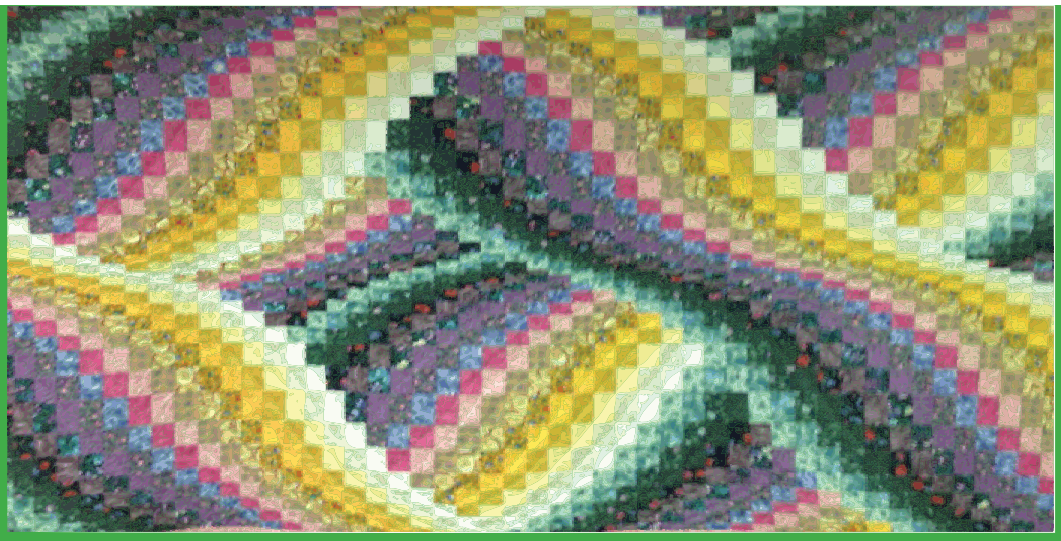
YWCA CANADA

A TURNING POINT FOR WOMEN

UN POINT TOURNANT POUR LES FEMMES

SAYING YES

EFFECTIVE PRACTICES IN SHELTERING ABUSED WOMEN WITH MENTAL HEALTH AND ADDICTION ISSUES



MARCH 2014

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Thank you, Judie Bopp

Phase One Participating Shelters
Chatham Kent Women's Centre (Chatham, ON)
Ernestine's Women's Shelter (Toronto, ON)
Nova House (Selkirk, MB)
Women's Community House (London, ON)
Women's Habitat (Etobicoke, ON)
YWCA Arise (Toronto, ON)
YWCA Toronto Women's Shelter (Toronto, ON)

Phase Two Participating Shelters
Aurora House (The Pas, MB)
Juniper House (Yarmouth, NS)
Kamloops YWCA (Kamloops, BC)
Rainy River District Women's Shelter of Hope (Atikokan, ON)
Yellow Brick House (Richmond Hill, ON)
YWCA Agvvik Nunavut (Iqaluit, NU)
YWCA Banff (Banff, AB)
YWCA Lethbridge (Lethbridge, AB)
YWCA Regina (Regina, SK)
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This document is also available in **French**.

Cover art: Detail from the quilt Twisted Barqello by Bernice Tate (2003), displayed in Nova House in Selkirk, Manitoba

Canada

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Prepared for
YWCA Canada

MARCH 2014

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EXECUTIVE SUMMARY

Many women with mental health and addiction issues who experience violence face very restricted access to shelters and transitional housing for abused women. This leaves them at substantial risk of homelessness and their needs unaddressed. Some shelters have adopted policy and practice innovations to provide wider access for this population of abused women. This study identifies policy and practice innovations in use and investigates the challenges of transferring effective adaptations to additional shelters.

LEARNING FROM WIDER ACCESS SHELTERS: PHASE ONE

Phase One interviewed staff and managers of seven shelters about changes made and innovative practices adopted in order to offer wider access to abused women with mental health and addiction challenges.

Frameworks, Models and Core Values: How shelters have adapted

Shifting the framework to adopt a clear conceptual approach committed to serving all women, including women struggling with complex issues, is a key innovation. This shift in model also shifts ways of working. Many staff and managers reported this as moving to a harm reduction approach, encompassing:

- Working comfortably in a "grey" zone guided by circumstances and needs of women and children rather than set rules and procedures.
- Saying "yes" rather than "no" as often as possible.
- Recognizing one size definitely does not fit all.
- Understanding and implementing a trauma-informed approach to work.
- Continuous reflection on practice to align staff actions and approaches with what's effective.
- Begin from women's and children's strengths, create space for their contributions and leadership.
- Challenge systemic barriers in services for women and in the attitudes and norms of society.
- Work from a deep place that draws on skills and commitment.

The Journey: Getting there

Key steps in the change journey include:

- Leadership: Commitment and direction from the board of directors and managers is essential.
- Full staff buy-in to the need for change.
- A commitment to continuous learning in order to build capacity.
- A supportive work environment with thorough implementation of shelter mission and foundation principles, including in staff interactions and management practices.
- Responding to the needs of shelter residents replaces pre-determined programs and procedures.
- Fostering constructive and collaborative external partnerships to expand services and capacity.
- Community engagement to change attitudes and build understanding and support.
- Patience. The journey takes time and persistence.

Effectiveness: What happens when it's working

Shelter staff and managers talked about what made it possible to assess the effectiveness of new ways of working. Visible changes include:

- Growth of resident trust in shelter staff that enables supportive conversations and development of individualized safety and life plans.
- Staff working responsively and a consequent shift in shelter approaches and procedures.
- Harm reduction and trauma-informed approaches replace previous top-down ways of operating.
- Changes in working staff capacity including growth in their ability to be non-judgmental and to interact with women without being triggered.

- Shelters catalyze changes in how external service systems work with abused women with mental health and addiction challenges.

Next Steps: Addressing the barriers

The need for more funding was over-arching, though not all of the steps to address the barriers are difficult to achieve without increased funds. The tools to address change for these shelters include:

- Facilities, Programs & Services:
  - Improve facilities to add space and amenities, such as private bathrooms.
  - Add full-fledged harm reduction facility, working securely with women actively using substances.
  - More mental, emotional, physical and spiritual wellness programs for women and children.
  - Improve client access to housing, addiction and mental health treatment and counseling services.
- Staff:
  - More staff in-service training, especially on working with mental health and addictions.
  - Increase size of staff and include staff with specializations in mental health or addictions.
- Outreach:
  - Increase work with women transitioning from the shelter to independent living.
  - Increase work with women not using residential services.
  - Conduct prevention work in schools and other venues.
  - Shift public understanding of domestic violence to view it as a crime.
  - Mobilize political and social will for prevention.

SHARING THE LEARNING: PHASE TWO

Phase Two saw 11 additional shelters, in five provinces and two territories, interviewed about applying these innovations in their own contexts. Ranging from a single room in a hotel to multi-room buildings with outreach programming, the average length of resident stay in the shelters ranges from 6.5 days to many months, and catchment areas from a single municipal jurisdiction to thousands of square miles.

Responding to Realities and Needs: It just makes sense

Phase Two shelters are responding actively to more women with active addictions and more women struggling with mental health issues seeking their services. In their words, "the need is so obvious." With few community support options, mandates are stretched and rules are broken. Most shelters tend to problem-solve as they go, without a clearly articulated framework. Interviews described:

- Similar realities and needs of women and children across the country.
- Shelters needing to consider their own particular contexts.
- Interest in learning best practices for conceptual approaches including harm reduction, client-led, inclusive, strengths-based, trauma-informed and anti-oppression.
- The need to close the gap between what they say and what they do.
- Listening more to the women they serve.
- Finding new passion and joy in the work.

Challenges: Where the rubber hits the road

- Inadequate infrastructure and funding.
- Rapidly changing demographics.
- Staff capacity to embrace a fundamental shift in policies and procedures including:
  - Willingness to be on a journey of continuous learning

  - Relying on intuition and skills rather than on policies and rules.
- Meeting the needs of women without specialized staff expertise.
- Meeting the needs of the one without jeopardizing the safety of the many.
- Implications of adopting a harm reduction approach in small communities.
- Lack of external support services needed to rebuild women's lives and acutely so in small communities.
- How to best meet the needs of children in the shelter and secure external trauma-informed support.
- Judgmental attitudes and unrealistic expectations of society and community partners.

Next Steps: Learning and building

Phase Two shelters agreed with all of the next steps to address barriers outlined by Phase One shelters (see above) and emphasized improving infrastructure for more space, privacy for clients and a dedicated space for harm reduction work; enhancing staff capacity through training and building buy-in for new approaches; better access for clients to services in the community and supportive societal understanding and attitudes. Phase Two shelters also identified additional high priority next steps:

- Develop stronger conceptual models for their work.
- Peer learning with other shelters about effective implementation strategies and systematic learning from practical experience about what's effective in their own context.

RECOMMENDATIONS

This study recommends action on Training and Peer Learning, Ongoing Networking and Mentoring Support and Taking Action for Change.

1. Training and Peer Learning

Shelter providers have taken important steps forward in recent years and across Canada, many are at the same place. Learning is key to further change. Research identified specialized training and peer learning as two simultaneous staff development strategies, and included identifying core competencies for staff as a framework for developing comprehensive capacity building staff training.

- **Specialized training on key concepts:** Shelter staff cited intensive training workshops and accessible on-line training programs and resources, while directors and program managers emphasized practical applications. Specialized training is recommended on:
  - Understanding and working with trauma (women and children)
  - Understanding and implementing harm reduction approaches
  - Current trends in substance abuse
  - Mental health issues commonly experienced by women using shelters.
- **Peer learning:** Shelter staff highlighted the importance of regular avenues for peer exchange, where parallel staff at different shelters can discuss responses to common challenges and new strategies, including implementation of harm reduction approaches. Facilitated forums and direct contact both provide opportunities for staff to learn from each other.
- **On-demand learning tools and resources:** Sustained access to online training materials, including practical tools like sample policies and check lists, supplements in-person training and increases possibilities for peer training.

2. Ongoing Networking and Mentoring Support: Leadership from National Organizations

Shelters, already working at capacity, need ongoing networking and mentoring support to transition to wider access approaches. Aligning practice with mission and vision will benefit from management level

networking and mentoring support. Shelters recommend that YWCA Canada sustain a focus on this issue and provide support for the learning and development process over an extended period, and collaborate with national organizations with expertise such as the Canadian Network of Women's Shelters and Transition Houses, the Canadian Women's Health Network and the Canadian Women's Foundation.

- **Use YWCA Canada's organizational structure to educate:** YWCA Canada should organize internal sessions for executive directors, board presidents and shelter directors and managers at the Annual Members Meeting and other venues to share the results of this study.
- **Regular on-line meetings:** YWCA Canada, on its own, or with national partners, should host webinars to create a learning community or community of practice around implementation issues.
- **On-line forum:** YWCA Canada, on its own, or with national partners, could create, manage and facilitate an ongoing forum that would provide spaces for shelter staff and or leadership to communicate with each other to share questions, innovations and lessons learned.
- **Use venues created by other agencies:** National and regional conferences, web-based networks, and publications are all possible venues for sharing the concepts and implementation ideas from this study. As one shelter director said, "We need to create a provincial movement."
- **Develop additional knowledge dissemination tools:** Explore additional dissemination tools to share the insights and experience of the shelters that participated in the *Effective Practices* study.
- **Conduct six-month check-in with Phase 2 Shelters:** Check with the Phase Two shelters to discuss progress on their goals and to help them problem-solve around the barriers they have experienced.

3. Taking Action for Change:

- **Local Action:** Shelters identified actions within their organizations or locality, including steps that they could take on their own to benefit more fully from their collective work.
  - **Strategic or annual planning:** Several shelters intended to use this study to structure planning processes early in 2014.
  - **Partnership initiatives:** Use the study to inform the work of local coalitions or working groups on service provision issues for women with addictions and/or mental health issues.
  - **Taking initiative to stimulate provincial or regional change:** Shelters organize a regional telephone meeting with shelters to share their experience as a way to stimulate change.
- **Action for Systemic Change:** Systemic change can increase the capacity of shelters to effectively support abused women with mental health and addiction issues.
  - **Transitional and other supportive housing:** Identified as a very high priority for effective service.
  - **Access to mental health services including gender-appropriate, trauma-informed services:** Many mental health services have long waiting lists. Timely access to the appropriate services is a critical priority issue for shelters.
  - **Access to a variety of gender-specific addiction services and substance use programs:** Access to gender-specific programs addressing addiction and substance use treatment can take months, and during that waiting period, women may lose their readiness or leave the shelter. In many communities, although essential, there is no access to treatment services.
  - **Introduce specialized programming for women who abuse:** Very few programs and services exist for women who are abusive. Shelters who have expressed interest in offering this programming should be supported.

BACKGROUND

Women with mental health and addiction issues who experience violence often face very restricted access to shelters and transitional housing. It is standard practice for t such facilities to enforce a "zero tolerance" policy with respect to substance use and to refer women with visible mental health issues to other services. This stance is understandable, as most shelters and transitional houses don't feel they have the staff expertise to serve this population and to do so in a way that ensures safety and comfort for all shelter residents including children and staff.[1]

The net impact, however, is that the needs of this population of women are not addressed and they are at substantial risk of homelessness.[2] In many communities, few, if any, other options for supportive service exist. Women who desperately need shelter and non-judgmental support are turned away at a time when they are most vulnerable. When they flee violence in their homes, they risk homelessness and further abuse on the streets. Mental health and addiction issues are often a consequence of violence. Yet, when women seek shelter in violence against women (VAW) or homeless facilities, however, they are denied service because of their substance use and levels of distress. Women become trapped in a type of vicious cycle.

The purpose of this study, *Effective Practices in Sheltering Abused Women with Mental Health and Addiction Issues*, was to identify innovations at the level of policy and day-to-day practice that can address this gap in services and to disseminate this information widely for the consideration of shelters across Canada. More specifically, this research project had three primary objectives:

1. To document the policy and practice innovations of selected women's shelters that have been successful in providing service to this group of women
2. To test the helpfulness and feasibility of these practices with other shelters that express desire to improve their capacity to accommodate this population
3. To disseminate and encourage the adoption of similar policies and practices through YWCA shelters and other agencies in the YWCA's broader pan-Canadian network.

The *Effective Practices* study was carried out in two phases. The first involved site visits and extensive interviews with shelter directors, program managers and frontline staff of seven (7) shelters[3] that offer shelter services (and often outreach services) to women who are frequently referred to as "complex" or "challenging" because of their mental health issues and/or use of addictive substances. These interviews were carried out July–August 2013, and were transcribed and coded using a generative process that allowed research themes to emerge from the data.[4] The synthesis of these theme compilations was developed into the body of a Phase One report subtitled "What we have learned so far".

This report was disseminated to eleven (11) additional shelters[5] that volunteered to review it and participate in telephone interviews designed to provide an opportunity to discuss their own practice experience related to the Phase One themes. These interviews were conducted in December 2013. A summary of their observations and insights was produced and consolidated with the Phase One report into this document. All call-out quotations in this report are from shelter interviews and site visits.

1 YWCA Canada (2009). *Life Beyond Shelter: Toward Coordinated Policies for Women's Safety and Violence Prevention*, Accessed June 12, 2012 at http://ywcacanada.ca/data/publications/00000002.pdf
2 BC Society of Transition Houses (2009). *Reducing Barriers to Support: Discussion Paper on Violence Against Women, Mental Wellness and Substance Use*. Accessed June 15, 2012 at http://www.bcsth.ca/sites/default/files/ReducingBarriersDiscussionPaper_Final.pdf.
3 See inside front cover for a list of the seven shelters.
4 The NVivo software program was used for this purpose (see www.qsrinternational.com).
5 See inside front cover for a list of the 11 shelters.

PHASE ONE: LEARNING FROM APPRECIATIVE INQUIRY CONVERSATIONS WITH SHELTER MANAGERS AND FRONTLINE STAFF

Introduction

Interviews with management and front-line staff of seven shelters that volunteered to participate in the first phase of the study and have been able to offer "low-barrier" access to women with addiction and mental health issues were conducted to document how they have achieved this success. These conversations were rich, insightful, hopeful, and stimulating.

This first phase of the study produced approximately 200 pages of transcripts addressing four major themes:

A. Models, Frameworks and Core Values: How shelters have adapted
B. The Journey: Getting there
C. Effectiveness: What happens when it's working
D. Next Steps: Addressing the barriers

Models, Frameworks and Core Values: How shelters have adapted — Managers and frontline staff of the seven shelters spoke passionately and articulately about what they do and why they do it. They have developed, often over the course of months or years, well thought out conceptual frameworks using such terms as "harm reduction", "inclusive", "client-led", "strength-based" and "trauma-sensitive". At the same time, rather than relying on rules, they continually compare their day-to-day work with their models in an ongoing action-reflection-learning-planning process.

The Journey: Getting there — Achieving a clear vision and a level of comfort with working in a "grey zone", without the security of black and white rules, requires consistent and patient leadership from managers and the board of directors, as well as buy-in on the part of all the staff to learn a way of working that is truly responsive to the needs of the women wanting to use their services. The same principles and practices that shape a new way of working have to be equally applied to workplace relationships and to relationships with community partners.

Effectiveness: What happens when it's working — Evidence of effectiveness can be seen in better outcomes for women and children who spend time in the shelter, enhancements in the skills and confidence of staff members, the extent to which the shelter's procedures and policies are consistent with their philosophical frameworks, and changes in the way that the entire network of services addresses the real needs of women and children.

Next Steps: Addressing the barriers — The journey doesn't end. All of the shelters that participated in this phase of the *Effective Practices* research looked to the future for the opportunity to attract resources needed to achieve their mandate, to improve their infrastructure, to continue to enhance staff capacity, to offer more tailored programming to women and children who seek shelter, to influence societal attitudes, and to contribute to an overall system of services that supports women on their journeys.

A. Models, Frameworks and Core Values: How shelters have adapted

While each individual interviewed in this study had her own way of describing the mission and core values that guide her work and that of her agency, there was very strong agreement about the elements that contribute to the capacity of shelters to provide effective services for all women, including those that have been excluded from many other services because of addictions and mental health challenges. There were sometimes differences of how particular shelters translated their guiding models and frameworks into specific policies or practices, but beliefs about their mission and values were remarkably consistent.

For the most part, shelter staff spoke about their work in a natural way, avoiding jargon. Shelter staff and managers provided rich descriptions of what they do and why they do it without falling back on labels. What follows is a summary of the most prominent concepts that define these shelters:

1. Working in the "grey" zone
2. Engaging in reflective practice
3. Letting clients lead
4. Saying "yes" rather than "no"
5. Recognizing that one size definitely does not fit all
6. Working from strengths
7. Using a harm reduction approach
8. Challenging systemic barriers
9. Working from a deep place
10. Using a trauma-informed approach.

1. Working in the "grey" zone

This work is messy and hard. It's never black and white. There are no easy answers, no off-the-shelf solutions. This means that staff and management can never just stay in their comfort zone. They are always stretching.

> *"...when you take people on the edges, ...the potential is there for problems."*

Examples of working in the grey zone:

a. *Stretching the eligibility criteria for receiving services* — In the past, women were eligible for sheltering services if they were experiencing intimate partner violence. Now shelters argue that women have usually experienced many types of abuse over the course of their lives and their job is to offer them compassionate support, not a closed door.

> *"Do we want to help and give these people opportunity? Or do we only want to read about them in the paper? Let's work it out. Let's work it to her advantage."*

b. *Working with women with active addiction and mental health issues* — In the past women had to present clean and sober to be accepted into the shelter. Now shelters understand that the complicated realities that bring women to their door often include feelings of grief, anxiety, and helplessness. Addictions, too, are intricately interwoven with mental health issues. It is an unhelpful and artificial barrier to insist that women can only receive help if they can successfully mask their strong feelings and coping behaviours.

> *"And we always want to work with women who are complacent ... I think if we really have to work with women who are complicated and challenge our skill set, we always have to sort of dissect and say, 'How do we work with her so she gets the best service as possible?'"*

c. *Balancing the needs and rights of the many with the needs and right to the self-determination of the one* — It's always a tightrope. The shelters that participated in this study have worked out this balance in different ways, but all are distinguished by willingness to continue to ask themselves about the best way to allow each woman to make choices about her substance use while at the same time ensuring that the shelter

remains a safe and comfortable place for everyone. Some examples of policies and practices shelters that have evolved in this regard are included under #3 *Letting clients* lead lead below.

d. *Accepting the goals and decisions of the women using the shelter* — Sometimes the women living in the shelter make life decisions that are very different from those that staff may feel are right. It can be challenging for staff to support a woman's decision to go back to an abusive partner, for example, but in the words of one shelter staff member, "…it's hard sometimes because I think I know what's best, but it's not my role."

e. *Working from a framework or guidelines rather than from rules* — Rules provide comfort and reduce complexity. That's why they are so dangerous. Working in a context in which there aren't definite answers means shelters constantly try to understand what they are doing and why they're doing it (see #2 below).

2. Engaging in reflective practice

Working from a vision and framework, rather than from rules, requires what one interviewee described as "being intentional in the way we carry out our day-to-day activities…to be intentional in the way we set up our policies."

Examples of a commitment to reflective practice:

a. *Creating a safe climate for staff to be vulnerable* — It's important to note that management must set a tone and provide an example that encourages staff to openly share their concerns, successes and questions without fear that there will be repercussions in terms of their performance assessments.

> *"…staff being able to say, 'I don't know how to do it' or 'This was a great conversation I had'. I think there was a lot of fear for people to actually say like, 'This is kind of a hard place to be.'"*

b. *Using short feedback loops* — In addition to a climate that encourages self-reflection, staff need facilitated opportunities for collective reflection about the "big picture" to question the extent to which and the ways in which vision is being translated into daily practice. It's also important for staff to be able to reflect on the outcomes of their collective work and how emerging opportunities and needs will shape their professional practice moving forward.

c. *Asking questions* — One of the most powerful questions that shelter staff can ask is, "Why are we doing this?" The often frustrating and contentious issue of shelter chores was cited in more than one shelter as one context in which this question could be very useful. Shelter staff have often taken on the role of ensuring that each shelter resident has been signed up for certain chores in the building and is held to account for fulfilling her responsibilities. This leads to conflict among the residents about who did or did not do her job. When staff ask themselves why they are taking responsibility and policing this process, they may come to the conclusion that there's no reason and this is something residents need to work out for themselves. The shelters in this study asked this same question—"Why are we doing this?"—about many other practices that had become a largely unquestioned part of shelter practice.

d. *Acknowledging power relations* — Many of the contexts within shelter work that were opened to questioning in these shelters are in some way linked to power. Reflective practice recognizes that a shelter and its staff have power. This power determines such things as, who receives services and who doesn't, and how access is granted to daily living supports such as bus tickets and food. As one shelter worker explained, "We have power to open up the cupboards." Acknowledging power relations makes it possible to minimize the impact of power in shelters rather than mirroring systems such as child protection, income support, justice and housing services that are the lived reality of shelter clients.

> *"It's hard enough to come here and hard enough to pick up the phone if you have no options. And we are working with women who don't have options... They have honoured us to come here and so why are we treating women like they are not equals of us?"*

3. Letting clients lead

Some of those interviewed used the term "feminism" to describe a conviction that each woman should be in control of her own life journey.[6] Within this context, they said, feminism means treating women with respect and dignity.

Others used the word "empowerment" to explain this approach. Empowerment, they said, cannot be achieved unless the individuals living in the shelter can relax and feel like this is their home. The shelter is a place where they can talk about whichever issues they're going through. They trust the staff. Shelter staff spoke at length about their commitment to seeing the children living in the shelter as clients, and not simply as appendages of their mothers. Children may not have had the capacity to make the decision to leave their home and come to the shelter, but they are separate human beings with their own experiences of trauma and their own needs. A shelter that's committed to taking cues from clients, rather than expecting residents to fit into a predetermined pattern, listens carefully to women and children.

If staff members believe that services need to be client-centered, they can expect to be questioned by women and children about why certain practices or policies exist. This can challenge the perception that women who receive shelter services should not complain, they should be grateful. As one shelter manager said, "She should be grateful for what? For food that is dated and for staff who think she is a horrible mother?" Client-led services are, above all else, non-judgmental. They don't start from a set of expectations. Instead, they begin with the questions, "What do you need?" "How can we help?" "What are your goals?"

Examples of a client-led approach:

a. *Starting where the woman is ready to work* — Even though it may seem clear to staff that a particular woman's use of addictive substances creates significant challenges to her capacity to parent well, to achieve her goals related to housing or to satisfy the requirements of income support, legal or child protection systems, they have to support her where she is willing to start. They can't insist that she seek treatment for addictions before other types of support are offered.

6 Others argued that feminism has become a loaded word that is not really helpful. In some instances feminism became an ideology that made it hard for people to question certain policies or practices—a type of silencing. Others noted that some partner agencies react to a stereotype of feminism rather than a deeper understanding of what is meant and so agency documents have begun using other terminology.

b. *Provide support rather than programs* — Shelter staff frequently defined their role in terms of support. Their lead question was almost always something like "What do you need us to help you with?" They talked about how, in the past, the shelter offered a carefully conceived set of programs, often focused directly on issues such as the abuse cycle, children witnessing violence, or understanding addictions. Shelter residents were expected, or even mandated, to attend these programs, and sometimes funders demanded proof of participation as a condition for receiving certain grants. Now, programming is responsive to "the house." What are the women and children living in the shelter interested in? What will help build community? What is sensitive to the often overwhelming burden of trauma that residents are carrying? How can staff help residents take the next step toward their goals? The answers to these questions may be making cookies or going to a coffee shop, or it could be something that explores the complex dynamics of grief.

c. *Expecting clients to accept responsibility for the impact of their actions on others* — Plain language, mediated conversations with shelter residents (e.g. in the context of shelter meetings or one-on-one discussions) can assist everyone in the shelter, even those women and children who are deeply affected by trauma, to adjust their behavior to create a safer, more comfortable environment for all. This is a more challenging approach than creating rules, but it is clearly more effective in terms of empowerment.

d. *Directing resources to the needs of children* — Sometimes it's easy to see encounters with the children in the shelter as opportunities to try to control their disruptive behavior. However, in these shelters they are to be treated with the same dignity as their mothers. "What can I help you with" is viewed as a more appropriate approach than "Stop running around and yelling."

e. *Suspending judgment and focusing just on what the real issue is* — As an example, health and safety checks are an important part of running a residential facility. To make sure the procedure isn't invasive and judgmental however, it is important to determine what the real issues are. How messy a woman's room is might not be so important. The shelter might decide that all they need to check are issues such as: Is anything broken? Is there food in the room that would invite cockroaches and mice?

4. Saying "yes" rather than "no"

A commitment to saying "yes" as much as possible is closely linked to an empowerment approach that doesn't do things for people or tell them what should be important for them. Saying "yes" promotes inclusion. It builds hope.

Examples of saying "yes":

a. *Offering services to those who are often excluded* — When staff understand that the circumstances that bring women and their children to their door are not "normal", it becomes easier to acknowledge that it's unreasonable to deny them services because they aren't behaving in a "normal" way. Although it may be difficult and messy, saying yes to women who are using substances, who are experiencing mental health challenges, or who are earning their livelihood as sex workers, creates many new possibilities for responding authentically and creatively on issues for which women and children say they want support.

b. *Being inclusive* — Saying yes can stretch our understanding of who is a woman. Some shelters

are making it an explicit part of their policies that they will accept transgender clients, for example. Other shelters stressed the work they had done to be sure that they are fully accessible for all, regardless of mobility issues or the need for other types of technological support.

c. *Always offering a way back in* — There can be times when, despite all the stretching done by shelter staff, it's impossible for a woman to be accommodated. In this case, shelters said, they can still say, "Let's try again tomorrow. It's a new day."

> *"So when she relaxed and she was like, 'Oh yeah, now you're gonna kick me out', we were, like, 'No, we're not gonna kick you out. We're gonna try this again, and if it means something different every day, then that's what it means.'"*

d. *Responding to needs* — Another part of saying yes is being committed to finding a way to respect and respond to when women say something will help them. Even though budgets are always tight, can the shelter find a way to support yoga classes for a woman who feels that this practice will enable her to regain her capacity to cope and her sense of agency?

e. *Removing barriers* — Residency limits are one barrier experienced by shelters and women. For example, in most shelters there's a limit to the number of months a woman can be resident. Because housing is very difficult to secure, women often cannot "move on" within that timeframe. Some shelters, however, have refused to accept this restriction and do not limit stays, choosing to force the system to respond to actual realities.

5. Recognizing that one size definitely does not fit all

The shelters that participated in this study were emphatic that one size definitely does not fit everyone. Each woman and child who lives in the shelter is unique. Their lived reality is different. Their goals are not the same. Their level of resilience and readiness helps determine what they will be prepared to work on. The support that each client receives must be individualized.

Examples of a flexible, individualized approach:

a. *Creating an individualized plan with each resident* — For women, this plan can cover her longer-term goals for moving forward from the circumstances that brought her to the shelter, or it can be a shorter-term safety plan for this Friday night when she plans to be in a risky situation (such as getting high on a substance). Children also have individualized plans to deal with issues related to the trauma they may have experienced, learning challenges they have in school, and accessing social and recreational support that matches their interests and aptitudes.

> *"When women come in, we see them as an individual... they're the experts of their own lives and we're here to provide tools, we're here to give them options, but it's up to them in terms of what that looks like. They've survived up to this point so they know the best way for them to move forward. It's our job to give them different resources..."*

b. *Providing focused advocacy support* — Although many families living in shelter have the same needs related to housing, income support, daily living needs and help navigating legal and child protection requirements, each

situation requires focused, compassionate support rather than a standard list of resources that may or may not actually provide any real options.

c. *Providing options* — As some of the shelter staff interviewed for this study said, "…it doesn't make it that kind of mundane same cookie cutter type of thing" and "no one is a number". Women and children who have options will pick up on certain bits of learning and certain types of opportunity when they are ready.

d. *Frequent and open communication among staff members* — To be able to offer organic and flexible programming and day-to-day support, staff need to communicate about what they are seeing and what they think will work. That can't happen when staff work in rigid silos or if they aren't willing to courteously question why certain procedures are being followed that may be outgrown.

6. Working from strengths

When shelters adopt a client-led, individualized approach, it becomes easier to see the resilience and assets of the women who ask for help. When shelters recognize and talk about how everyone has problems and copes differently, it's easier to respect each other. As one shelter worker said, "That is the beauty of being human."

Examples of being strength-based:

a. *Having expectations* — Ironically enough, one way to recognize strengths is to have expectations. Having expectations is not the same as being judgmental. As one shelter staff member explained, "if the message we give shelter residents is that we don't think that they'll be able to achieve their dreams", it tells women and children that staff don't care. When support strengthens their aspirations to move on from where they are, it reinforces resilience and resourcefulness—capacities that have carried them through life so far—and their ability to learn new skills in facing today's challenges.

> *"And I've worked with the staff not to look at her issues as negative because she's gotten here. She's a survivor."*

b. *Acknowledging resilience* — Getting to the door of the shelter often takes considerable courage. There are many hurdles to overcome. These include the fear that they will lose their children to child protection services, censure from family members or friends, stigma they experience in the face of societal stereotypes, and retaliation by the intimate partner they have left. They may have had to leave behind virtually everything they own. Women and children who become shelter residents have often been coping with abuse for some period of time. They've had to develop coping skills, they've dared to aspire to a better life, and they've taken action. These strengths can be a foundation for the next steps of their life journey.

c. *Create opportunities for residents to contribute* — No one wants to feel they're always on the receiving end. When a feeling of community is created, women and children will contribute their talents, their services and their insights about what will make things work even better.

7. Using a harm reduction approach

Using a harm reduction approach is probably the most central concept for the shelters in this study. Saying yes, letting the clients lead, facilitating empowerment, and relating to each woman

and child as an individual are seen as elements of a broader approach that can best be called harm reduction. Shelter staff and managers talked about how this approach has been evolving—that there are many harm reduction practices that have evolved over time—but there will never be a recipe. It will always be a tightrope.

Examples of harm reduction:

a. *Creating safety around the use of substances* — When a shelter recognizes that many women who are using alcohol and other drugs will not stop simply because they are living in a shelter, the question becomes, "How do we create safety for the woman and for all those around her?" Some shelters in this study have individual safes for women to store whatever substance they are using. In most cases, women are given the combination to open the safe, but they must log in each time they access the safe. One reason for this is staff need to know exactly which substance the woman is using so that safety concerns can be addressed and emergency (e.g. ambulance) personnel informed if a critical situation occurs. Other shelters use these occasions as an opportunity to help women develop a safety plan (e.g. Where will you use? Who will you be with? Who will be caring for your children?). Other shelters have designated places on the property where women can use substances that are removed from common areas. Still other shelters do not let women use or keep substances in the shelter (or its grounds) unless they are part of a medically supervised harm reduction program. These shelters do ensure that women have a safety plan and that they can again return once they are not under the influence.

b. *Plain-language, non-judgmental conversations with women who engage in risky behaviours* — A harm reduction approach doesn't mean staff can't encourage women to reflect more deeply on their choices and the impact of those choices on themselves and others. It's possible to have supportive and compassion conversations that ask questions with the aim of helping women understand themselves better such as: "What is going on for you that you needed to use? Who were you with? Did you do it in a safe way?"

c. *Balancing the needs of the one with the needs of the many* — This point has already been mentioned, but it's worth repeating because there will be a certain amount of discomfort among residents when a harm reduction approach is being applied. The message from shelters is that, no matter how tempting it is to fall back on rules, the only viable way to move forward is through authentic dialogue.

> *"Yeah, I think that's some of the biggest challenges I've faced as a frontline worker is balancing the needs of the one with the needs of the many... And if you can open someone up to the issues another might be facing without divulging anything about that particular woman, you can create more space here at the house for people to get along and have compassion."*

8. Challenging systemic barriers

Women face many barriers while trying to re-establish their lives. For some, the most pressing issue is finding housing. For newcomers to Canada, avoiding deportation may be a more critical issue. For most, securing enough income to meet their own daily living needs and that of their children is a pressing concern. Many are involved with child protection services, some while their children are still with them and others whose children are in custody. Some women have other legal issues, while others are seeking treatment

> *"I'm thinking that part of supporting women to navigate the system and advocating for system changes is to support women's wellness because imagine leaving a violent relationship, having to start from scratch, not having access to services. Whoa! That will do something to your mental health, right?"*

services for mental health and/or addiction issues. Transportation can be a big challenge, especially when women have to access services at multiple service points. Physical health issues may limit their capacity to cope with all these demands or create their own demanding schedule of appointments.

Many of these services are not easy to use. Narrow eligibility criteria, long waiting lists, multiple service access points, benefits that do not match real needs, and highly invasive intake procedures are too often part of the picture. For the most part, the systems women have to interact with don't operate from a harm reduction perspective. For example, drug courts may have a one-strike and you're out policy, or doctors may focus on diagnosis (e.g. borderline personality or bi-polar disorder) and prescribe medication without considering the relationship between trauma, mental health and addictions. Shelter staff have a dual role in supporting women through systems that feel punitive and do not match real needs:

a. Helping to free up resources for a particular woman who has reached barriers she cannot overcome.

b. Helping women to learn how to successfully navigate the systems that have ideally been established to support them.

Examples of challenging systemic barriers:

a. *Reducing barriers within the shelter system* — Residency limits in many shelters that participated in this study are approximately six weeks. For many women, this is not long enough for many women to secure housing in the current housing market in many parts of Canada. Some shelters are finding ways to allow women to stay much longer (e.g. up to a year) without losing their funding.

b. *Supplementing services* — Many existing services do not offer adequate benefits. Shelters compensate for this in a variety of ways. For example, they raise funds to cover the costs of providing reasonable supports such as bus tickets or have created ancillary services (which could operate as social enterprises) like second-hand clothing and house ware stores that offer free goods to shelter residents. Providing programming that can help fill the gap while women are waiting to get to the top of the list for mental health and addictions services is another way shelters compensate for the lack of services from other sources.

c. *Nurturing collaborative relationships* — Most shelters in this study have developed relatively collaborative relationships with child protection services in particular. These relationships might include having staff spend time working side-by-side with their Children's Aid Society (CAS) colleagues, joint learning events, case conferencing, or confidential consultancies. Others work closely with the Crown to facilitate better outcomes from the judicial system. Shelter staff pay a great deal of attention to the task of developing a network of contacts in all service agencies that impact the lives of shelter residents. Some shelters have staff who have specialized roles in this regard (e.g. a housing advocate), but even in these larger shelters, all staff work hard to build relationships.

d. *Advocate, advocate, advocate* — Shelter staff realize that it's not enough to give women a list of services. Some systems just simply are not responsive to clients. Shelter staff use their negotiation and advocacy skills to try to unlock resources would otherwise not be made available.

e. *Model and teach system navigation and advocacy skills* — Because empowerment is such an important principle, shelter staff also spend a lot of energy helping women learn to navigate the complex systems that exist in their communities. Sometimes this means accompanying women to their appointments; other times it means facilitated skill building. It almost always also means providing resources such as information.

f. *Transition and follow-up support* — Women who leave the shelter may still continue to rely on many community services. They may not know such life skills as budgeting, paying bills, using banking services, and dealing with landlords. Shelters have learned from experience that follow-up support can make the difference between succeeding and ending up back in the shelter.

9. Working from a deep place

Shelter staff and managers are eloquent in their descriptions of the personal qualities that they cultivate to be able to work effectively. Qualities mentioned in the course of the interviews were many: caring, supportive, compassionate, patient, trustworthy, flexible, empathetic, and non-judgmental, going the extra mile, authentic, self-reflective, proactive, respectful, inclusive, tolerant…

Examples of working from a deep place:

a. *Sitting in their fire* — This means being able to be vulnerable because a shelter worker really sometimes doesn't know what to do. It also means being able to ask for help when something comes up that's overwhelming (e.g. an individual staff member might ask for help from her colleagues or partners in other agencies, or the shelter might refer a woman to another service if her mental health issues require more specialized help than its staff is able to provide).

> *"Yes, so in terms of the culture, overall, I think the whole organization is known for having compassion, for giving it one more try... Can't stand the heat, get out of the kitchen, that's what I say. Afraid of fire? Don't be afraid of fire."*

b. *Continually being mindful of triggers and blind spots* — Shelter staff speak about being clear and retaining a non-judgmental posture. They also spoke about making sure that their words and body language always gave the same message. Shelter staff use many self-care techniques, ranging from taking a few moments to collect their emotions and thoughts, to maintaining a balance of physical, mental, emotional and spiritual activities in their own lives, to seeking out clinical supervision support as needed.

c. *Maintaining a focus on the agency's mission and principles* — Shelters can face a great deal of pressure from funders, from society at large or from other agencies to implement conflicting practices (e.g. such as discharging women who do not have any safe place to go once their "residency" term has passed). The shelters that participated in this study have often stood firm in the face of this pressure and been able to shift the "norm".

> *"They have gone through trauma in their lifetime from infancy or when they were young or just immediate, and that has an impact on how they are with us. They are not trying to bug us! Would anyone want to be in a shelter if they had other options?"*

10. Using a trauma-informed approach

Although the term "trauma-informed practice" was not often used by those interviewed in the course of this study to describe their practice, the principles that characterize this approach were invariably mentioned. Shelter staff acknowledged the importance of understanding the relationship between trauma and abuse, homelessness, mental health challenges and addictions. They talked about the many ways in which they worked to create safety and confidence among the residents that the staff is trustworthy. In their interactions with women and children, and in the way that the shelter operates, they continually created opportunities for choice, collaboration and connection. Programming and communal life in the shelter endeavored to build on strengths and to promote skills relevant to the needs identified by women and children.

Using a trauma-informed approach has been saved for the end of this section because it can be seen as a kind of summary: saying yes rather than no; using an individualized, client-led, strength-based approach that works from harm reduction principles; and using reflective practice to negotiate the hard and messy work of providing supportive services (rather than just mandatory programs) to women and children, while at the same time working to change systemic barriers.

Examples of trauma-informed practice:

Many examples listed above are also relevant here. A couple of additional points should be added:

a. *Do away with invasive paper work* (e.g. intake and assessment procedures) — Women will share their story if and when they choose. In the meantime, build trusting relationships, engage in authentic conversations and provide choice about the supports women and children can access to work toward their goals.

> *"This isn't about you feeling you've done your job. This isn't about you feeling that you did what you learned in school. This is about what the women need us to do."*

b. *Continually examine practice in the light of principle* — A key question that staff said they asked themselves is, "Are we doing something only because it helps us feel that we are doing our job or because it will satisfy the requirements of our funders?" If the answer to either of these questions is "yes", then it is likely that those practices need to be examined.

c. *Staff relationships and supervision* — To be successful, the same trauma-informed principles that shape staff interactions with shelter residents also have to be demonstrated in the organizational climate in the way that staff interact with and treat each other and the way that management provides leadership and supervision.

B. The Journey: Getting there

When shelter managers and staff were asked about the journeys that their agencies and they themselves took to reach their current capacity to support women with mental health and addiction issues, they spoke about a combination of systematic action and faith during a leap into the unknown. Their insights can be organized into a number of categories:

1. The role of leadership
2. Getting staff buy-in
3. Building capacity through a commitment to continuous learning
4. Creating a supportive work environment
5. Thoroughly implementing the mission and foundation principles
6. Responding to the needs of shelter residents
7. Building partnerships
8. Balancing shelter service provision with community engagement
9. Being patient

What follows provides more detail about what each of these steps actually entails.

> *"So I think until you take the leap of faith, and trust—not just go jumping into it, reacting—but take the risk."*

> *"Sometimes leadership says, 'This is the path we are going to take. If you are uncomfortable with it, come and talk to us about it. We'll continue to work with you, but this is the path that we're going down.'"*

> *"If you don't have a strong leadership, it trickles down. I feel like my direct supervisor—if she wasn't as involved as she is in terms of supervision and checking in, that the team would not be where we are today. No way.*
>
> *And I think so much seems to depend on the volunteer board of directors and management and the attitude of what we will deal with and what we won't deal with, and how we're willing to stretch to do things."*

1. Role of Leadership

Both staff and management advise that leadership (i.e. the board of directors and senior managers) needs to be very clear about what the mission of the organization is and how foundation principles and models will be implemented. Staff can certainly be involved in processes designed to clarify the organization's direction, but once decisions are made, they are asked to work within that framework. This does not have to be an autocratic process; rather, staff should have the opportunity to think and talk through what's being asked of them and to consider their own responses.

Sometimes certain staff choose to leave the organization to find a workplace that is more compatible with their own philosophy, but in most instances, staff are willing, and even eager, to embrace an approach that will better serve women and children fleeing abuse. A lot has to do with how invitational the dialogue process is.

During the change process, management can do many things to make the transition easier. The willingness of management to work shoulder-to-shoulder with staff through the process of figuring out what the change means in particular instances (see #2, #3 and #4 below) is crucial. Equally crucial is the capacity of management to give staff the space to exercise their own professional judgment and to have open and supportive dialogue about the effectiveness of actions taken.

2. Getting staff buy-in

Even though, in the end, leadership (the board of directors and senior management) sets the direction for the organization, the process of formulating the agency's mission and

> *"And it's not easy. Staff have to buy into it, and that's where it all sits."*

foundation principles is ideally very inclusive. A variety of consultation mechanisms can be used and it can be productive to set up an ongoing committee to spearhead the work of reviewing policy and practices in light of mission and foundation principles. It's important to include everyone. The custodian who finds blood and needles on the floor or in the couch cushions has an essential perspective and stake in the policy and practice decisions that are being made. In the same way, administrative staff, counselors, and outreach staff—everyone's job will be affected and so everyone's input needs to be heard. It was pointed out that it is especially important to listen to those people who are the most resistant to the changes.

Making the changes in both policy and practice that will better enable shelters to accommodate women with mental health and addiction issues requires staff who are non-judgmental and can work in very flexible ways. Part of securing staff buy-in, therefore, is helping them move past their anxiety and fear—about the chaos that will occur, about their own safety, and about the apprehension that they will be judged as incompetent when they are unable to control outcomes. Understanding the misgivings that staff will have, quite naturally, will help managers support them effectively (see #4 and #9 below).

3. Building capacity through a commitment to continuous learning

Throughout the interviews, the importance of the agency keeping a continuous learning posture was a persistent theme. The staff and managers mentioned training related to harm reduction and anti-oppression/anti-racism as providing a foundation for their capacity to work with all women, regardless of their trauma at the time that they request shelter. The highest priority was understanding and implementing a harm reduction approach.

> *"And we're committed as team members to bettering our own practice and reflecting on our own practice, to be able to be the best that we can be. The level here, the expectation from management, is extremely high."*

Training was mentioned as important, but even experts do not have all the answers. Often the most effective learning happens through short iterative feedback loops. In other words, conceptual understanding needs to be tested through systematic efforts to translate theory into practice. Equally important are frequent opportunities to reflect on practice through conversations characterized by curiosity and openness. A continuous cycle of learning, action, reflection and planning new action is the most potent mechanism for a shelter to take the journey from "standard" practice to a proactive and inclusive service. Another helpful source of learning is through sharing with colleagues from other shelters and allied agencies such as mental health and addiction services, child protection agencies, and housing services.

Some staff also received some training specifically related to addictions and mental health, but they continue to ask for more. There was considerable discussion about what type of training is feasible in this regard. Not all staff can become "experts" in these fields. Some shelters are bringing on staff with those specializations. For small shelters, this is clearly not an option. Nor is it possible for the majority of staff to gain an in-depth understanding of mental health diagnoses, medications, etc.

Another point of view is that many women are being misdiagnosed with mental health conditions and prescribed medications, when a more helpful approach is recognizing trauma as an underlying factor. This would mean that the priority for staff training should be in using a trauma-informed approach and helping those women who choose this type option to gain timely access to suitable trauma treatment services. Several of the shelters that participated in this study did mention the benefits of training all staff in practices that are aligned with trauma-informed approaches.

> *"It's treat people the way you'd want to be treated, right?"*

Besides training, staff stressed another focus of capacity building: the development of personal qualities such as being adaptable, flexible, non-judgmental, empathetic, respectful, genuine, compassionate, understanding and passionate. Important skills are being able to multitask, practice self-care, use plain language in a way that lessens stress and shame for shelter residents, have authentic dialogue with residents and other staff, and advocate for women, at least in part through building networks that include other types of service agencies.

4. ***Creating a supportive work environment***

> *"Build a...team who will support each other. It's essential. It's essential.*
>
> *And we've now got a staff that can get along together, can support each other... It's bad enough coming to work worrying about the clients, but at least we don't have to worry about your fellow staff people."*

When shelters experience a period of transition, in this case from an approach that relies on rules and procedures to maintain a manageable living environment for women and children and working context for the staff who serve them, to an approach that is much more flexible, individualized and client-led, relationships among staff can become very strained. Tensions can arise between those staff who are eager to adopt the new approach and those that resist, for a variety of reasons. There can be many other reasons why relations are tested. There may be uncertainty because management structures are changing, or hiring practices are shifting to include a more diverse staff (e.g. a mix of those with lived experience and those who have more specialized university training or women who come from many different cultural backgrounds). Added stress comes when job expectations are unclear because the agency is learning its way into an unknown future.

Shelter staff and management offered a number of suggestions for building a supportive work environment:

- Provide staff with a living wage and a strong benefit package (that includes provisions for relevant employee assistance services).
- Management acknowledges the professional capacity of staff members, allows them to exercise their judgment and engages in respectful dialogue with them about their practice.
- Clinical supervision is critical, as long as this supervision is supportive rather than judgmental and employees don't fear that what they disclose will end up penalizing them in performance review processes.
- Encourage peer support/debriefing practices, both informal and through more formal and regularly scheduled sessions, that encourage authentic dialogue.

> *"And when you're unhappy essentially going into work every day, the likelihood of your giving your clients 100% is just not realistic."*

- Encourage staff to develop self-care strategies that work for them, both within the workplace (e.g. taking breaks from time to time, having a buddy to whom you can turn for moral and practical support) and in your life outside the workplace (balance in spiritual, physical, mental and emotional aspects of life; supportive relationships, fun).
- Create mechanisms for solving problems as they arise. For example, one shelter established a health and safety committee that would especially deal with concerns as they arise (e.g. protocols for handling both prescription drugs and illegal substances that women bring into the shelter).
- Celebrate each other and successes.
- Build a staff that has members with both lived experience and effective skills and those that have more academic training.
- Ensure management communicates its expectations clearly and sets a high performance standard.

5. ***Thoroughly implementing the mission and foundation principles***

It's one thing to commit, in a theoretical sense, to a model based on such concepts as harm reduction, anti-oppression, feminism, trauma-informed practice, and client-led and individualized approaches. It's another to work through what this actually means in every detail of the work including: board membership, management structures, hiring and supervision practices, admittance criteria, assessment and intake processes, guidelines for everyday life in the shelter, safety protocols, and programming. The shelters that participated in this study talked about this journey in terms such as moving from bed-based services to a therapeutic model of care or as letting go of safety as the justification for institutional practices (e.g. enforcing a curfew or locking the kitchen).

> *"The biggest thing is to turn theory into practice.*
>
> *Keep your focus on what your main purpose is. It's a shelter to help women. And again, when they're coming through those doors, to support them the best that you can with what you have.*
>
> *They're really our teachers. They teach us how to do our work better. By listening and walking with them on that walk, they provide us with the tools we need for that next time."*

While shelters have learned a great deal about this process in the past decade, and this report is sharing that story, shelter managers and staff are clear that there is no rulebook for this journey. It requires vigilance and ongoing problem-solving. Quite a bit has already been said on this topic in the previous section of this report (*Models, Frameworks and Core Values: How shelters have adapted*, and especially points #1 *Working in the "grey" zone* and #2 *Engaging in reflective practice*), but it's also important to stress here that the journey involves a long-term commitment to question policies and practices and a willingness to change when theory and practice collide.

Sometimes this translates into flexibility with respect to the application of a policy (e.g. policy may stipulate that male children over the age of 15 cannot live in the shelter, but the circumstances of a particular woman and her son may mean that a 17-year-old son cannot be safe if he stays with his father). At other times, a comprehensive review of policy and practice exposes the need for fundamental change—change that will stretch the tolerance and skills of staff.

In addition to special mechanisms, such as a working group with a mandate to systematically revise policy and practice, client input can provide a perspective on gaps between "the way we do things around here" and the espoused values and framework. This process can be challenging for the organization, but at the same time provokes important questions, as in the following example provided by one shelter manager. A resident put forward the challenge this way, "So, if I don't have dinner ready at home I get hit, and if I don't do my chores in the shelter, I get asked to leave. What's the difference?" Programming is another area that is transformed when practice is put under the spotlight of theory. Many shelters talked about a time when they really did not do much in terms of programming or when their programming consisted of "mandated" sessions about such models as the abuse cycle (drawing heavily on the Duluth model). Now, given their growing understanding of an anti-oppression, trauma-informed approach, they provide many options, based in large part on the interests and strengths of the women and children currently in residence. Recognizing client choice as a key consideration, and that short commitment activities which require a focus on practical mindfulness and grounding skills can offer the most helpful support, can lead to responsive programming.

Children have needs that are separate from those of their mothers (e.g. their own trauma issues and the burden that some of them take on of acting as a parent for their mothers). As well, children and mothers have issues that need to be addressed as a family.

"...the organizational culture hasn't changed a great deal except to become firmer in resolve to address issues for women who are left, you know, traditionally left in the margins. I think we're better. I think the philosophy around an anti-racism, anti-oppression framework has always been here. I think it's always been pushed, but I think...it's much more refined than it was ten years ago... I don't think we're an expert on it...but the idea of it is there and we work through those pieces as they come up with each woman."

"With time everything changes, right? The women that came 30 years ago are not the same as the woman coming today. We just can't take what was successful and done 30 years ago. It's a different time."

"The need, the need... We're not dealing with a pretty, pink package that's easy to put back together! That pretty, pink package comes with all kinds of issues, often addiction and mental health, so I've watched that change over the years."

6. ***Responding to the needs of shelter residents***

As much as change comes from convictions and concepts, it's also often driven by the experience of shelters in trying to meet the needs of women and children. Although there doesn't appear to be any standard and consistent format for gathering and analyzing demographic data or information about the mental health and addiction challenges for which women seek help, managers and staff said that their impression is that the characteristics of the population they are serving has changed over the past decade. They feel that more of the women coming to the doors of the shelter have complex challenges. One shelter estimated that 90% of its current residents have addiction issues. Shelters realized

> *On the other hand, if it's not broken, why fix it? Why take on a piece of everything when we are good at the basic purpose we started with (our favourite pie). At the same time, I think we have to expand a little bit, because if we're going to be getting more mental health and addiction issues, and that's something we need to incorporate to service properly and still do what we're doing best and keep that up, we need to kind of embrace what's out there.*

that they had begun asking more and more women to leave because of they were unable to comply with the rules that shelters put in place to ensure the "safety" of workers and other residents. This realization prompted shelters to question their procedures. How could shelters justify the fact that the very women who most needed helped were being denied shelter services?

Yet, as the demographics changed, shelters found themselves struggling to cope. Workers felt their workloads were increasing beyond their capacity, and managers and staff reported feeling the effects of vicarious trauma to a greater extent. Shelter staff realized they needed to find another, more effective way to operate, and a harm reduction approach made sense as a way to do different rather than do more.

As well, shelters reported that the systems and procedures that had shaped the way shelters operated weren't working anymore. For example, shelters were considered emergency services, with the maximum stay set at 28 or sometimes 43 days. Many women simply were unable to achieve enough stability within that time period to be successful on their own. After spending some time outside the shelter, they tended to return, asking for shelter services. At the same time, a chronic and severe shortage of housing in many parts of Canada has meant that women simply cannot get more permanent housing within that period of time, especially since a significant number of them need extensive support to make a successful transition to living independently. Seeing this pattern was another impetus for shelters to look for other ways of operating.

> *And that means building partnerships and relationships, because we all know that you'll step up and help somebody you know faster than a total stranger. And that's a pretty broad statement, but as we have relationships with other agencies, especially at a staff level, you can make the call and say, 'Hey, can you help me out here? I know it's just beyond your mandate or the way things work, but this person needs help.' And because of those relationships, you're more apt to get it, which is positive.*

7. *Building partnerships*

Although many shelters have extended their scope of services well beyond emergency shelter and referrals to other agencies, the challenges described in the previous section, which were the result of a shift in the characteristics of women seeking shelter, clearly cannot be met only by a shift in the way that shelters operate. Many women need support services beyond the scope of expertise of shelter staff, no matter how much emphasis staff put on extending their own capacities. Partnerships with a variety of service agencies are also required.

A challenge, of course, is that many community agencies also struggle to meet the needs of the women and children who come to shelters. This population is not easy to house and their mental health and addiction issues can be complex. As well, the

services that women and children who spend time in shelters have received may have been inappropriate. Many women come into shelter with a bag of medication and really do not understand why they are taking it. Women suffering from the impact of early childhood and ongoing trauma may have been diagnosed with "borderline personality" and yet, after spending time in a trauma-informed, supportive environment, they begin to function well enough to move on to transition or permanent housing.

Many residents of shelters have other challenges with accessing community services. Most community services are already taxed to the limit. There are often long waiting lists for mental health, addiction and housing services. Women are naturally apprehensive about becoming involved with child protection agencies, since they don't want to lose their children. Immigration services can be complex and punitive.

For these reasons, the relationship between a woman's shelter and community services, such as those listed above, can be strained and even confrontational. Yet, if the goal is to secure better access to services for women, it's important to build collaborative partnerships. The shelter managers and staff who participated in this research spoke in hopeful terms about their efforts to develop mutually supportive relationships with other agencies. Shelter staff also felt that they had in some instances been able to help shift the practice of other agencies to better accommodate the real needs of women (e.g. to adopt trauma-informed and harm reduction approaches or to be willing to fund longer shelter stays).

An emphasis on collaborative partnerships not only helps shelters achieve their service goals for women, but can also assist other agencies to be more successful. For example, by working closely with shelters, child protection services can ensure that children are not at risk during a very difficult transition time.

The types of partnerships described by shelter staff included facilitating referrals from one agency to another, consultative advice about particular challenges as they arise, temporary placement of staff from with another agency in order to facilitate mutual learning and service planning, and joint learning opportunities.

Several shelters that participated in this study also talked passionately about their commitment to working much more out in the community on prevention, as well as with the men who are violent. They feel strongly about the importance of changing societal norms and attitudes. They are taking on the work of stopping the flood, rather than helping those who are caught in the current not to drown.

> *"Well, my advice is that you go slow and address the issues and concerns as they come up. So listen to the staff, open dialogue, and take itty-bitty steps along the way. Make one change and then, 'How was that?' You can't do it all at once."*

8. ***Being patient***

This is one point about which all those interviewed were unanimous. Change takes time. Just because staff have done the trauma (or harm reduction, or anti-oppression, or…) training doesn't mean practice will change overnight. It's not linear. A good strategic plan can be very helpful as a map for

the journey but, in the end, it really has a lot to do with learning the way into the future through the type of reflective practice described earlier in this document. And whatever the path is that each particular shelter takes, it is important to acknowledge and celebrate each step along the way, no matter how small that step may be.

C. Effectiveness: What happens when it's working

> *"...within a couple of months you see this huge difference where women are starting to feel more comfortable, they start to talk about what's going on and then a few months after that, they're pretty much telling you what you're doing right and what you're doing wrong.*
>
> *When women call you and explain how they're doing, it kind of lifts your spirit up. She moved on. She got the help she needs—not a cure—but the help she needs to go day to day. It does give you the drive to continue."*

> *"A lot of times you watch a person come in at one point, and they leave and come back and leave and come back. And then you watch something click, something cognitively has clicked... They've made an adjustment, a change, a decision—not really sure what that is, but...you feel part of something bigger that's very good that's going on, and you know it's good, and you know it's right."*

When asked to describe a time when they felt that things were really working, for themselves as staff or for the shelter as a whole, managers and staff shared stories and analyses about four kinds of indicators of effectiveness:

1. Outcomes in the lives of the women and children who access their services
2. Changes in the capacities of staff and the way they work
3. Changes in approach and procedures in the shelter
4. Changes in society and how the whole system of services works with abused women with mental health and addiction challenges.

What follows is a synthesis of what was said in each of these categories.

1. Changes in outcomes for women and children who have sought services

Staff and managers listed many changes that women who seek their services undergo and that indicate that the shelter is making a real difference.

- Women begin to relax and be comfortable. They may have come into the shelter with a lot of stress, and very vigilant because they are sure that something unpleasant is going to happen. They won't look people in the eye. They may stay in their rooms for days, but at some point, they emerge and begin joining the communal life.
- When women begin to trust, the staff knows that what they are doing is effective. A sign of trust is when women begin to talk openly about what they are doing to cope and their risky behaviours and are willing to work with staff to make a safety plan. Another sign is when women share their story for the first time, something inside them releases and they're able to make the next step in their journey. Women who trust say they feel cared for, maybe for the first time in their lives.
- Women who are feeling empowered feel safe to express their needs. It's important for staff to understand that when a woman starts to voice what she feels is right or wrong about how the shelter is operating or about something that

happened in the shelter, it's a sign she's regaining her voice. This is a positive step, not something to take personally as a criticism.

- A shelter is effective when women can get in touch with the underlying issue that's causing them distress. They're able to move past denial and start to make progress. They begin to understand their addictions and mental health challenges as part of a larger pattern and that they can learn more effective coping skills and eventually seek help to build a new, more positive life.
- Women often gain insights into the needs of their children and learn to be more effective mothers. For example, one mother was able to come to terms with her child's autism spectrum disorder and get help, where previously she'd felt powerless and overwhelmed.
- Another sign that the shelter is effective is when a client says that her life has changed. For example, one shelter staff member recalled one resident saying the shelter was the closest thing she had ever had to a family.
- Sometimes success is doing something for a woman who isn't a client of the shelter. For example, a woman came to one shelter crying because she had no winter clothes or Christmas gifts for her children. The second-hand store in town had nothing suitable, so the shelter went through their store of donations to find everything she needed. This made the difference for this woman.

> *"Thank you so much. I was sure you were going to pull the rug from under me and you didn't do it."*

- Some stories of effectiveness stay with shelter staff for a very long time. In one focus group, shelter staff talked about providing shelter for an elderly woman who had terminal cancer. Released from the hospital and told there was really nothing more that medicine could do for her, she said she didn't want to go home and live her last months with abuse. She went to the shelter and eventually shelter staff were able to get her admitted to a senior's home, where she passed away a few months later. When she left the shelter, she said that those were the best months of her life.
- Sometimes evidence of effectiveness manifests after the woman and her children have left the shelter. Some women call the shelter to let staff know how they they've been able to make the transition and move on, they're doing well. They want to reconnect. One woman expressed the impact of her time in the shelter saying, "I remember something somebody said to me and it never left me."
- Those interviewed noted success has to be measured realistically. For example, a woman who manages as an at-home mom on social assistance can be considered very successful given where she came from. She may still drink sometimes or use pot, but she's coping. She gets up everyday. She's proud of her kids. When she first came into the shelter she saw them as "in the way". Now she has their school pictures taken and brings the pictures to the shelter for the staff who worked with her to see. The kids have been in the same school for a year, where before they were switching every couple of months. These are all significant signs of success.

2. Changes in staff capacity

Shelter staff and managers also talked about the changes in their own capacities as an evidence of effectiveness. They've become people who can facilitate the changes in the lives of women and children described above.

- One of the most important signs that staff are working effectively is how they're able to work in challenging situations where there are no recipes. Rather than reacting to triggers related to the behavior of the women, they realize that it's really not personal. It's not about them, and it's really

> *"The triggers—the trauma —it's just normal everyday, that's what is normal and if you put yourself in that situation and really analyze your own stuff—the impact that it has ...and then you want somebody to be doing all of these pieces...with a smile on their face and 100% energy and that's not going to happen... Show me a person who goes through those pieces and has accomplished that without getting very clear supports..."*

> *"We know what she's about, we're not afraid. We know how to work with her, that she's using substances. We're not going to get freaked out and we know what to expect.*
>
> *It was awesome! We worked as a team. And together. A client with heavy, long-term addiction issues—back to childhood abuse... And she acknowledges that it's actually a big step for her to keep coming back to us every night. And yesterday, she actually made the progress of where she said yes to bringing in a nurse here last night... And up to yesterday, she denied and denied any outside service but us."*

not about the woman who has come to the shelter either. It's trauma and addictions shaping what's happening. It's not effective to fall back on rules or some kind of control. They feel and learn their way into creating the context that will provide the safety, supports and choices that the woman needs to move forward. Staff begin to feel comfortable working with what others may call a "complicated" woman.

- Another transition that's important for staff is to learn how to empower rather than enable. It's tempting to judge effectiveness on the basis of the actions of the women staff are supporting. A staff member may have gone the extra mile to locate a housing option or to get an appointment with a mental health service. If the woman doesn't follow through with these opportunities, staff can worry that others may judge her to be incompetent or not hard working enough. Letting go of this co-dependence with what the shelter residents choose to do is a difficult, but critical shift in staff capacity.
- Another sign of effectiveness is staff capacity to demonstrate they believe the women who come into the shelter. Many women come away from doctors or other services providers feeling that their real needs haven't been addressed. They're medicated rather than acknowledged; treated with suspicion rather than compassion by income support or child protection workers. When someone believes what women say, they're able to take the first steps on a journey of healing and rebuilding.
- Effective staff have passion for their work. They may often feel tired and even overwhelmed, but what they do also brings them satisfaction and energy. They come to work not only for the pay cheque, but because they are doing what they in some way feel is their calling.
- Another sign of effective shelter staff is they trust each other. They don't judge each other, but interact in a spirit of mutual support. When they don't understand each other, they ask questions such as, "Why did you feel that was the way forward?" rather than criticizing. Not only do staff trust and support each other, but managers also trust that staff are using sound professional judgment. When staff need clinical support or say that they need time to regain their capacity to work effectively, they experience empathy and the support they need to work things out. There's lots of open communication as staff and managers learn to implement more fully the approach to which they're all committed—working in the "grey zone" of reflective practice.

3. Changes in the shelter's approach and procedures

Effectiveness is clearly the result of staff capacity, but it also comes about as a result of the shelter's commitment to the implementation of an effective approach. Here are the indicators' described by the shelter staff and managers:

- Shelter staff shared a strong consensus about the features of an effective approach (although the specifics of how they implemented varied to some extent): a harm reduction, anti-oppression, women-led, flexible and individualized model.
- These approaches cannot be implemented in a cookie-cutter way. They begin with thinking outside the box. Staff need to be free to admit they don't know how to "navigate these waters," and then begin to have real conversations about how to move forward.
- To implement these approaches other shelter has to let go of controlling practices, which may have previously gone unquestioned as necessary for "safety". Examples of such practices, listed earlier, can involve everything from how the shelter deals with the substances women are using to avoidance of restrictions such as curfews or access to food.
- The approach to providing support for women often shifts from formalized (and sometimes mandated) encounters to more flexible, natural and open-ended conversations. Some shelter staff described what they do as just talking with women, rather than having "counseling" sessions. The staff all work in the same way—on the same page—in an effort to try to help women to get to the "right spot". This is accomplished through being able to talk and listen, one person to another.

> *"For me it was seeing the reaction in the counseling staff when a woman who we'd worked with, even if she left before we would have wanted her to leave, but when she returns, the staff go, "Oh yeah!...We know what she's about, we're not afraid, we know how to work with her. That if she's using substances, we're not going to get freaked out, and we know what to expect."*

- An effective shelter is flexible and finds solutions rather than saying "no." One shelter described adjustments made by staff for a woman who wanted help but didn't want to come to the shelter. She was in touch with the shelter through their outreach staff, but only felt safe at night, when outreach was closed. Instead of telling her she had to come in during the day, the shelter arranged for her to call into the night staff. She was able to receive the support she needed.
- Effective shelters focus as much on the "little" human activities, such as celebrating birthdays and Christmas by sharing food and giving gifts, as they do on more direct work with issues. Sometimes this is the first party a woman has ever had and it means more to them than almost anything else.
- Effective shelters have learned they need to put a lot of energy into supporting women to make the transition from the shelter to living with her children in her own apartment, being confident to pay bills, or use banking service, and shopping. Again this is sometimes for the first time in her life. Supporting a woman in this transition can require practical and individualized help that may be beyond what the shelter has formally been funded to do, such as paying for a moving truck or buying a new mattress.
- An effective shelter is realistic about the outcomes for women, measuring success in the small steps that women take to achieve their goals, to manage risky ways of coping and to parent more effectively.
- Staff note that others say that the "vibe" or mood in the shelter has changed. For example, women

are initiating conversations with staff to ask for help. The emphasis on rules and procedures has changed to efforts to create community.

4. Changes in the "system"

Although a shelter may feel it has very limited capacity to impact the many structural barriers that shape a woman's experience, staff talked about their efforts to educate society and other service providers about the lived reality of women who flee violence and have mental health and addiction challenges; to advocate for the particular needs of the women they serve; and to shift the practice of other agencies to be more supportive of this population.

- Shelter staff spoke about the importance of knowing the system well—what's out there—and being able to make connections for women so they can get the support they need, to obtain housing and mental and physical health services, and also with child protection and legal services. Immigration services were cited as being very challenging to create effective linkages with.
- Shelters also spoke about their increasing attention to outreach and prevention initiatives. While the primary goal of these programs is to serving women who are reluctant to enter a shelter or are making the transition from shelter living to other housing, decreasing the stigma and discrimination experienced by abused women is another important part of outreach, and especially for those with mental health and addiction challenges and to increase an understanding of harm reduction approaches.
- Another effective strategy shelters use is to build partnerships with other service agencies that impact the lives of women who use shelters. Collaboration aimed at meeting the needs of specific women and joint learning around wise practice are two ways shelters work to positively shift the service network.

D. Next Steps: Addressing the barriers

Although the shelters that participated in this study are recognized for their innovative approaches to creating access for women with mental health and addiction issues, their staff and managers continue to have hopes and ideas for improving what they do. Their aspirations can be summarized in terms of the following seven categories:

1. More funding
2. Improvements to their infrastructure/facility
3. Increased staff capacity
4. Augmented programming
5. Capacity to do more outreach and prevention work
6. Better access to other relevant and timely services for their clients
7. Changes in the way society views domestic violence.

1. More Funding

Funding was mentioned as a basic requirement for the other categories in this section. There's just never enough money for improving facilities, hiring enough staff or improving staff capacity.

2. Improving Infrastructure/facility

Shelters are viewed as emergency housing, but because the demographics of women who are seeking shelter has changed and housing shortages are so extreme in most places in Canada, women are staying in shelters for much longer periods. The staff and managers spoke about their dreams to increase their

capacity to serve the following needs:

- **More room:** Many shelters would like to expand in size. In most shelters, rooms are small and sometimes have to accommodate a woman and her children. Family sizes include 4 or 5 children, some as old as 17 years old. Some shelters still have women sharing rooms, so a single woman could be staying in the same room as a mother and 3 or 4 children.
- **Better facilities***:* Some shelter staff talked about their dreams of having private bathrooms for at least some rooms and telephones and other amenities in the rooms. Another suggestion to create a more comfortable atmosphere is capacity to accommodate pets.
- **Whole buildings or a dedicated space within existing facilities for women without children:** Single women tend to have the lowest priority for shelter space, yet they're also very vulnerable. Women who've lost the custody of their children are often grieving, which contributes to their addictions and mental health challenges.
- **Shelter space specifically for women with addiction and mental health challenges:** The balancing act that shelters are constantly trying to achieve between providing service for every woman, regardless of her particular circumstances, and providing a safe and comfortable environment for everyone (including children) is never easy. Some shelters would like to have a facility, or at least a designated part of their building for women experiencing addiction and mental health challenges.

> *"But if we don't dream big, we'll never have anything—we'll never have anything to work toward."*

> *"Financially, women and children are the least of the government's issues. You, know, it becomes a problem. There's only so much money. We do the best with what we've got. I'd love to win the lottery and not have any issues. But I think we just continue, continuing on."*

> *"And so often when women have extreme mental health or addictions, they have lost their children already. And so they're not getting that VAW focus that they might get here because there's just no space here for a woman who doesn't have custody... So there's women that are walking around in a grief state that aren't getting the supports..."*

3. Increased staff capacity

While committed to these service models, shelter managers and staff don't all feel they have the capacity to fully implement these approaches. Workers are often over taxed or don't have the necessary skills and knowledge. A minority of staff may have reservations about trying to accommodate women with active addictions and mental health challenges. The steps below are needed to continue development.

- **Staff with specializations:** Some shelters would like to have counselors on staff with a particular expertise, most often in addictions and/or mental health issues, but also in areas like financial literacy to better support clients around money management. Other shelters feel the most effective way to operate is to provide compassionate and non-judgmental care and leave specialization to other services.
- **Ongoing professional development:** Most shelters want their staff to have more in-service training. Topics include: working with difficult people, crisis intervention, practical information about common street drugs and their side effects, and mental health diagnoses and medications. Other shelters argue the only real way to learn is by doing, and more training is "50/50" in terms

of the contribution it makes to enhanced effectiveness.

- **More staff:** Some shelters feel stretched in terms of workload staff are carrying. Shelters tend to be filled to capacity, often with a waiting list. As well, working from a harm reduction model and offering individualized service to every woman and child takes more staff time and energy.
- **Alignment between vision and practice:** Some shelter managers felt that they still had some distance to go in ensuring that all their policies and practices are fully aligned with the models and frameworks to which they are committed.
- **Learning from other shelters:** Another suggestion for building staff capacity is the creation of forums for shelter staff to communicate with each other (e.g. some type of on-line chat room).

4. ***Augmented programming***

Better funding and staff capacity will, shelter workers argue, contribute to better programming.

- **Transitional and other types of supportive housing:** This is probably the highest priority for shelters. Not only is there a shortage of housing of all kinds in virtually every part of Canada, many women who seek shelter services can't easily transition into independent living. They may require supports for an extended period of time, or the rest of their lives. Single women have an especially difficult time accessing transitional housing. Supportive housing is a far better option than having women cycle in and out of shelters and other emergency, resource-intensive services.
- **Broader wellness programming:** Shelters would like to offer access to a variety of recreational, craft and cultural activities that are part of wellness in the broad sense.
- **More individualized support:** The extent of the programming that the shelters were able to offer differed from facility to facility; however, the capacity to offer truly individualized support was mentioned as a priority for more than one.
- **Specialized programming:** Some shelters would like to offer programming for women who abuse. Another specialized programming area is a full harm reduction facility. Instead of having women who are using passing out in their rooms with their children also with them, this facility would offer non-judgmental support and closer medical supervision, as well as mechanisms to provide more intensive care for the children while women are in this condition. Still another type of specialized support would be to support women with improving their livelihoods, for example, through providing training and support for small business and social enterprise development.

> *"... be at a point where mental health and addiction issues wouldn't be a scary thing. Get rid of the stigma through education and awareness and normalizing. Because again, when women come to us, they come to us because they're fleeing violence and definitely the violence they've experienced is directly related to their mental health issues. You don't know which is first, the chicken or the egg, but definitely in this situation, to my mind, you cannot separate it. So coming to a space, you wouldn't be standing out with a label, that would be great. For us to not be able to do this in this day and age, for women not to be able to get into shelter because of stigma, that is just sad."*

5. ***Capacity to do more outreach and prevention work***

When shelter staff and management think about the tremendous need that exists in society for services for women who

experience abuse, many feel strongly about the importance of offering outreach as well as residential services, such as:

- **Transition support:** Shelter staff know that some women who leave the shelter won't be able to sustain their gains in wellbeing and life skills. They've built a trusting relationship with women in the shelter and know their aspirations. Transition support is a natural extension of their work and need resources to do more. All too often staff lose contact before women are really ready.
- **Outreach services for abused women:** There are always women who choose not to enter a shelter even though they're being abused. Shelters provide these women with outreach services as natural extension of their work. Most of the shelters in this study do outreach work, however it is rarely funded adequately to meet the need. Some shelters see a need for a drop-in facility. Others want to provide more support in conjunction with other agencies such as the courts.
- **Prevention programming:** Many shelters would like to do much more prevention work. Junior and senior high schools are natural venues because they offer access to girls who may already be experiencing some types of abuse or who can benefit from learning more about how to stay safe. Schools can also provide the opportunity to educate boys about respectful relationships and to offer them support for the kinds of abuse they experience.

> *"Open your eyes! Open your doors! Know that this is going on in the community and don't put up with it! And if people start taking a stand, it would make a difference."*

6. Better access to other relevant and timely services for their clients

There's a limit to the types of support shelters can offer women, through residential or outreach services. Many other agencies have a vital role to play, yet access is a persistent challenge.

- **Priority access for shelter clients:** Shelter staff work closely with women to develop enough trust to begin working on mental health and addiction issues only to come up against a brick wall in terms of accessing specialized support. Access to addiction treatment can take months, and during that waiting period, women may lose their readiness or leave the shelter. Many mental health services have long waiting lists. Timely access to the appropriate services is a high priority for shelters that participated in this study.
- **Service access within the shelter:** Some shelters have established collaborative relationships with a wide variety of other agencies who have then established service points within the shelter. It's much less threatening for women to give statements to the police in the safety of the shelter than at the police station. Other services offered within shelters include public health nurses, child protection services and mental health counselors. Many shelters, however, feel that they can only dream of being able to offer this type of wrap-around service.

7. Changes in the way society views domestic violence

Shelter staff and managers recognize the vital nature of the work that they do, but they would prefer there was no need for shelters. Violence against women is unfortunately still regarded by society at large as somehow "normal" and political and societal will to confront this issue is lacking. Some basic services to "pick up the pieces" are acceptable, but really challenging the root causes is not generally a part of the conversation. Here are some of the ways that shelter staff would like this issue brought forward.

> *"There's work to do definitely... but I feel like we're committed as an agency to doing that work. And we're committed as team members to bettering our own practice, and reflecting on our own practice, to being the best that we can be."*

- **Name and treat domestic violence as the crime it is:** Women who are being abused feel they must minimize their experiences. Shelter staff hear women say things like, "I didn't think it was this bad. I didn't think I needed to be here. Someone else needs the help more than I do." Members of society at large have even less understanding, and still blame the victim of abuse rather than seeing abuse as a crime.
- **Educate the public:** Much of the public doesn't understand the extent of this issue, the many forms abuse takes, and the complex circumstances that allow it to continue. Most women who spend time in shelters experience stigma and discrimination, adding a tremendous burden to already difficult lives. Every year women who have lived in shelters die as a result of violence. An educated public would shift their own attitudes and expect social agencies and politicians to be more responsive.
- **Support women to learn how to advocate for the rights:** As mentioned, stigma and discrimination are lived reality for abused women, especially those with mental health and addiction challenges. Too often the treatment women receive when they seek access to services lacks compassion and fails to respond adequately. Shelter staff support women to know their rights and negotiate fair treatment.

PHASE TWO: DEEPENDING UNDERSTANDING THROUGH DIALOGUE WITH SHELTERS ACROSS CANADA

Introduction

Phase Two of the *Effective Practices* study engaged an additional eleven shelters from across Canada in a conversation about their own experience and what they would add to the Phase One dialogue. Phase Two engaged shelters that felt they had not made sufficient adaptations to serve abused women with mental health and addiction challenges well, but expressed interest in learning how to do more. These interviews were conducted by phone in early December 2013.

The shelter directors, program managers and service staff who volunteered their time for these discussions provided a rich reflection about how their way of working compares with the Phase One shelters. They added some nuanced detail about the key ideas introduced in the first phase of the research.

Somewhat to their surprise, personnel from these eleven shelters felt that the Phase One report resonated with their own experience, though the context in which they operate varies widely. Some shelters are one of many working in a large urban center which has many agencies that provide complementary and supplementary services. Others are the only women-centered service in an isolated, small community, supporting women from a huge geographic region. Still other shelters operate in towns or small cities where resources addressing mental health and addictions are far from adequate.

In the past shelters may have operated from narrow mandates and access criteria and offered a very prescribed set of services, the norm now is that shelters have a commitment to serve all women, regardless of their particular circumstances and behaviours. Some shelters have clearly defined models from which they work, others are doing their best to respond actively to each woman's situation and needs.

Shelters face significant challenges, including, but not limited to:

- the capacity of their own staff
- strained relationships with community resources that do not address the full range of needs
- a lack of understanding about harm reduction approaches
- unrealistic expectations and judgmental attitudes on the part of the general population
- the challenge of keeping up with changing demographics and realities.

Shelters describe a variety of steps they want to take to be even more effective. These include:

- more realistic funding levels
- changes and additions to their infrastructure
- enhanced staff capacity in terms of working from trauma-informed and harm reduction approaches
- changes in the whole "system" of services in the community
- stronger partnerships with allied agencies
- leadership for the organic and slow development process of defining a conceptual framework, getting staff buy-in and implementing the model in all aspects of shelter work
- taking on the larger education, prevention and outreach work required to end violence against women in their communities and across Canada.

This phase of the research conversations produced the following three themes for change:

A. Responding to Realities and Needs: It just makes sense
B. Challenges: Where the rubber hits the road
C. Next Steps: Learning and building

A. Responding to Realities and Needs: It just makes sense

The shelter managers and staff who reviewed the *Effective Practices Phase One Report* and reflected on its applicability to their own work commented that much of what they read resonated with their experience. Despite differences in the day-to-day life of the shelter due to geographic location, demographics of the population being served, and the size and infrastructure of the shelter itself, interviews revealed remarkable similarities in the understanding of shelter personnel about how best to respond to the realities and needs of women and children. This shared understanding points to opportunities for sharing and learning from each other.

> *"It's comforting that we are not the only ones that go through this... Shelters as a collective—we're sometimes in our own bubble. This is kind of normalizing our experience.*
>
> *It was pleasantly surprising that we do a lot of these things, but didn't realize that not everyone does it."*

> *"... we hadn't really acknowledged what we do as inclusivity, or breaking down barriers.*
>
> *Some of the language is different. We don't use the harm reduction model, but we focus on safety planning always around addictions and mental health. We might not use the term.*
>
> *It's hard to have the conversation if you don't have the language."*

1. *Working from a conceptual framework*

Shelters across the country use different terminology to describe how they work. In many instances, the shelters that participated in Phase Two remarked that they are working from a common-sense effort to respond to realities and needs as they arise. As one shelter manager said, "Just make it make sense!"

Shelters also acknowledge that developing a clearly articulated and shared model is an important step. A conceptual framework is essential. "Without it, staff can flounder," said one shelter manager. A conceptual framework brings greater self-awareness, confidence and a capacity to communicate persuasively with communities' partners.

Two shelters use response-based practice[7] as the foundation for their work. Many features of effective practice described in the Phase One report are encapsulated in this approach and it has much to offer to the ongoing conversation needed within the shelter community about how to work in today's realities.

All the best practice models described in the report, and others like response-based practice that were not specifically mentioned, are inter-related. For example, a harm reduction approach is linked to the anti-oppression, anti-racism philosophy. Working from trauma-informed approach requires incorporating harm reduction strategies. These interconnected concepts are ways of describing what shelters do so they can continually refine their practice.

2. *Similar realities and needs of women and children across the country*

Shelters report that the realities and needs of woman and children are becoming more complex. In most areas, the proportion of women with addiction and mental health issues seeking services of VAW shelters appears to be increasing. A shortage of housing, especially affordable housing for those on low incomes, compounds the challenge of assisting women to re-establish their lives after leaving

7 The Centre for Response-Based Practice aims "…to provide and promote socially just and effective responses to violence and other forms of oppression and adversity, through direct service (e.g. counselling), education, research, supervision and advocacy." (See www.responsebasedpractice.com.)

an abusive situation. Interviews suggested that more women are choosing to return to their intimate partner upon leaving the shelter, and these women may return to the shelter several times. Shelters are serving more immigrant women, who may not speak English or French and who have cultural backgrounds that shape their experience of and responses to violence.

> *"There is a common practice/ procedure that staff follow. But when you meet the "grey zone", then there's a conversation. Are there other services in the community? Can we bend our mandate? This is not just another same scenario. This woman has needs. How are we going to help her?*
>
> *We bend the rules or throw them out."*

Despite the complexity, shelters recognize they must try to respond compassionately and appropriately to every woman who asks for support. Although many shelters have mandates and policies that place boundaries on which women they serve, shelter managers and staff work hard not to turn anyone away. This may involve making heroic efforts to secure another service option for the woman, such as a treatment facility, a "safe bed" program, or a residential mental health service. For many shelters, their commitment to serving all women means they bend their own rules to provide shelter services to virtually everyone who asks for help. As a result, staff are constantly consulting each other to make things work for women who present challenges to the way the shelter traditionally operated.

3. Shelters have to consider their own particular contexts

The shelters that participated in this study represent a rich diversity of contexts. One shelter doesn't have dedicated infrastructure, but operates in the building of a larger social enterprise. Other shelters have very crowded living conditions for women and children, with several families sharing one room. Some have very limited space dedicated to the use of women without children.

The geographic context of shelters is as diverse as the physical space they use. Shelters that serve large, largely rural and isolated regions can face costs of up to $1,200 for transportation for women fleeing violence. Many women these shelters serve will return to their home communities, often to the partner they left, in part because there are so few options for secure housing, supportive social networks or access to addiction and mental health services in the small regional centre. These shelters are often the only service for women fleeing violence or struggling with overwhelming life circum-stances in their geographic vicinity. Shelters situated in small cities serving nearby rural communities see women with a range of circumstances and needs, but usually have very few services in their area to address the complex mental health and addiction issues of women.

Most of these shelters have limited resources to respond to the needs of women. For example, many have only one staff person on night shift, and this individual may feel overwhelmed and at risk if the shelter includes women who are actively using substances or experiencing mental health issues. In most cases, shelter staff feel they don't have enough expertise and education to handle the range of situations they face on a daily basis.

Circumstances such as those described above shape the strategies shelters use to address client needs. *Challenges: Where the rubber hits the road* below shares examples of ways these shelters address common challenges.

> *It is not reasonable to deny any woman service.*
>
> *We kicked her out. We felt ashamed.*

4. Closing the gap between what is said and what is done

Responding to realities and needs requires continuing to ask the question, "Why do we do this?" This question applies to many issues: enforcing a curfew, expecting women who actively use substances to stop simply because they are staying in a shelter, locking cupboards, insisting that women leave after six weeks, or creating "contracts" that describe the conditions under which a woman will be granted shelter. More will be said about how shelters deal with these challenges in subsequent sections of this document, but shelters use several broad principles to close the gap between what they say they do (or want to do) and what they actually do.

A key strategy in this regard is to keep asking questions, while at the same time realizing that there are no easy answers. If it's unconscionable to deny service, even though a woman's behaviour and issues stretch capacity and tolerance, how can shelters solve the issues as they come up, one-by-one, without resorting to rules that reproduce structures that contribute to the very reality that shelters are working so hard to address?

> *We need to let women talk and just listen. We want what's best for them, but they have to get there themselves. You have to step back and not tell so much. At the same time you have to provide support. ...I can go home at the end of the day and say I did what I could.*

As the shelter staff explained, every time a policy or procedure conflicts with a woman's needs, they feel tension between what they say they stand for and what they actually do. "In those instances, we get together to brainstorm and problem-solve. It's also important that we keep encouraging each other. We're doing good stuff and we'll only get better the more we stay open to learning."

> *I see this work becoming more joyful. We're working with more challenging clients. It was more clinical before. Even when the outcomes aren't what we want, we feel a sense of acceptance. We've given them respect and authenticity. People worry about safety, about being overwhelmed, etc., but what happens is the opposite.*

5. Listening to the women

The shelter managers and staff who participated in this phase echoed their counterparts in Phase One: It's essential to respond to realities and needs—to let the women who use the shelter lead—rather than operate from formal policies and rules. When the right environment is created—one that is nonjudgmental and patient—women will say what they need and where they're ready to begin making changes in their lives. This often means learning how to work from a foundation of relationships rather than structures and procedures. Being client-led is a critical part of the conceptual models that guide effective shelter practice.

Letting women lead can be a scary process and how that challenge plays out in shelter life is discussed in the next section. But, just because it's scary doesn't mean it's not absolutely essential.

6. Finding new passion and joy in the work

Shelter personnel who talked about their own journeys said that, ironically, working in the ways described above is actually easier. Problem-solving is more satisfying than enforcing policies.

Having authentic conversations with women brings better outcomes than trying to persuade them to take actions that conform to outside expectations to justify funding, but don't meet their needs.

B. Challenges: Where the rubber hits the road

Shelter personnel spoke graphically about the very practical dilemmas they face in implementing their understanding of best practice. The scenarios they described illustrate the constraints inherent in working without adequate infrastructure and funding:

- challenge of addressing the needs of a rapidly changing demographic
- task of building staff capacity to embrace a fundamental shift in policies and procedures
- difficulty of meeting the needs of women without specialized staff expertise
- tension between meeting the needs of the one without jeopardizing the safety of the many
- implications of adopting a harm reduction approach in small communities
- challenge of understanding how best to meet the needs of children in the shelter
- frustration of working with addictions and mental health issues without access to timely, collaborative and appropriate services from the community agencies that have a mandate to address those issues
- the need to change attitudes and unrealistic expectations of society and community partners.

1. *Inadequate infrastructure and funding*

As mentioned, some shelters are operating with restricted space and inadequate funding. Many shelters are often over capacity, but only receive funding for 100% occupancy regardless of how many women and children are served. Shelters with large catchment areas absorb the cost of transporting women from isolated communities to their facility. Most shelters feel the stress levels of staff and clients would be dramatically reduced by more space, so single women and families could have more privacy.

> *"When our current facility was built, the only thought was providing safety for women and a roof over our heads.*
>
> *We don't have lovely separate rooms and a psychiatrist on site."*

Within these contexts shelters continue to challenge themselves to reflect their ideals of being inclu-sive, client-led, trauma-informed and working from anti-oppression and harm reduction models. Viewed from the outside, this commitment and resilience is truly remarkable.

Examples of practical challenges related to inadequate infrastructure and funding:

- There are often compelling reasons to extend a woman's shelter stay past a six-week or other imposed limit , including lack of housing (transitional or otherwise) in the community and the disruption for a woman who is forced to cycle through a variety of services. On the other hand, the shelter may have had to put other women with urgent needs on a waiting list because the shelter is full.
- Adopting a harm reduction and low barrier approach creates additional challenges for a shelter. The number of clients with active addiction and mental health issues increases and when space in the shelter is limited, they can't be housed in a designated area within the shelter to minimize disruption for other clients.

2. *Rapidly changing demographics*

The shelters observed that the characteristics of the population they are serving have changed. They

are serving more women struggling with severe mental health issues. The types of drug dependencies are also changing. Shelters are also serving more immigrant women, some of whom have a trauma history unlike that of the women who sought shelter several decades ago.

Examples of practical challenges related to changing demographics:

- Serving women who are culturally very different and/or have serious issues with substance use or mental health is challenging. Staff really have to stretch out of their comfort zone. Shelter directors and managers note that there is sometimes overt or subtle resistance to this work.
- As shelters provide access to women with active addictions and mental health challenges, they can experience resistance from other women in the shelter. Lack of understanding about the necessity for and the dynamics of harm reduction approaches is as common among women in shelters as it is in the general population. Educating women and reducing their feelings of risk is an added dimension of the work.

> *"I'd like to believe it's not a lack of compassion; that it's because of a lack of understanding. Our staff's own lived experience might inadvertently skew their behaviour and attitudes. As well, a lack of knowledge and compassion fatigue can be part of the picture... The staff feel they don't have the expertise to deal with it, but maybe they just don't want to deal with it."*

3. Staff capacity to embrace a fundamental shift in policies and procedures

This issue was raised more than any other when shelter personnel spoke about the day-to-day reality of trying to implement best practice models and frameworks. There is comfort in policies and rules. Staff can suffer from burnout, cynicism and a type of stress now referred to as compassion fatigue. Add to this that fundamental change takes time, and that wise and consistent leadership is needed to sustain and facilitate the process, and the challenge becomes complex. Shelter personnel acknowledge there are no easy answers and feel that peer learning and sharing is important to supporting their work.

> *"Part of what we experience with some staff ...is that we need to help them connect the dots—understanding why we have to serve women even if they smell of alcohol, and understanding how trauma is affecting how they present themselves to us. When things go awry, staff have a fight or flight response, and then it takes a long time to get staff back into the position of being willing to work at figuring out how they can respond effectively."*

Examples of practical challenges related to staff capacity to embrace a fundamental shift in policies and procedures:

- Not all staff interact with the needs of the clients and the evolving understanding of effective practice from the same standpoint. Some staff members who have been at the shelter for some time feel the current methods of operation provide consistency and comfort. Other staff members may be young or recent graduates with a theoretical framework, but without practical experience that enables them to problem-solve as issues arise. Given these realities, supporting all staff members to learn their way into a new approach is challenging.
- Shelter directors, program managers and the board of directors have a vital role in providing direction for a change in approach. The principles that inform effective work with

clients also have to be used to guide system change. This is delicate work and change leaders often feel they are walking a tightrope.

- The day-to-day work of implementing change brings shelter staff up against a host of issues, none straightforward. For example, a shelter may decide that having locks on cupboard doors is not consistent with an anti-oppression framework. But, the reality is that in some shelter lots of stuff (bedding, towels, cutlery, art supplies, food) regularly goes missing. What to do? Set curfews might similarly also appear to contradict a client-led approach, yet without a standard some women might try to use the shelter as a "bed and breakfast" rather than an opportunity for life changes. These are just two examples of the dilemmas that come up regularly as shelters open their policies and practices to scrutiny in the light of best practice.

4. ***Meeting the needs of women without specialized staff expertise***
This issue has already been mentioned in #2 *Rapidly changing demographics* above and in Phase One findings. While all the shelter personnel who participated mentioned this issue, the need is especially acute for shelters operating in rural, northern and other small centers.

> *"Training can build confidence, but it's 50/50. The rest is how you apply what you know. Sometimes you can give training for certain things, and in the moment staff say its beneficial, but if you evaluate months later, maybe what they learned is not having much impact. Learning happens in the doing."*

Examples of practical challenges related to the lack of specialized staff expertise:

- Shelter staff increasingly feel they need specialized knowledge and skills—related to mental health, addictions and culture—to serve their clients effectively. Shelter directors and program manager's struggle with finding the resources to support the level of training staff request, but wonder how much difference a greater emphasis on training will really make. Much of the learning that's needed can only be acquired in the crucible of doing, and staff seem to learn deeply from their lived experience of addressing issues as they arise, one by one.
- Sometimes the needed expertise just isn't available. Staff of rural and northern shelters may not have any access to clinical supervision, either because no one in the area has the expertise or because the shelter doesn't have the resources to maintain staff with those skills.
- Shelters in smaller and remote areas also have very limited access to expertise from other services in the community. This issue is taken up in more detail below.

5. ***Meeting the needs of the one without jeopardizing the safety of the many***
The shelters were especially interested in learning more about how to handle safety issues in a shelter that is committed to low-barrier access. They see safety issues arising primarily from the behaviour of some women they serve. (They feel relatively confident about their policies and procedures for handling safety issues that arise from violent intimate partners or others who might try to gain access to the shelter.) Most shelter staff have stories about situations that haunt them because they feel that they somehow missed the mark in terms

> *"We've had horror stories, for example, of someone who is presenting with strong mental health issues. They go to the hospital and are released quickly back to us, because the women know how to present to the hospital."*

> *"Women are so damaged, but we have to work with them at that level. We try to develop a balance between helping women grow and maintain safety. We focus on helping women make a change."*

> *"The relationships staff have with clients have changed. Clients trust and disclose more and the quality of the relationship has changed. We have candid conversations about these issues, to see how we can manage what happens in the shelter. I am so proud of the staff in how they work with the clients."*

of providing the best service possible to a particular woman.

Examples of practical challenges related to meeting the needs of all clients:

- Most of these shelters have a zero tolerance policy for both substance use in the shelter and being visibly intoxicated or high in the shelter. Many feel this policy is essential because they don't have the staff or infrastructure capacity to deal with the behaviour issues that are often part of active drug use. They acknowledge that a moral attitude about substance use may shape staff responses, but, also realize that most women who use won't stop because of a shelter policy. When women have to hide their use, the relationship between women and staff can be affected. Women may also put themselves at risk in order to use away from the shelter. Shelters are looking for practical examples to resolve this dilemma. They continue to ask, "What does ensuring safety really mean?"
- Other services are an important option for shelters when they feel they cannot provide access to a shelter bed for a particular woman, but in many communities, there are very few appropriate options. As a result, shelter staff carry the burden of wondering whether women get the help and support they need.

6. ***Implications of adopting a harm reduction approach in small communities***

Some shelters feel that they have made a great deal of progress toward adopting trauma-informed and harm reduction approaches. They are seeing outcomes that confirm their hard work, both with respect to the progress that women are making toward their life goals, and in the satisfaction and sense of efficacy experienced by the staff.

> *"Sometimes we have two camps of women in the shelter: those who understand harm reduction sensitivity and those that say they are triggered. There is so much misinformation about addictions and mental health, and this spills over to the women who are in the shelter."*

Other shelters acknowledge that these models match the needs of the women they serve, but wonder how they can make them work. Questions and issues they'd like to discuss in more detail with their peers across the country are discussed below.

Examples of practical challenges related to implementing harm reduction approaches:

- It can be a fine line between empowering women and using a strength-based approach and creating dependency. Is the role of the shelter to simply be responsive to what women say they need and the goals they are willing to work toward? Or, does the shelter have a responsibility to help women face tough challenges and make tough decisions? What does implementing a harm reduction model mean in the face of this "grey zone"?

- Some shelters raise issues about women "working the system". For example, if they are short of food or other daily necessities or need to sleep off a hangover before returning to their home communities, they know what to say to meet the shelter service criteria. Some shelters maintain that this doesn't matter. Any woman who comes for help has experienced violence and accommodating her at the shelter, if even for a brief time, is an opportunity for her to gain a sense of agency in her life. Others (especially those in small and isolated communities) are afraid of gaining a reputation in the community for being "soft." They say both the women who come to them and the agencies in the community become cynical about the vital service that shelters offer.
- Another challenge that shelters face when they offer low-barrier service is that other community agencies simply refer all women whom they are having trouble serving to the shelter, whether or not this is appropriate. Shelters say that this practice is especially common with the RCMP and hospitals.
- As noted, educating the women in the shelter about harm reduction approaches can be as difficult as creating better awareness in the general public and other community agencies. Women staying in the shelter can offer strong resistance, for understandable reasons.

7. How best to meet the needs of children in the shelter

Some of the shelters were struck by the emphasis that the Phase One shelters put on seeing children as clients of the shelter in their own right, but they feel that they have limitations that make it difficult to do so. Other shelters understand that their responsibility for the children as best met through working with their mothers.

> *"Kids are largely ignored and that is really unfortunate. Those children have also suffered trauma. Kids are forced into schools systems and child welfare systems. The kids are traumatized. If it's explained properly to the mom, she can understand that our work with her children is from a helpful place. If women are upset when the worker intervenes, then we need to ask ourselves about how is the staff doing it."*

Examples of practical challenges related to addressing the needs of children:

- Many smaller shelters don't have staff that can dedicate their time primarily to children and have the training and inclination to do so effectively. If a shelter only has a handful of staff, tough decisions have to be made about their job descriptions.
- While it's clear children have experienced trauma and need help with the changes in their lives when they move into a shelter with their mothers, some shelter staff worry that direct work with the children will be resented by women who are already struggling to feel good about their parenting and sense of agency. One shelter resolves this dilemma by putting energy into communicating clearly with women about the services they provide for children and why they see children as clients of the shelter and not just adjuncts to their mothers.

8. The lack of community support services

Most women who seek shelter need well-coordinated support around a broad range of issues, such as housing, mental health, primary health, addictions, livelihood, child protection and parenting, and legal matters. Yet, wrap-around support is rarely available. Most of the shelters in both phases of this study struggle with the lack of timely, collaborative and appropriate services from community agen-

cies that have a mandate to address the needs of the women who seek shelter. As these barriers have been described in some detail in the findings from Phase One this section includes a brief list of the types of situations shelters face in this regard.

Examples of practical challenges related to the lack of community support services:

- Lack of adequate, affordable housing for women leaving shelter is a fundamental barrier for women and a challenge for shelters. Extending one woman's length of stay can mean having to turn away others who may be seeking help.
- Although shelters can't work comfortably with women who are active in their addictions, they have no access to treatment services in many communities.
- Mental health services often have long waiting lists and may offer a very limited set of services. As well, shelter staff perceive that some women are misdiagnosed as suffering mental illness, because these same women begin to thrive in a context that is non-judgmental and trauma-sensitive, even though they may not be taking prescribed medication.
- Many women may not have family doctors or regular access to primary health services. Not all doctors have training to respond appropriately to the trauma-related health challenges of this population. Women from small communities, without access to specialized psychiatric care, may become "drug seeking", meaning they come to the shelter with a whole bag of prescription drugs and are unwilling to address mental health challenges in other ways.
- Staff of other community agencies may lack broad-based awareness of the issues confronting women who seek shelter and an understanding of the effectiveness of working from a client-led, strength-based, trauma-sensitive, and harm reduction approach. Community services are sometimes working at cross-purposes.

> *"At times, we have support from other agencies, but it's very piecemeal. In the rural areas there is no access to professional mental health services... We get a woman [discharged from the psychiatric ward of the hospital] showing up at our door in a cab with a note, "Take to XXX Shelter".*

9. Judgmental attitudes and unrealistic expectations of society and community partners

One shelter program manager explained the challenge her shelter faces very clearly. "Definitely, I can understand the point of view of a shelter that says that if we move to a harm reduction approach, women will take advantage of us or the community won't be able to support us. The community expects that women who have spent time in the shelter will suddenly be 'normal'. They will be fixed; their behaviour that is considered problematic will have stopped. People think that if a woman has been in the shelter 5 or 6 times, she is unsuccessful. We notice the little changes (like a woman has gotten up to get her children to school). So people judge the service — you haven't done your job. People expect services to produce results such as the woman having a job and being substance abuse free." Another shelter worker added to this observation by saying, "You sometimes have to work with a woman many times to begin to make a difference. It's preposterous that people think that a woman's life can change with one shelter stay."

Examples of practical challenges related to dealing with judgmental attitudes and unrealistic expectations:

- More research data is needed to support the efforts shelters are making in order to hold deeper

dialogue with funders, government decision-makers and other service providers about "what is really going on" in terms of the needs of women who seek shelter.

- Often the aftercare that women need post-shelter simply isn't available. After-care provided by child protection or income support workers is supervision. Yet, individualized aftercare support could make the difference between a woman being able to live more independently once she leaves the shelter or cycling in and out of community services.
- One benefit of working in a small community is that service providers know each other and see each other in a variety of social and work-related contexts. This makes it possible to develop personal and collaborative relationships, as long as frustrations about past events can be set aside and the best possible outcomes for women remain front and centre.

> *"People don't want to engage in hard discussions. They want to drop off a bag of clothes. There are millions of dollars pumped into the system to patch things up... The reality is that our shelters are full. We're turning away so many women because we are full. We tried to do public education and prevention, but that's really not the deeper discussion about how we can't tolerate this as a society. I've been at this for 30 years. It's about time."*

C. Next Steps: Learning and building

The shelter directors, program managers and staff spoke eloquently about their need to:

1. Develop stronger conceptual models for their work.
2. Learn from other shelters about strategies for implementing those models and to gain their own practical experience about what works and what doesn't in their own particular contexts.

In addition, they reiterated the same goals in terms of their next steps as Phase One participants:

1. Increased funding
2. Enhancements to infrastructure
3. Increased staff capacity
4. Augmented programming
5. Capacity to do more outreach, education and prevention work
6. Better access to other relevant and timely services for their clients
7. Changes in the way society understands and speaks about the violence women experience.

> *"I think about how we have gotten to the place where we do this (even if we don't know what to call it). We've evolved with the need as it emerged... You do what you need to do."*

What follows emphasizes themes in this area brought up only during the Phase Two interviews, as all Phase One themes were discussed above.

1. Stronger conceptual models

Phase Two participants observed that much of what they read in the Phase One report felt familiar to them. They recognize themselves in the descriptions of shelters working to find ways to serve all the women who come to them asking for support and in the many day-to-day challenges of working through issues as they arise. In many cases, however, they haven't been using the same language to

> *If there are staff that are more compassionate and have more patience, the clients are automatically attracted to them... However, these same staff can't describe what they do and why they do it... They don't have a conceptual vocabulary.*

describe what they do. They appreciate the common-sense way that their peers describe their conceptual frameworks. Many felt they can benefit from this modeling: that clear thinking helps shape clear action and provides a pathway for building solutions. As well, a shared and well-articulated framework makes it much easier to communicate with partners, whether they are funders, other community organizations, or the public at large.

> *Hanging in there has changed everything. The staff have become passionate working with difficult clients. We did this and that! It's fantastic! I know what to do next time. 90% of the staff now look forward to coming to work.*

2. Peer learning about effective implementation strategies and systematic learning from practical experience

One critical next steps for these shelters is to create systematic opportunities to learn from their peers across the country, not only about how they conceptualize what they do, but also about the practical day-to-day work of implementing new approaches. They want to learn from "best practice" to "be the best we can be". As one shelter manager said, "All of the report reflected the philosophy and approach that I have coming into this work, but it doesn't fit into what we are currently doing… Our real question is: Great, but how do we get there, how will this all look when we start implementing?" The recommendation section of this document lists some of the ideas they have for facilitating this type of learning.

They also look forward to becoming more systematic about learning from their own experience. They realize that there's no "gold standard" to emulate. Rather, they look forward to an "organic process" of learning from their own experience as they experiment with new ways of doing things and reflect about what they can learn and how that learning can shape the next steps.

3. Increased funding

Some priorities for increased funding include providing ongoing support for outreach and aftercare work, taking into full account the costs of serving women in isolated communities and covering the costs for all clients, even when shelters at operating at more than full capacity.

> *This report stresses the Importance of short feedback loops. We don't do this systematically enough. Our conversations are usually about specific women or problem issues.*

4. Enhancements to infrastructure

Needed infrastructure enhancements include a larger facility to ease overcrowding, create more spaces for women without children, a dedicated space to serve women with more serious mental health and addiction issues, and transitional/second stage housing units.

5. Increased staff capacity

More staff capacity is needed to enhance the following aspects of service provision: safety and services during night shifts when there is often only one staff on duty; expertise related to mental health and addiction issues; in-house expertise in child psychology or at least a trained worker for children; cultural competence of all staff; hire more outreach staff; and to facilitate the learning process

needed to bring all staff fully on board with trauma-informed, inclusive and client-led approaches to providing services.

> *"My advice to others is to just hang in there. I thought that the staff would try to get rid of me for my beliefs. But they have been willing to take this journey."*

6. ***Augmented programming***
   Rather than focusing on offering more formalized workshops for clients, program enhancement would create welcoming and gentle spaces for clients to socialize and learn together, children would receive support related to their own trauma and the many life changes they are being asked to make, and clients would receive at least three months of follow-up support.

7. ***Capacity to do more outreach, education and prevention work***
   Providing shelter and support for women fleeing violence is central to the mandate of shelters, but many agencies also want to address root causes. They want to be able to work more effectively toward ending violence against women (as well as other forms of violence in communities), create service points for girls still in school, and create an enabling environment for harm reduction approaches within government policies and programming.

8. ***Better access to other relevant and timely services for their clients***
   Shelter staff see this goal being reached through enhancing the capacity of shelter staff and creating collaborative relationships with other service providers, but even more importantly, through shifting the entire "net" of services to become more effective at addressing the needs and realities of women with mental health and addiction issues who seek shelter from violence.

> *"We are becoming experts in anti-violence work and we shouldn't keep it within our walls."*

9. ***Changes in the way society understands and speaks about the violence that women experience***
   This goal is important because it would reduce stigma, make it safer for women to disclose the violence they have experienced and to acknowledge the resistance strategies they use, and would increase the likelihood that accurate language will be used to describe the violence women experience.

RECOMMENDATIONS FOR FOLLOW-UP

Recommendations arising from the *Effective Practices* research study are in the broad areas of staff training and support, shelter management and systemic change:

1. Staff Training and Peer Learning
2. Ongoing Networking and Mentoring Support
3. Taking Action for Change

1. TRAINING AND PEER LEARNING

Shelter personnel appreciated the opportunity to think more deeply about their ways of work and policies that support their work. Many were feeling isolated and were pleased to realize they are in sync with the work of other shelters in Canada. They also felt the shelter community had taken important steps forward in the recent years, recognizing that it's time to move past some policies and practices generated as shelters initially developed decades ago.

At the same time, research participants recognized that learning is a critical key to making change and suggested that two simultaneous staff development strategies are needed: specialized training and peer learning.

a. Specialized training on key concepts:

Specialized training is recommended on:

- Understanding and working with trauma (women and children)
- Understanding and implementing harm reduction approaches
- Current trends in substance abuse
- Mental health issues commonly experienced by women using shelters

Shelter staff expressed interest in intensive training workshops and also in on-line training programs and resources that can be accessed as schedules permit and needs dictate. Directors and program managers emphasized that training should include attention to practical application to ensure that staff can apply learnings in their work.

- **Identify core competencies:** Identifying core competencies for staff was suggested as an approach to developing comprehensive training that would support staff capacity to work joyfully and passionately and with the right skills and attitudes. Core competencies would provide a framework for comprehensive capacity building with staff.

b. Peer learning:

In addition to formal training programs, shelter staff highlighted the importance of **learning through regular avenues for peer exchange**. They want to be able to ask staff at other shelters questions like, "What did you do when you encountered this challenge? What happened when you did that?" Staff want support—both facilitated forums and direct contact—for shelters to learn from each other, especially on implementing harm reduction approaches.

c. On-demand learning tools and resources :

One-off training has limited value. Shelters want training materials, including practical tools, such as sample policies and check lists, that are online and can be accessed when needed (such as when new staff come on board).

2. ONGOING NETWORKING AND MENTORING SUPPORT: LEADERSHIP FROM NATIONAL ORGANIZATIONS

Shelters, already working flat out to meet each day's challenges, will require ongoing networking and mentoring support to transition to adopting approaches compatible with those described in this document. Aligning practice with shelter mission and vision would benefit from networking and mentoring support at the management level. Shelters recommended that YWCA Canada sustain a focus on this issue and provide support for the learning and development process over an extended period beyond the end of this study. Other national organizations could partner or lead on these initiatives including the Canadian Network of Women's Shelters and Transition Houses, the Canadian Women's Health Network and the Canadian Women's Foundation.

Recommendations on networking and mentoring support:

a. ***Use YWCA Canada's organizational structure to educate:*** YWCA Canada could organize internal sessions for executive directors, board presidents and shelter directors and managers at the Annual Members Meeting and other venues around the issues that have come up through this study, including the concept of aligning shelter practise with mission and vision.

b. ***Regular on-line meetings:*** YWCA Canada, on its own, or working with the Canadian Network of Women's Shelters and Transition Houses and/or other national partners, could host regular webinars to create a learning community or community of practice around implementation issues.

c. ***On-line forum:*** YWCA Canada, on its own, or working with the Canadian Network of Women's Shelters and Transition Houses and/or other national partners, could create, manage and facilitate an ongoing forum that would provide spaces for shelter staff and or leadership to communicate with each other to share questions, innovations and lessons learned.

d. ***Use venues created by other agencies:*** National and regional conferences, web-based networks, and publications are all possible venues for sharing the concepts and implementation ideas from this study. As one shelter director said, "We need to create a provincial movement."

e. ***Develop additional knowledge dissemination tools:*** The valuable insights and experience of the shelters that participated in the *Effective Practices* study need to be shared more widely. Careful thought needs to be given to other dissemination tools for achieving this in addition to those discussed above.

f. ***Conduct six-month check-in with Phase Two Shelters:*** Another suggestion was to organize a check-in with the shelters that participated in Phase Two to see what they had been able to accomplish toward their goals and to help them problem-solve around the barriers they have experienced.

3. TAKING ACTION FOR CHANGE

a. Local Action

Shelters had ideas about what they could do within their own organization or locality to ensure that there is practical benefit from the *Effective Practices* study, including steps that they could take on their own to benefit more fully from their collective work.

- **Strategic or annual planning:** Several shelters mentioned their intention to use the *Effective Practices* study to structure planning processes early in 2014.
- **Partnership initiatives:** Shelters also talked about using the study to help inform the work of local coalitions or working groups focused on issues related to service provision for women with addictions and/or mental health issues.
- **Taking initiative to stimulate provincial or regional change:** One shelter indicated that they would organize a January telephone meeting with shelters in its region and hook in some of the shelters that participated in this study to offer their experience as a way to stimulate change.

b. Action for Systemic Change

The research generated recommendations for systemic change to increase the capacity of shelters to effectively support abused women with mental health and addiction issues.

- **Transitional and other supportive housing:** Shelters felt this was very high priority for effective service.
- **Access to mental health services including gender-appropriate, trauma-informed services:** Many mental health services have long waiting lists. Timely access to the appropriate services is a high priority for shelters that participated in this study.
- **Access to a variety of gender-specific addiction services and substance use programs:** Access to gender-specific programs addressing addiction and substance use treatment can take months, and during that waiting period, women may lose their readiness or leave the shelter. Although shelters can't work comfortably with women who are active in their addictions, there is no access to treatment services in many communities.
- **Introduce specialized programming for women who abuse:** Shelters reported that women who abuse receive virtually no support. Some shelters would like to offer this as programming.

APPENDIX A: POST-RESEARCH SURVEY OF PHASE TWO SHELTERS

Research results were shared with the 11 Phase Two shelters, and the shelters were asked to complete a short online survey with regard to the research. Seven shelters, or 64% of Phase Two shelters, responded to the survey.

Reflection of Interviews:

Eighty-six percent (86%) of responding shelters reported that their comments were fairly reflected in the report, and the remaining 14% felt the report was quite close to representing their input, but they had additional comments. Their comment pertained to expanding the understanding of why women return to partners, and they explained that: "Many individuals who do contact the RCMP are often resistant to proceeding through the court system as their immediate goal—stopping the assault—has been achieved. For individuals with mental health issues, or addictions, returning home feels like the path of least resistance and meets their needs better than taking on the challenges of 'starting over.'"

Recommendations:

In response to a question on the draft recommendations, 43% or three shelters, suggested additions:

- Develop e-learning tools, such as video recordings of training, that don't have to be offered live, to expand staff access to training and the reach of the training investment.
- Include samples of applicable policies and procedures as well as a summary of best practice policies and recommendations that will ensure inclusion in the final report.
- Fetal Alcohol Spectrum Disorder (FASD) should be a research topic, including how best to meet the needs of women experiencing FASD seeking shelter services. This shelter had a client with FASD, for whom "consequence" was a foreign concept and remembering tasks in household maintenance was a struggle, which jeopardized her continued housing.

Implementation of Changes:

All responding Phase Two shelters reported that they were likely to work on implementing changes based on the findings and recommendations. Four, or 57%, felt it was very likely, and 28% said it was somewhat likely. In terms of timing, one shelter reported currently working on implementing changes, another anticipated change initiatives in a six month timeframe and a third within a year. Two felt changes would be on a one to two year horizon and one felt three to five years was a likely timeframe.

APPENDIX B: SAMPLE SHELTER POLICIES AND PROCEDURES

Many shelters that participated in the *Effective Practices* study were reviewing their policies and procedures. While their lived practice had been shifting—sometimes in dramatic ways—to incorporate harm reduction, trauma-informed, feminist approaches and to challenge systemic barriers, policy and procedure documents often failed to keep pace. Reviewing policy and procedure documents in the light of emerging clarity around a new vision of a shelter's ideals and best practice models is a huge task, and one that is added on to an often overwhelming range of pressing daily activities.

This appendix provides examples of policy documents developed by two Phase One participating shelters: Women's Habitat (Etobicoke, Ontario) and Women's Community (London, Ontario).

Women's Community House (WCH) Selected Policies and Procedures

The excerpts included here focus on the application of a harm reduction approach within a Model of Care framework. (A graphic depicting the key concepts of the Model of Care framework has been included.) WCH's Program and Services policy stresses "high quality, consistent and safe services" and "recognizes that women who have experienced abuse have individual needs." There is explicit information about how the balance between safety and respect for everyone—shelter staff and residents—can be safeguarded while at the same time using a harm reduction, rather than a "zero tolerance" or abstinence, approach. This manual is also instructional in that it draws clear connections between beliefs, policies and procedures.

Women's Habitat Welcome Package

Excerpts illustrate the translation of a commitment to balancing safety for all—staff and residents—with creating a respectful environment where women can experience agency and individualized, non-judgmental and supportive service. The document also makes clear the expectation that women will be able to solve many of the challenges of cooperative living themselves, without staff becoming directly involved. Staff legal obligations for releasing information to child welfare or law enforcement agencies are outlined in direct and easy-to-understand language. The document outlines the conditions under which an individual may be asked to leave the shelter, which includes the "possession of or use of alcohol or unauthorized drugs in the shelter", but do not list use of substances off the premises.

WOMEN'S COMMUNITY HOUSE POLICY AND PROCEDURE MANUAL EXCERPTS

Programs & Services for Women & Children

Belief: Women's Community House believes in offering a variety of high quality services to meet the diverse needs of all individuals seeking assistance, in particular women and their children who are victimized by any abuser including a:

- Primary partner (whether or not they are living with their partner)
- Previous partner (current abuse)
- Current or previous partner who is in jail or out of town and is abusing via telephone or associates
- Family member of the woman (and child(ren))
- Caregiver
- "Stalker"
- Person in some position of authority over the woman (e.g., professor, doctor, lawyer, etc.)
- Landowner, or superintendent
- Cult, gang or group (e.g. satanic, religious, fanatical, etc.)

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Women's Community House believes that all individuals seeking service are entitled to receive accurate and reliable information, and service which is not restricted by disability, language, cultural needs, immigration status in Canada or any other descriptor under the Human Rights Code or Canada.

WCH believes that everyone seeking help requires assessment of their needs with the priority consideration being risk. In addition, a respectful, safe and secure environment is the primary focus of all residential components.

WCH believes that there should be no financial barrier to families seeking services, and to this end, all basic emergency services are provided free of charge.

WCH believes in ensuring the availability of adequate nutrition for clients that is culturally appropriate and will meet their special dietary needs.

Women's Community House believes in a feminist approach to providing services and delivers services using a Model of Care (MOC). The model is based on four fundamentals: creating hope; intersectionality; feminist analysis; and safety (see the last page of this Policy and Procedure Manual for a graphic of the MOC). The MOC has self-determination as an underpinning which encourages women's autonomy and individual decision making. At the time as service is explained, women will be informed of the options of services being offered including length of stay, the limits of confidentiality, etc. and any applicable terms of service provision.

Women's Community House believes in a Harm Reduction philosophy and practice.

Policy: Staff will have working understanding of all service components and thorough knowledge in their own area of the program to be able to offer high quality, consistent and safe services. Women's Community House recognizes that women who have experienced abuse have individual needs, and depending on their circumstances, may require services including shelter for varying lengths of time. Some individuals require and are provided with information and education; some with up-to-date community referrals to Transitional Outreach Program, or other agencies; tenancy at SSH, and some may require shelter residential services.

Where callers/clients do not fit mandate, they will be offered emotional support and referrals to appropriate services, where available. Supportive crisis counseling will be provided both over the Abused Women's Helpline and in-person clients (walk-ins).

The services offered by Women's Community House include:

- **Abused Women's Helpline** which offers support to abused women, and referrals and information to general public and/or professionals seeking information. The Abused Women's Helpline is staffed 24 hours a day by a trained residential support worker and/or qualified residential counselor who provides support, information, and referrals to the caller. All other shelter staff may answer the Abused Women's Helpline if the residential counselor is unavailable or unable to attend the line. Staff who answer the Helpline are also trained to use the TTY machine.
- **Crisis support in person (non-residents):** Women and children not currently residing in shelter may request (by telephone or in person) to come into the shelter to speak with a counselor about her current situation. Staff may offer the woman a tour of the shelter and outline a thorough safety plan prior to her leaving the shelter.

- **Individual and group counseling:** Residents receive: brief, solution-based and woman centered counseling; case management; referrals and advocacy founded in the Model of Care and arising out of the woman's individual Plan of Action.
- **Transitional Outreach Program** is designed to provide support to women entering into or leaving shelter and Second Stage Housing and to those in the community who are in need of support related to abuse in their lives. The counselors assist in navigating systems in the short term in order to establish independence and long term self sufficiency.
- **Safety Planning** is available to shelter residents, inquiring professionals as well as members of the general public.
- **Public Education** is provided to the community through presentations to businesses, service clubs, churches, school and employee groups, associations, information fairs and to callers on the helpline.
- **Second Stage Housing**, a 25-unity rent-geared-to-income apartment complex that provides an essential option on the continuum between shelter and/or other VAW services and independent living.
- **Shelters** offer emergency shelter to women who have experienced abuse, young women (i.e. female 16 and up) and children (accompanied by their mothers) who are abused according to the Women's Community House definition of abuse… During their stay, women who have experienced abuse and their children will be offered practical assistance to meet their basic needs, assistance in meeting individuals' personal goals; and group and individual counselling. The anticipated length of stay is determined after an assessment of needs is completed and discussed with the woman. A Caring Commitment (Intake Form) between the women seeking shelter and WCH is signed as part of the intake process.

Substance Use in Shelter

Belief: WCH acknowledges and accepts that substances such as alcohol, prescription, and non-prescription drugs are used by women as a way of coping, enhancing performance, and enduring anxiety and stresses from abuse.

WCH staff are not monitoring the use or nonuse of medications or substances. WCH is monitoring the safety of our premises for all.

Women's Community House believes that many abused women who use substances often endure a double stigma in society, and traditional (abstinence based) models of treatment that are male centered and confrontational have proven to be largely unsuccessful for women.

Women's Community House believes that all women and children have the right to be in a safe place.

WCH believes in the physical and emotional safety for all residents, staff, students and volunteers.

WCH utilizes Harm Reduction along with a Model of Care (MOC) which is based on Safety, Hope, Intersectionality and Feminism while non-judgmentally supporting women attempting to have their needs met.

Safety planning is an integral part of delivering an effective harm reduction approach to service. Safety planning will be done with women at each meeting, without judgment and will take into account her current use and practice.

Policy: Women's Community House operates from a harm reduction model as it relates holistically to the women, in the moment.

Abstinence is not a required condition of stay, but safety for the women (residents), staff, students, volunteers and others is required.

The WCH harm reduction model is based on the definition used by the Centre for Addiction and Mental Health: "The reduction of harmful consequences of substance abuse without necessarily requiring any reduction in use. These harms may be related to health, social or economic factors that affect the individual, community and society as a whole. Harm reduction seeks to reduce the more immediate and tangible harms an individual may face."

Substance is defined as: Alcohol, illicit drugs, prescription drugs, over-the-counter products, and/or any other substance that may cause intoxication.

Procedure: To maintain a safe environment, consuming or unsafe storage of alcohol, drugs or drug paraphernalia is not allowed on the shelter premises. Unsafe storage is defined as storage in any place where anyone other than the owner can access it. WCH is not a "safe injection site". All residents practicing Harm Reduction and actively using injection other than medically prescribed drugs (e.g. Insulin) must inject off-site and use safe practices for disposal of paraphernalia.

The buying, selling or distribution of drugs is not permitted on WCH property. Limited safe storage of all personal medications, sharps and potentially harmful substances is provided.

WCH considers intoxication to be a significant issue requiring staff to conduct further assessment and action that may include team discussion, increased observation, activation of EMS, hospitalization, or assistance to depart to another safe location. This will occur when the safety of the woman or others becomes an issue (e.g. not able to follow staff suggestions, aggressive behaviour, etc.).

In the unlikely situation of a resident exhibiting aggressive or confrontational behaviour, the Residential Counselor will apply appropriate measures such as; Non-violent Crisis Intervention (especially relational de-escalation techniques); referral to Withdrawal Management; an option for spending an overnight at another safe place acceptable to the woman; departure; or if necessary in extreme measures, Police support.

Any resident who identifies the need for treatment while at WCH will be supported including: a referral to Addiction Services Thames Valley; Treatment beds, or with other appropriate community resources to assist with Relapse Prevention/Assistance/Education.

Safe use, safety planning for use off premises, disposal or harmful items, and alternatives for substance use will be discussed with all residents.

If in using professional judgment, counselors determine that a resident is not able to maintain the safety needs (as noted above) while residing at WCH, she will be assisted in finding another safe alternative.

Medications

Belief: Women's Community House believes in a woman's ability to make decisions for herself and her family. Therefore, it is a woman's own responsibility to dispense medications to herself and her children.

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Policy: It is a woman's responsibility to take medications as prescribed or as directed on the over the counter medication instructions. All medications must be stored in a secure area for safe keeping.

Procedure: The resident is responsible for administering or dispensing medications for herself and her family.

1. The resident will be provided with a secure wall safe for personal medications and valuables for her family. This includes any prescribed creams and ointments. Inhalers for asthma or other respiratory disorders may be carried by the resident if the risk of medical emergency is high. Medications that need to be stored in the refrigerator will be stored in the Residential Office Refrigerator, or Health room.

2. A limited supply or pre-packaged, individual, over the counter medications are stored in a locked cabinet in the Residential Office or Health room.

3. A sharps container is installed in all bathrooms in the shelters and the contents disposed of appropriately.

4. In the case of children, a woman may dispense over the counter medications (such as children's strength Tylenol) without a doctor's order or approval. Staff will encourage the resident to have the child seen by a visiting nurse, nurse practitioner or walk in clinic for assessment.

5. Upon departure, staff will remind residents to take all personal medications with them. If not, residential staff will retrieve, label and safely store the meds in the locked cabinet in the residential office for a short period. Attempts to contact the woman will be made through the departure information or emergency contact. If the meds are not returned to the resident within two weeks of departure, such medications will be disposed of in the following manner:
   - Medication disposal is done by the pharmacy
   - Staff ensures that the names of the woman and her children are marked out or erased on prescribed medications
   - Staff informs the pharmacy that medications is being sent for disposal
   - All medication being sent for disposal is placed in a disposal bag and stapled shit in a manner that ensures that it will not be opened before it arrives at the pharmacy
   - All used needles are stored in a designated biohazard container. When the "sharps" container is full, an external service provider will dispose of the used needles

6. Counselors or trained volunteers ensure that every resident is fully familiar with this medication policy at the time of intake.

7. The wall safes and medication bins must be routinely cleaned with disinfectant List of Stock Medications Available that have been pre-measured and dispensed by Shopper's Drug Mart: (Dosage instructions would be on the bottle given to the resident)
   - Guaifenes in Cough Syrup (Sugar Free) for child and adult (safest as no interaction with other meds)
   - Acetaminophen (Tylenol) 325mg and 500mg tabs
   - Acetaminophen Liquid for children and infants
   - Life Brand Antacid Liquid

Please note that there is no ASA listed as this is rarely prescribed for young people, due to Reyes syndrome.

Women's Community House Model of Care

(a picture of how we see the work we do, based on four pillars at the base)

Women's Community House
A Safe Place for Abused Women and their Children

FEMINISM – how it works

- counselling that is based on understanding women's lives
- we start with the woman's own strengths – what she can do
- we recognize women have been held down (oppression) in their lives
- we believe that differences between people is a good thing
- we work from where she is at
- our work is brief session & short term
- we believe in shared power in all relationships

INTERSECTIONALITY – what it means in our work

- every woman's is unique and her life is her reality
- we know that there are times in a woman's life when she is more " together" than at other times
- multiple factors intersect to affect woman's lives
- there are times when women feel more or less grounded in differing surroundings
- we understand & work within and with "systems" for the benefit of women but sometimes the systems are have not been designed to be helpful to women
- we know that sometimes women can feel strong where they are & at other times, not so much depending on their experiences & the environment she is in

HOPE – what the future will bring

- healthy relationships
- an end to woman abuse
- violence free lives for all
- that child witnesses to abuse will not repeat it in their own lives
- women's equality

SAFETY- from abuser; in our buildings & systems

– safety - both physical safety but emotional feelings of safety, for you and for other clients and staff
- understanding the use of substances and working to reduce the harm done by the substance – not abstinence only
- safety of your personal information (confidentiality)
- safety in a communal living space for all residents/tenants
- understanding the impact of trauma when working in this field on staff and others

APPENDIX B

WELCOME TO WOMEN'S HABITAT

www.womens-habitat.ca

Deciding to leave your home may have caused you to experience a variety of emotions. Your feelings are natural and you are entitled to your emotions. It takes a lot of courage and strength for someone to leave their home. Women's Habitat staff are here to support and assist you.

This welcome package will guide you in becoming familiar with communal living. If you have any questions please do not hesitate to ask any staff member.

In the interest of keeping you and all residents safe, please **do not disclose this location** to anyone that you cannot trust.

OUR MISSION

To provide a safe refuge, counselling, support and advocacy for women and their children who are fleeing violence; while also working towards a more equal society where the inherent value of all women is acknowledged and celebrated.

RESIDENTS RIGHTS AND RESPONSIBILITIES

(AS ADAPTED FROM TORONTO SHELTER STANDARDS)

Residents have the right to:

- Expect that the standards outlined in this document will be followed
- Be treated in a non-judgemental and respectful way.
- Be free from discrimination and harassment.
- Have a fair and clear complaint and appeal process without fear of punishment.
- Receive safe, adequate and nutritious food.
- Provide input and feedback into shelter programs and policies.
- Be involved in decisions that affect them.
- Identify reasonable goals and receive support from staff to achieve them.
- Be given information about services and resources in order to make informed decisions.
- Have forms and requests for information explained.
- Have personal information treated confidentially.

Residents are responsible to:

- Follow the rules/guidelines of the shelter.
- Treat shelter staff and other residents with respect.
- Respect the private property and belongings of other shelter residents.
- Respect the private property and belongings of the shelter.
- Work with staff to improve their housing situation within their capacity.

COMPLAINT PROCEDURE

Women have the right to make a complaint. Women are asked to address their complaints with a Women's Habitat counsellor. If you are unsatisfied with the response you can then speak with the Shelter Program Manager. Following a discussion with the Shelter Program Manager, if you still

remain displeased with the result, you may speak with the Executive Director; contact information will be provided upon request.

For a formal complaint there is a "complaint form" that can be filled out after receiving from the manager or from our website www.womens-habitat.ca.

LENGTH OF STAY

The length of stay at Women's Habitat is determined on an individual basis according to your personal needs, goals and housing plans. Staff will work with you to guide you away from the cycle of abuse and current crisis and assist in empowering you towards self-sufficiency and independent living.

SUBSIDIZED HOUSING

Note: This section of the Welcome Package has not been included since it is relatively specific to the geographic area.

WOMEN'S HABITAT STAFF AND PROGRAMS

SHELTER

During your stay you will interact with full time, part time, and volunteer staff. Women's Habitat staff consists of: shelter manager, frontline counsellors, overnight staff, child and family advocates, and food coordinator. You will also see different professionals on site when needed (plumber, social workers, etc.).

Counsellors will assist with:

- Supportive counselling
- Legal issues
- Housing
- Education
- Financial issues
- Referrals

Child and Family Advocates will assist with:

- Supportive counselling for children
- Assistance finding external and internal childcare/daycare
- School Registration
- Parenting Skills
- Work with you with child protection agencies if needed

Food Coordinator will assist you with:

- Special food needs/requests
- Preparation of meals
- Nutritional information

Residents of the shelter consist of women with children—including male children under 18 years of age, and women without children. All women staying at Women's Habitat are survivors of violence and/or abuse.

OUTREACH

Women's Habitat Outreach is located at 140 Islington Ave and the phone number is 416-252-7949.

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Our Outreach department is made up of women counsellors, a youth counsellor, a transitional worker, a housing worker, and a parent support worker. In addition to the individual services offered, they also conduct a variety of groups and programs.

Please speak to a staff member for more information or visit our website at **womens-habitat.ca.**

HOUSE RESPONSIBILITIES

RESIDENTS MEETING

Once a week all residents are encouraged to attend the residents meeting. At this meeting residents are able to express their concerns and requests while living at Women's Habitat, as well as staff will announce information about upcoming programs and events. Cultural interpreters will be provided if you require interpretation.

BED BUG POLICY

All women are asked upon arrival at Women's Habitat to place their clothing into the dryer for 60 minutes. Clothing should not be brought into the bedroom without first being placed in the dryer.

The heat from the dryer will eliminate any possible bed bugs that may be present within the clothing. Women are also encouraged to complete the above process if they go on an overnight, visit a friend's home, and/or buy second hand clothing.

All women are asked to do this as a precaution and to ensure the shelter remains pest free.

Women's Habitat has an extermination company come into the shelter on the 1st Tuesday of each month to do a check for bed bugs, rodents and any other pests so that we avoid any infestation issues. We ask women to comply with this policy so that we can stay on top of the issues and ask for your co-operation.

KEEPING THE SHELTER CLEAN

The shelter is a shared living space. To ensure the shelter remains a clean and healthy environment, please clean up after yourself and family at all times.

You will be placed on the weekly "Chore Chart", which is posted on the dining room bulletin board.

If you cannot do your assigned chore, please ask another woman to switch with you.

If you are not able to assist in chores due to medical reasons, please inform staff and you may be asked to provide a doctor's note.

Staff encourage women to speak to each other if you believe another resident is not doing her part in the chores of the house. Staff are available to help you find ways to do this productively and to meet with you and another resident if you think that will help but staff will not chase women to do their chores. We believe that women are more than capable of holding each other accountable, and able to empathize with each other's situations. Chores are often a subject brought up at resident meetings.

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FOOD AND COOKING

You are responsible for breakfast and lunch for you and your family.

Monday through Friday the Food coordinator prepares snacks and dinners. Dinner is served by 5:00 p.m.

Residents should not be cooking from 1:00 p.m.–5:00 p.m. during the week when the Food Coordinator is preparing the evening meal. This is to ensure that the meal she is preparing for the entire house is done so on time. It is also a health & safety issue to keep accidents from happening in an overcrowded kitchen. If you would like to cook for your family you are asked to do so before 1:00 p.m. or after 5:00 p.m.

Children (12 years and under) are not allowed in the kitchen at any time due to safety reasons.

Place your name and date on food items that you have purchased prior to placing them in the communal refrigerator. Food without anyone's name on it belongs to everyone. Women's Habitat is not responsible for any food that is left in the fridge. It may be eaten by another resident or thrown away. This is a risk of communal living…

Women's Habitat does not purchase pork or pork products and we purchase Halal meat products. If women would like to have pork during their stay they may purchase it on their own and ask staff for specific pots and pans to be used for the cooking of pork. These pots and pans are kept out of the kitchen. If you have questions about this practice please speak to a staff person.

LAUNDRY

There are laundry machines located in the basement area of the shelter for resident use. We ask that you please be aware of other women and children and take your items out of the machines when they are done so that others can use them.

1 bottle of laundry soap is given to each resident per month and is put in your room during the monthly Health & Safety checks, which are done by staff during the 1st week of each month.

NOTICE OF ENTRY INTO ROOMS/TRADES PEOPLE IN SHELTER

Staff will do their best to give women as much notice as possible when needing to enter rooms or when there are trades people due on site to do work. This will be done both verbally (such as at resident meetings) and by posting notices around the shelter.

Sometimes, as in the case of an emergency, (plumbing issue, electrical issue) this may not be possible. During those times staff will do their best to minimize the impact on residents.

When there are trades people in the shelter they will be accompanied by a staff person at all times.

PERSONAL RESPONSIBILITIES

BEHAVIOUR

Residents are required to live cooperatively at the shelter and to treat everyone respectfully.

Under the following circumstances, you may be asked to leave the shelter:

- If you endanger the safety of anyone in the shelter by not complying with the security guidelines. An example of this would be sharing the address of the shelter with your abuser who can then put not only you at risk but the other residents and staff at risk.
- If you are threatening to harm another resident or staff person or.
- If you are in possession of or use alcohol or unauthorized drugs in the shelter.
- If you are in possession of a weapon (unless for religious reasons).
- Theft and vandalism is not tolerated.
- Excessive overnights. In such a case we would speak to you about transferring to another shelter where overnights may not be as important for your stay—for example a family or homeless shelter.

CONFLICTS BETWEEN RESIDENTS

To avoid conflicts with other residents:

- Be respectful of each other's personal space.
- Do not gossip about others.
- Do not discipline other resident's children. If a problem occurs between children, you are to direct your concerns to the child's mother and if you need assistance doing that please speak to a staff person who can assist you with this.

TELEPHONE

The resident telephone is located in a private room within the living room. Please be respectful of other residents and limit your use. The telephone can be used for outgoing local calls only.

Please do not give out the intake office phone number to anyone, except for important calls such as housing, legal, medical, family emergencies, etc. In these cases, please inform staff in advance. For safety reasons, if staff takes a phone call for any residents, we do not acknowledge that the resident is here, but simply take a message. Staff will post messages in the intake office in the resident mailbox. Residents are asked to regularly check for mail and messages in the intake office.

KEEPING YOUR BEDROOM CLEAN

You are asked to keep your room clean while residing at Women's Habitat.

To keep our house pest-free only water and bottles for babies are permitted in your room.

For health and safety reasons, we do health and safety room checks once a month and in case of an emergency.

Please keep bags and boxes away from heaters.

Used diapers and sanitary pads are not to be placed in bedroom or washroom garbage's. They should be put in the outside green bins immediately.

ROOM CODE

Each bedroom has a 4-digit room code. Please keep this code private to ensure safety and security of your personal belongings. If you choose to reveal your code to another resident Women's Habitat is not responsible for any lost or stolen items and/or damage to your room.

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PERSONAL BELONGINGS

Women's Habitat is not responsible for any resident's belongings and valuables at any time or for anything lost or stolen on the premises. For this reason we again remind you to keep your room code private.

If you leave the shelter and do not return, we will keep your belongings and medication for 14 days. After this time, they will be given to disposed of. The reason behind this is the shelter does not have the storage space needed to hold on to belongings for unlimited amounts of time.

OVERNIGHTS

Residents are entitled to a maximum of 2 overnights per week. You are encouraged to be at the shelter during the week in order to participate in programs, groups, activities, and counselling. For this reason it is suggested if you take an overnight that it be on the weekend to avoid missing out on any programming.

Please give staff 24 hours notice if you plan to be away and we also ask that you arrange with another resident to do your chore(s) while you're away.

PICK UP/DROP OFF

To maintain the privacy of the shelter and the security of the individuals who live and work here, we request that any pick up or drop offs be made at XX. It is a safety risk for all residents and staff if you are dropped off or picked up by a friend or family member in front of the shelter.

CHILD CARE

MONITORING YOUR CHILD

Women are responsible for their child/ren at all times and are required to be on the same floor as their child/ren.

Women's Habitat is required to provide a crib in each room where there is a child under the age of 3 years.

The playroom is located on the main floor. Your children are more than welcome to use the playroom as long as they are supervised by an adult. We ask that you clean the room up after you and your children after each use so that the next users can enjoy it.

BABYSITTING AND CHILDCARE

If you need someone to look after your child, please ask another woman in the house. Women are not required nor expected to watch other resident's children. Staff is not permitted to babysit women's children.

You are asked to fill out a babysitting form. Babysitting forms are to be filled out prior to leaving your child with another resident.

Please be aware that child-minding agreements at Women's Habitat cannot be made for times later than 2 a.m., which is curfew, as this would be considered an overnight for you and in such a case your children would need to be with you.

SUBSIDIZED CHILDCARE

The Child and Family Advocates will assist in the application for Toronto Subsidized Childcare. In order to qualify for childcare fee subsidy and to maintain Toronto Subsidized Childcare following your stay at Women's Habitat, the applicant must be employed, in school, or in an approved training program. Child and Family Advocates will provide you with further information and help you through the process.

SUPPLIES FOR INFANTS AND CHILDREN

Through generous donations, Women's Habitat is able to provide diapers, baby formula, and baby food for infants and children. Please let the Food Coordinator know of any specific needs for baby formula and baby food. We will do our best to accommodate special requests. You can speak to the Child and Family Advocates for diapers.

SAFETY

FIRE SAFETY

While staying at Women's Habitat you can expect that there will be bi-annual fire drills. If you hear the fire alarm, you are asked to leave by the closest exit and meet at the front of the building.

SMOKING

Smoking is not permitted inside the shelter. Staff will accommodate smoking daily until 2 a.m. in the backyard/patio area of the shelter property.

MEDICATION

All medicine (prescription or over-the-counter) needs to be kept in the counselling office for safety reasons. No medications should be kept in your room. Medications can be accessed from the office anytime during the day or night. Women's Habitat staff cannot provide you with any medications such as cold remedies, Tylenol, Advil, etc. We do not have these items on site.

VISITORS

To ensure the safety and privacy of all women and children staying at Women's Habitat visitors are not permitted at any time. Again, we ask that you not have people pick up or drop you off outside the shelter while you are staying here.

CURFEW

Curfew for all residents is 2:00 a.m. seven nights a week. If for some unforeseen reason you are not able to make it back to the shelter by curfew we ask that you call the shelter to let staff know so they are not concerned for your safety.

FILES AND PRIVACY

Women's Habitat keeps a file on each resident. Your file is a record of your needs and goals. It is also a record of the support staff was able to provide for you. The file is the property of Women's Habitat. Files notes are kept on a computerized database and are secured files. You can request to view your file notes by asking a staff person who will then get back to you after speaking with the manager and staff team about a time that is convenient for this to be done. Your paper file cannot be removed from the counselling office. You may keep personal papers/documents as they belong to you or if they are in your file you can take them with you when you leave the shelter. Anything that has a Women's Habitat staff signature or

logo or staff persons information, such as notes, in it is property of Women's Habitat and cannot leave the shelter. You may however be able to take a copy of such documents when you move on from the shelter, depending on what those documents are.

If information needs to be shared with professionals outside of Women's Habitat we will ask you to sign a consent form allowing us to do so. Without your written consent we cannot share any information.

You have the absolute right to refuse to sign a "Consent to Release of Information" form. However, there are times where we are required by law to release information even if you do not want us to. For example:

- If you or your child say that there has been child abuse or if we suspect your child has been or is being abused. In these cases, the information will be passed on to the appropriate Child Welfare Agency. In such cases we will do our best to involve you in the process. By this we mean we would work with you to make a call to the child protection agency and would be available to support you your interactions with them. Only under extreme cases of safety concerns would a call be made to a child protection agency without the mother being made aware of it and/or being present for the call.
- If we receive information that you are moving to an abusive environment with your children, a Child Welfare Agency will be informed, as the children are in danger of being exposed to violence again. The same issues regarding support as above apply in this situation.
- If we receive a court subpoena that says we must give information to the police or courts. In this case, we will inform you immediately and we can refer you to a lawyer, if necessary.
- If we have reason to believe you are in danger of harming yourself or someone else.

Note: the sections on personal needs allowance (PNA), transportation, and moving out have not been included.

APPENDIX C: A NOTE ON SERVICE DATA

The *Effective Practises* study intended to collect existing service data from shelters about demand for their services from women dealing with mental health and addiction issues, including data on women that shelters were unable to serve. Quantitative data on the numbers of women seeking shelter who are experiencing mental health and addiction issues, as well as the rates of women who could not be served, would offer an important elaboration of the qualitative data gathered in this study. However, shelters were unable to provide the researcher with this data for a number of complex and interconnected reasons, discussed fully below.

Barriers to Tracking Mental Health Data:

Shelters have no way to determine which of their have diagnosed mental illnesses, as narrowly defined. They only know that a woman has been previously diagnosed with a mental illness is if she chooses to disclose that information or by virtue of prescribed medication she brings to the shelter.

In addition, shelters maintained that "mental health" issues cannot be defined simply as diagnosed mental illnesses. Rather, their understanding is consistent with the Canadian Mental Health Association definition:

Definitions of mental health are changing. It used to be that a person was considered to have good mental health simply if they showed no signs or symptoms of a mental illness. But in recent years, there has been a shift towards a more holistic approach to mental health… Today, we recognize that good mental health is not just the absence of mental illness. Nor is it absolute—some people are more mentally healthy than others, whether you are mentally ill or not.

Women who seek shelter services are understandably distressed and anxious and may also be angry or aggressive or exhibit other behaviour. This could be indicative of mental health issues, or they could be "normal responses" to the abuse they have suffered and their current circumstances. There's considerable discourse in women's health about the extent to which women are labeled with mental health diagnoses and medicated when what they are coping with is a burden of trauma best responded to by trauma-informed practice.

Barriers to Tracking Addiction Issues:

Shelter staff rely on disclosure on the part of women to determine the extent of their use of addictive substances or on physical evidence such as needles and bottles, found in a woman's room or elsewhere in the facility. It is often only as staff work with women over a period of time that they become privy to the extent of the woman's struggle with addictions.

Shelters in this study are recognizing that it is generally counterproductive for staff to insist that women disclose and work on their addictions before tackling the many challenging issues they face in rebuilding their lives. It's usually more constructive to begin with the issues that the woman herself identifies as the most pressing and progress to life goals related to the use of addictive substances.

Although most of the 11 shelters that participated in the second phase of the study have a "zero tolerance" policy for active substance use for residents, they recognize that many women who live in the shelter do continue to use alcohol and other drugs and to hide that use in order to maintain shelter.

APPENDIX C

Barriers to Tracking Lack of Service Due to Mental Health and/or Addiction Issues:

Shelters do not keep sufficiently detailed records to make reliable statements about the number of women who were not offered a bed as a result of addiction and mental health issues. Shelters make referrals or ask woman to call back the next day for reasons other than a presenting mental health or addiction issue, such as the shelter is full, the small number of designated beds for a category of woman, or the shelter feels another agency is better equipped to meet the particular needs of the woman.

Shelters in this study—even those with an official zero tolerance policy—were adamant about their commitment to serve all women who request help and reported that, when a woman is obviously intoxicated, high or behaving in a manner that may pose a risk to others, there is always an offer of help, whether it is an immediate referral to another emergency shelter or an open door to re-contact the shelter.