Alberta Council of Women's Shelters

Second-stage Shelter Project:

Transitioning from Domestic Violence to Stability

Project Report for the Canadian Women's Foundation
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1. INTRODUCTION

Second-stage shelters are safe, longer term (6 months to 2 years), apartment-style residences that are part of the spectrum of domestic violence support and housing services that includes emergency and second-stage shelters, outreach services, and domestic violence housing first services. Second-stage shelters often bridge the transition between an emergency shelter and a woman living on her own. Some women who access second-stage shelter do so directly, representing their first experience of a woman's shelter service. Second-stage shelters provide wrap-around services critical to meeting the needs of abused women and their children. There are twelve second-stage shelters in Alberta. Out of the twelve shelters, five are in urban areas (Edmonton and Calgary), and the other seven are in towns and small cities throughout the province. Seven of Alberta's second-stage shelters are run by sheltering organizations that also operate emergency shelters.[1]

One of the issues challenging the work of the second-stage shelters is the lack of clarity associated with how the term "second-stage shelter" is defined and understood by different audiences, including funders and the general public. This is less of an issue for the work that the shelters actually do, but more of a problem for these agencies in accessing long-term funding. Government and other funding sources use multiple definitions to help define the different types of housing that are available and those definitions guide the existing funding envelopes. However, these definitions are written primarily to describe the needs of homeless men and do not reflect the gendered nature of homelessness as experienced by women fleeing domestic violence. The definitions also do not describe the way in which different types of women's shelters work together to provide a spectrum of services required to address the full complexity of women's needs and the safety and security they may require.

The Second-stage Shelter Project describes the work of the second-stage shelters so their work can be understood and appropriately placed within the spectrum of domestic violence and housing services. The project goals are to
- establish a process for collective outcome measurement in Alberta second-stage shelters to support shelter efforts to secure core funding
- improve shelter services, and
- increase funding accountability.

Alberta Council of Women's Shelters along with sixteen of its member organizations are working together to collectively develop strategies that will promote common understanding of and support for second-stage shelters in Alberta and specifically to:

- Develop key messages necessary to support second-stage shelter funding (including messaging to the government, funding sources and the community) (see Letter to MLA and Backgrounder, Appendix A);
- Support collective public education and awareness efforts with respect to second-stage shelter services and women in those shelters;
- Develop appropriate terminology and service description to appropriately place second-stage within the spectrum of domestic violence and housing services (see Literature Review);

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[1] Alberta also has two shelters that specialize in services to meet the needs of older adults who have been abused. These also provide longer term stays than what has traditionally been seen in women's emergency shelters and also offers a host of services and community supports.

- Develop and adjust as necessary a logic model guiding data collection and accountability of second--stage shelters in Alberta (Appendix D);
- Gather data in accordance with the logic model parameters (see Section III);
- Review data aggregated by ACWS and provide advice with respect to data collection, analysis and reporting based on these data (see Section III); and,
- Support applications for funding on behalf of Alberta's second--stage shelters (see Staffing Models, Appendix C).

To this end the Second --stage Shelter Project included the following components:

1. Nine monthly meetings with second--stage Shelter Directors took place between August of 2013 and June of 2014.
2. The group's Terms of Reference (Appendix B) were created to inform the development of the logic model, the tools and the next steps for second--stage shelter work.
3. A presentation to the 2013 National Conference on Ending Homelessness (October 28th to 30th, 2013). This presentation included the literature review and interviews with shelter directors which informed development of this project.
4. An updated recommended staffing model for second--stage shelters building our earlier work outlined in the document Second Stage Shelters: Closing the gap, *A practical guide for communities* (2008). This updated model, submitted to Human Services in December 2013 responded to their request to support the development of a government model for second--stage shelter funding (Appendix C).
5. The Second--stage Shelter Literature Review summarizes key research with respect to women and children who are homeless or at risk of homelessness because of domestic violence. The review describes the unique experiences of these families and provides recommendations to help abused women and their children become housed. The review contributed to the development of the second--stage shelter Logic Model, informed data collection approaches and tools and was used in crafting key messages for communication, public education, awareness and fundraising efforts (Section II of this report).
6. The Second--stage Shelter logic model describes components of shelter work, including inputs, women and children who receive shelter services, activities or outputs and desired outcomes. The logic model also provides direction for the parameters of second--stage shelter data collection, including data collection tools and methods (Logic Model is attached in Appendix D followed by Tool Description in Appendix E).
7. Second--stage shelter data was gathered and analyzed to quantify second--stage shelter work and outcomes and finalize a collective plan to aggregate second--stage data for use in service improvement, accountability and fund development efforts (Section III of this report).

Participating Organizations

The project involved sixteen ACWS member organizations that either currently deliver second--stage shelter services, t plan to deliver such services or deliver similar services (e.g., domestic violence housing first, third stage shelter). Those organizations represented all regions of Alberta and included:

North
- Fort McMurray Family Crisis Society (Operational second--stage)
- Bigstone Cree Nation Women's Emergency Shelter (Operational second--stage)

- Sucker Creek Emergency Women's Shelter (Operational second-stage)
- Hope Haven Society (Operational second-stage)
- Grande Prairie Women's Residence Association (Second-stage building underway)
- Dr. Margaret Savage Crisis Centre Society (Operational second-stage)
- St. Paul & District Crisis Association (Second-stage planning underway)

Central
- Wings of Providence Society (Operational second-stage)
- Catholic Social Services (Operational second-stage)
- Central Alberta Women's Emergency Shelter (Second-stage planning underway)
- Lloydminster Interval Home (Operational second-stage)

South
- Brenda Strafford Centre for the Prevention of Domestic Violence (Operational second-stage)
- Discovery House Family Violence Prevention Society (Operational second-stage and housing first initiative)
- Sonshine Community Services (Operational second-stage)
- YWCA of Calgary (Women's transitional housing operational and housing first initiative)
- Medicine Hat Women's Shelter Society (Operational second-stage and housing first initiative)

2.   LITERATURE REVIEW

2.1   Introduction

The Alberta Council of Women's Shelters and sixteen of its member organizations engaged in a Second-stage Shelter Project to collectively develop strategies that will promote common understanding of and support for second-stage shelters in Alberta. To this end, the project participants are working together to:

- Develop key messages necessary to support second-stage shelter funding (including messaging to the government, funding sources and the community);
- Support collective public education and awareness efforts with respect to second-stage shelter services and women in those shelters;
- Develop appropriate terminology and service description to appropriately place second-stage within the spectrum of domestic violence and housing services;
- Develop and adjust as necessary a logic model guiding data collection and accountability of second-stage shelters in Alberta;
- Gather data in accordance with the logic model parameters;
- Review the data aggregated by ACWS and provide advice with respect to data collection, analysis and reporting based on these data; and
- Support applications for funding on behalf of Alberta's second-stage shelters.

Second-stage shelters provide safe, transitional housing with client-centered, supportive programs for six months or more, in order to give a woman the necessary time to begin healing from the physical and emotional wounds of an abusive relationship, to find counseling as well as a job or educational opportunity. They provide wrap-around services and a safe home for her and her children (Alberta Council of Women's Shelters, 2012).

One of the issues challenging the work of the second-stage shelters is the lack of clarity associated with how the term "second-stage shelter" is defined and understood by different audiences, including funders and the general public. This is less of an issue for the work that the shelters actually do, but more of a problem for these agencies in accessing long-term durable funding. Government and other funding sources use multiple definitions to define the different housing types available and these definitions guide the existing funding envelopes (see Attachment A). However, these definitions were written primarily to describe the needs of homeless men and do not reflect the gendered nature of homelessness as experienced by women fleeing domestic violence. The definitions also do not describe the way in which the different types of women's shelters work together to provide a spectrum of services required to address the full complexity of women's needs nor do they account for the security that may be required.

This literature review is compiled to support the work of the Second-stage Shelter Project. It summarizes key research with respect to women and children who are homeless or at risk of homelessness because of domestic violence. The review describes the unique experiences of these families and provides recommendations to help these women and children become housed. The review is expected to contribute to the development of the Second-stage Shelter Logic Model, inform data collection approaches and tools and assist in crafting key messages to be used in communication, public education, awareness and fundraising efforts.

2.2 Women and Homelessness

A homeless person is most commonly described as a man with mental health or substance abuse issues. However, research over the past decade has documented the changing demographic profile of Canada's homeless population, which is increasingly comprised of women, families, youth and children (Tutty, et al, 2009; DeCandia, 2013). Women, in particular, have been identified as among the fastest growing groups in the homeless and at-risk population (Bopp, 2007). Today women make up a much greater proportion of the homeless population – almost half of all people using emergency shelters and temporary housing are women as compared to about 3% of the homeless during the 50s and 60s (Tutty et al, 2009; YWCA, 2010). Furthermore, when compared to other population groups, the number of families headed by women has seen the sharpest increase in homeless shelter use (Gaetz, 2013). Because women tend to access homeless services less frequently than men, because women's shelters are not always included in homeless counts, and because shelter counts do not include those who are "hidden homeless" or those who are living in inadequate or unsafe housing conditions, it is likely that these statistics do not reflect the full extent of the problem (Tutty et al, 2009).

Domestic violence is one of the main causes of homelessness among Canadian families (Baker et al, 2010; Ponic and Jategaonkar, 2010). In the United States, more than 80% of homeless mothers had previously experienced domestic violence (Partnering for Change, 2013). Canadian research indicated that 29% of the absolutely homeless women and 37% of the relatively homeless women were fleeing abusive partners (Cairns and Gardiner in Tutty et al, 2009). Fleeing an abusive partner is not only a factor in women becoming homeless but also influences their continued homelessness, because it is unsafe to return home to a partner or live in a place that the abusive partner may be able to find and access (Tutty et al, 2009).

The UN's Special Rapporteur on adequate housing as a component of the right to an adequate standard of living reported in 2007 that "The lack of adequate and secure housing particularly impacts women who are disproportionally affected by homelessness, the issue of affordability, violence and discrimination in the private housing rental market" (United Nations, 2007).

2.3   Special Considerations for Housing Women Fleeing Domestic Violence

Gender differences and particularly the experience of intimate partner violence must be considered when supporting women who are homeless. The literature describes multiple systemic and interconnected barriers that women face and how they are compounded by current housing, employment and policy contexts (Ponic & Jategaonkar, 2010). Their experience results from a complex interaction of factors, many of which go beyond the shortage of housing (Bopp, 2007). The review of the literature helped identify several important considerations for housing women and children fleeing domestic violence that make their circumstances unique and that require different approaches and service considerations.

Safety and Security

The search for safe, stable housing often takes place in the shadow of an abusive, controlling partner/ex-partner. Life circumstances and time may decrease the level of threat, but it rarely goes away completely. Sabotage by an abuser may greatly impact a survivor's efforts to find and maintain employment and housing (O'Connor, 2006).

The choice in type of housing and location must be guided by the safety of women. For many women the need for safety, protection and support combined with safe accommodation is essential to escape from violent ex partners, gangs, human traffickers, or other family members as is often the case with immigrant women. Women and their support workers consistently describe the severe levels of threats, violence and intimidation that women experienced, lasting for years after the separation (O'Connor, 2006; Homes for Women, 2013). Many studies show that a woman is at elevated level of risk when she makes the decision to leave a violent relationship. For example, between 70% and 80% of women in Alberta shelters are in "serious to severe" range with respect to risk of femicide (Cairns & Hoffart, 2009). Community housing that does not include appropriate safety measures (e.g., security systems, secure neighbourhoods, restricted access) may not be appropriate, particularly for those women who are at risk for severe physical violence (Jategaonkar & Ponic, 2011).

Physical and Emotional Health

Many women fleeing domestic violence face serious health issues related to physical health, trauma-related symptoms such as depression, anxiety, suicidal ideation and stress as well as addiction issues and mental health issues related to their experience of violence (Jategaonkar & Ponic, 2011; Tutty et al, 2009; Bopp, 2007; Liska, 2010; DeCandia, 2013) . According to the Women's Health Effects study, 82% of women in shelters have at least one active medical diagnosis, 33% experience chronic disabling pain, 58% have high level depressive symptoms and 48% have symptoms of PTSD (Stoops, 2013). Many of the physical and psychological health effects of violence have long-term consequences that may persist long after the woman has left the violent relationship (Jategaonkar & Ponic, 2011; Ponic & Jategaonkar, 2010).

The recent SHIFT study also shows that 93% of homeless mothers have experienced at least one trauma related to their experience of domestic violence; 81% experienced multiple traumas, and 79% were traumatized as children. Trauma is often linked with PTSD, depression, and substance use disorders. Compared to the overall female population, homeless mothers have three times the rate of PTSD, at least four times the rate of major depressive disorders, and twice the rate of substance use disorders.

These disorders compromise their ability to form safe and trusting relationships, work consistently and parent effectively (Hayes, Zonneville & Bassuk, 2013). Women who experience intimate partner violence and who are also homeless and have mental illness are also less likely to access or receive needed services (Ponce, Lawless & Rowe, 2012.)

Health can also be impacted by homelessness or inappropriate housing (Thurston et al, 2013a; Tutty et al, 2009, Jategaonkar & Ponic, 2011; Ponic & Jategaonkar, 2010; Bopp, 2007). Poor housing has a role in transmission of infectious diseases, as well as general chronic sickness. Unaffordable housing also leads to poor nutrition and thus poor health because a high proportion of income has to be devoted to housing costs rather than food (Jategaonkar & Ponic, 2011).

The negative impact of violence on health compromises the ability to both seek and find housing after leaving. Housing options that are available may not be appropriate for women's specific health conditions and injuries and may act as barriers to housing access (Jategaonkar & Ponic, 2011; Ponic & Jategaonkar, 2010; Bopp, 2007). The process of actively seeking housing is also made more difficult by mental health issues such as poor mental health in general and specifically depression and anxiety (Jategaonkar & Ponic, 2011; Thurston et al, 2013a).

<u>Children and Mothering</u>

As noted earlier, increasingly more families headed by women are becoming homeless, and many of them have children under the age of 18 (Gaetz, 2013; Tutty et al, 2009). Domestic violence shelter experience is similar: about two-thirds of the women admitted to women's shelters in Alberta are accompanied by children and almost two-thirds of them of preschool age (Hoffart & Cairns, 2012).

Domestic violence has profound and significant impact on children who are exposed to or experience violence. It is particularly harmful for preschool children, as the first five years of life are the most vulnerable developmentally, including substantial brain growth and development. The impact of trauma on brain development in the first five years, if untreated, can be devastating and life-long and has very serious social consequences, having physical, cognitive, social and emotional impact (Clark, 2011).

Exposure to domestic violence also increases considerably the likelihood that children will experience multiple other forms of maltreatment. According to Anda (et al, 2010), one in every two children whose mother was abused will also experience over five additional forms of abuse, neglect or household dysfunction, and almost all of those children – 95% of them – will experience at least one other form of abuse or neglect. Similarly to their mothers, homeless children are also traumatized by the experience of domestic violence and, as a result, face multiple interrelated issues, including academic challenges, health issues, child welfare involvement and behavioural problems (Hayes, Zonneville & Bassuk, 2013).

Parenting is also impacted when mothers are depressed and traumatized, particularly when this is a result of domestic violence. Traumatized mothers report lower parenting effectiveness and more insecure attachment to their children, and children who had been victims of domestic violence interact less positively with their mothers – they show less focused attention, less positive affect, fewer verbal interactions, and less proximity (Levendosky et al, 2003). A recent evaluation of the Alberta Council of Women's Shelters Children's Project found elevated parenting stress levels among mothers in emergency and second-stage shelters (Hoffart & Cairns, 2013).

Concerns with maintaining custody of their children adds another important element to consider when working with families fleeing violence. Mothers who are homeless or living in poverty are faced with a policy paradox in that secure housing is often a condition of maintaining custody; yet having custody is a requirement for obtaining social housing (Jategaonkar & Ponic, 2011).

<u>Poverty and Lack of Affordable Housing</u>

Regardless of their income prior to leaving, many women leaving violent relationships have limited finances available to them (Jategaonkar & Ponic, 2011). They are often leaving a relationship where the abuser attempts to control her activities, making it less likely that she will work. Physical injury and traumatisation also prevent women from working. Those women who have pre-school age children also have challenges managing child care and employment responsibilities. Efforts to escape domestic violence can in themselves result in loss of job, housing, healthcare, childcare, and access to a partner's income – in fact, past exposure to domestic violence has been shown to be linked to future unemployment and poverty for women (Stoops, 2013; Baker et al, 2010; Walby, 2004).

Many of these women have to rely on social assistance or employment at minimum wage in order to support themselves and their children. However, social assistance entitlements often do not match the cost of housing and other living expenses (United Nations, 2007). Alberta, in particular, has the lowest social assistance rates in Canada for a single parent with children and those rates are not sufficient to cover the average rental prices [2] (Edmonton Social Planning Council, 2012).

Poor credit histories, lack of references from landlords, discrimination by landlords, and inadequate income are all barriers that women fleeing domestic violence face in obtaining long-term housing stability (Homes for Women, 2013; Jategaonkar & Ponic, 2011). Oftentimes the types of housing the women are able to access is inadequate (i.e., in need of major repair), unsuitable (e.g., lacking in appropriate number of bedrooms), unaffordable (i.e., costing 30% or more of their household income), or unsafe (i.e., facing threats and harassment from landlords) (Jategaonkar & Ponic, 2011; Ponic & Jategaonkar, 2010). In many areas, and particularly in rural or remote locations, housing and services are in short supply (Homes for Women, 2013).

Lack of appropriate long-term, affordable and safe housing, lack of money, credit or a job and lack of available community resources force women to return to an abusive partner (Jategaonkar & Ponic, 2011; Stoops, 2013; DeCantia, 2013) or prevent them from being housed within a short period of time from leaving a violent relationship (Jategaonkar & Ponic, 2011; Ponic & Jategaonkar, 2010). In an Alberta Council of Women's Shelter study, over half of the women in emergency shelters returned to the abusive partner – 42% because of lack of affordable housing and 45% because of the lack of money (Hoffart & Cairns, 2011).

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[2] In Alberta, the average rent in October 2013, was $1,158 for a two bedroom apartment, while the amount a woman with one child on social assistance is allowed is $546 for private housing, and $212 per month for social housing + the actual costs of electricity up to the maximum for private housing. She is also provided $387 for all other incidentals (food, clothing, transportation, etc) (Alberta Human Services, 2013).

Legal Considerations

A research report conducted by the Centre for Public Legal Education in Alberta and the University of Alberta (2014) highlights multiple legal considerations that play a significant role in homelessness of women and children fleeing domestic violence. These legal considerations serve to make women's efforts to remain safe as well as to locate and maintain housing more complex, as summarized in some examples below.

- The woman may be discouraged from calling the police when abuse takes place for fear of being evicted – landlords may do so because of the noise complaints or presence of the police may be used as grounds for terminating a lease. She may also be evicted because of the damage caused by the abuser and then be the one held responsible for covering the costs of the damages.
- Oftentimes physical abuse is combined with financial abuse and many victims maintain financial obligations with respect to bills historically accumulated, while the abuser is in control of the family assets. As a result the victim may be responsible for covering any bills, including overdue rent or damages incurred by the abuser but she is not able to access the funds she needs. This situation does not only leave the victim without a place to live but results in a bad credit rating that makes future housing search more difficult.
- She may also have significant difficulties accessing social housing – she may not qualify for such housing due to the existence of matrimonial assets. However, in many instances victims are not able to access those assets because they are in abuser's control and neither do they have sufficient funds to retain legal counsel to assist her to access those funds.
- A victim may need to obtain an Emergency Protection Order (EPO) or other types of restraining orders preventing the abuser from contacting the victim. Victims may obtain help with the EPO from Legal Aid Alberta, but the income guidelines may again act as a barrier for service access.

The report concludes "that the current law, policies, and practices regarding residential tenancies in Alberta contribute significantly to the continuation and escalation of domestic violence, and to the homelessness of its victims". It provides multiple recommendations for alleviating the legal situation of women and children fleeing domestic violence, that are consistent with the directions discussed elsewhere in this paper. The recommendations include, for example a call on all levels of government to support the development of multiple non-market housing options including emergency, second-stage ('phased') and social housing; a need for increased financial assistance for the victims of domestic violence; changes in laws and policies that govern housing; access to wrap-around services for the victims; domestic violence training for legal and other professionals and more public education initiatives.

Considerations for Immigrant and Refugee Women

A third or more of the urban women in domestic violence shelters have immigrated to Canada (Hoffart & Cairns, 2012). While immigrant women and Canadian born women face similar barriers to independent living, the migration process can present additional challenges for immigrant women. For example, immigration status may affect a woman's ability to seek and obtain social assistance, hindering any attempt to leave the situation and furthering economic dependence on the abuser. Immigrant women have significant challenges finding employment and when they do find work, income is still unstable or inadequate – they often work part time or at just under minimal requirements for benefits. Immigration status may also prevent women from accessing police and criminal justice services due to their fear of deportation or racism. Abusive partners or family members may be the woman's sponsors and can use this as a way to exert control and keep women from leaving a violent relationship. Women may also

remain in their relationships out of fear of being separated from their children or their children being taken away by child welfare authorities. Shame about leaving the family unit is a particularly compelling factor for immigrant women, keeping them from seeking emergency services for their injuries or prompting them to attempt suicide (Thurston et al, 2013a; Tutty et al, 2009).

When abused immigrant women do leave, their experience of homelessness is often cyclical and compounded by complex multiple issues. Those factors include language and cultural barriers, knowledge of Canadian systems, custody struggles and legal problems, poverty and sponsorship issues, sexism and racism, isolation, lack of medical coverage and loss of informal supports (Thurston et al, 2013a; Caulford & Andrade, 2012).

Considerations for Aboriginal Women

Aboriginal women make up more than half of the provincial women's shelter population and this proportion rises to almost 70% in Alberta's northern shelters (ACWS, 2012).   Colonial policies and practices, residential schools and the associated marginalization, discrimination and separation from their families have impacted multiple generations of Aboriginal people and resulted, for many, in homelessness, addictions, poverty, a lower health status, family dysfunction and domestic violence (Goudreau & Wabie, 2013; Tutty et al, 2009).

The Ontario Native Women's Association (in Goudreau & Wabie, 2013) suggests that it is not possible to find an Aboriginal woman whose life has not been affected in some way by family violence. In their report, they write, "either as a child witnessing spousal assault, as a child victim herself, as an adult victim of a husband or boyfriend's violence, or as a grandmother who witnesses the physical and emotional scars of her daughter or granddaughter's beatings: we are all victims of violent family situations". General Social Survey on Victimization found that Aboriginal women in general are three times more likely to experience intimate partner violence than non-Aboriginal women. Their experience of violence is also more serious. Aboriginal women are at higher risk for femicide – over half of Aboriginal women in women's shelters are in extreme danger of being killed by their intimate partners (ACWS, 2012).

Currently almost two thirds of Aboriginal women access shelters in rural or remote locations with limited access to financial and community resources (ACWS, 2012f). Due to the Matrimonial Real Property Act if the woman leaves her abusive partner on the reserve she loses her housing and is unable to qualify for her own home[3] (Patrick, 2014; Bopp, 2007; Centre for Development Learning, 2007;Tutty et al, 2009). The lack of housing stock on reserves forces many women to live in overcrowded conditions and what housing exists is often substandard, not meeting basic health standards (Thurston et al, 2013b; Tutty et al, 2009; United Nations, 2007).

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[3] A new Bill S-2, Family Homes on Reserves and Matrimonial Interests or Rights Act, received Royal Assent on June 19, 2013. It provides on-reserve spouses and common-law partners with options, rights and protections previously unavailable to them, including avenues for victims of domestic violence to seek protection. However, it is not yet officially proclaimed and it is uncertain how the new Bill will be implemented and interpreted by individual First Nations once it is proclaimed.

The lack of protection law for women living on a reserve constitutes one of the greatest barriers to their enjoyment of the right to housing and a life free of violence, especially when this barrier is considered in the context of the high risk for femicide among Aboriginal women. For example, since 2011, when a legislative change gave First Nations the ability to file human rights complaints against First Nations governments, there have been 225 complaints to the Canadian Human Rights Commission against First Nations governments on issues including housing on reserves. (United Nations, 2007; Woods, 2013).

The Native Women's Association of Canada (NWAC) points out that the experience of homelessness is different for Aboriginal women than for others. There are more women among the Aboriginal homeless population than are found in the non-Aboriginal population. In the Greater Vancouver Regional District, for example, 35% of the Aboriginal homeless population is female, compared to only 27% among the non-Aboriginal homeless population. Despite these higher proportions of Aboriginal women in the homeless population, services and programs are more oriented towards the male population. The availability of emergency beds and other services for Aboriginal women are limited even in the largest cities. In smaller cities and towns, services targeting homeless women are sometimes so constrained as to be virtually non-existent (NWAC, 2007).

Some women ultimately decide to go off reserve to meet their basic needs and to gain a measure of safety from their abusive partner. Thurston (et al, 2013b) suggests that we should expect continuous relocation from reserves to cities over the next several years with fewer women moving back to the reserves. When women move off reserve, they often face issues of racism, discrimination and a general lack of cultural sensitivity in services that they seek to access (Patrick, 2014).

Considerations for Women in Remote or Rural Communities

Canada's northern and rural communities have special characteristics that contribute to high rates of homelessness in general, as well as among women in particular: remote geography, underdeveloped infrastructure, a harsh climate, a small population base, a high cost of living and limited employment opportunities, the high cost of labor and materials needed to increase housing stock, as well as high rates of social issues such as addictions, domestic violence and intergenerational dependency on income support (Bopp, 2007; Wickham, 2013).

Women who live in remote or rural Canadian communities and are abused by their partners tend to have few support or housing alternatives since shelters or other needed services are more difficult to access. There is limited housing available, and what is available is not always affordable or safe. Lack of access to transportation makes leaving and service access even more difficult. Maintaining confidentiality or anonymity is also a challenge in these small communities (Novac, 2006; Tutty et al, 2009, Ogden, Wyllie, & Weaver-Dunlop, 2006; Whitzman, 2006). Aboriginal women make up over 70% of rural shelter population and these issues are further compounded for them by the impacts of colonization and racism (Wickham, 2013).

Because of the distances involved and lack of services or housing, women in rural areas must often leave their home communities and support systems if they wish to access formal services (Tutty et al, 2009; Bopp, 2007; Whitzman, 2006). For those who remain, what few programs are available must compensate for lack of services and supports with very limited budgets.

2.4   Housing Options for Domestic Violence Survivors

Few options are available to women when they are not able to remain in their homes or communities because of the abuse. These options range from short-term emergency shelters, to transitional housing, to second-stage shelters, to permanent or subsidized housing. The description below is not intended as an exhaustive review of these options, but as a brief summary of the selected housing alternatives particularly as they relate to housing women fleeing domestic violence (see Appendix F for detailed definitions as provided by the Alberta Interagency Council on Homelessness).

Short-Term Housing Options

Short-term emergency shelters offer a safe facility, often with a confidential location and a 30 to a 60 day stay with services including safety planning, emotional support and linkages with necessary resources. Many studies show that women benefit from these shelters, however, shelter space is inadequate and, while it provides an opportunity to escape a violent situation, it may not be long enough to support necessary transition to stability (Tutty et al, 2009; Baker et al, 2010). For example, the Women's Emergency Shelter Program Review (2006) reported that the greatest challenge clients face while in the short-term emergency shelter is the communal living environment, followed by the unmet need for one-on-one staff support and safety concerns. Additional challenges included restrictions on length of stay, and insufficient programming for children.

When women's emergency shelters are full, some single women access regular homeless shelters. Those shelters may be more available, but they do not provide the same safety options, may mix men and women, are not appropriate for women and children, may not accept victims of domestic violence, and require that women leave during the day, making them more vulnerable and unsafe (Olsen, Rollins & Billhardt, 2013; Baker et al, 2010, Tutty et al, 2009). Women can also stay in motels or hotels, however, their access to supports and services when they stay there may be limited, they may be isolated and location may be easily identifiable by the abuser (Baker et al, 2010).

Housing First Approach

Women could also attempt to access subsidized housing options, however these are not available in many communities, some have very long waiting lists, may not be affordable for many women and are often associated with restrictive eligibility rules (e.g., access barriers for women with poor credit or rental history). Safety and isolation considerations are issues in subsidized housing as well and there are no domestic violence specific interventions available, such as safety planning, advocacy and referrals to other services (Jategaonkar & Ponic, 2011).

In recent years, the "Housing First" approach has emerged as an innovative response to homelessness. The basic underlying principle of this approach is that people are better able to move forward with their lives if they are housed. The five core principles of Housing First include: no housing readiness requirements, choice for clients in the type and location of housing, individualized choice of supports and services, harm reduction and social and community integration (Gaetz, 2013; National Network to End Domestic Violence, 2014).

Housing First has been shown to be effective in housing and maintaining housing for single adults with mental illness and substance use issues in urban locations where there is ample rental housing stock. However, there is no "best practice" evidence in the form of randomly assigned longitudinal studies on families, youth, those with primary addictions, those coming from a period of incarceration, and those with diverse ethnic and indigenous backgrounds. (Waegemakers Schiff & Rook, 2012). Furthermore, Housing First initiatives are usually limited to urban areas (e.g., the 7 Cities on Housing and Homelessness Project in Alberta; or federal At Home/Chez Soi project focusing on 5 Canadian cities), while there are many women who are homeless and who live in rural areas and smaller towns (Bopp, 2007; Wickham, 2013).

Domestic Violence Housing First (DVHF) approach has also been developed to specifically meet the needs of women who are homeless because of domestic violence. This approach has four key service components: tailored services/mobile advocacy, housing search support, landlord education and temporary financial assistance (Stoops, 2013; Washington State Coalition Against Domestic Violence, 2013; National Network to End Domestic Violence, 2014). Several DVHF programs have been documented, and, while these are not randomized studies such as those targeting chronically homeless, they show some promising results towards ending homelessness for women fleeing domestic violence(Homes for Women, 2013; Stoops, 2013; Washington Stage Coalition Against Domestic Violence, 2013).

Transitional Housing and Second-stage Shelters

Transitional or supportive housing offers to homeless clients a time-limited stay, with services and supports available on-site in a structured, place-based environments. These are facility-based housing programs that are often set up as separate apartments for which residents pay rent and receive a variety of different services such as counseling, job search programs and case management (Transitional Housing Toolkit, 2014).

Second-stage shelters are similar to transitional housing options but they are dedicated specifically to women and children fleeing domestic violence (Baker et al, 2010; Tutty et al, 2009). Second-stage shelters are safe, longer term (6 months to 2 years), apartment-style residences that are part of the spectrum of domestic violence and housing services that includes emergency and second-stage shelters, outreach services, and domestic violence housing first services. Because second-stage shelter residents includes women with children, women with significant mental health and addiction issues cannot always be admitted, and the residents have to follow certain rules and policies, including curfews, chores and mandatory participation in services, as well as exclusion of alcohol or drug use on shelter premises (Baker et al, 2010; Alberta Council of Women's Shelters, 2008).

Broadly speaking, the goal of second-stage shelters is to support women and children establish an independent life free of violence, become economically self-sufficient, obtain stable and affordable housing, develop independent living skills and prevent future exposure to domestic violence (Alberta Council of Women's Shelters, 2012b). Second-stage shelters address needs that cannot always be met by short-term emergency shelters or in the community. They provide secure facility with 24-hour staffing as well as individualized, intensive case management and wrap-around services for both mothers and their children.

2.5   Next Steps for Housing Survivors of Domestic Violence

Broad Spectrum of Housing Options

There will not be one single approach that can address all of the different needs of women and children fleeing domestic violence. Researchers in the field call for continued development of a range of housing options that can respond to a diverse group of women, with varying family compositions, cultural considerations, and ability to live in community while in crisis (Baker et al, 2010, Tutty et al, 2009).   For example, they point out that, no matter how well preventative measures are developed, there will always be need for emergency services to address crises that produce homelessness. There will also be a need for a range of housing options and strategies to help move people out of homelessness as quickly as possible, particularly for those who can benefit from harm reduction approaches of Housing First (Gaetz et al, 2013).

Transitional housing or second-stage shelters are also identified as an important component of the spectrum of housing options. These services target the sub-groups who will benefit most from a safe, supportive environment where residents can overcome trauma and begin to address the issues that led to homelessness or kept them homeless and to begin to rebuild their supportive network. They are longer-term, service-intensive and more private than emergency shelters. They are also gender and culture-sensitive and child friendly (Bopp, 2007; Baker et al, 2010). Similar, to women's emergency shelters, they provide women-only spaces essential to their safety and security; an opportunity to develop peer support and to build a sense of community (Homes for Women, 2013; Arbor Educational and Clinical Consulting, 2013). These options are also available in rural or remote locations where housing and services are in short supply (Baker et al, 2010).

Authors conclude that the expansion and innovation of existing models of service delivery to provide a broader range of options for survivors can decrease the likelihood that women may choose to stay in an abusive home or devise other makeshift living arrangements not conducive to their safety (Baker et al, 2010; Centre for Public Legal Education in Alberta et al, 2014).

Partnerships between Domestic Violence and Housing/Homeless Service Systems

Domestic violence programs and shelters have well trained staff on the issues of intimate partner violence. They understand the needs of abused women, are focused on safety planning and crisis intervention and offer a wide array of advocacy services that women and children need. Housing and homeless service providers are focused on moving clients to stable and affordable housing and their improved financial stability. While women fleeing domestic violence may not fit perfectly in either of the systems, they require what both systems can offer (Baker et al, 2010, Thurston et al, 2013b). Because of the high degree of intersection between domestic violence and homelessness and housing instability, both systems have become increasingly aware of the need to work together (Olsen, Rollins & Billhardt, 2013; DeCandia, 2013).

Authors point out a need for increased coordination, cooperation, cross-training and partnerships between the two systems to minimize the disconnect between services and reduce barriers to women for services access and to ensure meaningful response (Baker et al, 2010, Partnering for Change, 2013; Stoops, 2013; Tutty et al, 2009).

As the two systems begin to work together, they have to ensure that the philosophy and policies guiding service delivery are women-centred; that is, that the gendered nature of violence and poverty are understood and the safety of women and children is seen as paramount. (Thurston et al, 2013b, Ponic & Jategaonkar, 2010).

<u>Funding Longer-Term Housing Options</u>

Domestic violence survivors often face difficulties in obtaining housing post-shelter. In large part this is due to the lack of available, appropriate, and affordable housing for victims to move into (Baker et al, 2010). In order to allow women to develop more stable plans as they search for more adequate housing authors recommend lengthening the allowable stays in both emergency and second-stage shelters, and emphasize the need for funding longer-term provision of transitional housing, including second-stage shelters (Tutty et al, 2009; Ponic & Jategaonkar, 2010; Bopp, 2007).

Longer-term housing options are particularly important for Aboriginal and immigrant women. The Case for a National Action Plan developed by the Canadian Network of Women's Shelters and Transition Houses suggests that "A change in orientation is needed for service provision to Aboriginal women: the short-term crisis intervention model that dominated Western therapeutic approaches should be replaced with a long-term holistic approach" that is more culturally relevant and appropriate for Aboriginal women (Canadian Network of Women's Shelters, 2013). Longer housing options are also important to support immigrant women who have to deal with multiple complex issues (including language and cultural barriers, custody struggles and legal problems, poverty and sponsorship issues, sexism and racism, isolation, lack of medical coverage and loss of informal supports) before they can obtain and maintain permanent housing (Thurston et al, 2013a; Caulford & Andrade, 2012; Hoffart, 2012).

Currently in Alberta there are 38 women's emergency and 12 second-stage shelters. While all the emergency shelters have government contracts, only two of the second-stage shelters (located in Calgary and Edmonton) receive such funding. The remaining second-stage shelters rely totally on fundraising and rent in order to sustain service delivery. Service delivery in rural areas is particularly problematic as second-stage shelters have to fill service gaps that exist in many areas including housing, addictions, and mental health. Even with the advent of Housing First programming, there are not sufficient beds in Alberta to support women fleeing domestic violence. Alberta Council of Women's Shelters (2012e) estimates for every emergency shelter bed, there needs to be two or three second-stage shelter beds in Alberta.

<u>Providing Financial Supports</u>

The issue of poverty, as experienced by women and children fleeing domestic violence, has significant systemic and policy implications. There are extensive discussions in the literature with respect to minimum or living wage, adequate income support levels, labour standards, rental supplements, available housing, national childcare policies and other systemic issues that have to be addressed in order to combat this problem (Bopp, 2007; Thurston et al, 2013a; Tutty et al, 2009; Centre for Public Legal Education in Alberta et al, 2014). Recommendations at the service delivery level usually emphasize the importance of flexibility in how a shelter or a housing program spends funds or how it can access funds to help women achieve some degree of financial stability (Baker et al, 2010). Recall, in particular, the earlier discussion with respect to social assistance entitlements and how they are insufficient, especially in Alberta, to support the cost of housing and other expenses (Edmonton Social and Planning Council, 2012).

In the Healing Journey, Intimate Partner Abuse and its Implications in the Labour Market, Linda DeRiviere points out that some women need a longer period of time to heal prior to re-entering the workforce than is currently allowed under provincial financial support policies. She points out that only after a lengthy period of time after the last abuse did women's employment participation rates increase and mirror that of other Canadian women. As a result, designing effective policy interventions is not as straightforward as simply making training opportunities available and imposing workforce re-entry policies for income assistance recipients. For women to have any chance of joining the workforce, they must also have their multiple needs met for a wide range of services and supports.

Women fleeing domestic violence need immediate access to funds to support a variety of expenses, including clothing, furniture, car repair, car insurance, job-related expenses, emergency child care needs, dental care, necessities for children, lock changes, home security features, bad debt, and household items (Partnering for Change, 2013; Arbor Educational and Clinical Consulting, 2013). Some programs provide their caseworkers with authority to distribute a certain about of money to women as need arises (Baker et al, 2010). In Alberta, the Making Amends project supported through Government of Alberta's Ministry of Justice and Attorney General Civil Forfeiture Fund helped compensate victims of domestic violence by increasing availability of instrumental supports for women resident in rural shelters (Alberta Council of Women's Shelters, 2012c). However, those funds could not be used by shelters on reserves or in urban areas and were temporary. Recommendations to provide this type of flexible support were not accepted by government to date. Authors suggest that a stable funding base is needed for transition houses and second-stage shelters to provide childcare, communication, and transportation resources to support women's ability to access appropriate housing and other essential needs (Ponic & Jategaonkar, 2010).

Trauma-Informed Care

As discussed earlier in this document, a significant number of intimate violence survivors face serious trauma-related mental and physical health issues including depression, anxiety, suicidal ideation and stress as well as addiction issues (Jategaonkar & Ponic, 2011; Ponic & Jategaonkar, 2010). The Shift study referenced earlier demonstrated that "trauma is not merely a characteristic of mothers in homeless families, but it is a key factor predicting long-term residential instability". According to these authors economic factors such as unemployment or poor education are less of a factor in long-term housing instability than mother's trauma symptom severity. They and others go further to suggest that if these women are not given supports to address their trauma symptoms, their likelihood of achieving residential stability may be seriously compromised. (Hayes, Zonneville & Bassuk, 2013; Homes for Women, 2013; O'Connor, 2006)

It is critical for housing programs to understand the impact of maternal trauma on family and child outcomes. The programs need to provide mothers with services and supports that help identify and address trauma and related issues and that include integrated health and mental-wellness services and trauma-informed care (TIP Project Team, 2013). Incorporated into programs and across the housing and homeless system, trauma-informed care can ensure that all families will receive a basic level of appropriate services and supports (Hayes, Zonneville & Bassuk, 2013; Ponic & Jategaonkar, 2010; DeCandia, 2013).

<u>Culturally Competent Services</u>

Some estimates suggest that at least half of the women who are homeless or at risk of homelessness because of domestic violence are Aboriginal women and about a third are urban immigrant women (Hoffart & Cairns, 2012). Culturally competent services are extremely important to these women. For immigrant women gender, cultural context, language, and family situation all affect women's ability to move along the pathway out of homelessness (DeCandia, 2013). Agencies that understand cultural issues and have access to interpretation and translation services help reduce these cultural and language barriers and thus reduce the likelihood of woman's return to partner (Thurston et al, 2013a; Tutty et al, 2009). Authors also describe systemic solutions, involving multiple different systems working together and inclusion of ethnocultural and women-centered communities that help address the complex needs of immigrant women and ensure long-term success and sustainability (Thurston et al, 2013a).

In view of the recent finding to expect continuous relocation from reserves to cities over the next several years – services in the cities have to be prepared to support increasing number of Aboriginal families. Those services should focus on cultural reconnection (e.g., access to cultural ceremonies and Elders), cultural safety that is related to Aboriginal spirituality and identity issues, be cognisant of the intersection between safety and gender issues, and recruit Aboriginal staff (Thurston et al, 2013b). For Aboriginal women living in remote or Northern areas, access to 24 hour support service (including nearby accommodation when the mothers are receiving counselling or other treatment off reserve), child care and transportation to make it easier for parents to access community workshops or make appointments are also necessary (Goudreau & Wabie, 2013; Bopp, 2007).

Of course, the disproportionate way in which poverty and homelessness affects Aboriginal people as well as lack of stable funding for programs and services on reserves and for Aboriginal women in general are systemic issues that are frequently identified in the literature and that need to be addressed in order to make lasting change in this area (Goudreau & Wabie, 2013; Thurston et al, 2013b; Tutty et al, 2009).

<u>Supporting Children</u>

As noted earlier, increasingly more families headed by women are becoming homeless, and many of them have children under the age of 18 (Gaetz, 2013, Tutty et al, 2009; Hoffart & Cairns, 2012). Domestic violence shelter experience is similar: about two-thirds of the women admitted to women's shelters in Alberta are accompanied by children, many of them of preschool age (Hoffart & Cairns, 2011 and 2012).

Given these trends, the housing models must be responsive to the needs of children, accounting for potential involvement of child welfare authorities, child care responsibilities and parenting supports (Homes for Women, 2013). The services should be child-specific, child-friendly and developmentally appropriate. Assessment of children's needs is critical, as is ensuring children have access to special education supports if needed, so they can succeed in school (Hayes, Zonneville & Bassuk, 2013). As with their mothers, provision of trauma-informed, developmentally appropriate care that is based on knowledge of childhood attachment and behavioral disorders is essential in helping children negotiate the traumatic impact of their domestic violence experience (Hayes, Zonneville & Bassuk, 2013; Cunningham & Baker, 2007; DeCandia, 2013). Women who have pre-school age children also have challenges managing child care and employment responsibilities. More resources are also required to support accessible and affordable childcare services for women who are homeless because of domestic violence (Hoffart & Cairns, 2013; Ponic & Jategaonkar, 2010; Bopp, 2007).

<u>Service Flexibility</u>

Women and children fleeing domestic violence are a diverse group, with different family compositions, cultural considerations, needs and ability to live in community while in crisis (Baker et al, 2010, Tutty et al, 2009). Thus, authors suggest that programs should increase women's autonomy and self-determination by emphasizing flexibility in service offerings (Partnering for Change, 2013).

As noted earlier, this means making available multiple different types of housing programs. It also means being able to accommodate within programs individual differences among women in terms of their needs and goals and assisting women in meeting those needs (e.g., by using a flexible goal setting approach, providing services at different hours of the day to reduce conflict with other responsibilities, or by providing apartment-style rather than community-living model (Arbor Educational and Clinical Consulting, 2013; Thurston et al, 2013a; Baker et al, 2010)). Authors also propose service elements specifically designed to address needs of women who are fleeing domestic violence and also experience substance abuse and mental health issues, including taking a non-judgmental approach, employing principles and practices of mental health outreach, utilizing peer engagement, providing training in understanding and addressing trauma and attending to staff needs and mental wellbeing (Ponce et al, 2012).

There are also implications here for agency policies and requirements. For example, some US agencies are now stipulating that domestic violence programs cannot mandate services as a condition of entering or remaining in a transitional housing program (Baker et al, 2010). Agency policies may prevent numerous women from being seen as eligible for services, especially those most vulnerable, experiencing issues such as addictions and mental health concerns or those who are labelled as 'homeless' rather than 'abused' (Tutty et al, 2009).   Authors recommend examination of shelter rules and acceptance criteria so that mandatory requirements, rules or guidelines might be reduced, broadening shelter mandates and determine how they might better respond to victims who are typically excluded from services (Baker et al, 2010, Tutty et al, 2009; Olsen, Rollins & Billhardt, 2013).

<u>Informed Service Delivery and Data Gathering</u>

Continued information gathering is important to understand more about homeless women and children, their circumstances and the types of services that are most effective in supporting their transition to stability. To this end housing programs need to develop protocols and tools for collecting, managing and sharing accurate and relevant information, and adequate funding needs to be in place to allow them to do this in an accurate and comprehensive manner (Bopp, 2007; Tutty et al, 2009, MacKeith, Burns & Graham, 2008).

The most recent developments in data gathering efforts have primarily been in support of partnerships between domestic violence and housing service providers. For example, some assessment tools have been developed to help prioritize and select appropriate housing services for homeless individuals and families based on their acuity (e.g., DESC Vulnerability Assessment Tool, Alex Homebase Acuity Tool, SPDAT, HART). Further work with these tools may be needed to adapt them specifically to women and children fleeing domestic violence.

Data sharing has also become an important consideration, as domestic violence and housing service providers come together in partnerships. Domestic violence advocates in the US have been successful with legislative efforts on the national level to protect survivors' privacy by exempting victim services providers from requirements to enter personally identifying information of domestic violence survivors in shared databases (Olsen, Rollins & Billhardt, 2013; DeCandia, 2013). However, women's shelter representatives in Canada continue to express a concern that in instances where individual woman's information is shared with funding sources this information could compromise women's safety and privacy (Tutty et al, 2009).

3.   SECOND-STAGE SHELTER DATA ANALYSIS

Between August 2013 and June 2014 eleven organizations gathered information about women and children who resided in Alberta Second-stage Shelters. They entered information into Outcome Tracker, the ACWS/Member shared Database. The tools used to enter the information reflected the indicators and measures outlined in the Second-stage Shelter Logic Model developed over the course of the project (Appendix D).

Over a period of 11 months shelters recorded a total of 354 admissions, representing 349 individual women, five of whom were admitted twice over the period of the project. There were also 571 child admissions. The number of admissions recorded by individual shelters depended on the size of the shelter and ranged from 4 to 84 per shelter. A majority of the admissions were in Calgary or Edmonton (n=265, 75%), reflecting the fact that there are several second-stage shelters in those cities (3 in Calgary and 2 in Edmonton) and that, by virtue of their size, they can accommodate more women than the smaller shelters elsewhere in Alberta.

This effort provides an opportunity to aggregate shelter data, acknowledging that data collection accuracy and completeness will improve as data collection continues. Analysis below is limited to fields with information available for at least half of the admissions. Where possible the information is compared to similar information elsewhere gathered by the emergency women's shelters as well as other literature in order to highlight the unique characteristics of second-stage shelter service delivery. Because of different data collection strategies used and different sample composition those comparisons should be considered preliminary given that we are in the early stages of collective data collection.

3.1   Characteristics of Women and Children in Second-stage Shelters

Cultural Background and Immigration Status

Cultural background and immigration status of women in second-stage shelters reflects the background of women in urban emergency women's shelters in Alberta, where the proportion of Aboriginal population is lower and the proportion of immigrant population is higher.   For example, by comparison to the information provided below, in 2010 the Aboriginal population in emergency shelters across the province was at about 60% and the visible minority population at about 11% .[4]

- 37% of those for whom this information was available self-identified as Aboriginal (117 out of 313). The next largest cultural groups included English Canadian (31%), African (10%), Asian (5%), East Indian (5%) and Middle Eastern (4%).
- 40% of the women self-identified as immigrants (140 out of 313), most of them were Canadian Citizens (n=92, 67%) or Permanent Residents/Landed Immigrants (n=42, 30%);

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[4] Hoffart, I & Cairns, K. (2012). Strength in Numbers: A Ten Year Trend Analysis of Women's Shelters in Alberta. A report prepared for the Alberta Council of Women's Shelters. Note that visible minority population is not the same as immigrant population and more data collection is required to support this analysis.

- Those women who were new to Canada immigrated from India (n=10), Pakistan (n=7), Nigeria (n=6) and China (n=5)[5] 24 spoke languages other than English or French, and had been living in Canada an average of 7.7 years.

Age

Women were, on average, 33 years of age, including 11% (of 324) under 24, 73% who were between 25 and 40 years of age, 15% who were older than 40 and the remaining 2 women were over 60. The average age of women in second-stage shelters is the same as that of women in Alberta emergency women's shelters, with the majority of women falling in the 25 to 40 age bracket .[6]

Children

Over 80% of the women were admitted to the shelter with children (292 out of 354). This is higher than about two-thirds of women with children in emergency shelters.[7] The children who accompanied their caregiver to shelters were on average 6 years of age (n=546), including 62% who were six years of age or younger, 31% who were between 6 and thirteen years of age and 7% who were thirteen or older. Children in second-stage shelters appear to be slightly younger than those admitted to emergency women's shelters across Alberta, where about 48% are six years of age or younger, and 21% who are thirteen or older.[8]

Over half of the children for whom this information was available (213 of 401 or 53%) lived with their mothers and many lived with both parents prior to their admission to the shelter (n=152, 38%). The remaining 9% of children lived with their family members, their fathers, in group homes or in foster care. The child custody arrangements were similar to their living arrangements: the child's mother had sole custody in 175 cases (61% of 284), joint custody was in place for 74 children (26%) and the remaining custody arrangements were not specified.

Income and Housing

Information gathered here confirms that women who access second-stage shelters may experience more challenges with their financial or employment situation than women in emergency shelters. Only about 15% of women in second-stage shelters relied on employment and most (68%) relied on Alberta Works as their primary sources of income (recorded for 242 women). By comparison, more women in emergency women's shelters were employed (25%).[9]

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[5] Information about country of origin, languages and number of years in Canada was available for 51 to 65 women

[6] Hoffart, I & Cairns, K. (2012). Strength in Numbers: A Ten Year Trend Analysis of Women's Shelters in Alberta. A report prepared for the Alberta Council of Women's Shelters.

[7] Hoffart, I & Cairns, K. (2012). Strength in Numbers: A Ten Year Trend Analysis of Women's Shelters in Alberta. A report prepared for the Alberta Council of Women's Shelters.

[8] Hoffart, I & Cairns, K. (2012). Strength in Numbers: A Ten Year Trend Analysis of Women's Shelters in Alberta. A report prepared for the Alberta Council of Women's Shelters.

[9] Hoffart, I & Cairns, K. (2012). Strength in Numbers: A Ten Year Trend Analysis of Women's Shelters in Alberta. A report prepared for the Alberta Council of Women's Shelters.

Almost all of the women admitted to the second-stage shelters were homeless immediately prior to their admission – they lived with friends or family, a shelter or had no accommodation at all (72% or 156 of 217 with this information).   The remaining women lived in transitional or temporary housing (15%, n=32), in stable housing (11%, n=23) or in other types of housing, including facilities (n=6, 2%).

Their referral sources reflected their living situation at admission, and, in most instances included Emergency Domestic Violence Shelters (59%, n=164, out of 279) or self referrals (20%, n=56) with remaining referral sources including other agency programs, family, friends, Aboriginal supports and services, community resource centers, and police/RCMP.

Health and Addictions

About half of the women in second-stage shelter for whom this information was available had either mental or physical health concerns or addictions or a combination of those concerns (117 out of 237 with this information). Twenty percent of women (n=48) reported more than one of those concerns. Overall, 69 women (29%) had mental health concerns, 66 (28%) had physical health concerns, and 38 (16%) had concerns with substance use or addictive behaviors. About 13% of the women experienced suicidal ideation at the time of intake or in the past (13% of 145). 21% of the children had either physical or mental health concerns (69 of 326), including 4 children with both types of concerns.

While it is difficult to compare this information with emergency shelter information gathered elsewhere due to different data collection approaches, it appears that there are more women in emergency shelters with addictions (28%) and physical health conditions (41%), but fewer women with mental health conditions (6%)[10]. However, it is likely that the health information is underreported in shelters in general – according to Women's Health Effects study, 82% of women in shelters have at least one active medical diagnosis, 33% experience chronic disabling pain, 58% have high level depressive symptoms and 48% have symptoms of PTSD[11].

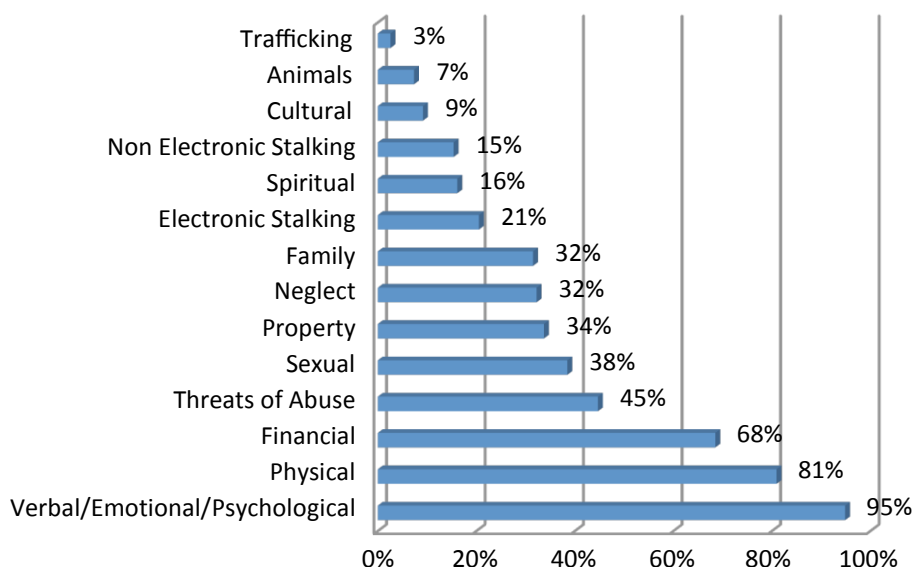## 3.2   Abuse History

Abuse History

Seventy seven percent of women identified at least one type of abuse that they experienced immediately prior to their admission to the shelter (273 out of 354). In most instances these women identified multiple forms of abuse (Figure 1), in almost all cases including verbal, emotional or psychological abuse (95% of those who identified at least one form of abuse), followed by physical abuse (81%) and financial abuse (68%). Women in second-stage shelters are more likely to experience physical abuse than women in emergency shelters (81% compared to slightly over 70% of women in emergency shelters).[12]

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[10] Hoffart, I., and Cairns, K. (2011). Practical Frameworks for Change: Supporting Women and Children in Alberta Emergency Shelters. A report completed for the Alberta Council of Women's Shelters and the Status of Women Canada.

[11] Stoops, N. (2013). Can You Relate? Talking about Domestic Violence and Relationships. Washington State Coalition Against Domestic Violence. A National Alliance to End Homelessness Speech.

[12] Hoffart, I & Cairns, K. (2012). Strength in Numbers: A Ten Year Trend Analysis of Women's Shelters in Alberta. A report prepared for the Alberta Council of Women's Shelters.

Figure 1.   Type of Abuse Experienced

Horizontal bar chart titled "Type of Abuse Experienced" showing percentages:
- Trafficking: 3%
- Animals: 7%
- Cultural: 9%
- Non Electronic Stalking: 15%
- Spiritual: 16%
- Electronic Stalking: 21%
- Family: 32%
- Neglect: 32%
- Property: 34%
- Sexual: 38%
- Threats of Abuse: 45%
- Financial: 68%
- Physical: 81%
- Verbal/Emotional/Psychological: 95%

Fifty seven women (26% of those who have experienced physical abuse) received physical injuries as a result of this abuse, often including broken bones, concussions, asphyxiation and bruises. In all but 5 instances the abuser was male, and was the woman's current spouse or common-law partner (57%, n=146), ex-spouse or ex-common law partner (17%, n=44) and current (12%, n=31) or ex-boyfriend/girlfriend (13%, n=33).

Almost a third of the children either witnessed the abuse of their mother or experienced abuse or neglect themselves (27% or 157 of 572). All of these children witnessed the abuse and many also experienced various forms of abuse, including, for almost all of them, verbal/emotional or physical abuse (121 of 157, 77%), physical abuse for over a third (36% of 157), with about 25% also experiencing neglect. These results are similar to those cited elsewhere. According to Anda (et al, 2010)[13], one in every two children whose mother was abused will also experience over five additional forms of abuse, neglect or household dysfunction, and almost all of those children – 95% of them – will experience at least one other form of abuse or neglect.

Of those children for whom this information was available (n=301), 155 or 52% did not have any previous Child Welfare involvement or it was unknown whether or not they had been involved. Most of the remaining children were under an Enhancement Agreement (n=51, 17%), have had previous involvement but their file closed (n=43, 14%), were involved in Investigation/Assessment (n=42, 14%), had a Temporary Guardianship Order (n=3, 1%) or other unspecified arrangements (n=7, 2%).

[13] Anda, R.F., Butchart, A., Felitti, V.J., and Brown, D.W. (2010). Building a Framework for Global Surveillance of the Public Health Implications of Adverse Childhood Experiences. American Journal of Preventive Medicine 39, no.1, 93.

Danger Assessment

Women in second-stage shelters are at higher risk for femicide than women in emergency shelters. As shown in Figure 2, almost two thirds of the women in second-stage shelters are in extreme danger of femicide and an additional 13% are in severe danger. By comparison, 52% of women in emergency shelters were in extreme danger, 22% in severe danger and the remaining 26% either in increased or variable danger.[14]

Figure 2.   Danger Assessment Scores
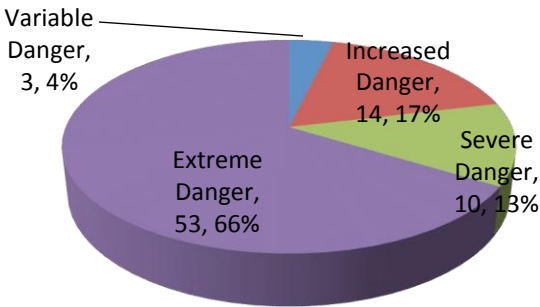
3.3   Services and Service Linkages

On average the women stayed in second-stage shelters for about 6 months, including 59% who stayed 6 months or less (128 out of 218), 33% (n=73) who stayed between 6 and 12 months and the remaining 8% (n=17) who stayed over a year.

While in the shelter, women received multiple types of services, as illustrated in Figure 3 below, most often including counseling, basic needs provision, advocacy, programming for children and safety planning . The second-stage shelter services appear to be more varied than those in emergency shelters,[15] including such services as programming for children, financial support, housing support and health services. Similar to emergency shelters, most women in second-stage shelters receive counseling, basic needs support, safety planning and advocacy.
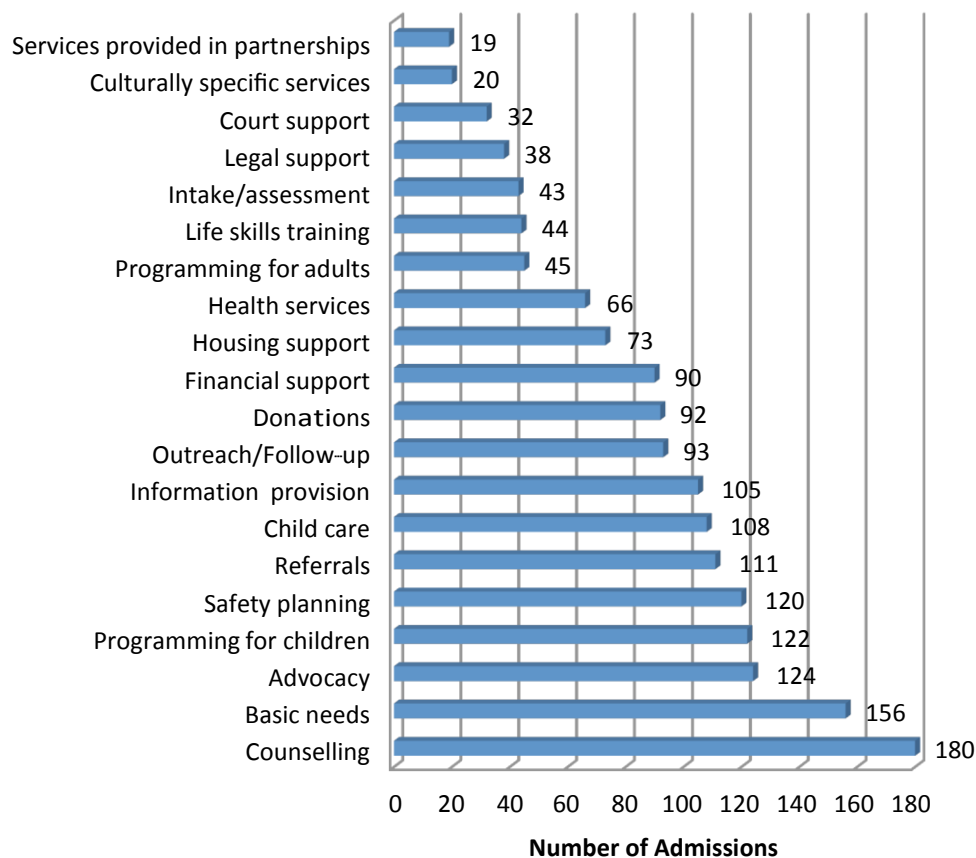
Upon conclusion of their stay in the second-stage shelters almost 70% of the women (154 out of 224) received referrals (often multiple referrals) to various community services. 27 such resources were identified, and they most frequently included housing (66% of 154), counseling (47%), medical health (46%) and financial resources (36%). By comparison to emergency shelters second-stage shelter referrals are more likely to include housing and less likely to include referrals to other shelters. [16]

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[14] Cairns, K., and Hoffart, I. (2009). Keeping Women Alive – Assessing the Danger. A report completed for the Alberta Council of Women's Shelters.
[15] Hoffart, I., and Cairns, K. (2011). Practical Frameworks for Change: Supporting Women and Children in Alberta Emergency Shelters. A report completed for the Alberta Council of Women's Shelters and the Status of Women Canada.
[16] Hoffart, I., and Cairns, K. (2011). Practical Frameworks for Change: Supporting Women and Children in Alberta Emergency Shelters. A report completed for the Alberta Council of Women's Shelters and the Status of Women Canada.

Figure 3. Services Provided by Second-stage Shelters

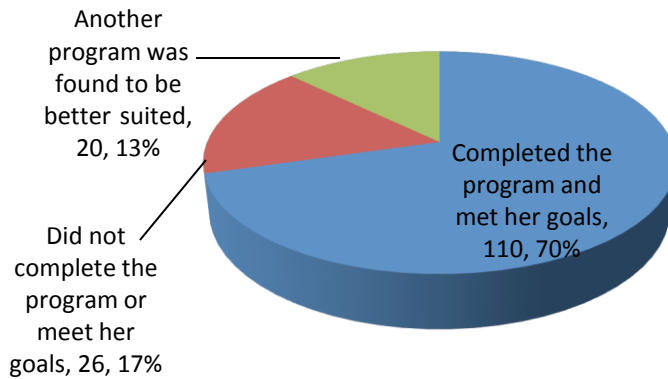| Service	Number of Admissions
Services provided in partnerships	19
Culturally specific services	20
Court support	32
Legal support	38
Intake/assessment	43
Life skills training	44
Programming for adults	45
Health services	66
Housing support	73
Financial support	90
Donations	92
Outreach/Follow-up	93
Information provision	105
Child care	108
Referrals	111
Safety planning	120
Programming for children	122
Advocacy	124
Basic needs	156
Counselling	180

Number of Admissions

3.4   Situation at Shelter Discharge

Reason for Leaving the Second-stage Shelter

Over the course of nine months second-stage shelters recorded 334 admissions and 224 discharges. The majority of women discharged chose to leave the shelter (n=178, 79%), a small number were asked to leave (n=31, 14%) and the reason for other 7% of women leaving were unknown, often because they left without contacting shelter staff.   Women who chose to leave the shelter often did so because they completed the program, reached the expected length of service, moved to a different city or found housing. Of those women who chose to leave (and where this information was available, n=156), a large majority (70%) completed the program and met their goals (See Figure 4 below). Women who were asked to leave were usually unable to meet shelter policy requirements (e.g., there were concerns for safety of other residents, intoxication on-site, or non-payment of rent (n=27), or the agency was not able to accommodate women's needs (n=4).

Figure 4. Goal Completion

Another program was found to be better suited, 20, 13%

Did not complete the program or meet her goals, 26, 17%
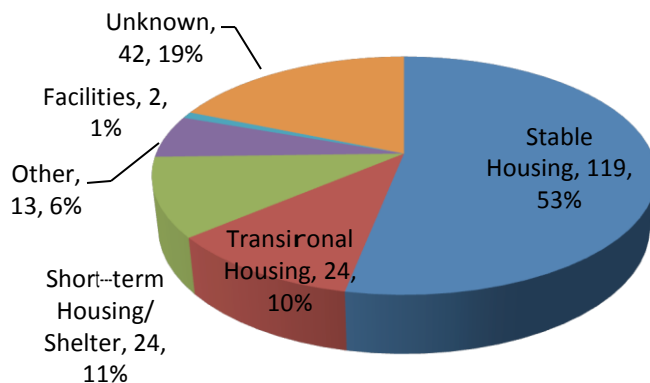
Completed the program and met her goals, 110, 70%

Living Situation at Shelter Discharge

At the time of discharge about half of the women were going to live on their own – with or without their children (n=110, 49% of 224 discharges). Others were going to live with their family or friends (n=42, 19%), returning to the abuser (n=11, 5%), and one woman was going to live with her new partner. The remaining women were either unsure (n=5, 2%) or their living situation at discharge was not specified (n=55, 25%). By comparison, in an Alberta Council of Women's Shelter study, over half of the women in emergency shelters returned to the abusive partner -- 42% of them because of lack of affordable housing and 45% because of the lack of money.[17]

Upon their discharge from shelter over half of the women were planning to live in stable housing (n=119, 53%) and the housing situation for other women was either temporary or unknown, see Figure 5 below.

Figure 5.   Housing at Discharge

Unknown, 42, 19%

Facilities, 2, 1%

Other, 13, 6%

Short--term Housing/ Shelter, 24, 11%

Transiṛonal Housing, 24, 10%

Stable Housing, 119, 53%

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[17] Hoffart, I., and Cairns, K. (2011). Practical Frameworks for Change: Supporting Women and Children in Alberta Emergency Shelters. A report completed for the Alberta Council of Women's Shelters and the Status of Women Canada.

3.5   Data Analysis Highlights and Next Steps

Women and children in second-stage shelters

The demographic characteristics of women and children in this study are comparable to the women in shelters across the province, and particularly the urban shelters, including 37% of Aboriginal and 40% of immigrant women and a large majority admitted to shelters with their children.

However, while their characteristics are similar to women in other shelters, women in second-stage shelters are at a higher risk of femicide. To respond to this need, second-stage shelters provide a safe and secure environment, including a secure facility with 24-hour staffing as well as individualized, intensive case management and wrap-around services for both mothers and their children.

Poverty and unemployment as important factors for women in second-stage shelters

Almost all of the women accessing the shelters were homeless and only 15% of them were employed. They need the time and supports provided by the second-stage shelters in order to find stable employment, which in turn makes affordable and permanent housing more of an option.

Many of these women also have to rely on social assistance in order to support themselves and their social assistance entitlements often do not match the cost of housing and other living expenses. Alberta, in particular, has the lowest social assistance rates in Canada for a single parent with children and those rates are not sufficient to cover the average rental prices[18] (Edmonton Social Planning Council, 2012).   An increase in social assistance rates is needed to support women's transition into the community and this may be considered by Alberta shelters as a potential direction for future advocacy efforts.

Physical and mental health considerations

About half of the women in this study had either mental or physical health concerns or addictions or a combination of those concerns. Although these numbers are striking, according to literature they are likely an underrepresentation of the full extent of this issue. A significant number of intimate partner violence survivors face serious trauma-related mental and physical health issues including depression, anxiety, suicidal ideation and stress. Literature suggests that if these women are not given supports to address their trauma symptoms, the likelihood of their achieving residential stability may be seriously compromised (Hayes, 2013; Centre for Public Legal Education, 2014).

Spectrum of services provided by second-stage shelters

The study demonstrated that the second-stage shelters in Alberta provide multi-faceted and varied services. Like in emergency shelters, those services include counselling, basic needs support, safety planning and advocacy. In contrast with the emergency shelters, however, they also include more and prolonged programming for children, financial support, housing support and health services that help support women's transition to stability upon conclusion of shelter stay. This programming appears to be largely successful – over two thirds of those who left the shelter in the study period met the goals

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[18] For example, in the 1981/1982 one women with one child received $370 per month – the amount which only increased slightly in 2014 to $546.

that they set for themselves, over half were planning to live in stable or permanent housing, and only 5% were returning to live with the abuser.

Data Collection

This study provided an initial opportunity to aggregate shelter data, and continued data collection is needed to improve data collection accuracy and completeness. Regular and expanded reporting and analysis will be used to support future program development efforts and shelter advocacy efforts on behalf of women.

Future data collection efforts will build on the information reported here, including, in particular, focus on shelter outcomes (e.g., tracking and analyzing achievement of individual goal setting and use of client satisfaction surveys), enhanced assessment (e.g., Domestic Violence Survivor Assessment, Parenting Stress Index and Impact of Events Scale), better quantification of services through tracking different types of safety-related activities and consistent gathering of health, legal and education information.

Shelters may also consider adding a follow-up data collection component. A one-time study could be implemented that would track women's progress after they've left the second-stage shelter, possibly by connecting with them by way of outreach programming.

Second-stage shelters funding

All second -stage shelters should have funding for wrap-around services that goes beyond shelter, safety and counselling. They need to have the capacity to develop services for both women and children to support their unique needs whether related to healing from the effects of abuse, or to resolving legal, health, education, financial management, basic life skills, challenges faced as new immigrants, outstanding tenancy issues etc. Action is needed now to address this issue through stable funding for Alberta's second-stage women's shelters.

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[19] This is a very useful website, containing access to a wide variety of resources intended to enhance services to survivors of domestic violence.

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APPENDIX A.
Letter to the MLA and the Backgrounder

320, 10310 Jasper Avenue
Edmonton AB T5J 2W4
P: 780-456-7000 F: 780-456-7001
voice@acws.ca   www.acws.ca

November, 2014

Dear MLA

Re: Fund Second-stage Shelters for Women Fleeing Violence

Women fleeing domestic violence in Alberta are homeless. Emergency shelters provide about a month of shelter to seniors, women and their children fleeing abuse, but what happens after that if they decide to pursue lives free from violence and abuse? At a time when women are at their highest risk of homicide (when they decide to leave a relationship), second-stage shelters are often the best answer to this question.

While second-stage shelters provide shelter for abused women and children, these shelters are very different than homeless shelters. Second-stage shelters, when appropriately resourced, provide safe, transitional housing with client-centered, supportive programs for six months or more, in order to give a woman the necessary time to begin healing from the wounds of an abusive relationship, to find counseling, a job or educational opportunity. They provide wrap-around services and a safe home for her and her children. Although there are 12 second-stage shelters across Alberta, the need greatly exceeds the resources available. In 2013-2014, 611 women and children were admitted to second-stage shelters in Alberta with 1,096 turned away due to lack of capacity. Further, of the 12 second-stage shelters in Alberta, only two receive provincial funding for programming while the remaining shelters rely totally on fundraising and rent in order to sustain service delivery and building operations.

One of the issues challenging the work of the second-stage shelters is the lack of clarity associated with how the term "second-stage shelter" is defined and understood by different audiences, including funders and the general public. This is less of an issue for the work that the shelters actually do, but more of a problem in accessing long-term funding. Government and other funding sources use multiple definitions to help define the different types of housing that are available and those definitions guide the existing funding envelopes. However, these definitions are written primarily to describe the needs of homeless men and do not reflect the gendered nature of homelessness as experienced by women fleeing domestic violence. Fleeing an abusive partner is not only a factor in women becoming homeless but also influences their continued homelessness, because it is unsafe to return home to a partner or live in a place that the abusive partner may be able to find and access (Tutty et al, 2009).

It is extremely difficult for the women in emergency shelters to access "affordable" housing immediately after their 30-day stay in the shelter. Not only is it difficult to secure this type of housing within this short time frame, for the majority of women who find themselves in shelters, "affordable" housing is simply not affordable to them. In addition, a significant number of intimate partner violence survivors face serious trauma-related mental and physical health issues including depression, anxiety, suicidal ideation and stress. Literature suggests that if these women are not given supports to address their trauma symptoms, their likelihood of achieving residential stability may be seriously compromised (Hayes, 2013).

The unique needs of women and children fleeing abuse highlight the importance of second-stage shelters which, if well resourced, provide women with the time and supports necessary to address their trauma concerns and find stable employment and child care which in turn makes affordable and permanent housing more of an option.

Given that we know housing is key to
1) enabling women to re-build their lives after escaping domestic violence and
2) not being forced to return to their abuser due to a lack of options (poverty and becoming homeless thus often losing access to their children)–

It is absolutely essential that funding through an Alberta Housing and Homelessness strategy include second-stage shelters which will allow women in all areas of Alberta to have equal access to this service which is key to ending the cycle of violence against women.

We urge you to lend your support to funding second-stage women's shelters in Alberta.
Enclosed is a complete backgrounder on second-stage shelters. I would be happy to talk with you more about this proven model that requires sustained government support.

Best wishes

Signature

Alberta Council of Women's Shelters
Second-stage Shelters for Women Fleeing Violence
Briefing Document/October 2014

Domestic Violence and Homelessness

Domestic violence is one of the main causes of homelessness among Canadian families (Baker et al, 2010[20]; Ponic and Jategaonkar, 2010[21]). Canadian research indicated that 29% of the absolutely homeless women and 37% of the relatively homeless women were fleeing abusive partners (Cairns and Gardiner in Tutty et al, 2009[22]). Fleeing an abusive partner is not only a factor in women becoming homeless but also influences their continued homelessness, because it is unsafe to return home to a partner or live in a place that the abusive partner may be able to find and access (Tutty et al, 2009). Second-stage shelters address the issue of homelessness and provide supportive programming for abused women and their children for six months or more. They provide shelter as well as the necessary time to begin healing from the wounds of an abusive relationship, to find counseling, a job or educational opportunity. The information gathered in 2014 by Alberta Council of Women's Shelters demonstrates the importance of and the increasing need for second-stage shelters[23]:

- 229 women and 382 children resided in Alberta's second-stage shelters;
- Women and children remained in these shelters for an average of 7 ½ months;
- The average length of stay in second –stage shelter in Alberta has almost doubled since 2009;
- Seventy two percent of these women and children were in severe or extreme risk of femicide;
- Almost 1,100 were turned away due to lack of shelter capacity.

History of Provincial Initiatives Focusing on Second-Stage Shelters

Since the early 80's, the province has acknowledged the need for financial support to second stage shelters. Discovery House received funding from the province as early as 1981. WINGS followed when shelters in Edmonton area advocated with Ma'Mowe that additional family violence dollars go support them.

Historically, the province has provided operational funding for women's emergency shelters but also included two second stage shelters (WINGS and Discovery House) in this funding envelope. Other second-stage shelters have not been able to obtain provincial contracts.

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[20] Baker, C.K., Billhardt, K.A., Warren, J., Rollins, C., and Glass N. (2010). *Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. Aggression and Violent Behaviour*, 15, 430-439

[21] Ponic, , P.& Jategaonkar, J. (2010). *Surviving not Thriving: The Systemic Barriers to Housing for Women Leaving Violent Relationships*. BC Non-Profit Housing Association. Vancouver, BC.

[22] Tutty, L., Ogden, C., Giurgiu, B., Weaver-Dunlop, G., Damant, D., Thurston, W., Berman, H., Gill, C., Hampton, M., Jackson, M., Ursel, J., Delaney, D., Harrison, P., Silverstone, A., White, L., Dunbar, J., Ali, S., Solerno, J. (September 30, 2009). *"I Built my House of Hope". Best Practices to Safely House Abused and Homeless Women.* Report prepared for the Homelessness Knowledge Development Program, Homeless Partnering Secretariat, Human Resources and Social Development Canada

[23]ACWS Aggregate Data 2014-2014

 Hoffart, I. & Cairns, K (2012). Strength In Numbers: A Ten Year Trend Analysis of Women's Shelters in Alberta,

In 2006, the province conducted the Women's Shelter Program Review. Specifically as it relates to second-stage shelters, the report recommended the following be undertaken as a cross ministry initiative:

- Evaluate and build on the 2nd stage pilot projects currently funded by Children's Services; and develop recommendations for Ministerial consideration.
- Explore and implement collaborative initiatives to improve access to and availability of affordable, safe and suitable housing.
- Conduct a cross jurisdictional analysis of 2nd stage and other transitional housing programs, with the intent of assessing costs and effectiveness, as well as capturing leading practices for programs targeted at abused women and children.
- Assess the current supply of 2nd stage and other transitional housing programs in Alberta to determine capacity, gaps and understand priority needs.
- Explore opportunities to increase the capacity of shelters to become involved in planning initiatives with their local housing authorities or organizations.
- Explore opportunities for shelter clients that may exist within current housing programs and initiatives.
- Support shelters in working collaboratively with community partners, through local working agreements and other means, to support women to safely stay in their homes, if that is what they choose to do. This may include a range of support services such as

    o providing legal support, ensuring Emergency Protection Orders are in place;
    o providing locksmith, security and telephone services, and assisting in the payment of utilities arrears; and
    o consideration should be given to developing and enhancing programs that focus on perpetrator accountability.

To the best of our knowledge, only a cross jurisdictional analysis was conducted. Unfortunately, conclusions using a cross jurisdictional analysis in Canada may not be representative of the variability across shelters in that different jurisdictions have different policies as it relates to length of stay. In some provinces, women are able to stay in emergency shelters 6 months or longer, while Alberta and Saskatchewan have the shortest length of stay at three weeks.

In 2011, Ministers Evans and Tarchuk convened a meeting with Housing and Justice to explore funding for second-stage. A presentation was made at the legislature by ACWS members and a briefing note provided: *Second-stage Shelters, Part of the Continuum of Residential Services for Victims of Domestic Violence.*

In 2013, the Government released Family Violence Hurts Everyone: A Framework to End Family Violence in Alberta. A strategic priority in the plan is to enhance services and supports and the justice response for victims and offenders of family violence including:

- Support individuals and families leaving violence to have access to emergency shelters and a continuum of safe housing option with wrap around supports in alignment with A Plan for Alberta – Ending Homelessness in 10 years.
- Support organizations, community-based groups and academics to conduct research and evaluate interventions and promising practices.

In December, 2013 ACWS responded to an urgent request by government to provide background information regarding a second-stage funding model. The submission estimated the cost to fund existing second-stage shelters is $4.6 million at approximately $32,500/apartment.   There has been no response by government to date.

In 2014, the Inter-Agency Council on Homelessness developed a spectrum of housing that included the need to include women's and second-stage shelters. Recommendations shared at the June, 2014 shelter directors meeting included:

- Exploring pathways into homelessness in Alberta, particularly for Aboriginal people, women and families fleeing violence, seniors, youth, immigrants, in-migrants and refugee newcomers, and people with disabilities.
- Strengthening efforts to prevent people from being transitioned from provincial and community systems of care into homelessness.
- Expanding diversion practices that will keep people in their current housing or divert them away from homelessness.

Since the original two second-stage shelters located in Edmonton and Calgary opened in the 1980's, ten additional second-stage shelters have opened across Alberta including two On Reserve communities[24]. Seven of those second-stage shelters are run by sheltering organizations that also operate women's domestic violence emergency shelters in smaller municipalities.   All have had to rely totally on fundraising and rent (estimated rent covers 8% of the operating costs) in order to sustain minimal service delivery and building operations. There are currently four additional second-stage shelters being planned or under development in smaller municipalities across the province[25].

Action for Second-stage Shelters

All second-stage shelters should have funding for wrap-around services that goes beyond shelter, safety and counselling. They need to have the capacity to develop services for both women and children to support their unique needs whether related to healing from the effects of abuse, or to resolving legal, health, education, financial management, basic life skills, challenges faced as new immigrants, outstanding tenancy issues, etc[26].

Action is needed now to address this issue through stable funding for Alberta's second-stage women's shelters.

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[24] La Salle(Edmonton); Sonshine and Brenda Strafford (Calgary); Musasa House (Medicine Hat); Dol Mar Manor (Lloydminster); Sucker Creek (Enilda); Unity House (Fort McMurray); Lynne's House(Lac La Biche); Bigstone Cree nation Second-stage Shelter (Wabasca); Joie's Phoenix House(Lac La Biche)
[25] Grande Prairie, Rocky Mountain House, High River, Red Deer
[26] Housing Women and Children Fleeing Domestic Violence: Brief Literature Review. (2014). Prepared for the Alberta Council of Women's Shelters by Irene Hoffart, Synergy Research

APPENDIX B.

Second-stage Shelter Directors Committee
Terms of Reference
December, 2013

1. **Committee Purpose**

The purpose of this committee is to collectively develop strategies that will promote common understanding of and support for second-stage shelters in Alberta.

2. **Committee Activities**

*   Develop key messages necessary to support second-stage shelter funding (including messaging to the government, funding sources and the community);
*   Support collective public education and awareness efforts with respect to second-stage shelter services and women in those shelters;
*   Develop appropriate terminology and service description to appropriately place second-stage within the spectrum of domestic violence and housing services;
*   Develop and adjust as necessary a logic model guiding data collection and accountability of second-stage shelters in Alberta;
*   Gather data in accordance with the logic model parameters;
*   Review the data aggregated by ACWS and provide advice with respect to data collection, analysis and reporting based on these data; and
*   Support applications for funding on behalf of Alberta's second-stage shelters.

3. **Committee Membership**

The members of the Committee include directors of ACWS member organizations that deliver second-stage shelter services, that plan to deliver such services or that deliver similar services (e.g., domestic violence housing first, third stage shelter). At the time these terms of reference were written, the committee membership includes 16 Directors and 3 ACWS staff/consultants, as follows:

Name	Organization	Email address	Telephone
Janet Gladue	Bigstone Cree Nation Women's Emergency Shelter	janet.gladue@bigstone.ca	780-891-3905
Tess Gordey	Brenda Strafford Centre for the Prevention of Domestic Violence	t.gordey@brendastraffordsociety.org	403-270-7240
Brigitte Baradoy	Discovery House Family Violence Prevention Society	bbaradoy@discoveryhouse.ca	403-204-6833
Susan White, Lisa Morgan	Dr. Margaret Savage Crisis Centre Society	director@dmscc.ca	780-594-5095
Michele Taylor	Fort McMurray Family Crisis Society	fcs.ed@shaw.ca	780-743-4691

			ext 227
Cassandra Putnam	Hope Haven Society	hhaven@telusplanet.net	780-623-3105
Chris Simonson	Catholic Social Services	Chris.Simonson@catholicsocialservices.ab.ca	780-442-0082
Angela Rooks-Trotzuk	Lloydminster Interval Home	atrotzuk@telus.net	780-808-5282
Natasha Carvalho	Medicine Hat Women's Shelter Society	natashac@mhwss.ca	403-527-8223
Joy Johnson-Green	Sonshine Community Services	jjohnson@sonshine.ab.ca	403 266-4785
Darlene Lightning-Mattson	Sucker Creek Emergency Women's Shelter	screekwes@gmail.com	780-523-2929
Pat Garrett	Wings of Providence Society	pgarrett@wingsofprovidence.ca	780-426-4985
Cynthia Wild	YWCA Calgary	cwild@ywcaofcalgary.com	403-266-4111
Ian Wheeliker	Central Alberta Women;s Emergency Shelter	ian.wheeliker@cawes.com	403-346-5643
Jasmin Greavett	Grande Prairie Women's Residence Association	director@odysseyhouse.ca	780-538-1332
Noreen Cotton	St. Paul & District Crisis Association	director@stpaulcrisiscentre.ca	780-645-5132
Carolyn Goard	ACWS Director, Member Programs and Service	cgoard@acws.ca	780-456-7000
Amy Mercure	ACWS Evaluation and Research Specialist	amy.mercure@acws.ca	780-456-7000
Irene Hoffart	Consultant, Synergy Research Group	synergyresearch@telus.net	403-240-2346

4. Committee Member Responsibilities

The key responsibility of the Committee members is to provide guidance, advice, and assistance towards achieving the overall committee purpose. More specifically, Committee members will:

- Regularly attend Committee meetings. Members who are unable to attend a given meeting are encouraged to provide input in advance of the meeting to assist those members who are present to make decisions that reflect the views of all members and move Committee work forward in accordance with timelines;
- Participate in small task groups, as may be required for the purposes of Committee work;
- Ensure Committee work is free from any perceived or real conflicts of interest by representing the views and best interests of all ACWS member shelters;
- Provide any documentation and information that is relevant to Committee work; and,
- Review any documentation submitted by the ACWS, and advise as to any revisions and additions.

5. **Additional Responsibilities of ACWS**

- Provide leadership, as well as financial resources for Committee work;
- Produce documentation as required and requested by the Committee members;
- Aggregate shelter data, complete data analysis and produce reports;
- Provide updates and recommendations to the Shelter Directors and the ACWS Board;
- Disseminate results and information as approved by the Committee members throughout the Alberta Shelter Network, Nationally and Internationally;
- Communicate with other community stakeholders and funders to apprise them of Committee work developments and to gather information from them that is relevant to Committee work; and,
- Ensure that Committee project deliverables are satisfactory and completed on time.

6. **Meetings**

Unless otherwise noted, Committee meetings will be held by teleconference
Call in: (559) 670-1000, Conference code – 787927#. The Committee will meet approximately once per month or more frequently as tasks require. To facilitate meeting schedule, the Committee has agreed to meet every third Monday of the month.

7. **Term of Committee Work**

The Committee will be meeting indefinitely, until the members decide that its work is concluded. Continuation of the Committee work will be revisited on an annual basis and these Terms of Reference adjusted to reflect the changing context of second-stage funding and service delivery environment.

APPENDIX C.
Staffing
Models

RECOMMENDED STAFFING MODEL FOR STAND ALONE
SECOND-STAGE SHELTERS

Position	4-8 apt	Salary		9-12 apt	Salary		13-16 apt	Salary		17-20 apt	Salary	
Executive Director	1	87,907	*	1	87,907	*	1	87,907	*	1	87,907	*
Finance	0.5	39,375		1	78,750		1	78,750		1	78,750	
Administrative Support	0.5	23,562	*	1	47,124	*	1	47,124	*	1	47,124	*
Data Management	0.5	23,562		1	47,124		1	47,124		1	47,124	
Program Manager	0.5	32,550		1	65,100		1	65,100		1	65,100	
Residential Counsellor	1	54,119	*	1.5	81,179		2	108,238		3	162,358	
Child Support Services	1.5	68,635	*	2	91,513		3	137,270		3	137,270	
Youth Worker	0.3	13,727		0.8	36,605		1	45,757		1	45,757	
Facility (housekeeping/maintenance)	0.5	20,574		0.6	24,689		1	41,149		1	41,149	
Outreach	1	54,119	*	1	54,119	*	1	54,119	*	2	108,238	
Public Education/Volunteer Coordinator	1	54,119		1	54,119		1	54,119		1.5	81,179	
Family Support Worker/Reception/Security	1.5	61,425		2	81,900		3	122,850		4.5	184,275	
Total	9.8	533,674		13.9	750,129		17.0	889,506		21.0	1,086,229	

*Current salaries as per HS contracted emergency shelter allocations

**Shelters include: Brenda Strafford, Discovery House, WINGS, Sonshine

***Estimated staffing costs $3,623,616

RECOMMENDED STAFFING MODEL FOR INTEGRATED
SECOND-STAGE SHELTERS

Position	4-8 apt	Salary		9-12 apt	Salary		13-16 apt	Salary		17-20 apt	Salary	
Second-stage Co-ordinator	1	65,100		1	83,721	*	1	83,721	*	1	83,721	*
Finance	0.5	39,375		1	78,750		1	78,750		1	78,750	
Administrative Support	0.5	23,562	*	1	47,124	*	1	47,124	*	1	47,124	*
Family Support/Residential Counsellor	1	54,119	*	1.5	81,179		2	108,238		3	162,358	
Child Support Services	1.5	68,635	*	2	91,513		3	137,270		3	137,270	
Youth Worker	0.3	13,727		0.8	36,605		1	45,757		1	45,757	
Facility (housekeeping/maintenance)	0.5	20,574		0.6	24,689		1	41,149		1	41,149	
Outreach	1	54,119	*	1	54,119	*	1	54,119	*	2	108,238	
Public Education/Volunteer Coordinator	1	54,119		1	54,119		1	54,119		1.5	81,179	
Reception/Security	0.75	30,713		1	40,950		1.5	61,425		2.3	94,185	
Total	8.05	424,043		10.9	592,770		13.5	711,671		16.8	879,729	

*Current salaries as per HS contracted emergency shelter allocations

** Took out project management and halved security costs from original model in tool-kit

*** Shelters include: Dolmar, Joie's Phoenix, Bigstone, Sucker Creek, Musasa, La Salle, Lynne's House

**** Total staffing costs estimated at $ 11,638,534

APPENDIX D
Second-stage Shelter Logic Model

Inputs

Governance	Resources: Financial, Human, Technical, Volunteer, Community	Program Operation and Administration	Facility Operation

Activities

- Measured using services provided and referrals lists in Outcome Tracker and agency documentation to describe community programming

Site Management	Safety Programming	Comprehensive Services to Women and Children	Services to Support Long-Term Housing Stability	Community Programming
• Rent collection • Tenant Management • Meals and snacks • Cleaning and laundry • Property Management • Site security	• Intensive and on-going safety planning incl. custody, access and legal issues • Secure facility • Screening visitors/phone calls • Security "walk-about"	• Long-term stay • Comprehensive goal setting and assessment • Intensive and on-going in-house case management, groups, programming, supports and follow-up • Transportation • Independent living with associated life skills supports • Supported referrals, advocacy and negotiation of systemic barriers • Cultural-specific activities • Counseling to address crisis, trauma and emotional needs • Childcare • Services and supports for children and youth • Move in/move out supports	• Housing planning and transition • Obtaining stable financial support • Legal and court supports, including court accompaniment • Food security • Household setup • Community reintegration	• Education and awareness programs • Inter-agency collaboration and networking • General advocacy for women and children • Public relations and fundraising

Client Background

- Measured using intake tab in Outcome Tracker
- Measured using assessment tools: DA/DA Circle, PTSD Scale and Acuity Scale, PSI and Developmental Checklist for children

Client Demographics	Abuse History	Health	Stability indicators	History of community connections
• Age • Aboriginal background • Immigration history, languages, translation required • Children – age and gender	• Type of abuse, type of abuser • Injuries/hospitalization • Levels of risk	• Physical health • Emotional/mental health (esp. trauma, PTSD) • Children's special needs and development • Addictions • Supports required to address health concerns	• Income/education • Legal/custody • Housing • Parenting stress • Readiness for change	• Referral sources • History of shelter use

Client Outcomes

Outcomes	Women keep themselves and their children safe	Children are more knowledgeable about keeping themselves safe	Women access needed resources	Women and children are safely housed	Women identify and meet their individual goals	Children and youth experience improvements in social and emotional development	Increased community awareness and support
Indicators	• # of women with a safety plan (for self and child) • # of women with increased knowledge of risk (for self and child) • # of women who set and achieve goals related to safety (of self and child) identified at intake • # of women who feel safe while staying at the facility	• # of children with a safety plan • # of children that set and achieve goals related to safety identified at intake	• # women who are referred to needed community resources • # women who set and achieve goals related to accessing community resources • # women who know how to access community resources • # women who access community resources • # and types of available resources and related access barriers	• # women who set and achieve goals related to housing • # women and children moving to safe housing at exit • Women's level of safety as identified by DA/DA circle • Length of time staying at the facility • # women and children housed after 6 months	• # women who set and achieve their individual goals (varies among individual women, e.g., physical/ emotional/mental health, immigration, custody arrangement, parenting, employment, education, etc)	• # of children demonstrating improvements in healthy social and emotional developments	• Strong community partnerships are developed and maintained • Community education efforts are effective • Community is mobilized to address the issue of domestic violence

Client Outcomes – Continued

Outcomes	Women keep themselves and their children safe	Children are more knowledgeable about keeping themselves safe	Women access needed resources	Women and children are safely housed	Women identify and meet their individual goals	Children and youth experience improvements in social and emotional development	Increased community awareness and support
Measures	• Safety plans completed by women • DA/DA circle • Client Feedback Questionnaire (knowledge of risk, feeling safer) • List of goals related to safety • List of goals related to safety that are achieved at exit (discharge plan)	• Safety plans completed by children • List of goals related to safety • List of goals related to safety that are achieved at exit (discharge plan)	• # and types of referrals received by women and children • Client Feedback questionnaire (know how to access resources, access community resources) • List of goals related to community resources • List of goals related to community resources that are achieved at exit (discharge plan) • List of barriers associated with resource access	• Database information on length of stay • Client Feedback Questionnaire (feel safe while in facility) • List of goals related to safe housing • List of goals related to safe housing that are achieved at exit • DA/DA circle • Plans re: returning to abuser • Reason for discharge • Housing plan at discharge • Follow-up interview at 6 months post shelter stay	• List of goals related to community resources • List of goals related to community resources that are achieved at exit (discharge plan) • Repeated administration of trauma scale • Client Feedback Questionnaire (women state that they met the goals they set for themselves)	• DH developmental checklist • may also consider PSI to measure parental stress	• Community partner survey

APPENDIX E.
Second-stage Shelter Project
Tool Description

Used by All Shelters

1. Danger Assessment

The Danger Assessment (DA) is a tool for predicting a woman's risk of being killed or almost killed by an intimate partner. The tool was developed by Dr. Jacquelyn Campbell (1986) with consultation and content validity support from abused women, shelter workers, law enforcement officials, and other clinical experts on abuse. There are two parts to the tool: a Calendar and a 20-item Questionnaire.

The Walking the Path Together Danger Assessment was developed as part of the Walking the Path Together Project that involved 5 on-reserve shelters in Alberta. It was developed to ensure cultural applicability and relevance of the Danger Assessment tool to Aboriginal women and includes a questionnaire, a seasonal calendar and a Circle DA. The Circle DA includes all of the questions of the DA in a circle format which is outlined with the labels of the 4 quadrants of human beings – physical, spiritual, emotional and mental.

The shelters can choose to complete either versions of the DA – the DA, the WTPT DA or both. Please see the ACWS Danger Assessment Curriculum and the Walking the Path TogetherTools: Danger Assessment for more complete information regarding administration of the Danger Assessment.

Administration Protocols – Questionnaires

- The DA Questionnaire or WTPT DA is to be completed after completion of the DA Calendar or the Seasonal Calendar. Once the Calendar is completed a staff reads the questions to the woman.
- The Circle DA allows women the opportunity to follow the questions that are asked of her and/or it may be used as a grounding tool. It provides a visual and tactile focus for women while answering often very difficult questions about their relationships.
- If a DA or WTPT DA is sent to the second-stage shelter from an emergency shelter as part of the referral process it is recommended that the DA or WTPT DA is reviewed with the resident within the first month of her residency in the shelter.
- If a DA or WTPT DA has not been completed previously for a woman or has not been shared by an emergency shelter it is recommended that the DA or WTPT DA be administered within the first two weeks of her residency in the shelter.
- The DA or WTPT DA should then be re-administered at 6 months and then reviewed again the time of discharge along with a safety plan.
- The DA or WTPT DA should be re-administered if there is significant change in resident's life as defined by the woman and the case manager.

<u>Scoring Procedures</u>

Note: Scoring of the WTPT DA is the same as for the original DA. The added WTPT DA questions are not scored but are documented to aid in the safety planning process.

- Add total number of yes responses 1–19
- Add 4 points for a yes to question 2
- Add 3 points for a yes to questions 3 and 4
- Add 2 points for a yes to questions 5, 6, and 7
- Add 1 point for each yes to questions 8 and 9
- Subtract 3 points if 3a is checked
- Total

<u>Interpreting the Scores: Levels of Danger</u>

- Less than 8 – variable danger
- 8–13 increased danger
- 14–17 severe danger
- 18 or more extreme danger

<u>Outcome Tracker Instructions</u>

- Once in an individual client's file click on the Activities tab.
- Then click on Enroll in Activity.
- You will then be taken to the screen that lists all of the Activities that are available in your Outcome Tracker site.
- If using the traditional DA: Select the DA and DVSA activity. Enter the responses into the Danger Assessment part of the activity. If you are entering data for both the DA and the DVSA and they have been completed on two different days enter the data for one and save and then enter the data for the second activity separately.
- If using WTPT DA: Select the WTPT DA and enter the responses to the questions.

2.   The Calendars

The Danger Assessment Calendar is a tool for raising a woman's awareness of her experiences with abuse so that she is better prepared to answer the 20 item Danger Assessment questionnaire. The calendar aids in safety planning as it assists women to identify patterns in their relationships with the individual that was abusive to them. Calendar acts as a tool to raise the consciousness of women and reduce the denial and minimization of the abuse in their lives (Campbell, 1995; Ferraro et al., 1983) and to aid the safety planning process*.*

WTPT seasonal calendar provides an alternative to the traditional, linear calendar. Women are invited to reflect on the seasons of the year to recall significant events in their lives as well as the abuse they experienced.

Hard copies of the Seasonal Calendar, the traditional linear calendar and the WTPT DA are in the WTPT Danger Assessment binder that all shelters received.

Administration Protocols

Staff support women as they reflect on the previous months or year of abuse. The woman is asked to mark the approximate days when physically abusive incidents occurred, and to rank the severity of the incident using a 1 to 5 scale. Incidents of physical abuse are labeled P1, P2, P3 etc, depending on the severity of the physical abuse experienced. Women are also asked to identify instances of cultural, emotional, financial, sexual and spiritual abuse. Depending which calendar is used you will select either the number of months that abuse was recorded or the number of seasons that abuse was recorded. A WTPT legend has also been developed to identify person or persons perpetrating the abuse.

Outcome Tracker Instructions

- Once in an individual client's file click on the Activities tab.
- Then click on Enroll in Activity.
- You will then be taken to the screen that lists all of the Activities that are available in your Outcome Tracker site.
- If using the DA Calendar select the DA and DVSA activity from the Activities list. The specific fields for the calendar portion of the Danger Assessment are immediately after the DA questionnaire. Enter the number of months that the abuse was recorded. Then enter the total number of specific types of abuse.
- If using WTPT seasonal calendar select from the activities list Walking the Path Danger Assessment activity. Then enter the number of seasons abuse was recorded and the total number of specific types of abuse.

3. Goal Attainment

The goal setting process is part of case management and action planning work at the shelter, beginning when women are first admitted and ending at the time of discharge. Over the course of the shelter stay counselors and individual women participate together in setting goals and evaluating their achievement. Women are encouraged and supported to decide which problems they want to address and how they want to address them. Although goal setting is client driven, setting goals is always a shared process with the counsellor providing guidance and support.

While it is crucial to maintain focus on the agreed upon goals that are set at an initial assessment, it is important that goals are regularly assessed to determine progress and also to determine if there are additional goals that the woman wants to set.

The initial assessment involves conceptualization of the problems a woman identifies, collaborative goal definition and an agreed upon plan of action to begin to work towards achieving the identified goals. Goal setting provides a solid foundation for the focus of work with each individual woman. The action plan provides guidance for the woman to take small steps towards achieving her goals. It is important to revisit the goals and, if necessary, make modifications to the goals throughout a woman's stay in Second-stage.

Administration Protocols: Identifying the Goals and Monitoring Goal Achievement

Second-stage shelter directors identified a list of 19 goal setting areas as important for women to address in their move towards greater safety, self-efficacy and independence. The counselors and the women may use the list to identify their goals using the following process:

- Within the first month of a woman's residency counsellor meets with a woman to support her to establish the goals that she wants to work on while residing at the shelter. It may be helpful to have a conversation with a woman about what she sees as areas in her life that she wants to change. Sharing the goal setting areas list may assist her to think about areas of her life she would like to work on.
- It is important for her to know that there is an expectation at the shelter that she works on goals in the areas of safety, accommodation and community networking. In addition to those areas the woman can select as many other areas as needed and reasonable to achieve over the course of her shelter stay.
- Develop goal statement or statements within each selected goal area. The woman may set as many specific goals within each area as she wishes and as reasonable over the course of her stay at the shelter. The goals should be stated specifically enough so that they can measured – see some examples provided within the goal area definitions – and can represent very small steps to enable her to work towards her larger goals. The goal statements should also include a time frame, i.e., the date by which the goal is expected to be achieved. In many instances the goals will focus on establishing linkages with resources outside of the shelter rather than expecting that the woman will achieve particular goals directly as a result of shelter services.
- The goals are reviewed after approximately 3 months and then again close to the time that a woman is planning to move out of second-stage. For shelters providing accommodation up to a year goals should be reviewed after 9 months and again near her leaving date from the shelter.
- Goals may be changed or more goals can be added during the duration of a woman's stay in the shelter. When reviewing the goals that have been set it is important to encourage women to assess their own progress in working towards the overall goals.

Goal Monitoring and Scoring

You should gather goal information a minimum of three times over the course of the woman's stay in the shelter – during the initial goal setting – to identify the areas of interest, once over the course of shelter stay and at the time of departure. In Outcome Tracker you will be able to select from one of the following to indicate when the review of the goals was completed:

- Initial goal setting (within the first month)
- First Goal Evaluation (3 months)
- Second Goal Evaluation (6 months or just prior to departure)
- Third Goal Evaluation (9 months or just prior to departure)
- Fourth Goal Evaluation (12 months or just prior to departure)

At each time of assessment you will be able to indicate the amount of progress that was made with respect to each goal, using the following scale.

1= Little or no progress,
2= Limited progress,
3= Some progress,
4= Good progress,
5= Complete

Some women may work very hard to achieve a goal and still not make progress due to service barriers. For example, a woman may set the goal of obtaining full custody of her children in order to ensure their safety. She may do everything in her action plan and not be successful because the court awarded joint custody to both parents. An option is also provided in Outcome Tracker to identify those instances where women experienced systemic barriers that created challenges for her in achieving her goals:

q□ Check if unable to complete due to service barriers

Goal Setting Areas

Note: every woman is expected to set goals in three areas: women's safety, housing/ accommodation and community resources.

1. *Women's safety:* Women's safety is the most important work of shelters and working with individual women to ensure that they have an understanding of their individual safety risks and develop a plan to decrease risks of violence and increase safety is essential. What safety actually means will be very different for individual women depending on their individual circumstances. Safety goals can vary from setting a goal of being able to travel safely to a place of employment or school, safety when exchanging children with an ex-partner, obtaining a restraining order or having a safety plan in place.

2. *Child safety:* The safety of children is also essential to the work of shelters. Each mom is supported to evaluate the safety of her children and to establish goal(s) to increase their safety. Examples of safety goals focusing on children might include talking to children about safety when on a visit with their father, obtaining sole custody, securing a restraining order or EPO that includes the children or having a safety plan for children.

3. *Housing/accommodation:* Because Second-stage shelter stay is time limited, all women are expected to work on obtaining accommodation. The specifics of this goal will vary for individual women. Some women may set a goal of buying their own home, some may have a goal of securing a rental home in a specific area, some may have a goal of securing subsidized housing, some may seek to relocate outside of Calgary, some may set a goal of placing their name on a waiting list, and some others may simply want to learn about what housing options exist or how to access those options

4. *Community resources*: There are a number of areas in this list that identify specific community resources that women might wish to access. This area allows the woman and the counselor to set a broad goal relating to general use of community resources. The goals set in this area may focus on gaining knowledge and general understanding of resources available in the community, learning how to access resources and demonstrating success in making contacts with resources of interest.

5. *Financial and income*: Some women in second-stage shelters may have a stable source of income and feel comfortable with their financial situation. Many will likely need to secure a reliable source of income which may include any of the following: applying for Alberta Works, Maintenance, Child Tax Credit, AISH, EI. Other woman may want to work on a goal of setting a budget and a plan on how to keep the budget. Others may have a goal of establishing a savings plan.

6. *Basic Needs/Identification:* Some women in second-stage may want to set goals related to acquiring furniture or other household items for their apartments. Others may set a goal of knowing about the resources necessary to assist with specific basic needs, for example, finding out how to access the food bank or become part of a Good Food Box program or Collective Kitchen. Obtaining appropriate identification may also be a goal for many women in this area.

7. *Legal issues:* There are a variety of legal issues that women accessing second-stage shelters may want to address, including, for example, obtaining a separation or divorce agreement, securing a maintenance order, or establishing a parenting or custody order. Other women may have immigration issues that they may want to seek legal advice about. Some women may want to pursue an EPO or a Restraining Order.

8. *Formal and informal supports:* Women living with an abusive partner are often isolated and have few supports in their communities or among their family and friends. Some

women may have goals related to increasing their formal and informal supports within the community. Some may set a goal to join a group that they are interested in, such as a mom and tots group or a craft group, others may seek to re-establish connections or improve relationships with their family members or friends. Some may want to work on a goal of establishing a co-parenting relationship with their ex-partners.

9. *Self-care and living skills:* Goals related to improving one's ability to care for oneself may be important for some women. For some women they have been so busy surviving they have not learned the importance of taking care of themselves and all of their various needs. Some may set goals that relate to creating a better balance in their lives- taking care of their physical, emotional, spiritual and mental needs.

10. *Employment/education:* Many women in second-stage shelters have had to rely on their partners for income. As they decide to move towards stability and independence they may set goals related to securing full or part time employment or alternatively goals related to upgrading, attending night school, on-line learning or attending university.

11. *Child care:* If women wish to attend school or secure employment then it is likely that they will also have goals that focus on securing safe, affordable childcare. Others may need childcare to help them pursue some other interests or to attend appointments (e.g., counseling, addressing legal issues, obtaining housing etc).

12. *Parenting:* Parenting while living in an abusive relationship can be very challenging. Some women may set goals that relate to their roles as mothers. They may want to learn to discipline in a healthy way, they may want to have a greater understanding of their child's development or work on their attachment to the child.

13. *Physical health:* Women living with abuse may have a variety of health issues related to the stress that they were living under. Some may set goals that focus on improving their physical health. Some may want to find a family doctor that is supportive and knowledgeable about family violence. Others may have neglected chronic health issues that they now want to attend to.

14. *Emotional and mental health:* Living with abuse can have a detrimental impact on a woman's mental health. Some women may be experiencing symptoms of trauma and now that they are living in a safe environment set a goal to deal with their past traumas. Others may be experiencing depression, suicidal ideation, or anxiety and set goals to work on these issues.

15. *Spiritual health:* Some women may set goals of finding a faith community to become a part of; others may want to set goals of finding a way to reconnect with past cultural/spiritual practices that were not supported in their relationships.

16. *Child's wellbeing:* Children are impacted by domestic abuse and moms may set goals that focus on their child(ren)'s well-being. Some moms may have a goal of finding a play therapist to work with their children, others may be interested in having their children participate in a group to learn how to express emotions.

17. *Managing addictions:* Some women may want to set goals to address addictions. Some may want to set a goal of getting into a residential treatment program, others may set a goal of working with an addiction counsellor, others may set a goal of attending a 12 Step program.

18. *Other:* This category may be used if women have goals that do not fit in any of the above categories.

Outcome Tracker Instructions

- Once in an individual client's file click on the Activities tab.
- Then click on Enroll in Activity.
- You will then be taken to the screen that lists all of the Activities that are available in your Outcome Tracker site.
- Select Goal Attainment.
- Enter the date for the initial goal setting. When selecting goals for the initial goal setting – select "little or no progress" when entering the goals into Outcome Tracker.
- At each follow-up goal evaluation select the first, second, third, etc goal evaluation and then rate each of the goals that were initially selected.

4. Admission and Discharge Information

Most shelters already gather admission and discharge information using their own intake and discharge forms. The admission section includes demographic and historical information as well as data on stability characteristics such as employment, income and living arrangements. Discharge information contains data with respect to resident's circumstances upon exit from the shelter and types of services provided in the course of shelter stay. Admission and discharge information is gathered for both women and children staying at the shelter.

Outcome Tracker Instructions – Admission Information

- Each adult woman residing in a second-stage shelter is given the role of Residential – Adult and the Residential Adult – Intake is completed.
- If the adult woman was a child in the shelter previously an end date must be put on the child's role – a date that corresponds to the child discharge date.
- Each child residing in a second-stage shelter is given the role of Residential Child and the Residential Child-Intake is completed.

- The mother and her children are connected via the Relationship tab. The mother is always the Primary Family Member and the Child is always the Family Member.
- On the mom's intake – the field Primary Family member Yes/No select yes.

Outcome Tracker Instructions – Discharge Information

- At the time that a family moves out of a second-stage shelter discharges are to be completed both for the mom and for each of her children.
- It is important when completing the discharge that the discharge tab is selected and then the admission date that you want to discharge from is selected (Admission dates are located on the right hand side of the screen in each woman/child's file).
- The Additional Services Provided by Second-stage Shelters question has been added to the list of questions available for the Admission Intake form. To add this question to the "Discharge form tab":
  - o Go to the Activities list.
  - o Click on Admission Intake form.
  - o Click on the forms tab.
  - o Select Residential Discharge- Adult.
  - o Click on the questions heading on the left hand side of the small screen that pops up
  - o You will find "Additional services provided by Second-stage shelters" at the bottom of the available question list on the left (see screen shot on the following page).
  - o Highlight this question and move it to the right. You can then use the up and down arrows to move this question below the other service provided question.
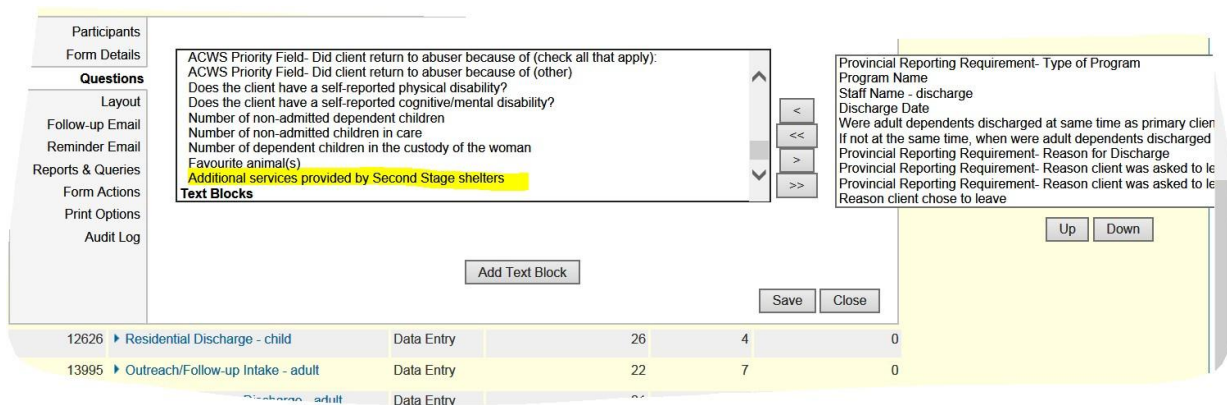
5. Occupancy

The occupancy rate is based on the number of occupied apartments and the number of unavailable apartments on the last day of each month. Unavailable refers to apartments that women and children are not able to occupy for a variety of reasons. This DOES NOT include unoccupied apartments – apartments that are available and ready for occupancy, or apartments that are occupied.

A certain amount of flexibility will be needed, because the numbers on the particular day may not represent the actual numbers that month. In this respect, individual shelters will make decisions as relevant to their unique situation.

Outcome Tracker Instructions:

- To access the Second-stage Occupancy Activity go to the People/Organization tab.
- "Kind" filter – select Organization Only and under role – select None and push Go.
- Select the name of your organization and click on it.
- You will be taken to a screen with the occupancy fields. Enter the information for your shelter – based on the occupancy on the last day of the month.

Used by Some Shelters

1. Domestic Violence Survivor Assessment Tool (DVSA)

The DVSA was developed by Dr. J. Dienemann in consultation with Dr. J Campbell. The DVSA is based on the Transtheoretical Model of change first developed by Prochaska. The DVSA focuses on individuals and their strengths, recognizes the nonlinear path of behavior change and the complexity of the process. The DVSA alters the TM model terminology and gives the stages of change titles that are relevant to moving toward a violence free life. The DVSA looks at 13 personal and relationship issues commonly faced by individuals impacted by domestic violence. These issues are grouped across four areas including Issues about Safety, Issues about Culture, Issues about Health and Issues about Self Strengths and Skills.

Administration Protocols

- Administered by staff trained to use the DVSA and who have had significant interactions with individual women.
- In Second-stage shelters to be completed within the first month after intake.
- In assessing where an individual woman is at the frontline counselor is to begin at the first box on the left hand side of the DVSA – Triggers of Abusive incidents. They are to read across the five boxes to the right and identify which one fits for the woman they are assessing.
- A colored highlighter is used to fill in the box giving the woman's viewpoint.
- If there is too little information to assess a specific issue or if a frontline counsellor can't decide how to assess a woman, then they are to leave the row blank.
- If an individual client is "in between" two boxes, both boxes are to be filled in.
- This is done for each of the remaining 12 issues.

Scoring Procedures

- After rating each issue, score each box checked with a 1 through 5 with Pre-contemplation being a 1 and Maintenance a 5.
- Halfway ratings score between the two – 1.5, 2.5, 3.5, 4.5.
- Add the scores for all issues rated.
- Divide the sum by number of issues rated.
- Round this number to the nearest tenth: for example 1.55 = 1.6.

Interpreting the Scores

The DVSA score indicates the stage where an individual woman is at and is used as a guide to determine possible interventions that may be useful for women at specific stages of the change model.

- 1.0–1.5: indicates that a woman is in the Pre-contemplation Stage (Committed to continuing the relationship)
- 1.6– 2.5: indicates that a woman is in the Contemplation Stage (Committed, but questioning the relationship)
- 2.6–3.5: indicates that a woman is in the Preparation Stage (Considers change – looking at options)
- 3.6–4.5: indicates that a woman is in the Action Stage (Breaks away from the relationship or partner has stopped abusive behaviors)
- 4.6–5.0: indicates that a woman is in the Maintenance Stage (Establishes a new life either with partner or on own)

Outcome Tracker Instructions

- Once in an individual client's file click on the Activities tab.
- Then click on Enroll in Activity.
- You will then be taken to the screen that lists all of the Activities that are available in your Outcome Tracker site.
- Select the DA and DVSA activity. Scroll down to find the questions for the DVSA and enter the data. Note the Danger Assessment and DVSA have been entered as one activity. If you are entering data for both the DA and the DVSA and they have been completed on two different days enter the data for one and save and then enter the data for the second activity separately.

2. PSI (Parenting Stress Index)

This screening and diagnostic instrument was developed by Dr. Richard Abidin on the basis that the total stress a parent experiences is a function of certain salient child characteristics, parent characteristics, and situations that are directly related to the role of being a parent. The child characteristics are measured in 6 subscales: distractibility/hyperactivity, adaptability, reinforces parent, demandingness, mood, and acceptability. The parent personality and situational variables component consists of 7 subscales: competence, isolation attachment, health, role restriction, depression, and spouse. The PSI is used for early identification of dysfunctional parent/child interactions. The tool can be used with parents of children zero to 12 years of age. The short form consists of 36 items and yields a total stress score from 3 subscales: parental distress, parent/child dysfunctional interaction and difficult child.

Administration Protocols
- Read through the test instructions with the woman to be sure she understands how to complete the test.
- Advise her that, if she wants to change her mind about an item she has completed, she should put an X through her original answer and circle the correct answer.
- It will take her anywhere from about 10 minutes to half an hour to complete depending on reading skills and other personal factors. When she has finished, check that she has responded to every question and provide any explanation needed to support her in completing any omitted items.

Scoring Procedures
- Tear off the perforated strip at the top of the test answer sheet and carefully remove the top sheet to expose the scoring sheet.
- Missing Data: Check again to see if any items have been omitted. If more than one item has been left out of a subscale, do not score that subscale. If only one item is missing from a subscale, add up the completed items and divide the total by 11 to obtain an average item score for that scale. Enter this average score for the missing item and proceed as below.
- Add up the responses to items 1, 2, 3, 7, 8, 9 and 11. Enter the total in the box labelled "Defensive Responding" in the upper right hand corner of the sheet.
- Add up items 1 through 12 and enter the total in the box labelled PD (Parental Distress Subscale).
- Add up items 13 to 24 and enter the total in the box labelled P-CDI (Parent-Child Dysfunctional Interaction Subscale).
- Add up items 25 to 36 and enter the total in the box labelled DC (Difficult Child Subscale).
- Add up the three sub-scale scores (PD, P-CDI, and DC) and enter the total in the box labelled "Total Stress". Note that you are summing only these three scales. Do not include the Defensive Responding score in the calculation of Total Stress.
- Plot the scores to obtain a profile (see Manual page 54 if assistance is required).

Interpreting the Score

To support interpretation, use the Manual (pages 55 to 56).

- *Defensive Responding*. The score in this box will allow you to see the extent to which the parent is trying to answer in a way he/she thinks will make them look the best. Parents who score high on this scale may be trying to minimize any problems, stress, or negativity in their relationship with their child. However, a high score on this scale alone cannot determine to what extent the parent is trying to respond in an untrue, yet favorable way. It needs to be thought of as one piece of information you have which brings you to the conclusion. A score on this scale of 10 or less indicates responding in a defensive manner and indicates that caution should be used in interpreting any of the sub-scale or total stress scores. Low scores on this scale indicate high levels of defensive responding.

- *PD–Parental Distress:* This sub-scale examines to what extent the parent is experiencing stress in her role as a parent. It measures a sense of parenting competence, stresses associated with restrictions on her life, conflict with the child's other parent, social support and depression.
- *P-CDI–Parent-Child Dysfunctional Interaction*: This sub-scale assesses the extent to which the parent believes that her child does not meet their expectations and their interactions are not satisfying.
- *DC–Difficult Child*: This sub-scale indicates how easy or difficult the parent perceives her child.
- *Total Stress*: This is the measure of the stresses the parent is experiencing in her role as a parent.

Outcome Tracker Instructions
- Once in an individual client's file click on the Activities tab.
- Then click on Enroll in Activity
- You will then be taken to the screen that lists all of the Activities that are available in your Outcome Tracker site.
- Select the PSI.
- Enter the score for Defensive Responding.
- Enter the scores for the remaining subscales.
- Enter the total for Parenting Distress, Parent-Child Dysfunction and Difficult Child.

3. Women's Emergency Shelter Feedback Survey

This survey was developed by the Long Term Working Group (a collaborative committee with representatives from Shelter Directors, ACWS and Human Services).

Administration Protocols
- Women complete the Women's Emergency Shelter Feedback Survey near the end of the stay in the shelter.

Outcome Tracker Instructions
- Once in an individual client's file click on the Activities tab.
- Then click on Enroll in Activity.
- You will then be taken to the screen that lists all of the Activities that are available in your Outcome Tracker site.
- Select the Women's Emergency Shelter Feedback Survey and enter the responses to the questions.

4. IES-R Impact of Events – Revised Scale

A short, easily administered self-report questionnaire, the Impact of Event Scale – Revised (IES-R), has 22 questions, 5 of which were added to the original IES to better capture the DSM-IV criteria for PTSD (Weiss & Marmar, 1997). The tool, not diagnostic for PTSD, is an appropriate instrument to measure the subjective response to a specific traumatic event especially in the response sets of intrusion (intrusive thoughts, nightmares, intrusive feelings and imagery, dissociative-like re-experiencing), avoidance (numbing of responsiveness, avoidance of feelings, situations, and ideas), and hyperarousal (anger, irritability, hypervigilance, difficulty concentrating, heightened startle), as well as a total subjective stress IES-R score. There is no specific cut-off score. The IES-R revises the original IES, recognized as one of the earliest self-report tools developed to assess post traumatic stress, to add a third cluster of symptoms, hyperarousal, to intrusion and avoidance subscales.

Administration Protocols

- IES-R is completed by women within the first week of their admission to the shelter.
- Women will answer the questions based on how distressing each item has been for them during the past seven days . The possible responses are: 0 = Not at all; 1 = A little bit; 2 = Moderately; 3 = Quite a bit; 4 = Extremely.

Scoring Procedures

- The Intrusion subscale is the MEAN item response of items 1, 2, 3, 6, 9, 14, 16, 20. Thus, scores can range from 0 through 4.
- The Avoidance subscale is the MEAN item response of items 5, 7, 8, 11, 12, 13, 17, 22. Thus, scores can range from 0 through 4.
- The Hyperarousal subscale is the MEAN item response of items 4, 10, 15, 18, 19, 21. Thus, scores can range from 0 through 4.

Outcome Tracker Instructions

- Once in an individual client's file click on the Activities tab.
- Then click on Enroll in Activity.
- You will then be taken to the screen that lists all of the Activities that are available in your Outcome Tracker site.
- Select the IES-R activity.
- Shelters have a choice of entering the responses to the 22 questions and not including the above calculations. ACWS is working with Vista Share to create a report that will calculate the scores. If sub-scores and totals are not entered into Outcome Tracker the only way shelters will be able to access this information is by running the report.

5. Safety Related Activities

These questions were developed for the ACWS DA Project, to track different safety-related activities that shelter staff implement when speaking with women in shelters. The questions help track, for each contact with the woman, whether or not a safety plan was developed or changed and whether or not different safety-related activities took place in the course of the contact with the woman.

According to the DA Project participants, tracking safety activities in this way allows shelters to demonstrate all of the work that they do to support women's safety, to help staff remember to document safety activities that represent an essential part of shelter work and to show a comprehensive picture of the safety-related activities they do.

Administration Protocols

- Complete safety-related questions each time a case note is completed.
- Check one or both boxes indicating whether or not a safety plan was developed or changed.
- If either one of the boxes was checked then identify the specific type or types of safety planning work that took place.

Outcome Tracker Instructions

- Once in an individual client's file click on the Activities tab.
- Then click on Enroll in Activity.
- You will then be taken to the screen that lists all of the Activities that are available in your Outcome Tracker site.

APPENDIX F.
Types of Housing Definitions from Alberta Interagency Council on Homelessness: Glossary of Terms

1.   Supported and Supportive Housing

Interim Housing – A housing alternative for individuals being re-housed, following incarceration or having left a domestic violence situation so they do not become homeless during such events. (FVPHS)

Multi-Purpose shelters – include both emergency and short/long-term supportive housing (second-stage housing) spaces. (FVPHS)

Permanent Supportive Housing (long-term) – Is an intensive model of congregate housing and 24/7 in-house services designed to serve individuals experiencing homelessness for longer periods of time, who may be chronically homeless, and who have many complex and likely co-occurring issues such as a mental health condition, physical health condition, or addiction, and who may benefit from tightly linked supportive services in order to utilize the clinical services they need in order to stabilize their lives and maintain stable housing. The support services **are linked** to the housing itself. The delivery model incorporates support services in the operations of the housing and staff members usually work in the facility to provide support to residents. *(Family Violence Prevention and Homeless Supports – FVPHS)*

Second-stage shelters – provide safe, transitional housing with client-centered, supportive programs for six months or more. They give a woman the necessary time to begin healing from the wounds of an abusive relationship, to find counseling, a job or educational opportunity. They provide wrap-around services and a safe home for her and her children. (Alberta Council of Women's Shelters)

Short-term Supportive Housing / Transitional housing – Short-term supportive housing provides intensive supportive services in a more structured, place-based environment to homeless clients. Services and housing that they provide are time limited and designed to facilitate movement to independent living or permanent housing *(Calgary Homeless Foundation)*

Supported housing **–** There are no staff members on-site. If a resident needs further assistance to live independently, case management is often used to provide this support. Supported housing features independent apartments, housing co-operatives or other government funded social housing for people with low incomes. Residents often have some choice over their housing and also are often in control of the amount of support provided*. (Centre for Addiction and Mental Health)*

Supportive housing **–** Housing and supports are linked. This means that staff members usually work in the residences to provide support. The amount of hours that staff spends on-site depends on the level of assistance needed by the residents. Supportive housing can be group home settings, low-support self-contained apartments, or high-intensity congregate housing. Residents in supportive housing have limited choices in their housing setting and do not usually have a choice over who lives in the house with them or their neighbors. *(Centre for Addiction and Mental Health)*

Transition home/shelter: Facility offering short- or moderate-term (1 day to 11 weeks) secure housing for abused women with or without children. This type of shelter may also be referred to as first-stage emergency housing (Statistics Canada).

2.   Emergency Shelters or Accommodation

Emergency Shelter – Emergency shelters provide temporary accommodations and essential services for individuals experiencing homelessness. These shelters typically have minimal eligibility criteria, offer shared sleeping facilities and amenities, and often expect clients to leave in the morning. They may or may not offer food, clothing or other services, and usually have a short-term time limit on length of stay. *(FVPHS)*

Safe home network: A network of private homes in rural or remote areas where there is no full-fledged operating shelter. It offers subsidiary short-term (1 to 3 days) emergency housing for women.
Other: Includes all other residential facilities offering services to abused women with or without children, not otherwise classified. This category includes rural family violence prevention centres in Alberta, interim housing in Manitoba, family resource centres in Ontario, and other types of emergency shelters such as YWCAs. Note that these services may not be exclusive to abused women.

Women's Emergency Shelter – Facilities that provide basic emergency and crisis services including safe accommodation, meals, information and referral. They provide a high-security environment for women (and sometimes men) and children fleeing family violence or other crisis situations. Clients are not required to leave during the day. These facilities offer a range of supports and service to help clients rebuild their lives. (FVPHS)

3.   Permanent Housing

Affordable Housing – Housing that is available at a cost that does not compromise an individual's ability to meet other basic needs, including food, clothing and access to health care services, education and recreational activities.

For calculation purposes, housing costs that are less than 30% of before-tax household income (income includes any and all money earned or received, including government transfers). For renters, housing costs include rent and any payments for electricity, fuel, water and other municipal services. For owners, it includes mortgage payments (principal and interest), property taxes, and any condominium fees, along with payments for electricity, fuel, water and other municipal services. (CMHC)

For women fleeing violence, housing is considered affordable when government supports are sufficient to cover the damage deposit and first month's rent.) (FVPHS)

Appropriate Housing – Housing that is safe, offers access to schools, employment and services, is modest in amenities and floor area but is not overcrowded (meets National Occupancy Standards), is adequate (does not require major repairs), and rents or leases below market rent in the community or area in which the unit is located. (Affordable Housing Initiative, Sub2 Agreement, with CMHC).

Housing First – Adopting a Housing First approach means that permanent housing is provided along with comprehensive, client-directed support services based on each individual's particular needs, to promote housing stability and individual well-being. Support services may include intensive medical, psychiatric and case management services including life skills training, landlord liaison assistance and addictions counseling. The essential elements of the Housing First approach are:

a) rapid rehousing of homeless people without pre-conditions or limitations to length of stay;
b) a commitment to working with clients for as long as they need;
c) an emphasis on consumer choice and self-determination (within given structural constraints);
d) an orientation on recovery and harm reduction; and
e) social and community integration. (FVPHS)

Permanent Housing **–** safe and secure accommodations that meets all applicable federal, provincial and municipal housing codes and licensing requirements. Permanent housing does not have established time limitations for residency and comes with the expectation of long-term sustainability. (Human Services)

Social Housing **–** Units are owned and operated by government or non-profits.