Building Informed Service Delivery

in Second-Stage Shelters

Phase II

Final Report

ACKNOWLEDGEMENTS

Traditional Lands
ACWS acknowledges the traditional lands upon which we live, work, and play. We recognize that all Albertans are Treaty people and have a responsibility to understand our history so that we can honor the past, be aware of the present, and create a just and caring future. ACWS celebrates and values the resiliency, successes, and teachings that Alberta's Indigenous people have shown us, as well as the unique contributions of every Albertan.

The ACWS office is located on Treaty 6 land, which is the traditional territory of the Plains Cree and an ancient gathering place of many Indigenous peoples for thousands of years. These lands have also been home to and a central trading place of the Blackfoot, Nakota, Assiniboine, Dene, and the Métis people of western Canada.

We honour the courage and strength of Indigenous women.   We honor them as life givers and care givers as we honor and learn from their continuing achievements, their consistent strength, and their remarkable endurance.

Our members – and the participating shelters in this project - serve all nations and all peoples; they are located on Treaty 6, 7 and 8 lands across this province which include the six Metis regions of Alberta.

Women in Second-Stage Shelters
ACWS gratefully acknowledges the women who stayed in Alberta's second-stage shelters, who gifted us with their time, personal experiences and perspectives on shelter services and supports, including the barriers they faced as well as their suggestions for service improvement.

Second-Stage Shelter Committee Members
Thank you to ACWS members who participated in this ground-breaking work. We would like to particularly thank the Shelters Directors and their designated staff who participated on the Committee and the interviews:

- Alma Fourie, Brenda Strafford Centre for the Prevention of Domestic Violence, Calgary
- Angela Rooks-Trotzuk and Charlene Rowein, Lloydminster Interval Home Society, Lloydminster
- Cassie Putnam and Melissa Green, Hope Haven Society, Lac La Biche
- Cindy Easton, Mountain Rose Women's Shelter Association, Rocky Mountain House
- Ebony Rempel and Stacey Budgell, Grande Prairie Women's Residence, Grande Prairie
- Ian Wheeliker, Central Alberta Women's Emergency Shelter, Red Deer
- Joy Johnson-Green and Marvolyn Johnson, Sonshine Society of Christian Community Services, Calgary
- Karen Reynolds and Carol Siziba, Catholic Social Services, Edmonton
- Michele Taylor and Jenna MacDonald, Waypoints, Fort McMurray
- Monique Auffrey and Tanya Rossetti, Discovery House Family Violence Prevention Society, Calgary

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I. 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. 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 including two on-reserve.[1] Seven of Alberta's second-stage shelters are run by sheltering organizations that also operate emergency shelters.[2]

Ten members offering second-stage residential programs, as well as members in the process of building or planning to build a second-stage shelters, began to meet formally in February of 2013 to support Phase I implementation of the Second-Stage Shelter project. The purpose of Phase I was to collectively develop strategies that promote a common understanding of and support for second-stage shelters in Alberta.

Phase 1 of this project supported creation of informed service delivery cultures within each participating organization. As shelter staff improved their capacity to collect, analyze and report data, they were better able to understand the needs of women and children in their shelters, supporting delivery of more responsive and informed services. With increased knowledge, shelter staff will be better equipped to effectively advocate for needed community services as women transition from shelter life to living in community.

Our project goals were intended to:
- Position second-stage shelters within the housing and supports spectrum of homeless service provision;
- Demonstrate the important role shelters play in housing women and children leaving domestic violence;
- Support the development of a clear, convincing rationale for the need and benefits of safe and supportive housing for women and children leaving abusive relationships, and
- Ultimately result in access to long-term and sustainable funding supports.

Phase I of the project concluded in April of 2015, with submission of several deliverables including:

- Promising practice review
- Second-stage logic model
- Implementation of new data collection tools
- Phase I report

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[1] The two on-reserve members offering second stage programs did not participate in this study.
[2] Alberta also has two shelters that specialize in services to meet the needs of older adults who have been abused.

[2] Alberta also has two shelters that specialize in services to meet the needs of older adults who have been abused. These shelters also provide longer term stays than what has traditionally been seen in women's emergency shelters and also offer a host of services and community supports. These shelters did not participate in the study.

1.1 Project Phase II

All members that participated in Phase I remained committed to continue with the initiative, as demonstrated by their participation in the Phase II inaugural webinar training, which focused on a new goal attainment tool to be implemented in Phase II. Other members also joined: some had plans for opening a second-stage shelter; some had just recently opened second-stage shelters; and some others had similar services, albeit not formally designated as second-stage shelters.

Phase II began with the launch of goal attainment data gathering on April 1, 2015. Phase II built on the activities and documentation developed in the first phase, with the following major objectives:

1. Women and children who receive second-stage shelter services achieve stability and safety as a result of their shelter stay (see Logic Model for specific indicators and tools in the Addendum Document).
2. Participating Second-stage shelter have the needed capacity to deliver evidence-based and informed service.

Phase II activities included:

- Tool finalization and training: Preparation for Phase II, including training webinars and support to shelter staff for enhanced data collection tools and processes (see tools attached in the Addendum Document).
- Development of an Acuity Scale: Acuity assessment quantifies the complexity of needs women and children in shelters experience (see Section VII and Addendum Document for scale documentation).
- Data collection with training and support: Shelter staff collected data and individual and group support was provided to them through training webinars and telephone consultation.
- Quarterly data review: The data collection process was supported by quarterly meetings and reports. Emerging information helped inform service delivery and new questions.
- Staff and client interviews: Helped describe service implementation, the impact of the project on shelter services, and outcomes for women at discharge as well as after they leave the shelter (see summary of their feedback in Sections VIII and IX and the Addendum Document for interview schedules).
- Final report: Synthesizes project outcomes from both Phases and identifies next steps for ACWS and its member organizations (this document).

Participating Organizations

The project involved sixteen ACWS member organizations that represented all Alberta regions and that either currently deliver second-stage shelter services, plan to deliver such services or deliver similar services (e.g., domestic violence housing first, third stage shelter, progressive housing). Twelve of these organizations had functioning second-stage shelters or transitional housing in Phase II and contributed data to the project (see Table 1).

Table 1. ACWS Member Organizations with Operational Second-Stage Shelters or Transitional Housing

Member Organization	Shelter/Housing Name	# of Apartments	Location
Brenda Strafford Centre for the Prevention of Domestic Violence	Brenda Strafford	34	Calgary
Catholic Social Services	La Salle	11	Edmonton
Discovery House Family Violence Prevention Society	Discovery House	19	Calgary
Dr. Margaret Savage Crisis Centre Society	Joie's Phoenix House	6	Cold Lake
Grande Prairie Women's Residence Association	Serenity Place	14	Grande Prairie
Hope Haven Society	Lynne's House	2 (with plans for an additional 2 units)	Lac La Biche
Lloydminster Interval Home Society	Dolmar Manor	5	Lloydminster
Medicine Hat Women's Shelter Society	Musasa House	10	Medicine Hat
Rowan House Society	Rowan House	4	High River
Sonshine Society of Christian Community Services	Sonshine Center	24	Calgary
Waypoints	Wood Buffalo Second Stage Housing	13	Fort McMurray
Wings of Providence Society	WINGS	20	Edmonton

Additional four organizations that participated in the study had plans underway to develop a second-stage shelter or similar types of housing in their locations:

- St. Paul & District Crisis Association, St. Paul
- Wellspring Family Resource & Crisis Centre Society, Whitecourt
- Central Alberta Women's Emergency Shelter, Red Deer
- Mountain Rose Women's Shelter Association, Rocky Mountain House

II. Shelter Service Use

2.1 Admissions and Service Use

The information in this report describes experiences of women and children who resided in eleven second-stage shelters between April 2013 and February 2017:[3]

- Over that period shelters supported a total of 2,704 individuals including 997 women and 1,707 children;
- Of these, 112 women and 146 children were admitted prior to April of 2013;
- Ten of the 997 individual women (about 1%) were admitted more than once within this time period;
- Over the same time period, 860 women and 1,441 children – a total of 2,301 - were discharged from second-stage shelters.

Most of these women and children (n=687, about 70%) were referred to second-stage shelters by emergency domestic violence shelter staff, confirming their role as providers of housing and wrap-around supports to women for whom emergency shelter stays are not sufficient. Other sources of referrals included self-referrals or referrals from various community agencies.

As shown in Figure 1, service and admission numbers have grown since the study began, mostly due to the expansion of second shelter space (new programs began operating and existing shelters added new apartments), all reflecting the continued demand for second-stage shelter services across Alberta. The decrease in 2016-17 shown in Figure 1 could be a result of the incomplete fiscal year (data collection ended in February 2017), but may also reflect the increase in vacancy rates in Alberta in 2016. About 77% of all second-stage shelter admissions are in Edmonton (27%) or in Calgary (50%), again reflecting the number of second-stage shelters and number of apartments in each of the shelters located in those cities.

Figure 1. Number of Women and Children Served and Admitted by Fiscal Year

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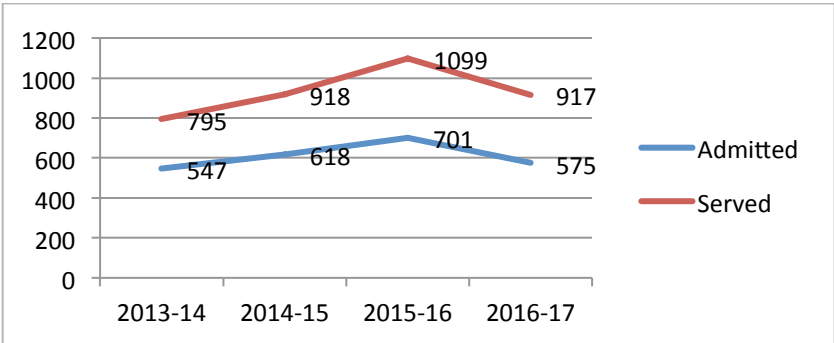
[3] Note that one of the shelters uses a different database, with somewhat different dataset. That shelter's data is reflected in: Section 2.1, Section III, portions of Sections 4.1 and 4.2, Section 5.1, portions of Section 6.1 and complete Sections VII through X.

2.2 Occupancy

The concept of shelter occupancy helps us understand how full the shelters are at any one time. This term was adopted from the hotel industry and does not fully translate into the work of the second-stage shelters, as women do not move in and move out with minimal time lag in between. There needs to be time to change bedding, clean rooms, as well as spend time with the woman and her children at discharge plus conduct an empathetic intake for the next woman who will be occupying the apartment.

Often second-stage shelter apartments are unavailable because they are under repair, awaiting an out of town transfer, closed for health reasons or renovations and painting as well as a host of other reasons unique to each shelter. Figure 2 below quantifies a frequency with which these reasons were identified between April of 2014 and February 2017 to describe why the apartments were not available each month, with cleaning and maintenance and repairs as the reasons most frequently sited.

Figure 2. Reasons Why Apartments Were Not Available[4]
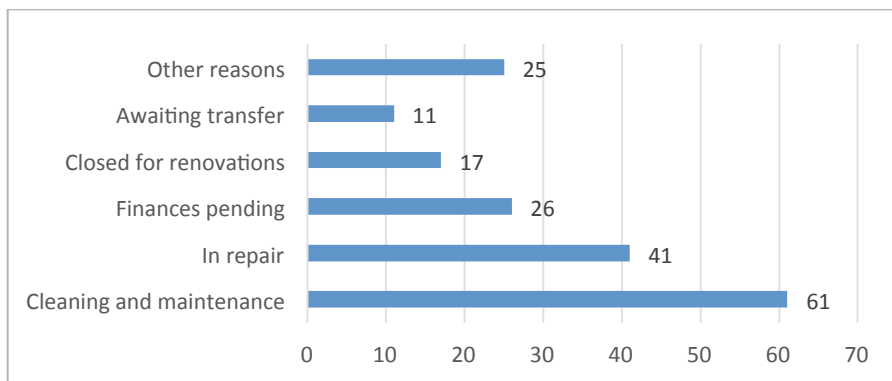
In order to account for these unique factors and to meet funder reporting requirements on occupancy, ACWS members developed an occupancy rate calculation formula, as follows:

Funded apartment occupancy rate = Number of people in shelter plus apartments that are held or unavailable divided by total number of provincially funded apartments.

Figure 3 averages monthly occupancy results for the years 2014, 2015, 2016 and the first two months of 2017 and compares it across urban shelters (Calgary or Edmonton) and shelters in other smaller municipalities or rural locations. As can be seen in Figure 3, the urban occupancy rate consistently remains at near 100%, while the occupancy rate in smaller locations fluctuates and is lower. While the population size and accompanying demand produce the 100% occupancy in Calgary and Edmonton, the rate in other locations is likely a result of several factors including size of shelter, resources and housing available in the shelter community, average cost of living as well as the size of families accessing the shelter.

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[4] Other reasons included instances where the apartments were used for an emergency, where the staff were waiting for the referrals to be screened, or where furniture delivery was pending.

Figure 3. Average Occupancy Rate by Location by Year
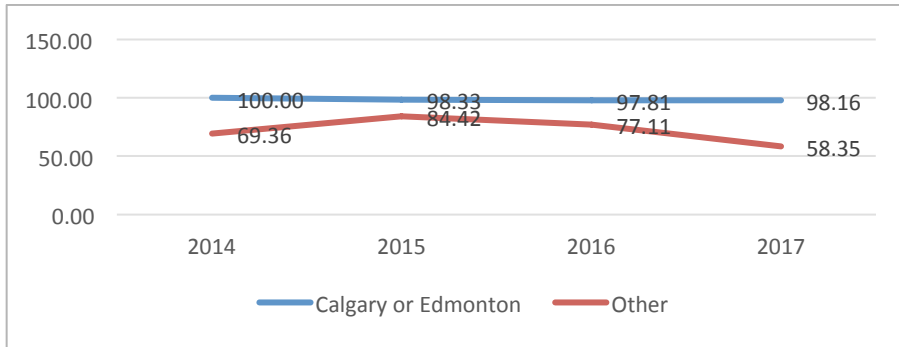
Finally, the occupancy rate is a misleading measure particularly for smaller shelters with 2 or 3 apartments, where one empty apartment may mean an occupancy rate of 50% or 75%. Occupancy in these shelters cannot be measured with the same consideration as occupancy at mid-sized and large urban shelters that are temporary homes for a larger number of women and families. ACWS and members continue to have a conversation about the value of tracking occupancy rate and the meaning that it has, particularly for shelters in rural or smaller centers.

III. Women and Children in Second-Stage Shelters

3.1 Demographic Characteristics

The demographic characteristics of 997 women who resided in the second-stage shelters between April of 2013 and February of 2017 were as follows:

- Women were, on average 35 years of age – as is consistent with research suggesting that 18 to 34 years is the age when most women first experience domestic violence[5].

- Second-stage shelters support families: most women (795 or 87%)[6] were admitted with children, and about 60% of them were admitted with two or more children; the children were, on average, seven years of age, with about half of them (49%) six years of age or younger. About 35% of these children had current or previous involvement with children's services.

  Children are getting progressively younger – from an average of 9 years for children admitted in 2013/14 fiscal year, to 7 years in 2014/15 and 2015/16 and 6 years of age in 2016/17 fiscal year. This trend supports the need for trauma-informed care for children who are exposed to domestic violence at a younger age.[7]

- The population of second-stage shelters is diverse: it was comprised of non-Aboriginal women who were born in Canada (39%), Aboriginal women (35%) and women who immigrated to Canada from other countries (26%).

  The highest proportions of immigrant women came to Canada from India (8%), Pakistan (7%), Philippines (7%), Ethiopia (5%) and Nigeria (4%). On average, these newcomers had lived in Canada for about 9 years, with 28% in Canada for 3 years or less. Consistent with Canadian immigration and population trends, the urban shelters were more likely to provide a temporary home for immigrant women - about 32% of women housed there were newcomers to Canada as compared to 8% of women housed in smaller locations. On the other hand, the shelters in smaller locations were more likely to provide safe housing to Aboriginal women - 47% of all women in shelters located in smaller jurisdictions were Aboriginal, as compared to 31% of women in urban shelters.

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[5] National Intimate Partner and Sexual Violence Survey, 2010 Summary Report. National Center for Injury Prevention and Control, Division of Violence Prevention, Atlanta, GA, and Control of the Centers for Disease Control and Prevention. https://www.domesticshelters.org/domestic-violence-articles-information/domestic-abuse-topline-facts-and-statistics#.WAUEmZMrLBI

[6] Excluding admissions from shelter not on Outcome Tracker

[7] Baker, L., and Campbell, M. (2012). Exposure to Domestic Violence and its Effect on Children's Brain Development and Functioning. Learning Network Brief (2). London, Ontario: Learning Network, Centre for Research and Education on Violence Against Women and Children. www.learningtoendabuse.ca/learningnetwork/network-areas/childrens-exposure

- Poverty is a significant issue for most women and children in second-stage shelter: Regardless of their income prior to leaving, many women leaving violent relationships have limited finances available to them. 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.[8]

  Children who experience poverty, especially persistently, are at higher risk of suffering health problems, developmental delays, and behavior disorders. They tend to attain lower levels of education[9] and are more likely to live in poverty as adults.[10]

  Social assistance was the top source of income for women in second-stage shelters (69%) with other sources including AISH, pensions, student funding, child tax credit and income from partner or family. Most of the women responding (84%) described their financial situation as a concern at the time of intake and were unemployed (83%); a sizeable proportion did not complete high school (38%). As such, second-stage shelter support is essential for these women and children to address their basic needs and link them with financial, employment, child care, and education opportunities.

3.2 Health and Addictions

Overall, almost two-thirds of the women in second-stage shelters (65%) self-reported or were observed to have one or more types of health concerns. These concerns included mental health issues or developmental concerns (54%), physical health issues (39%), and addiction issues (33%). Eleven percent of these women were seriously considering suicide at the time of shelter admission.

The health and addiction issues among women accessing the second-stage shelters are significant, both in terms of the number of women experiencing those issues as well as the seriousness of the issues they are facing. As frequently confirmed in literature, most of these problems are caused by, or are at least related to the woman's experience of abuse[11]. Box 1 below describes in more detail the types of health and addiction issues women were experiencing at the time of their admission to second-stage shelter.

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[8] 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.

[9] http://www.conferenceboard.ca/hcp/details/society/child-poverty.aspx#_ftn1

[10] from Dominique Fleury, "Low-Income Children," *Perspectives on Labour and Income* 9, 5 (Ottawa, Statistics Canada, May 2008), 1 (accessed September 9, 2009). http://www.conferenceboard.ca/hcp/details/society/child-poverty.aspx

[11] Van Berkum, A., Oudshoorn, A. (2015). Best Practice Guideline for Ending Women's and Girl's Homelessness. Funded by the Government of Canada Homelessness Partnering Strategy; Scott, S. and McManus, S. (2016). Hidden Hurt: Violence, Abuse and Disadvantage in the Lives of Women. DMSS Research, United Kingdom.

Box 1. Types of Mental Health, Physical Health or Addiction Concerns Self-Reported or Observed

Physical health concerns	Mental health concerns	Developmental/ cognitive concerns	Addictions
• Serious injuries (e.g., head trauma, chronic pain, limited mobility, broken bones) • Chronic illnesses (e.g., diabetes, arthritis, fibromyalgia, seizures, thyroid problems, asthma, heart condition, Hep C, HIV/AIDs) • Acute illnesses (e.g., kidney problems, bronchitis, Lupus, IBS, STDs, infections)	• Anxiety and phobias • Depression • PTSD • Bipolar disorder • Eating disorder • Suicidal ideation or attempts • Personality disorders • Schizophrenia	• ADHD • FASD/FAE • Developmental delays • Learning disability	• Alcohol • Illegal drugs • Prescription medication • Tobacco • Compulsive shopping • Gambling • Sex addiction

Figure 4 demonstrates that the proportion of health issues as experienced by women in the second-stage shelters - with a possible exception of addiction issues in the most recent fiscal year - has generally been increasing since 2013/14 fiscal year. This is particularly evident with the physical health issues trend, with proportion of women experiencing those issues increasing from 36% in 2013/14 to 46% in 2016/17 fiscal year.

Figure 4. Health and Addiction Issues by Fiscal Year of Admission
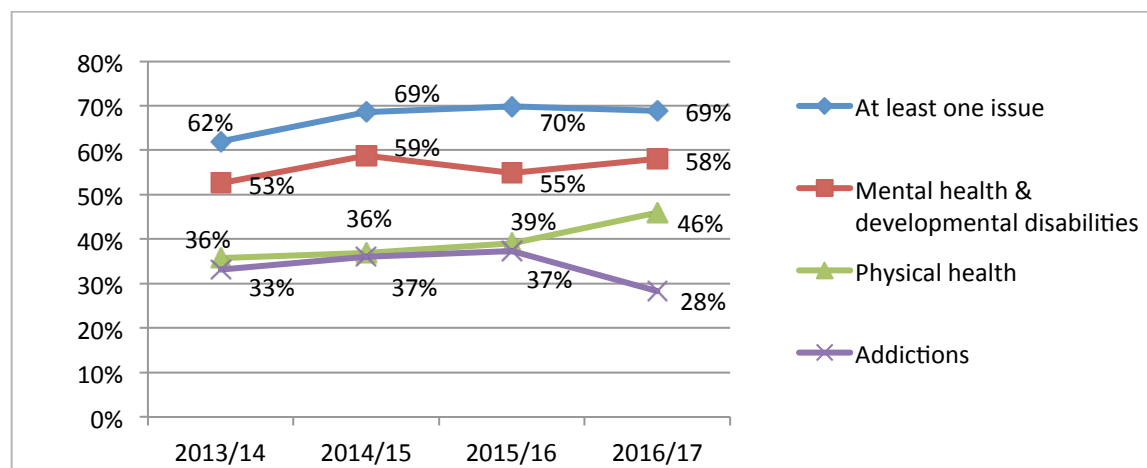
Exposure to abuse is also a significant problem for children, for whom abuse causes trauma and impacts the degree to which they can successfully transition to adulthood. [12] About a third of the children (27%) were also reported or observed to have a disability, a mental health or a physical health concern. Similar to their mothers, the proportion of children with these issues has also increased, most notably between 2013/14 and 2015/16 fiscal years, from 19% to 35%.

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[12] McDonald, S., and Tough, S. (2015). The 2013 Alberta Adverse Childhood Experiences (ACE) Survey. Key Findings. Calgary: Alberta Centre for Child, Family & Community Research; Norlien Foundation.

IV. The Experience of Abuse

4.1 The Nature of the Abuse

In almost every instance, men were the perpetrators of the abuse that women and children were escaping (98%). Men were usually women's spouses or common-law partners (65%), and others were ex-spouses/ex-common-law partners (17%) or boyfriends (18%). In most instances, women reported experiencing multiple types of abuse, often including emotional/psychological/verbal (87% of 980 women) as well as physical (73%) and financial abuse (61%) (Figure 5). For at least 22% of the women, physical abuse resulted in significant physical injuries, including broken bones, bruises, cuts and abrasions, stab wounds, neck and throat injuries from asphyxiation, head injuries and concussion, miscarriages from being hit in the stomach when pregnant, injuries to internal organs, chronic mobility impairments, as well as eye trauma and hearing loss.

Figure 5. Number of Women by Types of Abuse Experienced
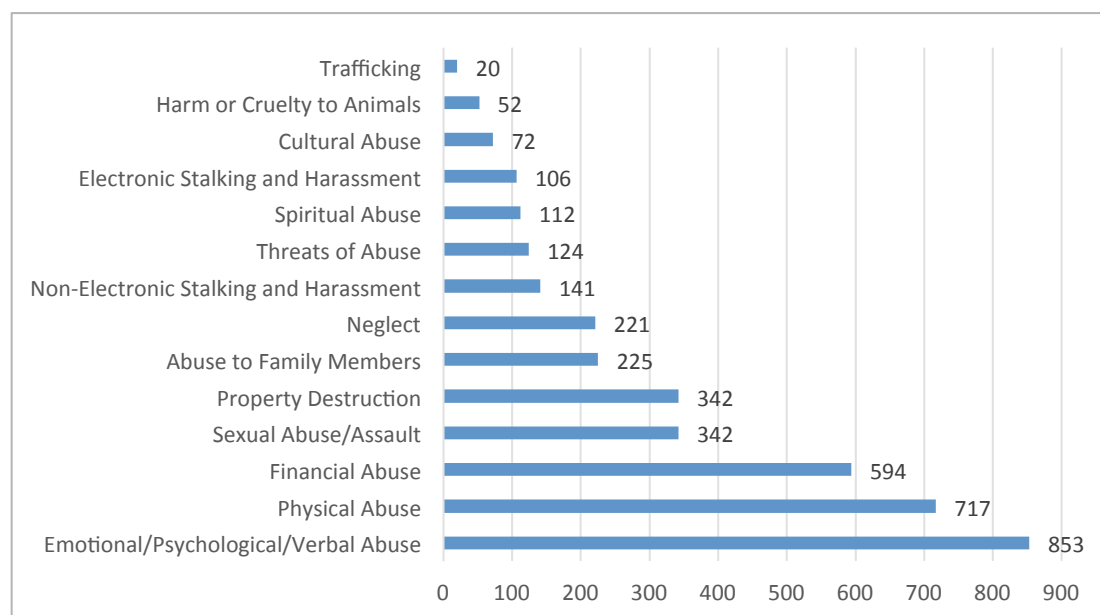
4.2 Safety and Readiness Assessment

Danger Assessment/WTPT 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.[13]

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[13] Campbell, C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., and Wilt, S. (2008). Assessing risk factors for intimate partner homicide. National Institute of Justice Journal, no. 250.

The Walking the Path Together (WTPT) Danger Assessment was developed in collaboration with Dr. Campbell and built on the original DA. Developed as part of the Walking the Path Together Project that involved 5 on-reserve shelters in Alberta, it was designed to ensure cultural applicability and relevance of the Danger Assessment tool for Aboriginal women.[14]

DA/WTPT DA questionnaire measures the degree to which women are at risk of femicide. A total of 493 women completed the DA or WTPT DA at the time of intake. The need for second-stage shelters is underscored by the DA questionnaire results which demonstrate that about 73% of the women accessing second-stage shelters are in extreme or severe danger of femicide, requiring assertive actions to protect the woman and her children including high levels of perpetrator supervision. An additional 19% of women experience increased risk of danger with recommendations for safety planning and increased monitoring (Figure 6).

Figure 6. DA/WTPT DA Score by Number of Women in Second-Stage Shelters
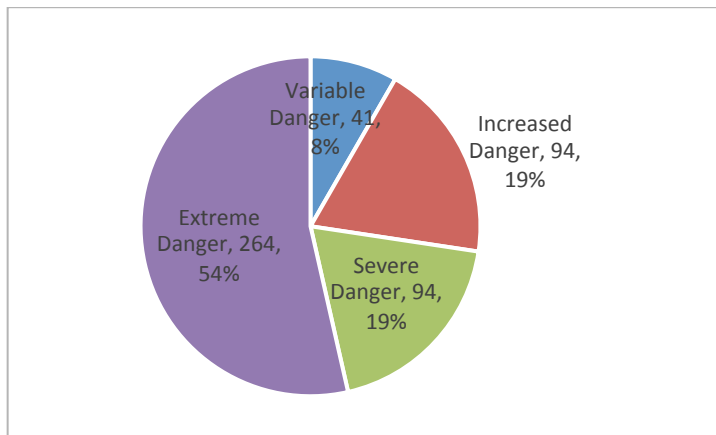
The danger women are in as a result of their partner's abuse requires interaction with the legal system on a number of fronts: for their and their children's protection; to negotiate separation from their spouse with associated custody issues, and to manage any financial or immigration issues that arise as a result of the separation. 42% of the women in our study required some type of legal supports while in shelter, including 26% of women who required protection orders and 21% of women with family law-related issues.

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[14] ACWS (2014). Walking the Path Together Tools: Danger Assessment Phase II. Developed in consultation with Dr. Jacquelyn Campbell. file:///C:/Users/Irene/Downloads/Walking%20the%20Path%20Together%20Tools%20-%20Danger%20Assessment%20PhII%20Reduced.pdf

Domestic Violence Survivor Assessment (DVSA)

The DVSA was developed by Dr. J. Dienemann in consultation with Dr. J Campbell.[15] 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 unique complexity of the change process when leaving a relationship characterized by domestic violence. The Domestic Violence Survivor Assessment (DVSA) examines the stage of change for 13 personal and relationship issues commonly faced by survivors of domestic violence. These issues are grouped across four areas: Safety (managing partner abuse, seeking sanctions and accessing help), Culture (views regarding norms and beliefs related to abuse), Health (managing feelings and mental distress) and Self-strengths and skills (self-efficacy and life skills). The readiness for change on each issue is rated on a 1 to 5 scale, from Pre-contemplation to Contemplation, Preparation, Action and Maintenance. Figure 7 summarizes responses to DVSA by 116 women who completed this assessment.

Figure 7. DVSA Areas of Change by Number of Women in Each Stage
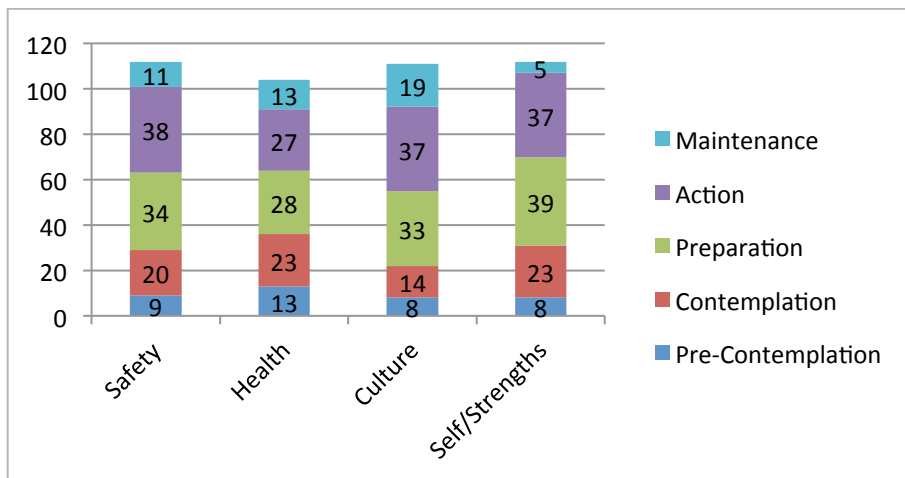
Figure 7 demonstrates that only a few women enter second-stage in the pre-contemplation stage in each of the areas, while there is variability among women in degree of readiness to move forward. This Figure also shows that, at the time of admission, women were most likely to be in Maintenance or Action stage with respect to the area of Culture and least likely to be in those stages in the area of Health. These results suggest that women's readiness to move forward may be facilitated by addressing their mental health concerns and need for emotional support.

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[15] Dienemann, J., Glass, N., Hanson, G., and Lunsford, K. (2007). The Domestic Violence Survivor Assessment (DVSA): A tool for individual counseling with women experiencing intimate partner violence. Issues in Mental Health Nursing, 28(8): 913-25.

4.3 Parenting After Abuse

The experience of abuse with resulting trauma for both women and her children significantly impacts her ability to parent. The second-stage shelters use the Parenting Stress Index (PSI) to understand the impact of abuse on women's parenting and identify the areas that where the shelter might be of assistance and support. This screening and diagnostic instrument was developed by Dr. Richard Abidin[16] 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 PSI is used for early identification of dysfunctional parent/child interactions.

Since the project start in April of 2013, 149 women completed the Parenting Stress Index at intake. As Figure 8 shows, half the mothers' Total Stress score was in the high or clinical range, suggesting that they experienced a significant amount of stress associated with parenting responsibilities. About 40% scored in the clinical range on Dysfunctional Interaction sub-scale suggesting that more opportunities for positive interactions between mother and child were needed; 33% were in the clinical range on the Difficult child sub-scale – potentially requiring a referral to a pediatrician or child psychologist; and 21% exhibited clinical levels of Parental Distress requiring activities designed to support mothers' increasing self-esteem and sense of parental competency.

Figure 8. Parenting Stress Index Results

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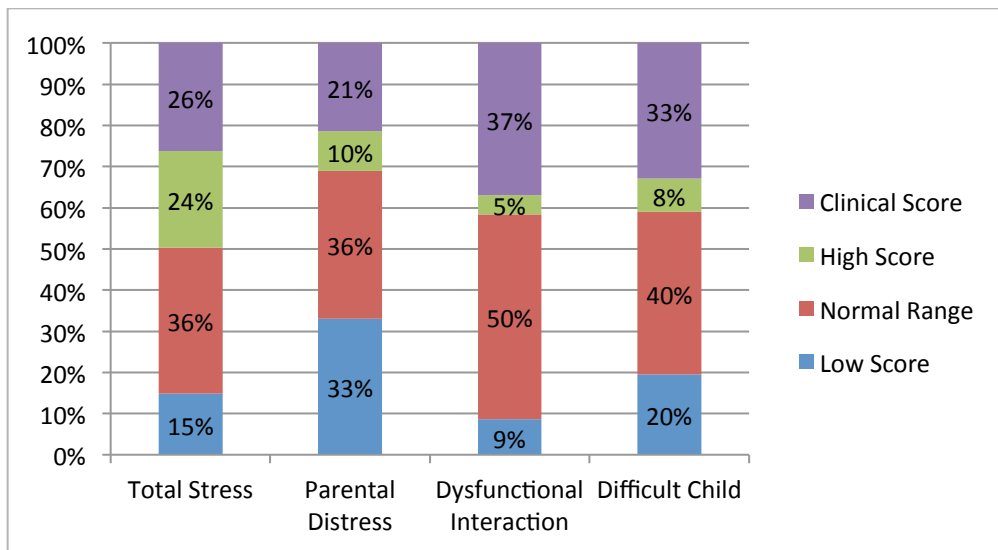
[16] Abidin, R. R. (1995). Parenting Stress Index, Third Edition: Professional Manual. Odessa, FL: Psychological Assessment Resources, Inc.

V. Second-stage Shelter Services

5.1 Length of Stay

The allowable length of stay varies amongst second-stage shelters – from 6 months to 2 years – although there is some flexibility in every shelter. On average, families resided in second-stage shelters for a period of about 6 months (a median of 5 months) – with about 30% remaining in a shelter for 3 months or less, another 33% staying between 3 and 6 months; and another 29% staying between 6 and 12 months. About 8% remained in a shelter for a year or longer (Figure 9). While the length of stay is partially determined by the allowable length of stay, it is also determined by availability of services and housing in the local catchment area as well as the individual woman's circumstances.

Figure 9. Percent of Women by Length of Stay
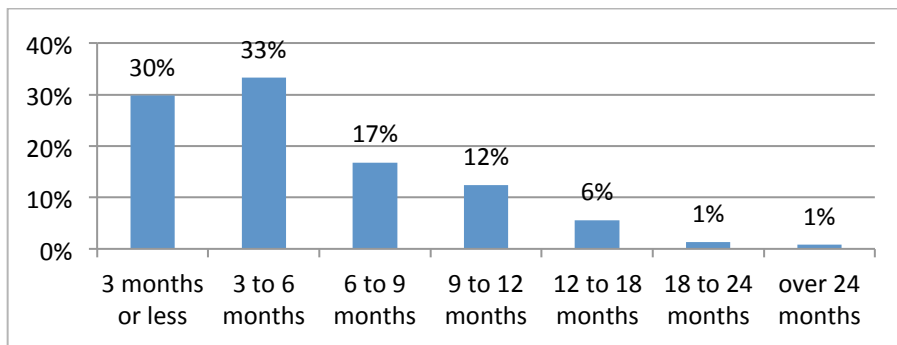
Women who are new to Canada tend to remain in the shelter the longest as they often lack an informal support network, are seeking a change in immigration status, and require a significant amount of support and resources before they can leave the shelter (Figure 10). Women with health concerns (mental, physical or addictions) tend to leave shelters earlier. This may reflect challenges that staff experience in providing services and supports to women with mental health and addiction issues in a family-oriented shelter. The fact that Aboriginal women also stay for a shorter period of time requires further exploration, focusing on the cultural competency of shelter services and women's unique needs.

Figure 10. Length of Stay by Woman's Background
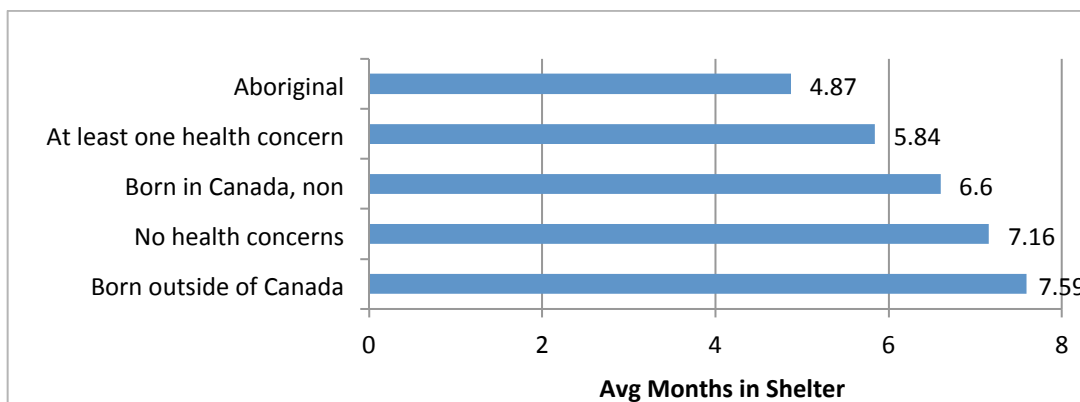
5.2 Shelter Services and Supports

In addition to secure and safe apartments, second-stage shelters provide wrap-around services critical to meeting the needs of abused women and their children. These services include safety planning, crisis support, individual counselling, case planning and supports, supported referrals and advocacy, community outreach, childcare, access to specialized services and supports as well as an opportunity to attend groups and other programming for both women and their children. Figure 11 below illustrates the variety of different services that women in second-stage shelters received over the course of the study period. The focus on safety, partnerships and wrap-around supports is evident from this chart as is the importance of transportation support for women in second-stage shelters.

Figure 11. Types of Services Provided by Percent of Women
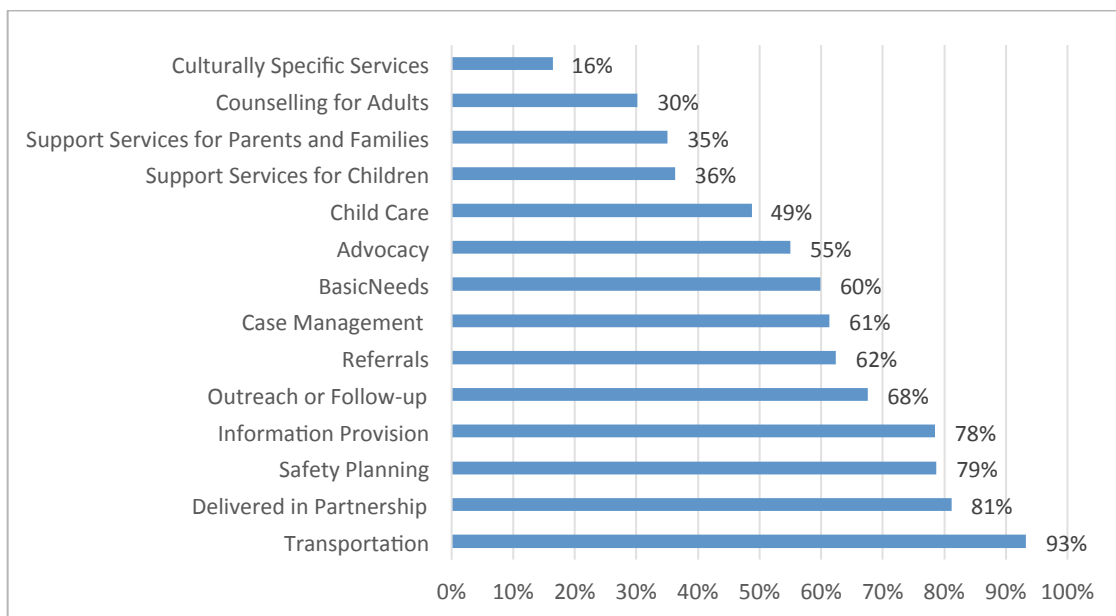
Maintaining women's safety is an essential element of shelter work. To quantify this aspect of service delivery, shelters tracked their contacts with women, focusing, in particular, on understanding the degree to which safety planning or related activities took place. Since September 2013, second-stage shelters tracked a total of 3,865 contacts with women, and almost all of these contacts included some type of safety-related work: e.g., developing a new safety plan (46%) or changing an existing safety plan (42%).

Shelter staff also documented many different activities they used to address women's and children's safety. In most instances (in about 76% of the contacts that were documented) women participated in informal safety checks. The staff also often used the information about the abuser that was available to them (41%) to support the woman's safety planning. The many other safety-related activities carried out by shelter staff are listed in Figure 12 below.[17]

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[17] Other safety measures included contacts with Crown and private lawyers and discussion of court-related issues, reviewing and applying for the parenting order, supporting housing transfer, connecting with victim-serving organizations, creating a new identity, and medication management.

Figure 12. Types of Safety-Related Activities by Number of Contacts with Women[18]
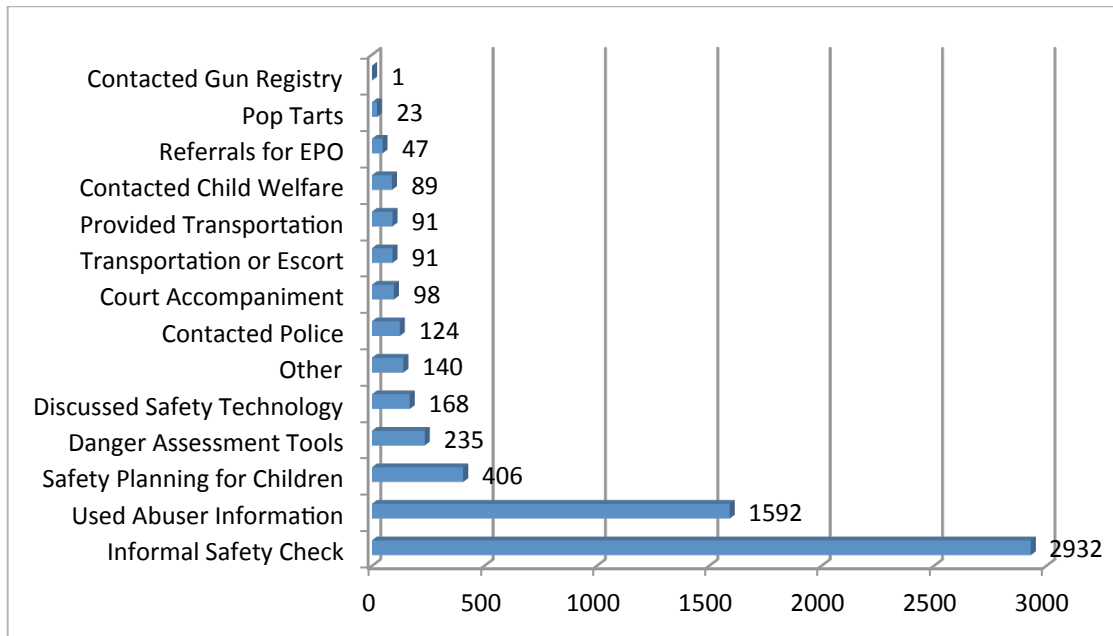
5.3 Shelter Referrals

Connecting women and children with needed resources and advocacy with those resources on their behalf is another essential element of shelter work, ensuring that women can transition successfully to stability once they leave the shelter. Providing referrals in second-stage shelters usually goes beyond just giving the woman the name of the resource and suggesting that she call. Instead the shelter staff often provide supported referrals, where they might call the resource on behalf of or together with the woman or accompany the woman to the appointment to support connections that are effective and long-lasting. Referrals often build on the work that shelter staff do internally to support the women and children as they negotiate transition-related issues. As shown in Box 2 women and children in second-stage shelter were referred to multiple resources reflecting the full array of goals that women set for themselves and their children while in second-stage shelter. It also reflects core elements of second-stage shelter work to facilitate transition to healing and stability – basic needs, housing, health as well as financial, legal and general counselling supports.

Box 2. Community Referrals by Percent of Women Receiving Referrals

50% or more	49% to 30%	29% to 20%	19% to 10%	Fewer than 10%
• Basic Needs • Housing • Health	• Community Agencies • Financial Supports • Legal Supports • Counselling	• Parenting • Education • Services for Children • Mental Health • Other programs provided by the sheltering organization	• Employment • Aboriginal Supports • Addictions Counselling • Police/RCMP • Emergency Shelters	• Other Shelters • Victims Services • Immigrant Services • Sexual Assault Services • Spiritual Services • Pregnancy Support • Suicide Prevention • Seniors Services

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[18] Pop tarts refers to a culturally responsive safety planning approach developed as part of the Walking the Path Together Project

VI. Service Outcomes

Second-stage shelter logic model guides the measurement of service impact on women and children who reside in second-stage shelters (see Addendum Document). The outcome measures that are discussed in this section derive from the data gathered using ACWS/Member Shared Database and include service completion status, progress of attainment of individual women's goals and their housing and living arrangements at the time of shelter discharge. Service outcomes are also discussed in Sections VIII and IX, summarizing qualitative feedback gathered in interviews with women and shelter staff.

6.1 Service Completion and Goal Attainment

As shown in Figure 13 below, about 57% (of 859 women) were discharged because they completed their goals[19] and/or found safe accommodation elsewhere; about 13% were asked to leave the shelter due to non-compliance with shelter policies; and, another 9% had needs that could not be accommodated in the shelters (e.g., mental health issues, went back to partner, shelter could not extend the stay, woman moved). The reasons for discharge with respect to the remaining 1% were not documented in the database.

Figure 13. Status of Program Completion at Discharge
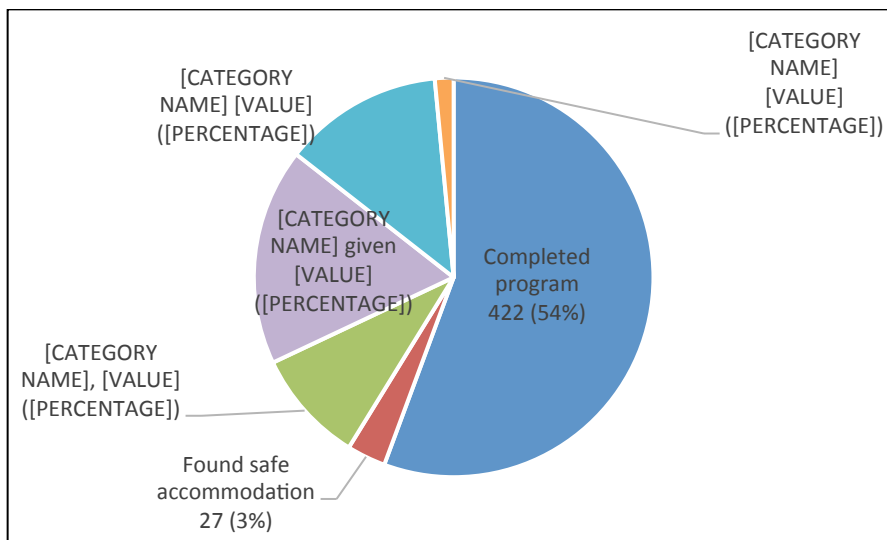
Predictably, women who stay longer in shelter are also more likely to complete the program (as defined individually by each woman). On average, those who completed the program stayed in the shelter for about 8 months, as compared to those who chose to leave without a reason (an average of 5 months). Housing is an important consideration for women who come to second-stage shelters – those who found safe accommodation in the community before they completed the program only stayed in the shelter for an average of 3 months. Figure 14 illustrates other associations with successful program completion – Aboriginal women, women with addiction issues, and women without children were less likely to complete shelter program or reach their identified goals.

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[19] Note that success is individually defined by each woman

Figure 14. Proportion of Women Successfully Completing the Program by Background
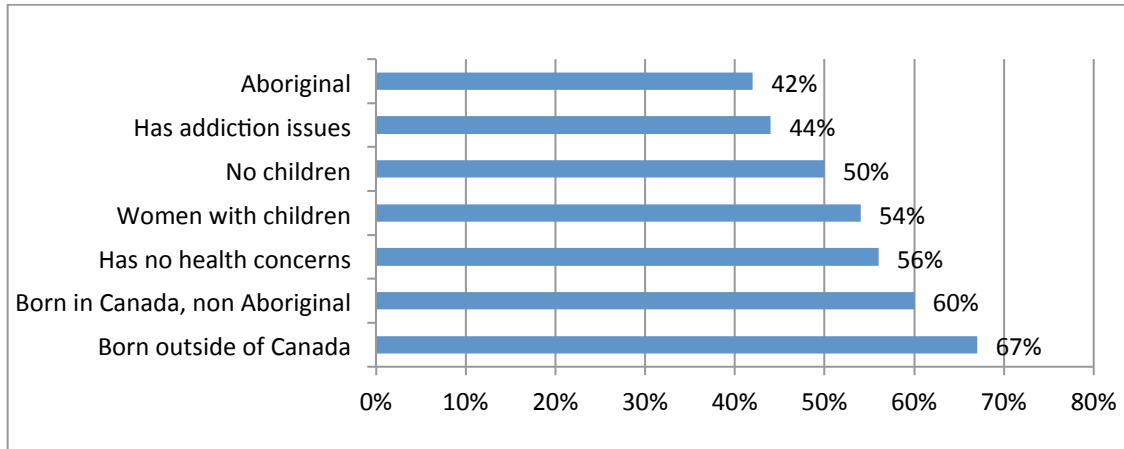
Goal Tracking

The goal setting process was initiated at the beginning of Phase II and has become part of case management and action planning work in second-stage shelters. For evaluation purposes, it provides an opportunity to better understand progress on specific goals that women set for themselves while they stay at the shelter.

The goal tracking process begins when women are first admitted and ends at the time of discharge. Over the course of the shelter stay counselors encourage and collaborate with individual women to set goals and evaluate their achievements. Women are supported to decide which problems they want to address and how they want to address them. Women meet with counselors several times over the course of their shelter stay to review progress on goals, reevaluate goals and confirm and/or set new goals.

Second-stage shelters began tracking women's goals consistently in May of 2014, and 334 of 589 (57%) women who were discharged after May of 2014 participated in the goal setting process. Women set up to 19 different goals (an average of 10 different goals each) and participated in the goal tracking exercise as often as four times over the course of their stay.

As Table 2 demonstrates, 87% of women were able to achieve some progress on at least one of the goals they have set. Women were most successful in achieving goals set in the areas of safety, basic needs, child safety, linkages with community resources and self-care and living skills (between 82% to 72% of women identified at least some progress in these areas). Women were least successful in achieving goals related to legal issues, child well-being, childcare, relationships and employment/ education (ranging from 59% to 55% of women with progress on those goals). When combined with the results related to barriers experienced by women in achieving these goals, less progress on legal and employment/ education areas are likely due to systemic barriers women face. It is also notable that more women experienced barriers when addressing housing (18%), emotional and mental health (11%) and financial issues (11%). These results are not surprising, given the struggles that shelter staff face in supporting women with locating affordable housing, accessing mental health supports and negotiating the challenging income support system.

Table 2. Goal Attainment at Discharge

Goal Area	Number of women setting goals	Number with Progress on the Goal	Percent of Women with Progress	Percent of Women Experiencing Barriers
Woman's Safety	289	236	82%	6%
Basic Needs/Identification	159	120	75%	5%
Child Safety	214	160	75%	8%
Linkages with Community Resources	207	150	72%	3%
Self-Care and Living Skills	184	132	72%	7%
Parenting	166	113	68%	8%
Housing and Accommodation	329	223	68%	18%
Community Supports/Social Networks	177	119	67%	7%
Managing Addictions	82	54	66%	7%
Emotional and Mental Health	224	140	63%	11%
Spiritual health	106	66	62%	5%
Finances and Income	273	166	61%	11%
Physical Health	158	96	61%	5%
Legal Issues	188	111	59%	19%
Child Well Being	51	30	59%	7%
Childcare	131	74	56%	7%
Relationships	123	69	56%	4%
Employment and Education	256	140	55%	14%
Total	**334**	**289**	**87%**	**34%**

6.2 Housing and Living Situation at Discharge

As discussed previously, a majority of women were essentially homeless when accessing second-stage shelters as they previously resided in women's emergency shelters. Supporting women's transition to stable housing is one of the key outcomes of second-stage shelter work. Figure 15 below compares women's housing prior to their second-stage admission to the type of housing that they were going to at the time of their discharge from second-stage shelters. As shown in the chart below, there was a substantial improvement in housing stability among women who were discharged.[20]

Immediately prior to admission, about two-thirds of the women (67%) were homeless, lived in a shelter or had short-term housing (usually an emergency shelter) while 17% were in some type of stable housing. By comparison, at discharge, 55% of the women expected to live in stable housing and only 9% expected to live in a short-term housing situation or did not have a place to live at discharge. About 27% of women continue to require some type of intensive supports after their discharge from second-stage shelters (i.e., transitional housing, or treatment and health facilities).

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[20] Includes 523 discharged women for whom housing information was available at both intake and discharge

Figure 15. Type of Housing at Admission and Discharge
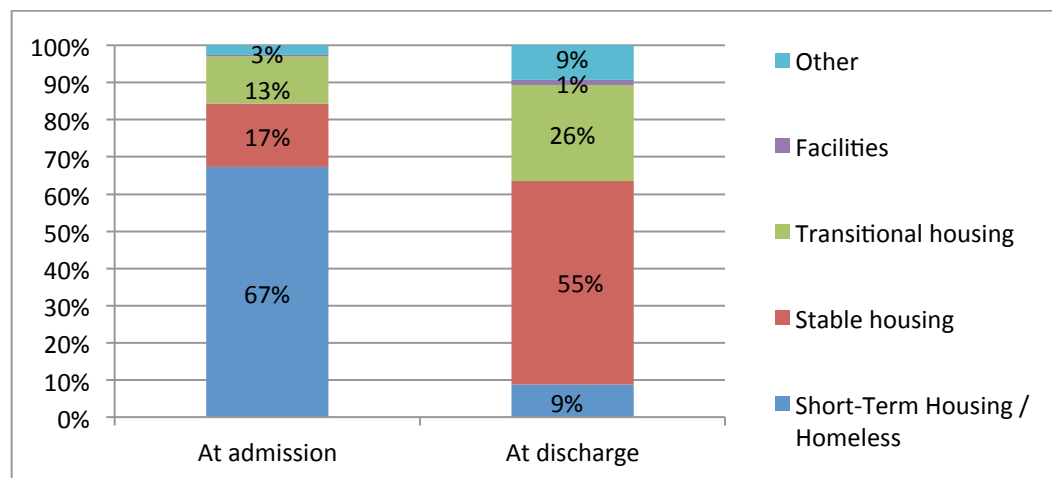
Additional analysis shows that a sizeable proportion of women (19%) were seeking, but unable to obtain the housing they needed, pointing again to the housing-related barriers that women experience when they leave second-stage shelters. Housing shortages appeared to be slightly higher in large urban areas where 25% of women could not find housing as compared to 17% of women in smaller or rural locations.

Emergency shelter data suggests that at least 46% of women were living with their abusive partner prior to their admission to the emergency shelter.[21] By comparison, only 6% of women in this current study were planning to return to their abusive partner when they were leaving second-stage shelters. Another 17% were going to live with friends or family, some were going to a communal living facility (e.g., treatment, hospital, shelter, 4%), and 42% were planning to live independently. The living arrangements of the remaining 31% were not specified – and it is possible that many of these women were returning to their partners. For them, community-based outreach is an essential service, to ensure that they and their children remain safe.

Consistent with earlier discussions about association between the length of stay, successful program completion and women's background, there are similar associations with women's ability to obtain stable housing at discharge. As illustrated in Figure 16, women who were asked to leave the shelter, Aboriginal women, women with mental health concerns and women without children are less likely to obtain stable housing at discharge, as compared to non-Aboriginal women, women without health concerns and women who completed their second-stage shelter program.

Although these results are not necessarily conclusive, they point to the unique barriers experienced particularly by Aboriginal women and women with mental health concerns, both within and outside of the shelters. It is also interesting to note that newcomer women are most likely to locate housing, this is possibly related to their being most likely to stay longer in the shelter (8 months vs. 5 and 7 months for Aboriginal and other women respectively).

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[21] 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 16. Stable Housing at Discharge by Woman's Background

Percent in Stable Housing at Discharge

Category	Percent
Asked to leave shelter	16%
Aboriginal	33%
Has mental health concerns	42%
No children	42%
Family	47%
Born in Canada, non Aboriginal	52%
Has no health concerns	57%
Completed program and met	57%
Born outside of Canada	59%
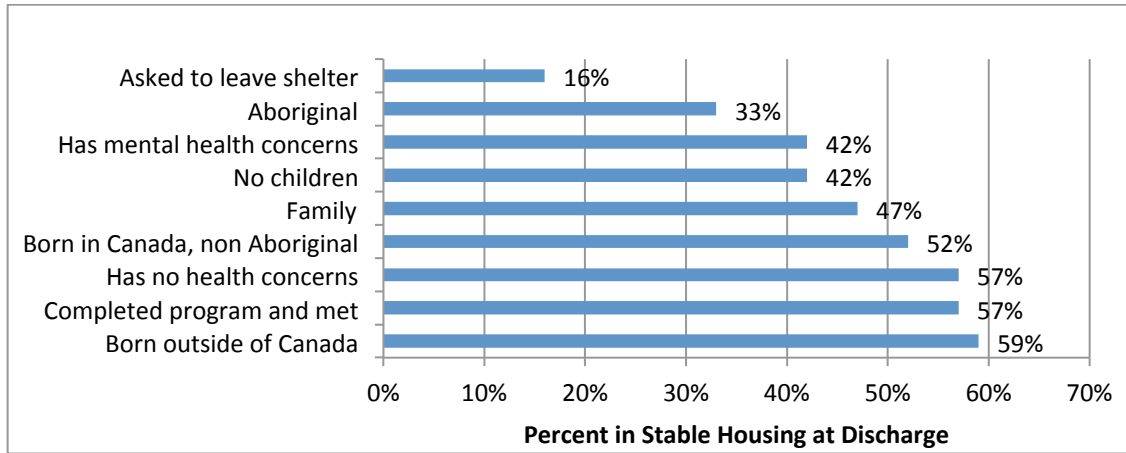
VII. Acuity Scale

7.1 Intended Use

The ACWS Second-stage Shelter Acuity Scale was developed over several years of collaboration amongst member organizations and applied research in the domestic violence shelter system. Discussions were held with ACWS staff and member representatives to clarify the purposes for which the instrument would be used when completed. After these consultations, the primary purposes of the proposed instrument were identified as measuring:

1. The number and severity of issues involved in each particular woman's situation (i.e. case complexity); and,
2. The number of these issues that would require shelter staff support to resolve (i.e. the amount of staff time that would be required to assist each woman effectively).

The ACWS Second-stage Shelter Acuity Scale incorporates acuity indicators associated with violence risk levels, parenting stress levels, poverty-related issues, the presence or absence of addictions, mental health problems, and/or physical health problems, and housing, financial, legal and social support issues. Like many other measurement tools, the scale has an intended range of uses, including:

- Measuring client complexity;
- Understanding the staff resource investment necessary for effective management of each case;
- Distributing 'key worker' responsibility in such a way as to balance workload across front-line staff;
- Informing funders of changes in the level of complexity and the resulting staff requirements; and,
- Functioning as a change measure to compare complexity at admission to shelter and at discharge.

7.2 Scale Development

The scale development process included the following steps:

- A literature review identified the research and practice variables that are supported as contributing to the complexity of interpersonal violence. A final listing of these variables was then taken to the Shelter Directors for their comment to ensure that no variables of importance to them had been overlooked.
- The final list was then reviewed against the contents of the ACWS/Member database to determine whether all of the necessary variables were currently being collected. When scale testing is complete the missing items will be added to the database.
- The variable list and the literature review were used to develop items for the first draft of the scale. The items were then taken to several consultations with Shelter Directors to ensure that the item wording was clear and that the scoring categories for each item (low, medium or high complexity) were appropriately defined. The consultation process was repeated until all participants were in agreement that the scale items were comprehensive and that the measurement categories were appropriate, with each level clearly defined.

- The researchers used the ACWS/Member shared database (Outcome Tracker) exports to select women in shelters with relatively complete data. The researchers used these samples to develop two initial case descriptions. Shelter staff were then asked to complete the scale using each of the case studies, allowing for calculation of inter-rater[22] and test-retest[23] reliability. To support further testing, shelter staff also completed the scale with the actual clients in their shelters between October and November of 2016.
- The first round of reliability testing using the two case studies in August of 2016 (n=62), and testing with actual clients in the Fall/Winter of 2016 (n=24) helped identify issues and revise the scale for the final reliability test that took place in January and February of 2017, the results of which are described below.

7.3 Scale Description and Scoring

There are 28 scale items and each scale item has a possible score of 0, 3 or 5 (See Addendum Document for the full scale and associated materials). The total score for the ACWS Second-Stage Women's Shelter Acuity Scale therefore ranges from 0 to 140, with higher scores representing an increasing degree of woman's complexity at second-stage shelter intake. A corrected acuity score can be calculated for woman's records that include data for at least 26 of the 28 scale items. Scales that have fewer than 26 items completed cannot be scored. If an item score is missing, the missing value is calculated as the average item score for all completed items (using a minimum of 26 items). The total score for the scale can then be calculated.

Pending further testing and analysis, the final acuity score is currently described using four categories that reflect the level of acuity overall, as well as the number, type and intensity of services that are required to support positive outcomes for women.

- Low Acuity: a score of 35 or lower
- Moderate Acuity: a score between 36 and 70
- High Acuity: a score between 71 and 105
- Very High Acuity: a score of 106 and higher

7.4 Final Acuity Scale Testing Results

Final scale testing took place during the last weeks of January (pre-test) and February 2017 (post-test), using a new set of case studies. Staff were invited to participate if they took part in or watched a recording of the Acuity Scale training webinar and if their usual responsibilities in the shelter included some type of assessment and/or intake work. A total of 40 staff from 11 shelters participated in scale testing, all of them completing the scales at post-test and 38 of them completing the scales at pre-test. The entries from three scorers were removed due to errors in data entry. The final number of scorers was 35 for pre-test and the pre/post comparison and 37 for post-test.

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[22]Inter-rater reliability, inter-rater agreement, or concordance is the degree of agreement among raters. It gives a score of how much homogeneity, or consensus, there is in the ratings given by judges

[23]Test-retest reliability refers to the degree to which test results are consistent over time. In order to measure test-retest reliability, we must first give the same test to the same individuals on two occasions and correlate the scores.

Intraclass Correlation Coefficient (ICC) was computed to test both the interrater reliability and the test-retest reliability. As shown in Table 3, the final results demonstrate a strong, statistically significant correlation for both the interrater and test-retest reliability, suggesting that there is a significant degree of agreement in scale scoring among the raters as well as within the raters over time.

Table 3. Reliability Results Summary

	Case study 1		Case study 2	
	Pre-test	Post-test	Pre-test	Post-test
Number of Valid Scorers	35	37	35	37
Average Score	90.7	90.2	45.5	46.7
Median Score	90	91	47	48
Standard Deviation	7.1	8.1	8.3	8.3
Score Range	71 to 103	73 to 103	24 to 58	27 to 60
Interrater Reliability	r=.986, p=.000	r=.992, p=000	r=.999, p=.000[24]	
Test/retest Reliability	r=.831, p=.000		r=.869, p=.000	

More detailed test-retest reliability analysis was also carried out to identify potential issues with individual scale items (Table 4). In most instances, the ICC results showed statistically significant moderate to high association for each item, with a sizeable number of items showing zero variance – that is – identical responses from each rater. The analysis also identifies several scale items which showed weak and/or not statistically significant association and which require further examination, including:

Case study 1:

- #3: Engaged in staying safe
- #8: Personal/informal supports
- #16: Suicide risk
- #24: Child protection involvement
- #27: Legal issues

Case study 2:

- #7: Transportation
- #22: Age of children admitted

The fact that there is no consistency across the case studies in terms of which items showed weaker ICC, and that the weaker ICC is usually a result of a few outlier scorers, suggests that there is some confusion in the item definition or in the case study itself, rather than the scale items. Furthermore, scale use with actual shelter clients will provide an opportunity for staff to explore and clarify actual issues with clients before entering the score, which is clearly not possible with a case study.

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[24] Insufficient variability to calculate pre and post-test separately

Table 4. Test-Retest Reliability Results

Sub-Scale/Indicator	Case Study 1	Case Study 2
Safety		
1. Risk of femicide	zero variance	zero variance
2. Level of violence	.795	zero variance
3. Engaged in staying safe	.494	.762
Poverty		
4. Financial situation	.732	.532
5. Education	1.000	zero variance
6. English and basic literacy	.667	zero variance
7. Transportation	.771	.443
Supports in Place		
8. Personal/informal supports	.485	zero variance
9. Professional supports	.624	.711
10. Length of time in Canada or off-reserve	.503	zero variance
Housing		
11. Type of housing	.885	.886
12. Number of times moved	.890	.714
Mental Health/Wellness/Trauma		
13. Abused as a child	zero variance	zero variance
14. Number of prior abusive relationships	zero variance	zero variance
15. Mental health concerns	.728	.651
16. Suicide risk	-.004[25]	zero variance
17. Addiction	zero variance	zero variance
Physical Health		
18. Physical health	.701	.636
19. Injury resulting from abuse	.538	.646
20. Pregnancy	.807	1.000
Admitted Children		
21. Number of children admitted	.569	zero variance
22. Age of children admitted	.795	.418[26]
23. Child mental, behavioural or physical health concerns	.695	.742
24. Child protection involvement	.355[27]	.615
25. Parenting stress	zero variance	zero variance
System Involvement		
26. Immigration status	.646	zero variance
27. Legal Issues	.259[28]	.703
28. Overall system involvement	.651	.818

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[25] not statistically significant; 4 out of 35 people changing scores from pre-test to post-test, with almost every other rater providing the same score at both pre and post-test
[26] not statistically significant; 4 of 35 people changed scores
[27] not statistically significant; majority of responses differ from pre to post-test
[28] not statistically significant; 7 of 35 individuals provided different scores from pre to post-test

7.5 Next Steps

Suggested next steps for scale implementation include:

- Review weaker items to provide enhanced definitions, if required.
- Carry out further analysis of the instrument using full scale composite scores as independent variables and demographics (ethnicity, citizenship status, income level, etc.) as dependent variables to test their impact on scores.
- Test the scale with actual shelter clients and consider expanding the testing to emergency shelters; with a potential to include testing for instrument's construct validity (i.e., comparing across different groups of women and with other similar tools).
- The scale is intended for use with the Outcome Tracker database to support ease of data entry and reporting. Once the scale is finalized, the items and the scoring instructions for each item will be built into the database so that the scale total can be calculated automatically.

VIII. Women's Feedback

The project used three different methods to gather women's feedback about their stay in the shelter. First, women shared their opinions using the Shelter Feedback Survey at the time of their shelter discharge. Second, selected women participated in an interview with an ACWS researcher to share their perspectives on shelter stay and provide context for the survey responses. Finally, shelter staff completed a telephone questionnaire with women sometime after they left the shelter to determine the degree to which shelter impact is sustained. As noted in the discussion below, none of these methods are statistically representative of the overall shelter population, however, they do come together to paint a consistent picture of shelter services and impact.

8.1 Client Feedback Survey

This survey was developed by the Long Term Working Group - a collaborative committee with representatives from Shelter Directors, ACWS and Community and Social Services (the full survey is reproduced in the Addendum Document). While this survey was developed for the emergency shelters and may not fully reflect all second-stage shelter services, it was deemed sufficient to provide an overall sense of satisfaction by women who stayed in second-stage shelters.

The second-stage shelters began using and entering this information in a consistent and aggregable fashion on April 1st, 2015. About 30% of women (119 of 417) who were discharged from 10 shelters after April 1st of 2014 completed the client feedback survey. Clearly it would be ideal if most, rather than only a third of the women completed this survey and it is important to note that shelters are continually developing processes aimed at increasing this response rate.

As illustrated in Table 5 below, a large majority of women responding were satisfied with the services they received – between 82% and 98% of them provided positive responses to the questions in the survey. Shelter ability to meet women's unique cultural needs and their children's needs received a lower, albeit still a large majority of positive responses, suggesting some possible direction for shelter work in these areas.

However, and predictably, women were more likely to complete this survey if they successfully completed the program (37%) than if they chose to leave (14%), or could not be accommodated in the shelter (17%) or were asked to leave (2%). As noted earlier, this excludes a higher proportion of Aboriginal women, women with addictions and women with mental health issues, since they are likely to stay in the shelter for a shorter period of time and are less likely to complete the program. Ultimately these are women with a more complex array of issues and whose experience in the shelter may not have been as successful as that of the other groups.

There is clearly a lack of variability in the responses to this survey, with most of the responses being overwhelmingly positive. Combined with a relatively small response rate and underrepresentation of certain groups, there is a need to review this tool and associated processes for their effectiveness in garnering meaningful information.

Table 5. Proportion of Women by Feedback Survey Items

Safety	Percent
I felt safe inside the shelter	98%
I agree that I am more able to keep myself and children in my care safer from abuse	95%
The services helped me better understand the danger to myself	96%
The services helped me better understand the danger to my children	95%
Meeting Needs	
Most or all of my needs were met	96%
Most or all of my children's needs were met	88%
Services met my basic living needs	98%
Services met basic needs of children	97%
Services met my unique cultural needs	83%
Choices and Service Access	
Services help better understand the choices available to me	95%
Services helped better understand what other services that are available to me	91%
Services helped gain access to other services	97%
Overall Satisfaction	
Service was mostly or extremely helpful	97%
My life is much better now because I received this help	82%

Women also provided some comments with respect to their experience in the shelter, as summarized by relevant questions below:

- What were the most helpful services you received?
    - *Safe place to call home*
    - *Basic needs met (food, shelter, financial resources)*
    - *Staff support around the clock*
    - *One on one meetings, counselling, groups, emotional support*
    - *Community referrals and advocacy*
    - *Childcare and child support services*
    - *Legal supports*
- What could have been done better to help you and/or your children?
    - *Better staff training re: community resources, working with diverse clients, working with behaviorally challenging children*
    - *More opportunities for children – access to child care, activities and services for children and for teens*
    - *Improved building maintenance – e.g., addressing heating, water problems, working laundry*
    - *Improved access to programming after work hours*
    - *Better linkages with affordable housing*
    - *Longer and more groups sessions, more one on one support*
- What services or supports do you feel you still need?
    - *On-going outreach and counselling*
    - *Basic needs: housing, furnishings, daycare, food bank, general financial support*
    - *Legal services and court support*
    - *School/education*

8.2 Interviews with Women

The interviews with women helped contextualize their responses to the Feedback Survey, providing more explanation and detail about their experience in the shelter. A total of 21 women from 12 shelters participated in telephone interviews in February and March of 2017. This group of women was fairly diverse, reflecting general characteristics of second-stage shelter clients.

- 4 women were Aboriginal and another 4 women were born outside of Canada;
- 9 women were experiencing some type of a health issue, including depression, anxiety, addictions, and injuries;
- The women were, on average, 34 years of age, ranging from 24 to 52 years of age;
- 13 women had children with them in the shelter;
- At the time of the interview the women had been in the shelter for an average of 7 months, ranging from 5 to 13 months each.

Coming to the Shelter

Most women came to the second-stage shelter from an emergency shelter. The choice of a particular shelter usually depended on shelter availability and its location and was often based on suggestions from friends, family or professionals (e.g., doctors, social workers). All of the respondents described the second-stage shelter as the only alternative available to them, needed to safeguard their own or their children's safety and to address the lack of affordable housing in the community.

- *[The shelter] was the only place with an opening. I could have waited for another shelter but I wanted to go to [this shelter] because of the location. I picked the location because it is downtown and close to the train, and to government offices.*
- *I was in an emergency shelter in [a shelter location]. I did my research on the various second-stage shelters. I knew about [the shelter] and then there was an opening. I knew there was a secure building, there was counselling.*
- *I came from a shelter in [a shelter location]. I wanted to go to [the shelter] because it is in my home town - I grew up around [the shelter location].*
- *I became afraid for my safety and I left with my daughter when she was just a few weeks old and I went to live with my parents. While I was gone, my ex-partner got custody of my daughter. I returned and I have been fighting ever since to get custody of my daughter…My ex-partner lives here in [shelter location].*
- *An outreach worker I met with told me about [the shelter]. I was in the hospital and then my husband left me for another woman. I came home from the hospital and he was very emotionally abusive. He was abusive to my dog. I met with one of the outreach workers and she invited me to come look at the shelter. I came to see the place and I decided to move in.*
- *Living here in [shelter location] has its pros and cons. I didn't have friends anyway because my relationship didn't allow me to have friends. I think it is maybe better that I am not in the same city as my ex-partner. I can be more detached living in a different town. I can better focus on myself. Maybe if I was in [city name] I might be more tempted to go back.*
- *I was in [name of city] in a very bad relationship and I didn't know how to leave. My doctor advised me that I had to leave. I was looking around at all of the shelters in [the city] and they were full….I [ultimately found an emergency shelter] and stayed there for 14 days. One of the staff there asked me what I thought about going to a second-stage shelter…and told me about*

the shelter in [shelter location]. I called there and I was in [another emergency shelter] for 21 days. My timing was great because just then a space opened up in [a second-stage shelter]. This was good because I was abused as a child and I needed counselling. I have never had counselling.

Shelter Services and Supports

Women generally described many shelter services and supports as very helpful. They talked about shelter as a safe place, and described as helpful individual counselling they received, groups with other women and services for their children, including childcare, therapy and parenting supports. They also appreciated a variety of other supports that helped address their basic, legal, recreation, language, spiritual and health needs; as well as provision of general information, referrals and advocacy in the community.

- *I saw [shelter counsellor] for individual counselling and she was so helpful. I also went to group every morning. The groups were so helpful. I learned to trust others and to open up to others. It was helpful to hear the other women's stories. My daughter was very closed off too. She is doing much better now. Therapy for the children is so very helpful.*
- *I see my counsellor every two weeks. They provide childcare for my son when I see my counsellor. I am not able to qualify for the food bank so they sometimes have food for us and that is very helpful….There are house meetings and sometimes yoga. They have afterschool programs for the children. They do things like crafts, baking and movie times.*
- *There is a community kitchen – we get together once a month and cook together. There is a speech therapist [for children]. There are groups for children but my children are too young for the groups. They provide parenting support and information which is helpful. There is a health nurse that comes to the shelter.*
- *[Shelter counsellor] came with me to most of my appointments with the lawyer and to court. She explains things to me. English is my second language and I don't always understand everything… For the court she has been very helpful. The shelter takes care of my children when I have to go to the court. This helped me a lot.*
- *The shelter helped me get Alberta Works and they help me with groceries…The group was really helpful because we talked about many things like understanding abuse and stress and anger. I can talk to any of the staff here…There is also an exercise room but I haven't used that yet but I would like to…They helped me get milk and baby items and clothing for my children.*
- *They paid for my rent one month because I needed to pay my overdue utility bill. They give me fresh milk, bread and eggs that helps a lot. [Staff] helps me get a food hamper sometimes. I am letting her in a bit more. I haven't gone to any groups yet. I have been isolating myself. They are giving me time. They have been patient with me and I am starting to open up.*
- *The staff are really walking with you; they listen to me and tell me to listen to my instincts. They tell me I am not crazy. For ten years I was with my husband. I often felt guilty because he would tell me he was depressed. No matter what I said or didn't say I could not make things better. This devaluates your opinion of yourself. I felt insecure. Now I have confidence on how I make decisions. I feel secure. I feel that my children are protected.*
- *It is a safe place. I like the rules because it is about my safety. My anxiety has decreased. The counselors made sure you keep on track. I have struggled with addictions so my counsellor suggested I go to AADAC. I am going to a group at AADAC now.*

- *I am staying here because it is easier to see my daughter…. The staff here are doing such a great job…They have tried to help me but I am not eligible for many resources because I am not a Canadian citizen. They are providing me with lots of emotional support. At first I went to court to get parenting rights and staff came with me. I had a lawyer for about a year and a half but I don't have money to keep going to court. I can't get Legal Aid because I am not a resident. The staff have made lots of phone calls on my behalf- they have talked to a lot of people like Child Protection and the RCMP. They have provided me with a place to live.*
- *One of the groups is called spiritual Thursdays. I really enjoy this group. It is not about just one religion. It is about hope. It is about having faith. I did not have any before but this group is helping me so much. It is so important to have faith and hope.*

Connections to Community Services and Supports

The connections shelter staff makes for women in shelter reflect the needs for services and supports they experience within the shelter. Many of these linkages are made to address women's financial situation – when staff connect them with housing, basic needs, employment or schooling opportunities, or advocate on their behalf with community financial programs. Linkages are also made with many other community supports, including those for children, parenting programs, and mental health counselling and supports. These are often supported referrals – where staff accompanies women to appointments, or advocate directly with the community resource, rather than simply suggesting that women go there. Women's feedback also illustrates some of the barriers they and the shelter staff face as they try to access some of the community-based services – some having to do women's readiness to move forward, others pointing to the lack of time that shelter staff have and yet others reflecting some of the systemic barriers.

- *The staff gave me encouragement and support when I wanted to start my own business. I was connected to [community-based organizations]. I got some help to come up with a long-term plan.*
- *The staff here connected me to the Food Bank and to [a women's organization]. They have knowledge of an unlimited number of resources. They are all so very helpful and supportive.*
- *My social worker told me about the food bank and helped me go there. She told me about [a College].*
- *I have applied to [a housing program]. The shelter staff did tell me about this housing. They referred me to a program to help women who have been abused get back to work….The shelter has helped me get a subsidized membership at the Y. It is good to go activities with the kids. My older child was referred to [a program for children] to be assessed for speech therapy.*
- *I don't get very much money so the shelter helps me with diapers and sometimes getting food from the food bank. I don't drive so [shelter staff] has asked the food bank to deliver food for me. This helps me a lot.*
- *The staff have connected me to the parenting classes with [agency name]. It is so helpful. I have four children and I am learning so much.*
- *The staff told me about a grief counsellor. She is most interesting and helped me to look way back to my childhood. It has been extremely helpful. I have found other things on my own like a mental health worker and a social worker who helps me with lawyer and medical stuff.*
- *I would love for my kids to get counselling. They could access counselling where I go but their father needs to give permission and he will not do that. It is very frustrating.*

- *The staff have not connected me with any supports. I was seeing a counsellor in the community when I moved there. Because I am working I don't qualify for most community supports.*
- *My case manager has tried to sign me up for a financial information group but I haven't gone yet. I just haven't felt like going yet. My case manager did refer me to …a group of volunteers that make meals and freeze then and give them to moms like me.*

Issues or Concerns Regarding the Shelter

While many women could not think of any issues they experienced with the shelter or shelter staff, some did identify issues that, if addressed, would improve shelter services. They described facility-related issues (e.g., laundry, noise, smoke, garbage disposal), shelter access issues (e.g., animals, availability of services in the evenings) and service-related issues (e.g., shelter rules, staff expertise in addressing health-related issues and staff availability).

- *The one issue is the laundry. I never do my laundry here because some people don't take their laundry out of the machines…. There is no soundproofing here. It can get very noisy. The other thing is that the smoking area is right out by the play area. Both my son and I are sensitive to smoke and you have to walk through the smoke to get to the play area. Now I take my son to a playground further away and it does not feel as safe.*
- *This is a really good place. The only thing is that I brought my cat with me. I rescued her as a kitten and she is like my baby. I cannot have her here. She is like family to me. She is with my ex-partner. That is the only thing that is a problem for me.*
- *It felt threatening that if I didn't do certain things I would be kicked out. Like if I didn't attend group. But now it seems like if I don't want to attend I don't have to. It is confusing. I was also told that they would check my apartment to make sure I was looking after it but that has never happened. It is like they say things but they don't follow through. I know rules are about keeping me safe but I am confused about the rules.*
- *The staff here do not understand my health issues… I think they should be trained to use a blood pressure machine.*
- *I think maybe it would be good to have someone who can do specialized counselling. I have PTSD and anxiety disorder. [The shelter staff] is great but she doesn't know how to help me. She said she would look into where I could get counselling.*
- *I think there should be more staff that are certified to work with individuals with mental health issues. I think that in addition to the mandatory groups in the morning there should be something to do in the afternoons. It would be great if there was a gym to workout in at the shelter.*
- *I work full time so I am not able to access many of the supports or the group at [the shelter]. I can see one of the staff [in the early evening] and then my children are able to access the daycare. Occasionally there are activities in the evening like yoga and then my children can go to the daycare. I just feel that because I am working and my children are in school we don't get to access many of the supports at the shelter.*
- *All the things are for moms and children during the week nothing on the weekends. It seems like single women without children are discriminated against. Most of the resources are for moms and young children. It would be nice if there were things like yoga and meditation.*
- *When I first moved in here about half of the time the staff cancelled our appointments. There just wasn't enough staff so sometimes that staff person ended up having to do something else. Things are slightly better now. They have hired one more staff.*

- *It seems as if I need to go to the staff when I want to talk or need something. The staff doesn't come to me. I love having company so it would be nice if the staff came to see me without me always having to contact the staff.*

Shelter Impact

When asked about how their lives have changed after coming to the second-stage shelter, the women talked about being safer, feeling healthier emotionally, having a more positive outlook on life, becoming more independent, their children improving, and, in general, feeling calmer and less stressed.

- *My life was hell before. I would cry all day. Being here has been unbelievably amazing. When I first went to [the shelter] if felt like I could finally breathe. I felt safe here. I have never been as happy as I am now. I am flourishing. I am way more confident.*
- *My life has improved a lot. My mindset and the way I think have changed for the positive. I don't know where I would be if I had not come here. I felt so hopeless. I didn't care about my life. I wasn't suicidal but I just didn't care. I care now. I have a better outlook. It is a work in progress. I have more ups than downs. Before I couldn't sleep or eat. I am sleeping much better now and I have no problem eating. I love my apartment. I never had anything I owned myself before. Now I have security. I have applied to be a volunteer with the [local organization]. I could not have done that in the past.*
- *I experienced abuse for over thirty years of my life. I did not realize how traumatized I had been. I see a counsellor at [the shelter] who has experience with trauma. She has been very helpful. I would never be where I am right now if I had not come to live at [the shelter]. I have support and I feel safe. I feel like a new door is opening for me; they are helping me step out more. I am safe.*
- *There is such a big difference for my children. There are so many activities they get to do because we live here. The older children have improved their grades…They get to do normal things that other kids get to do.*
- *[The shelter] helped me emotionally, physically and mentally. They have helped with clothes and all the basic things. Life would not have been the same if I did not come here. They have prepared me emotionally, helped my self-esteem. My identity was taken away and my wonderful counsellor has helped me get it back.*
- *Living here has completely turned my life around 360 degrees. Before moving here my life was not very good. I am much more independent now. I have more confidence. I would never have been able to start my own business if I hadn't come to the [shelter].*
- *I have changed a lot since moving here. I have struggled with depression for a long time. I was on antidepressants for a long time. Living with my partner wore me down a lot. I gave up a lot of myself. I was unsure of myself. When I left him I was unsure if I had done the right thing. I feel safe now. I used to always be on edge and now I can relax. I am not on meds right now and I am feeling pretty good without them. If I begin to notice signs that I am not doing okay I will talk to my counsellor. I think my depression was situational. Now that I am out of the relationship I feel better.*
- *I finally feel like I have a home. I have privacy and a place to be with my daughter. It's wonderful to have my own space. I don't have to drive an hour there and an hour back when I see my daughter. I am a much stronger person than I was three years ago. I get emotional support here.*
- *My kids are calmer. I can manage them better. I sleep better. I don't have to worry any more. We're happy. There is less stress.*

- *My life is a lot better. Living here has given me time to think about my life. The best part of living here is it is a safe place for my kids and me. Because I feel safe I am able to think clearer.*

Plans for the Future

Most women described plans after shelter as building stability in their lives – focusing on housing, education and/or employment. Many were also hoping that they would continue to receive some counselling or emotional support either from shelter staff or community programs and identified additional goals, such as working towards better health, and resolving legal, custody or immigration issues. Some women also expressed worries and uncertainty about what would happen when their shelter stay is over.

- *I have been meeting with the housing coordinator. She is helping me a lot to find housing for when I leave here. I have been thinking about going back to school but first I need to find housing and get settled. I know there is an outreach worker that will help me when I leave here. I want better for my sons.*
- *I am going to start school in September. I am going to college in [shelter location]. I just heard back from the college that I have been accepted. I am taking a course that is 2 years. I will look for housing in a few months. I know that where I am living now is transitional housing only for 2 years so I am thankful that I have been able to live here now.*
- *I want to get my finances in order before I leave the shelter. I can stay here a year with the option of staying longer if I need to. I need to get this child tax credit thing and maintenance settled. I want to someday take hairdressing course.*
- *I am to move out [soon]. I plan to stay in [shelter location] I have already connected with the housing coordinator here so I will get my own place in the community for my daughter and me… I want to be more financially stable before I have my other children live with me. I hope to go to university. The staff help me make a to do list and a check list. They help me set goals for myself. I also hope to start my own business. I am working on a business plan. A social enterprise business where I can make money and do good.*
- *I can stay here for a year and then I think the counsellor can continue to see me when I move out. I hope to get a [subsidized] apartment. My counsellor will help me make plans when it is time to move out. I plan to register for school and then get a job. I am registered in a program now that is a life skills program – to help me get back into the work force. I will learn computer skills, and other life skills to help me.*
- *I am hoping that all my doctors can work together to help me get healthier. That is my main focus….I have schooling to be an esthetician and a care aid. I also used to build and refinish furniture. But I need to get healthier first before doing any of those things. The staff will help me find another place to live.*
- *I want to keep fighting to get custody of my daughter. I am working on getting a work permit. Once I have that it should be easier to apply for residency but it will still take a long time. Right now I can't work because I don't have a work permit. I don't have any ID and I can't get a bank account. My year is up here at the end of June and I don't know what is going to happen.*
- *The apartment is furnished which is a good thing. But when I move out I will need to get my own things. When I came from [another city] I came in the shelter's van and I could only bring a few things. I heard there is a church that is able to help when I am ready to move out. They will help with getting furniture.*

- *I worry about having to get things for an apartment in Progressive Housing. Here in second-stage I don't need my own furniture but you do in Progressive Housing. This seems like a big problem for me. Maybe the counselors here can help me.*

Overall Satisfaction

Without exception, all of the women spoke of the second-stage shelters as a positive and extremely important part of their recovery from abuse. In particular, they spoke about the staff, the facility and the supports as the key elements that contributed to the effectiveness of their stay there.

- *The staff here are incredible. It is an amazing facility. The staff go above and beyond.*
- *The staff are amazing. They are trying so hard to help me but it is so difficult. I don't know how I would have managed without them.*
- *This is a good place. The staff are patient to be with us. I am with other women in the same situation. This is very helpful. I am learning tools. There is nothing like this in [the home country]*
- *The staff have so much information for me. They listen to me and do not judge me. I like everything here.*
- *I think it is too bad that there is stigma about going into a place like this. Too many women are stuck and don't have anywhere to go. I was feeling stuck and did not know about the second-stage shelter. I was lucky I got to come here.*

8.3 Follow-up Survey

A survey was developed to gather information about women's situation between 3 and 6 months after shelter discharge. Shelter staff from ten shelters telephoned women who were discharged between July and November of 2016 and who continued to receive some type of services or supports, which could have included outreach, housing supports, or support groups. They were able to reach 57 women of the 120 that were discharged in that time period. [29]

This group of women was comparable to the overall group – about a half stayed in the shelter less than 6 months, a third were immigrant and 25% were Aboriginal, 42% were experiencing some type of health or addiction issues and 65% successfully completed their shelter stay. As with the Feedback Survey however, there are limitations to this exercise, as not all women who were discharged could be contacted and the ones that were did not necessarily represent all of the women in second-stage shelters. The results of the survey are summarized below:

Situation at follow-up

Although most of these women were living independently, financial situation continues to be a challenge for at least a third of them. Many are addressing this issue by upgrading or by actively looking for full-time employment.
- 79% (n=45) women were living on their own, 3 were living with the abusive partner, and the remaining women were living with their family, friends, a new partner or in a shelter.

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[29] We would expect between 30% and 50% of women who are discharged to continue with some type of shelter support

- 28% (n=16) were employed and 26% (n=15) were attending an educational institution. An additional 8 women (14%) were unable to work often because of the injuries they sustained as a result of the abuse. The remaining 32% of women were unemployed and looking for work.[30]
- 28% (n=16) women judged their financial situation as a problem requiring assistance. Most of them relied on Alberta Works, Child Tax Credit or Student Funding.

Services provided post second-stage

The women appear to be well-connected with needed services, as provided by the shelter staff as well as other community organizations. Financial stability and mental health continue to be the most pressing issues for women post shelter discharge.

- All of these women and children have been receiving shelter services since their discharge including: individual support (n=51), basic need support (n=44), individual or group support for their children (n=24), and group support (n=19)
- All but 5 of these women have accessed community services since leaving second-stage shelter. As illustrated in Figure 17, many of these women accessed services addressing financial and basic needs (56%), 46% connected with counselling to address emotional or mental health issues, and about 40% accessed legal supports in order to deal with legal issues related to their experience of abuse. Other women also accessed supports for their children or parenting supports (30%), medical supports (25%) and services to address addiction issues (16%)

Figure 17. Proportion of Women by Types of Community Services They Accessed
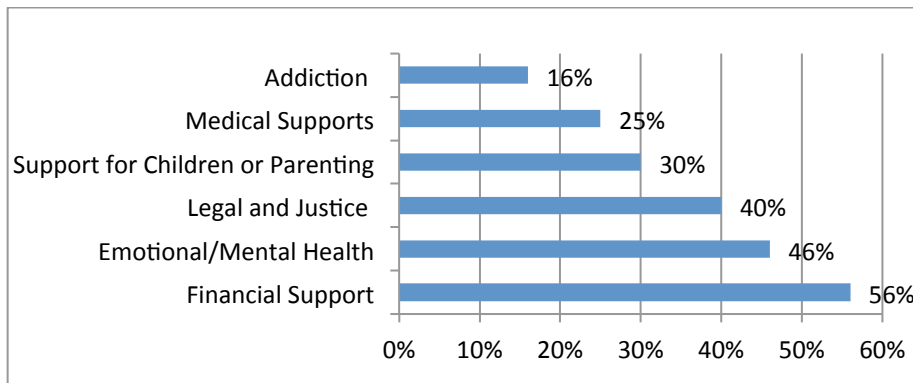
Women's feedback

Women's feedback at follow-up confirms that second-stage shelters have made a positive impact in terms of safety and stability, however a sizable number of women continue to struggle with a variety of issues generally including finances, mental health, parenting and legal issues. This is not unexpected, as it may take up to several years for women to stabilize once their housing and safety concerns are addressed.[31]

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[30] Note that many of those who were employed or were students were also looking for work.

[31] Tutty, L, Radtke, L., and Nixon, K. (2009). The Healing Journey: A Longitudinal Study of Mothers Affected by Intimate Partner Violence, Perceptions of their Children's Well-Being and Family-Related Service Utilization. Report Prepared for The Alberta Centre for Child, Family and Community Research.

- All but three women agreed or strongly agreed that as a result of their second-stage shelter stay they have gained knowledge about how to keep themselves and their children safe.

- All but four women agreed that they felt safer since their stay in second-stage shelter.

- 31 women shared their self-assessment of how well they were managing as summarized and illustrated by selected quotes from the interviews:

  o 16 women indicated that there were doing well without any significant problems:
    - *Woman recently reported that she and her family are doing well. She recently returned to partner after he attended counselling. She has a safety plan if he becomes abusive again.*
    - *[The woman] is managing very well. She maintains her budget with the Hands Up Bursary and is doing well with her education. She makes contact with the worker if/when she has needs...for instance...food bank delivery. Otherwise she is independent.*

  o 11 were on their way to stability, but were still experiencing issues (usually including financial, mental health and parenting concerns):
    - *She realizes she would not have made all of these positive changes if she had not completed the second-stage program(s); looking ahead, feeling hopeful and making long-term plans for herself and her children…still struggles with depression which is treated with medication.*
    - *[The woman] has come a long way from when she first came to shelter. She has worked through a significant amount of issues on her own and has proven to be independent and successful. She has enrolled herself into a day-treatment facility that is supporting her with alcohol addiction. She has also found day-care for her child independently, and has expressed a number of goals that she would like to accomplish within the next few months. She would like to go back to school and work on her relationship with family members.*
    - *Woman is managing well in the community. Her struggles have been with Alberta Works and legal issues. She is happier now that she is attending school full time.*

  o 4 described their situation as "coping" or "struggling":
    - *She needed the continued supports after leaving the shelter, re-applied to the second-stage and was readmitted to second-stage program.*
    - *She is struggling; has a lot of debt and little income; wants legal situation to be resolved as trial date for her ex continues to be postponed and now it is put off for another entire year.*
    - *Woman still struggles financially and has tried to get full time employment but hasn't gotten one yet. She is grateful to get support for her family through the shelter.*
    - *Client is managing, but her well-being has been affected due to CFSA involvement with her children. She is receiving counselling and support from our agency.*

IX. Shelter Directors' Feedback

Project participants shared their perspectives and feedback in a focus group as well as individual interviews that occurred over the course of February and March 2017. Altogether, there were 21 directors and/or their designates who represented 13 sheltering organizations. The focus of the discussion was on the changes in shelter programming since completion of Project Phase I, anticipated shelter impact as well as the next steps for the Second-Stage Shelter Committee.

9.1 Shelter Program Development

Government Funding

Shelter Directors reflected that the project helped gain more recognition for the second-stage shelters from the government, resulting in the recent injection of dollars by the provincial government into second-stage shelter work, with nine previously unfunded second-stage shelters receiving renewable grants for programing as well as Intensive Case Management and Child Trauma positions. Two second-stage shelters funded for many years by government received additional funding for Intensive Case Management and Child Trauma positions. All operational second-stage shelters in Alberta are now funded.

Shelter Directors judged this development as having a significant positive impact on shelter operations. Prior to this, many of the shelters had to rely on unpredictable fundraising activities and/or had to divert allocations from other programs, ultimately not being able to deliver the scope or the quality of services needed. As a result of these new dollars, those shelters that historically have not had government funding are now able to provide core services, ensure that shelter premises are safe and secure, implement some facility improvements, have full (qualified) staff contingent, and are able to deliver more mindful and formalized services.

All second-stage shelters in the province are also now able to significantly strengthen service offerings for children, as they could hire child trauma informed counsellors and add new child care staff, ultimately being able to address the significant and life-long impact of trauma that children exposed to domestic violence experience. Furthermore, the dollars for the Intensive Case Management (ICM) positions strengthened shelter capacity to support women's transition to independence and provide wrap-around services and supports, as these staff helped women locate housing, connected them with needed resources and provided counselling and emotional support. Government's flexibility in allocating the available dollars was also welcome by the shelters as some of the funds could be used to support staff training in areas of particular interest to shelters.

New Programming

In addition to overall strengthening of shelter services resulting from new government funding, second-stage shelters continued to engage in program development and implementation of promising practices in their facilities. Some of the more significant changes and improvements to programs include:

- Shifting to trauma-informed services, including training, and intentional consideration of impact of trauma in all facets of service delivery (e.g., focus on choices, experiential services, women's needs vs. program needs);
- Bringing more focus to children in second-stage shelters (e.g., building the relationship or connection between mom and child, addressing the impact of FASD);
- Increasing outreach program size, in response to the increased vacancy rates in some locations;
- While recognizing and affirming that domestic violence is a gendered issue, providing family-centered services, focusing on family structure, family of origin as well as mental health and addiction issues;
- Developing methods for medication control and disbursement;
- Adopting a response-based practice with a primary message that women are not broken and they just need enough time to process things and to recognize that they are strong and capable;
- Requiring that women not work for the first 6 months of shelter stay, allowing them to fully commit and participate in program offerings;
- Requiring that women spend some time in an emergency shelter before moving onto the second-stage shelter to ensure that they are able to live independently;
- Developing a shared intake process among 3 urban second-stage, and creating one point of contact for women who seek admission.

9.2 Second-stage Shelters and Housing Services Sector

Discussions with Shelter Directors highlighted their perspectives on how second-stage shelters fit within the spectrum of housing services. They were very clear as to the value and unique place of second-stage shelters in the continuum, supporting women and children whose safety is at risk and who are homeless because of their experience of abuse. Some stated that, as a result of the project they are now better able to articulate where second-stage shelters fit, how they are different from women's emergency shelters or transitional housing, the complexity of the women's needs who stay in second-stage and the value of shelter work, both emergency and second-stage. Finally, some Shelter Directors thought that the role of the second-stage shelters is not yet fully understood in the community and that more work is required in this area as well as to 'bridge the gap' with the homeless serving sector and determine how second-stage shelters can work better within the housing service continuum.

There continue to be some differences between experiences of urban shelters and shelters located in smaller jurisdictions. High demand in urban locations keeps those shelters always full with admissions limited to women and children fleeing domestic violence. Shelters in smaller locations oftentimes are "the only game in town" for all women who are homeless. Therefore, they may admit women for whom homelessness is the primary presenting issue, although most have had some experience of domestic violence in the past. For these reasons, they cannot always be seen as focusing entirely on domestic violence and instead some would rather be described as "social housing for women".

Notwithstanding how the shelters define themselves uniquely in their communities, they all emphasized the importance of continued outreach and follow-up work when women leave shelter to ensure woman-centered, wrap-around service delivery approach. To support this idea, several shelters have initiated community based housing projects (e.g., domestic violence housing first, progressive housing), where women live independently but with continued support from the shelter staff. Many also have an expectation of follow up support with every woman who leaves second-stage shelter, in some shelters for as long as a year.

9.3 Developing Data Management Capacity

One of the goals of the Second-Stage Shelter Project was to establish a process for collective outcome measurement in Alberta second-stage shelters to support shelter efforts to secure core funding. As noted in the discussion above, ACWS and second-stage shelters have been successful in obtaining core funding for second-stage shelters currently operating in Alberta. Developing data management capacity together was one important element contributing to this success.

Shelter Directors indicated that they would not have had the capacity internally to develop what they achieved as a group. Coming to second-stage committee meetings helped them help their staff understand the importance of evaluation, gave them the language to explain the importance of evaluation, and helped them become more proactive in their work.

Over the course of the project second-stage shelters have expanded and fine-tuned their use of the ACWS Member Shared Database, improving the accuracy and completeness of data entry, using the data for reports and funding applications and starting to use the data to inform development of services and programs as well as for shelter advocacy and local public awareness activities. Shelter Directors describe their staff as generally being "on board" and understanding the value of informed service delivery and, in some shelters, regular processes are underway for identifying emerging research questions and using the shared database to answer them. Staff especially appreciate the opportunity to have access to data summaries or reports where they can see tangible results of their work.

The work of data management is also more formalized now, with clearer roles, responsibilities and expectations and grounded in the second-stage shelter logic model developed collectively in Phase I. Dedicating staff positions to evaluation, research and data management activities helps significantly in this regard. While some shelters have such positions in place, others without dedicated positions are still struggling, with staff feeling overwhelmed with data management and reporting responsibilities.

Second-stage Shelter Data Collection Tools

The second-stage shelter project introduced several new data collection tools to support measurement of the indicators identified in the second-stage logic model. These new tools include Goal Attainment Scaling, Parenting Stress Index and Impact of Events Scale. The project also supported implementation of tools that shelters were using prior to project implementation – including the Danger Assessment or Walking the Path Together Danger Assessment and Calendar, the Domestic Violence Survivor Assessment and the Client Feedback Questionnaire. Shelter staff also helped develop a Second-Stage Acuity Scale, and the results of this process are summarized in Section VII of this report.

Shelter Directors talked about the value of these tools with associated standards and consistency of use emerging as one of the important learnings that occurred over the course of the project. While all of these tools were described as potentially valuable, and helping shelters 'make sense of their work', the Shelter Directors highlighted a few tools they thought were particularly useful:

- Danger Assessment: is standard to shelter practice; has always been helpful to understand danger and risk; also, helpful to compare how women's risk levels change over time; and some have been able to use DA information to support women in court;

- Acuity Scale: a useable and potentially very valuable tool – it is important to be aware of and be able to describe the level of acuity of the clients we serve; it will help us make sure that staff are equipped to serve the women in second-stage shelters;
- Parenting Stress Index: shelters appreciate ACWS' help in purchasing this tool; the tool concretely identifies mothers' strengths and challenges; however, perceived complexity of scoring is a challenge for some shelters and has contributed to a few deciding not to use it;
- Goal attainment is very valuable from the case management perspective and to support service direction; it is a flexible tool allowing women to set their own goals; it also helps speak collectively to second-stage shelter work;
- Domestic Violence Survivor Assessment: enhanced staff understanding of situations women find themselves in, and was especially valuable for staff who may not have had significant background in domestic violence.

The Shelter Directors often express their appreciation of the support from ACWS in assisting shelters develop their data management capacity. They particularly valued the responsiveness of ACWS staff when addressing questions about the shared database, their help in ensuring that data and reports were accurate and comprehensive, and that individual and collective data analysis reports supported moving project work forward. They would like this support to continue, along with assisting all shelters to move beyond simply gathering data to using data to inform shelter practice.

9.4 Shelter Impact

In addition to supporting the idea that each woman work towards achieving her unique goals, Shelter Directors identified the following outcomes they were hoping for women leaving second-stage shelters:
- Affordable, stable and secure housing;
- Financial independence (i.e., educational upgrading and employment);
- Enhanced ability to access resources in the community;
- For women with children, securing custody of their children, improved parenting skills, and better understanding of childhood trauma and the impact that it has on child development;
- Achieving a life free from violence; and,
- In general, becoming a vibrant part of the community.

They described several success stories of women who accessed their shelters, women who arrived in the shelter in dire situations emotionally, physically and financially and who would have been able to, after their shelter stay to stabilize their lives by finishing their education, finding employment, housing and child care. They talked about how the focus on data gathering helped enhance the work of the shelter staff and how new Intensive Case Management positions are helping create more success stories for women, as the likelihood that women will be successfully housed and connected with needed resources is enhanced.

They also described women's progress towards intended impact as a journey that may take some time and that may require that she access the full spectrum of services including emergency and second-stage shelters, progressive housing and outreach services. For example, women who we contacted between 3 and 6 months after leaving the shelter may be housed but might still be looking for work or education, solidifying their financial situation and still working on goal attainment. Many continue to require support for emotional healing, some may have to return to shelter or transitional housing and some others may return to their partner.

The directors also emphasized that, as they work towards independence women continue to experience many systemic barriers, most significant barriers including:

- Poverty and associated lack of or inadequate financial supports (e.g., insufficient income support from the government, not receiving child support);
- Lack of affordable housing – women may have all of the abilities and skills to move forward but may not be able to do so without access to housing;
- Child welfare system that is not responsive to the needs of mothers and children;
- Challenging access to everyday services and supports, such as transportation that is particularly problematic for shelters located in rural areas; as well as lack of affordable childcare and access to furniture;
- Lack of services and supports for immigrant women, especially interpretation and cultural awareness;
- Racism and lack of cultural awareness that Aboriginal women face;
- Challenges that addictions and mental health present when integrating into the community and lack of such services in some smaller jurisdictions.

Shelter directors also spoke to the challenges for some women who stay at second-stage shelters, particularly those with mental health and addictions issues. Second-stage shelters do not always have staff with requisite expertise and many have policies guiding behavior and alcohol use. Even though shelters are not well equipped to support these women, some shelters, particularly those in smaller jurisdictions face significant pressure to accept women with addictions and mental health concerns because of the lack of specialized services in the area.

9.5 Next Steps

The participants thought that in general, the project helped shelters help women, helped government understand what the second-stage shelter do, and helped enhance shelter staff learning by gathering data about the impact the services have on women. All Second-stage Shelter Committee members described the project as valuable and the group meetings as "extremely helpful". They were unanimous about the value of continuing to meet as a group. They also provided several suggestions for the content and direction of future meetings:

- Continue to aggregate collective data, develop benchmarks for data collection, compare individual shelter data to the aggregate; continue to use data to inform collective and individual shelter program development; continue with tool development;
- Develop data bridging processes for those using a different database or different tools (e.g., Outcomes Star vs. Goal Attainment scaling);
- Continue to provide an opportunity for group sharing with respect to learnings, shelter practices, policies, challenges and funding considerations; consider creating similar opportunities for front-line staff;
- Continue to help shelters position themselves in their communities, continue supporting shelter advocacy and access to continued funding to ensure wrap-around quality service provision for women in second-stage shelters;
- Jointly address operational issues and help shelters build infrastructure to support shelter growth: e.g., human resources, hiring, training, position descriptions;

- Continue the work of developing the second-stage shelter standards, including more concrete and practical directions for programming and staff activities;
- Provide training and develop a training plan that makes consistent training available to second-stage shelter staff on continuous basis (e.g., ethics, trauma, basic standards, cultural competency);
- Implement research activities aimed at specific client groups (e.g., best practices with Aboriginal and Immigrant women, supporting mental health challenges, understanding more about women who return to the shelter);
- Work to bridge the gap with the homeless serving sector; looking to determine how second-stage shelters can work better within the housing service continuum.

The value of the collective work is illustrated in these quotes from two Shelter Directors:

"I would like the funders to know that this project has made a significant difference in the quality of service that we are able to provide to families, this trickled all the way down to the women and children – [we now have] informed programming, it helped us evaluate our services, have the language to help us understand who we are and how to work with people – that's been remarkable."

"I so value ACWS and my co-directors whether they are from second-stage or elsewhere – because I would be very concerned if we were doing a second-stage shelter from scratch with no connection. It's because of that connection and great networking that small organizations like ours feels confident to step forward…and I think that's not always available to not-for profit and is invaluable. Our membership dues don't reflect the contribution they make."

X. Report Highlights and Next Steps

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 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 including two on-reserve. Seven of Alberta's second-stage shelters are run by sheltering organizations that also operate emergency shelters.[32]

Second-stage shelters as well as other sheltering organizations that are in the process of building or are planning to build a second-stage shelter began to meet formally in February of 2013 to support Phase I implementation of the Second-Stage Shelter project. The purpose of the project was to collectively develop strategies that will promote common understanding of and support for second-stage shelters in Alberta, with Phase I deliverables including a promising practice review, a logic model, and introduction and implementation of new data collection tools. Phase II (April 1, 2015 – February 28, 2017) built on the work in Phase I, expanding data collection and introduction of tools, providing training and support, implementing client follow-up and developing a new Acuity Scale.

10.1 Women and Children in Second-stage Shelters

Each year second-stage shelters across Alberta support over one thousand women and children who are fleeing domestic violence and abuse (based on 2015/16 fiscal year). Undoubtedly, these numbers represent just a fraction of the number of women who require second-stage shelter supports, as demonstrated by the waiting lists that each second-stage shelter has, and reflected in the near 100% occupancy rates, particularly in shelters in urban locations. The recent injection of new Alberta government funding (December 2015) is a welcome addition for these shelters as they work to address the demand for services.

The demographic characteristics of women and children in this study are comparable to the women in shelters across the province. They are, on average 35 years of age, over a third are Aboriginal and another 26% are immigrants to Canada. Similar to women's emergency shelters located across Alberta and consistent with immigration trends, shelters in the smaller, more rural locations are more likely to house Aboriginal women, while shelters in the larger cities are welcoming more immigrant women.[33]

However, while in some ways women accessing second-stage shelters are similar to women living in emergency shelters, women in second-stage shelters are at a higher risk for femicide than the women in emergency shelters[34]. They are also more likely to be admitted to the shelter with children, and these

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[32] 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.

[33] 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.

[34] Cairns, K., and Hoffart, I. (2009). Keeping Women Alive – Assessing the Danger. A report completed for the Alberta Council of Women's Shelters.

children are getting younger each year, being on average 6 years of age in the most recent fiscal year. To respond to these needs, second-stage shelters provide a safe and secure environment, including 24-hour staffing as well as individualized, intensive and long-term case management and wrap-around services for both mothers and their children.

Poverty

Poverty is a significant issue for women in second-stage shelters. About two-thirds of the women accessing the shelters were homeless (they lived in a woman's emergency shelter prior to their second-stage shelter admission), and most of them described their financial situation as a concern at the time of intake (84%). They needed the time and supports provided by the second-stage shelters in order secure stable employment, upgrade their education and find affordable childcare and housing.

Many of these women rely on social assistance in order to support themselves (69%) 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.[35] Increase in social assistance rates is needed to support women's transition into the community, a consideration for future advocacy efforts by ACWS and members.

Health and Addictions

Almost two-thirds of the women in this study had either mental or physical health concerns or addictions or a combination of those concerns. Over half were experiencing mental health concerns, about 40% were experiencing physical health issues and over a third were struggling with addiction – many of these issues likely a result of the abuse they experienced. Their children are similarly impacted – about a third of the children (27%) were also reported or observed to have a disability, a mental health or a physical health concern.

This data confirms reports in literature that a significant number of domestic 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.[36] In light of this, many second-stage shelters are working to integrate trauma-informed approach in their service delivery, for both women and their children.

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[35] Edmonton Social Planning Council (2015). A Profile of Poverty in Edmonton. A report for End Poverty Edmonton, the Mayor's Task Force to Eliminate Poverty. http://www.iaaw.ca/wp-content/uploads/2016/10/PovertyProfileJanuary2015.pdf
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.
[36] Hayes, M., Zonneville, M, Bassuk, E. (2013) The Shift Study: Final Report. Service and Housing Intervention for Families in Transition. American Institutes for Research, The National Centre on Family Homelessness.

The Experience of Abuse

Women and children in second-stage shelters are often fleeing horrific abuse at the hands of their (almost always male) partners, having experienced many different types of abuse ranging from emotional to physical, the latter resulting in significant physical injuries for at least 22% of the women. At the time of their admission to second-stage shelter, over 70% of the women were in extreme or severe danger of being killed by their partners. It is not safe for many of these women to live unprotected in the community.

Women come to second-stage shelters in various stages of readiness to move forward in addressing the abuse they have experienced. Comprehensive assessment of their situation, needs and readiness, followed by individualized and flexible services and supports are required to support effective transitions. In particular, and, again, supporting the need for trauma-informed care, is the fact that many women are in contemplation or preparation stages when it comes to managing their feelings and mental distress.

The exposure to abuse also causes women to experience a significant amount of stress associated with their parenting responsibilities. Many of these families would benefit from more opportunities for positive interactions between mother and child, working to strengthen sense of parental competency, and some, from referrals to pediatrician or child psychologist.

10.2 Services and Service Outcomes

The study demonstrated that second-stage shelters in Alberta provide a spectrum of multi-faceted services. Like in emergency shelters services include safety planning, counseling, basic needs support, and advocacy. In contrast with the emergency shelters, however, they also provide longer term support (from 6 months to 2 years), programming for children, as well as post-shelter follow-up, that help women's transition to stability upon conclusion of shelter stay.

In their interviews women usually talked about shelter as a safe place, and described as helpful individual counselling they received, groups with other women and services for their children, including childcare, therapy and parenting supports. They also appreciated a variety of other supports that helped address their basic, legal, recreation, language, spiritual and health needs; as well as provision of general information, referrals and advocacy in the community.

Many of these services are delivered together with other community services to ensure smooth transition for women and children. Staff also advocate and support women to connect with a wide array of services in the community, most often including basic needs and financial support, housing supports, health services and legal supports.

<u>Service Outcomes</u>

Shelter programming appears to be successful overall:
- almost 90% of the women were able to achieve some progress on at least one of the goals that they set for themselves;
- over 80% of women were satisfied with the services they received;
- about 60% completed shelter programming;
- at discharge over half were expecting to live independently in stable housing upon discharge and at follow-up 79% were living on their own (this compared to 67% who were homeless at shelter admission);
- only 6% were planning to return to their abusive partners.

In their interviews and without exception, all of the women spoke of second-stage shelter as a positive and extremely important part of their recovery from abuse. In particular, they spoke about the staff, the facility and the supports as the key elements that contributed to the effectiveness of their stay. When asked about how their lives have changed after coming to the second-stage shelter, they talked about being safer, feeling healthier emotionally, having a more positive outlook on life, becoming more independent, their children improving, and, in general, feeling calmer and less stressed.

Further analysis helped identify areas for further work. Women were least successful in achieving goals related to legal issues, child well-being, childcare, relationships and employment/education (ranging from 59% to 55% of women with progress on those goals). Some of this result is due to systemic barriers women face, particularly when they are trying to access legal, employment/education, housing and financial services and supports.

Also, shelter success varied in accordance with women's background and their use of shelter services. Predictably, women were most likely to be successful in the shelter if they stayed longer. Those women who stayed in the shelter for shorter periods of time were also less likely to complete the program, achieve their goals, and locate stable housing upon leaving the shelter. These groups included Aboriginal women, women with health concerns and particularly mental health and addictions issues as well as women with no children.

That there are challenges in shelters for women with mental health and addiction issues was also confirmed in discussions with the women and Shelter Directors. Some work is already underway with ACWS and members working collaboratively to build a sustainable overarching shelter training plan focusing on several key training issues (e.g., ethics and trauma-informed service delivery, developing a Statement of Principles and Values guiding work with Aboriginal women). More work will be required to build on these initiatives and explore further these issues to develop workable guidelines and policies for improving second-stage shelter services.

10.3 Acuity Scale Development

The ACWS Second-stage Shelter Acuity Scale was developed over several years of applied research in the domestic violence shelter system and through the collaboration between the shelters and the Alberta Council of Women's Shelters (ACWS).

It incorporates acuity indicators associated with violence risk levels, parenting stress levels, poverty-related issues, the presence or absence of addictions, mental health problems, and/or physical health problems, and housing, financial, legal and social support issues. It has an intended range of uses, including, among others, measuring client complexity and functioning as a change measure.

The scale development process was comprised of several steps, including a literature review, consultation with Shelter Directors and staff, several revisions, and using two hypothetical case studies to support interrater and test-retest reliability with shelter staff. The final tests demonstrated strong interrater reliability (r=.986 to r=.999) and test/retest reliability (r=.831, r=.869). Several next steps for scale testing were suggested, including expansion of testing to emergency shelters and automating the scale through ACWS Shared Database.

10.4 Project Impact

Shelter directors judged the recent injection of dollars by the provincial government into second-stage shelter work as one of the most significant recent changes in the shelter operations, allowing them to deliver more comprehensive, mindful and formalized services. They especially emphasized how the increase in funding helped significantly strengthen their service offerings for children and better support women's transition to independence after shelter stay.

The project also helped Shelter Directors better articulate where second-stage shelters fit in the housing service continuum, how they are different from women's emergency shelters or transitional housing, the complexity of the women's needs who access second-stage and the value of shelter work. Many shelters have strengthened the continuity of service delivery, having initiated housing programs, and expanded expectations for follow up support for as long as a year after shelter service completion. There continue to be some differences in shelter experiences between urban and smaller jurisdictions with the latter experiencing pressures for supporting women with homelessness as a primary issue. There are also differences among jurisdictions in how shelters work with the homeless serving sector leading some Shelter Directors to suggest that more work is required in this area, especially determining how second-stage shelters can work better within the housing service continuum.

That shelter data management capacity has significantly improved over the course of the project was reflected in completeness and accuracy of data that was available for analysis in this report. Shelter Directors also supported this finding, describing how the project helped them expand and fine tune the use of the ACWS Member shared data base, enhance the understanding amongst their staff of the value of information gathering and in general, beginning to develop culture of informed service delivery. They also spoke positively about the value of the tools that they have implemented as part of the project, and the associated improved standards and consistency of use.

10.5 Next Steps

All of the Second-stage Shelter Committee members described the project as valuable and the group meetings as "extremely helpful". They were unanimous about the value of continuing to meet as a group. They provided several suggestions for the content and direction of these future meetings, including continued data analysis and use of data to inform shelter services, continued advocacy to help position second-stage shelters in their communities, continuing to develop second-stage shelter standards, and implementing research activities aimed at improving shelter services for specific client groups (e.g., Aboriginal women and women with mental health issues).

Their feedback together with the data gathered in this report provides some directions for further study, discussion and analysis, as summarized below across key areas of work:

Developing Data Collection Tools

- The study had identified several measures of success, including a life free of violence, stability at discharge and follow-up, progress and achievement of goals that women set for themselves, women's satisfaction with shelter services as well as program completion at discharge. The latter measure is not yet clearly defined, and its definition may differ across shelters and among individual women. More discussion is required about program completion as a measure of success and about other ways of understanding shelter impact and how they can best be measured.
- The participating ACWS member organizations implemented a variety of tools, including the DA/WTPT DA, DVSA, PSI, IES, Goal Attainment Scaling and Client Feedback Survey. Although most of the participants saw value in all of these tools, there continue to be some challenges and/or questions with respect to across-the-board implementation. ACWS and the members could collectively review these tools and jointly address any issues or challenges associated with their use.
- This study provided an opportunity for aggregating second-stage shelter occupancy data using the new formula developed by ACWS members. The analysis showed that occupancy numbers may be misleading, particularly when aggregated with information from smaller shelter. ACWS and members may continue their conversation about the value of tracking occupancy rate and the meaning that it has, particularly for shelters in rural or smaller centers.
- Acuity Scale development process had produced some strong results, supporting future use of this scale by second-stage shelters. Before wholesale implementation, however, it is recommended that the scale be further tested with emergency shelters, analyzed for construct validity and integrated into the ACWS/Member shared database.
- This study represents the first time that Danger Assessment information was available for women in second-stage shelters in both urban and smaller jurisdictions, and that used the new WTPT DA tool. A review and/or repeat of a Danger Analysis study may be of benefit to better understand any current trends with respect to risk of femicide for women across the province.[37]

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[37] Cairns, K., and Hoffart, I. (2009). Keeping Women Alive – Assessing the Danger. Report prepared for the Alberta Council of Women's Shelters.

Best Practice Research

- As more and more ACWS members introduce the concept of trauma-informed care in their agencies, it may be helpful to study implementation of those services to determine what additive impacts they have on women and children in second-stage shelters.
- Some of the study results speak to the positive experience of immigrant women in second-stage shelters, not necessarily reflecting the full complexity of their needs. Further analysis and focus on immigrant women, the barriers they face and how those barriers could be addressed may be of benefit.
- There is a substantial proportion of women whose reason for leaving the shelter is unknown (18%) or whose living arrangements at shelter discharge are unknown (31%). ACWS and the shelter collective could work to develop processes to better engage with these women, so that their situation could be better understood and supported.
- Almost two-thirds of the women in this study self-reported or were observed to have physical health, mental health or addiction concerns. These women also leave shelters earlier and are less likely to complete the program or obtain stable housing. More work needs to be done in second-stage shelters to determine how to best address their needs.
- Aboriginal women are more vulnerable to abuse – both in terms of frequency and severity of the abuse. Aboriginal women are also less likely to benefit from second-stage shelter services than the other groups of women. When they leave the shelter they also face multiple access barriers resulting from discrimination and lack of cultural competence. Some work by ACWS and members is already underway (e.g., a Statement of Principles and Values guiding work with Aboriginal women) and more work will be required to develop workable guidelines and policies for improving second-stage shelter services for Aboriginal women.

Directions for Advocacy

- Poverty is a significant issue for most women and children in second-stage shelter: regardless of their income prior to leaving, many women leaving violent relationships have limited finances available to them. They have to rely on income assistance that is often insufficient to access stable housing and address basic needs. Continued advocacy with related systems is necessary to address this very serious issue for women and children in second-stage shelters.
- Access to legal services and supports continues to emerge as one of the most significant barriers for women in second-stage shelters. Issues often include problematic service access, narrow eligibility requirements and high service cost. Working with systems to facilitate better access to legal services for women and children in second-stage shelters represents another important area for advocacy by ACWS and its members.
- As noted in the report, some Shelter Directors thought that the role of the second-stage shelters is not yet fully understood in the community and that more work is required in this area as well as to 'bridge the gap' with the homeless serving sector and determine how second-stage shelters can work better within the housing service continuum.