC.

As shown in the Figure 4 below, there is a higher proportion of Aboriginal women in the North and a higher proportion of Caucasian and visible minority women in the Centre/South, reflecting the general population distribution in those geographic areas. Overall, however, Aboriginal women constitute almost two thirds of the shelter population in this study. This carries important implications for shelter services, especially those in Northern Alberta and particularly for program content, cultural competence, shelter staffing and establishing linkages or partnerships with First Nations reserves or Métis settlements in the area.

Figure 4. Ethno-Cultural Background and Shelter Location (n=2135)
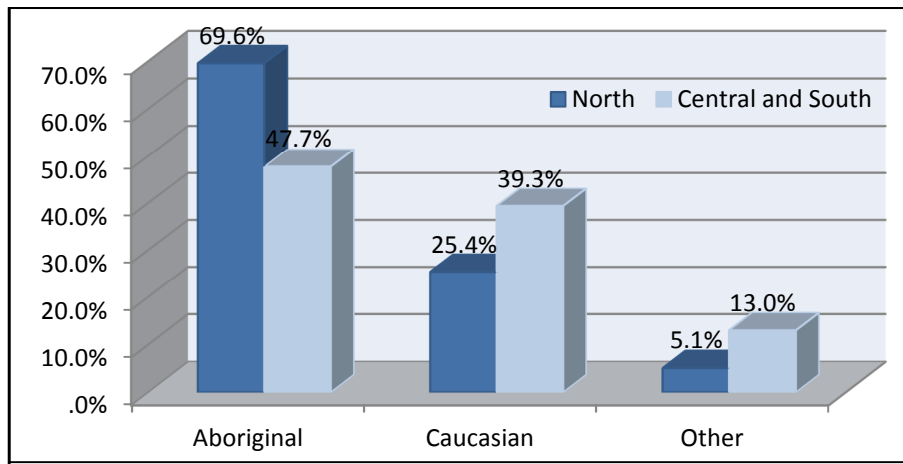
According to some shelter representatives, attracting, recruiting and retaining Aboriginal staff can be a challenge for shelters. Information further in this report shows that Aboriginal women leave shelters earlier than other women. To address those needs, the PFC Leadership Team implemented cultural competence as one of the promising practices. It may be helpful to broadly implement this in all Alberta shelters with a particular focus on supporting Aboriginal women and children.

Figure 5 provides further detail about the background of 9% (n=189) of women who did not identify themselves as Caucasian or Aboriginal. As can be seen from the following figure, almost a third of these women identify their culture/background as African, followed by 17% of women from East and Southeast Asia (i.e., Chinese, Vietnamese, Japanese), and 13% of Central and South American women.

These women spoke 28 different languages. Spanish, Arabic, Somalian and Cantonese were the languages most frequently spoken – setting possible directions for shelters in terms of accessing specific translation resources. Such resources are easier to obtain in urban centers but present significant barriers for shelters elsewhere. In the last ACWS Compendium of Services, eight shelters had workers who spoke Spanish, two Arabic, and five shelters had workers who spoke Cantonese.

Figure 5. Visible Minority Women – Ethno-Cultural Background (n= 189)
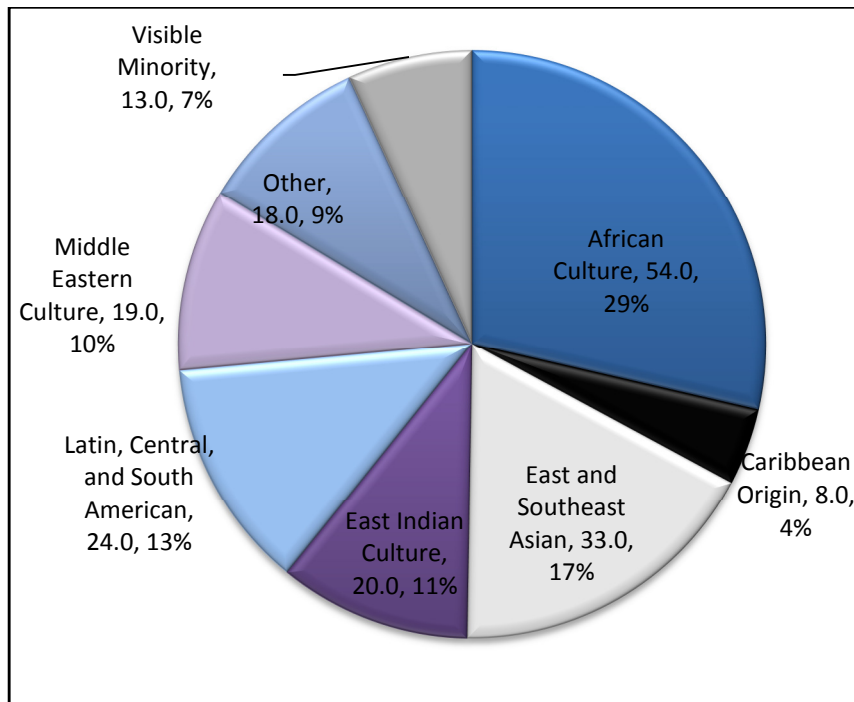
As shown in Figure 4 above, and in correspondence with overall immigration patterns, there were proportionally more visible minority women in the Alberta Centre/South than in the Alberta North. Further analysis also showed that there were more women representing African and Asian cultures in the North and more women representing Central/South American cultures in the Centre/South.

About a third of the visible minority women (n=60, 32%) did not have Canadian citizenship, and were immigrants, refugees or in Canada as foreign workers or visitors. All together, and including both visible minority and other women, there were 70 women (about 3% of all women in shelters) without Canadian citizenship and included immigrants (n=49), refugee/refugee claimants (n=9), or students/workers/visitors (n=10). Almost 24% of all women with immigration status were sponsored immigrants. Although the overall number of immigrant women in shelters is relatively small, their needs are extremely complex and require that shelters have access to legal services and that shelter staff have information about immigration processes and related rights as well as different types of violence that these women experience.

4.3 Marital Status

Overall 39% of women were in common-law relationships, 11% were married and 24% were separated or divorced. At least 46% of the women were living with their partners at the time of shelter admission.

As shown in Figure 6 below, 'other women meeting shelter mandate' were almost always single, separated or divorced, while abused women with or without children were often in a common-law relationship and were more likely than the 'other women meeting shelter mandate' to be married.

Figure 6. Marital Status and Type of Admission (n=2106)
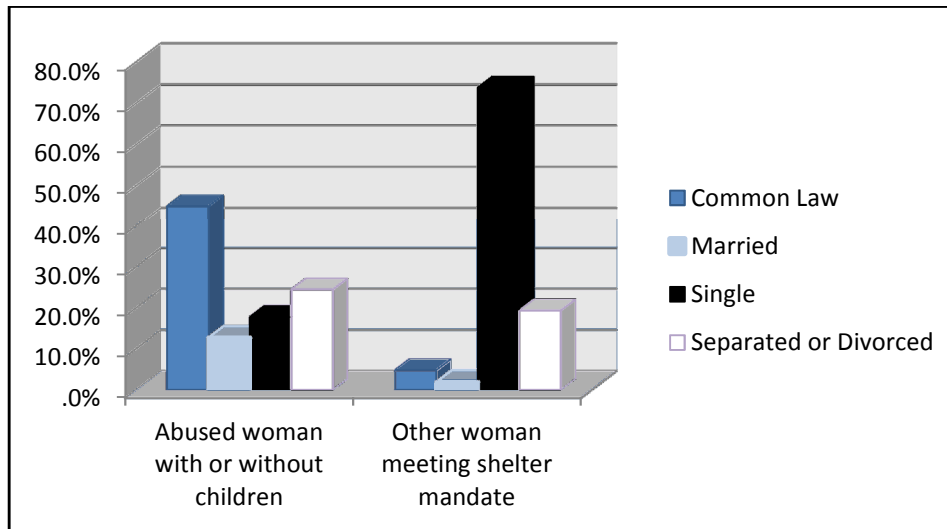
Further data analysis suggested that, of 349 'other women meeting shelter mandate' at least seven also disclosed abuse (these women completed the Danger Assessment, the DVSA safety sections and required protection orders). Based on information elsewhere 25 'other women meeting shelter mandate' described their perpetrator. This information suggests that at least some women fitting the description of 'other women meeting shelter mandate' may be accessing shelters for similar reasons as 'abused women'.

These results point again to the potential differences in background and service needs for the different useage groups of women accessing shelter services. ACWS and members shelters may consider undertaking a project aimed at examining the population of women who 'meet other shelter mandate'. Are they predominately homeless women? What are their histories of abuse? How does lack of resources in the community influence their numbers in the shelters?

4.4   Children

The 2,177 women who were admitted had, among them, a total of 2,955 children. Of these, 1,833 children or about 62% were admitted to the shelters. About 78% of women with children were admitted with one or two children. Twenty-eight families had four or more children.

As shown in Figure 7 below, about 34% of abused women were admitted without children, and over half of 'other women meeting shelter mandate' (about 57%) had children who were living elsewhere while the woman stayed in the shelter. There are a number of complexities associated with women being admitted with or without children. In some cases, and primarily for economic reasons, women who do not live with their children prior to shelter admission bring their children into the shelter with them. In other cases, women are not able to bring children who live with them into the shelter because they are older or are males. In other instances, the women do not have guardianship of their children or prefer to leave the child with other family members to minimize disruption to the child.

Figure 7. Number of Children by Admission Status (n=2132)
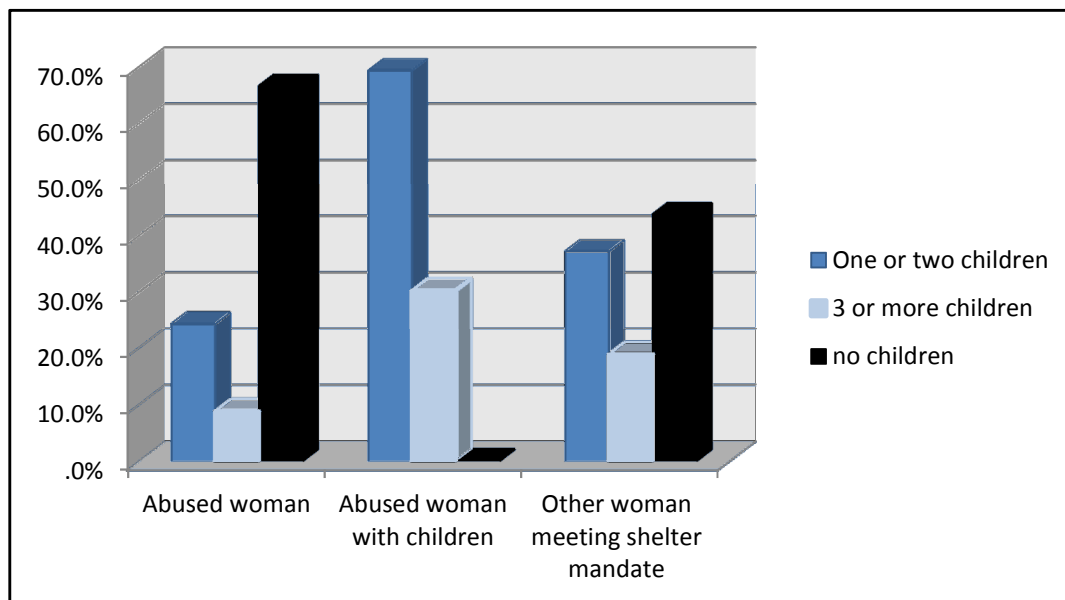
Aboriginal women were more likely to have had children (70% as compared to 50% of Caucasian and 65% of visible minority women) and women without children were more likely to be single (50% were single as compared to 31% of women with children). There was also a significant regional difference in the number of children women reported as living with them prior to this shelter stay (35% had 3 or more children in the North as compared to 25% with 3 or more children in the Centre/South) as well the number of children women had admitted with them (24% in the North had 3 or more children admitted and 19% had the same number of children admitted with them in the Centre/South).

The difference here appears to be primarily due to the larger family size in the northern region and may reflect the larger number of children born to Aboriginal women in Canada. Family size can be a barrier as shelters do not always have bedroom space to accommodate larger families.

As shown in Figure 8, children admitted to shelter are generally very young: 850 (47%) of them are 3 years of age or younger and 385 (21%) are between 4 and 6 years of age. In total, there were 1,235 (67%) children in the shelters of pre-school age. Research demonstrates that children in these early years are at highest risk of maladjustment as this is the critical time for brain development. Exposure to domestic violence or child abuse at this age is extremely harmful at an early age ("What About Me! Seeking to Understand a Child's View of Violence in the Family"; Cunningham et al; 2004) and high numbers of young children in the shelters highlight the importance of ensuring that adequate staff expertise, training and programming are in place to address the needs of these children.

Figure 8. Number of Children and Service Access (n=2910)
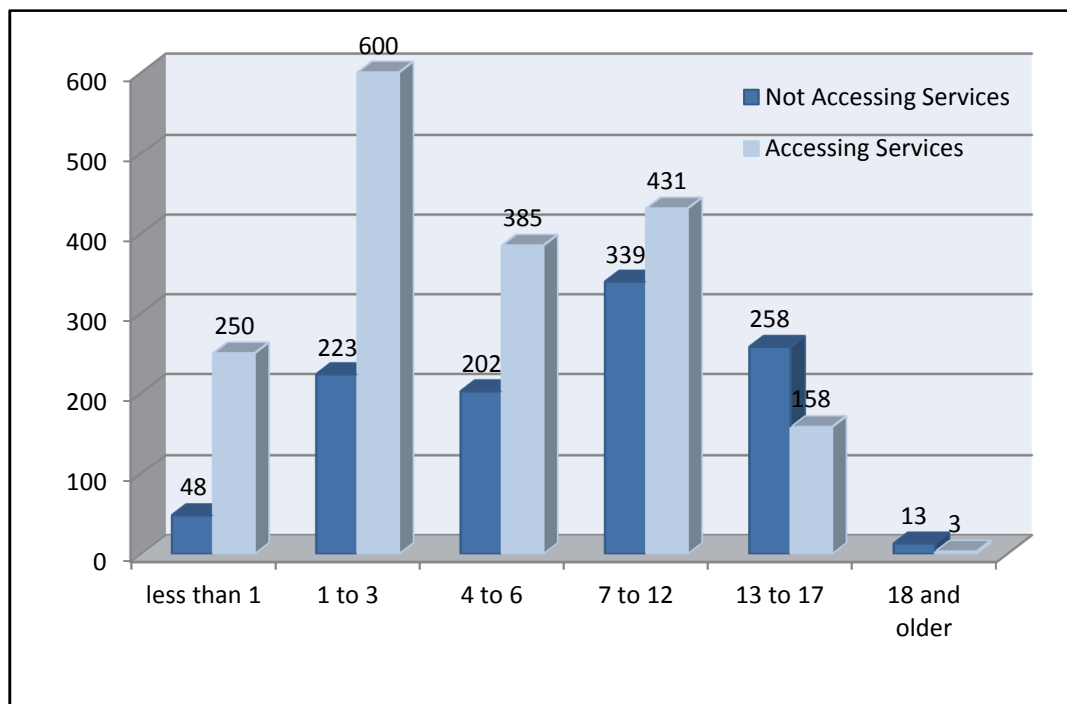
Some shelter respondents also suggested a number of directions in relation to programming and supporting parents in addressing the needs of children in shelters (also addressed in "What about me: Seeking to Understand a Child's View of Violence in the Family", Cunningham et al; 2004).

- A process of supportive education about the varying ways children are impacted and how parenting can make a difference;
- Have psycho social resources on hands – books for children, and information for parents;
- Many opportunities for play and reassurance to children that this is not their fault;

- Ensuring that shelter staff receive training specific to the needs of the children (e.g., symptoms of trauma and how to build resiliency);
- Provide choices for play time or snacks to help children experience some sense control in the midst of what is a very confusing time for them; and,
- Follow up services to the mother regarding parenting support.

Data gathered for this report also illustrates the importance of shelters establishing liaison and protocols for working with Alberta Children and Youth Services (ACYS): about 13% of admitted children were involved in investigation or assessment with ACYS and 30% of non-admitted children had some type of protection status with ACYS.

4.5   Health and Addictions

A substantial proportion of women report the presence of health conditions:

- 41% of women had a physical health condition at the time of admission;
- Of those with health conditions, 22% were described as chronic medical issues; 9.6% as vision impairments, 8% as injuries and 7% as dental issues;
- Mental health conditions were also documented for 139 women, most notably anxiety disorders (n=33) and depression (n=51);
- 125 women were pregnant at the time of admission; and,
- There were 8% of admitted children with health conditions.

This information represents some initial findings related to health. Shelter representatives indicate that the information gathered here is likely underreported, particularly where the issues of child health and mental health are concerned. Continued data collection is required to get more clarity about the types of conditions that women experience and to address the issue of underreporting.

Predictably, presence of health conditions is associated with age (54% of women over 41 years of age had such conditions). Caucasian women and women without children are generally older and, therefore, are more likely to report presence of health conditions (50%, and 49% respectively). As will be discussed further in the report, women's health issues also appear to impact their success in the shelter (e.g., when compared to the overall shelter population, a higher proportion of women with health conditions are more likely to be in pre-contemplation or contemplation stages as per the DVSA or are asked to leave).

Given this result, shelters might want to determine whether or not more resources are needed within the shelters to ensure that all needed supports are in place to help women and their children address their health issues. Are facilities able to accommodate women with specific health conditions or disabilities? Do shelters have or require medical professionals on site so that health issues can be dealt with quickly? And, is there sufficient information being collected about women's health issues to help

shelters build the case for specialized interventions for women with mental health issues?

About a third of the women (28%) had an addiction at the time of admission, including 8% with multiple addictions. This proportion is likely higher as addiction information is often underreported.

- Women were most often addicted to alcohol (51%) or drugs (41%);
- Younger women in the 18 to 24 age group had the lowest rate of addictions (21%);
- Caucasian women had the highest rates of addiction, followed by Aboriginal women with visible minority women having the lowest addiction rates (32%, 30%, and 10%).
- Women without children were more likely to indicate they had addictions (32% as compared to 25% each for women with one or two children and women with 3 or more children)

As with health, there are significant findings discussed later in this report related to women with addictions (e.g., they are more likely to be asked to leave, more likely to have higher Danger Assessment scores and be in pre-contemplation or contemplation DVSA stages).   Again, as with health data there are implications here for future data collection of addictions information, discussion of how to best collect this information that is often considered 'sensitive' and shelter capacity to access supports for addiction treatment and referrals in their communities. One possible course of action is to ask survivors of domestic violence what they think about the data collection tools, questions and methods and how to ask women sensitive questions in order to effect change.

4.6   Financial Needs

Almost 80% of women were unemployed at the time of their admission to the shelter (Figure 9). Predictably, there is a link between unemployment and the level of need women have for financial assistance.   About 77% needed financial support and 27% were experiencing substantial financial problems. The preponderance of younger, Aboriginal populations in the North, together with fewer resources available there may be the primary reasons for higher proportions of women in the North with substantial financial problems.

There are often linkages made in research between employment, financial needs and education – that is higher educational attainment is correlated with employment stability and lower requirement for financial support.

Figure 9. Requirement for Financial Support (n=1058)
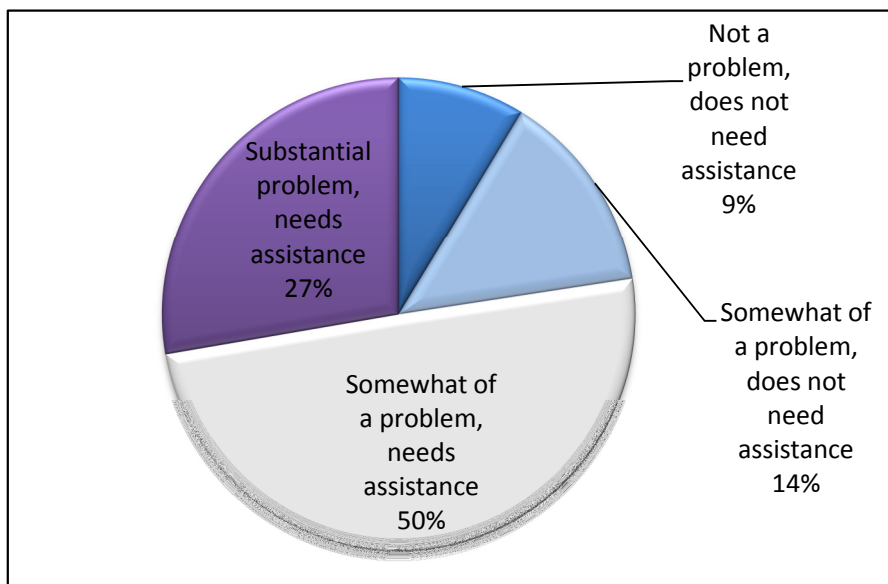
It would be helpful for the ACWS member shelters to collect information about women's educational background to inform referrals and goal setting (e.g., employment, upgrading programs), ensure that all shelter materials and programming are reflective of the overall levels of literacy and education of women in shelters and to track changes in shelter population over time.

High rates of unemployed women raise several questions. First, it appears that employed women are less likely to be in the shelter. Are these women at higher risk for femicide? What services are required in order to better meet their safety needs? Second, those rates illustrate the value of partnerships between shelters and employment or skill training programs (along with other related programs such as income support, childcare and social housing) that can ensure effective transition of women to stable employment options.

V.   SERVICES PROVIDED TO WOMEN IN SHELTERS

5.1   Length of Stay in the Shelters

As shown in Figure 10, about a third of women admitted to the shelter stay in the shelter for 4 days or less. About half of the women (47%) are in the shelter for a period between 5 and 21 days and the remaining 20% stay in the shelter longer than 21 days.

Figure 10. Length of Stay in the Shelter (n=2167)
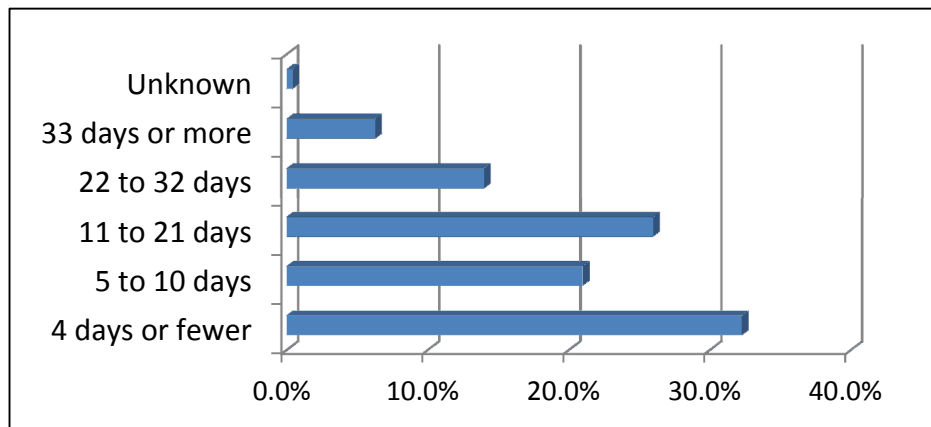
'Other women meeting shelter mandate' (who are also more likely to have had multiple admissions) are most likely to leave early (42% of them leave after 4 days and an additional 20% leave before 10 days in the shelter). This group of women may leave because their temporary housing needs may have been addressed in the course of the shorter stay. The historic guideline of a 21-day stay that some shelters use to plan how long women should remain in the shelter may not be consistent with the needs of this group of women.[11]

Aboriginal women also tend to leave early – 57% do so after 10 days in the shelter or earlier. Along with some other results in this report (their higher Danger Assessment scores and lower DVSA scores) as well as the fact that the majority of women in shelters are Aboriginal, suggests a need for a comprehensive review of reasons why Aboriginal women leave early in their shelter stay and has implications for shelter program content, cultural competence, shelter staffing and establishing linkages or partnerships with First Nations reserves and Métis settlements in the area.

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[11] In the Women's Shelter Program Manual, ACYS states that the "Maximum stay at a shelter is 21 days per admission", While the 2002 Women's Shelter Program Manual has remained unchanged, in February, 2007 ACYS accepted the recommendation that "Shelter Directors have discretion to grant extensions on length of stay for women in shelters." and indicated that this recommendation is complete. www.child.alberta.ca/home/documents/familyviolence/doc_opfvb_wshelters_govt_response.pdf

Visible minority women and abused women who were admitted with children are more likely to remain in the shelter for longer periods of time. About 55% from each of these groups stay in the shelter for 11 days or longer. One explanation here points to potential lack of resources for housing or other types of support they need, requiring a longer shelter stay so those resources can be located. The fact that the visible minority women were more likely to receive referrals to second stage shelters than the other shelter resident groups supports the notion that there are limited options available for them in the community.

5.2   Services Provided in the Shelters

Information on service provision in shelters is important for several reasons. It can help describe the services shelters provide, how services differ across regions and how or whether those differences are impacted by the resources available to shelters and by other services available in their respective communities. When combined with shelter outcomes, this information helps us understand what service or a combination of services produce the best outcomes and what types of services work best for particular client groups.

All together, eight participating shelters recorded about 50 different types of services and there is significant variability in how shelters record those services. There are also differences in when services are recorded. There were no services recorded in 37% of all admissions and the likelihood that services were recorded increased with the length of stay in the shelter (services were recorded for 57% of those women who remained in the shelter for 4 days or less and for 72% of women who stayed in the shelter for 22 days or longer). As noted earlier, it is likely that women who stay longer in the shelter also have higher complexity of needs, and that sometimes even the basic service provision is not recorded. It is also possible that there is simply not enough time for shelter staff to ensure that service needs are provided, identified, and then documented given stretched shelter resources.

As with other services, the likelihood of completion of safety plans for abused women was also associated with the length of stay. For example, safety plans were completed with only 25% of abused women who remained in the shelter for 4 days or fewer and 54% were completed for abused women who were there between 11 and 21 days. The likelihood that safety plans were completed was also associated with the Danger Assessment scores: only 53% of women with variable danger had safety plans completed as compared to 80% of women in extreme danger. Note that abused women who had safety plans completed were also more likely to have met their goals at discharge (51% as compared to 38% of those who left early or 37% of those who were asked to leave).

Given the information described above, future discussions among member shelters might focus on determining a consistent method to record and document shelter service provision so that shelters can clearly describe and cost services they provide and for other reasons mentioned at the beginning of this section. In particular, attention should be paid to putting in place training associated with provision and documentation of services related to safety planning.

Figure 11 shows that different resident groups require different services. The 'other women meeting shelter mandate' primarily need basic needs support, and, therefore, they receive a higher proportion of donation/resource services (over 60% receive such services) by comparison to the other groups. The abused women with children, predictably, are more likely to get support with child care.[12]

Figure 11. Services Provided During Shelter Stay by Type of Admission (n=1372)
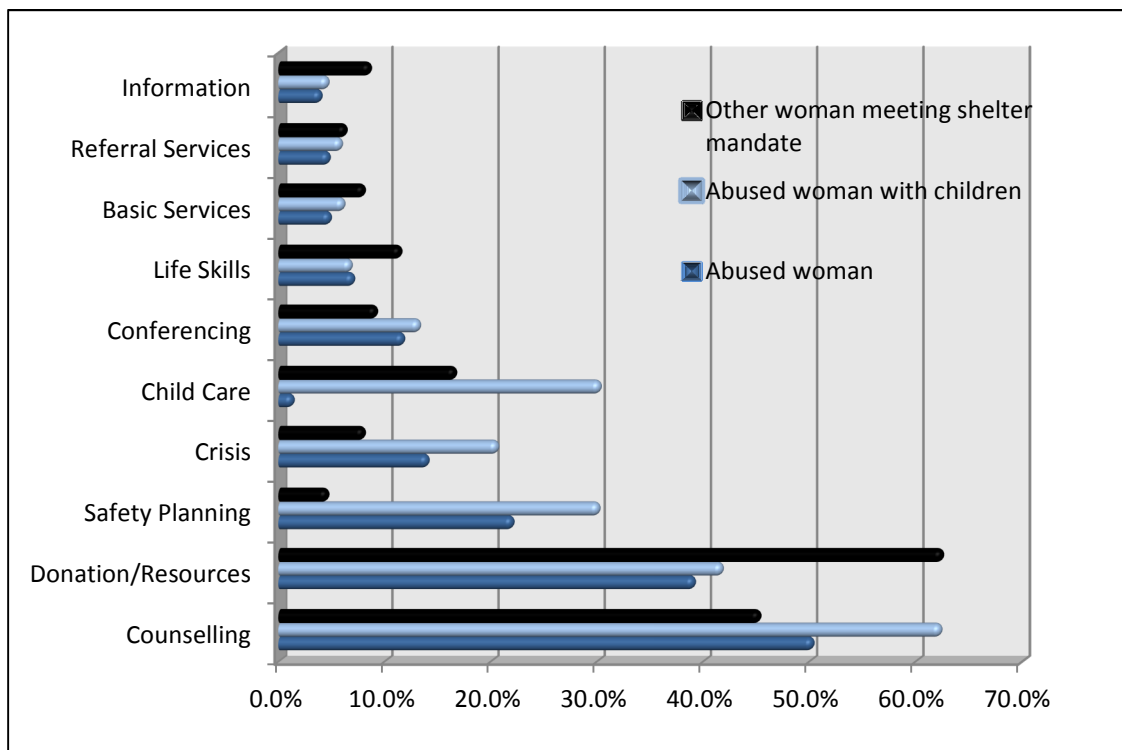
Further analysis also uncovered the following patterns:

- Shelters in the North were more likely to document provision of child care services and donations than the shelters in the Centre South (20% vs. 10% and 55% vs. 31% respectively);
- Shelters in the Centre/South were more likely to document provision of conferencing and individual counseling than the shelters in the North (21% vs. 3% and 46% vs. 35%);

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[12] note – it is unclear why the abused women without children require such support

- Likely because of their higher numbers in the Centre/South Caucasian women were more likely to receive individual counseling services (51% as compared to 42% of visible minority women and 36% of Aboriginal women); and,
- Likely because of their higher numbers in the North Aboriginal women were more likely to receive donation or resource program services (46% as compared to 44% of Caucasian women and 31% of visible minority women).

5.3   Referrals Made by the Shelters

In the course of their shelter stay, women were referred to over 56 different services. Of these, community agency (20%), basic needs - shelter (18%), general basic needs (16%), income (16%) and health-related resources (13%) were the most frequently documented referrals.

There were some inconsistencies in this data collection related specifically to the way this field was originally designed. It collected three different types of information: about the referrals, about the type of accommodation women went to at discharge (i.e., shelter, hotel) and information about who they were going to live with (e.g., on own, with abuser). Because the latter was a requirement of Alberta Children and Youth Services (ACYS), the shelters were much more likely to record that type of information (in 90% of the cases) than information about services to which referrals were made. This field is now divided into three so future information collection should be more accurate and consistent.

In 222 instances (10% of all admissions) the referrals made were not known. Again, the likelihood that referrals were documented increased with the length of stay in the shelter, and more referrals were documented for abused women with children who tend to stay longer in the shelter.   As with other information there were differences in the types of referrals made in the North (Figure 12) – the referrals there were more likely to be made to community agencies, shelters, financial referrals, general basic needs and health referrals; and in Centre/South shelters, where there were more referrals for food, transportation, legal services, police services and second stage housing. Regional referral differences may be due to service availability (e.g., second stage shelters in the South), reflect different needs of the women (higher proportion of women who require basic needs support and shelter, health and addictions referrals), or point towards the types of resources that are or are not available internally to the shelters.

Figure 12. Referrals by Shelter Location (n=1223)
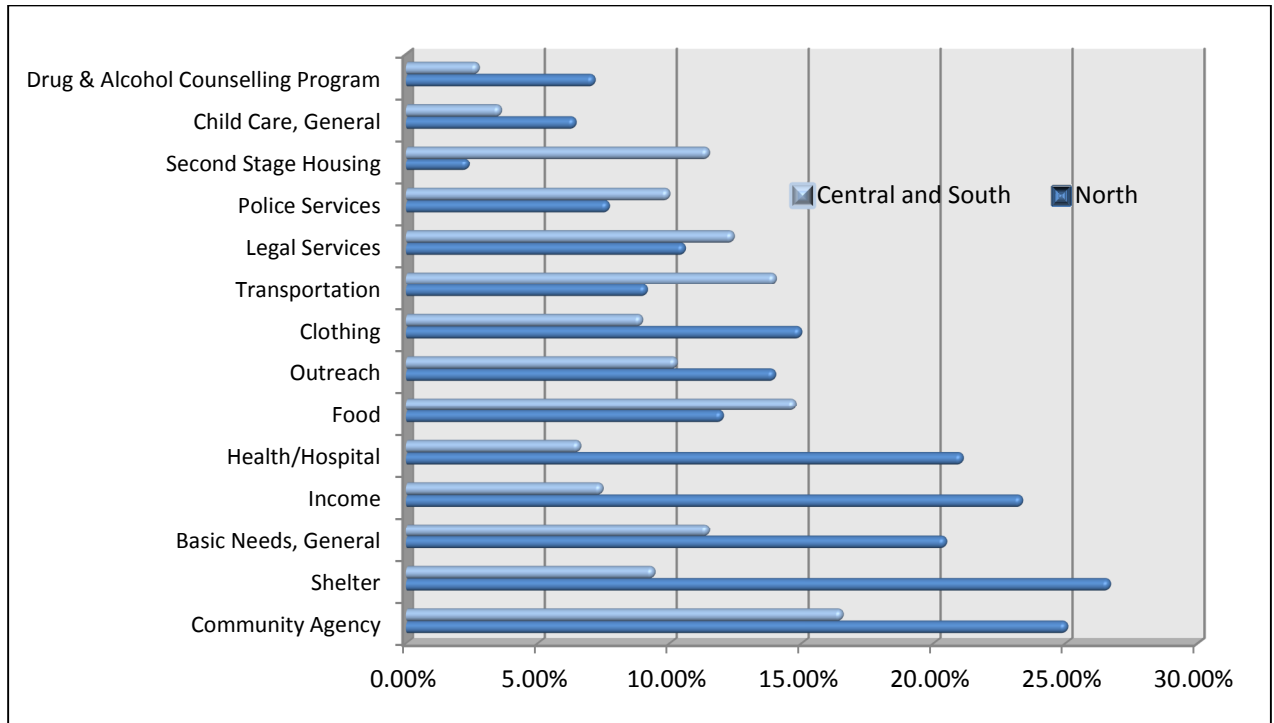
REASONS FOR DISCHARGE FROM SHELTERS

Information about reasons for leaving shelter can answer many important questions about shelter services and the woman's experience there. For example, did the woman achieve her goals while she stayed at the shelter? If she did, then what helped her achieve her goals? Did she leave because services did not respond to her needs? Did she leave for other reasons outside of shelter control? Is there a pattern distinguishing different groups of women and why they leave? Do those groups of women require services that may be different from the other groups in the shelter?

Methods of tracking reasons for discharge have evolved substantially over time. Initially, it was tracked for the purposes of ACYS reporting and included two possible response options: 'Successfully Completed Program' and 'N/A'. This was revised for the purposes of the PFC project to the degree that HOMES capacity allowed and the response options then included 'Successful completion or Goals Met', 'Left before service completion', 'Asked to leave' and 'Other'.

Definition of each of those fields may have been used differently by shelters, and, in particular, their definitions of 'successful completion' may have varied among shelters and among individual women. For some women the terms 'successful completion or goals met' may refer to the fact that she chose to leave the abuser and has resources in place (i.e., housing, employment or finances) to help her live independently. For other women this same term may indicate, that in spite of her choice to return to her abusive partner, the woman has begun to achieve other goals that she may have set for herself, such as, for example, having a safety plan in place, putting in place health care for her child, or starting to look for upgrading options for herself. Therefore, the discussion in this section is based on a broadest definition of success – as achievement of any goals that the woman may have set for herself while in shelter.

Using the data that was available and as illustrated in Figure 13, almost two-thirds of all admissions concluded successfully – that is women reached their goals, their needs were met or their stay was documented as having been 'successfully concluded'. In another 19% of cases, women left before service was completed. These cases included those who left unexpectedly (n=319), those who left without first informing staff about their choice (n=84), cases in which women chose to no longer access services (n=14), and women who refused to stay or refused to participate (n=6). 10% of the cases were grouped as 'other' and most of these cases included those women who reached allowable stay of 21 days (n=21), exceeded this length of stay (n=44), or left for other unspecified reasons (n=139). Finally, only 4% of the women (n=94) were asked to leave.

Figure 13. Reasons for Discharge (n=2145)

Was asked to leave, 97, 4%

Other , 208, 10%

Left before service was completed, 423, 20%

Successful completion - goals met, 1417, 66%
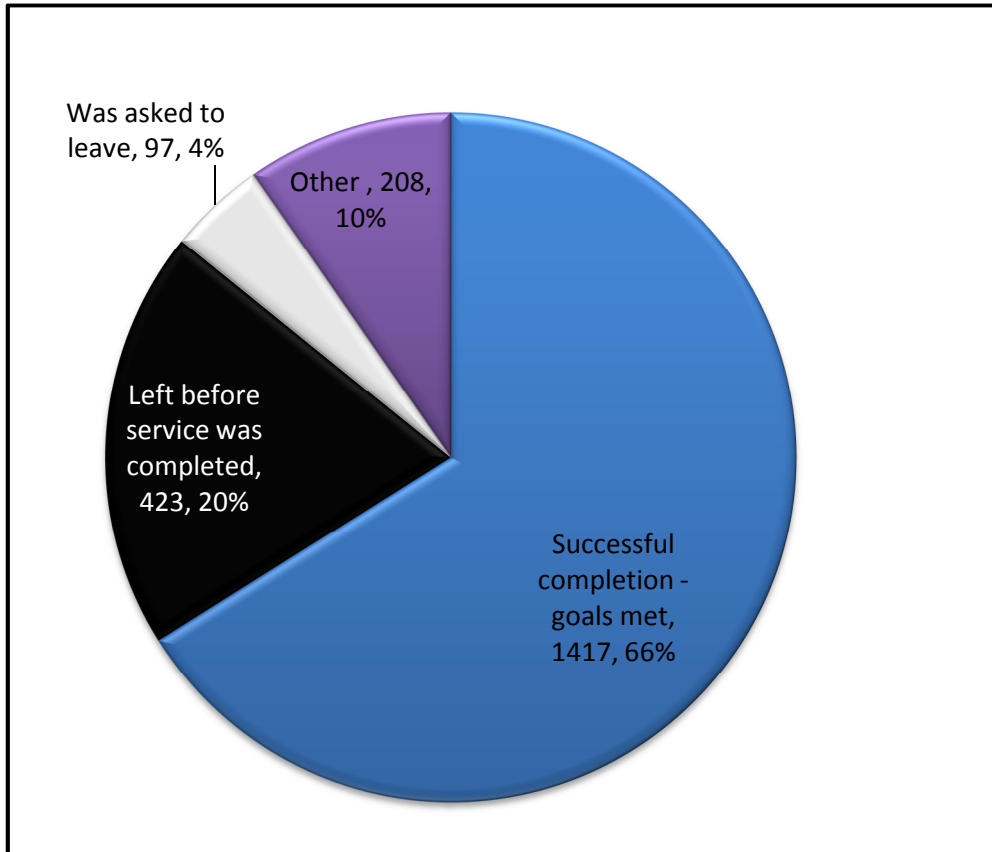
As can be noted from the above discussion, some categories may need to be better defined, in particular 'leaving before services were completed' and 'leaving for other reasons'. For example, some of the women who leave early may have actually achieved their goals while in shelter. Issues with categorization in this field were addressed in the new software programming, so there should be more clarity in the future as the shelters record information about women's reasons for leaving (Box 1 contains the information as it will now be collected in the new shelter data base).

<u>Box 1. Reasons for Discharge as Revised in Outcome Tracker</u>

Reason for Discharge
- ☐ Chose to leave
- ☐ Was asked to leave
- ☐ Other (*i.e., was incarcerated, passed away, was hospitalized*) (*specify*)

If chose to leave, reason
- ☐ Completed the program and met her goals
- ☐ Another program was found to be better suited to client's needs
- ☐ Did not complete the program or met her goals
  - ○ Found safe accommodation elsewhere
  - ○ Communal living environment did not meet the needs of the client and/or her family
  - ○ Client indicated a choice to discontinue
  - ○ Client left without providing a reason

If asked to leave, reason
- ☐ Unable to extend program stay
- ☐ Initial referral to program was not appropriate
- ☐ Non-compliance with program rules
  - ○ Aggressive behaviour
  - ○ Compromise to safety of others
  - ○ Damage to facility
  - ○ Intoxication or on-site drug use
  - ○ Theft
  - ○ Other (*specify*)

In the meantime, the preliminary results confirm earlier suggestions for enhanced focus on women with multiple admissions, women with addictions, Aboriginal women and women with health conditions, as summarized below:

- Women with multiple admissions, addictions, Aboriginal women and abused women admitted without children and women who did not have any children were more likely to leave before service was completed (25%, 23%, 22%, 24% and 23%);
- Women with multiple admissions, visible minority women and women with health conditions were more likely to leave for other reasons (13%, 15%, 12%); and,
- Women with addictions, women admitted without children, and women with health conditions were more likely to be asked to leave (7%, 7% & 6%).

6.1   Length of Stay and Reasons for Discharge

As shown in Figure 14 below, the likelihood of women achieving their goals while in shelter increases as the length of their shelter stay increases. Although these results are preliminary and represent early trends given the possibility of inconsistent definitions of 'success', they suggest that the proportion of women who reach their goals in the shelter drops substantially if women remain in the shelter for 10 days or less.

Figure 14. Length of Stay and Reasons for Discharge (n=2145)
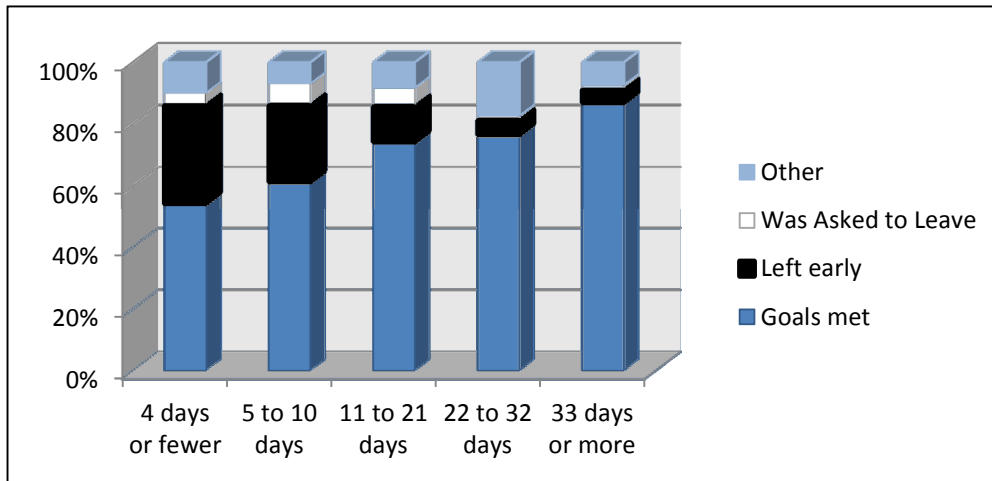
Interestingly, there is little difference in goal achievement between women who stay in the shelter 11 to 21 days or 22 to 32 days, while stays that are 33 days or longer produce the highest rate of success – likely reflecting the length of time that is required to ensure that women can obtain needed housing or other needed resources before leaving the shelter.

6.2   Change in Reasons for Discharge Over Time

Change in reasons for discharge over time was examined to determine the impact of implementation of new practices that were part of the PFC project.   As noted from Figure 15 below, when compared to the final quarter, the proportion of successful discharges in the first quarter is lower, while the proportion of 'other' discharges is higher.

Figure 15. Reasons for Discharge by Project Implementation Quarter (n=2145)
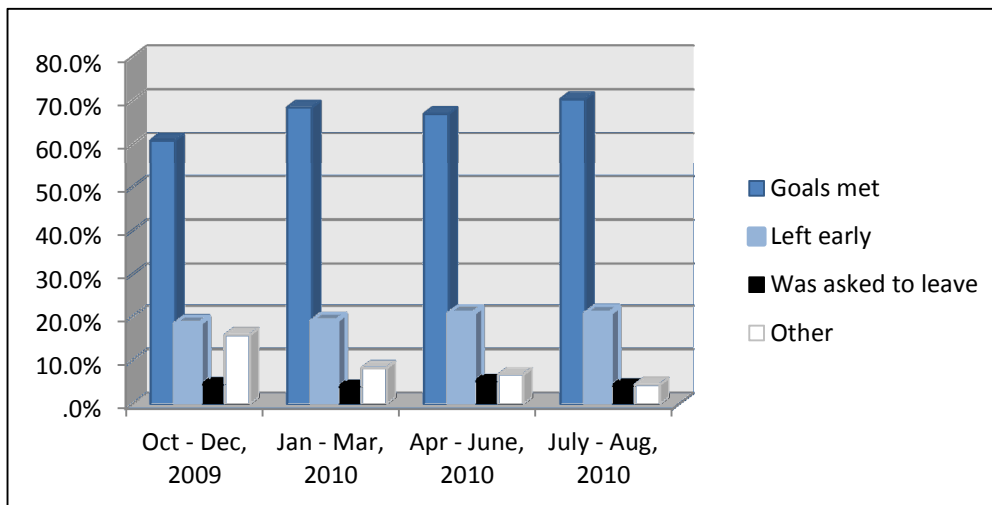
There were, however, some differences between the women in the first and final quarter that may have also contributed to this positive result - women in the final quarter were less likely to have addictions, and less likely to have multiple admissions, although they did not differ in any other ways. Ultimately, the results demonstrate promising trends – the project may have had a positive impact on the proportion of women who met their goals while in shelter. However, longer-term data collection is required to further confirm these results.

VI.   THE DANGER ASSESSMENT QUESTIONNAIRE AND CALENDAR

The Danger Assessment was implemented as part of the 'Safety' component of the project. The Danger Assessment Tool (Campbell, 1995) was selected as the preferred risk measurement tool for Alberta's shelters. The Danger Assessment questionnaire (DA) is a 20-item test with weighted item scoring, designed to assess the likelihood of lethality or near lethality occurring in a case of intimate partner violence (IPV) (Campbell, Webster & Glass, 2008). The predictive validity of the instrument was established in a controlled, 11-city study of 310 intimate partner femicide cases in the United States. Other tests of the Danger Assessment's psychometric properties have also shown positive results and support the use of the instrument.

In addition to the 20-item test, the full Danger Assessment process requires completion of a Danger Assessment Calendar. The usual procedure is to ask the woman to first place in the Calendar all of the special events that are important in her family, such as family birthdays, anniversaries, and celebrations of other kinds (e.g. Christmas, New Year's, Easter, Thanksgiving and so on). She is then prompted by the staff member to think about what incidents of abuse had occurred in proximity to these events. Other abuse types and frequencies were then entered as the woman and the staff member discuss each month.

A standard protocol and a manual were developed as part of the PFC project to guide the use of the tool. Training took place, so that the tool could be administered according to instrumentation, processes and procedures that have been used in the Danger Assessment project recently completed by ACWS. There are three key elements in the DA administration protocol:

1. Women complete the DA questionnaire with shelter staff within the first 48 to 72 hours of shelter admission;
2. The DA calendar is completed first; and,
3. Staff are certified in DA administration.

Please see Appendix F for the Danger Assessment Calendar, Appendix G for the Danger Assessment Questionnaire, and the PFC Process Report for further detail about training and tool implementation.

7.1   Danger Assessment Calendar Results

The Danger Assessment Calendar was completed in 350 admissions, representing about 16% response rate if all admissions are taken into account (n=2179) and a 20% response rate if only admissions of abused women with or without children are considered (n=1783). The low response rate is a reflection of some of the challenges shelters experienced in administering the tool (e.g., length, women's response etc.) and those are discussed in detail in Section 7.3 below.

Women were most often abused by their partners or common-law partners (51.4%), ex-partners or ex-common-law partners (14.16%), boyfriends (8.51%) or husbands (6.24%). The remaining types ranged from 6% to 4% and included families/relatives, ex-boyfriends, multiple abusers or other types.

Women experienced multiple forms of abuse with most women (96%) having experienced emotional/verbal/psychological abuse. There was also a large number of women who reported having experienced financial abuse (71%), followed by 67% of women who were slapped and pushed without resulting injuries and/or lasting pain and 65% of women who were punched and kicked which resulted in bruises, cuts, and/or continuing pain. 45% of women who completed the calendar also experienced sexual abuse.

As illustrated in Figure 16, physical abuse of various types occurs less frequently than other types of abuse. This is in line with patterns of violence where emotionally abusive intimidation, coercion, and control are coupled with physical violence. Indeed many women report a greater impact of non-physical forms of abuse than that of physical abuse. Each escalation in the severity of physical abuse corresponds with reduced frequency for that sub-type; with use of a weapon the least frequently experienced type of physical abuse. The data indicate that the average woman in this sample experiences emotional abuse at least 15 times per month, and physical abuse at least once or twice per month.

Figure 16. Average Frequency of Abuse Per Month (n=350)
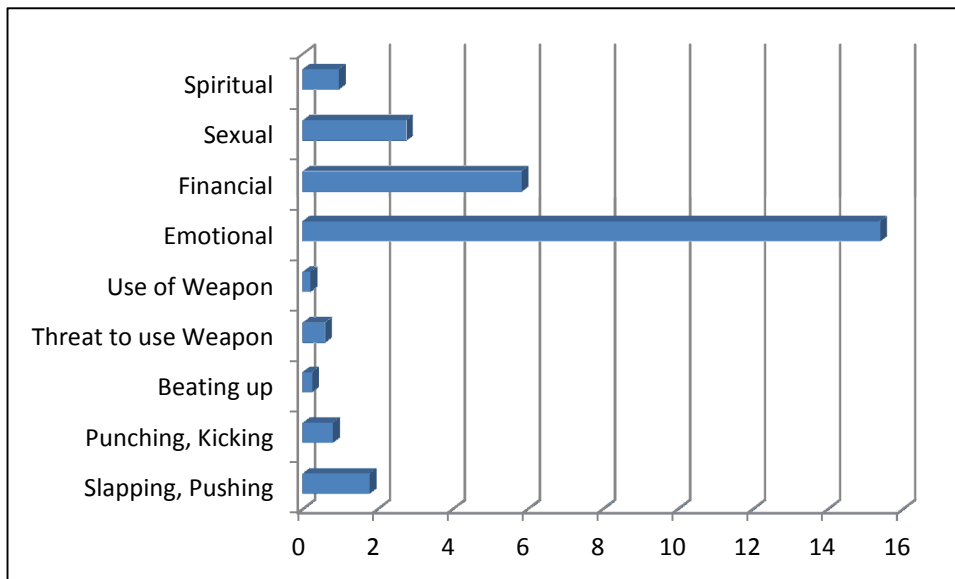
It is also notable that sexual abuse occurs more frequently than physical abuse (at about 3 times a month when compared to about 2 times per month for some forms of physical abuse. Further analysis also uncovered the following patterns:[13]

- Women who were ultimately asked to leave or who left for 'other' reasons (many of them are women with addictions and health issues) were most likely to experience all types of physical abuse as well as sexual abuse, suggesting that a study of the needs of this group of women and shelter capacity to address those needs may be of benefit;
- Visible minority women were more likely to report experience of sexual and spiritual abuse; however, given high rates of sexual abuse in Aboriginal communities these results may reflect the fact that Aboriginal women are less likely to disclose sexual abuse;
- Women who had children were more likely to experience physical abuse than women without children (91% as compared to 77%).

7.2   Danger Assessment Questionnaire Results

The DA questionnaire was completed in 981 admissions, representing about a 45% response rate if all admissions are taken into account (n=2179) and a 55% response rate if only admissions of abused women with or without children are considered (n=1783). Conclusions from the DA research undertaken previously by ACWS suggested that some women declined to answer DA questions that they found too personal (e.g., questions with reference to sexual abuse) or that they were concerned might be used against them in decision-making about child custody. The study recommended that it is important to ensure that confidentiality of responses is reinforced.

As shown in Figure 17, almost half of the women in the shelter are in extreme danger of femicide and an additional 17% were in severe danger. Femicide can, and does, occur at any of these levels, of course, but a woman's risk of lethality rises substantially as her score rises. Women with addictions and Aboriginal women are at particular risk for femicide (57% and 55% respectively were in extreme danger), making safety planning with these women especially important. Earlier DA study also showed a statistically significant association between high DA score and presence of multiple admissions. A similar trend was noted here, however, without an associated statistically significant result.

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[13]   Note that these trends may identify the types of abuse most often experienced but also the type of abuse that is most often reported by certain groups

Figure 17. Danger Assessment Scores of Women in Shelters (n=981)
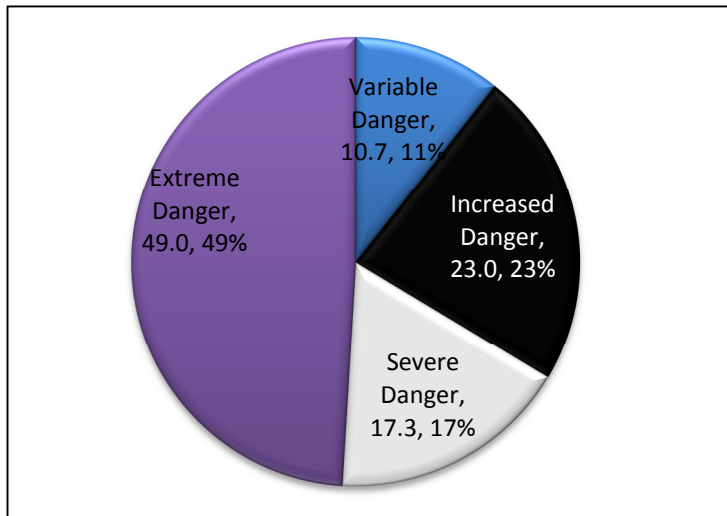
Because the distribution of DA scores is heavily weighted on the high-risk end of the scale (a natural consequence of the risk factors represented in the majority of women in the shelter sample), two approaches to analysis were used in the report. The first, used in most analyses, broke the sample into the four established DA risk categories (Variable, Increased, Severe and Extreme) and the results of this analysis are shown in Figure 17 above. A different approach was used to analyze the interaction between the DA score and other information collected in the course of the study. Here, the DA score was divided into three rather than four categories: score of 15 or less, score of 15.1 to 22 and score of 23 or higher.

Figure 18 on the following page uses the second approach. The figure shows that women who met their goals while in shelter were likely to have lower DA scores (about 42% of them had a score of 15 or less). Women who left before service was completed also tended to have lower DA scores (47% had a low score). By comparison, women who were asked to leave were most likely to have the highest Danger Assessment scores (40% of them had a score of 22 or higher). Note, however, that these differences were not statistically significant.

The association between higher Danger Assessment scores and the likelihood that the woman may be asked to leave is concerning, because woman's safety is the primary goal of the shelter. Analysis elsewhere in this document showed that women who are asked to leave are also likely to experience an array of complex needs such as addictions, physical health, and, possibly, mental health. It may be important for the shelters to review their services in order to determine what may need to be put in place to ensure that the shelters can effectively address the needs of the women with complex needs. The review may focus on such elements as shelter policies, staff training and linkages with community resources.

Figure 18. Danger Assessment Scores and Reasons for Discharge (n=720)
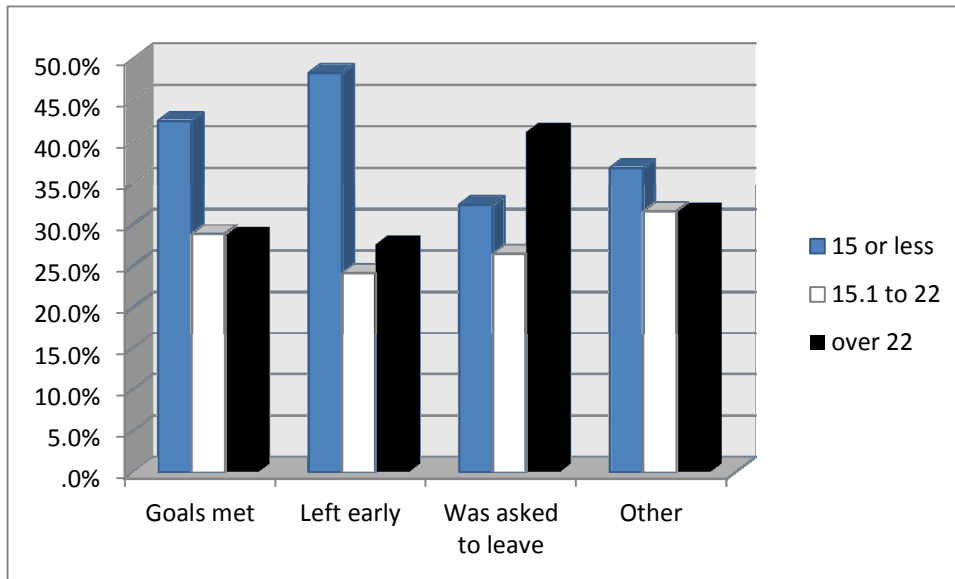
7.3   Stakeholder Feedback about Trauma and DA Training and Implementation

As discussed in Section II, stakeholder feedback was collected using two methods: telephone interviews with the members of the leadership team and a survey completed by shelter staff who participated in training and/or used the tools that were implemented in the course of the project.

It is important to note here that there were some differences between comments from the survey respondents (primarily front line staff) and the comments from the leadership team (shelter directors). Some of the more negative comments came from the survey respondents and were likely a result of information that was available to those staff. Where possible (and while maintaining respondent confidentiality), the responses from the two groups are distinguished from one another.

Both stakeholder groups commented specifically about the DA Calendar and DA Questionnaire and associated training and implementation considerations. They also provided comments about Trauma training, and those comments are included in this section because the skills gained in Trauma training had direct impact on the type of support the staff could provide to women when administering the DA calendar and questionnaire.

<u>Trauma Training</u>

Trauma training was positively received: out of 17 respondents, 16 (94%) agreed that they received new information they did not have before; 14 (82%) learned new skills that they did not have before the training; 12 out 15 (80%) were able to implement information from the training in their practice and 13 out 16 (81%) agreed that information or skills helped women or children in shelters achieve their goals. Similarly, most respondents (16 out of 18, 89%) found the accompanying trauma intervention materials as helpful.

 As illustrated in the comments from the interviews and the surveys below – the training provided the participants with important information about dealing with trauma and was directly applicable to work with women in shelters, particularly where use of specific grounding techniques were concerned in the implementation of the DA calendar.   For some survey respondents, however, this information was not new, and others thought that the content was more related to therapy than shelter work.

- "Excellent training… Natalie is very experienced and able to directly relate it to working with DV and SV."
- "Natalie was an extremely good presenter and I thoroughly enjoyed the workshop with her. However I felt that some of the content of her presentation would not be suitable for shelter work as it was more therapy based then what we do in the shelter…"
- "I can see how this training may be very useful for new staff with limited or no previous education about the topic. I feel as if this topic was repeated to me so often in my studies that the training was only repetitious and there was no new information about trauma."
- "Some of the basic tools we can use, like breathing, the awareness of retraumatizing the clients…"
- "Trauma training was helpful to have [to support] administration of the DA Calendar… it gave the staff that little bit of confidence that 'if something happens I know what to do' [i.e., grounding techniques] if client is hyperventilating."
- "The training was great, but too deep and not necessarily something we could use – it was more helpful to get grounding techniques that Susan talked about."
- "We learned how important sleep was… we now have no caffeinated products in our shelter…we have a small resource library talking about foods to help staff understand the importance of balance and routine and healthy foods."
- "Some of the techniques that we brought back – not offering a cup of coffee to woman in crisis but water instead… having earplugs for women in the shelter."

Several interview and survey respondents thought that trauma expertise is something that should continue to be developed in the shelters.

- "This is definitely the best or promising practice in shelters – there are many people in shelters with trauma issues…I would love to get one of our staff trained in EMDR…we could also expand this to include vicarious traumatization…Trauma training was one of the best things for me."
- "We have started to build on [this training]…. the trauma piece is huge… historically the staff in the shelters have not billed themselves as experts in trauma…It helped us realize that we are the trauma experts…We would like to develop capacity to work more in-depth with trauma, mental health diagnosis … we are always referring out – but we've got to recognize that women come here with trauma, mental health and addictions."

<u>Danger Assessment Training</u>

Out of 29 respondents who answered questions about Danger Assessment training, 25 (86%) agreed that they received new information they did not have before; 23 (79%) learned new skills that they did not have before the training; 27 (93%) were able to implement information from the training in their practice and 23 (79%) agreed that information or skills helped women or children in shelters achieve their goals. A larger majority of the respondents also rated the Danger Assessment trainer's (21 out of 22, or 95%) and participant manuals (20 out of 23, or 87%) as helpful.

Survey respondents' comments regarding Danger Assessment training highlighted the value of the training in helping staff understand and address the stress women are likely to experience and improved staff ability to administer the DA properly. Critical comments from the survey respondents were generally about training specific to the Calendar and the fact that not all needed information was imparted in the course of training.

- "Training taught me to be more courteous to the women's stress levels during the DA."
- "I was able to administer the DA in a more proper manner with the women."
- "No skill training was really taught, just how to, forms."
- "[Questionnaire] training really focused on research...there was not so much information on how to actually do it."
- "Not really much 'new' information was given."
- "With the training from Jackie Campbell it was never clear …how to do calendar and questionnaire."
- "We really needed training (modeling) specific to the Danger Assessment Calendar, which was not available."

Table 3 summarizes feedback from 38 survey respondents regarding future use of the DA Questionnaire and Calendar. A large majority (about 82%) agreed that it is important to continue using DA questionnaire to collect information as compared to 42% who had a similar opinion about DA Calendar.

Table 3. Support of Continued Use of DA Questionnaire and Calendar

Level of Agreement	Str. Agree	Agree	Unsure	Disagree	Str. Disagree	N/A
DA Questionnaire	63.2% (24)	18.4% (7)	13.2% (5)	5.3% (2)	0.0% (0)	0.0% (0)
DA Calendar	23.7% (9)	18.4% (7)	36.8% (14)	13.2% (5)	5.3% (2)	2.6% (1)

All respondents discussed many advantages of the DA questionnaire, as illustrated in the comments below:

- "The DA is an absolutely amazing tool that should definitely be implemented in every shelter! The DA is an amazing awareness tool for the women, it helps me gain more awareness about her situation, and it helps develop a trusting relationship with the woman. After conducting the DA with a survivor, I've noticed that the woman opens up more about her issues and gains better knowledge and awareness about her situation."
- "We like the DA, it really helps us on a number of levels, to help clients avoid minimizing and understand the risks."
- "The DA helps the women understand the risk that they are in, it is non-evasive [or invasive?]."
- "Shelters' voice has been elevated as a result of doing the DA."

Those who did not think that the DA questionnaire was entirely useful had the following comments:

- "We are finding that the DA is not suitable for use with all our clients [i.e., those not abused by partners or male clients; not necessarily culturally sensitive]."
- "We need a risk assessment tool to help assess not just lethality but the overall risk."
- "The content of the questionnaire does not reflect the recent trends, e.g., gang involvement…risk of deportation, etc."

The reasons behind challenges associated with DA questionnaire administration may stem from the way information was shared within shelters. As explained by one interview respondent:

- "Some of the information that Dr. Campbell wanted everyone to be aware of (possible re-traumatization, effects of sexual abuse on scores, being properly certified) was not passed on to staff or down played. This was [especially the

case] with the DA calendar, and how it can affect abused women. [Dr. Campbell] wanted people performing this calendar to be aware of triggers and how going back in time can be ineffective and actually do more harm than good with a client. The Calendar should be used as a tool if a client is emotionally ready to take that step in their life."

While the DA questionnaire was often found helpful, there were a number of concerns about the DA Calendar. In particular, the survey respondents thought that the Calendar had a traumatic impact on women and staff and there were concerns about the ability of the staff to handle the emotional trauma that may result from women's recollections of abuse in the course of calendar administration. Other concerns with the Calendar included the length required to administer it and the ability of the woman to recall the events. Ultimately, some survey respondents did not understand the purpose of the Calendar, as illustrated in the comment below:

- "Calendar has to have purpose and meaning to the women we serve. It is not necessary as women seem to be very clear about the abuse they experienced."

Some survey respondents thought that the Calendar could be valuable but only if women were 'emotionally ready' or to assist them in their court appearances or with legal issues in general. However, there was a smaller group of respondents, often those who participated in the interviews, who saw value in the Calendar. This group highlighted the need to convey to the staff the value of the Calendar in supporting relationship building, understanding the woman's situation, providing an opportunity to women to tell their story and supporting women in making safe choices. They also warned against the tendency of some staff to view the primary purpose of Calendar as administrative, i.e., as a form that has to be completed rather than a process and a counseling tool (e.g., it is not necessary to go back a full year or make it a 'memory test'). Finally, this group also talked about importance of trauma training and grounding techniques in supporting Calendar administration and making sure that only staff who know the women well work with them to complete the Calendar.

Overall, both the survey and interview respondents' recommendations regarding the use of the Calendar and the Questionnaire included the following:

- Additional training and discussion aimed at understanding the purpose of the Calendar and method of administration (e.g., not having to go back a year; as a counseling tool, etc.);
- Review the sequence of administration: does the Calendar have to be administered before the Questionnaire?
- Should the Calendar be administered only to selected clients, particularly those with pending Court appearances?
- Revise DA Questionnaire training (possibly to include an additional testing module) with enhanced focus on method of administration and interactions with

women and less focus on the research associated with the development of the Questionnaire.

- Ensure that staff have sufficient trauma training to assist them in addressing issues that may arise for the women as they relive their experiences.
- Explore a possibility of using other tools that provide additional information about risk vs. lethality[14].

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[14] The respondents provided several examples of such tools although the focus of those tools was primarily on perpetrator rather than victim assessment. Those tools included: the SARA (The Spousal Assault Risk Assessment guide, which is designed to assess the risk of future abuse in adult male offenders); the ODARA (the Ontario Domestic Assault Risk Assessment that assists in determining whether or not a particular incident requires more careful monitoring or intervention by the justice system) and the VRAG (Violence Risk Appraisal Guide which assesses the likelihood of reoffending).

VII.   DOMESTIC VIOLENCE SURVIVOR ASSESSMENT (DVSA)

The Domestic Violence Survivor Assessment was implemented as a promising practice to support 'Safety', 'Health' and 'Cultural' elements of the project. It was developed by Dr. J. Dienemann in consultation with Dr. J. Campbell in 1995 in collaboration with three community based domestic violence service agencies. It was then tested in three hospital-based programs that had screening, referral, and counseling programs and shown to have high internal consistency and construct validity (Dienemann, Campbell, Curry & Landenburger, 2002).

DVSA is based on the Transtheoretical Model of Change (TM) first developed by Prochaska (1979; Prochaska, DiClemente, & Norcross, 1992). TM refers to how the model integrates observations of daily human experiences with theories of psychotherapy as they apply to changing human behavior. The focus of the TM model is on helping people through a process of intentionally changing their behavior. It recognizes that (1) change is a process that must be maintained over time, not simply an event; and (2) the process is often a spiral with relapses and regressions as well as progression.

The TM model identifies five stages of change, but does not describe behavior in these stages as linear. These stages include pre-contemplation, contemplation, preparation, action and maintenance. The value of this model for Intimate Partner Violence (IPV) is that it focuses on individuals and their strengths, recognizes the non-linear path of behavior change and the complexity of the process, and does not dictate specific behaviors. The DVSA examines the stage of change for 13 personal and relationship issues commonly faced by survivors of IPV. These issues are grouped across four areas:

Box 2. Domestic Violence Survivor Assessment Issues

Issue	Defined
Issues about Safety:	• Triggers of abusive incidents • Managing partner abuse • Seeking legal sanctions • Accessing help
Issues about Culture	• Attachment • Views on relationship and options • Managing loyalty to norms and own beliefs
Issues about Health	• Feelings • Mental distress
Issues about Self Strengths and Skills	• Control of money/assets • Life and job skills • Self identity • Self efficacy – be on her own

To score the tool shelter workers mark the box in the row for each issue that best described the survivor's stage of change. The total scores for each issue area and the total are then produced (see Appendix H for the DVSA Assessment Form).

Following the World Conference, the DVSA was identified as a tool that encompassed all three areas of intervention addressed by the project: Safety, Health and Cultural Competence.   Therefore, ACWS members reached a consensus that the DVSA would provide the primary framework to guide implementation of the PFC project across the participating shelters.

DVSA scores are used to describe the stage of readiness of women served by the shelters, to inform practice in general and, through data collection and analysis, to determine how stage of change is related to interventions and outcomes. Specifically, the DVSA scoring offered the following benefits to the project:

- Help understand the shelter population currently being served in terms of their level of readiness for change;
- Help determine whether a woman's level of readiness has an impact on the woman's experience in the shelter;
- Help understand the relationship between woman's level readiness and safety considerations, (for example, what assistance do women at different readiness levels require to ensure that they remain safe?);
- DVSA scores can be maintained on women's files so that re-administration of the DVSA at subsequent shelter stays can be used to track women's progress (e.g., increasing readiness to take action to keep herself and her children safe); and,
- DVSA scores make it possible to explore statistical relationships between DVSA variables, demographics, risk levels (Danger Assessment) and intervention characteristics.

The DVSA administration protocols and training are discussed in further detail in the Process Report. In general, however, the protocol requires that the DVSA is:

- administered by staff trained in the use of DVSA;
- completed between 3 and 5 days after the intake date;
- completed by staff who have had significant interactions with individual women; and,
- completed by staff on their own.

8.1   Domestic Violence Survivor Assessment Results

A total of 488 DVSA assessments were completed over the course of project implementation, representing about 22% response rate if all admissions are taken into account and a 27% response rate if only admissions of abused women with or without children are considered. The comments contextualizing some of the challenges specific to DVSA administration are discussed in more detail in section 8.2 below.

Overall, women had the highest proportion of 'preparation' ratings (27% of all ratings were in this stage), followed by action ratings (26%), contemplation ratings (21%), pre-contemplation ratings (15%) and the proportion of maintenance ratings (12%). There were, however, some differences in the levels of readiness related to specific focus areas, as illustrated in Figure 19 below.

Women appeared to be more ready to address the issues related to culture (about 46% were in action or maintenance stage and 23% were in pre-contemplation or contemplation stage), but less ready to work on their health issues (36% were in action or maintenance stage and 39% were in pre-contemplation or contemplation stage). Note that health-related items in the DVSA tool reflect the woman's readiness primarily to address mental health issues such as PTSD, stress, depression, panic etc. Higher proportions of women in pre-contemplation or contemplation stages here demonstrate the need for shelters to have sufficient resources in place to effectively assist women with their mental health issues and highlight the importance of collecting accurate information about women's mental health.

Figure 19. DVSA Scores and Areas of Focus (n=488)
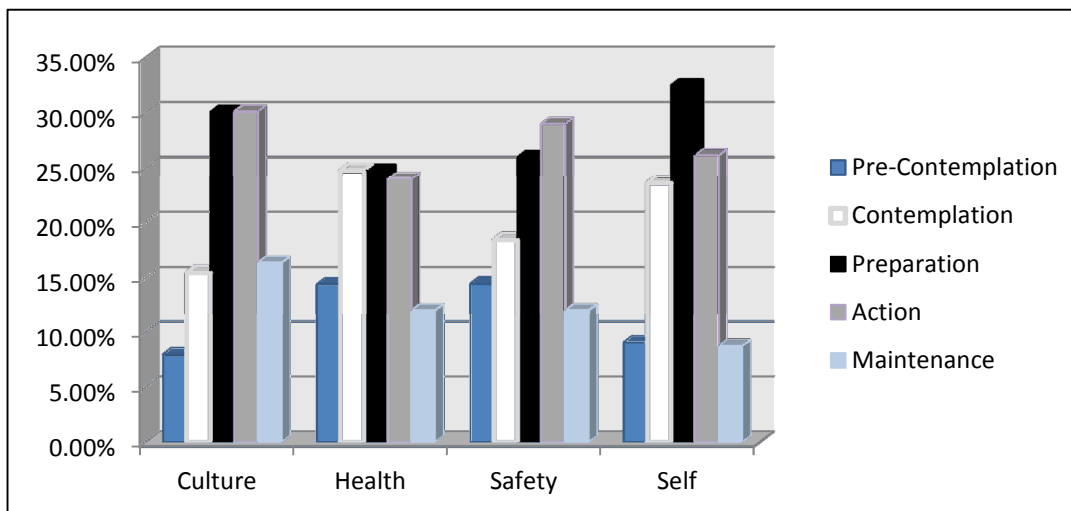
Overall, abused women who were admitted without children, Aboriginal women, unemployed women as well as women with addictions and health issue were more likely to score in pre-contemplation or contemplation stages than the other groups of women.   Interestingly, 'other women meeting shelter mandate' were more likely to be in preparation or action stages, however applicability of DVSA to the needs of this group is questionable, given the tool's focus is on intimate partner violence. Further discussions are required to clarify how and whether DVSA should be used with women who access shelters for reasons other than domestic violence.

DVSA and Reasons for Discharge

The DVSA was created primarily as a tool to assist in discussion and case management. It was not intended as a research or evaluation tool, and, therefore, there are no instructions for calculating a total score or using it in analyses with other variables. However, such a score was required in order to determine the interaction between the DVSA and other information such as the reason for discharge and scores on other measurement tools. The total score that was used for the analysis in this report is a simple sum of all DVSA ratings recorded for each woman. Possible total DVSA score, therefore, ranges from a minimum of 13 (a response of 1 to each of the 13 issues) to a maximum of 65 (a response of 5 to each issue).

As the Figure 20 below shows, there is some association between higher levels of readiness and successful conclusion of shelter stay. For example, of those women who had the highest readiness scores (45 or higher), about 82% met their goals while in shelter. By comparison, of those who had the lowest readiness scores (32 or less), only 69% met their goals while in shelter.

Figure 20. Total DVSA Score by Reasons for Discharge (n=270)
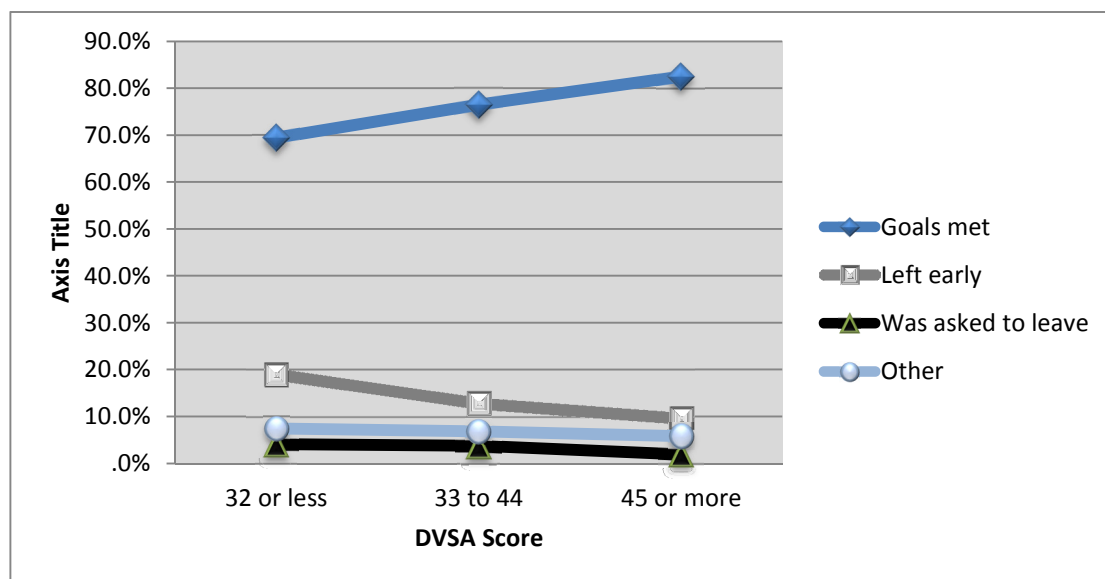
There is an opposite trend for women who leave shelter early – this group is comprised of a higher proportion of women with low readiness (19%) and lower proportion of those with high readiness (10%). (Note that the reverse is also true– the higher the readiness score, the longer the woman is likely to stay in the shelter). As illustrated in the Figure, there appear to be no such interaction between readiness and successful shelter stay for the women who were asked to leave or women who leave for other, often unspecified reasons.   These resident groups, in addition to lower readiness scores, are also more likely have a more complex array of issues often including health and addictions concerns, than the other women in shelters.

DVSA and DA

As noted before, most women in domestic violence shelters are in extreme danger and fewer are assessed as being in variable danger.   However, there are some differences in the levels of danger when women's readiness levels are considered. For example, proportionally, women with the lowest danger scores were most likely to have the lowest readiness scores (42% of women with lowest danger scores also had the lowest readiness scores, 33% of women in 'increased' danger, 37% of women in 'severe' danger and 31% of women in extreme danger) (see Figure 21). The reverse was true for women in extreme danger, who were most likely to have the highest readiness scores as compared to the other women.   It is possible that these results are a reflection that the woman is not yet ready to fully discuss and acknowledge the seriousness of violence and that her Danger Assessment scores may be underestimated.

As illustrated in the Figure 21 below, the relationship between readiness and danger is not linear – there is little difference in the proportions of women with different danger scores when intermediate levels of readiness are considered. Further analysis by the authors of the two tests may be valuable to help better understand the interaction between the levels of danger and levels of readiness.

Figure 21. Interaction between Total DA Questionnaire and DVSA Scores (n=268)
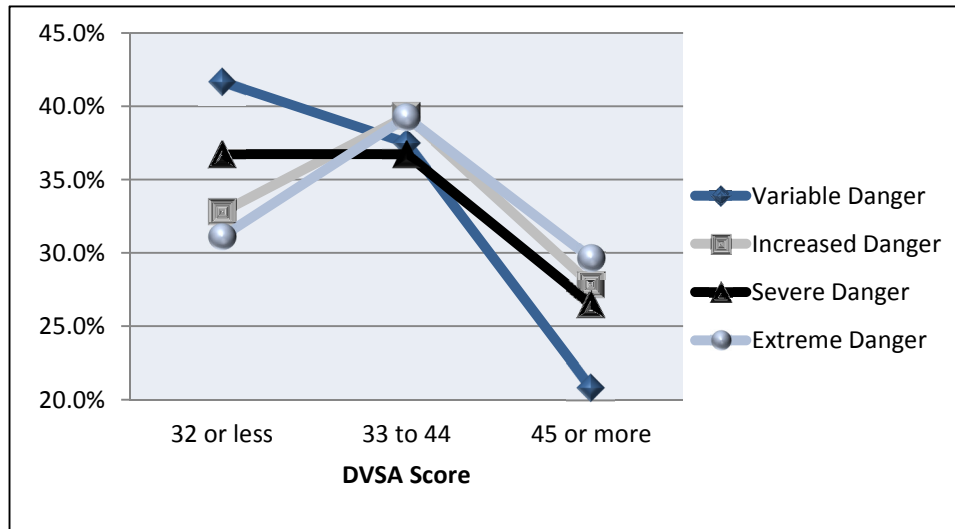
8.2   Stakeholder Feedback about the Domestic Violence Survivor Assessment

As discussed in Section II, stakeholder feedback was collected using two methods: telephone interviews with the members of the leadership team and an on-line survey completed by shelter staff who participated in training and/or used the tools that were implemented in the course of the project. Both stakeholder groups commented specifically about each of the tools, including the DVSA.

Out of 35 survey respondents who commented about DVSA training, 29 (83%) agreed that they received new information they did not have before; 27 (77%) learned new skills that they did not have before the training; 24 out of 32 (75%) were able to implement information from the training in their practice and 21 out of 33 (64%) agreed that information or skills helped women or children in shelters achieve their goals. The respondents also rated the DVSA training manual (26 out 33 or 79%) and DVSA participant manual (20 out of 23 or 87%) as helpful.

There were very few comments made specifically about DVSA training, and, although many people liked the tool itself, the training (particularly with Jackie Dienemann) did not appear to be very effective.

- "I found the training very basic. It needed it to be way more-higher level. I would have been interested in a discussion about each section, the theory behind it, what the research suggests, people's experiences etc."
- "[Training was] only about how to use the tool - nothing beyond that."
- "I found Jackie D's workshop very difficult to sit through. I did not gain a lot from it."
- "Jackie seemed a little academic black and white."

- "Susan did training with staff who could attend – that helped a lot – it was excellent, Susan is a wonderful trainer, relayed the passion…it worked very well because Susan came here."

Thirty six shelter staff rated their agreement with the statement: 'I think that we should continue collecting information using DVSA'. Of them 47% strongly agreed with this statement, 19% agreed, 11% were unsure, 14% disagreed, 6% strongly disagreed and 3% or one respondent chose not applicable as the response.

As noted from this summary, about two thirds of the respondents (about 67%) agreed that it is important to continue using DVSA. For those who disagreed, the issues with DVSA were generally based on the assumption that the tool was primarily intended to precisely determine the woman's stage of readiness and predict the choices that she is likely to make. Note that all of the comments below were made by the survey respondents.

- "I did not appreciate being asked to guess about whether someone was telling me the truth or not…When told the DVSA could be done without their input [the women] were very insulted that someone else thought they knew the women better than she did herself."
- "I don't believe that we know the client well enough to assess where they are at in this program. I think this [tool] is not applicable to our clients in house. I don't think that it does the client any good because they don't know where they are at from day to day as these clients are under a lot of stress. Where they are at today could easily change tomorrow."
- "I did not find these surveys very accurate. The women change their minds each day."
- "For me, however, the DVSA just seemed like more paperwork to do. At the beginning of the project, sitting down with the women to discuss what stage they are in seemed to be a little awkward and I do not feel as if it benefitted the women."
- "The way we are currently doing it seems unfair and inaccurate as depending on what staff member completes the paperwork, the results could be slightly different based on the writer's opinion.

Those who considered DVSA a useful tool (including most of the leadership team) described it as helpful in changing the way staff worked with the women, particularly in helping them become more client driven, helping guide the ways of working and focus the intervention. Those respondents also talked about the relevance of the readiness model to the shelter work.

- "Implementing the DVSA has helped us to become much more client driven and focused."
- "I believe that it can be a useful tool to demonstrate the changes or progress that the client has made over several visits or one longer visit."

- "The whole change model is very relevant…it's about looking at how to engage victims at different stages… we really believe in the change model and hope that it will influence practice and case management, education and training – it was good to see how different stages were represented in categories."
- "It gives us better understanding of where the women are at…knowing that they have to do DVSA has guided the workers in the questions they ask even before they pull it out, it has given the direction for interviewing…there are a lot of the questions we would be asking anyway…They don't sit down with the women to do it…[if we do it together, she is likely to say] 'you kind of don't understand me'."
- "One of our [experienced] staff said to me that what it did for her was put on paper what she already knew– so she could support her recommendations to staff, especially for our repeat clients…We never had anything concrete to back that up before".
- "For example we've had a woman here with 20 year history with us, I desperately wanted her to be in action, but she was in pre-contemplation, but it's my issue not hers, and it clearly brought it to our minds, DVSA for me takes the personal bias out of it, you are ready for this woman to move on but she is not – so offering her housing etc, is not appropriate."
- "If someone is trained properly in [DVSA] it's hard to understand why people would not like it…they should use it as a resource to serve women, it's not a weapon, it's not about power and control…if she disagrees with your ratings, just build your plan in a different way …those with low readiness are most likely to disagree that they are at low readiness."

Some respondents also thought that DVSA would be particularly helpful if used by the new staff in the shelter, if it was used as a counseling tool, if it was implemented together with the women, if it was done by one consistent worker who knew the woman well and if there was less focus on numerical ratings. Some also suggested that the content of the tool should be reviewed to ensure that it was culturally appropriate to Aboriginal women and visible minority women.

- "Most of our staff are already familiar with stage models – for those who were not this was very useful."
- "It's more useful to the staff to be aware of change model/how to think about the client – but not necessarily assigning numbers to things."
- "I believe this tool would be more effective if we were able to do it with the woman present so they can have input on where they are at within the model for change. It could be used as a teaching tool for them if it was completed with them directly."
- "Staff should go over the form and identify what is not known – and use it as a counseling option. Don't worry about it being right or wrong…"
- "We have to shift our work…to have key workers, we are [going to have one staff do the DA, the other DVSA, the other Exit]."

In general, DVSA implementation represented a "big learning curve" for some, but most respondents saw a value in it and made some recommendations for its future use. Those recommendations included more staff training, discussion of the overall purpose of the tool, adapting it to make it more user friendly (e.g., administration, scoring and manual revision), using DVSA in other programs or as an evaluative tool (e.g., in outreach or over multiple admissions) and a study to determine whether or not it was appropriate for different populations in the shelter (e.g., Aboriginal, immigrant and 'other women meeting shelter mandate').

VIII. CULTURAL COMPETENCE

Domestic violence shelters provide a safe supportive environment for women and children from a variety of ethnic and racial backgrounds. In order to best serve women with their diverse beliefs, norms, values, religious practices, languages, sexual preferences, ages, experience and abilities it is essential that all frontline workers be open to knowing about and accepting individual uniqueness.

This project component was comprised of several elements. First, Cultural Competence training with Dr. Sujata Warrier focused on exploring the concept of culture and what it means to be culturally competent. Emphasis was placed on shelter workers knowledge about and acceptance of individual uniqueness. Inherent in this is recognizing one's own biases and prejudice.

However, according to Dr. Warrier and other experts in this field, any meaningful organizational cultural competency work cannot be limited to training of front line staff. Therefore, other components of the Cultural Competence portion of the project included:

- 2 staff members (1front-line and 1 in management) were selected to champion cultural competency work within their shelter;
- The DVSA was utilized to assist in determining a women's unique circumstances and needs;
- Based on Dr. Warrier's work, shelter staff engaged in discussions of scenarios involving work with women from diverse backgrounds (see Appendix J for some samples of the scenarios);
- Each participating shelter completed a survey that assessed organizational needs in relation to building cultural competence. Based on the aggregated survey results each shelter is working to develop definitions of cultural competence as well as a policy statement;

9.1   Cultural Competence Assessment Results

Appendix I reproduces the Cultural Competency Assessment survey [15]completed by each shelter. The survey adapted with permission from Dr. Sujata Warrier, contains 26 statements related to how an organization addresses cultural issues, in four areas: Organizational Environment, Program Management and Operations, Outreach and Community Involvement and Service Delivery. Twenty seven individuals representing staff and management at all of the participating shelters completed the survey.

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[15] Adapted from Sujata Warrier, 2010

In general the respondents thought that their organizations' policies, activities and approaches were supportive of the women and children of different cultural backgrounds. When using a zero to 10 rating scale, 78% of them rated the current cultural competency of their shelter at 6 or higher. In all but a few instances, their level of agreement with specific statements was at 60% or higher. The statements that received the lowest proportion of 'agree' responses are listed in Figure 22 below.

Figure 22. Cultural Competence Assessment: Statements Receiving Lowest Proportion of Agree Responses (n=27)
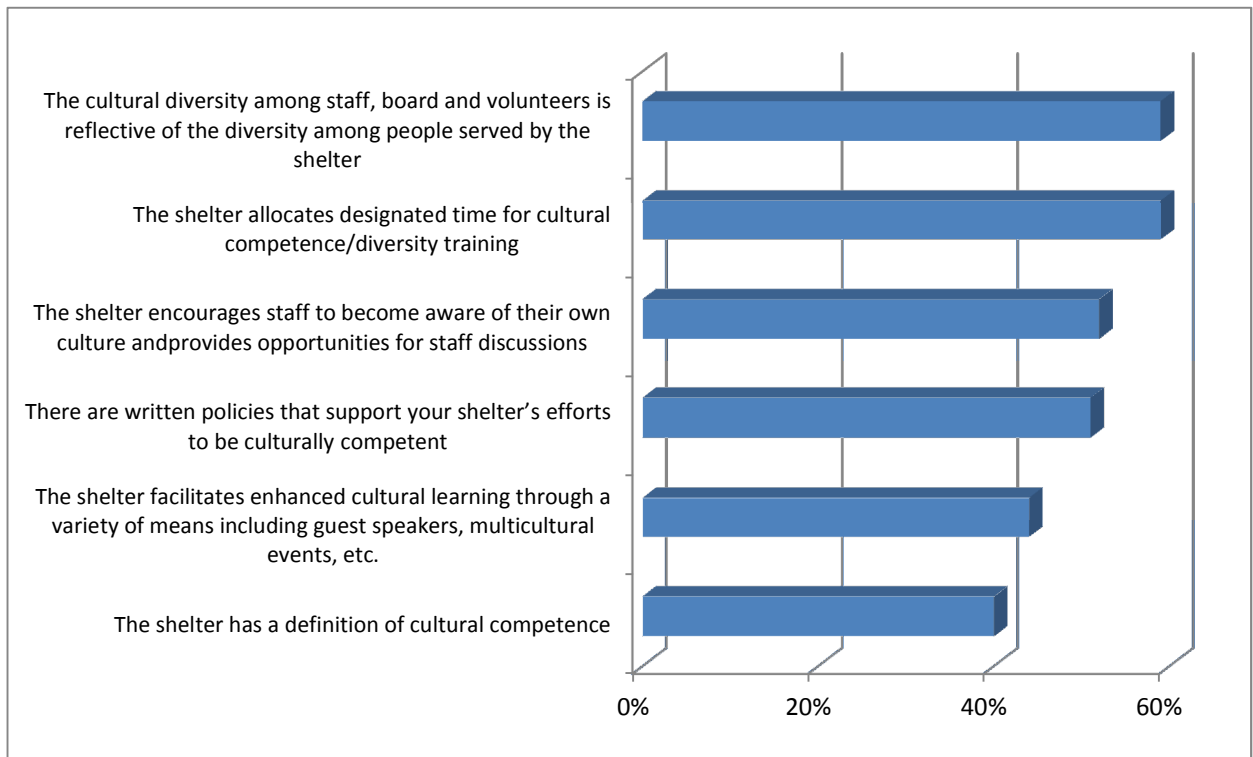
The project leadership decided to select one statement among those with lowest ratings on which to base the beginning of implementation of promising practices in the shelters. The consensus was for all participating shelters to develop written policies that support shelter's efforts to be culturally competent and to develop definitions of cultural competence that would be consistent among shelters. This work is currently underway.

9.2 Cultural Competence – Stakeholder Feedback

As with other project components, stakeholder feedback about the cultural competence work was collected using telephone interviews with the members of the leadership team and an on-line survey with shelter staff who participated in training and/or used the tools that were implemented in the course of the project.   When asked about cultural competence training, out of 30 survey respondents, 22 (73%) agreed that they received new information they did not have before; 18 (60%) learned new skills that they did not have before the training; 21 out of 29 (72%) were able to implement information from the training in their practice and 17 out of 29 (59%) agreed that information or skills helped women or children in shelters achieve their goals.

Comments about cultural competence training illustrated the differences in impact of training on staff – most thought that the training was extremely valuable and others (generally the front line staff who were responding to the survey) thought that they were already 'culturally sensitive' and so they did not benefit.

- "It was a fascinating discussion about cultural competency. Lots of discussion about experiences, theory and world view."
- "[The discussion] challenged some of my thinking about how to engage in culturally appropriate service delivery."
- "What really stood out [is that culture] does not fit into 4 walls, not everyone in the same culture will have same beliefs and practice… At our shelter, [we need to figure out] how [to apply this] to the Aboriginal way of life and recognize the differences within Aboriginal culture."
- "I don't feel as if looking at the different case scenarios and having a discussion about them was helpful. I can see how the training may have been beneficial for others; it just did not give me any extra tools that could help me become a more culturally-sensitive individual than I already am."
- "Some clients think that everything bad in their life is because of [racism], but I don't think that we treat people any differently, there are other cultural differences [other than background] that are important to explore, for example women [who are street workers, or rural clients]…its more about conditions that brought them in [than their culture]."

Those who thought positively about the Cultural Competence training also thought that it was important to have access to more training opportunities in this area, albeit delivered by the experts, rather than using a 'train by trainer' approach. Some also thought that more individual work needed to take place before the staff were ready to move forward in the direction of cultural competency as an organization. They also identified unique implementation challenges - for example the scenario discussion was particularly difficult to implement within the 24 hour shelter model.

- "We need to examine how to have this type of training available for more staff. We could video tape Sujata and then have a link on the ACWS website."
- "Sujata's training was excellent however I did not feel competent enough leaving the workshop to be able to come back and 'teach/train' the staff in 'Cultural Competency'."
- "Philosophically as an organization we are struggling with the whole concept – this woman is an abused woman, why would you work differently with someone [with a different background]?...We ended up being too far in front, we've got to go back and look for individual opportunities…we have to go more in-depth… find champions… then we would be mature enough as an organization… we don't have concept and language to conceptualize ideas…to have in-depth conversation about cultural competence."
- "We need more training, especially when it comes to their rights, and immigration. I don't know enough to advise clients exactly what their rights are so we have to refer them to other agencies and then they come back and they still don't know."
- "I think the culture training needs to be expanded. I thought we didn't really learn how to not be judgmental to other cultures. In this position, we obviously can't be judgmental, so more training on that would be good."
- "That was a piece to me that was extra hard to roll it out – it was the reading, the scenarios – we would start [with certain scenarios] and then not everyone would be there next time…[ended up] making it a required reading… we need one day workshop like we had in Edmonton so that we could do all scenarios in a day."
- "Those case scenarios did not fit in the shelter context – you've got a 24 hour model…likely you would not get the same group each time…cultural piece just needs to be on-going anyway for all of us… its forever changing, we might want to get a project that's dedicated to cultural practices and cultural competence ."

IX.   LEGAL ISSUES

Women accessing shelters are often dealing with a number of issues that require legal interventions. Women are faced with decisions regarding custody and access, dealing with criminal court if charges have been laid against their partners, pursuing property settlements or commencing divorce proceedings, etc. Some women may be in need of protection orders and immigrant women may need to deal with issues related to their status in Canada. Although shelter staff do not give legal advice it is important for frontline counselors to have a basic understanding of the legal needs that the women and children in shelters may have and the legal supports that may be available to women experiencing domestic abuse.

The 'Legal Issues' component of the PFC project involved several activities, as listed below.

- Partnership with Legal Aid Alberta (LAA) was struck to improve access of women and children in shelters to legal advice. The pilot project initiated a telephone line that was dedicated specifically to calls from women's emergency shelters in Alberta;
- Legal Aid Alberta reviewed and edited the Legal Issues Orientation Module[16] before it was finalized and prior to project implementation. The module served as one of the background supporting documents for staff in the project.
- Law Line Legal Aid Training was provided by Legal Aid Law Line staff. The training included information on the changes to the Divorce Act, the Criminal Code and the Family Law Act. Participants were also given an overview of Emergency Protection Orders, Restraining Orders, Parenting Orders and Child Support Orders including instructions on how to complete documents related to each of the orders. The training also included the opportunity to shadow Law Line calls. The training sessions were videotaped supporting the development of training podcasts which will be available on the ACWS website for all shelters to access at a later date;
- Each participating shelter identified one staff member to work with individual women and the service providing community to support women's enhanced safety through legal interventions. The Legal Advocate worked directly with women in the shelter to assess her legal/safety needs and support her in securing required 'orders' to meet safety needs;
- A list of legal resources was added to the list of data to be collected in order to document women's legal support needs; and,
- Members of the PFC project team provided training on domestic violence for Legal Aid staff.

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[16] Plesuk, Susan (2009). ACWS Shelter Practice Orientation Manual, prepared for the Alberta Council of Women's Shelters

10.1   Women's Legal Needs

The fields available in HOMES did not include those specifically measuring clients' legal needs. In order to ensure that shelter staff had sufficient information on which to base their referrals and support, a survey was added to include a list of potential legal needs that may arise for the women staying in the shelter. Those issues included family law issues, protection orders, immigration issues and other legal issues requiring support. The shelter staff were to identify any legal issues in their initial discussions with the women.

The list of the potential legal responses to safety was based on the information in the Legal Issues Module in the ACWS Shelter Practice Orientation Manual. A number of resources were reviewed when compiling the information for this module, including The Family Law Act, The Protection Against Family Violence Act, Legal Responses to Domestic Violence from Violet Net, Women's Rights to a Safer Tomorrow, Violence Knows no Boundaries: Diverse cultural perspectives, Legal Resources and Safety Information on Domestic Violence for Service Providers (see Appendix B, item 11.7 for the Financial and Legal Needs Survey). Furthermore, Legal Aid Alberta reviewed and edited this list of potential legal responses prior to project implementation.

The legal issue requirements were documented for a total of 914 clients. Of these, 657 or about 72 % indicated that they had some type of legal issue that required support. The legal issues that were of importance included housing (33%), parenting orders (32%), child financial support (30%), maintenance (27%), employment (25%), obtaining restraining orders (21%), accessing personal belongings (18%), obtaining Emergency Protection Orders (15%) and support with separation (11%) (Figure 23).

Figure 23. Women's Legal Needs (n=914)
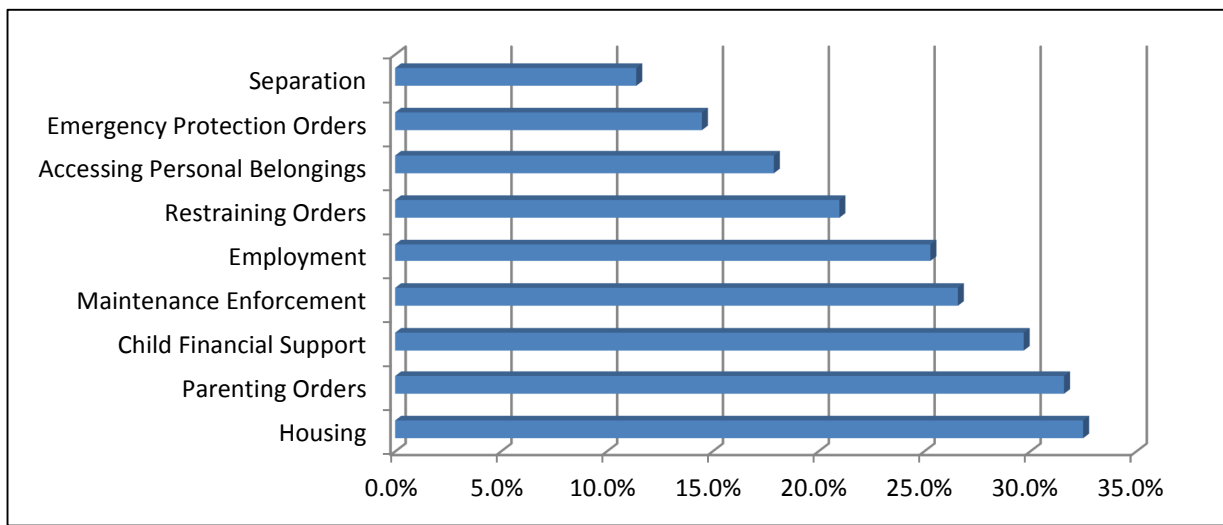
Further analysis produced the following results:

- In all categories, 'other women meeting shelter mandate' and women with multiple admissions had fewer legal support needs than women in other types of admissions;
- In most categories abused women who were admitted with children and visible minority women had more legal support needs;
- Length of stay in the shelter is positively correlated with the number of legal needs identified – the longer the stay, the more needs are likely to be identified.

Note that there were some challenges with documenting this information. In some cases, housing was defined as a general issue rather than as it specifically relates to legal considerations. Often times, staff were not able to collect information about women's legal issues until later in the shelter stay. Some women were better able to formulate their legal needs after crisis has abated and a relationship with shelter staff was developed. Others were simply unaware of their legal rights and legal options at the time of admission and so could not formulate their needs until later in the stay. Therefore, issues of some women who left early may not have been identified or recorded.

Women who are admitted with children and visible minority women stay in the shelters for longer periods of time. These women are also dealing with more complicated situations because of the presence of children and immigration issues. These factors may explain why their legal support needs are more likely to be identified than those of 'other women meeting shelter mandate' or women with multiple admissions, who tend to leave earlier and may have a different set of needs.

10.2   Legal Aid Alberta Law Line

Partnership with Legal Aid Alberta (LAA) was struck to improve access of women and children in shelters to legal advice. Initial discussions between ACWS and LAA began in January of 2009 and ultimately resulted in a pilot of a 'Law Line Project' that started in September of 2009.

Prior to the implementation of the pilot all of the calls from the shelters to LAA would come into cue with all of the other calls received by LAA, the callers would have to wait to connect with the LAA intake worker and then with an assigned lawyer. The LAA staff and the lawyer would speak only to the women and not shelter staff. The pilot project initiated a telephone line that was dedicated specifically to calls from women's emergency shelters in Alberta.

In the course of the pilot, the calls could be made by both women and shelter staff and the callers would then be supported by a LAA lawyer dedicated to the shelter. The callers from the shelters would be connected to the dedicated lawyer and the shelter staff would be available to work with both the lawyer and the woman. As discussed in more detail in the Process Report, the Law Line implementation was supported by work of the sub-committee of the PFC leadership team, multiple training initiatives (comments about those were summarized in Section 10.1 above), protocol development and numerous discussions between ACWS and Legal Aid Alberta management.

The implementation of the pilot was supported by training provided by the Legal Aid Alberta staff. When asked about this training, out of 20 survey respondents, 17 (85%) agreed that they received new information they did not have before; 16 (80%) learned new skills that they did not have before the training; 16 out of 18 (89%) were able to implement information from the training in their practice and 15 out of 19 (79%) agreed that information or skills helped women or children in shelters achieve their goals.

Overall, Legal Aid training was judged to be extremely helpful, with the exception of its applicability to all locations and challenges associated with the 'Train the Trainer' concept.

- "We thought that the training in Edmonton was fantastic, especially the shadowing – especially doing the custody order."
- "I learned how to properly conduct a Parenting Order, Child Support, Affidavit, and information on Peace Bonds, Restraining Orders and EPO's."
- "I received a comprehensive understanding of the family law act and how to incorporate it into legal documents."
- "I would like to see more of these kinds of trainings in Calgary available to staff from all Emergency shelters, second stage shelters and other agencies in community who serve women fleeing domestic violence."
- "I discovered that things in Edmonton were done differently from Calgary, different process."
- "Second hand training does not work, even though we had the passion, it was like the surface training, we just touched the surface on this..."
- "The training was somewhat confusing as to the expectations we needed to achieve each month. The passing down of information from one trained person to the staff made it difficult as pieces seemed to be missing at times. It took us a while to fully understand the process, but once we did the process was fine."

The pilot implementation was initially slower than expected, with only a few shelters using it in the first few months. As noted in the following comments, the respondents attributed this to the timing of training, lack of clarity, initial problems accessing the service and delays in communication.

- "Big stumbling block …was that there was no funding in place to allow people to come for shadowing…funds have been committed to support [only] 2 people from each shelter."
- "We started with a bit of a whimper – it began quite slowly …there was a delay in communication."
- "Initially there was confusion about who was calling or what line to call."
- "Not all shelters were clear on the process required to access the law line."
- "Ideally when you get complicated legal questions we would be able to get a lawyer easily – that would have been really useful…but we've stopped asking – because initially did not work."
- "If the training and the shadowing were held prior [to implementation] then the workers would have been much better equipped…"

Once up and running, the line proved to be extremely beneficial to most shelters. As noted in the comments below, immediate and priority access to relevant legal information and advice was particularly important. Many respondents also would have liked the access extended to outreach programs and there appeared to be some confusion associated with having shelter staff participate in the discussion with the lawyer.

- "Law line gave us, for the first time, access to legal information in all areas, custody and access and restraining orders, first time ever we've had this at our finger tips."
- "Women [in our shelter] found it very effective and very helpful, staff were very excited."
- "Now we know where to turn, we have the number, we make referrals, we call lawyers, we tell them basic stuff about how legal aid works, gives them some idea to understand and definitely help them to connect."
- "It's good not to have to go to the office downtown."
- "Legal Aid comes here one day a week, so to have this line to have questions answered immediately was wonderful."
- "The calls would have been more specifically focused on particular options in court that would have been available, rather than a general discussion about the situation [as was the case prior to the pilot]."
- "The shelter worker would prepare the client for the call and this would make the call more efficient on our end."
- "Our clients that did access the line had very positive feedback…we were disappointed that outreach program was not able to access it."
- "The staff that used it said it was great – the only challenge is when the client talks directly to the lawyer and the staff does not hear the discussion [and so cannot clarify things if] the client does not understand."

Some shelters never did use the line to its full capacity, because they had other sources of legal advice, because they did not have a positive experience with the line or because of the unique needs of the women and children in their shelters.

- "It …was…more applicable for outreach, and some [shelters] set up their own systems [for obtaining legal advice]."
- "[We would not normally use the line] unless clients were involved with legal issues before they came…legal issues are more likely to emerge in outreach [program]."
- "[In emergency shelters] the client is not quite ready [to call the line]…For example, they would fill out the parenting order but don't follow-through… we've never had a client go right through to court [while they stayed in the shelter]…it often it becomes [more of an education focus] - giving them information now, and the second time [it comes up] they will follow through."
- "The interest is not the same for the clients we are serving; it's a cumbersome process that is not likely to be finished when they are gone [from the shelter]."
- "Battered women and children don't make up the majority of our clients…so we did not use the line much…"
- "We had assistance with protection orders, custody and access, landlord tenant things that have come into it; with the number of staff they just called a lawyer attached to the shelter."
- "[There was a lot of] frustration – we could not talk to anyone, they would not talk to clients…we had some concerns about our assigned lawyer."

LAA had undergone a significant reorganization, which took place in the midst of the pilot. The reorganization culminated in revisions of the process that was originally established. Specifically, there was no longer a dedicated phone line and the shelters now have to call the same line as all of the other callers to LAA. However, other important characteristics of the pilot still remained – if the callers from the shelters identify themselves as such then their access to LAA services would be prioritized. As noted in the comments below, the shift at Legal Aid created confusion and perception that the services became less effective.

- "When Legal Aid made changes – they closed and then re-opened, and then there was a shift."
- "In the beginning up until they made the changes things were running fairly smoothly."
- "After the shut down there was not much of the partnership to speak of, [people at LAA] were so excited about this, and then it's as if the project never existed."
- "We could access the lawyers right away, now we call and we do wait."
- "After it had a shut down we noticed a difference with the service and the whole process after that; there was more confusion on the line, we were not able to get through to the lawyers, staff ended up waiting on the calls for so long they just gave up."
- "It seemed to get really bad when there was a break in service, e.g., there was an urgent question from a client – but we had to go through all the eligibility process and it was a real barrier."

Overall, stakeholder feedback suggested that the pilot was achieving its objective of improving access to legal advice for women in emergency shelters. The project also increased the understanding of both LAA and shelter staff about each other's work.

Ultimately, most respondents were hoping that the partnership between the LAA and ACWS will continue. Their recommendations for next steps included expanding the service to other shelters in Alberta, implementing additional training both for the LAA and shelter staff (possibly using Podcasts developed by LAA) and improving the Law Line protocols.

- "In general I had a very good sense that pilot was achieving its objectives – it is still functioning and we are still getting a couple of calls a week – and they are being met on the priority basis… the change had everything to do with the structural change within the LAA."
- "It's an important initiative, it was a wonderful project from the get go and I'm hoping we would …get around resource and technical difficulties to support women who need assistance."
- "We would be interested and willing to provide a priority service to all shelter residents; we feel that it has been a worthwhile exercise."
- "[The project] helped us become more aware of sensitivities that we had to bring to bear, becoming better listeners, more aware of the issues/family structures; becoming more aware of the problems [associated with DV]."
- "[The project] helped us learn more about process on the other side… how complex legal issues are…to have the experience of hearing how lawyers give advice… all staff benefited in terms of their skills and their knowledge."
- "In rural Alberta we would like to be able to somehow keep it, I know it's costing us a fortune…others don't use it at all because they already have access…but it would cut down on our transportation costs…"
- "Legal service is a fundamental aspect…it is essential service, we need it…"
- "LAA has made a commitment to develop the podcasts… if additional shelters were to come on line, would they need more training? What would be LAA participation?"
- "We need to work on better integration of calls/visitors from shelters – perhaps improve the protocols that are in place."
- 'It would be helpful for the staff to have training around emergency protection orders, restraining orders, parenting orders…they need to have a good understanding when they should do which order, that they have to go to QB…"

X.   THE EXIT SURVEY

All shelters currently ask women to complete the Women's Shelter Exit Survey upon conclusion of their stay in the shelter. The survey had been developed by Alberta Children and Youth Services (ACYS) for the purposes of monitoring shelter outcomes; however currently ACYS only collects one question which asks the woman if she is better able to keep her (and her children) safe as a result of their shelter stay.

The Exit Survey completed for the purposes of the PFC project is comprised of three parts. The first two parts measure a woman's satisfaction with shelter services. Part One contains ten questions. The first two questions in that section gather information about the length of stay at the shelter and the number of times women stayed at a shelter in the past. The remaining eight questions collect information about clients' satisfaction with the services received, about her and her child's safety as well as clients' knowledge of community resources.

Part 2 contains nine questions that were not part of the original survey developed by ACYS and that were added during the planning phase of the PFC project to ensure consistency with the PFC measurement framework   These items gather information about the client's overall satisfaction, her satisfaction with the shelter staff, shelter and staff sensitivity to client's culture and knowledge about community services that were not asked in Part 1. The addition of these items was based on several sources including:

1. Suggestions from the committee members based on the questions already used in their shelters;
2. Suggestions from the consultants;
3. Canadian YWCA National Shelter Study Feedback Survey; and
4. US National Shelter Study.

Part 3 of the Exit Survey has four questions designed by ACWS that ask whether or not the woman has returned in the past or is returning now to an abusive relationship and the reasons for her return. (The full Exit Survey is reproduced in Appendix K)

11.1   Exit Survey Results – Satisfaction

A total of 1,581 women completed Parts 1 and 1,229 women completed Part 2 – or about 73% and 57% of all admissions respectively. It is unclear why there is difference in the number of women completing these two parts of the survey as they were all expected to be administered at the same time. In any case, both parts of the Exit Survey were most likely to be completed by women who met their goals: 80% and 68% of those women who completed Part 1 and Part 3 met their goals as compared to 53% and 27% of women who left early, 69% and 37% of women who were asked to leave and 69% and 60% of women who left for other reasons.

The addition of agree and strongly agree responses for each question resulted in an overall satisfaction rate that ranged from 96% to 92%, depending on the question. As women who reach their goals are more likely to be satisfied with shelter services than the women who leave early or women who are asked to leave, and the women who leave early or are asked to leave are less likely to complete the Exit surveys, the overall satisfaction ratings are probably overestimated.

Women who responded appear to be most satisfied with their increased ability to keep themselves and their children safer as a result of their shelter stay and least satisfied (although the satisfaction rate here is still extremely high) with their level of knowledge about health-related community resources. Given that a substantial proportion of women in shelters have health conditions and that there is an association between presence of health conditions and other issues (i.e., being in pre-contemplation or contemplation stages, being asked to leave the shelter, presence of physical abuse) availability of support for women with health issues in shelters is an important issue to consider.

Some shelter stakeholders also questioned the effectiveness of administering self-reported Exit surveys on the final day when women are leaving a potentially life-saving shelter – the majority are likely to be very grateful, which may influence their overall satisfaction. These stakeholders suggest that a small study focused on obtaining shelter participant feedback about their shelter stay some time after they've left the shelter may be valuable in helping better understand the experience of women in shelters. Others also suggested inclusion of more open-ended items to address the short-comings of the current Exit surveys.

<u>Satisfaction of Different Shelter Resident Groups</u>

The primary purpose of the Exit Survey was to support shelters' accountability to the funder. As with some of the other tools discussed in this report, there is not a scoring system associated with this survey or a method developed to get an overall score. However, such calculations are helpful in order to get a sense of the overall satisfaction and to enable easier comparisons among shelter resident groups. In order to get an overall 'satisfaction score', the total number of disagree or strongly disagree responses each woman provided in response to both original and additional survey items were added. The proportions of those responses were then compared across different shelter resident groups.

As illustrated in Figure 24 below, in total, negative responses represented about 13% of all possible responses. In comparison to this proportion, women with highest readiness scores were most satisfied with shelter services (6% of their responses to the Exit survey questions were negative) and women who were asked to leave the shelter were least satisfied (34% of their responses to the Exit survey questions were negative).[17]

Figure 24. Proportion of Negative Responses by Shelter Resident Groups
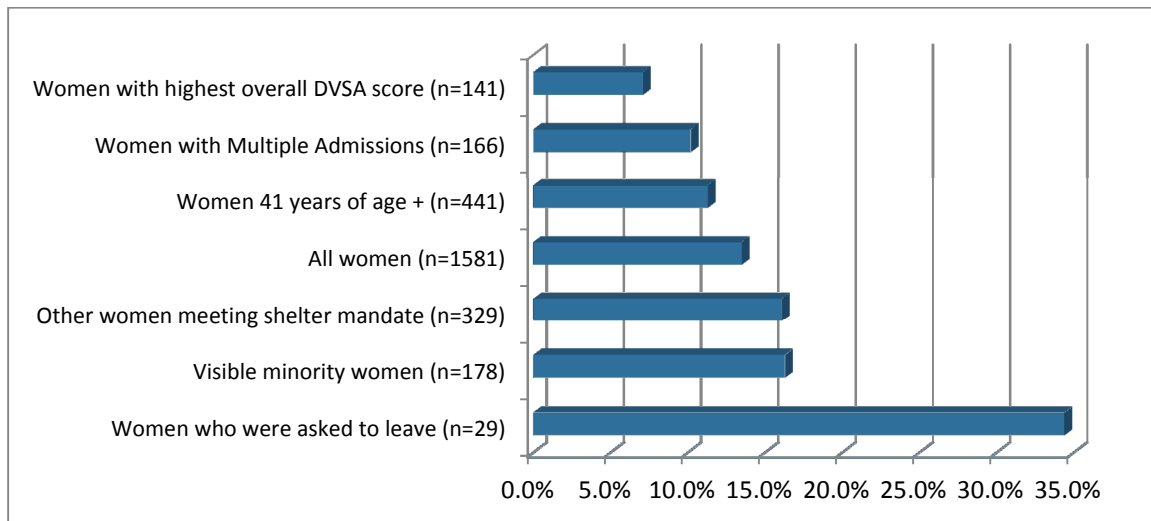
As illustrated in the figure above, 'other women meeting shelter mandate', visible minority women and women who were asked to leave are less satisfied than the other shelter resident groups. Further analysis was undertaken to understand what Exit Survey items were most often associated with negative responses for these groups.

- Knowing more about where to get help for the children in her care or for legal information and support received lower satisfaction scores from the 'other women meeting shelter mandate'. These women also tend to leave the shelter early. It is possible that these women do not stay long enough in the shelter to obtain the information that they need.
- By comparison to other ethno-cultural groups, visible minority women were less likely to think that the services were sensitive to their culture or to know where to go for information and support with health issues. These women tend to stay in the shelters for a long period of time, supporting the need for continued focus among Alberta shelters on building cultural competence and on strengthening health-related services and support within shelters or in partnerships with others.

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[17] Relatively higher proportions of negative responses for other women meeting shelter mandate are likely partially due to inaccurate survey completion. For example, these women often disagree with items related to safety, instead of identifying them as not applicable.

- Women who were asked to leave were not specific in identifying the source of their dissatisfaction. Those women are more likely than others to experience a complex array of issues that may be challenging for shelters to address with existing shelter resources.

11.2   Exit Survey Results – Return to Partner

In addition to satisfaction items, the Exit Survey also contained items about the woman's return to partner in the past and her intention to return to the partner upon conclusion of the current shelter stay. Reasons for return were collected in each instance (see Appendix K for specific items).

A total of 728 women responded to the question about whether they have returned to their partners in the past. Of these women, 337 women (46%) indicated that they did return to their partners. Of the 898 women who described their plans about returning to partners upon conclusion of current shelter stay, 12% indicated that they plan to do so.   About 70% of the women who indicated that they are returning to their partner now also have done so in the past – confirming the notion that women return to their partners multiple times before they choose to leave permanently.

The reasons women return to their partners are identified in Figure 25, comparing the reasons why women returned in the past and why they are planning to return upon completion of this shelter stay. Most women continue to return because they still have hope for the relationship (over 50% of women who returned in the past and who are returning now do so). Similar proportions in both groups – about 33% – are returning now or returned in the past because of their family.

Figure 25. Reasons for Return to Partner
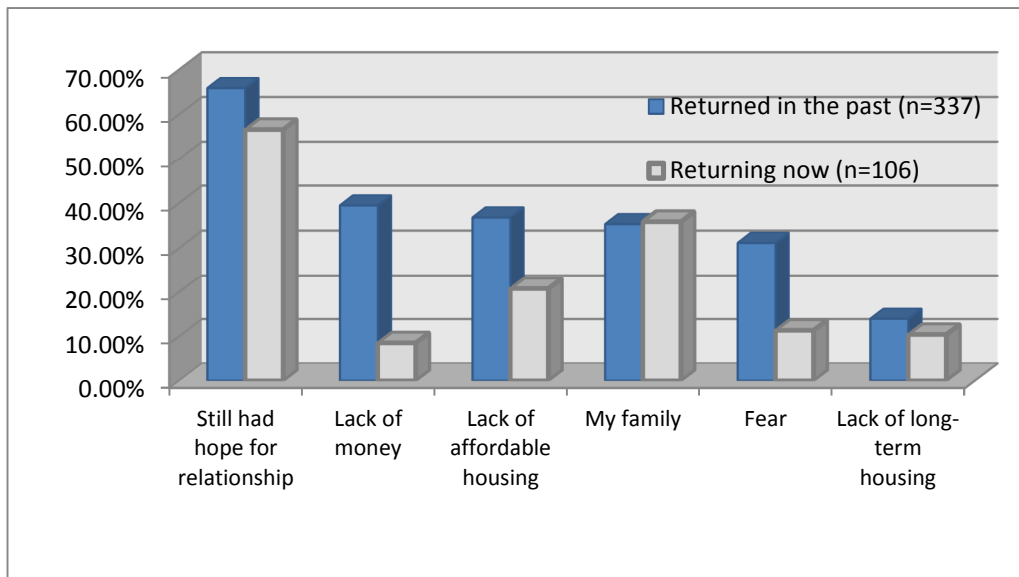
There are also some differences between reasons for returning in the past and reasons for returning now. In the past, women were more likely to return because of financial reasons such as the lack of money, lack of affordable housing and lack of long-term housing. This may be a reflection of improved economy and housing situation in Alberta, although a large proportion of women in this sample still have a significant need for financial assistance support. It is also likely that women intend to leave their abuser when they first leave shelter but circumstances eventually see them return (e.g., lack of finances, housing, etc). Women who returned in the past were also more likely to identify fear as their reason for return, but a smaller proportion of women identified fear as the reason for returning now.

As discussed earlier, there is an interaction among women's levels of readiness, the length of stay in the shelter and their satisfaction with shelter services, as listed below. Predictably, women with lower levels of readiness are also more likely to return to their partner. They will likely require multiple shelter visits before their readiness increases to the level needed to make final decisions to leave their partners.

- Women who returned in the past (as compared to those who have not returned in the past) are more likely to have:
  - addictions
  - had multiple shelter stays
  - higher Danger Assessment scores

- Women who are returning now (as compared to those not returning) are more likely to :
  - be younger
  - have lower levels of readiness
  - have shorter shelter stays
  - be asked to leave
  - be less satisfied with shelter services

Shelters now have a capacity to link information from women's multiple admissions. It will be possible, therefore, to assess changes in women's readiness and her ability to achieve desired goals over the course of several shelter stays. Such information would be very valuable in helping contextualize support shelters provide to women as taking place over multiple shelter stays. Her needs, goals and successes can be documented in the course of each stay providing shelter workers with better information on which to base their work with women and ultimately to be able to better meet her needs.

XI. OVERALL PROJECT FEEDBACK

Stakeholder feedback was collected using telephone interviews with the members of the leadership team and Legal Aid staff and an on-line survey with shelter staff who participated in training and/or used the tools that were implemented in the course of the project. A total of 16 individuals who represented eight participating shelters, Legal Aid Alberta and ACWS participated in the interviews. Shelter representatives included 8 members of the leadership team and, in some cases, key shelter staff who had significant involvement with the project. Three Legal Aid Alberta staff participated in the interviews.

A total of 43 individuals completed surveys, at between 2 and 10 surveys per shelter. They represented frontline staff (n=27), shelter management (n=11), administrative support (n=4) and relief staff (n=1). All but 2 respondents worked in the shelter for over a year. About 42% of the respondents (n=18) worked in the shelter for a period between one and five years and the remaining 54% were long-term staff who have been in the shelter for over five years.

The Progress Report describes in detail the components of the project, the hours that the participants devoted to the implementation, the meetings and the training that took place, etc. Results presented here are based on the information gathered using the on-line survey and stakeholder interviews specific to the major project components.

The project included multiple training initiatives, some delivered by external experts, some provided internally within shelters and some delivered by ACWS consultant and a shelter representative to train internal shelter trainers. The topics of the training corresponded with the overall PFC project focus and included Legal Aid, Danger Assessment, Cultural Competence, Domestic Violence Survivor Assessment and Trauma training and the survey results associated with those training activities were described in relevant sections above. There were also multiple documents and manuals produced in the course of the project and survey responses related to those were also described above.

This section summarizes the feedback from the survey and interview respondents that was not specific to a particular tool, type of materials or training. Instead, it summarizes the stakeholder feedback regarding the overall process, from the perspective of data gathering tasks and their general impression of how the project unfolded.

In summarizing the information, the effort was made to document all points of view, while also identifying areas that most respondents agreed with as well as those that represented minority opinions. There were additional differences between feedback provided in the interviews by the leadership team and feedback provided by the shelter staff in the survey. Some of the more negative comments came from the survey respondents and were likely a result of information that was available to those staff.

Where possible (and while maintaining respondent confidentiality), the responses from the two groups are distinguished below from one another.

There were also differences in responses from shelter staff from individual shelters, reflecting differences in shelter size, culture with respect to accountability practices and general capacity, in particular as it relates to comments about data collection. It is not possible, without identifying individual shelters, to highlight those differences in the comments below. However, each shelter received survey data containing anonymous responses from their shelter staff which should help inform their future training and staffing decisions.

12.1   Feedback about the Data Gathering Process

In order to support implementation of the PFC project, a number of new and revised tools were put in place. The shelters then had to develop new forms and new data gathering processes, including obtaining consents for participation, dedicating staff to data gathering and entry and putting in place methods to ensure accurate data collection.

As shown in Figure 26 below, a majority of respondents (ranging from 64% to 81%) had a positive opinion about the data gathering process and their role in it. The respondents were most likely to have a clear understanding of the reasons why information was collected, but least likely to think that the project was effective in helping the shelter become better able to collect information (albeit those ratings were still high at 64% agreement). Comments from the survey and interview respondents are summarized below and provide further explanations and context for those ratings.

Figure 26. Proportion of 'Agree' Responses Related to the Data Gathering Process
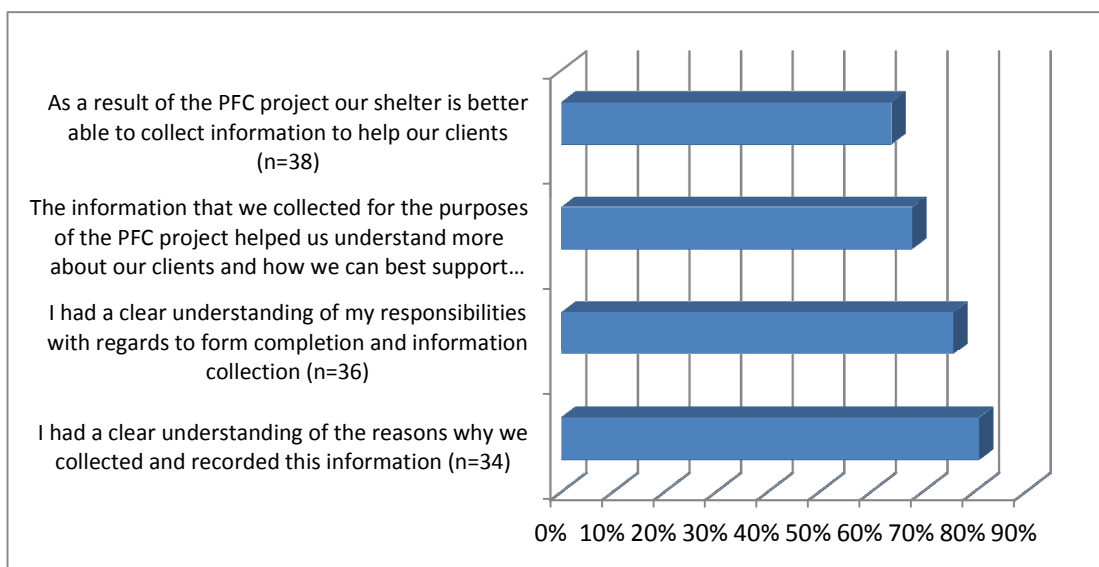
In general, the respondents understood the reasons behind the data collection requirements and their part in the process, and they often thought that the staff received the necessary training and were kept updated on changes as needed. Some of the dissatisfaction ratings stemmed from the concerns (primarily from the survey respondents) related to specific tools that were discussed earlier (e.g., DA Calendar, DVSA). Additional reasons included perception expressed by some front line shelter staff that the information requirements were invasive and not necessarily helpful for women. Another concern related to the amount of time that was required for form completion, particularly given the crisis and short-term nature of shelter services. Finally, some staff in some shelters did not receive feedback about the results and so could not assess the impact of the process on their shelter.

11.2   Overall Project Feedback

About 80% of on-line survey respondents thought that the PFC has had an impact on their shelter. About 11% were unsure and about 9% or a total of 3 individuals did not think that the project has had any impact. The areas of impact are further illustrated in the Figure 27 below. As noted in the Figure, 82% of the respondents were able to integrate information and skills that they have gained as a result of the project into their work, almost 80% (78%) thought that the project helped them better assist women and children in the shelter and almost two-thirds of the respondents believed that the project helped improve services provided to women and children in emergency shelters.

Figure 27. Proportion of 'Agree' Responses Related to the Overall Project Impact
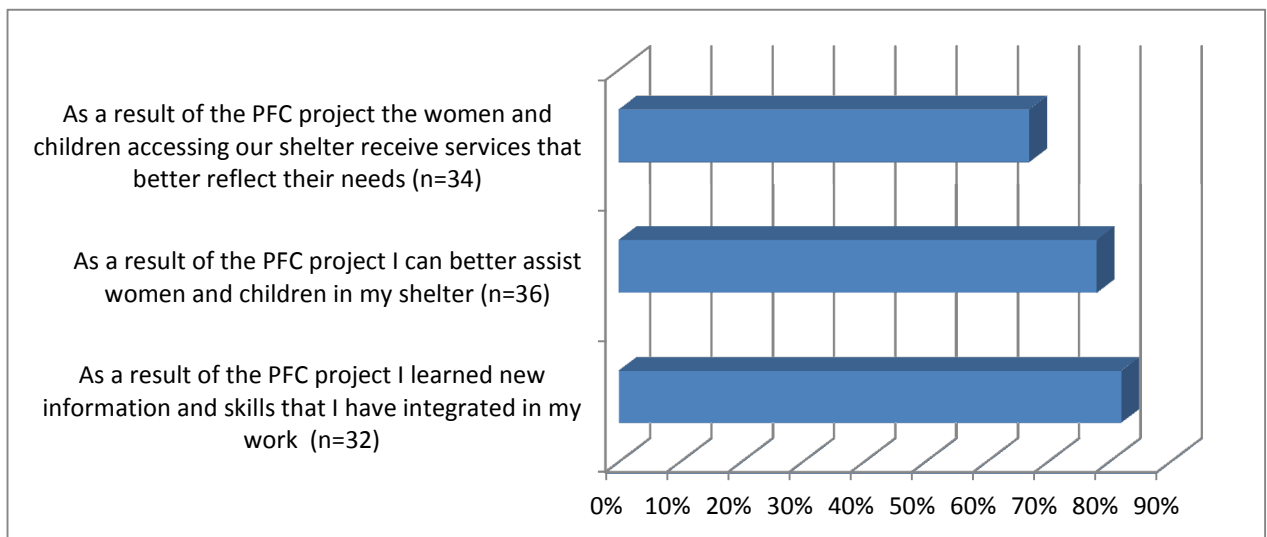
Twenty-four survey respondents also identified things that they thought were most helpful in the implementation of the project in their shelters. As shown in the lists below they particularly valued the training they received and the new tools they implemented, highlighting the DVSA and DA questionnaires.

They also identified the support from shelter staff, management and the ACWS implementation team as the most helpful elements related to implementation of the project in their shelters.

- Tools and Training
  - DVSA and related training (n=9)
  - DA Questionnaire and training (n=7)
  - Training (in general, face-to-face and as a group) (n=6)
  - Cultural competence training with Sujata Warrior (n=4)
  - Legal Aid training and partnership (n=3)
  - Tools in general to help our clients (n=2)
  - Training manuals (n=2)
  - DA Calendar (n=1)
  - Additional Exit survey items (n=1)
  - Trauma training (n=1)
- Implementation Process
  - Staff buy-in, commitment and support (n=6)
  - Support from senior management (n=4)
  - Susan and training and data entry support she provided (n=3)
  - Support and direction from ACWS and the implementation team (n=2)
  - Having person or people dedicated to data entry (n=2)
  - Having a 'go-to' person or people in the shelter who could be contacted when one was uncertain of what to do (n=2)
  - Cooperation from clients (n=2)
  - We were adopting the changes permanently - so the work wasn`t just for a project or research but for real change (n=1)

Twenty seven respondents also discussed challenges they experienced in the course of project implementation. Almost half identified issues associated with the administration of the DA Calendar as their most significant challenge. Issues associated with administration and scoring of the DVSA and training not being available to all staff were also raised by many respondents. The demands on shelter time was identified as the most significant issue by those who commented about the challenges associated with the implementation process, as were the issues related to lack of clarity of expectations or about understanding of project in general.

- Tools and Training
  - Issues associated with administration of the DA Calendar (n=13)
  - Issues associated with administration and scoring of the DVSA (n=6)

- Training not available for all staff (n=4)
- Issues associated with Legal Aid training (n=3)
- Issues associated with the administration of the expanded Exit survey (n=1)
- Did not receive any manuals (n=1)
- Implementation Process
  - Too much work, paperwork and time required (n=12)
  - Unclear expectations, insufficient information, inconsistencies, lack of communication about how the project is going (n=5)
  - Not having a good understanding of the various project components or the project in general (n=4)
  - Continued project expansion, too many things at once (n=4)
  - Change in general (n=3)
  - Staff turn-over (n=3)
  - Getting the clients to participate (2)
  - Not being ready for implementation (n=1)

Suggestions about Future Training and Data Collection

Twenty-two survey respondents provided comments regarding future training initiatives. They thought that training was important to ensure that shelter services reflect emerging or promising practices, to address the needs of the women and children in shelters and to support staff turn-over that often occurs in shelters. In particular, 10 respondents thought that training should be delivered on a regular basis and be made accessible to all shelter staff (e.g., using podcasts, making more spaces available, having trainers come to their shelters and having more training sessions during the year). Although there was a difference of opinions about the 'Train the Trainer' approach whereby some thought that this approach was helpful, many respondents would prefer for their shelter staff to receive training from someone who is not a member of the shelter team.

The areas of training that were of particular interest included trauma (n=7), Cultural awareness and competence (n=5), legal (n=3), addictions (n=3), and mental health (n=3). The respondents also identified risk assessment, immigration issues, sexual abuse, DA calendar and interviewing techniques (n=1 each).

Twelve survey respondents provided suggestions about future data collection. Their responses could be summarized into two themes: 1) scope of data collection and; 2) clarity of expectations. Those who were concerned about the scope of the data collection raised concerns that "there is no longer time for the 'one on one' we were able to offer in the past". They thought that either the amount of data needed to be reduced or staffing increased to be able to handle data collection requirements. Other suggestions related to the scope of data collection included developing "easy to complete forms" and "deciding on what is to be gathered and leaving it that way for at least a year".

The comments illustrating the concerns about lack of clarity are listed below. As shown in those comments, front line staff would have liked to have had more information about the project and its expectations before it started, better understanding of the reasons for asking certain questions, assurances that data collection was consistently implemented and feedback about what information was showing and how it was impacting the women in shelters.

- "I believe that we collected all the information from women prior to the project being implemented even without awareness that we were doing so. It was difficult for staff to take this information and put it down on the required paperwork. Change in procedure is difficult to begin with."
- "Data collected should be respectful and the use needs to be much clearer to staff and clients."
- "I was never actually told where this information was going or for what purpose."
- "Make it simpler to start, or have a hand book easier to read on expectations."
- "Clear information to frontline workers about the importance and relevance of material gathered by ACWS, and how it is used."
- "Clearer understanding of how the other shelters approach some of the data we collect… 'Meanings' and purposes of some of the questions… Knowing that our shelter is approaching the questions in the same way, so that the province wide data is consistent."

Stakeholder Recommendations for the Future

General feedback was that the project was very valuable and that the implementation of promising practices and the data collection that was started through the project should continue. However, the project represented a significant time investment on the part of the shelters and a careful attention should be paid to project scope in the future.

- "The PFC was an incredible amount of work. I feel the project went beyond the scope that was originally intended. Kudos to [the implementation team] for their dedication in staying with this project to the end. My recommendation to our shelter is to continue collecting the data as laid out by PFC. I feel we have learned valuable information and it would be a step backwards to cease collecting now."
- "I think that it is important to be involved in projects like this because it gives us a sense of what the needs of the women and children are as well as what the province should focus on."
- "It was a good project; however, it grew and didn't stay focused to the original plan. It made it very challenging for the representative and staff to continually have to change gears...."
- "We would think twice about participating in another project because of the magnitude of changes that occurred in this project."
- "Thank you for the opportunity to participate. What a legacy of the World Conference!! The impact of our learnings will carry on."

- "This has been a great experience for me and for the shelter – I am anxious to discuss the outcomes and final results with the other participating shelters."
- "The information was fantastic, and we unanimously felt that this is something ACWS needs to take a role in… with PFC we've opened up a whole new can of worms… we've opened the door on all these new tools and new skills and how to work with clients most effectively… you can't give people a taste out there and take it back."
- "It is really important that shelters and the coalition take a magnifying glass to their services…these are important projects to continue doing."

XII.   SUMMARY AND RECOMMENDATIONS

Overall, and based on all sources of information discussed in this report, the project has been a success. It has had a positive impact on shelter staff, improved quality of service delivery and, ultimately helped enhance safety and well-being of women in Alberta shelters. This section further discusses the impact of the project, identifies particular successes and challenges inherent in its implementation and provides recommendations for ACWS and members shelters to consider.

13.1   Impact on Women and Children

In the course of the project shelters admitted 4,010 women and children. All of these women and children were kept safe and were provided with basic needs support such as lodging, food and transportation. Additionally, the participating shelters recorded a total of 50 different types of supports that women and children received in the course of their stay as well as referrals that were made to over 56 different services outside the shelter.

The overall satisfaction rate of women with shelter services was very high and ranged from 96% to 92% depending on the question. The information reported here also showed that the longer women stay in the shelter the more likely they are to achieve their goals. Moreover, there was a trend towards a gradual increase in proportion of 'successful' discharges over the course of the project, suggesting that the project implementation increased the likelihood that women would meet their goals while in shelter.

The analysis undertaken for the purposes of this report also showed that some groups of women come with unique challenges that require exploration and further service development in shelters, as discussed in recommendations provided below.

Recommendation 1: Explore and address reasons for Aboriginal women leaving shelters earlier than the other shelter resident groups.

Aboriginal women constituted almost two thirds of the shelter population in this project; they often leave the shelter earlier than other client groups, are more likely to be in the pre-contemplation and contemplation stages and have higher lethality scores. This carries important implications for shelter services, especially those in Northern Alberta and particularly for program content, cultural competence, shelter staffing and establishing linkages or partnerships with First Nations reserves and Métis settlements in the area.

Recommendation 2: Consider a project to further examine the characteristics of women who meet 'other shelter mandate', how they use shelter services and how shelter services can best meet their needs.

About 16% of women in shelters and 30% of women in 3 shelters in the North are described as "other women meeting shelter mandate". These women may be admitted because their primary issues are poverty and homelessness. Higher rates of their admission in the North is likely a reflection of shortages of housing-related resources and services that are available in those communities combined with lack of resources available to transport women to services located elsewhere. While other Canadian studies have documented a strong connection between homeless women and abuse it is unclear from the information collected in the course of the PFC project, whether or not these are predominately homeless women, whether or not they come with previous histories of abuse and whether or how the lack of resources in the community influences their numbers in the shelters. It is important to understand these women's needs, given the strong links between women's homelessness and abuse.

Recommendation 3: Implement a promising practices project aimed at supporting work with the younger children who receive shelter services.

In the course of the study a total of 1833 children were admitted to shelters. These children were generally very young: 850 (47%) of them were 3 years of age or younger and 385 (21%) were between 4 and 5 years of age. In total, there were 1,235 (67%) children in the shelters of pre-school age. Children in these early years are at the highest risk of maladjustment as this is the critical time for brain development. Exposure to domestic violence or child abuse at this age is extremely harmful and adequate staff expertise, training and programming must be in place to address their needs.

Recommendation 4: Review shelter services funding arrangements and partnerships to assist shelters in addressing the needs of the women with a complex array of needs (e.g., health, mental health and addiction). The review may focus on such elements as shelter policies, staffing models, staff training and linkages with community resources.

A substantial proportion of women (about 40%) report presence of physical health conditions and a third (likely underestimated) had an addiction at the time of admission. Although limited data was available about presence of mental health issues, participant feedback estimated those rates as high as well, particularly concerning mental health issues that are related to trauma women experience.   Presence of health issues or addictions was associated with lower readiness scores, higher lethality scores and higher likelihood of women being asked to leave the shelter.

It may be important for the shelters to review their services to identify potential interventions and partnerships that are required to effectively address the needs of the women with complex needs. As one example, shelters may want to determine whether or not shelter resources are available to accommodate women with certain health or addictions issues and how the shelters might have immediate access to medical, mental health or addictions professionals.

13.2   Implementation of Promising Practices

Over a period of eleven months participating shelters implemented promising practices in the areas of Health, Safety and Culture. Project participants thought the implementation of those practices has helped shelter staff "become more client-focused" and "more sensitive to women' needs", helped them deliver "more meaningful work for women", informed their referrals and transfers, supported "high quality service delivery to better meet the needs of women and children accessing Alberta shelters", "provided more structure", and "increased level of professionalism" among shelter staff. All of the participating shelters plan to retain at least some of the new practices and most recommended that they be disseminated to the rest of the ACWS membership. The following recommendations are provided in support of future efforts of continuing the use of these promising practices by the participating shelters as well implementation of those practices by other ACWS member shelters that choose to do so.

Recommendation 5: Ensure that the scope of future promising practice projects contains fewer key practices or is implemented in a staggered fashion.

As project planning evolved, an opportunity arose to partner with Legal Aid to better support women's safety. The project team's decision to proceed with this partnership in the context of the project resulted in overall implementation growing to a scope that was much bigger than originally conceived. This put significant pressure on shelter resources and individual shelter's ability to fully implement some of the project components (Cultural Competence in particular, as discussed in Recommendation 9 below). Also, the costs of the project exceeded significantly the resources that were ultimately required and had to be absorbed by ACWS. In future projects shelters and ACWS may consider implementing new practices in a staggered fashion and implementing projects involving community partners in a more singularly focused way.

Recommendation 6: In support of future projects, put in place communication strategies to ensure that shelter workers are fully informed about the project, its purpose, process and results.

As shown in the report, shelter staff would have liked to have had more information about the project and its expectations before it started, a better understanding of the reasons for asking certain questions, assurances that data collection was consistently implemented and feedback about what information was showing and how it was impacting the women in shelters. A transparent communication process is important at the beginning of the project but also in the course of the implementation so that the involvement of each staff can be supported and project expectations reinforced. Resources permitting, a newsletter sent to all staff participating in the project might be helpful in future projects.

Recommendation 7: Resources permitting, ACWS should support any future use of the tools tested in the course of PFC with regular training initiatives that are accessible to all shelter staff.

Such training should be made accessible to all staff in shelters that choose to use particular tools by being delivered regularly, possibly using podcasts or videos, and, whenever possible at shelter sites.

Recommendation 8: Provide more training to support administration of the DA calendar and the DVSA.

Although training was provided to support administration of the DA calendar and DVSA, more training is required for those shelters that choose to use those tools with a particular focus on the purpose of those tools and the method of administration.

Recommendation 9: The shelters should review the value of the 'Train the Trainer' approach.

Although helpful to some shelters, most would have preferred to receive training from someone who is not a member of the shelter staff (this was particularly relevant to Cultural Competence and Legal training).

Recommendation 10: Working with tool developers as necessary, review or revise existing tools.

The particular areas of focus for tool revision or review include:
- Ensure that the tool contents are sensitive to the needs of different cultures;
- Make sure that the tools are made applicable to all shelter residents (e.g., those not abused by their partners, 'other women meeting shelter mandate') or develop protocols

that identify particular shelter resident groups with whom the use of the tool may not be appropriate;

- Explore additional tools providing information about IPV risk rather than lethality;
- Exploring, with the test author, revisions to the DA questionnaire to reflect recent trends in violence against women, such as gang involvement and risk of deportation;
- Explore further the interaction between DA and DVSA;
- Review the administration and contents of the Exit survey: put in place a project to study the results of the survey if it is administered after discharge from shelter; and,
- Consider utilizing input from women about data collection processes and tools.

Recommendation 11: Review and revise the contents of the Cultural Competence component to support its on-going implementation within the 8 participating shelters and possible future implementation by other ACWS member shelters.

As did the other project components, Cultural Competence work included training, document development and new implementation processes in individual shelters. Unlike other promising practices, Cultural Competence work was 'less easily defined'. There was no assessment tool such as the DA or DVSA or a new intervention, such as the Law Line. As a result, and because of the project scope, the Cultural Competence piece became less of a priority and its implementation has had less of an impact on the shelters than the other promising practices.

However, most participants acknowledge the critical importance of this work to support effective service delivery in shelters. The results documented in this report also highlight a need to focus on the unique needs of Aboriginal and Immigrant women. Overall, Aboriginal women constitute almost two thirds of shelter population. This carries important implications for shelter services, especially those in Northern Alberta and particularly for program content, cultural competence, shelter staffing and establishing linkages or partnerships with First Nations reserves and Métis settlements in the area.

According to the respondents, the directions for future work in this area should include the following:

- Support on-going training by 'experts' (possibly using videos or podcasts);
- Provide support to shelter staff to explore the issues individually before rolling the process out to the whole organization and revising the Cultural Competence exercises so that they can better reflect the nature of the shelter work;
- The ACWS Shelter Program and Education Committee, along with participating shelters develop a 'a standard culturally competent response' across all project participating shelters; and,
- Upgrade the ACWS Aspirational Standards to reflect the project, thus impacting practice in all member shelters.

Recommendation 12: Partnership with Legal Aid Alberta and the work on the Law Line should continue.

Partnership with Legal Aid Alberta (LAA) was struck to improve access of women and children in shelters to legal advice. The pilot project initiated a telephone line that was dedicated specifically to calls from women's emergency shelters in Alberta. Although some changes to the original pilot occurred as a result of internal LAA reorganization, most respondents still consider such a line an essential service for the women in their shelters as it provides immediate and priority access to relevant legal information and advice. Their recommendations for next steps included expanding the service to other shelters in Alberta, making the services available to other shelter-related programs such as outreach, implementing additional training both for the LAA and shelter staff (possibly using Podcasts developed by LAA) and improving the Law Line protocols.

13.3   Knowledge-Based Service Delivery

Collection and analysis of cross-shelter data allows shelters to tailor their work to the individual needs of women. Ultimately, women and children benefit as shelter workers gain knowledge as informed advocates. Fundamentally, this work enables women fleeing domestic violence to keep themselves and their children safe.

Practical Frameworks for Change project helped shelters develop a framework for becoming more intentional and informed in their service delivery approaches and programming. Over the period of 11 months, the shelters implemented new data collection processes, developed and administered new forms, dedicated staff to data collection and entry and spent countless hours in ensuring that the information they collected was as accurate and as comprehensive as possible. As a result, the data collection practices and processes improved as did the understanding among many shelter staff and management of the value of data collection to inform service delivery. As noted by one participant: "The project showed us that if you can't collect good data you can't tell a good story".

The recommendations below are provided to support any future efforts the participating shelters and/or other ACWS shelters take towards continued data collection in their shelters.

Recommendation 13: Ensure that future work in support of developing data collection processes in shelters is responsive to and reflective of different levels of shelter capacity and resource access.

While all participating shelters reported some type of improvement as far as data collection practices were concerned, the practices and processes improved at a different rate in different shelters.

Participating PFC shelters reflect the overall ACWS shelter membership as they vary significantly from the perspective of their staffing, access to resources and data management capacity. Specifically, there were differences among shelters and shelter staff in their ability to collect information, the comfort level among some shelter staff when working with women when gathering information, as well as differences among staff in their levels of understanding of the reasons why information needs to be collected and how it ultimately benefits women and children. Future support available to shelters in this area should not be uniform, but should reflect unique shelter requirements and needs.

Recommendation 14: Ensure that all ACWS project and outcome information collected by shelters for individual women can be linked using a confidential unique id number.

In the course of the PFC project participating shelters were able to link all of the information they collected to unique id numbers. Therefore, it was possible to understand not only how many women accessed the shelters, who the women were who were accessing the shelters, and what services were provided to women in shelters but also how well shelter services work for women with different backgrounds and needs.

Recommendation 15: Put in place processes to track information from multiple shelter stays and other shelter services received by individual women.

The nature of shelter work is short-term. In a period of about 3 weeks most women are not likely to achieve all of their goals and will require additional support beyond the single shelter stay. Many women return to both emergency and second stage shelters multiple times and may also receive follow-up or outreach shelter services. All of these stays and services ultimately contribute to the women's ability to reach their goals. Indeed, we know from earlier research that women at highest risk are more likely to have multiple visits to shelter.

Almost all ACWS member shelters are now using Outcome Tracker which is a program that assigns unique id numbers to individual women. Therefore, it is now possible to track the progress women make over their multiple shelter stays within a particular shelter as well as their participation in other shelter-related programming. The capacity is now in place for shelters to demonstrate women's ability to reach goals over a longer period of time and better understand services or a combination of services that contributed to this outcome.

Recommendation 16: Provide training to shelter staff to support collection of 'sensitive' information.

Staff concerns about having to ask questions that they considered sensitive emerged as one of the key issues in this project. The items of particular concern included questions about health, mental health and addictions. As described in the report, substantial proportions of women report physical health conditions and addictions and there are also likely many women with mental health concerns.

Continued data collection is required to get more clarity about the types of conditions that women experience and to address the issue of underreporting, particularly where information about health of children in shelter is concerned. Training in this area could fhelp staff become more comfortable in discussing women's mental health concerns and those of her children in order to better link women with needed resources.

Recommendation 17: Determine a consistent and accurate way to record and document services provided to women who stay in shelters for a short period of time.

As noted earlier, shelters provide multiple services and referrals to support women and children who stay there. There are instances, however, when those services or referrals are not recorded, possibly because they are not provided or because they are not documented. Information in this report showed that the likelihood that services or referrals were documented increased with the length of stay in the shelter, suggesting that there may not be enough time for shelter staff to ensure that service needs are identified, documented or provided within the first few days of the shelter stay.

Given information described above, future discussions among member shelters should focus on determining a consistent way to record and document shelter service provision so that shelters can clearly describe services they provide. In particular, attention should be paid to putting in place training associated with provision and documentation of services related to safety planning.

Recommendation 18: That additional funding be sought to increase shelter staffing levels to assist in data collection processes.

The PFC project, along with the recent shift shelters have made to new software have had an impact of increasing the potential overall scope of data collected by the shelters. There are now more tools to complete, more information to enter and more processes to supervise and manage.   Even though much of this information is required by funders, the increase in data collection requirements has not been accompanied with an associated increase in resources to support those requirements.

Moreover, as shelters move to an outcome based model, adequate training and staffing levels for data collection and related processes is critical. As became clear in this

project, and from participant feedback, the implementation of the project saw many benefits for shelter staff and residents. However, inadequate resources meant that shelter staff often feel stretched in meeting the multiple demands placed upon them in delivering shelter services.

The respondents recommended that the following directions to support on-going shelter data collection be considered:

- ACWS should work with its membership to identify data entry, outcome measurements and training needs to inform the implementation of an outcome based model;
- ACWS should support shelters in their work to implement the "ACWS Shared Data Set";[18]
- ACWS seek out resources to support dedicated data entry personnel at each shelter; and,
- ACWS should continue to provide support to individual shelters as required.

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[18] *ACWS Shared Data Set* represents a recommendation from ACWS and the Executive Director Ad Hoc Data Group as to the types of data fields in the new software that are likely to be useful to the shelters individually to inform their service delivery and to the Alberta shelters collectively to advocate on behalf of the shelters. Shelters require support in deciding which of the items in the ACWS Shared Data Set represent priorities for them.

APPENDIX A
PRACTICAL FRAMEWORKS FOR CHANGE PROJECT
CONSENT FORM

Dear Shelter Resident

The *(Name of Women's shelter)* is participating with the Alberta Council of Women's Shelters in a research project *(Practical Frameworks for Change)* that will be focusing on ways of improving the services provided to women in shelters across Alberta.

Your participation in this research project is voluntary and you may withdraw at any time. If you choose not to participate this will not impact the services provided to you and your children.

The information that you provide during your stay at the shelter is confidential. In addition to the shelter's usual information collection, as a participant in the research project, you will be asked to complete questionnaires about your experience of abuse (DA Assessment) as well as a survey asking for your feedback on your stay in the shelter. The shelter staff will also be using the Domestic Violence Survivor Assessment that will provide staff with guidance on how best to support you while you are a resident of the shelter.

The final research report will reflect a summary of women's responses to these questionnaires from all the shelters participating. There will be no information included in the final report to identify you or your children. If you would like a copy of the final report please leave a forwarding address with the shelter staff. The research information you provide will be kept in secure locked storage and the questionnaires you completed will be destroyed one year after the project is completed.

We hope that you will participate in this project. Your experiences and opinions will help shelters in Alberta to know what things are working and what could be done to improve shelter services.

If you have any questions, please direct them to the shelter director/manager or _____ *(name of individual at the shelter),* at _____ *(individual's telephone number).*

CONSENT FORM SUMMARY:
- I understand that the information that I provide about me and my child(ren) will be used for research purposes (Practical Frameworks for Change Project).
- I understand that reports or publications of any information collected will not identify me or my child (ren) and will be reported as a summary of all research participants' responses only.
- I understand that participation in project activities is voluntary and I can refuse participation or withdraw from the project at any time.
- By signing this form, I acknowledge that I have had the opportunity to read this form and ask questions, and I have received a signed copy of this form.

_____   _____

Resident Signature   Witness

_____   _____

Date   Date

APPENDIX B
PRACTICAL FRAMEWORKS FOR CHANGE
HOMES DATA ENTRY GUIDE
NOVEMBER 26, 2009

Step 1. Use HOMES manual instructions to get into HOMES and begin client data entry.
Step 2. Enter in "Edit Client/Student" Page

Items	Categories	Comments
HOMES ID	N/A	Automatically added by HOMES
Program Admission Date	Use format provided by HOMES	
Date of Birth	Use format provided by HOMES or approximate age	
Gender	Limit HOMES categories to the following - Female - Male - Transgender - Undifferentiated - Unknown	
Primary Language	Select from language list provided in HOMES	
Cultural Background	Limit HOMES categories to the following - Aboriginal (*not including Métis*) - African Culture - Asian Cultures - Caribbean Origin - Caucasian - East Indian Culture - Latin American Culture - Métis - Middle Eastern Culture - South American Culture - Visible Minority *(to apply to individual of mixed background or where specific background is unknown)* - Other	
Citizenship/Immigration Status (under Most Recent Citizenship/Immigration Information)	Limit HOMES categories to the following: - Refugee - Refugee Claimant - Immigrant Visa – Humanitarian/Compassionate - Temporary Foreign Worker - Work Visa - Family Class - Independent Class - Sponsored Immigrant - Student *(i.e., Foreign Student)*	Fill out for immigrant or refugee clients only

Step 3. Enter in "Edit Shelter Information" page

Items	Categories	Comments
Employment Status	Limit HOMES categories to the following: - Employed, Full-time (*if 30-40 hrs/wk*) - Employed Part-time (*if 20-29 hrs/wk*) - Employed Casual *(if <20 hrs/wk)* - Employed, Self-employed - Unemployed - Student - Retired - Homemaker - Other	
Referral Source	Limit HOMES categories to the following: - Family Member - Friend - Drug/Alcohol Counselling - Distress Line - Community Support Program - Clergy - Financial Services - Shelter, Street - Shelter, Women's - Police Services - Victim Services - School - Services for Aboriginal Women - Second Stage Housing - Child Welfare - Child Care - Legal Services - Immigrants Serving Agency - Medical/Health Service - Mental Health - Outreach Worker - Psychological/Psychiatric Counselling - Residential Treatment Centre - Self-Referral *(only for those who learn about the shelter as a result of a previous stay)* - Native Counselling - In-House Services - Food Bank - Housing Services - Hospital/General - Other	Recent additions: - School - Self Referral - Outreach Worker - Native Counselling

Step 3. Enter in "Edit Shelter Information" page - continued

Items	Categories	Comments
Region	Cannot be customized, select from the list provided	Enter province first
Marital Status	Limit HOMES categories to the following: - Common Law and Together - Married and Together - Separated (either married and separated or common-law and separated) - Divorced - Single (never married or common-law) - Single - widowed	
Type of Admission	Enter as per existing categories: - Abused Woman - Abused Woman with Children - Abused Man - Abused Man with Children - Abused Couple - Other Woman Meeting Shelter Mandate - Victim of Sexual Assault - Woman Awaiting Hospital Admission or Other Specialized Medical or Social Services	Cannot be customized
Abused by	Enter as per existing categories: - Boyfriend - Daughter - Ex-Boyfriend - Ex-Girlfriend - Ex-Partner *(or ex-common-law)* - Father - Foster Parent - Friend - Gangs - Girlfriend - Husband - Husband (Previous) - In-Law, Father - In-Law, Mother - Mother - Other - Partner (Common-Law) - Proprietor - Relative - Son	Cannot be customized

Step 3. Enter in "Edit Shelter Information" page - continued

Items	Categories	Comments
Type of Abuse	Enter as per existing categories: - Abuse to Family Members - Community Resources/Connections ??? - Cultural Abuse - Emotional Abuse - Experience of Harm to Pets - Experience Stalking - Financial Abuse - Injury due to Abuse - Neglect - Physical Abuse - Property Destruction - Requires a General Safety Plan??? - Sexual Abuse - Spiritual Abuse - Threats of Abuse - Verbal Abuse - Witness to Abuse - Witness to Pet Abuse - Witness to Psychological Abuse - Witnessed Physical Abuse as Child - Witnessed Sexual Abuse as Child	Suggest that we leave as is, deleting this means deleting items in needs assessments that may currently be used by shelters. If we did decide to make these changes: - Program management - Assessment and survey writer - Needs assessment writers - Pick program - Select statements 20 and 21

Step 4. Enter Medical Health Information
- **Go to 'Medical Health' drop-down menu**
- **Select Medical Issues**
- **In 'Connected to' drop-down select 'Main Client'**

Items	Categories	Comments
Type	Limit HOMES categories to the following - Chronic medical condition *(defined as a disease where you need observation or care, and treatment will only relieve or control the symptoms but not cure the medical condition)* - Acute medical condition *(defined as a condition that is limited in time as the treatments provided have the potential to fully cure)* - Injury - Pregnancy - Dental - Vision Impairment	If there is more than one type (e.g., chronic and acute), close the window then return again to enter additional type of condition If the shelter wishes to specify the condition, then use 'Other Description' to type the condition
Status	Limit HOMES categories to the following - Treated - Untreated - N/A *(select if no medical conditions present)*	The list cannot be customized, select either treated or untreated only Added N/A

Step 5. Enter in "Add Children and Siblings" page

Items	Categories	Comments
Gender	<u>Limit HOMES categories to the following</u> - Male - Female	
Birthdate	Use HOMES format or enter Approximate Age	
Child Welfare Status	<u>Limit HOMES categories to the following</u> - Temporary Guardianship Order - Permanent Guardianship Order - Enhancement Agreement with Youth - Family Enhancement Agreement - Investigation/Assessment - File closed - No Previous Contact - Unknown	No Previous Contact recently added
Is this person accessing agency Services?	<u>Limit HOMES categories to the following</u> - Yes - No	
Admission Date (under Dependant's Most Recent Admission)	Use HOMES date format	

Step 6. When in 'Edit Children and Siblings' page and after entering child/sibling information, enter child's medical health information
- **Go to Medical Health Drop Down**
- **Select 'Medical Issues'**
- **In 'Connected to' drop-down select 'Child/Sibling'**

Items	Categories	Comments
Type	<u>Limit HOMES categories to the following</u> - Chronic medical condition - Acute medical condition - Injury - Pregnancy - Dental - Vision Impairment	If there is more than one type (e.g., chronic and acute), close the window then return again to enter additional type of condition If the shelter wishes to specify the condition, then use 'Other Description' to type the condition
Status	<u>Limit HOMES categories to the following</u> - Treated - Untreated	The list cannot be customized, select either treated or untreated only

Step 7. Enter in "Add Addiction History" page

Items	Categories	Comments
Sobriety Date	Use HOMES date format *Enter only if addiction not active at intake*	Each shelter will need to customize the addiction page in
Type of Addiction	<u>Use HOMES categories:</u> - Alcohol - Tobacco - Gambling - Prescription - Drugs (e.g., Marijuana, Cocaine) - IV Drugs (e.g., opiates, meth, heroine) - Polysubstance - Sex - Compulsive shopping	
Substances Used	List specific substances	

Step 8. If Aboriginal only, enter in "Add Aboriginal Information"

Items	Categories	Comments
Band Name	Type in the name	
First Nation	Select from categories provided	
On Reserve Status	<u>Limit HOMES categories to the following</u> - Yes - No - Unknown	

Step 9. Enter in Discharge Report Cover Sheet
- **Clients not yet discharged**
- **To enter this information go to the "File Folder" drop-down and select "Discharge"**

Items	Categories	Comments
Discharge Date	Use the format provided in HOMES	
Reason for Discharge	<u>Limit HOMES categories to the following</u> - Reached allowable stay of 21 days - Exceeded allowable stay - Goals met - Evicted - Left unexpectedly - Other	
Program Summary	Type reason for eviction or specify other discharge reason here	

Step 10.   **Discharge Report Cover Sheet – Services Provided**
- **Discharged clients only**
- **To enter this information go to the "File Folder" drop-down and select "Discharge"**
- **Go to "Information" drop-down list**

Items	Categories	Comments
Services Provided (Select "Add Services Provided While in Program") To customize: - pick "Type of Activity/Services Provided"	Limit HOMES categories to the following - Aboriginal Services - Advocacy and Referral - Child Care - Conferencing - Counselling – Child - Counselling – Family - Counselling – Group - Counselling – Individual - Court - Crisis Counselling - Donations - Early Childhood Programming - Life Skills Training - Outreach Worker - Safety Planning - Travel, with client - Other Services	Recent changes: - took out immigrant support - added life skills training - added travel, with client - added crisis counseling - added donations - added Advocacy and Referral NB: make sure to select "Safety Planning" if safety plan was completed with the woman

Step 10. Enter in Discharge Report Cover Sheet – Referrals Made
- **Discharged clients only**
- **To enter this information go to the "File Folder" drop-down and select "Discharge"**
- **Go to "Information" drop-down list**
- **Services Referred to At Discharge**
- **Select service type to go to the next menu**

Track referrals in the course of service and discharge. Enter all of these referrals into HOMES at the time of discharge.

Items	Categories	Comments
Service or Caregiver Type	Limit HOMES categories to the following - Aboriginal Agency - Basic Needs, Clothing - Basic Needs, Food - Basic Needs, General - Basic Needs, Income - Basic Needs, Transportation - Basic Needs, Shelter - Child Care, General - Child Protection - Community Agency - Drug & Alcohol Counselling Program - Employment, Job - Health, General - Hospital – Psychiatric - Hospital – Short Stay - Immigrant Services, General - Jail - Legal Services - Outreach - Police Services - Recreational Programs - Referred to Addiction Treatment Residential - Referred to Other Shelter *(use for emergency dv shelter only)* - Second Stage Housing - Schools - Spiritual Services - Sexual Abuse Counselling *(use also for Sexual Assault Centre*) - Victim's Services - N/A *(if no referrals)*	Customize drop-down using "Service After Discharge List" Recently added items: - Child Protection - Spiritual Services - Schools - Second Stage Housing - Victim's Services - Sexual Abuse Counselling For in-house services referrals select the type of service referred to from the list Please do not name services, but, instead select the type of service they provide. For example, referral to FCSS could be a referral for income support, in which case select basic needs, income.

Step 11. Enter Information Using Survey Data

Shelters have previously entered information using the following method (through survey data entry, HOMES Id needs to be manually entered):
Program/group data entry
Program data entry
Survey data entry
Pick name of program
Pick a survey
All surveys
List all survey data entry
Add new program survey
Enter client ID

The shelters are now asked to enter survey data through case management (HOMES number automatic):
Case management
Initial assessment
Pick a client
Save this record
Program pre measures (drop down menu)
Program survey
Pick a survey – Exit survey
Select all surveys (not pre, interim or post)

11.2   Enter DVSA Information (*PFC DVSA Sep 09(2)*

DVSA Scoring and Stage Assignment

Scoring
- After rating, score a 1-5 with Maintenance as 5
- Halfway ratings score between the two = 1.5, 2.5, 3.5 or 4.5
- Sum scores for all issues rated
- Divide sum by number of issues rated
- Round to the nearest tenths

Stage Assignment (using the DVSA framework)
- 1.0 to 1.5 = 1, Pre-contemplation
- 1.6 to 2.5 = 2, Contemplation
- 2.6 to 3.5 = 3, Preparation
- 3.6 to 4.5 = 4, Action
- 4.6 to 5.0 = 5, Maintenance

Do NOT enter items highlighted in grey

Safety	Enter
Triggers of abusive incidents?	Score (1 to 5)
Managing Partner Abuse	Score (1 to 5)
Seeking Legal Sanctions	Score (1 to 5)
Accessing Help	Score (1 to 5)
Total safety score	Add the safety scores above
Number of safety questions answered	Count number of safety questions answered
Average Safety Score	Divide the total safety score by number of safety questions answered
Culture	
Attachment	Score (1 to 5)
Views Relationship and Options	Score (1 to 5)
Managing loyalty to norms and own beliefs	Score (1 to 5)
Total culture score	Add the culture scores above
Number of culture questions answered	Count number of culture questions answered
Average Culture Score	Divide the total culture score by number of culture questions answered
Health	
Feelings	Score (1 to 5)
Mental Distress	Score (1 to 5)
Total health score	Add the health scores above
Number of health questions answered	Count number of health questions answered
Average Health Score	Divide the total health score by number of health questions answered
Self Strengths and Skills	
Control of Money/Assets	Score (1 to 5)
Life & Job Skills	Score (1 to 5)
Self Identity	Score (1 to 5)
Self Efficacy	Score (1 to 5)
Total self score	Add the self scores above
Number of self questions answered	Count number of self questions answered
Average Self Score	Divide the total self score by number of self questions answered
Overall Score	
Total score	Add total safety score, total culture score, total health score, and total self score
Total number of questions answered	Add number of safety questions answered, number of culture questions answered, number of health questions answered and number of self questions answered
Overall Average Score	Divide the total score by the total number of questions answered

11.3   Enter Danger Assessment Tool (ACWS DA Research Aug 2008)

- Enter and score as per Danger Assessment training
- For the purposes of the PFC project you will only need to enter information for the 20 Danger Assessment questions

11.4   Enter Danger Assessment Calendar Information *(PFC DA Calendar Sep 09)*

DA Calendar Completion Instructions

1. Use the calendar to document incidents of physical abuse by partner
2. Identify the approximate dates when the incidents occurred
3. Using the scale below indicate the severity of the incident.
    o Slapping, pushing, no injuries and/or lasting pain = P1
    o Punching, kicking, bruises, cuts, and/or continuing pain = P2
    o "beating up", severe contusions, burns, broken bones, miscarriage = P3
    o Threat to use a weapon, wounds from a weapon = P4
    o Use of a weapon; wounds from a weapon = P5
4. Use the calendar to document instances of other types of abuse, using the scale below:
    o Emotional, verbal and psychological = E
    o Financial = F
    o Sexual = S
    o Spiritual = SP

DA Calendar Scoring Instructions
1.   Add and enter information into a template below.

Month	P1	P2	P3	P4	P5	E	F	S	SP
Jan									
Feb									
Mar									
Apr									
May									
June									
July									
Aug									
Sept									
Oct									
Nov									
Dec									
Total									

2.   Enter the following information into HOMES
- Total number of months where instances of abuse were recorded
- P1 - Total Number of Incidents
- P1 - Average Number of Incidents (divide total number of P1 incidents by number of months)
- P2 - Total Number of Incidents
- P2 - Average Number of Incidents (divide total number of P2 incidents by number months)
- P3 - Total Number of Incidents
- P3 - Average Number of Incidents (divide total number of P3 incidents by number of months)
- P4 - Total Number of Incidents
- P4 - Average Number of Incidents (divide total number of P4 incidents by number of months)
- P5 – Total Number of Incidents
- P5 – Average Number of Incidents (divide total number of P5 incidents by number of months)
- E - Total Number of Incidents
- E - Average Number of Incidents (divide total number of E incidents by number of months)
- F - Total Number of Incidents
- F - Average Number of Incidents (divide total number of F incidents by number of months)
- S - Total Number of Incidents
- S - Average Number of Incidents (divide total number of S incidents by number of months)
- SP - Total Number of Incidents
- SP - Average Number of Incidents (divide total number of SP incidents by number of months)

11.5 Enter Exit Survey – Existing Items (*Women's Shelter Exit Survey 2003, then choose 18-Aug-2005*)
- Enter Exit Survey as per usual
- Make sure that the Exit Survey that is being used contains the following items:

Exit Survey Existing Items

Item Content	Item Current Location
1. How long was your stay in the shelter on this visit?	Current P1
2. Often, women visit a women's shelter a number of times to be safe from their abuser. Including this stay, how many times have you ever stayed in a shelter for abused women?	Current P2
3. During my shelter stay, I felt safer from my abuser.	Current P3
4. As a result of my shelter stay, I know more about where to go for legal information & support.	Current P4
5. As a result of this shelter stay, I know more about services in the community where I can get help for the children in my care.	Current P5
6. As a result of this shelter stay, I know more about services in the community where I can get help for myself.	Current P6
7. As a result of this shelter stay, I know more about signs of an abusive relationship	Current P7
8. As a result of this shelter stay, I know more about the effect abuse has on the children in my care.	Current P8
9. As a result of my shelter stay, I know more about the effect abuse has on me.	Current P9
10. As a result of my shelter stay, I am more able to keep myself (and the children in my care) safer from abuse	Current P10
11. If you have stayed in a shelter in the past, did you return to the same relationship?	Current ACWS1
12. If yes, did you return because of: (checklist)	Current ACWS2
13. Are you returning to the same relationship?	Current ACWS3
14. If yes, are you returning because of (checklist)	Current ACWS4

11.6 **Enter Additional Exit Survey Items** *(PFC Exit Survey – Additional Items, Sep 09)*

- Enter Exit Survey as per usual (see PFC Exit Survey 09 distributed in October 09)
- Make sure that the Exit Survey that is being used contains the following items:

Item Content
1. The staff were friendly and approachable
2. I felt safe sharing my experiences with my counselors
3. The staff were sensitive to my culture
4. The services were sensitive to my culture
5. I am satisfied with the services I received during my shelter stay
6. As a result of my shelter stay, I know more about where to go for information and support with custody and access for my children (N/A if did not need this information)
7. As a result of my shelter stay, I know more about where to go for information and support with legal protection (N/A if did not need this information)
8. As a result of my shelter stay, I know more about where to go for information and support with health care issues for myself (N/A if did not need this information)
9. As a result of my shelter stay, I know more about where to go for information and support with health care for my children (N/A if did not need this information)

11.7   **Enter Financial and Legal Situation Survey** *(PFC Financial & Legal Needs Sep 09)*

Describe Client's Current Financial Situation

1.   Not a problem (select if current income is sufficient and there is no debt or debt that is in place the client is able to pay consistently)
2.   Somewhat of a problem, does not need assistance (select if has a plan in place to manage it)
3.   Somewhat of a problem, needs assistance (select if needs to put a plan in place or other assistance to manage it)
4.   Substantial problem (insufficient income, no plan in place and one or more debts in collections)

Client's Current Legal Situation

1.   Family Law Issues Requiring Legal Support
       - Parenting orders (access/custody issues)
       - Separation
       - Divorce
       - Property issues

2.   Protection Orders
       - The Protection Against Family Violence Act
       - Emergency Protection Order (Civil)
       - Court of Queen's Bench Order (Civil)
       - The Warrant Permitting Entry
       - Restraining Order (Civil)
       - Peace Bond (Criminal)
       - Laying a Private Information
       - Exclusive Home Possession Order

3.   Immigration Issues Requiring Legal Support – Irene to input
       - Sponsorship breakdown
       - No permanent resident status (women with "inland spousal sponsorship" applications in place, refugee claimants, live-in caregivers)
       - Humanitarian and compassionate application
       - Refugee or refugee claimant

4.   Other Legal Issues Requiring Support
       - Child financial support
       - Maintenance enforcement
       - Spousal support
       - Accessing personal belongings
       - Housing
       - Employment
       - Debt
       - Other - specify

APPENDIX C
STAFF SURVEY

We are writing this letter to invite you to complete a survey. This survey is part of the larger initiative undertaken by eight Alberta's emergency women's shelters, in partnership with the Alberta Council of Women's Shelters called Practical Frameworks for Change (PFC).

PFC is a learning collaborative that is working toward the development of promising-practice knowledge and practice in Alberta's shelters. The project included multiple training initiatives focused on Danger Assessment, Cultural Competence, assessment of readiness through the Domestic Violence Survivor Assessment, Legal Aid training and a Law Line, and Trauma training.

Information tracking the impact of the training on women and children accessing shelters is being collected by eight participating shelters using a common data set. Your PFC shelter representative will participate in an interview to share opinions and comments. In addition this survey will be distributed to staff at the participating shelters and is intended to supplement information from data tracking and interviews.

We hope that you will take the time to complete this survey. Your observations and opinions are invaluable to this evaluation. Your assistance will help shelters and ACWS remain accountable to their funders and partners, and most importantly to the women and children accessing shelter services.

Please note the following:
- The survey will take about 20 minutes to answer.
- All responses are confidential and will be aggregated for the purposes of the final report.
- Final report will be distributed to all participating shelters in December of 2010.
- The survey is time sensitive and will close on November 22nd, 2010.

If you have any questions about this survey, difficulties in completing the survey or technical problems please contact Susan Plesuk. Here is the link to the survey

Insert link here

Carolyn Goard
Director Member Programs and Services
Alberta Council of Women's Shelters

These questions are about your shelter and your history with the shelter

1. Shelter Name (select one)
   o Central Alberta Women's Emergency Shelter, Red Deer
   o Columbus House of Hope, St. Paul and District
   o Community Crisis Society, Strathmore
   o Dr. Margaret Savage Crisis Centre, Cold Lake
   o Lurana Shelter, Edmonton
   o Odyssey House, Grande Prairie
   o YWCA Lethbridge and District
   o YWCA Sheriff King Home, Calgary

2. What is your position with the shelter? (select one)
   o Management (including Executive Director)
   o Administration support
   o Frontline Staff
   o Relief Staff
   o Other (option to specify)

3. How long have you worked in this shelter? (select one)
   o Less than 1 year
   o 1 to less than 5 years
   o 5 to less than 10 years
   o More than 10 years

These questions are about your involvement with the Practical Frameworks for Change Project

4. I received training as part of the PFC project.
   Yes/no

   If you received training, please indicate the type of training you received
   o Legal Aid Training by Legal Aid Law Line staff in Edmonton
   o Danger Assessment Training provided by Noreen Cotton and Susan Plesuk to pilot the new manual
   o Danger Assessment "Train the Trainer" provided by Noreen Cotton and Susan Plesuk
   o Danger Assessment Training provided by staff or management in your shelter
   o Cultural Competence Training provided by Sujata Warrier
   o Cultural Competence Training provided by staff or management in your shelter
   o Domestic Violence Survivor Assessment (DVSA) Training provided by Jackie Dienemann
   o Domestic Violence Survivor Assessment (DVSA) Training provided by Susan Plesuk

- Domestic Violence Survivor Assessment (DVSA) Training provided by staff or management in your shelter
- Trauma training provided by Natalie Zlodre
- Trauma training provided by staff or management in your shelter

5. I completed or helped women in our shelter complete new forms that we used for the Practical Frameworks for Change Project.
Yes/no

If yes, please check the forms you completed or helped complete below.
- DVSA
- Danger Assessment Questionnaire
- Danger Assessment Calendar
- Financial and Legal Survey
- Exit Survey
- New Exit Survey questions
- Revised Discharge Forms
- I did not complete or help complete any of the forms above

6. I was involved with the PFC project in another way (specify).

7. I had no involvement with the Practical Frameworks for Change Project (Yes/no)

These questions are about the training you received as part of the Practical Frameworks for Change project.

8. In general, what did you think about the Legal Aid training you received?
- I received new information I did not have before the training
  Agree   Unsure   Disagree   N/A
  (explain _____)

- I learned new skills that I did not have before the training
  Agree   Unsure   Disagree   N/A
  (explain _____)

- I was able to implement information from the training in my practice
  Agree   Unsure   Disagree   N/A
  (explain_____)

- The new information or skills I received in my training helped women or children in my shelter achieve their goals.
  Agree   Unsure   Disagree   N/A
  (explain _____)

- Any additional comments about this training?

9. In general, what did you think about the <u>Danger Assessment</u> training you received?

   o I received new information I did not have before the training
      Agree   Unsure   Disagree   N/A
      (explain _____)

   o I learned new skills that I did not have before the training
      Agree   Unsure   Disagree   N/A
      (explain _____)

   o I was able to implement information from the training in my practice
      Agree   Unsure   Disagree   N/A
      (explain_____)

   o The new information or skills I received in my training helped women or children in my shelter achieve their goals.
      Agree   Unsure   Disagree   N/A
      (explain _____)

   o Any additional comments about this training?

10. In general, what did you think about the <u>Cultural Competence</u> training you received?

   o I received new information I did not have before the training
      Agree   Unsure   Disagree   N/A
      (explain _____)

   o I learned new skills that I did not have before the training
      Agree   Unsure   Disagree   N/A
      (explain _____)

   o I was able to implement information from the training in my practice
      Agree   Unsure   Disagree   N/A
      (explain_____)

   o The new information or skills I received in my training helped women or children in my shelter achieve their goals.
      Agree   Unsure   Disagree   N/A
      (explain _____)

   o Any additional comments about this training?

11. In general, what did you think about the <u>DVSA</u> training you received?

- o I received new information I did not have before the training
  Agree   Unsure   Disagree   N/A
  (explain _____)

- o I learned new skills that I did not have before the training
  Agree   Unsure   Disagree   N/A
  (explain _____)

- o I was able to implement information from the training in my practice
  Agree   Unsure   Disagree   N/A
  (explain_____)

- o The new information or skills I received in my training helped women or children in my shelter achieve their goals.
  Agree   Unsure   Disagree   N/A
  (explain _____)

- o Any additional comments about this training?

12. In general, what did you think about the Trauma training you received?

- o I received new information I did not have before the training
  Agree   Unsure   Disagree   N/A
  (explain _____)

- o I learned new skills that I did not have before the training
  Agree   Unsure   Disagree   N/A
  (explain _____)

- o I was able to implement information from the training in my practice
  Agree   Unsure   Disagree   N/A
  (explain_____)

- o The new information or skills I received in my training helped women or children in my shelter achieve their goals.
  Agree   Unsure   Disagree   N/A
  (explain _____)

- o Any additional comments about this training?

These questions are about the data gathering processes that took place in your shelter as part of the Practical Frameworks for Change project. Using the scale provided below please rate your experience with the information collection process in your shelter using DVSA, DA questionnaire, DA calendar, Exit surveys, and Financial and Legal survey.

13. I had a clear understanding of my responsibilities with regards to form completion and information collection.
Agree   Unsure   Disagree   N/A
(explain _____)

14. I had a clear understanding of the reasons why we collected and recorded this information.
Agree   Unsure   Disagree   N/A
(explain _____)

15. As a result of the PFC project our shelter is better able to collect information to help our clients.
Agree   Unsure   Disagree   N/A
(explain _____)

16. The information that we collected for the purposes of the PFC project helped us understand more about our clients and how we can best support them.
Agree   Unsure   Disagree   N/A
(explain _____)

17. I think that we should continue collecting information using these tools (check for each tool listed below)
DVSA
Agree   Unsure   Disagree   N/A
(explain _____)

Danger Assessment Questionnaire
Agree   Unsure   Disagree   N/A
(explain _____)

Danger Assessment Calendar
Agree   Unsure   Disagree   N/A
(explain _____)

18. Please provide any additional comments about the data gathering process that was required for the PFC project.

These questions are about the PFC project in general.

19. Using the list provided below please assess the degree to which each of those materials or tools were helpful to you in the course of the Practical Frameworks for Change project.

	Helpful	Somewhat Helpful	Not Helpful	N/A
Trauma interventions				
ACWS protocols guiding DA Calendar and DA questionnaire administration				
Use of DVSA as a tool to assess women's stage of change to assist with determining interventions/ways of working with women				
Danger Assessment participant manual				
Danger Assessment trainer's manual				
DVSA participant manual				
Modules from the Orientation Manual (e.g., Cultural Competency, Trauma)				

20. Name three things that were helpful in the implementation of the PFC project at your shelter.
21. Name three things that made the implementation of the PFC project challenging at your shelter.
22. Please use the scale provided below to respond to the following statements.

   o PFC project had no impact on my shelter
     Agree   Unsure   Disagree   N/A

   o As a result of the PFC project I learned new information and skills that I have integrated in my work
     Agree   Unsure   Disagree   N/A

   o As a result of the PFC project I can better assist women and children in my shelter
     Agree   Unsure   Disagree   N/A

   o As a result of the PFC project the women and children accessing our shelter receive services that better reflect their needs.
     Agree   Unsure   Disagree   N/A

23. How can ACWS support your shelter in the future in the following areas:

   • Training (identify areas of training you need)

   • Data collection and use

24. Any other thoughts or comments?

APPENDIX D
STAKEHOLDER INTERVIEW SCHEDULE

Dear Colleague:

We are writing this letter to invite you to participate in an evaluation of the Practical Frameworks for Change Project. The evaluation serves three functions:

- To document the project's activities and development;
- To assess impact of the project on shelter staff, Legal Aid staff, and, ultimately on women in shelters and their children; and,
- To identify successes, challenges and opportunities for continuous improvement.

This evaluation is part of the larger initiative undertaken by the Alberta's emergency women's shelters, in partnership with the Alberta Council of Women's Shelters called Practical Frameworks for Change (PFC). PFC is a learning collaborative that is working toward the development of promising-practice knowledge and the maintenance of high-quality service in Alberta's shelters. The project included multiple training initiatives focused on Danger Assessment, Cultural Competence, assessment of readiness through the Domestic Violence Survivor Assessment, Legal Aid training and a Law Line, and Trauma training.

Information tracking the impact of the training on clients is being collected by eight participating shelters using a common data set. Interviews with project participants are intended to supplement this information in order to gain better understanding about the opinions of the project participants about the project implementation and impact. Specifically, you will be asked about your experiences with the PFC project, training, implementation process and the impact of the project on staff, women and children. The interview participants will include both shelter and Legal Aid staff who have had an opportunity to participate in the project. We hope that you can assist in this evaluation by participating in an interview.

Your participation in the interview is completely voluntary. The interview will take place at your preferred location, will take place by teleconference, Skype or face-to-face, depending on your location and preferences and will take about one hour. The information you provide in the interview is confidential. Only the evaluator will have access to your specific comments. Should information from your interview be used in any report or publication, all identifying information would be removed so that you or your organization would not be individually identifiable in any way. The interview information will be stored at the evaluator' office for the duration of the evaluation. The results of the interviews will be integrated into the evaluation report provided to the shelters, Legal Aid, ACWS and the project funder.

We hope that you will help by participating in this interview. Your observations and opinions are invaluable to this evaluation. Your assistance will help shelters and ACWS remain accountable to its funders and partners, to continually improve its programming and ensure that the project continues to respond to the needs of the women and children in Alberta shelters. If you have any questions about this evaluation or your role in it, please feel free to call Irene Hoffart at 403-240-2346. Please refer to the next page for additional information about the interviews.

Yours truly,
Irene Hoffart, Director, Synergy Research Group
Question Areas:

(Note that the selection of specific areas of questions will be adjusted to reflect the information available to each project participant and their roles with respect to the specific training and the project in general)

- Collect information about the participant
  - Organization – shelter, Legal Aid, ACWS, role in the organization
  - Involvement in the training (Legal Aid, DA, Cultural, DVSA, Trauma – as a participant, as a trainer, other)
  - Involvement in project development
- About each training (Legal Aid, DA, Cultural, DVSA, Trauma) ask
  - General impressions of the training, materials, speakers, understanding of related issues and process (ask about both the external trainers, e.g., Jackie Dienemann, and the ACWS trainers, e.g., Susan Plesuk
  - How the training information was disseminated within each shelter and the response to the training internally
  - Talk about the fit of the selection of the participants for the training. Was appropriate position/staff engaged in the process? What positions/staff would have been most appropriate to attend? Why?
- About materials or protocols that were developed to assist in information dissemination
  - Types of materials received
  - Value of the information in those materials in guiding work
- About implementation of processes in the shelter (ask specifically about Legal, DA, Cultural, DVSA, and Trauma issues)
  - Understanding of the purpose of implementation of each of these processes
  - Overall impact of the project on shelter staff and shelters
  - Understanding by shelter staff about how to support women in addressing these issues
  - Challenges, successes
  - What impact, if any, did staff turnover have on the project implementation?

- o What supports would have been helpful in addressing the challenges
- o Comments about continuing this work in the future
- For Legal Aid staff only: Overall impact of the project on Legal Aid staff and Legal Aid
    - o Interaction with shelters, ACWS
    - o Protocols
    - o Appropriateness of referrals received to the Law Line, frequency of use of the line
    - o Callers' understanding of what to expect when they call the line and interact with the Legal Aid staff
    - o Understanding of the issues of women in shelters
    - o Challenges, successes
- Impact of each project element (Legal, DA, Cultural, DVSA, and Trauma) on women and their children (only if this information is available to the respondent)
    - o Impact on staff interactions with women and their children
    - o Impact on staff interactions with other services or resources (e.g., Legal Aid, other community services)
    - o Did the implementation of each element help identify related issues and address them for the women and their children and, if so, to what degree?
    - o Possible follow-up re: discussion about cultural competence portion: Do you think that your participation in the cultural competency case scenario exercises, your gained a different understanding of your clients' situation? resulted in you interacting differently with clients?
- Impressions of the overall impact of the PFC project
    - o On staff, shelter and clients
- Recommendations for future
    - o Other training, information, materials, website, or other learning tools, discussions, etc. required to ensure most effective support and full access to needed services for shelter clients.
    - o What should be the next steps with regards to the PFC project? Wider dissemination? Continuing with some elements? Other?

APPENDIX E
IMPLEMENTATION ACTIVITY TRACKING TABLE

Activity	Measure
Staff training initiatives and conferences are implemented as planned (DVSA and DA training, familiarity with study protocol, implementation and HOMES data entry)	Number of sessions Types of sessions Number of participants Minutes
Necessary partnerships and collaboration efforts are in place	Description of partnership initiatives Lists of partnering organizations (e.g., ARTAMI, Legal Aid, RCMP, etc.) Meeting minutes
Data collection and entry processes are consistent and accurate	Consistent processes for data collection are in place and are routinely monitored by supervisory staff to ensure protocol is maintained Accuracy of entries and consistent use of HOMES Monthly data checks in HOMES
DA and DVSA are implemented as per protocol in staff work with women and their children	Supervisor's checklist tracking assessment dates, processes and consistency of protocol implementation
Necessary policy and staff manuals and protocols are developed	Number and types of policies and/or manuals completed Copies on file Minutes

APPENDIX F
DANGER ASSESSMENT CALENDAR

Month, Year

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

I know who I am. I am that woman who reached her breaking point, and after a good cry, I stood.

-Andrea Fikkert

APPENDIX G
DANGER ASSESSMENT QUESTIONNAIRE

YES or NO	SCORE	QUESTION
_____	(1) _____	1. Has the physical violence increased in severity or frequency over the past year?
_____	(5) _____	2. Does your partner own a gun?
_____	(4) _____	3. Have you left your partner after living together during the past year? (If you have *never* lived with your partner, check here_____)
_____	(4) _____	4. Is your partner unemployed?
_____	(3) _____	5. Has your partner ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? _____)
_____	(3) _____	6. Does your partner threaten to kill you?
_____	(3) _____	7. Has your partner avoided being arrested for domestic violence?
_____	(2) _____	8. Do you have a child that is not his?
_____	(2) _____	9. Has your partner ever forced you to have sex when you did not wish to do so?
_____	(1) _____	10. Does your partner ever try to choke you?
_____	(1) _____	11. Does your partner use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures.
_____	(1) _____	12. Is your partner an alcoholic or problem drinker?
_____	(1) _____	13. Does your partner control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here:
_____	(1) _____	14. Is your partner violently and constantly jealous of you? For instance, does he say "If I can't have you, no one can"?
_____	(1) _____	15. Have you ever been beaten by your partner while you were pregnant? (If you have never been pregnant by him, check here:
_____	(1) _____	16. Has your partner ever threatened or tried to commit suicide?
_____	(1) _____	17. Does your partner threaten to harm your children?
_____	(1) _____	18. Do you believe your partner is capable of killing you?
_____	(1) _____	19. Does your partner follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?
_____	(0) _____	20. Have you ever threatened or tried to commit suicide?
_____	_____	**TOTAL** (*note: if the client has never lived with the abuser, subtract 3 from the total score*)

APPENDIX H
DOMESTIC VIOLENCE SURVIVOR ASSESSMENT

	Precontemplation (committed to the relationship)	**Contemplation** (committed, but questioning)	**Preparation** (considering change)	**Action** (breaking away)	**Maintenance** (establishes new life)
Issues about Safety					
Triggers of abusive incidents?	Denies & excuses abuse. May accept blame by partner	Questions self blame Vague talk rela. Ending. Seeks logic triggers of abuse	Rejects self blame. Continues to make excuses to others, but realizes p. chooses to abuse.	Works to make P. accountable abuse, Assesses safety – will partner change or not	Over time does not tolerate abuse. If left, avoids partner. If together, monitors partner for change
Managing partner abuse	The bad things are a trade off for what is good in relationship	Placates, feeling trapped. Asks partner to get help.	Realizes cannot prevent partner abuse. Tries to avoid abuse by sleep, work, etc.	Decided abuse must end. Makes and acts on plans for own safety.	Learns new ways to relate to new or changed partner. If separated, continues to avoid abuser
Seeking legal sanctions	Does not agree to call police or courts	May seek information. If seek sanctions, likely recant	Seeks sanctions, may be hoping to change relationship	Seeks sanctions- consistently follows up legal processes	Continues to seek sanctions if partner harasses or stalks, actively protects self.
Accessing help	Does not see others as understanding	Generalized mistrust & fear no one can help	Hints to others of abuse, seeks support & help. Fears reprisal	Persistently seeks and sorts out who is and is not helpful	Continues help from multiple sources. Uses others' knowledge to limit/avoid abuse.

	Precontemplation (committed to the relationship)	Contemplation (committed, but questioning)	Preparation (considering change)	Action (breaking away)	Maintenance (establishes new life)
Issues about Culture					
Attachment	*Keeps abuse secret. Hopes to give enough love to prevent violence.*	*Cares and "gives 2nd chance". Admits abuse to self, wants it to be a secret. Feels shame.*	*Ambivalent about losing sex, home, income, dreams. Acknowledges abuse & own needs.*	*Embarrassed P. is abusive. Realizes love is a separate issue from abuse.*	*After left, reminds self why; lets go. If remains rebuilds attachment within new rules for no abuse.*
Views relationship and options	*Positive overall. No need for options. Violence temporary*	*Reflects on good and bad. Tries to change self to avoid abuse, begins to fear future*	*Ambivalent. Wishes partner would change. May try brief separation.*	*Determined abuse must end. Willing "to do what it takes" over time to become safe.*	*Over times makes decisions based on her safety even if he pleads, stalks, &/0r harasses.*
Managing loyalty to norms and own beliefs	*Fears stigma of ailing in relationship. Loyal to society/culture norms and own beliefs*	*Remains "for the family or status or children". Does not want partner humiliated. Protects image of family.*	*Conflicted between own loyalties and rising sense injustice. Considers options,*	*Decides partner does not deserve loyalty, whatever others think. May be a precipitating crisis.*	*Continues to feel justified in leaving or requiring partner to change. Some guilt re: family or community response.*
Issues about Health					
Feelings	*Avoids/denies own negative feelings.*	*Avoids all feelings to protect self. Numb, overwhelmed.*	*Can name feelings and need for self esteem. High fear, anxiety.*	*Begins to recognize anger. Channels feelings into actions.*	*Continues to have negative feelings. Accepts loss & uncertainty has hope*
Mental distress	*Stressed, possibly depressed & confused. May have PTSD.*	*Stressed/depressed, etc. May dislike self & have other symptoms. If PTSD worsens*	*High anxiety, panic attacks, Fantasizes murder. Fears is crazy. If PTSD, intolerable*	*Senses can gain control of "out of control "feelings. If PTSD, causes higher stress*	*Continues to acknowledge & cope with stress. Mental health improves. If PTSD, symptoms rise then recede.*

	Precontemplation (committed to the relationship)	**Contemplation** (committed, but questioning)	**Preparation** (considering change)	**Action** (breaking away)	**Maintenance** (establishes new life)
Issues about Self Strengths and Skills					
Control of money/assets	*Partner knows best how to take care of money. Asks what is spent.*	*Aware lack of personal money a problem. Spending a big issue with partner.*	*Hides money or spending but sees needs as unfair. Considers learn money management.*	*Money, spending and control are shared or separate. More confident can manage money.*	*Continues to know own finances. Equal say in spending and access to money in future*
Life & job skills	*Sees no need own job/income or social connections or to leave*	*Aware of need for separate home if leave. Assesses jobs, possible supports & income.*	*Gains skills, own income/assets. Develops supports. If plans to leave, seeks separate home.*	*Acquires separate home if needed and separates income/assets. Connects with supports*	*Protects separate income/assets (&home if left partner). Actively engages with supports*
Self identity	*Does not see self as separate from relationship. Submissive to partner*	*Loss of self is a sacrifice for relationship, because partner needs her.*	*Struggles to regain lost identity. Feels guilty & mixed up. Increasing self worth.*	*Negative about abusive partner. Vacillates guilt and anger. Channels anger into action.*	*Self identity becomes clear over time. Sees negative and positives in abusive partner and relationship. Less anger.*
Self efficacy: be on her own	*Cannot imaging life without partner q*	*Considers possibility and fearful about being on own*	*Sets goals & takes first steps*	*Acts to met goals, test tolerance: being on her own.*	*Over time increases self sufficiency and independence.*

DVSA Scoring Chart					
Safety		**Score**	**Health**		**Score**
Triggers of abusive incidents?			Feelings		
Managing Partner Abuse			Mental Distress		
Seeking Legal Sanctions					
Accessing Help					
Safety Sub-Total			**Health Sub-Total**		
Culture		**Score**	**Self Strengths and Skills**		**Score**
Attachment			Control of Money/Assets		
Views Relationship and Options			Life & Job Skills		
Managing loyalty to norms and own beliefs			Self identity		
			Self Efficacy		
Culture Sub-Total			**Self Sub-Total**		
			Total Score:		

DVSA Scoring and Stage Assignment

Scoring

- After rating, score a 1-5 with Maintenance as 5
- Halfway ratings score between the two = 1.5, 2.5, 3.5 or 4.5
- Sum scores for all issues rated
- Divide sum by number of issues rated
- Round to the nearest tenths (i.e. 1.55 = 1.6)

Stage Assignment

- 1.0 to 1.5 = 1, Pre-contemplation
- 1.6 to 2.5 = 2, Contemplation
- 2.6 to 3.5 = 3, Preparation
- 3.6 to 4.5 = 4, Action
- 4.6 to 5.0 = 5, Maintenance

APPENDIX I
SHELTER CULTURAL COMPETENCY ASSESSMENT

SHELTER DIRECTOR/STAFF SURVEY
As you read the statements, please keep in mind the needs of the women and children of different racial, ethnic, linguistic, socioeconomic, religious backgrounds, physical abilities, and sexual orientations. Thank you for your time and thoughtful responses.

DIRECTIONS:
Please circle the response that best describes your level of agreement with each statement. If you do not know then mark the box "don't know"

1. **Organizational Environment**

	Statements	*Strongly Agree*	*Agree*	*Disagree*	*Strongly Disagree*	*Don't know*
1	The shelter's vision, mission statements & policies and procedures reflect a commitment to serving women and children of different cultural backgrounds	1	2	3	4	5
2	The shelter's personnel policies reflect a commitment to valuing staff diversity and supporting staff to enhance their cultural competency	1	2	3	4	5
3	There are written policies that support the shelter's efforts to be culturally competent	1	2	3	4	5
4	The location, design and décor of the shelter reflects and affirms the cultural backgrounds of the women and children served	1	2	3	4	5
5	Staff is interested in, and supportive of, cultural diversity within the shelter	1	2	3	4	5
6	The cultural diversity among staff, board and volunteers is reflective of the diversity among people served by the shelter	1	2	3	4	5
7	The shelter has a definition of cultural competence	1	2	3	4	5
8	The shelter's printed materials reflect and affirm the various cultural backgrounds of women and children served	1	2	3	4	5

2. Program Management and Operations

	Statements	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
1.	The shelter has policies against discrimination & harassment	1	2	3	4	5
2.	The shelter enforces its policies against discrimination & harassment	1	2	3	4	5
3.	The shelter's recruitment, interviewing, and hiring processes are supportive of a diverse staff	1	2	3	4	5
4.	The shelter provides ongoing opportunities for learning about and understanding issues related to the cultures of women and children served	1	2	3	4	5
5.	The shelter supports and encourages staff to raise issues arising from cultural differences	1	2	3	4	5
6.	The shelter provides support and education regarding cultural diversity	1	2	3	4	5
7.	The shelter provides designated time for cultural competence/diversity training	1	2	3	4	5
8.	The shelter facilitates enhanced cultural learning through a variety of means including guest speakers, multicultural events, etc.	1	2	3	4	5

3. Outreach & Community Involvement

	Statement	Strongly Agree	Agree	Strongly Disagree	Disagree	Don't Know
1.	The shelter consults community representatives of different cultural backgrounds when developing new programs for women from diverse cultural backgrounds	1	2	3	4	5

4. Service Delivery

	Statements	Strongly Agree	Agree	Strongly Disagree	Disagree	Don't Know
1.	The shelter promotes an awareness of multicultural activities available in the community	1	2	3	4	5
2.	The shelter welcomes community healers to provide additional support to women and children served.	1	2	3	4	5
3.	The shelter encourages staff to become aware of their own culture and provides opportunities for staff discussions		2	3	4	5
4.	Shelter staff understands and respects the language, beliefs and cultural practices of the women and children residing in the shelter.	1	2	4		5
5.	Shelter staff is encouraged to openly discuss cultural differences and influences with the women served.	1	2	3	4	5
6.	The shelter encourages women to examine their own cultures and the cultures of their peers and to develop their own appreciation of diversity	1	2	3	4	5
7.	The shelter considers cultural implications of various options when making decisions about services provided to women and children	1	2	3	4	5
8.	The shelter values feedback on its services and its cultural competency from the women served	1	2	3	4	5
9.	The shelter staff strives to become aware of the cultural backgrounds of the women and children served and this knowledge is integrated into the delivery of service. Information about women and children's cultural backgrounds is clearly documented in women's files.	1	2	3	4	5

Overall, on a scale of one to ten (ten being the highest or most competent) rate the current cultural competency of the shelter that you work in.

1   2   3   4   5   6   7   8   9   10

CASE SCENARIO – PART A

Ameera is a 26-year-old woman from the Sudan who came to Canada from Eritrea. She calls the domestic violence program after the hospital psychiatric doctor (who she had been seeing earlier) urged her to call. She had come in after attempting to overdose herself. She also had injuries and bruises. She tells the counselor that there is nothing wrong and things will be fine as it has always been in Egypt. She wants to know if the counselor can talk to Abdul, her husband to stop the nonsense. The counselor declines and Ameera hangs up.

Questions

1) What are some of the assumptions to be made in the case and her culture?
2) Why does Ameera not want to leave Abdul?
3) What are some other questions, concerns and issues that arise for you?

CASE SCENARIO – PART B

It is six months later. Ameera calls the shelter urgently and says she needs space for herself and her two kids right away. She is afraid that she is going to be arrested because Abdul has just been arrested and is now in jail. She is afraid that they are both going to be sent back. She is frantic and demands space. The shelter program is able to accommodate her. She comes into the shelter with two of her children aged 6 and 9 years of age.

Ameera has been abused by Abdul for as long as she has known him, which is 11 years. She worked two jobs and was not allowed to learn English. But over the years she has picked up some English that allows her to manage. Things were alright for a while but worsened after the birth of the youngest child who Abdul suspected had a different father. She reminds the advocate that she had called the shelter a few months back after a particularly bad assault. At that time, the hospital social worker had referred her to the shelter because Ameera had several bruises, a broken wrist and had told that worker that she had recurring nightmares. She HAD spoken with a counselor at the shelter after being **strongly urged** by her doctor to call. She said at that time she was unwilling to leave him but wanted the counselor to talk to her husband and exhort him to change his behavior. The counselor told her that they could not do that and she hung up. *She is very afraid that the state will take away her 6 and 9 year old kids.*

Three days after she comes to the shelter, you find out from another bi-lingual advocate that Abdul was arrested for dealing drugs. She is afraid that he is going to implicate her as he did once before.   You also learn that Ameera has two younger children aged 2 and 3 who were removed by Child Protective Services, the night that Abdul was arrested.

Ameera has been "troublesome" ever since she arrived at the shelter. She was a model client the first day she was in the shelter. After that she does not want to eat, does not change her clothes, and refuses to go out anywhere. She will not shower unless a counselor sits outside the bathroom. Once she can be coaxed to use the shower, she takes a long time irritating all the residents. These other residents are complaining that Ameera is not doing what she is supposed to do. All her assigned chores come at a time when she has to pray. You also find out that she has been "sneaking out" and meeting Abdul around the corner from the shelter. You also find out that she is on Paxil but does not take it consistently. She also refuses to go to the hospital to see her doctor because she feels that everyone is pressuring her to leave Abdul when all she wants is to go get back with him.

Questions

1) What are the main advocacy issues that arise for you?
2) What are some personal feelings that come up for you as you learn more about Ameera's life and issues?
   - Where do you get stuck?
   - Where do you feel inadequate?
   - When do you feel that you are getting judgmental?
   - What do you do with your internal conflicts?
3) What information/and or support would you provide her in response to her fears?
4) What are the cultural competency issues that arise and how do you think you can deal with them?
5) Do you think the counselor was right to refuse to talk to the batterer?
6) What other questions and concerns arise for you?
7) What are the major risks that Ameera is facing? How would you advocate for
8) Ameera for any two of the risks you outlined?

CASE SCENARIO – PART C

You also find out that Abdul has sexually assaulted the older daughter. Ameera knows about this but thinks it is OK since Abdul then leaves her alone and does not rape her. She does not understand what the fuss is all about as this is part of her culture. She tells you that it is important that people suffer since God intends it to be that way and praying will resolve all issues.

Questions

1) What are some personal feelings that come up for you as you learn more about Ameera's life and issues?
    - Where do you get stuck?
    - Where do you feel inadequate?
    - When do you feel that you are getting judgmental?
    - What do you do with your internal conflicts?
2) Is the situation worse for you now personally than in the previous situation? What additional risks is Ameera faced with?
3) How would you phrase new questions for Ameera, particularly if you are angry, frustrated, fearful or not sure you can trust her? What difference does it make?
4) What are the issues that come up for you? How would you deal with the issue of sexual assault being part of the culture?

CHALLENGES FOR COLLABORATION

Thinking about the same scenario let us look at the challenges that Ameera's circumstances pose at the level of collaboration:

1) What are the cultural competency issues that are brought to bear in this case at the level of collaboration?
2) Would collaboration be useful or counterproductive?
3) What would the limits be?
4) Who else is not at the table now? How can you bring them on board?
5) Would advocating for Maria threaten any existing relationships? If so how and why? What can you do to minimize the impact for Ameera, Abdul and the kids?
6) What territorial issues arise for all of you?

Women's Shelter Exit Survey
Satisfaction Items – Part 1

The following 10 questions are asked by the Office for Prevention of Family Violence. If a client chooses not to complete a question, please leave the response blank and go on to the next question. These questions are required for the PFC project.

1. How long was your stay in the shelter on this visit?

   ○ 0 to 7 days ○ 8 to 14 days ○ 15 to 21 days
   ○ over 21 days

2. Often, women visit a women's shelter a number of times to be safe from their abuser. Including this stay, how many times have you ever stayed in a shelter for abused women?

   ○ This is my first time in the shelter
   ○ Between 2 and 5 times
   ○ Over 5 times

3. During my shelter stay, I felt safer from my abuser.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

4. As a result of my shelter stay, I know more about where to go for legal information and support.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

5. As a result of this shelter stay, I know more about services in the community where I can get help for the children in my care.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

6. As a result of this shelter stay, I know more about the services in the community where I can get help for myself.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

7. As a result of this shelter stay, I know more about signs of an abusive relationship.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

8. As a result of this shelter stay, I know more about the effect abuse has on the children in my care.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

9. As a result of my shelter stay, I know more about the effect abuse has on me.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

10. As a result of my shelter stay, I am more able to keep myself (and the children in my care) safer from abuse.

    ○ Strongly Disagree   ○ Disagree   ○ Agree
    ○ Strongly Agree ○ Not Applicable

Practical Frameworks for Change: Part 2
Additional Satisfaction Items

The following 9 questions were added specifically for the purposes of the PFC project. If a client chooses not to complete a question, please leave the response blank and go on to the next question.

1. The staff were friendly and approachable.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

2. I felt safe sharing my experiences with my counselors.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

3. The staff were sensitive to my culture.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

4. The services were sensitive to my culture

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

5. I am satisfied with the services I received during my shelter stay.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

6. As a result of my shelter stay, I know more about where to go for information and support with custody and access for my children.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

7. As a result of my shelter stay, I know more about where to go for information and support with legal protection.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

8. As a result of my shelter stay, I know more about where to go for information and support with health care issues for myself.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

9. As a result of my shelter stay, I know more about where to go for information and support with health care for my children.

   ○ Strongly Disagree   ○ Disagree   ○ Agree
   ○ Strongly Agree ○ Not Applicable

Women's Shelter Exit Survey 2003 – Part 3
Return to Partner

The following four questions are asked by ACWS and are required for the purposes of PFC project. The first two concern a woman who has stayed at a women's shelter in the past. If a client chooses not to complete a question, please leave the response blank and go on to the next question.

1. If you have stayed at a shelter in the past, did you return to the same relationship?
○ Yes   ○ No

2. If yes, did you return because of (check all that apply):

   ○ lack of affordable housing
   ○ my family
   ○ lack of long-term housing
   ○ I still had hope for the relationship
   ○ lack of money
   ○ fear

The following two questions concern where a woman will be going after this most recent shelter stay.

3. Are you returning to the same relationship?
○ Yes   ○ No

4. If you answered "Yes" to question 3, than answer the next questions.
   Are you returning because of (check all that apply):

   ○ lack of affordable housing
   ○ my family
   ○ lack of long-term housing
   ○ I still have hope for the relationship
   ○ lack of money
   ○ fear