



HIGHER GROUND PROJECT

 **YWCA**
BANFF

TURNER | STRATEGIES

SERVICE MODELS LITERATURE REVIEW

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INTRODUCTION

The Bow Valley YW is embarking on a major capital development in Canmore to deliver domestic violence shelter, affordable and supportive housing, as well as community-based prevention supports. Staff sought support from a consulting firm to support the development of a program model grounded in promising and innovative practices. This includes a comprehensive research component to ground program development in best practices and engages key stakeholders in finalizing the proposed future direction of the development.

From a strategic perspective, the YW considers the project to be a significant opportunity to build local community capacity to effectively deliver and operate housing, deliver a one-stop shop service hub, as well keep women and children safe from violence. How these service components are going to be delivered still needs to be developed and scoped from a business planning perspective.

To maximize the opportunity presented by the National Housing Strategy and philanthropic interest, the YW will put forward a fulsome capital fundraising campaign to realize the full scope of the development in 2019. In addition, the agency is seeking to complement the capital side of the project with a full scoping of the programmatic supports needed for the target population being served. The role of the consultants is to support the YW in building a clear program model to shape proposed operations and capital options.

Understanding of the Scope

This focused literature review was completed to identify relevant literature to inform the shelter, housing, and service hub model options. We will use these findings to assess programming options, and their impact on capital development. From here, meetings will be conducted to assess the perspectives of service providers in non-profit and mainstream public systems engaged with the target populations. Input will be sought on the design of services and their fit within broader local supports system during a September design session in Canmore.

To focus discussion with key stakeholders on innovation and evidence-led approaches, the consultants will facilitate Innovation Design Labs to probe service and housing/shelter development ideas further. These will provide an opportunity to engage stakeholders in solutions-focused discussions and provide a space for generative discussions to occur and out-of-the box thinking.

The final report and proposed program model will be delivered to the YW in October 2018. The rest of this paper will work through the three main program models identified with staff as essential in the Canmore initiative: Community Service Hubs, Housing, and Shelter.

FINDINGS SUMMARY

Community Service Hubs

Community Service Hubs (CSHs) bring a multitude of services under one roof within a community.¹ They are recognized for their social and economic benefit while also improving the efficiency and effectiveness of local services. Each hub is as unique as the community in which it serves.² Hubs have emerged as innovative approaches to integrate responses to domestic violence in recent years.

As hubs can take a range of forms, target various issues or populations, and have differing aims, it would be essential for the YW to ensure such an approach is embedded in the Canmore local community, focuses on engagement and participation, and works to streamline services and accessibility.

Housing Continuum

The literature was reviewed on various housing models, their effectiveness and challenges in supporting women to set the stage for discussion on a proposed vision for the Canmore initiative.

There is no one housing model more suitable for women who may be experiencing violence over another. Each has its own benefits and drawbacks involving a range of factors. Generally speaking, housing generated from the homelessness sector tends to overlook safety needs and has been critiqued as lacking in trauma-informed practices.

¹ Community Hubs Ontario. 2017. Process Review: Community Hub Model. Retrieved from <http://www.ryde.nsw.gov.au/files/assets/public/community/community-hubs/community-hubs-model-the-seven-stages-of-creating-community-hubs.pdf>

² Ontario Government. 2015. Community Hubs in Ontario: A Strategic Framework & Action Plan. Retrieved from <https://dr6j45jk9xcmk.cloudfront.net/documents/4815/community-hubs-a-strategic-framework-and-action.pdf>

As such, there is a need for multiple housing options to reflect individual needs and circumstances.^{3, 4, 5, 6} Some may desire communal living due to its sense of community and level of safety, while others may prefer apartment-style, scattered sites where family can visit and stay without restriction.

Multiple housing options support those experiencing violence staying in their own home and receiving outreach supports, flexible funding to help stabilize and set up for long-term stability, and involve work with landlords, tenant mediation, and other types of eviction prevention initiatives aligned with Housing First which considers housing as a human right.⁷ This range of housing approaches is also consistent with findings from a YWCA Bow Valley needs assessment.⁸

Domestic Violence Shelters

Domestic violence shelters and associated housing (second stage, transitional housing), in contrast -while safe with a strong crisis foundation - have been critiqued for lacking in privacy and independence, enforcing extensive rules, and moving women through several housing stages.

Women's shelters provide needed safety for a subset of women experiencing domestic violence. A review of the literature determined a standard range of practices provided by women's shelters in Canada and suggests a revisioning of shelters within a broader approach to violence.

The Shelter 2.0 framework proposes a gender-inclusive programming and housing as appropriate as part of a system planning approach to violence. This calls for additional focus on prevention, long term supports and housing and enhanced integration with public systems, including health, child intervention and justice.

³ Kirkby & Mettler. (2016). Women first: An analysis of a trauma-informed, women-centred, harm reduction housing model for women with complex substance use and mental health issues. In Nichols, N., & Doberstein, C.,(Eds.). Exploring effective systems responses to homelessness. Homeless Hub.

⁴ Kirkby & Mettler. (2016). Women first: An analysis of a trauma-informed, women-centred, harm reduction housing model for women with complex substance use and mental health issues. In Nichols, N., & Doberstein, C.,(Eds.). Exploring effective systems responses to homelessness. Homeless Hub.

⁵ Van BerKum & Audshoorn (2015). Best Practice Guideline for Ending Women's Girl's Homelessness. Retrieved from <http://homelesshub.ca/resource/best-practice-guideline-ending-women's-and-girl's-homelessness>

⁶ Sullivan, C. M., & Olsen, L. (2016). Common ground, complementary approaches: Adapting the housing first model for domestic violence survivors. Housing and Society, 43(3), 182

⁷ Sullivan, C. M., & Olsen, L. (2016). Common ground, complementary approaches: Adapting the housing first model for domestic violence survivors. Housing and Society, 43(3), 182.

⁸ Hoffart. 2016. Finding the Higher Ground. YWCA Bow Valley

Implications of the Bow Valley Context

The review considered various local dynamics that make the Bow Valley region unique as YWCA Banff services support residents in an area that stretches from Kananaskis Village to Lake Louise and includes the towns of Banff and Canmore, as well as the Municipal District of Bighorn #8. The proposed project will meet the needs of residents in those areas and possibly other neighboring communities, including Cochrane, Cremona, Didsbury, Olds, Sundre, Water Valley, Rocky Mountain House, Red Deer, Calgary, Strathmore, Lethbridge and High River.

The Bow Valley is home to approximately 25,219 permanent residents. With an additional 4,683 non-permanent residents, the population increases to almost 30,000 people; this is even higher (app. 50,000) if other surrounding towns are included. As a resort area that welcomes a significant number of visitors, additional considerations emerge.

The implications of the Bow Valley context impact the future development of the YWCA's Higher Ground project in several key ways:

1. **Dispersed and growing population base.** The catchment area of the Bow Valley is evidently large, with pockets of population density in Canmore and Banff. This points to the need to have a targeted approach to the development in the likeliest site to see high traffic and demand, which is Canmore. Canmore is not facing the same restrictions to development as Banff and will likely see a higher long-term population growth. If carefully considered, the Higher Ground approach should enable Canmore to become a regional service hub with reach throughout the Bow Valley. This will mean that the development need to account for multiple population needs not just from Canmore, but surrounding areas as well.
2. **Diversity is increasingly emerging in the target group.** More than a tourism hub, the Bow Valley's growth has surfaced new demands of services. The increasing reliance on newcomers for the tourism industry means that services will need to account for diversity of culture and language. The growth has also meant that families are seeking supports, not just singles and couples. This impacts domestic violence and affordable housing program models further. The aging population will mean that accounting for the needs of older adults, including their accessibility needs, will be essential.
3. **Extreme housing affordability challenges will likely continue.** Given the relative lack of progress meeting the estimated gaps in affordable housing suggest these challenges will persist. The National Housing Strategy presents an essential opportunity for the Bow Valley region to address these longstanding gaps. However, the Higher Ground project will not be able to resolve all core housing need. It will be important for the YWCA to manage expectations that the project is able to stem homelessness or resolve the severe shortage of housing in the area. It will also have to develop a consistent and transparent

manner in which to triage target client groups into the project, which also accounts for the applicant's source community in the Bow Valley to ensure equity.

4. **Domestic violence seems to be on the rise in the region.** As the caseloads in Canmore suggest, there seems to be an overall upward trend in domestic abuse. To this end, the need for a full range on shelter, intervention, and prevention services will become an increasingly pressing issue. Again, the YWCA will have to manage expectations and ensure its operations are able to meet demand from a broad catchment area when it comes to DV services. In particular, it will have to consider the regional transportation mechanisms that enable those seeking supports to access emergency shelter in their Banff and Canmore locations; secondly, the use of technology in bringing services to clients in novel ways will need to be considered particularly in the prevention service realm.
5. **Indigenous cultural competency is essential.** While the percent of Indigenous people in the general Bow Valley population is relatively low, the overrepresentation of this group among service seekers is well known. The Higher Ground project will need to work in close partnership particularly with the Stoney Nakoda First Nation reserve to ensure services meet the needs of off reserve populations in the area.

Proposed Model

Based on the considerations above, the recommended model proposed is in alignment with the Shelter 2.0 framework, particularly the integration of a gender-inclusive and prevention approach to violence.

A compelling vision for the Canmore approach is the potential to merge violence prevention and shelter work with that of social innovation. Adding an innovation component can set the model apart and ensure operations are sustainable using a revenue model that is not grant-dependent.

A Community Service Hub to Prevent Violence and Foster Social Innovation. We propose the creation of a Community Service Hub with a focus on violence prevention leveraging diverse services in one accessible location with a social innovation lens. This would ensure the space was seen as a community asset for everyone, normalizing conversations to challenge violence across demographics.

Here, Indigenous community partnerships would ensure onsite cultural supports and ceremony were infused from the start. Government service provision through the Hub could be considered to bring services to Canmore that did not exist, or to leverage shared infrastructure for enhanced impact. Additional outreach provision of services from Calgary-based non-profits or government offices can leverage the space as well.

It would be essential to include a social innovation space within the Hub; this would bring in social enterprises, private and non-profit start-ups or established businesses. These would enhance the community development aspect of the Hub and foster creative approaches to violence prevention among unusual stakeholders.

Ensuring a smart building that is fully digitized can bring technology to bear in the delivery of supports, particularly for a regionalized span of the service in the Bow Valley. By appealing to social innovators, the Hub can contribute to the vibrancy of Canmore and bring creative thinkers into the space. Alternative economic development funding sources can be leveraged as well, particularly if there was a co-working component embedded to support incubation and acceleration of social innovation.

The approach would allow for operations to be cost-recovered through rental of office space, coworking hot desks, and venue rentals. Additional revenues could be gained by collocating private sector enterprise that adds value to the Hub operation, such as a daycare, recreation, or grocery store. In the model, the operations of the Hub would be sustainable from these sources. The business model should ensure sustainable revenues are in place from the space long term and bring value to users.

Affordable Housing Leveraging the Community Service Hub. The addition of affordable housing can be built onto the community service hub space, which could be located on the main floor of the site. Pending zoning, the size of the complex would need to be tailored accordingly.

The YW has significant experience operating hotels and housing, and as such could dedicate some space to hotel operations to offset long-term rental subsidies for low-income tenants. It may be appropriate to dedicate a number of units (10-30%) to market rental to this effect as well. This would enhance the diversity of tenants in the building and bring in revenues.

Capital funding for the housing portion should be sought via the CMHC National Housing Strategy Co-Investment Fund with complementary donations from philanthropic sources. This can be used to some extent to cover some of the Hub land and construction costs though will likely require additional infrastructure grants, fundraising, and conversional financing.

A Standalone Violence Shelter with a Focus on Safety. Finally, a small-scale violence shelter (10-15 bed capacity) should be developed offsite from the Community Service Hub. This would ensure security and privacy for clients. Capacity and space configuration should ensure the shelter is open to all genders fleeing violence. Onsite supports will be essential to ensure an appropriate level of service is provided.

Beyond immediate safety, the shelter staff should work with the broader system of care and the service hub to support transitions into stable and supported housing in the community leveraging Housing First, outreach, and rent supports.

Funding from the provincial government's Ministry of Community & Social Services should be sought to support operations. Capital costs could be secured from CMHC and Alberta Seniors & Housing.

Next Steps

Next steps are to refine the preferred direction with YW staff and probe community partners for the specific elements to be included in each aspect of the model. These discussions are set to occur in September 2018.

THE BOW VALLEY CONTEXT

YWCA Banff services support residents in the Bow Valley, which stretches from Kananaskis Village to Lake Louise and includes the towns of Banff and Canmore, as well as the Municipal District of Bighorn #8. The proposed project will meet the needs of residents in those areas and possibly other neighboring communities, including Cochrane, Cremona, Didsbury, Olds, Sundre, Water Valley, Rocky Mountain House, Red Deer, Calgary, Strathmore, Lethbridge and High River.

Population Trends and Issues in the Bow Valley

The Bow Valley is home to approximately 25,219 permanent residents. With an additional 4,683 non-permanent residents, the population increases to almost 30,000 people; this is even higher (app. 50,000) if other surrounding towns are included.

Location	Permanent population	Non-Permanent population
Town of Banff ⁹	8,865	793
Town of Canmore ¹⁰	13,992	3,890
Municipal District of Bighorn #8 ¹¹	1,334	n/a
Village of Lake Louise ¹²	1,028	n/a
Total	25,219	4,683

The Bow Valley is also a resort area that welcomes a significant number of visitors, particularly during high peak seasons. For example, in the 2016/2017 fiscal year there were 4,059,503 visitors to Banff National Park.¹³

Canmore

Canmore has been experiencing rising growth in population since 2011. Between 2011 and 2016, the permanent resident population has steady increased 13.9% and is anticipated to continue in this vein.¹⁴ The graph below illustrates this pattern:

⁹ Town of Banff. (2018). 2017 Municipal census. Retrieved from <http://www.banff.ca/DocumentCenter/View/5117>

¹⁰ Town of Canmore (2016). Census. Retrieved from <https://canmore.ca/town-hall/community-statistics/census>

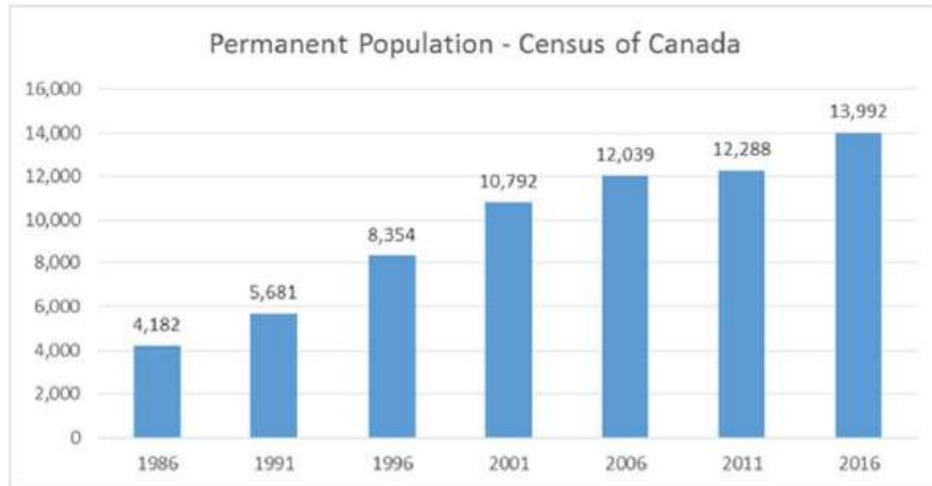
¹¹ Alberta Government (2018). 2017 Municipal Affairs population list

¹² Statistics Canada. (2018) 2016 Census. Retrieved from [https://www12.statcan.gc.ca/census-recensement/2016/dp-](https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/Page.cfm?Lang=E&Geo1=CSD&Code1=4815032&Geo2=PR&Code2=48&Data=Count&SearchText=Lake%20Louise&SearchType=Begin&SearchPR=01&B1=All)

[pd/prof/details/Page.cfm?Lang=E&Geo1=CSD&Code1=4815032&Geo2=PR&Code2=48&Data=Count&SearchText=Lake%20Louise&SearchType=Begin&SearchPR=01&B1=All](https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/Page.cfm?Lang=E&Geo1=CSD&Code1=4815032&Geo2=PR&Code2=48&Data=Count&SearchText=Lake%20Louise&SearchType=Begin&SearchPR=01&B1=All)

¹³ Parks Canada. (2018). Parks Canada Attendance. Retrieved from <https://www.pc.gc.ca/en/docs/pc/attend/table3>

¹⁴ Biosphere Institute of the Bow Valley. (2017). Canmore community monitoring program 2016 final report.



Credit: Biosphere

Other population trends in Canmore include increases in the number of children under 14 years of age and adults over 55. Despite some increases in the number of children, the broader trends suggest an overall shift towards an older demographic.¹⁵ In addition to this, since 2001, there has been a steady increase in number of immigrants¹⁶ and number of non-native English speakers.¹⁷

Banff

The population trends in Banff are somewhat different than Canmore largely due to Banff being in a national park and a tourist destination. As a national park, long-term population growth is capped at 8,000 permanent residents by Parks Canada.¹⁸ However as is evident in population statistics listed above, Banff is over this threshold and continues to grow. Unless population is managed, it is anticipated that by 2022 Banff will exceed over 11,000 residents.¹⁹

Anyone who lives in Banff National Park (this includes the town of Banff and village of Lake Louise) is subject to Eligible Residency Requirements, which restrict occupancy to eligible residents as defined in National Park Regulations²⁰. Essentially, this is a 'need to reside' requirement, which restricts ownership or renting of property to those who are living and working full-time in the area, sometimes creating a situation where people cannot obtain a place to live without work or find work without a place to live adding to the complex housing

¹⁵ Ibid.

¹⁶ Statistics Canada (2017). Immigration and ethno cultural diversity. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hlt-fst/imm/Table.cfm?Lang=E&T=12&Geo=00>

¹⁷ Biosphere Institute of the Bow Valley. (2017). Canmore community monitoring program 2016 final report.

¹⁸ Town of Banff. (2014). Housing Strategy.

¹⁹ Ellis, C. (2013). Banff's population set to exceed cap set by Parks Canada. Calgary Herald. Retrieved from <http://www.calgaryherald.com/news/alberta/Banff+population+exceed+Parks+Canada/8769629/story.htm>

²⁰ Parks Canada (2017). Banff National Park. Retrieved from <https://www.pc.gc.ca/en/pn-np/ab/banff/info/permis-permit/resident-residency>

situation Banff currently faces.

Unlike Canmore, Banff's population tends to be younger. With the largest demographic being the 20 to 29 year old age group, representing 30% of the local population.²¹ This is in part attributed to the service worker population in the area, which tends to be younger. The preponderance of the younger population in the area, combined with the resort designation contributes to higher prevalence of issues such as sexual assault, transiency etc., particularly in Banff and Lake Louise.

Another trend related to the tourist industry that affects Banff is the influx of temporary foreign workers under the Temporary Foreign Workers Program. For example, newcomer population in Banff has grown by 16% between 2006 and 2011 – which includes a large number of newcomers from Philippines.²² Many are arriving with children and require settlement and housing adding to an already strained housing system.

Finally, the Indigenous population in Banff is comparatively low to that of other cities in the province (at about 3%), with most of the Indigenous population in the area living on the neighbouring Stoney Nakoda First Nation reserve.²³

Municipal District of Big Horn

With a relatively small population, specific data on this area is not easily available. There is a mix of residential and agricultural living with approximately 797 private dwellings.²⁴ Based on data from 2016, there is a 4.1% Indigenous population and a 7.3% visible minority population.²⁵

The small population of just over 1,300 people is spread out over close to 3,000 square km²⁶ raising issues of transportation, service access and isolation common in remote areas.

Housing Trends and Issues in the Bow Valley

Canmore

Housing is one of the most critical issues facing the Canmore community at this point in time. Due to substantial population growth and development, Canmore has become unaffordable with some of the highest housing costs in the province.²⁷ In addition to hard data that will be

²¹ Town of Banff. (2014). Banff Community Social Assessment.

²² Ibid.

²³ Ibid.

²⁴ Municipal District of Bighorn. (2011). Census Data. Retrieved from <https://mdbighorn.ca/162/Census-Data>

²⁵ Alberta Government. (n.d.) Alberta Regional Dashboard: Bighorn No. 8. Retrieved from <https://regionaldashboard.alberta.ca/region/bighorn-no-8/#/>

²⁶ Ibid.

²⁷ CCHC (2015). Strategic Plan 2016-2018

presented below, community engagement processes have revealed that Canmore residents are also concerned about housing affordability and high costs of living in the area.²⁸ Indeed, the need and support for more affordable housing has high community support.²⁹ As such, increased housing options are one of the six strategic priorities for the Town of Canmore's 2019-2022 strategic plan³⁰ and increased supply of affordable housing options a key goal for the Canmore Community Housing Corporation.³¹

The cost of living in Canmore is high. Living wage in Canmore is calculated at \$17.16 for a single adult and \$25.28 for each parent in a family with two parents and two children,³² up \$1.88 from the previous year. By comparison, Calgary's living wage is \$18.15 and Edmonton's is \$16.31.³³ Within the Canmore living wage analysis, shelter costs were found to be the largest component of annual expenses followed by childcare and food. The cost of food is estimated to be about 5% higher than that of the provincial average.³⁴

The Canadian Mortgage and Housing Corporation (CMHC) considers housing to be affordable when the cost of housing does not exceed 30% of a household's income. If the housing costs more than this amount or if it falls below at least one of the adequacy, affordability or suitability standards, it is considered to be in core housing need.³⁵ Based on the 2016 census Canmore's core housing need is at 7% (up from 6.7 % in 2011) representing 390 households in the town.³⁶ Canmore's livability report states that some are paying as much as 60% of household median income on shelter.³⁷

This same report has detailed an affordability gap in the town; one which affects many household types and incomes including those at the median income level. As is evident from the two tables below there is a large price gap for renting as well as owning a home compared to income.

²⁸ Biosphere Institute of the Bow Valley. (2017). Canmore community monitoring program 2016 final report

²⁹ Town of Canmore (2016). What we heard: Engagement summary report.

³⁰ Town of Canmore. (2018). Strategic Plan 2019-2022

³¹ CCHC (2015). Strategic Plan 2016-2018

³² Town of Canmore. (2017). 2017 Living Wage.

³³ Living Wage Canada. Retrieved from <http://livingwagecanada.ca/index.php/living-wage-communities/alberta/>

³⁴ Van Dyk. (2018). In Canmore cost of food, living wage higher than in rest of province. Retrieved from <http://livingwagecanada.ca/index.php/living-wage-communities/alberta/>

³⁵ Statistics Canada. (2017) Core housing need. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/households-menage037-eng.cfm>

³⁶ Statistics Canada. (2017). Core housing need, 2016 Census. Table: Census metropolitan areas and census agglomerations. Retrieved from <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/chn-biml/index-eng.cfm>

³⁷ Town of Canmore. (n.d.). Livable Canmore: Quality housing in great neighbourhoods for all.

Canmore Rental Gap

Household Type	# of Households	Median Income	Affordable Monthly Housing Costs	Actual Monthly Housing Costs	Monthly Affordability Gap by % of Median Income		# of Bedrooms
					100%	80%	
Single Adult	2,460	\$38,180	\$955	\$1,191	-\$237	-\$427	1
Lone Parent (one child)	360	\$52,550	\$1,314	\$1,859	-\$545	-\$808	2
Couple Family (2 children)	3,360	\$104,340	\$2,069	\$2,414	\$195	-\$327	3

Source: Livable Canmore

Canmore Ownership Gap

Household Type	# of Households	Median Income (2014)	Affordable Purchase Price	Median Resale (2014)		Purchase Gap
Single Adult	2,460	\$38,180	\$120,000	\$382,000	(Apt)	-\$262,000
Lone Parent (one child)	360	\$52,550	\$220,000	\$382,000	(Apt)	-\$162,000
Couple Family (2 children)	3,360	\$104,340	\$500,000	\$590,000	(Duplex Townhouse)	-\$90,000
Couple Family (2 children)	3,360	\$104,340	\$500,000	\$840,000	(Single Family)	-\$340,000

Source: Livable Canmore

What's more, other research indicates that over a 5 year period from 2011-2016, rental prices have increased significantly: a total of 41.2% increase for 1 bedroom units and 40.3% for 2 bedrooms.³⁸ Compounding this, rental vacancy rates have drastically declined from 123 available units per month in 2011 to 78 in 2016, a decrease of 36.7% while housing prices has also increased over the same time period by 14.6%.³⁹ Canmore's Comprehensive Housing Action Plan (2011) estimates that 1,000 affordable housing units are needed over the next 10 years. As of 2010, only 145 units were counted in the pipeline.⁴⁰

³⁸ Biosphere Institute of the Bow Valley. (2017). Canmore community monitoring program 2016 final report

³⁹ Ibid.

⁴⁰ Town of Canmore. (2011). Comprehensive housing action plan 2011.

Banff

The town of Banff faces similar housing shortages like that of Canmore. Studies indicate that there is shortage of rental housing and affordable housing to purchase and if nothing is done to remedy this situation, the town is anticipated to have a shortfall of 455 to 730 units by 2022.⁴¹ Banff has since established a community housing strategy that seeks to mitigate this situation. Several actions and strategies are planned that include increased rental options, landlord and tenant education, new housing designs to meet changing needs and a regulatory and policy framework.⁴²

Housing in Banff is costly like that of Canmore. Banff was found to be on the highest end of rental ranges in the province for 2 bedroom and 4 bedroom units.⁴³ Local studies have determined that based on housing prices, only 1 in 4 households can afford a median-priced apartment and 1 in 10 a median-priced townhouse, duplex or single-family home.⁴⁴ And further, that as many as 60% of Banff's renters face affordability challenges including single parents, seniors, young adults and low-income families.⁴⁵ Banff's housing has been rated as "severely unaffordable" by recent studies using international calculations.⁴⁶

Adding to this is an extremely low vacancy rate. Since 2007, Banff has maintained a rate ranging minimally from zero to 3%. As of 2016, Banff has a zero percent vacancy rate.⁴⁷ A large contributing factor to this situation is Banff's dependency on seasonal workers to support the tourist industry. This population rents and as such has driven the number of renters up over half of all local residents at 54% compared to 26% across the province.⁴⁸ Another factor is the increase in families coming to the area. People new to Canada and Temporary Foreign workers are arriving with children and families. The current staffing housing system in Banff is predominately set up to accommodate single adults resulting in a critical housing situation for families.⁴⁹

Domestic Violence Community Information

⁴¹ Banff Housing Corporation. (2012). Banff housing needs study: Executive summary. Retrieved from <https://www.banff.ca/DocumentCenter/View/1359>

⁴² Town of Banff. (2016). A place to call home: Banff's community housing strategy.

⁴³ Alberta Government. (2017). 2016 Apartment vacancy and rental cost survey.

⁴⁴ Banff Housing Corporation. (2012). Banff housing needs study: Executive summary. Retrieved from <https://www.banff.ca/DocumentCenter/View/1359>

⁴⁵ Ibid.

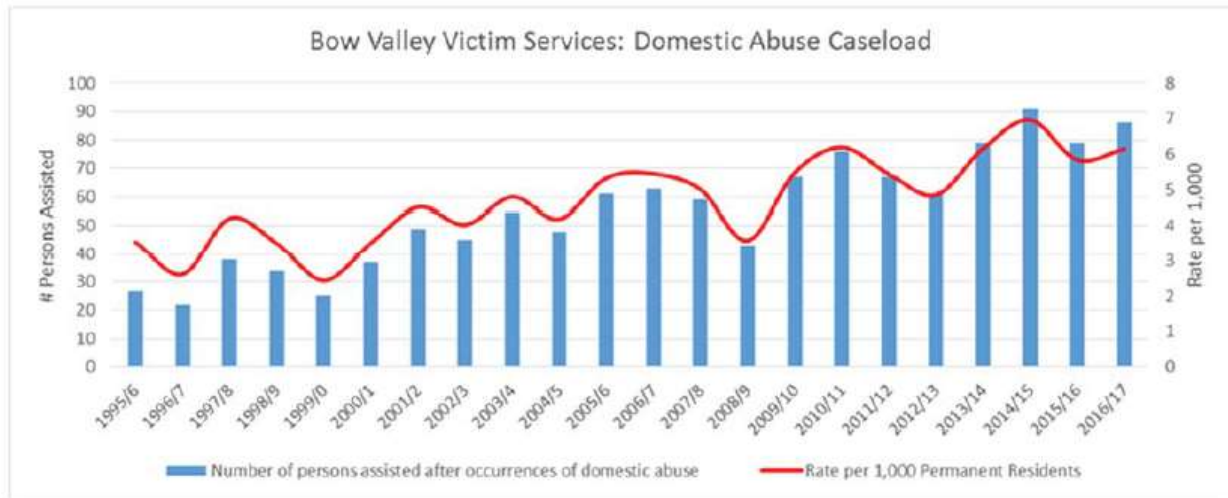
⁴⁶ Town of Banff. (2014). Economic prosperity strategy.

⁴⁷ Alberta Government. (2017). 2016 Apartment vacancy and rental cost survey.

⁴⁸ Banff Housing Corporation. (2012). Banff housing needs study: Executive summary. Retrieved from <https://www.banff.ca/DocumentCenter/View/1359>

⁴⁹ Ibid

Just like all cities and town across the country, domestic and sexual violence occurs in the Bow Valley. Data on domestic violence is only available for Canmore however. The Bow Valley Victim Services Association (BVVSA) records data on harassment, intimidation, and intimate partner violence reported to the Canmore RCMP. Between 2011 and 2016, assistance from the BVVSA for domestic violence situations increased 28.4%.⁵⁰ The graph below illustrates the steady increase over the last 2 decades.

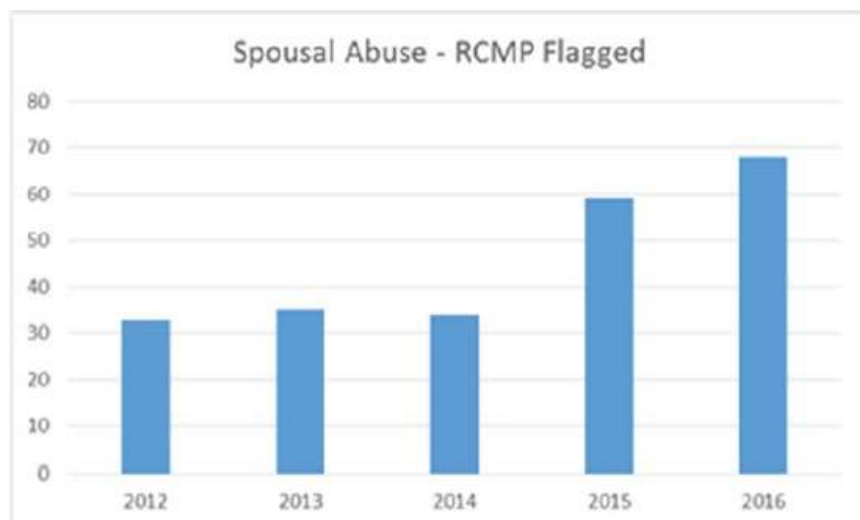


Source: Biosphere

Domestic violence situations are the most frequent type of request of BVVSA representing 30-40% of all files. The RCMP also track incidents of domestic violence in Canmore and likewise demonstrating increasing rates. The number of incidents has more than doubled since 2012 as can be seen below.⁵¹

⁵⁰ Biosphere Institute of the Bow Valley. (2017). Canmore community monitoring program 2016 final report

⁵¹ Ibid.



Source: Biosphere

Related Services in the Area⁵²

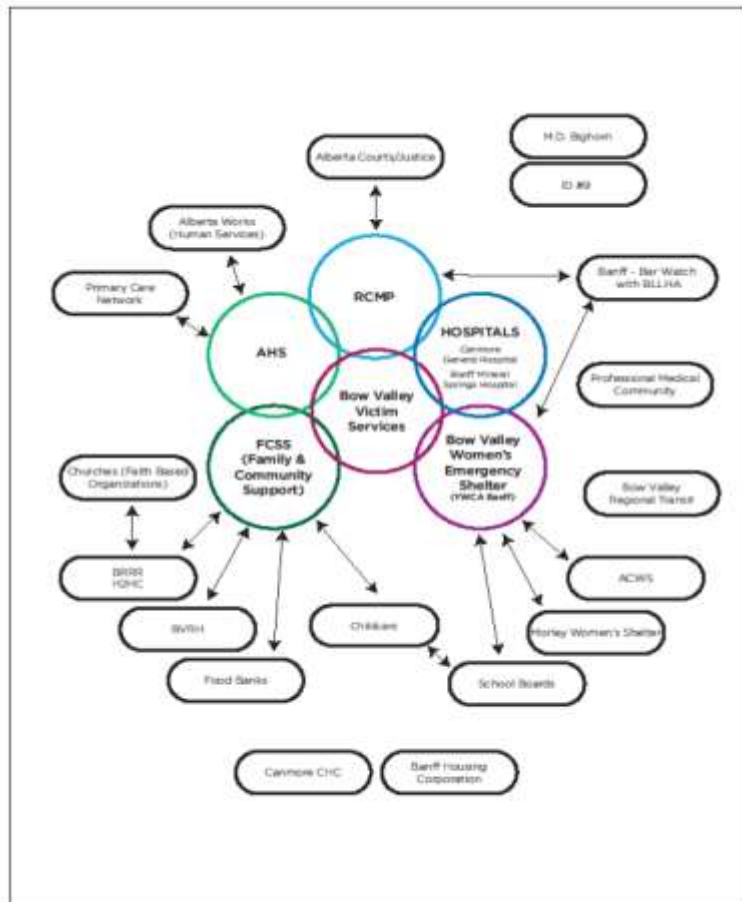
This section describes services that are currently delivered in the Bow Valley that are most relevant to supporting women and children fleeing domestic abuse.

The services map below developed by Hoffart (2016) visually illustrates the different services and the interactions that exist in the Bow Valley service providing community, specifically from the perspective of supporting women and children experiencing domestic violence (definitions for the abbreviations are provided in Attachment A). As can be seen from the map, there are a number of services that work closely together, establishing connections among different providers, and supporting wrap-around service delivery.

Bow Valley Community Services Map⁵³

⁵² This section is from the following report: Hoffart, I. (2016). Find the higher ground. Report submitted to the YWCA Banff.

⁵³ Hoffart, I. (2016). Find the higher ground. Report submitted to the YWCA Banff.



Bow Valley Victims Services (BVVSA), RCMP, Alberta Health Services, hospitals, FCSS and the Bow Valley Women’s Emergency Shelter are the key service providers in responding to the issue of domestic violence, with BVVSA, in particular, playing a key role in the community, connecting those core service providers together.

There are also multiple other organizations that do not appear to be connected in the same way as the core service providing group. Some examples here include the Primary Care Network, Alberta Works, Churches, Housing Corporations, Bow Valley Transit, professional medical community as well as Alberta Courts and Justice services. These organizations are linked to one or two other service providers, and do not appear to be as well integrated as the core group described above.

Domestic Violence Services and Supports

The **Bow Valley Women’s Emergency Shelter (BVWES)**, operated by YWCA Banff, has one room with two beds and can house a family or as many 2 individuals for a period of up to three weeks.

On occasion, in an overflow situation, the YWCA has been able to secure up to three additional rooms to provide a safe space for women and children. YWCA Banff also provides support and counseling services for individuals who are experiencing or have experienced emotional, physical or sexualized or other types of abuse in a domestic violence situation or individuals who have experienced sexual assault. YWCA also provides counseling for individuals and couples who are looking to build healthy relationships.

Bow Valley Victim Services Association (BVVSA) is located at the Banff RCMP office and provides support, assistance and information to victims of crime and trauma in the Bow Valley. In Canmore, the BVVSA uses office space at the Alberta Health Services Addiction Services' office. BVVSA also had an agreement with the Canmore Rotary House that allowed it, until recently, to use a two-bedroom unit in Canmore as emergency accommodation for victims of crime or trauma.

Other than BVVSA and YWCA Banff there are no other services that specifically support families experiencing domestic violence. One exception are the groups for domestic violence offenders delivered by YWCA Calgary in Cochrane.

When the facilities in Bow Valley are unable to meet the demand, the women and children fleeing domestic violence may access a local motel or hotel or shelters and services in Calgary, Strathmore, High River, Rocky Mountain House, Red Deer or Lethbridge that are located at least 2 hours away, if there is availability, which is rare.

Affordable and Transitional Housing

Banff

Town of Banff Housing Strategy⁴ describes an undersupply of affordable rental housing and that the shortage of affordable and appropriate rental housing appears to be the town's most pressing need. The study predicted that Banff would have a shortfall of between 455 and 730 units by 2022 if the current trend in population growth continues. Main options for transitional and affordable housing in the area include the following:

- **Banff International Hostel** provides short-term and transitional accommodation through dorm rooms, 4 to 8 bed private rooms and single bed rooms. There are also two additional commercial hostels in Banff.
- **YWCA Banff Residence** provides permanent affordable accommodation with 120 residents living onsite year-round.
- The **Banff YWCA hotel** provides temporary short-term accommodation.
- Due to the shortage of land and housing in Banff, most employers provide some type of employee housing. Typically this also means that if someone quits or is fired from a job,

they lose their housing.

Canmore

The 2007-2010 inventory in the Canmore Housing Action Plans⁵⁴ counted a total of 145 affordable housing units in Canmore – considered insufficient to address the growing need in that town. The plan speaks to the need for the development of “Perpetually Affordable Housing” including an inventory of developable lands, developing partnerships and alternate construction methods. The plan also addresses opportunities for provision of “social housing”, primarily focusing on exploration of possibilities and resources.

The former Canmore hostel (**The Hostel Bear**) is currently closed. The only hostel spaces available at time of writing are through the Alpine Club which can sleep up to 31 people in seven separate rooms.

Other Options

- **Bow Valley Regional Housing** provides affordable housing in the Bow Valley area that is based on income.
- All housing in Lake Louise is staff accommodation, with the exception of a small Co-op Housing program that has approximately 20 units.

Related Services and Supports⁵⁴

Banff

- **Town of Banff Family and Community Support Services** (FCSS) provide information and referrals, Family School Liaison, Community Development and programs for 18 to 30 year olds (e.g., BanffLIFE, Court Support Program);
- **Banff Urgent Mental Health** at the Banff hospital and Banff outpatient Addiction and Mental Health Services help address mental health and addiction needs;
- **Childcare** is provided at the Banff Childcare Centre, Banff Out of School Club operated by the Town of Banff; and Banff Preschool.
- Limited and short-term financial supports are provided for those who qualify through **Alberta Works** and the “BRRR” fund administered by the **Banff Homelessness to Housing Coalition**; additional financial supports are also available through Town of Banff Affordability Programs (e.g., subsidized transit pass, recreation programs); and,
- **Banff Food Bank** is open one day per week and closed through the summer.

⁵⁴ Town of Banff, Town of Canmore (n.d.). Bow Valley Community Resource Directory

Canmore

- **Town of Canmore FCSS** provides services for children and families (e.g., counseling, Parenting after Separation and Parent Conversation), general services (e.g., information and referral, counseling), and settlement services;
- **Alberta Health Services, Canmore Area Office** provides individual, group, and family counseling for the general public, individuals and families; mental health services are also provided via a 7-day/week walk-in and urgent mental health program operating out of the Canmore Hospital;
- **Financial supports** are provided through a varied array of provincial and national programs which are available to qualifying individuals, usually including social assistance payments; and,
- **Childcare** is provided by the Canmore Community Daycare and Mountain Munchkins Daycare; there is also a preschool and five licensed day homes.

Services Available Across the Bow Valley

- **Town of Banff FCSS Settlement Services** in partnership with the Town of Canmore help address settlement needs of the newcomers to Bow Valley; Bow Valley Immigration Partnership has developed a strategy focusing on Organizational Strength, Education and Learning, Employment, Social Integration, Civic and Political Participation and Housing;
- **Bow Valley Food Bank** provides emergency food assistance to individuals and families experiencing a financial crisis in Canmore, Exshaw, Seebe, Dead Man's Flats, Lac Des Arcs, Harvie Heights and Kananaskis;
- **Bow Valley Parent Link** provides services for families with children 0 to 6, including weekly drop-ins in Canmore, Banff and Exshaw, and including family support and counseling, as well as relationship counseling. There are also many other services for children in the area, including both pre-school and school-age supports; and,
- There are a number of churches in the area of many different denominations that provide an important contribution to the services and supports for families in the Bow Valley.

Other Areas

- Outside of some services for seniors with transportation or paperwork needs, MD of Bighorn has no formal services and the residents are directed to access services in Canmore or Cochrane;
- Local support in Lake Louise is provided through Lake Louise Medical Clinic. For any other supports the residents usually access services in Banff;
- The ski hills provide childcare on a seasonal basis; and,

- The **Stoney Nakoda First Nation reserve** also has a 20-bed shelter.

Community Committees

YWCA Banff has now engaged in a consulting process with the local community members representing public, not-for-profit and private sectors. The intention is to build on the good work that has already been done in the community and YWCA will seek to leverage existing community initiatives and committees in this effort. Key community committees and initiatives in the area include:

- **Homeless to Housing Coalition (H2HC)** is a group of local agencies and organizations that addresses emergency housing issues in Banff with members including the Full Gospel Church, Banff Park Church, Town of Banff FCSS, Alberta Health Services, The Job Resource Centre and YWCA Banff;
- **Banff Housing Corporation (BHC)** assists Banff residents obtain home ownership in the Town of Banff;
- **Community Collaboration Network** is comprised of representation from YWCA Banff, Whyte Museum, Mineral Springs Hospital, Banff Community Foundation and Canmore Arts Place. This is an informal group that meets to address collective issues facing community social profit organizations;
- **Banff Lake Louise Hospitality Association (BLLHA)**: along with monthly meetings of the senior Hospitality leaders in the Banff, the BLLHA has a Human Resource Committee that meets regularly to discuss issues in the Bow Valley. Partners include BanffLife, Banff Heritage Tourism, Bow Valley Immigration Partnership, Settlement Services, Temporary Foreign Workers, Job Resource Centre, YWCA Banff;
- The **Association of Mountain Parks Protection & Enjoyment (AMPPE)** advocates for balance between sustainable tourism, protection of ecological integrity and positive visitor experience in our mountain parks. AMPPE members include park users such as skiers, cyclists and hikers, municipalities, tour operators, restaurants, accommodation providers, retailers and business firms; and,
- An **Interagency Group** is organized by Town of Canmore FCSS and Town of Banff FCSS departments. It meets once a month and sends out a weekly email newsletter. The group membership includes most of the agencies in the Bow Valley. The main purpose of the Group is to share information and this is accomplished by individual agency updates or by bringing in speakers to present on various topics of interest to the members.

Services Summary

The availability of services specifically related to addressing the issue of domestic violence is limited to the YWCA Banff and BVVSA, with the YWCA Banff being the only service provider with mandate specifically focusing on domestic violence.

The shelter space is in demand, as there are only two units plus several hostels supporting all of the Bow Valley. There are no facilities in the area with restricted access and other security features that help ensure the safety of women and children. Overall shortage of affordable housing in the area creates additional challenges for women who choose to leave their partners and speaks to the need for secure transitional or second-stage housing facility in the area. Other service sectors that may be lacking or where barriers or access issues are present include childcare and financial supports. As shown in the system map, there are also a number of services and supports that are not as well integrated into the service providing community as the core group of service providers.

On the other hand, there are several service providers in Banff and Canmore that work closely together and have a well-developed network of services and supports, primarily anchored in their respective FCSS offices and with BVVSA playing a key role in the community, bringing core service providers together in addressing the issue of domestic violence. The community also works well together through a network of community committees and initiatives. The access to mental health and addiction supports also appears to be good, better, in fact than similar size catchment areas elsewhere in Alberta.

Canmore recently released a community social development plan entitled Tools for the Future⁵⁵. One of the four priorities is to align services in a way that reduces barriers to access, links individual outcomes to program and municipal outcomes and to identify the impact of initiatives on community livability. This presents a ripe context for the YWCA BV to discuss a community hub as a key model. What's more, the plan aims to build social capital and diversity; other critical impacts of a community hub.

Banff's strategic 2014-2018 strategic plan⁵⁶ includes several key actions that align with the vision of the YWCA Bow Valley community hub. These are:

- Improve the quality, quantity and access to social programs, recreation, education and cultural facilities
- Increase access to programs for low-income individuals and families
- Collaborate with partners to maximize resources and infrastructure available for community use

⁵⁵ Town of Canmore. (2017). Tools for the future.

⁵⁶ Town of Banff (2014). Council Four-year strategic priorities summary.

PROGRAM MODEL 1: COMMUNITY SERVICE HUBS

Community Service Hubs (CSHs) are innovative program models that bring a multitude of services under one roof within a community.⁵⁷ They are recognized for their social and economic benefit while also improving the efficiency and effectiveness of local services. There is no one model of a CSH as each is as unique as the community in which it serves. It is a placed-based initiative meaning that local needs, available services, and resources inform how the CSH will take shape.⁵⁸

CSHs can take many physical forms, depending on the needs and availability of structures in the community. Schools, libraries, community centres, old government buildings, and warehouses have all been utilized and converted into hubs.⁵⁹ Yet, despite the wide range of physical structures and the variation in service provision, hubs have several shared aims.

First, they strive to build community capacity and improve community well-being as they are often located in areas that are in need of revitalization, have high levels of poverty or other associated risks.⁶⁰ In this way, hubs can also facilitate the reduction of risk factors and poor health outcomes (thereby increasing protective factors) for at-risk communities as they bring needed services to the neighbourhood and increase access.⁶¹ Indeed, increased service access is one of the chief goals of such structures. By bringing services to the community, hubs can also facilitate early intervention and prevention work.⁶² Another common aim of hubs is to reduce service duplication.⁶³ By locating needed services in a community under one roof, agencies that are providing the same programming can be aligned and costs can be saved. A final aim of

⁵⁷ Community Hubs Ontario. 2017. Process Review: Community Hub Model. Retrieved from <http://www.ryde.nsw.gov.au/files/assets/public/community/community-hubs/community-hubs-model-the-seven-stages-of-creating-community-hubs.pdf>

⁵⁸ Ontario Government. 2015. Community Hubs in Ontario: A Strategic Framework & Action Plan. Retrieved from <https://dr6j45jk9xcmk.cloudfront.net/documents/4815/community-hubs-a-strategic-framework-and-action.pdf>

⁵⁹ International Making Cities Liveable. 2018. Community Hubs. Retrieved from <https://www.livablecities.org/blog/community-hubs>

⁶⁰ United Way Toronto. (2013). Building strong neighbourhoods: closing gaps and creating opportunities in Toronto's inner suburbs. Retrieved from <https://www.unitedwaygt.org/document.doc?id=163>

⁶¹ Agency for Healthcare Research and Quality; U.S. Department of Health and Human Services. (2016). Pathways community hub manual. Retrieved from <https://innovations.ahrq.gov/sites/default/files/Guides/CommunityHubManual.pdf>

⁶² Government of Ontario. (2016). Community Hubs in Ontario: A strategic framework and action plan. Retrieved from <https://www.ontario.ca/page/community-hubs-ontario-strategic-framework-and-action-plan>

⁶³ Agency for Healthcare Research and Quality; U.S. Department of Health and Human Services. (2016). Pathways community hub manual. Retrieved from <https://innovations.ahrq.gov/sites/default/files/Guides/CommunityHubManual.pdf>

community hubs is to act as a place to build community and bring people together to spark community development and social innovation.⁶⁴

Key Benefits:

- facilitate the reduction of risk factors and poor health outcomes
- bring needed services to the neighbourhood and increase access
- facilitate early intervention and prevention work
- reduce service duplication
- act as a place to build community
- spark social innovation

Through leveraging relationships and aligning supports within local communities, CSHs optimize available resources, reduce service duplication and improve outcomes for individuals and communities. People are better served through a streamlined, coordinated system rather than one that is fragmented.⁶⁵ In the end, the goal is to provide the right services to the right people at the right time.

CSHs have emerged as a policy solution in many contexts and are being promoted across the country. Due to the relative newness of the model, evidence of effectiveness is in its infancy. The Government of Ontario (2015) indicates the following benefits of hubs:⁶⁶

- Improved health, social and economic outcomes for individuals
- Integrated service delivery at the individual level
- Collective impact at the community level
- Protection of public assets
- Stronger communities
- Increased social return on investment

Others indicate hubs improve service coordination⁶⁷, increase service accessibility,⁶⁸ and have the potential to enhance community engagement thereby building social capital.⁶⁹ This section

⁶⁴ United Way Toronto. (2013). Building strong neighbourhoods: closing gaps and creating opportunities in Toronto's inner suburbs. Retrieved from <https://www.unitedwaygt.org/document.doc?id=163>

⁶⁵ OMSSA. 2015. Keeping it local. Community Hubs and Integrated Human Services. Retrieved from <http://theonnc.ca/wp-content/uploads/2015/05/OMSSA-Community-Hubs-and-Integrated-Human-Services.pdf>

⁶⁶ Ontario Government. 2015. Building the evidence base: the foundation for a strong community hub <https://www.ontario.ca/page/building-evidence-base-foundation-strong-community-hub>

⁶⁷ Andrews, M. (2013). Community Hub Development Building Community through Collaboration. Trent Centre for Community-Based Education. Retrieved from <http://trentcentre.ca/documents/public/4343FinalReport.pdf>

⁶⁸ Dyson. 2011. Community hubs: A scan of Toronto summary report. Retrieved from http://icecommittee.org/reports/Community_Hubs_in_Toronto.pdf

⁶⁹ Canadian Research Network for Care in the Community. 2014. Community hubs: Right care, right place, right time. Retrieved from <https://www.ryerson.ca/content/dam/crncc/knowledge/infocus/factsheets/InFocus-CommunityHubs.pdf>

reviews what is known about CSHs from development to structure to success factors, and closes with two unique hub models to illustrate the breadth of a hub.

Effective Practice Guidelines

As stated, there is no one model of a CSH; however, there are several key practices for successful CSH development:

1. Community Engagement & Participation

CHS are located *in* the community. This means that the Hub reflects local community needs with aims of increased community well-being and revitalization. In order to be truly community-based, the model needs to engage with its community from its inception and be ongoing.⁷⁰ Key activities are described in the remainder of this section.

Engaging with Community

Engagement with the community is an essential part of hub development. Community involves those who live near where the Hub may be located, clients who are likely to access the Hub, community leaders, as well as those from other organizations and services. It involves talking to people, listening to what they envision, their concerns, needs, and interests as well as encouraging direct involvement and action.⁷¹ A community engagement plan is recommended and strategies such as door knocking, surveys, social media, public tools, and knowledge exchanges are identified.⁷² There are also several engagement strategies outlined in Vibrant Calgary's Community Hub Toolkit.⁷³

Indigenous Partnerships & Reconciliation Lens

For many reasons, engagement with Indigenous communities and peoples should be part of hub development. In some instances, Friendship Centres - due to their inherent social planning function - are often invited to participate in localized and regionalized system and community planning initiatives to ensure that needs and priorities of urban Indigenous people are included.⁷⁴ In addition to this, Indigenous providers can engage with mainstream agencies and not-for-profit service providers through innovative partnership agreements to co-locate health and social services. These arrangements promote the efficient use of community resources by increasing access in a cost-effective manner.

⁷⁰ Vibrant Calgary. 2017. Community Hub Toolkit. Retrieved from <http://vibrantcalgary.com/wp-content/uploads/2017/11/CommunityHubsByDesignToolKit2017.pdf>

⁷¹ Ibid.

⁷² My Community. 2016. Community hubs: how to set up, run and sustain a community hub to transform local service provision. Retrieved from <https://www.communityhubsontario.ca/sustain/>

⁷³ Vibrant Calgary. 2017. Community Hub Toolkit. Retrieved from <http://vibrantcalgary.com/wp-content/uploads/2017/11/CommunityHubsByDesignToolKit2017.pdf>

⁷⁴ OFIFC. 2015. Submission Community Hubs Action Plan June 2015. Retrieved from http://ofifc.org/sites/default/files/content-files/2015-06-17%20Community%20Hubs%20Submission%20_FINAL.pdf

Prosperity exists when community members have access to resources and supports that are based on culturally-relevant and community-defined determinants of health. Self-determination must be a foundational aspect of the development of programs and strategies that are aimed at meaningfully engaging and improving outcomes in Indigenous communities.⁷⁵

Current approaches to service co-locations at the local and regional level often limit the engagement and involvement of urban Indigenous communities to an advisory capacity. While Indigenous people may be engaged in processes, they may not have any decision-making authority. As a result, services that are placed in mainstream hubs, and in some cases are not accountable or accessible to urban Indigenous communities because they are not aligned with existing supports and needs.

In the spirit of Reconciliation, Indigenous self-determination must be measured and taken into account before decisions are made regarding the location, funding, and role of mainstream CSHs. Given Bow Valley's proximity to Siksika Reserve and significant over-representation of Indigenous people seeking social and housing supports, a true partnership with Indigenous communities will be essential.

Local and Provincial Government Engagement

As all non-profits and grass roots community groups have experienced, there are multiple contact points with government, and a maze of incompatible policies and processes for service delivery integration and capital planning. As a result, agencies report they have to deal with multiple ministries and, in some cases, multiple programs within the same ministry – each of which has separate funding agreements and different reporting, accountability, and timeline requirements.

There is a strong support within government to change the way planning is done. But it will require changes in behaviour, policy, and legislation to make it happen. There is a need to remove these barriers and create incentives to make it successful. Engaging with local and provincial government early in the development process will be an important aspect of project development.

In the Bow Valley region, significant aspects of the social safety net are being delivered by government service providers. How these participate in a potential community hub will need to be assessed further as well.

2. Identifying Needs and Planning

In addition to community engagement, the following are also important steps in setting up a community hub:

⁷⁵ National Centre for First Nations Governance. 2011. Reclaiming Our Identity Band Membership, Citizenship and the Inherent Right http://fngovernance.org/resources_docs/ReclaimingOurIdentity_Paper.pdf

Building a Team

Hubs are essentially a collaborative undertaking built across stakeholder groups. Setting up a team or working group consisting of key stakeholders (including those who may directly use the Hub – lived experience) will be an important step at the outset of any hub development. Considerations for team development are also included in the Community Hub Toolkit.⁷⁶

Data Collection

Meaningful involvement of the aforementioned stakeholders will lead to identification of community needs. In conjunction with this, the Hub team will also need to determine what assets or capacity the community already has for addressing those needs, and what new options or solutions are possible. A community needs assessment is one way of gathering data that will provide important information about the community, help identify priorities, and guide decisions.⁷⁷ Other types of data can be used to help foster evidence-based decision-making, performance tracking and evaluation, and communication to stakeholders.⁷⁸

A key step needed is the mapping of various services currently available, their eligibility criteria, supports offered, target population, capacity and occupancy numbers. The system map can inform the development of a hub and act as a complementary online service access tool, as in the case of HelpSeeker (used in Medicine Hat, Calgary, Lethbridge, and Halifax).

Partnerships

Establishing and leveraging strong partnerships is a critical feature of community hubs⁷⁹ crossing private and public sectors.⁸⁰ Partners are critical in that they may be helpful with funding, resources, and the sharing of expertise.⁸¹ While partnerships are essential, they can be challenging in collaborative spaces due to differences in agency culture, vision, and mandate.⁸²

Establishing both formal partners as well as allies can be beneficial:⁸³

- A partner:
 - contributes to funding, expertise and resources;
 - is tied to an agreement;

⁷⁶ Ibid.

⁷⁷ Community Hubs Ontario. 2017. Assess Your Community. Retrieved from <https://www.communityhubsonario.ca/assess/>

⁷⁸ Ibid.

⁷⁹ Ontario Government. 2015. Building the evidence base: the foundation for a strong community hub <https://www.ontario.ca/page/building-evidence-base-foundation-strong-community-hub>

⁸⁰ Ontario Government. 2015. Building the evidence base: the foundation for a strong community hub <https://www.ontario.ca/page/building-evidence-base-foundation-strong-community-hub>

⁸¹ Vibrant Calgary. 2017. Community Hub Toolkit. Retrieved from <http://vibrantcalgary.com/wp-content/uploads/2017/11/CommunityHubsByDesignToolKit2017.pdf>

⁸² Ontario Government. 2015. Community Hubs in Ontario: A Strategic Framework & Action Plan. Retrieved from <https://www.ontario.ca/page/community-hubs-ontario-strategic-framework-and-action-plan>

⁸³ Vibrant Calgary. 2017. Community Hub Toolkit. Retrieved from <http://vibrantcalgary.com/wp-content/uploads/2017/11/CommunityHubsByDesignToolKit2017.pdf>

- must follow terms laid out in agreement;
- is typically a group, agency, or other non-profit.
- An Ally:
 - contributes expertise, connections, and ideas;
 - does not require signing an agreement;
 - is symbolic;
 - can be an individual or an organization.

Following the above, establishing a mission, vision, and strategic objectives with community and stakeholders is important in the planning stage: “The aim is not to develop a huge list of everything you will do, but develop agreement of the key strategic priorities for the time being.”⁸⁴

3. Location, Infrastructure and Space

CSHs are unique structures in that they are embedded within the local community and are highly innovative and flexible spaces. They can be purpose built, but more often they are renovated out of old buildings that need to be repurposed.⁸⁵ Hubs often target dilapidated buildings with the intent to renew and revitalize the structure and the area.⁸⁶

Space is a key theme in hub literature. They are designed to promote formal and informal social gatherings, and to facilitate a wide range of activities from cultural to educational to recreational.⁸⁷ The most common form of space is that which is able to host a number of services within one structure. Since a high degree of flexibility is required, CHS space is ideally one that is multi-purpose with a flexible floor plan and easily adaptable.⁸⁸

CHS spaces are also referred to as “inclusive”, meaning all populations are welcome and able to access the space.⁸⁹ These spaces are often created with engagement and involvement from the community and reflect the community both inside and out.⁹⁰ Space should be easily adaptable as needs and community priorities change.⁹¹ The space should be inviting and comfortable where social connection and engagement can naturally emerge. Some literature also speaks to

⁸⁴ My Community. 2016. Community hubs: how to set up, run and sustain a community hub to transform local service provision. Retrieved from <https://www.communityhubsontario.ca/sustain/>

⁸⁵ Ontario Government. 2015. Building the evidence base: the foundation for a strong community hub <https://www.ontario.ca/page/building-evidence-base-foundation-strong-community-hub>

⁸⁶ Andrews, M. (2013). Community Hub Development Building Community through Collaboration. Trent Centre for Community-Based Education. Retrieved from <http://trentcentre.ca/documents/public/4343FinalReport.pdf>

⁸⁷ Andrews, M. (2013). Community Hub Development Building Community through Collaboration. Trent Centre for Community-Based Education. Retrieved from <http://trentcentre.ca/documents/public/4343FinalReport.pdf>

⁸⁸ Ontario Government. 2015. Community Hubs in Ontario: A Strategic Framework & Action Plan. Retrieved from <https://www.ontario.ca/page/community-hubs-ontario-strategic-framework-and-action-plan>

⁸⁹ Association of Ontario Health Centres. n.d. Community hubs for health and wellbeing. Retrieved from <http://theonnc.ca/wp-content/uploads/2015/05/AOHC-Community-Hubs-Final.pdf>

⁹⁰ Ibid.

⁹¹ Ontario Government. 2015. Building the evidence base: the foundation for a strong community hub <https://www.ontario.ca/page/building-evidence-base-foundation-strong-community-hub>

the design being one that sparks innovation and community economic development initiatives.⁹² Space, including size and set up, also affects the financial sustainability of a hub or shared space.⁹³ This is further explored in the Funding and Sustainability section below.

In the case of Canmore, an initial scan of available land and/or building(s) with central access and adequate space will be an essential first step. From here, the project team can determine sitewhether adaptations or new builds are the preferred capital strategy for the project.

4. Integrated Service Delivery

An essential feature of the hub model is its single access point for multiple services.⁹⁴ As such, several agencies are co-located onsite providing a multitude of programming. There is no one template for hub service design as each is dependent on local context and community need. Identifying both existing needs as well as the core competencies of the agencies involved is a critical step in hub service formation. Most importantly, it is not the number of services that gives a hub legitimacy, but rather that the services are reflective of local needs and interests.^{95,96}

In practice, a person should be able to go into a community hub and get access to a needed service – or support in navigating and accessing the needed service – for any concern or issue. In other words, hubs are holistic, wrap-around, and client-centred initiatives that are able to respond to any presenting need.⁹⁷ “No wrong door” is the foundational approach; multiple entry and exit points are possible, but with a single point of contact.⁹⁸ This type of programming is closely aligned with the ideas of integrated service delivery.⁹⁹

In addition to a multitude of available services in one spot, hubs also foster service integration across service providers and increase collective impact.¹⁰⁰ Partnership and collaboration are

⁹² Dyson. 2011. Community hubs: A scan of Toronto summary report. Retrieved from http://icecommittee.org/reports/Community_Hubs_in_Toronto.pdf

⁹³ Edwards, Ely & Long. 2016. Balancing act: sustainable finances for shared spaces. Retrieved from <https://www.communityhubsontario.ca/balancing-act-sustainable-finances-for-shared-spaces/>

⁹⁴ Andrews, M. 2013. Community Hub Development Building Community through Collaboration. Trent Centre for Community-Based Education. Retrieved from <http://trentcentre.ca/documents/public/4343FinalReport.pdf>

⁹⁵ Ibid.

⁹⁶ OMSSA. 2015. Keeping it local. Community Hubs and Integrated Human Services. Retrieved from <http://theonnc.ca/wp-content/uploads/2015/05/OMSSA-Community-Hubs-and-Integrated-Human-Services.pdf>

⁹⁷ Dyson. 2011. Community hubs: A scan of Toronto summary report. Retrieved from http://icecommittee.org/reports/Community_Hubs_in_Toronto.pdf

⁹⁸ Ontario Government. 2015. Community Hubs in Ontario: A Strategic Framework & Action Plan. Retrieved from <https://www.ontario.ca/page/community-hubs-ontario-strategic-framework-and-action-plan>

⁹⁹ Ontario Government. 2015. Building the evidence base: the foundation for a strong community hub <https://www.ontario.ca/page/building-evidence-base-foundation-strong-community-hub>

¹⁰⁰ Ontario Government. 2015. Community Hubs in Ontario: A Strategic Framework & Action Plan. Retrieved from <https://www.ontario.ca/page/community-hubs-ontario-strategic-framework-and-action-plan>

enhanced as most stakeholders are housed onsite and travel is unnecessary.¹⁰¹ Idea sharing can occur naturally and from this new, innovative ideas emerge. Service integration examples include coordinated grant requests, cross-referrals, resource sharing, centralized intake processes and new joint programming.¹⁰²

These services can be thought of as core services, but hubs also permit and welcome emerging ideas and programs from staff, clients, or the community. This important feature of hubs really highlights their difference to that of standard, limited services.¹⁰³

In the instance of the potential Canmore model, the community partners and the YW will need to determine what focus the Hub will serve in the community. Given the YW's mandate around anti-violence, a focus on increasing protective factors to this end would be a key point of consideration in determining target service providers to invite for co-location.

5. Operation & Governance

CSHs are collaborative endeavours that involve multiple stakeholders, including agencies, organizations, and residents. Therefore, collaboration is considered fundamental to hub success.¹⁰⁴ While there are many governance models, including collaborative governance, there is no “right way” and instead must fit with the community and be realistic.¹⁰⁵ Vibrant Calgary highlights various models:¹⁰⁶

<i>Governance Led By</i>	<i>How it works</i>
<i>A single funder</i>	A single funder does all of the planning, financing, and bringing people together to support the Hub. This can help avoid the challenge of pulling together start-up funding (because the single funder provides it), but can potentially affect the long-term sustainability of the Hub (since it depends on a single funder). However, it is always possible to bring in other sources of funding if needed.
<i>An existing non-profit organization</i>	An already-established non-profit takes charge of the Hub. This can be effective if that organization has credibility in the community and a well-supported, existing infrastructure in place. A possible drawback is that the non-profit will have competing priorities and other projects, which could mean the Hub does not get the funding or attention it needs.
<i>A new non-profit organization</i>	A brand-new organization is created to run the Hub, usually through private funding. This new entity will have a crystal-clear focus: running the community

¹⁰¹ Graves. 2011. Exploring schools as community hubs. Retrieved from <https://ourspace.uregina.ca/bitstream/handle/10294/3397/Community%20Hub%20Final%20Report.pdf>

¹⁰² Dyson. 2011. Community hubs: A scan of Toronto summary report. Retrieved from http://icecommittee.org/reports/Community_Hubs_in_Toronto.pdf

¹⁰³ Vibrant Calgary. 2017. Community Hub Toolkit. Retrieved from <http://vibrantcalgary.com/wp-content/uploads/2017/11/CommunityHubsByDesignToolKit2017.pdf>

¹⁰⁴ Andrews, M. 2013. Community Hub Development Building Community through Collaboration. Trent Centre for Community-Based Education. Retrieved from <http://trentcentre.ca/documents/public/4343FinalReport.pdf>

¹⁰⁵ Vibrant Calgary. 2017. Community Hub Toolkit. Retrieved from <http://vibrantcalgary.com/wp-content/uploads/2017/11/CommunityHubsByDesignToolKit2017.pdf>

¹⁰⁶ Ibid. Page 36.

	hub in pursuit of its vision. The new non-profit will need a dependable stream of funding to support the Hub, and local not-for-profits could see it as competition.
<i>A steering committee</i>	A steering committee that includes members of the community can help ensure the hub continues to meet people's needs by giving the community power to make decisions about the Hub's future. A possible challenge is having multiple people responsible for the Hub. This can cause confusion around accountability—which could mean not as much work getting done to make the Hub the best it can be.
<i>Multiple organizations</i>	Having more than one organization share ownership of the Hub has several benefits, including that each party will have to put fewer resources into the Hub, and there will be a broader pool of expertise at the helm. However, with more players at the table, accountability may be less clear, and coordination may be a challenge, potentially making the Hub less effective than it could be.;;
<i>A government department or agency</i>	A local or provincial government body manages the Hub. A hub backed by government may have an easier time getting permits and other approvals for activities and programming. It might also have existing infrastructure at its disposal. On the other hand, needing to follow government processes could slow progress—and public funding is not always a given.

In the case of the YW, decisions will need to be made as to whether the agency will move forward with a unilateral capital fundraising campaign, or do so in partnership with key providers and funders. The operations of the model will need to be considered in this discussion as well. Ownership of the asset would be impacted by a co-investment approach.

6. Funding and Sustainability

Due to the nature of collaboration and partnership, CSHs typically do not operate under one funder; instead, they receive funding from a variety of sources including multiple levels of government, non-profit agencies, and private donations.¹⁰⁷ The funding framework tends to be very community-specific as there is no one funding model for hubs.¹⁰⁸ There is some indication that hubs do not reduce costs especially over the short-term.¹⁰⁹ Instead, they are more likely to increase efficiency of current funding and enhance social return on investment.¹¹⁰

Hub funding is no different in many ways than typical non-profit funding needs. Both types are constantly seeking funding to continue service provision.¹¹¹ It is recommended that core funding is established prior to hub development, and that the Hub is connected to a charity¹¹² with plans

¹⁰⁷ OMSSA. 2015. Keeping it local. Community Hubs and Integrated Human Services. Retrieved from <http://theonnc.ca/wp-content/uploads/2015/05/OMSSA-Community-Hubs-and-Integrated-Human-Services.pdf>

¹⁰⁸ Ibid.

¹⁰⁹ Ontario Government. 2015. Building the evidence base: the foundation for a strong community hub <https://www.ontario.ca/page/building-evidence-base-foundation-strong-community-hub>

¹¹⁰ Ibid.

¹¹¹ Andrews, M. 2013. Community Hub Development Building Community through Collaboration. Trent Centre for Community-Based Education. Retrieved from <http://trentcentre.ca/documents/public/4343FinalReport.pdf>

¹¹² Andrews, M. 2013. Community Hub Development Building Community through Collaboration. Trent Centre for Community-Based Education. Retrieved from <http://trentcentre.ca/documents/public/4343FinalReport.pdf>

for diversified income to ensure sustainability.¹¹³ Many shared space-type entities in the non-profit sector have found success with social enterprise.¹¹⁴ This same work found that profitability and financial success were increased in shared spaces when the following occurred:

- At 67,000 square feet, the average profitable centre was approximately 20,000 square feet larger than the average centre running at a loss. Each additional square foot is associated with an increase in \$3.05 revenue;
- Profitable centres had a greater percentage of rentable space (versus common space such as kitchens, conference rooms, admin) at 66% compared to those running at a loss with 55%. A 1% increase in rentable space results in \$6000 in revenue. Recommends a ratio of 4:1 in favour of rental space;
- Shared spaces should lease their spaces to the fullest. A 1% increase in vacancy rate is associated with \$25,000 dollars in loss;
- Have a strong, stable tenant base. A large and long-term tenant base provides greater sustainability. Aim for low turnover of tenants;
- Centres that run a profit have the lowest costs per square foot – approximately \$22/rentable square foot. Staffing is associated with this. Shared spaces that financially break even had the fewest management staff. The average number of management staff was about the same for centres with both profit and loss situations. Those that operate at a loss had more part-time paid help;
- A large portion of shared spaces used debt as part of their financial plan – this is in contrast to the belief that non-profit centres cannot successfully run debt to finance their operations.

It would be essential for the YW to consider how to make the operations of the Hub sustainable from a non-traditional revenue model that is not grant dependent. For instance, ensuring spaces are available for rent from other non-profits or social enterprises could contribute to the sustainability of the operations. In addition, co-locating private sector enterprises onsite (daycare, recreational/conference space for rent, grocery stores, artisan spaces, etc.) could bring value to users and revenue.

Importantly, adding in an innovation component can set the Hub apart from models that focus on service provision only. Ensuring a smart building that is fully digitized can bring technology to bear in the delivery of supports, particularly for a regionalized span of the service in the Bow Valley.

Appealing to other social innovators can contribute to the vibrancy of the model and bring in creative thinkers into the space. Alternative economic development funding sources can be leveraged as well, particularly if there was a co-working component embedded to support incubation and acceleration of social innovation.

¹¹³ My Community. 2016. Community hubs: how to set up, run and sustain a community hub to transform local service provision. Retrieved from <https://www.communityhubsontario.ca/sustain/>

¹¹⁴ Edwards, Ely & Long. 2016. Balancing act: sustainable finances for shared spaces. Retrieved from <https://www.communityhubsontario.ca/balancing-act-sustainable-finances-for-shared-spaces/>

7. Staffing and Coordination

Much like the above themes, staffing models are also dependent upon the uniqueness of the hub model and the local community; there is, therefore, no one staff model for hubs. Staff needs are directly related to what the Hub needs to perform; as service complexity increases, more staff may be required.¹¹⁵

Research into non-profit shared spaces found that the most common positions in these structures were an Executive Director and Facility Maintenance staff.¹¹⁶ Indeed, other hub-related writing emphasizes the need for a community-focused, coordinator-type position often from the lead agency tasked with running the Hub service-framework, the day-to-day operations, and resource management.¹¹⁷

Salaries for non-profit shared spaces are as follows: ¹¹⁸

- Executive director or coordinator salaries for shared spaces generally run between \$50-60k or \$70-80K depending on the complexity of the role, number of tenants etc.;
- Facility maintenance ranged broadly with the majority paying between \$20-40K and were most often salaried positions, though many paid more depending on duties and responsibilities.

In addition to a coordinator and facility maintenance positions are the needed support staff who are responsible for reception, website maintenance, and who have knowledge of all available services.¹¹⁹

Another position gaining popularity is known as the “community animator”.¹²⁰ This idea stems from the innovation sector where the community animator facilitates connection and social capital creation by developing intentional programming and opportunities that involve tenants and use of the shared space and collaboration. This position is most common in shared spaces with high numbers of tenants. A final staffing consideration involves the partnering agencies. Those who are co-located onsite should also be responsible for collaborative endeavours and engage with the joint running of the Hub.¹²¹

¹¹⁵ Edwards, Rosty, Long. (2016). Managing collaboration: Staffing and salaries in shared space. Retrieved from <https://www.nonprofitcenters.org/managingcollaboration/>

¹¹⁶ Edwards, Rosty, Long. (2016). Managing collaboration: Staffing and salaries in shared space. Retrieved from <https://www.nonprofitcenters.org/managingcollaboration/>

¹¹⁷ Andrews, M. 2013. Community Hub Development Building Community through Collaboration. Trent Centre for Community-Based Education. Retrieved from <http://trentcentre.ca/documents/public/4343FinalReport.pdf>

¹¹⁸ Edwards, Rosty, Long. (2016). Managing collaboration: Staffing and salaries in shared space. Retrieved from <https://www.nonprofitcenters.org/managingcollaboration/>

¹¹⁹ Ontario Government. 2015. Building the evidence base: the foundation for a strong community hub <https://www.ontario.ca/page/building-evidence-base-foundation-strong-community-hub>

¹²⁰ Edwards, Rosty, Long. (2016). Managing collaboration: Staffing and salaries in shared space. Retrieved from <https://www.nonprofitcenters.org/managingcollaboration/>

¹²¹ Andrews, M. 2013. Community Hub Development Building Community through Collaboration. Trent Centre for Community-Based Education. Retrieved from <http://trentcentre.ca/documents/public/4343FinalReport.pdf>

The table below shows how the various positions can be involved in operations of a potential hub model in Canmore.

Figure 1: Hub Staffing and Service Matrix

	Board	Hub Coordinator	Program Manager	Facility Manager	Volunteers
Administration <ul style="list-style-type: none"> • Hub oversight • Staffing/volunteer coordination • Policies and procedures • Day-to-day operations • Office 		x			
Accounting <ul style="list-style-type: none"> • Revenue: Tenant rent • Expenses • Budget and financials 	x	x			
Lobbying and Fundraising		x			
Community Engagement <ul style="list-style-type: none"> • Website maintenance • Community meetings 		x			x
Integrated Service Delivery Planning <ul style="list-style-type: none"> • Coworking • Shared services • Shared amenities 		x	x	x	x
Programming <ul style="list-style-type: none"> • Health care • Food security • Indigenous partnerships • Newcomer support • Senior and youth programming • Social activities • Employment assistance • Housing assistance • Community development • Social innovation 		x	x		x
Spaces/facilities organization for residents and groups <ul style="list-style-type: none"> • Property insurance • Utilities • Repair/Maintenance cleaning • Fire/Security • Property tax • Event planning • Program/service provision 		x		x	x
Data Collection <ul style="list-style-type: none"> • Client database administration • Outputs reporting • Evaluate and monitor the outcomes • Financial reporting 		x	x		

Two Unique Hub Models

While there are countless types of hub models out there, two are worth focusing on for this review to demonstrate the range of possibilities. While both are very different, one is more targeted to domestic violence and the other to social innovation. The examples were selected as they offer insights into a proposed model for Canmore that leverages aspects of both.

Support & Safety Hubs: Victoria, Australia

In Victoria's (Australia) state domestic violence prevention plan,¹²² a network of support and safety hubs across the region are proposed as key aspects of a prevention strategy. The purpose of the Hub is to bring together domestic violence expertise, family services, and perpetrator interventions into one site providing a multi-disciplinary approach. Highly skilled professionals who are able to conduct risk and need assessments, and service response plans staff each hub. Following the hub principle of "no wrong door" and a network of services, these hubs aim to provide access to the support services people want and need.

This model champions the following principles:

Put people at the centre	Focus on early intervention
Be safe and accessible to all	Harness multidisciplinary, specialist support
Address the needs of children and families	Provide statewide coverage and consistent quality and access to services
Have a paramount focus on safety	Work in partnerships with local communities
Work closely with the justice system	Whole-of-system response
Diversity	

This hub model utilizes a range of access strategies such as through: safe, non-stigmatizing and accessible community locations, outreach, satellite access points in the case of rural or diverse communities, out-posted workers in various systems and services as a well as through the phone and online.

Three key functions are also identified:

1. Provide wrap-around support, safety, and recovery. This involves initial contact, screening and multi-disciplinary triage, risk assessment and safety planning, immediate crisis response, needs assessment, planning and system navigation.
2. Provide easy, simple, and timely access to the right services. This is done through connecting people to the right services and ensuring they are effective.

¹²² Victoria State Government. (2016). Ending family violence: Victoria's plan for change. Retrieved from [https://www.vic.gov.au/system/user_files/Documents/fv/160803.10%2010%20Year%20Plan%20Booklet%20\(Online\).pdf](https://www.vic.gov.au/system/user_files/Documents/fv/160803.10%2010%20Year%20Plan%20Booklet%20(Online).pdf)

3. Navigate people through the system to achieve outcomes. They do so by being a consistent point of contact across early intervention, crisis, and recovery.

Centre for Social Innovation (CSI): Toronto & New York

A very different model than the one presented above, but just as compelling, is Toronto's CSI¹²³, established in 2003. This hub was started by a group of social entrepreneurs who believed there were significant challenges in the social mission sector by way of office facility access, costs of administration, silos, and gaps. Seeking to "catalyze social change", the centre was built.

Values for this hub reflect social innovation, social change, and community. They include:

- Put people and planet first
- Be scrappy
- Together or die
- Keep it real
- Make social change and have fun doing it
- Get to yes
- Build healthy cultures
- Blow people's minds
- It's up to us

CSI is a membership-based hub with over 1,000 non-profits, charities, and social ventures as members. Members have choice between various workspace packages ranging from \$125 to \$950 per month. Members are supported with access to the space, knowledge, tools, resources, and connections they need in order to grow their impact. The Hub emphasizes cross-sector co-working community and collaboration through the provision of open and creative spaces, and has become an incubator of exploring and generating new ideas, innovations, and models to address today's social and environmental challenges.

As can be seen, hubs can take a range of forms, target various issues or populations and have differing aims. What is clear is that they are to be embedded in local community, focus on engagement and participation, and work to streamline services and accessibility. A compelling vision for the Canmore approach is the potential to **merge the violence prevention work with that of social innovation.**

¹²³ Centre for Social Innovation. (n.d.). <https://socialinnovation.org/culture/>

PROGRAM MODEL 2: HOUSING CONTINUUM

This section focuses on literature on various housing models, and their effectiveness or challenges in regard to supporting women. Following this, housing best practices for women are presented. The remainder of this section gives an overview of the housing continuum key features and challenges as it relates to women and violence to set the stage for discussion on a proposed vision for the Canmore initiative.

Emergency Shelters

Emergency shelters are those that provide emergency housing for women fleeing domestic violence. They offer 24-hour services and significant levels of security. They typically allow stays of up to 21 days. Standard shelter services involve basic need provision, safety planning and emotional support, though highly resourced shelters are able to provide a wide variety of services including legal supports, financial assistance, and trauma-counselling.¹²⁴

While there is some indication women's shelters benefit women, there is little empirical evidence about their effectiveness due to ethical challenges in methodology.¹²⁵ Early studies have found that women felt their shelter experiences were helpful in identifying safety, caring staff and connecting with others as important aspects of this model.^{126, 127, 128} Other works report increased self-esteem, personal empowerment, and life satisfaction following shelter

¹²⁴ Tutty, L., et al. (2009). "I Built my House of Hope". Best Practices to Safely House Abused and Homeless Women. Report prepared for the Homelessness Knowledge Development Program, Homeless Partnering Secretariat, Human Resources and Social Development Canada.

¹²⁵ Sullivan, C. (2012). Domestic violence shelter services: A review of the empirical evidence. Retrieved from <https://www.dvevidenceproject.org/wp-content/themes/DVEProject/files/research/DVShelterResearchSummary10-2012.pdf>

¹²⁶ Tutty, L.M., Weaver, G., & Rothery, M.A. (1999). Residents' views of the efficacy of shelter services for assaulted women. *Violence Against Women*, 5, 898-925.

¹²⁷ Tutty, L.M. (2006). *Effective practices in sheltering women leaving violence in intimate relationships*. Toronto, Ontario: YWCA Canada.

¹²⁸ Lyon, E. Lane, S. & Menard, A. (2008). *Meeting survivors needs: A multi-state study of domestic violence shelter experiences*. Harrisburg, PA: National Resource Center on Domestic Violence.

stay¹²⁹ as well as reductions in trauma-symptoms.¹³⁰ Indeed, shelters have played a critical role in keeping women safe from domestic violence as it has been women's only safe resort for decades.^{131, 132, 133}

Emergency shelters also have a host of critiques. Challenges associated with communal living have been a common theme in the literature.¹³⁴ Lacking in privacy and problems with discrimination from other women are known difficulties from sharing space.¹³⁵ Other issues include strict rules and regulations as well as eligibility requirements that exclude some women from access.¹³⁶ Finally, low levels of funding, low wages, and high staff turnover coupled with a high stress environment make it difficult for both staff and women residing in women's shelters.¹³⁷

Transitional or Second-Stage Housing

Transitional or supportive housing provides housing to homeless people for a limited time generally from three months to two years.¹³⁸ These models offer several onsite services and supports, and are often apartment-style in one building with communal areas.¹³⁹ Second stage shelters are very similar in form and length of stay, but target women and children leaving domestic violence. They are part of the spectrum of domestic violence housing, and offer a series of related services and supports.¹⁴⁰

¹²⁹ Itzhaky, H. & Porat, A.B. (2005). Battered women in shelters: Internal resources, well-being and integration. *Affilia*, 20, 39-51.

¹³⁰ Tutty, L.M. (2006). *Effective practices in sheltering women leaving violence in intimate relationships*. Toronto, Ontario: YWCA Canada.

¹³¹ Sullivan, C. (2012). Domestic violence shelter services: A review of the empirical evidence. Retrieved from <https://www.dvevidenceproject.org/wp-content/themes/DVEProject/files/research/DVShelterResearchSummary10-2012.pdf>

¹³² Tutty, L.M., Weaver, G., & Rothery, M.A. (1999). Residents' views of the efficacy of shelter services for assaulted women. *Violence Against Women*, 5, 898-925.

¹³³ Lyon, E. Lane, S. & Menard, A. (2008). *Meeting survivors needs: A multi-state study of domestic violence shelter experiences*. Harrisburg, PA: National Resource Center on Domestic Violence.

¹³⁴ Hoffart (2014). ACWS second stage shelter project: transitional from DV to stability. <https://endvaw.ca/wp-content/uploads/2016/05/Alberta-Revised-Second-stage-Shelter-Report-CWF.pdf>

¹³⁵ Baker et al. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15, 430-439

¹³⁶ Tutty, L., et al. (2009). "I Built my House of Hope". *Best Practices to Safely House Abused and Homeless Women*. Report prepared for the Homelessness Knowledge Development Program, Homeless Partnering Secretariat, Human Resources and Social Development Canada.

¹³⁷ Baker et al. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behaviour*, 15, 430-439

¹³⁸ Efrayim. (2014). *Housing needs assessment: Facilitating access to housing for criminalized women in Toronto*. Toronto, ON: Elizabeth Fry Toronto

¹³⁹ Hoffart. (2014). ACWS second stage shelter project: transitional from DV to stability. <https://endvaw.ca/wp-content/uploads/2016/05/Alberta-Revised-Second-stage-Shelter-Report-CWF.pdf>

¹⁴⁰ Ibid.

Much like emergency shelters, interviews with clients indicate satisfaction with these models.¹⁴¹ One study found that women enjoyed the security and feeling of safety in transitional housing, appreciated the sense of community with other like-women and benefited from the available resources and supportive staff.¹⁴² This same study found that having the extra time to recover and prepare for next steps was a key aspect of transitional housing. Other works have cited community¹⁴³ as important as well as access to onsite trauma care within these models.¹⁴⁴

Aside from these positive features, transitional housing and second stage shelters have important limitations and challenges. Similar to emergency shelters, these models also have a host of rules and regulations that women generally do not like such as no overnight guests, small rooms, curfews, and no alcohol.¹⁴⁵ These models too often have strict eligibility rules and are often dependent upon program involvement.¹⁴⁶ Other barriers such as not enough bedrooms for children, long waitlists, and restrictions on male teenage children result in considerable housing barriers.¹⁴⁷

Permanent Supportive Housing

Permanent Supportive Housing (PSH) blends housing assistance with individualized voluntary supports for people with complex needs.¹⁴⁸ It often targets those with disabilities, mental illness(es), and addictions.¹⁴⁹ Research indicates this model is effective for housing retention among those with complex needs¹⁵⁰ as well as reducing the use of emergency services such as hospitals, ambulance, and policing.¹⁵¹

¹⁴¹ Baker et al. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15, 430-439

¹⁴² Fotheringham, Walsh, Burrows & McDonald. (2013). "A place to rest": the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture*, 21(7), 834-853.

¹⁴³ Mosher & Homes for Women (2013) Housing first, women second? Gendering Housing First. Retrieved from <http://homelesshub.ca/resource/housing-first-women-second-gendering-housing-first>

¹⁴⁴ Noble (2015) Beyond housing first: a holistic response to family homelessness in Canada. Retrieved from <http://homelesshub.ca/resource/beyond-housing-first-holistic-response-family-homelessness-canada>

¹⁴⁵ Baker et al. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15, 430-439

¹⁴⁶ Efry. (2014). Housing needs assessment: Facilitating access to housing for criminalized women in Toronto. Toronto, ON: Elizabeth Fry Toronto.

¹⁴⁷ Ponc et al. (2011) Leaving/moving: housing patterns of women who have left an abusive partner. *Violence Against Women*, 17(12), 1576-1600.

¹⁴⁸ Homeless Hub. 2017. Permanent Supported Housing. Retrieved from <http://homelesshub.ca/blog/what-makes-effective-supportive-housing>

¹⁴⁹ Dolan et al. (2012). Literature review and best practices for the housing and supports framework. Retrieved from <https://canfasd.ca/wp-content/uploads/sites/35/2016/12/Housing-Literature-Review-FINAL-May-4-12.pdf>

¹⁵⁰ Tsemberis, S. (1999). From streets to home: An innovative approach to supportive housing for homeless adults with psychiatric disabilities. *Journal of community Psychology*, 27(2), 225-241.

¹⁵¹ Homeless Hub. 2017. Permanent Supported Housing. Retrieved from <http://homelesshub.ca/blog/what-makes-effective-supportive-housing>

The Corporation for Supported Housing¹⁵² out of the United States recommends six guidelines for practice: outreach, engagement, medical care, behavioural health care, case management, and life skills training. SAMSHA advocates for evidence-based practices in these models including housing first, motivational interviewing, integrated dual diagnosis treatment, assertive community treatment, and supported employment.¹⁵³ They also assert the need for trauma-informed care, cultural competence, and meaningful participation of those with lived experience.

In these models there tends to be a greater percentage of women than those from the chronically homeless population largely due to trauma and resulting mental illness.¹⁵⁴ Best practice requires services to understand the impact of trauma on women such as domestic violence and child abuse, and to recognize the need for child-related supports, child access, and legal issues.¹⁵⁵ Beyond this, little is known about gender differences in PSH.

Affordable Housing

Affordable housing has gained considerable momentum recently and is now a government priority at all levels.¹⁵⁶ Affordable housing, as defined by the Canadian Mortgage and Housing Company (CMHC) is:¹⁵⁷

Affordable housing is a much broader term and includes housing provided by the private, public and not-for-profit sectors as well as all forms of housing tenure (ie. rental, ownership and cooperative ownership). It also includes temporary as well as permanent housing. In other words, the term "affordable housing" can refer to any part of the housing continuum from temporary emergency shelters through transition housing, supportive housing, subsidized housing, market rental housing or market homeownership.

¹⁵² CSH. (2008). Defining and funding the support in permanent supportive housing. National Health Care for the Homeless Council.

¹⁵³ SAMHSA. 2010. Services in Supportive housing annual report. Retrieved from <http://homelesshub.ca/solutions/transitional-housing/permanent-supportivesupported-housing>
<http://homelesshub.ca/solutions/housing-accommodation-and-supports/affordable-housing>

¹⁵⁴ SAMHSA. 2010. Services in Supportive housing annual report. Retrieved from <http://homelesshub.ca/solutions/transitional-housing/permanent-supportivesupported-housing>
<http://homelesshub.ca/solutions/housing-accommodation-and-supports/affordable-housing>

¹⁵⁵ SAMHSA. 2010. Services in Supportive housing annual report. Retrieved from <http://homelesshub.ca/solutions/transitional-housing/permanent-supportivesupported-housing>
<http://homelesshub.ca/solutions/housing-accommodation-and-supports/affordable-housing>

¹⁵⁶ City of Calgary. 2016. Foundations for Home: Calgary's corporate affordable housing strategy 2016-2025.

¹⁵⁷ Homeless Hub. (2017). Affordable housing. Retrieved from http://homelesshub.ca/sites/default/files/SSH_Annual_Report_v2.pdf

CMHC considers housing affordable when less than 30% of pre-tax income is spent on shelter.¹⁵⁸ It also has expected standards such as housing that does not require major repairs, and is sufficient in size (enough bedrooms) for a particular family.

In a review of the evidence base for affordable housing considering community and individual impact, a study out of the United States concluded that affordable housing provides stability thereby lowering the risk of homelessness, increasing the amount of disposable income for families, contributing to improved educational outcomes for children, and improving health - including increased access to health care.¹⁵⁹ Affordable housing is also connected with several community-level benefits:¹⁶⁰

- creates jobs and helps the local economy through construction and development activity;
- strengthens residents' purchasing power because they have lower housing costs and are more able to invest on goods and services;
- attracts employers as adequate and accessible housing contributes to a stable workforce;
- reduces the demand for emergency services such as policing, bylaw, hospitals, and corrections by keeping vulnerable people housed.

Two of the biggest drawbacks on affordable housing are long waitlists and low available housing stock.¹⁶¹ Further, housing that is suitable for large families is rare.¹⁶² Affordable housing is also often only available in neighbourhoods with high concentration of low-income and high-crime. Or, when newer units are built, they are often done so on the outskirts of a city resulting in transportation issues.¹⁶³

Best practice briefs on the topic tend to focus on policy and community-level actions, often targeting city-level officials. For example, cost reduction strategies include considerations about

¹⁵⁸ Homeless Hub. (2017). Affordable housing. Retrieved from <http://homelesshub.ca/solutions/housing-accommodation-and-supports/affordable-housing>

¹⁵⁹ Enterprise Community Partners. (2014). Impact of affordable housing on families and communities: a review of the evidence base. Retrieved from <http://homeforallsmc.com/wp-content/uploads/2017/05/Impact-of-Affordable-Housing-on-Families-and-Communities.pdf>

¹⁶⁰ City of Calgary. 2016. Foundations for Home: Calgary's corporate affordable housing strategy 2016-2025

¹⁶¹ Efray. (2014). Housing needs assessment: Facilitating access to housing for criminalized women in Toronto. Toronto, ON: Elizabeth Fry Toronto

¹⁶² Noble. (2015). Beyond housing first: a holistic response to family homelessness in Canada. Retrieved from <http://homelesshub.ca/resource/beyond-housing-first-holistic-response-family-homelessness-canada>

¹⁶³ Noble. (2015). Beyond housing first: a holistic response to family homelessness in Canada. Retrieved from <http://homelesshub.ca/resource/beyond-housing-first-holistic-response-family-homelessness-canada>

parking, site selection and project scale,¹⁶⁴ issues such as zoning, bylaw codes, and tax exemptions,¹⁶⁵ and other municipal actions and tools.¹⁶⁶

There is little available literature specifically examining women and affordable housing. Affordable housing can often be or feel unsafe for women, or landlords may make assumptions about a woman escaping domestic violence.¹⁶⁷ Further, these housing models do not provide domestic violence interventions such as safety planning, security measures, or advocacy.¹⁶⁸ On the positive side, one report citing a gender analysis on affordable housing indicates that when housing leads to homeownership, overall economic stability for women increases.¹⁶⁹

Rent Supplements

Rent supports or supplements are government-funded payments that aim to close the gap between what someone can afford for housing and its actual market cost.¹⁷⁰ Rent supplements are viewed as a more financially efficient way to provide affordable housing than the building of new housing units.¹⁷¹ However, examination into the true costs of housing and rent supplements found that when long-term sustainability is considered, building housing is more cost efficient.¹⁷²

Access to rent supplements certainly helps those on low-income to access quality housing. However, this type of funding is only effective if there is rental housing available. In communities where housing is limited, or the vacancy rate is low, rent supplement programs are much less effective for obvious reasons.¹⁷³

¹⁶⁴ University of Manitoba Centre for Urban and Regional Affairs. (2015). Best practices to reduce the cost of affordable housing. Retrieved from http://hjcmmn.org/_docs/reducing_costs.pdf

¹⁶⁵ City of Asheville (2015). Best practices for affordable housing. Retrieved from https://www.mayorsinnovation.org/images/uploads/pdf/Best_Practices_Final_Ashville.pdf

¹⁶⁶ Metro Vancouver. (2012). What works: Affordable housing initiatives in Metro Vancouver. Retrieved from <http://www.metrovancouver.org/services/regional-planning/PlanningPublications/WhatWorks-AffordableHousingInitiatives.pdf>

¹⁶⁷ Ponc et al. (2011) Leaving/moving: housing patterns of women who have left an abusive partner. *Violence Against Women*, 17(12), 1576-1600.

¹⁶⁸ Baker et al. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15, 430-439

¹⁶⁹ Quets et al. (2016). A gender lens on affordable housing. Retrieved from https://www.icrw.org/wp-content/uploads/2016/11/gender_lens_on_affordable_housing_by_regender_final-1.pdf

¹⁷⁰ Homeless Hub. (2017). Rent supplements. Retrieved from <http://homelesshub.ca/solutions/housing/rent-supplements>

¹⁷¹ Homeless Hub. (2017). Rent supplements. Retrieved from <http://homelesshub.ca/solutions/housing/rent-supplements>

¹⁷² Falvo, N. (2007). Rent supplements help but only if landlords cooperate. Retrieved from <https://www.policyalternatives.ca/publications/monitor/may-2007-canadas-lack-affordable-housing>

¹⁷³ Falvo, N. (2007). Rent supplements help but only if landlords cooperate. Retrieved from <https://www.policyalternatives.ca/publications/monitor/may-2007-canadas-lack-affordable-housing>

Another issue is landlord cooperation. Some have noted stigma can be an ongoing problem in that some landlords are reluctant to rent to formerly homeless people on social assistance.¹⁷⁴ This is an important issue since rent subsidies are given directly to the landlord; the landlord and government enter into a legal contract that is often tied to that particular unit.¹⁷⁵ Recently, the federal government announced they are considering a new type of rent subsidy program that would be connected to the individual renter rather than the unit or the landlord.¹⁷⁶ In doing so, wherever the renter moved, the subsidy would follow.

Another drawback is that rent supplements, in themselves, do not provide stability – tenants can be evicted for a host of reasons that may have nothing to do with the tenant (i.e. landlord wants to renovate the apartment, discrimination).¹⁷⁷ Further, in areas where rent control is low and landlords are free to raise their rent as much as they choose, rent supplements can result in a “windfall” for private landlords.¹⁷⁸ Research from the United States indicates that another outcome of such a situation is that rents become inflated for all tenants, even those without subsidy.¹⁷⁹ How rent supplements are governed is also problematic in that they do not target those who truly need them; currently, people on welfare are ineligible.¹⁸⁰

Housing First

Housing First is both a philosophy and a program model.¹⁸¹

Housing First as a guiding philosophy is a method of organizing and delivering services, housing, and programs that coordinates diverse resources to ensure that efforts align with homelessness-reduction goals. Rather than relying on an organization-by-organization (or program-by-program) approach, system planning aims to develop a framework for the delivery of initiatives in a purposeful and strategic manner for a collective group of stakeholders.¹⁸²

¹⁷⁴ Falvo, N. (2007). Rent supplements help but only if landlords cooperate. Retrieved from

<https://www.policyalternatives.ca/publications/monitor/may-2007-canadas-lack-affordable-housing>

¹⁷⁵ Parai et al. (2005). Affordable housing options: rent and income supplements. Calgary, Alberta: City of Calgary.

¹⁷⁶ Press, J. (2017). Ottawa looking to create new housing benefit for low income renters. Retrieved from <https://globalnews.ca/news/3176520/ottawa-looking-to-create-new-housing-benefit-for-low-income-renters/>

¹⁷⁷ Swanson, J. (2014). Rent supplements or social housing: which do we need? Retrieved from <http://themailander.com/2014/06/17/rent-supplements-or-social-housing-which-do-we-need/>

¹⁷⁸ Ibid.

¹⁷⁹ Susin, S. (1999). Rent vouchers and the price of low-income housing. Retrieved from <http://urbanpolicy.berkeley.edu/pdf/Susin.pdf>

¹⁸⁰ Swanson, J. (2014). Rent supplements or social housing: which do we need? Retrieved from <http://themailander.com/2014/06/17/rent-supplements-or-social-housing-which-do-we-need/>

¹⁸¹ Turner, A. (2014). Beyond housing first: Essential elements of a system-planning approach to ending homelessness. SPP Research Papers, 7(30), 1-25.

¹⁸² Ibid.

As a program, Housing First is a recovery-oriented approach rooted in the belief that all people deserve housing and that anyone, even those with the most complex needs, can immediately be moved direct from homelessness to housing with supports in place. Historically, people were expected to stabilize their addictions and mental illnesses prior to receiving housing, known as being “housing ready”.¹⁸³ In its purest form, Housing First targets those with chronic homelessness and concurrent substance abuse and mental health issues to access and maintain housing. Using rent subsidies, a person is put in market housing and supported by a team of clinicians including psychiatrists, doctors, social workers, etc.¹⁸⁴

A compilation of evidence on the effectiveness of Housing First has confirmed its success with single adults with concurrent mental illness and substance abuse issues in locations with available rental housing.¹⁸⁵ There is also evidence of cost effectiveness in that Housing First enables cost savings through reductions in public-system usage such as jail, emergency medical services, and policing.¹⁸⁶ How effective Housing First is for those that are not chronically or visibly homeless, such as women with families or those escaping domestic violence, remains in question.¹⁸⁷ There have been gendered critiques of such in years past arguing that housing first models have neglected to consider issues and experiences specific to women.^{188, 189}

A newer model gaining some recognition is the Domestic Violence Housing First (DVHF) model targeting women who are homeless due to domestic violence. There are four key pillars to this model:¹⁹⁰

Survivor-driven, mobile advocacy: Staff focus on addressing the needs identified by the client. Staff are mobile and will meet women wherever it is safe and convenient.

Flexible engagement, including flexible funding: Funds are not restricted to particular types of uses. The money is used in general to help women rebuild their lives – transportation, childcare costs, school supplies, etc. Engagement is not linear or limited.

¹⁸³ Efry. (2014). Housing needs assessment: Facilitating access to housing for criminalized women in Toronto. Toronto, ON: Elizabeth Fry Toronto

¹⁸⁴ Turner, A. (2014). Beyond housing first: Essential elements of a system-planning approach to ending homelessness. SPP Research Papers, 7(30), 1-25.

¹⁸⁵ Waegemakers Schiff, J. And Rook J. (2012). Housing First: Where is the Evidence?, Homeless Hub Press

¹⁸⁶ Turner, A. (2014). Beyond housing first: Essential elements of a system-planning approach to ending homelessness. SPP Research Papers, 7(30), 1-25.

¹⁸⁷ Noble (2015) Beyond housing first: a holistic response to family homelessness in Canada. Retrieved from <http://homelesshub.ca/resource/beyond-housing-first-holistic-response-family-homelessness-canada>

¹⁸⁸ Fotheringham, Walsh, Burrows & McDonald. (2013). "A place to rest": the role of transitional housing in ending homelessness for women in Calgary, Canada. Gender, Place & Culture, 21(7), 834-853.

¹⁸⁹ Mosher & Homes for Women (2013) Housing first, women second? Gendering Housing First. Retrieved from <http://homelesshub.ca/resource/housing-first-women-second-gendering-housing-first>

¹⁹⁰ Sullivan, C. M., & Olsen, L. (2016). Common ground, complementary approaches: Adapting the housing first model for domestic violence survivors. Housing and Society, 43(3), 182

Trauma-informed Practice: DVHF engages in several trauma-informed practices such as establishing emotional safety, restoring choice and control, facilitating connection, and recognizing that healing from trauma is not a linear process.

Community engagement: Engage with stakeholders and partners across sectors working to create system level change that supports survivors.

Early evidence indicates that women supported through DVHFs retained housing at 18 months; three quarters had significantly reduced their service needs, felt safer and more stable, and had improved health and wellbeing.¹⁹¹

Housing Model Framework

As is evident from the above review, there is no one housing model more suitable for women who may be experiencing violence over another. Each has its own benefits and drawbacks involving a range of factors. Generally speaking, housing generated from the homelessness sector tends to overlook safety needs, and has been critiqued as lacking in trauma-informed practices. In contrast, domestic violence shelters and their associated housing, while safe with a strong crisis foundation, have been assessed for lacking in privacy and independence, implementing extensive rules, and moving women through several housing stages.

As such, much of the literature concerned with housing and women advances the need for multiple housing options to reflect women's individual needs and circumstances.^{192, 193, 194, 195}

Some may desire communal living due to its sense of community and level of safety, while others may prefer apartment-style, scattered sites where family can visit and stay without restriction. Multiple housing options support women staying in their own homes and receiving outreach supports, provide flexible funding to help them stabilize and set up for long-term stability, and involve work with landlords, tenant mediation, and other types of eviction

¹⁹¹ Mbilinyi, L. (2015). The Washington State Domestic Violence Housing First program: Cohort 2 final evaluation report. Seattle, WA: Washington State Coalition Against Domestic Violence.

¹⁹² Kirkby & Mettler. (2016). Women first: An analysis of a trauma-informed, women-centred, harm reduction housing model for women with complex substance use and mental health issues. In Nichols, N., & Doberstein, C., (Eds.). Exploring effective systems responses to homelessness. Homeless Hub.

¹⁹³ Kirkby & Mettler. (2016). Women first: An analysis of a trauma-informed, women-centred, harm reduction housing model for women with complex substance use and mental health issues. In Nichols, N., & Doberstein, C., (Eds.). Exploring effective systems responses to homelessness. Homeless Hub.

¹⁹⁴ Van BerKum & Audshoorn (2015). Best Practice Guideline for Ending Women's Girl's Homelessness. Retrieved from <http://homelesshub.ca/resource/best-practice-guideline-ending-women's-and-girl's-homelessness>

¹⁹⁵ Sullivan, C. M., & Olsen, L. (2016). Common ground, complementary approaches: Adapting the housing first model for domestic violence survivors. *Housing and Society*, 43(3), 182

prevention initiatives.¹⁹⁶ This range of housing is also consistent with findings from a YWCA Bow Valley needs assessment.¹⁹⁷

While a range of housing options is espoused in the literature, there are several best practice themes that have been deemed important for Canmore's future initiative in this area. A review of these is what follows.

Key Housing Model Elements

1. Safety Planning & Trauma-Informed

It is no surprise that the issue of safety was a key theme in women's housing literature. One of the prominent pathways to housing need and homelessness is domestic violence, while one of the chief barriers to exiting domestic violence is a lack of safe housing for women and their children.¹⁹⁸ Emergency shelters provide the greatest amount of safety with extensive security measures, but may also be challenging for women because of the extensive rules. Community housing, on the other hand, may have fewer rules and greater independence, but without appropriate safety measures; they may be unsuitable for women who are considered to be at high-risk or have ongoing safety needs.¹⁹⁹ In one study for example, conducted in Calgary, women reported that once they were permanently housed, they missed the security and safety afforded in the transitional housing unit.²⁰⁰

Accordingly, the best way forward for women's housing is to be determined by individual women's needs, risk-level, and choice(s). Those who are at high-risk for physical violence will still require emergency-based shelter with its associated security features.²⁰¹ Other women may desire, and be well-suited for, community-based housing with ongoing supports. There is no one standard model as has been stated prior.

In addition to safety, the concept of trauma-informed practices and programs is one that spans domestic violence, homelessness, and health. Indeed, recognizing the trauma histories of those who utilize social services is critical to ensure continued traumatization and harm do not

¹⁹⁶ Sullivan, C. M., & Olsen, L. (2016). Common ground, complementary approaches: Adapting the housing first model for domestic violence survivors. *Housing and Society*, 43(3), 182.

¹⁹⁷ Hoffart. 2016. Finding the Higher Ground. YWCA Bow Valley

¹⁹⁸ Van BerKum & Audshoorn (2015). Best Practice Guideline for Ending Women's and Girl's Homelessness. Retrieved from <http://homelesshub.ca/resource/best-practice-guideline-ending-women's-and-girl's-homelessness>

¹⁹⁹ Hoffart (2014). ACWS second stage shelter project: transitional from DV to stability. <https://endvaw.ca/wp-content/uploads/2016/05/Alberta-Revised-Second-stage-Shelter-Report-CWF.pdf>

²⁰⁰ Fotheringham, Walsh, Burrows & McDonald. (2013). "A place to rest": the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture*, 21(7), 834-853.

²⁰¹ Atira. (2015). Promising practices across Canada for housing women who are older and fleeing abuse. Vancouver, BC: Atira Women's Resource Centre

continue through service provision.²⁰² Housing advocates for women have decried this approach as largely being neglected in the homelessness and housing sector.²⁰³ These advocates argue that homelessness itself is a form of trauma, and that, in addition to frequent trauma histories in this population, housing should be that which builds a sense of physical and emotional safety.^{204,205} The need for safety and security has been found in other works focused on housing women²⁰⁶ suggesting that a trauma-informed approach could be used to inform how buildings are constructed.

In addition to physical structural considerations, housing models also need to incorporate this approach into programming, especially as it relates to mothers, families, and children.²⁰⁷ Understanding the impact of maternal trauma on family and child outcomes involves a trauma-informed lens as well as integration of services across mental health and wellness.²⁰⁸ Women who have concurrent mental health and substance abuse issues have a high rate of trauma and would also benefit from models that reflect a trauma-informed approach.²⁰⁹

Adapting housing models to be responsive and appropriate for those escaping domestic violence need to consider six important practices according to the literature: 1) establishing emotional safety; 2) restoring choice and control; 3) facilitating survivors' connections to community supports; 4) supporting coping; 5) responding to identity and context; and, 6) building strengths.²¹⁰

2. Person-Centred Practice

Person-centred housing recognizes that not everyone is the same or has the same needs. There is some literature that indicates the housing needs of women and men differ, and this difference needs to be respected, understood, and responded to. In particular, women tend to

²⁰² Noble (2015) Beyond housing first: a holistic response to family homelessness in Canada. Retrieved from <http://homelesshub.ca/resource/beyond-housing-first-holistic-response-family-homelessness-canada>

²⁰³ Mosher & Homes for Women (2013) Housing first, women second? Gendering Housing First. Retrieved from <http://homelesshub.ca/resource/housing-first-women-second-gendering-housing-first>

²⁰⁴ Ibid.

²⁰⁵ Van BerKum & Audshoorn (2015). Best Practice Guideline for Ending Women's Girl's Homelessness. Retrieved from <http://homelesshub.ca/resource/best-practice-guideline-ending-women's-and-girl's-homelessness>

²⁰⁶ Fotheringham, Walsh, Burrows & McDonald. (2013). "A place to rest": the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture*, 21(7), 834-853.

²⁰⁷ Gulliver-Garcia (2016) Putting an end to child and family homelessness in Canada. Retrieved from <http://homelesshub.ca/resource/putting-end-child-and-family-homelessness-canada>

²⁰⁸ Hoffart. (2014). ACWS second stage shelter project: transitional from DV to stability. <https://endvaw.ca/wp-content/uploads/2016/05/Alberta-Revised-Second-stage-Shelter-Report-CWF.pdf>

²⁰⁹ Kirkby & Mettler. (2016). Women first: An analysis of a trauma-informed, women-centred, harm reduction housing model for women with complex substance use and mental health issues. In Nichols, N., & Doberstein, C., (Eds.). *Exploring effective systems responses to homelessness*. Homeless Hub

²¹⁰ Sullivan, C. M., & Olsen, L. (2016). Common ground, complementary approaches: Adapting the housing first model for domestic violence survivors. *Housing and Society*, 43(3), 182.

have greater needs around safety due to higher rates of violence against women.^{211, 212} They may also have greater interest in building relationships and fostering social connection due to their gendered role as caregiver.²¹³

Recognizing that women's experiences differ, and as such women cannot be simply placed in housing models that have only been found successful with men is the crux of a person-centred approach.^{214,215} In contrast, a person-centred approach to housing involves recognizing each individual as an expert in his or her own life, with the ability to identify their needs and priorities. It involves listening, asking questions, offering information, giving choice, and providing time and support while the person decides the best housing model based on their personal situation.²¹⁶ It also recognizes there is great diversity across women in terms of age, ethnicity, religion, ability, etc., and that there is no one housing model for women for these reasons.

This type of service response contrasts with the current one which is typically prescriptive. A person is required to follow a series of steps or go through a series of housing models (especially in the case of domestic violence) in order to get housing. A person-centred approach by comparison, is inherently flexible whereby staff focus on addressing the presenting needs (the needs identified by the client) rather than on that which is predetermined by the agency.²¹⁷

This person-centred approach is closely aligned with another theme from the women's housing literature: self-direction. Recent work from the ACWS indicates that domestic violence housing should enhance women's autonomy and self-determination by increasing flexibility in services.²¹⁸ Other works emphasize the need for choice in programming and housing and practices that foster dignity and empowerment.²¹⁹ To this aim, according to some there is a shift

²¹¹ Efray. (2014). Housing needs assessment: Facilitating access to housing for criminalized women in Toronto. Toronto, ON: Elizabeth Fry Toronto.

²¹² Fotheringham, Walsh, Burrows & McDonald. (2013). "A place to rest": the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture*, 21(7), 834-853.

²¹³ Kirkby & Mettler. (2016). Women first: An analysis of a trauma-informed, women-centred, harm reduction housing model for women with complex substance use and mental health. issues. In Nichols, N., & Doberstein, C.,(Eds.). *Exploring effective systems responses to homelessness*. Homeless Hub.

²¹⁴ Mosher & Homes for Women (2013) Housing first, women second? Gendering Housing First. Retrieved from <http://homelesshub.ca/resource/housing-first-women-second-gendering-housing-first>

²¹⁵ Fotheringham, Walsh, Burrows & McDonald. (2013). "A place to rest": the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture*, 21(7), 834-853.

²¹⁶ Atira. (2015). Promising practices across Canada for housing women who are older and fleeing abuse. Vancouver, BC: Atira Women's Resource Centre.

²¹⁷ Sullivan, C. M., & Olsen, L. (2016). Common ground, complementary approaches: Adapting the housing first model for domestic violence survivors. *Housing and Society*, 43(3), 182.

²¹⁸ Hoffart (2014). ACWS second stage shelter project: transitional from DV to stability. <https://endvaw.ca/wp-content/uploads/2016/05/Alberta-Revised-Second-stage-Shelter-Report-CWF.pdf>

²¹⁹ Gulliver-Garcia (2016) Putting an end to child and family homelessness in Canada. Retrieved from <http://homelesshub.ca/resource/putting-end-child-and-family-homelessness-canada>

in moving away from communal living to apartment-style models where women live according to rights and responsibilities instead of rules and regulations.²²⁰

3. Tailoring for Indigenous Peoples and Newcomers

The vast majority of housing and domestic violence literature refers to the overrepresentation of Indigenous peoples with issues such as homelessness, domestic violence, and substance use.²²¹ Stemming from a history of colonization and oppression, many Indigenous people continue to deal with intergenerational trauma and systemic racism, which has been linked with high incidence rates across a range of social issues.^{222,223} As a result, Indigenous peoples also experience particular barriers to exiting homelessness or leaving domestic violence that may differ from other populations.

Some writing asserts that Indigenous women need their own housing, or that a scattered model of housing may be preferred as it has the potential to reduce racial discrimination and stigma, while allowing for women to integrate with the larger community.²²⁴ Indigenous advocates also note connection with family, community, and peers needs to be an important part of housing models.²²⁵ Decolonizing perspectives, Indigenous staffing, culturally sensitive practices including access to traditional practices, and cultural connection have also been deemed critical within housing models.²²⁶

Another important theme worth highlighting in relation to domestic violence, housing and Indigenous peoples is that Indigenous worldviews of domestic violence are distinct from the dominant western perspective.²²⁷ These worldviews place greater value on family and community than that of the individual.²²⁸ Domestic violence therefore is viewed as a

²²⁰ Baker et al. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15, 430-439.

²²¹ Van BerKum & Audshoorn (2015). Best Practice Guideline for Ending Women's Girl's Homelessness. Retrieved from <http://homelesshub.ca/resource/best-practice-guideline-ending-women's-and-girl's-homelessness>

²²² Aboriginal Healing Foundation. (2005). Reclaiming connections: Understanding residential school trauma among Aboriginal people. Retrieved from <https://www.crrf-fcrr.ca/en/resources/clearinghouse/104-residential-schools/26074-reclaiming-connections-understanding-residential-school-trauma-among-aboriginal-people>

²²³ Baskin, C. (2012). Systemic oppression, violence & healing in Aboriginal families and communities. In R. Alaggia & C. Vine (Eds.). *Cruel but not unusual: Violence in Canadian families. A sourcebook for educators & practitioners*. Kitchener: Wilfred Laurier University Press.

²²⁴ Efry. (2014). Housing needs assessment: Facilitating access to housing for criminalized women in Toronto. Toronto, ON: Elizabeth Fry Toronto

²²⁵ Mosher & Homes for Women (2013) Housing first, women second? Gendering Housing First. Retrieved from <http://homelesshub.ca/resource/housing-first-women-second-gendering-housing-first>

²²⁶ Van BerKum & Audshoorn (2015). Best Practice Guideline for Ending Women's Girl's Homelessness. Retrieved from <http://homelesshub.ca/resource/best-practice-guideline-ending-women's-and-girl's-homelessness>

²²⁷ Baskin, C. (2012). Systemic oppression, violence & healing in Aboriginal families and communities. In R. Alaggia & C. Vine (Eds.). *Cruel but not unusual: Violence in Canadian families. A sourcebook for educators & practitioners*. Kitchener: Wilfred Laurier University Press.

²²⁸ Ibid.

community-level problem²²⁹ that necessitates community-level healing (rather than healing solely for the victim).²³⁰ It contrasts the current western model that aims to separate and isolate the victim from the offender, instead seeking harmony and balance for the family and community.²³¹

Newcomer women also have unique experiences, but related to their experiences of immigration or status. They may have special considerations such as isolation, legal needs associated with immigration or sponsorship, language barriers, limited knowledge of Canadian systems, or trauma associated with war.^{232,233} Communal housing, as in the case of women's shelters, may not be beneficial to this population as they may face racism and discrimination from others.²³⁴ For many women in this group, safe housing is critical as is the freedom to preserve cultural practices.²³⁵

4. Relationship-Building & Connection

Relationships, community and family were all common themes in the literature on women, domestic violence and housing. Women are often caregivers to multiple people including children, older adults, and others. As a result of gendered constructs and roles, caregiving relationships for some are part of a woman's identity. Housing models that restrict this ignore this important aspect for many women. Indeed, women have reported isolation in permanent housing situations where they have been left to make due on their own.²³⁶ Further, housing that is one-room only or restricts visits from children and family have ended up creating more barriers for women.

For these reasons, housing models that foster relationships and connection among women, their families, and their community - in both physical structure and programming - are widely

²²⁹ Olsen, A., Lovett, R., Australian Institute of Aboriginal and Torres Strait Islander Studies, & Australia's National Research Organisation for Women's Safety Limited. (2016). Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: state of knowledge paper. Alexandria, NSW: ANROWS. Retrieved from https://d2c0ikyv46o3b1.cloudfront.net/anrows.org.au/s3fs-public/FINAL%2002.16_3.2%20AIATSIS%20Landscapes%20WEB.pdf

²³⁰ Cripps, K. (2007). Indigenous family violence: from emergency measures to committed long-term action. *Australian Indigenous Law Review*, 11(2), 6–18.

²³¹ Baskin, C. (2012). Systemic oppression, violence & healing in Aboriginal families and communities. In R. Alaggia & C. Vine (Eds.). *Cruel but not unusual: Violence in Canadian families. A sourcebook for educators & practitioners*. Kitchener: Wilfred Laurier University Press.

²³² Atira. (2015). Promising practices across Canada for housing women who are older and fleeing abuse. Vancouver, BC: Atira Women's Resource Centre

²³³ Van BerKum & Audshoorn (2015). Best Practice Guideline for Ending Women's Girl's Homelessness. Retrieved from <http://homelesshub.ca/resource/best-practice-guideline-ending-women's-and-girl's-homelessness>

²³⁴ Baker et al. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15, 430-439.

²³⁵ Van BerKum & Audshoorn (2015). Best Practice Guideline for Ending Women's Girl's Homelessness. Retrieved from <http://homelesshub.ca/resource/best-practice-guideline-ending-women's-and-girl's-homelessness>

²³⁶ Fotheringham, Walsh, Burrows & McDonald. (2013). "A place to rest": the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture*, 21(7), 834-853.

emphasized in the literature.^{237, 238, 239} Models that allow for reunification with children who are in care,²⁴⁰ intergenerational relationships such as those with grandchildren,²⁴¹ peer support opportunities,²⁴² and social events bringing women together²⁴³ are examples.

Of note, we have to be realistic about women's relationships with partners regardless of gender. In some instances, women return to abusive partners. In some cases, families recombine in new configurations that include males. We cannot look at the housing we are developing as solely for women; women live in families and communities that are diverse; as such, for our approach to be person-centred, we cannot overlook this reality.

5. Integrating Supports and Housing

There is consistent literature reporting on the critical role supports play in the delivery of housing. Four main themes came out of the housing literature: services should be wide-ranging and integrated, and they include outreach capabilities, flexible lengths of stay, and flexible funding.

Innovative housing programs require a wide range of housing-related services such as peer support, job skills, health services, counselling, money management, child care, child/youth supports and substance abuse treatment to name a few.^{244, 245} Services should be onsite if possible, highly accessible, flexible, and integrated.^{246, 247} Importantly, accessing services must not be a requirement for housing.²⁴⁸

²³⁷ Atira. (2015). Promising practices across Canada for housing women who are older and fleeing abuse. Vancouver, BC: Atira Women's Resource Centre

²³⁸ Kirkby & Mettler. (2016). Women first: An analysis of a trauma-informed, women-centred, harm reduction housing model for women with complex substance use and mental health issues. In Nichols, N., & Doberstein, C., (Eds.). Exploring effective systems responses to homelessness. Homeless Hub.

²³⁹ Fotheringham, Walsh, Burrows & McDonald. (2013). "A place to rest": the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture*, 21(7), 834-853.

²⁴⁰ Efray. (2014). Housing needs assessment: Facilitating access to housing for criminalized women in Toronto. Toronto, ON: Elizabeth Fry Toronto

²⁴¹ Atira. (2015). Promising practices across Canada for housing women who are older and fleeing abuse. Vancouver, BC: Atira Women's Resource Centre

²⁴² Mosher & Homes for Women (2013) Housing first, women second? Gendering Housing First. Retrieved from <http://homelesshub.ca/resource/housing-first-women-second-gendering-housing-first>

²⁴³ Atira. (2015). Promising practices across Canada for housing women who are older and fleeing abuse. Vancouver, BC: Atira Women's Resource Centre

²⁴⁴ Efray. (2014). Housing needs assessment: Facilitating access to housing for criminalized women in Toronto. Toronto, ON: Elizabeth Fry Toronto

²⁴⁵ Hoffart. (2014). ACWS second stage shelter project: transitional from DV to stability. <https://endvaw.ca/wp-content/uploads/2016/05/Alberta-Revised-Second-stage-Shelter-Report-CWF.pdf>

²⁴⁶ Efray. (2014). Housing needs assessment: Facilitating access to housing for criminalized women in Toronto. Toronto, ON: Elizabeth Fry Toronto

²⁴⁷ Gulliver-Garcia (2016) Putting an end to child and family homelessness in Canada. Retrieved from <http://homelesshub.ca/resource/putting-end-child-and-family-homelessness-canada>

²⁴⁸ Efray. (2014). Housing needs assessment: Facilitating access to housing for criminalized women in Toronto. Toronto, ON: Elizabeth Fry Toronto

Outreach is also a necessary component of advanced housing and domestic violence programming as some women choose to stay in their own home.²⁴⁹ Mobile staff who can meet women where they are comfortable is an important addition to service delivery.²⁵⁰ Outreach may be particularly useful for older women who may be unaware of community services or immigrant women who may struggle with language barriers.²⁵¹ In these cases, outreach may involve connecting with community centres, faith organizations, or senior centres to help link women with services.²⁵²

In line with a person-centred and self-directed approach, women require more flexibility with length of stay restrictions. Women's shelters allow for 21-day stays while transitional or second stage housing is generally six months to one year. Length of stay should be based on individual need rather than guidelines. Some women require more time to recover from trauma, find appropriate resources and housing, seek treatment, and find employment.²⁵³

Older women for example, may need longer time periods to find suitable permanent housing. Having longer-stay options and enhanced transition supports are highlighted in the literature.²⁵⁴ At its best, support should be available for as long as needed.²⁵⁵ This reflects a fundamental shift in focus from one that is about crisis and safety to an approach that seeks to help women set up for long-term stability.

Flexible funding is another core aspect of improved housing models and domestic violence.²⁵⁶ This is based on the understanding that women have various needs and various resources.²⁵⁷ Not all will have the same needs – some will require a lot of support and resources, while others will not. Having funding that is flexible so that service providers can support women in a myriad of ways dependent upon need (as identified by the woman) is important.²⁵⁸ Some women have specific financial needs associated with housing such as rent, security deposit, or utility bills.

²⁴⁹ Baker et al. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15, 430-439.

²⁵⁰ Sullivan, C. M., & Olsen, L. (2016). Common ground, complementary approaches: Adapting the housing first model for domestic violence survivors. *Housing and Society*, 43(3), 182.

²⁵¹ Atira. (2015). Promising practices across Canada for housing women who are older and fleeing abuse. Vancouver, BC: Atira Women's Resource Centre

²⁵² Ibid.

²⁵³ Fotheringham, Walsh, Burrows & McDonald. (2013). "A place to rest": the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture*, 21(7), 834-853.

²⁵⁴ Atira. (2015). Promising practices across Canada for housing women who are older and fleeing abuse. Vancouver, BC: Atira Women's Resource Centre

²⁵⁵ Sullivan, C. M., & Olsen, L. (2016). Common ground, complementary approaches: Adapting the housing first model for domestic violence survivors. *Housing and Society*, 43(3), 182.

²⁵⁶ Hoffart. (2014). ACWS second stage shelter project: transitional from DV to stability. <https://endvaw.ca/wp-content/uploads/2016/05/Alberta-Revised-Second-stage-Shelter-Report-CWF.pdf>

²⁵⁷ Mosher & Homes for Women (2013) Housing first, women second? Gendering Housing First. Retrieved from <http://homelesshub.ca/resource/housing-first-women-second-gendering-housing-first>

²⁵⁸ Ibid.

However, there are many other financial issues that women experience that may not be directly housing-related, but will impact their ability to become stable such as car repairs, childcare, or bad credit. Funds should be targeted to helping women rebuild their lives and increase their stability – again, looking into the long-term.²⁵⁹

6. Coordinating Housing in a Broader Systems of Care

As we know from day-to-day practice, women who experience violence are involved in multiple systems of care: health, corrections, child intervention, income assistance, and social supports in the community are most common.

As a result of the strong connection between domestic violence and housing and homelessness, the literature calls for greater integration between these sectors as well. Many have cited the current disconnect between domestic violence and homelessness agencies. The former is traditionally focused on crisis, safety, advocacy, and emergency housing while the latter targets financial stability and permanent housing, but with little understanding of domestic violence and trauma.²⁶⁰ This has resulted in a system-level gap where women who do not fit in either system fall through the cracks. To break this pattern, these systems need greater integration at both the macro and micro level.^{261, 262, 263}

Beyond domestic violence and homelessness is the topic of health and all its associated outcomes including addictions, mental illness, trauma, physical health, maternal health, and child development – all of which are strongly interconnected. This lends itself to the argument that women's housing and domestic violence need to increase alignment with the broader system of care that spans all related issues. Many call for health-specific services onsite through community partnerships to women's housing and domestic violence shelters to increase access and improve health outcomes for women and children.^{264, 265, 266}

²⁵⁹ Sullivan, C. M., & Olsen, L. (2016). Common ground, complementary approaches: Adapting the housing first model for domestic violence survivors. *Housing and Society*, 43(3), 182.

²⁶⁰ Baker et al. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15, 430-439

²⁶¹ Mosher & Homes for Women (2013) Housing first, women second? Gendering Housing First. Retrieved from <http://homelesshub.ca/resource/housing-first-women-second-gendering-housing-first>

²⁶² Hoffart (2014). ACWS second stage shelter project: transitional from DV to stability. <https://endvaw.ca/wp-content/uploads/2016/05/Alberta-Revised-Second-stage-Shelter-Report-CWF.pdf>

²⁶³ Gulliver-Garcia (2016) Putting an end to child and family homelessness in Canada. Retrieved from <http://homelesshub.ca/resource/putting-end-child-and-family-homelessness-canada>

²⁶⁴ Hoffart (2014). ACWS second stage shelter project: transitional from DV to stability. <https://endvaw.ca/wp-content/uploads/2016/05/Alberta-Revised-Second-stage-Shelter-Report-CWF.pdf>

²⁶⁵ Efray. (2014). Housing needs assessment: Facilitating access to housing for criminalized women in Toronto. Toronto, ON: Elizabeth Fry Toronto

²⁶⁶ Atira. (2015). Promising practices across Canada for housing women who are older and fleeing abuse. Vancouver, BC: Atira Women's Resource Centre

The above best practices are feasible for any women's housing model, supporting the case for multiple housing options. The existence of many housing pathways provides choice and flexibility to women thereby supporting autonomy and person-centred care. Adding outreach capabilities with flexible lengths of stay (including permanently) in concert with flexible funding and access to a range of holistic services would offer some significant positive change to service delivery. Multiple housing models can also address safety needs by offering multiple levels of security and comprehensive, trauma-informed practices. The individual needs of women, as well as sub-populations of women such as Indigenous and newcomer women, are further able to have their specific interests addressed.²⁶⁷

Implications for the Canmore Model

The implications for the Canmore initiative are that decisions will need to be made as to which area of the housing continuum the YW will focus on. We know that a domestic violence shelter is a priority, however, it is unclear if the housing to be developed will be strictly Affordable Housing or Permanent Supportive Housing? If the latter is identified, the program model will have to be considerably different in its application of the aforementioned Key Elements. For instance, general Affordable Housing could be added on top of the Community Service Hub to generate density and additional sources of income. In these cases, the housing would not be best suited for women in imminent danger given the location's public nature and accessibility. Affordable Housing can include all genders with size limitations largely determined by local zoning and neighbourhood contextual factors.

In cases where PSH was seen as a priority, it would need to be staffed to deliver onsite supports and targeted to higher needs populations. Here, location and eligibility criteria can be more specific to ensure appropriate placements. At this time, it is unclear whether additional transitional housing would be preferred or if the gap is on long term housing without a length of stay requirement. If the latter is the primary focus, then additional means of securing housing for women and their families would be needed including rent supports and Housing First programs with appropriate cultural and safety aspects incorporated.

²⁶⁷ Van BerKum & Audshoorn (2015). Best Practice Guideline for Ending Women's Girl's Homelessness. Retrieved from <http://homelesshub.ca/resource/best-practice-guideline-ending-women's-and-girl's-homelessness>

PROGRAM MODEL 3: DOMESTIC VIOLENCE SHELTERS

Key Elements of Domestic Violence Shelter Practice

Women's shelters provide needed safety for a subset of women experiencing domestic violence. A review of the literature determined a standard range of practices provided by women's shelters in Canada. These practices are represented in the figure below. Specific themes from this array of practices will be presented in further detail in this section to highlight key elements of shelter practices in detail.

1. Shelter Safety & Security

The raison d'être of women's shelters is safety and security. There is a myriad of strategies shelters use to keep women safe. In terms of shelter location, the literature is lacking on whether open (location public knowledge) or hidden (location kept secret) shelters are safer. Recent trends tend to lean towards open shelter locations such as The Oranje Huis (Orange House) in the Netherlands which provides a range of services under one roof including a domestic violence support centre and shelter.²⁶⁸

Whether open or hidden, all shelters have significant security measures such as bulletproof glass, outside and indoor cameras, double entry gateways, and areas restricted to badge access.^{269, 270} These appear to be in line with United Nations Women²⁷¹ who recommend security features for shelters which include: secure doors, single main entrance, internally locked entrances with monitored access, metal bars on windows, security cameras inside and out, fencing, motion lights, bullet proof glass, safety alarms for staff, and visible parking. Working closely with local police is also promoted such as having button-activated alarm systems to directly inform police of an emergency, direct emergency phones to police, sharing a building layout with police, and regular discussion of other security issues.

²⁶⁸ Oranje Huis. 2017. A New Style Women's Shelter. Retrieved from <https://www.blijfgroep.nl/sites/default/files/infoFleaflightengels.pdf>

²⁶⁹ Tutty, L. et al. 2007. Feasibility study for a national network of women's shelters and transition houses. Retrieved from <http://www.ucalgary.ca/resolve-static/reports/2007/2007-01.pdf>

²⁷⁰ Duffy, A. and Momirov, J. 2011. Family Violence: A Canadian Introduction: Second Edition

²⁷¹ UN Women (2012). Security. Retrieved from <http://www.endvawnow.org/en/modules/view/13-security.html>

In addition to the physical security features, safety planning is another key way shelters help women keep safe.²⁷² Best practices involve viewing the client as the expert in his or her safety and holding a dialogue through which the client can define safety for themselves as well as his or her safety concerns with a trained professional. The literature emphasizes that the result of this process should be a detailed, personalized plan that provides specific strategies to help the client make decisions that will promote his or her safety in the face of an abusive situation.^{273, 274, 275} There is some evidence that a thorough risk assessment is important but shelters are cautioned against full reliance on one tool for prediction as all have certain levels of fallibility and should never be taken as definitive.²⁷⁶

Safety plans are increasingly being computerized, and recent studies from New Zealand²⁷⁷ and the United States²⁷⁸ indicate that an online format was useful for safety decisions, reduced decisional conflict, and privacy. Safety planning is growing to include strategies while on the job and in public and technology abuse. The latter is of particular concern with shelter staff reporting concerns with the way perpetrators have misused technology through email, texting, apps, software, and social media. Safety plans are also increasingly including children and youth. As there is no standardized tool in Canada at this time, support workers are using resources and information to develop individualized safety plans for this population.²⁷⁹

2. Staffing

Due to the privatized nature of social service provisions and subsequent shifts in domestic violence advocacy participation practices and professionalization trends, service and staffing are changing^{280, 281} Best practices indicate for shelters, which are accessible twenty-four hours a day, that trained staff who are skilled at responding to emergency need to be present at all hours.

²⁷² Messing J., Campbell J., Sullivan Wilson J., Brown S., Patchell B. 2015. The Lethality Screen: The Predictive Validity of an Intimate Partner Violence Risk Assessment for Use by First Responders. *J Interpers Violence*.

²⁷³ Kress V., Protivnak J., Sadlak L. 2008. Counseling clients involved with violent intimate partners: the mental health counselor's role in promoting client safety. *Journal of Mental Health Counseling*, 30(3), 200–210.

²⁷⁴ Women's Aid Federation of England. 2016. Nowhere to Turn. Findings from the first year of the No Woman Turned Away project. Retrieved from <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2017/07/NWTA-Full-report.pdf>

²⁷⁵ Northcott, M. 2012. Intimate Partner Violence Risk Assessment Tools: A Review. Department of Justice Canada, Research and Statistics Division. Retrieved from http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf

²⁷⁶ ACWS. 2016. Risk Assessment. Retrieved from <https://www.acws.ca/collaborate-document/2766/view>

²⁷⁷ Koziol-McLain, J., Vandal, A., Nada-Raja, S., Wilson, D., Glass, N., Eden, K., McLean, C., Dobbs T., Case J. 2015. A web-based intervention for abused women: the New Zealand isafe randomised controlled trial protocol. *BMC Public Health*. Jan 31;15:56.

²⁷⁸ Glass N., Eden K., Bloom T., Perrin N. 2010. Computerized aid improves safety decision process for survivors of intimate partner violence. *J Interpers Violence*. 25(11):1947-64.

²⁷⁹ BC Ministry of Justice. 2011. Safety Planning with Children and Youth: A Toolkit for Working with Children and Youth Exposed to Domestic Violence. Retrieved from <http://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/victims-of-crime/vs-info-for-professionals/training/child-youth-safety-toolkit.pdf>

²⁸⁰ Weis, J. 2009. Boundaries in carework: A case study of domestic violence shelter advocates in the USA.

²⁸¹ Merchant, L. 2015. Challenges and Retention of Domestic Violence Shelter Advocates: a Grounded Theory. *Journal of Family Violence* May 2015, Volume 30, Issue 4, pp 467–478

Core shelter staff are those who are trained to provide crisis intervention, risk assessments, and safety planning while following security measures and monitor the building.²⁸² In addition to these core roles, staff may also provide a range of other services depending on shelter model such as: counselling, group work, legal supports, outreach, and administration. They may specialize in population-specific work with children and youth, for example, or Indigenous peoples.²⁸³ Professional or on-the-job training has been noted as important with essential competencies such as recognizing and understanding the impact of domestic violence, responding to domestic violence with interventions, and a host of other practices such as reflection, referral, risk reduction, and collaboration.²⁸⁴

The literature recognizes that providing all of the above on restricted funds may be difficult. To maximize the range of services that can be provided with limited resources, staff may be brought in on a case-by-case basis and/or staff with diverse/multiple skills may be sought.²⁸⁵ Cross-system collaboration is also growing with child welfare, courts, law enforcement, schools, health care, and community and faith-based organizations²⁸⁶ as evidenced by Canadian and international research indicating this coordinated, interagency response better assists victims with their multiple needs and victims, in turn, are better supported in dealing with the impact of the domestic violence.^{287, 288}

In Canada, the past decade has seen increased collaboration and social innovation on the issue of violence against women, and more specifically the role of shelters has emerged: Women's Shelters Canada (formerly the Canadian Network of Women's Shelters & Transition Houses) and YWCA Canada are leaders in knowledge exchange and adoption of innovative practices.

3. Documentation & Record Keeping

According to National Network to End Domestic Violence²⁸⁹ survivors should be able to decide when, what information, and to whom their information is shared. Other writers recommend

²⁸² UN Women. 2012. Staffing and Management. Virtual Knowledge Centre to End Violence against Women and Girls Retrieved from <http://www.endvawnow.org/en/articles/1384-staffing-and-management.html?next=1385>

²⁸³ Van BerKum & Audshoorn (2015). Best Practice Guideline for Ending Women's Girl's Homelessness. Retrieved from <http://homelesshub.ca/resource/best-practice-guideline-ending-women's-and-girl's-homelessness>

²⁸⁴ Centre for Research & Education on Violence Against Women & Children. 2018. Online Training. Retrieved from <http://learningtoendabuse.ca/document-monitor-collaborate>

²⁸⁵ UN Women. 2012. Staffing and Management. Virtual Knowledge Centre to End Violence against Women and Girls Retrieved from <http://www.endvawnow.org/en/articles/1384-staffing-and-management.html?next=1385>

²⁸⁶ These are discussed further in the following shelter practice sections.

²⁸⁷ Lyon, E., Lane, S. & Menard, A. 2008. Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences. National Institute of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/225025.pdf>

²⁸⁸ Evans, M. A. and Feder, G. S. 2016. Help-seeking amongst women survivors of domestic violence: a qualitative study of pathways towards formal and informal support. *Health Expect*, 19: 62–73

²⁸⁹ National Network to End Domestic Violence's Safety Net Project. 2010. Victim Confidentiality Considerations For Domestic Violence and Sexual Assault Programs When Responding to Rare or Emergency. The Confidentiality Institute and National Network to End Domestic Violence. Situations

shelters should take precautions to protect residents' safety and confidentiality such as not disclosing information about residents to anyone, and restricting access to resident files.²⁹⁰ Implementing a client information management system can facilitate this while protecting client data from unauthorized use. CEPAL²⁹¹ research on several countries show advanced data collection protocols for domestic violence data collection by shelters. These systems have been developed primarily for providing data to satisfy attempts by funding agencies to evaluate processes associated with the service delivery activities of shelters.

In addition, documenting the number of women who use the shelter can help establish a need for service(s) that can be used in funding applications.²⁹² Statistics can also be useful in conducting community education efforts; they can help to further the public's awareness of the prevalence and seriousness of the problem. At the shelter level, effective monitoring and evaluation contributes to ongoing refinements in practice to ensure the best possible services are being provided.

4. Health Supports

Many women fleeing domestic violence face serious health issues related to physical health, trauma-related symptoms such as depression, anxiety, suicidal ideation, and stress as well as addiction issues and mental health issues related to their experience of violence.²⁹³ Evidence-based literature suggests health care partnerships with domestic violence shelters are critical in order to provide training, develop referral protocols, and link domestic violence victims to medical and mental health services.^{294, 295} Other work emphasizes the need for onsite experts in physical, mental, and substance abuse/addictions^{296, 297, 298} with one study confirming a shelter-based clinic is safe, confidential, and easily accessible for women and children to receive immediate care and ongoing assistance for health-related needs.²⁹⁹

²⁹⁰ Sullivan, C. and Cain, D. 2004. Ethical and Safety Considerations When Obtaining Information From or About Battered Women for Research Purposes. *Journal of Interpersonal Violence*, Vol. 19 No. 5, 603-618

²⁹¹ CEPAL. 2002. Data Collection System for Domestic Violence. Retrieved from <http://www.cepal.org/mujer/noticias/noticias/7/14217/lccarg691i.pdf>

²⁹² Iyengar, R. and Sabik, L. 2009. The Dangerous Shortage Of Domestic Violence Services. *Health Aff* vol. 28 no. 6.

²⁹³ Hoffart, I. 2014. Second-stage Shelter Project: Transitioning from Domestic Violence to Stability. Alberta Council of Women's Shelters. Retrieved from <https://endvaw.ca/wp-content/uploads/2016/05/Alberta-Revised-Second-stage-Shelter-Report-CWF.pdf>

²⁹⁴ Ferreira R. 2016. Health characteristics of female victims of domestic violence housed in a state care shelter. *iênc. saúde coletiva* vol.21 no.12 Rio de Janeiro Dec. 2016

²⁹⁵ Webb, E. 2001. The health of children in refuges for women victims of domestic violence: cross sectional descriptive survey. *BMJ*; 323:210

²⁹⁶ Lyon, E., Lane, S. & Menard, A. 2008. Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences. National Institute of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/225025.pdf>

²⁹⁷ Dawson, A., Jackson, D., & Cleary, M. 2013. Mothering on the margins: Homeless women with an SUD and complex mental health co-morbidities. *Issues in Mental Health Nursing*, 34(4), 288-293.

²⁹⁸ Kim, S., & Crutchfield, C. 2004. An evaluation of substance abuse aftercare program for homeless women with children using confounding variable-control design. *Journal Of Drug Education*, 34(3), 213- 233.

²⁹⁹ Allander, J., Rector, C., Warner, C. 2012. *Community & Public Health Nursing: Promoting the Public's Health*. Lippincott Williams and Wilkins; 7th Revised edition.

Acknowledging this site-specific gap in Canadian service provision, ACWS³⁰⁰ recommends establishing coordinated care teams to implement individualized service planning and case management processes for women and children in shelters. Teams should provide a range of health related services such as nursing, dental, and mental health. Health services were also part of a larger service strategy promoted by the Bow Valley needs assessment.³⁰¹

Another innovative measure is mobile medical clinics (MMCs). These are non-traditional healthcare strategies that increase access to care by removing geographic and social barriers associated with traditional, fixed healthcare settings. Little research, however, has explored factors influencing access to MMCs specifically, and there are no studies that analyze the spatial distribution of MMC clients, healthcare service utilization, and frequency of MMC usage. Research has found that MMCs innovatively increase healthcare accessibility, and reduce health disparities for communities and individuals marginalized by geographic, social, and structural barriers through delivering essential services at shelters.³⁰²

5. Advocacy

Advocacy is another common practice in domestic violence shelters. Research indicates that individual advocacy and assistance with service navigation for women in or just leaving shelter is effective in improving women's physical and psychosocial wellbeing by increasing their use of safety behaviours, and reducing their symptoms of psychological distress and depression.³⁰³ Other work compared advocacy for abused women with no care or usual care to understand whether advocacy was safe and effective. The findings indicate intensive advocacy may improve everyday life for women in domestic violence shelters/refuges in the short term, and reduce physical abuse one to two years after the intervention.³⁰⁴ There is no clear evidence that intensive advocacy reduces sexual, emotional, or overall abuse, or that it benefits women's mental health. It is unclear whether brief advocacy is effective, although it may provide short-term mental health benefits and reduce abuse particularly in pregnant women and those suffering less severe abuse.

³⁰⁰ ACWS. 2013. The ACWS Children's Project: Phase I. Retrieved from https://www.acws.ca/collaborate-document/791/download/ChildrensProjectFinalReport-Feb28_12-2-.pdf

³⁰¹ Hoffart. 2016. Finding the Higher Ground. YWCA Bow Valley

³⁰² Gibson, B. A., Ghosh, D., Morano, J. P., & Altice, F. L. (2014). Accessibility and utilization patterns of a mobile medical clinic among vulnerable populations. *Health and Place*, 28, 153-166.

³⁰³ Ramsay, J. 2009. Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. *Cochrane Database Syst Rev*. 8(3)

³⁰⁴ Rivas, C., Ramsay, J., Sadowski, L., Davidson, L., Dunne, D., Eldridge, S., Hegarty, K., Taft, A., Feder, G. 2015. Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. *Cochrane Database Syst Rev*. 3(12)

Research from the USA indicates the empowerment style of advocacy offered in shelters can protect women from domestic violence.^{305, 306} Another study used regression analysis to measure the importance of fostering empowerment and addressing PTSD in addition to provision of resources in battered women. Empowerment demonstrated greater relative importance over resource acquisition. Specifically, empowerment was found to attenuate the impact of IPV severity on PTSD at low and moderate levels of violence.³⁰⁷

6. Supports for Children & Youth

Recognition that children and youth require support following domestic violence has long been known. While the many shelters provide specific services and supports for this population with promising results,^{308, 309} others have struggled with implementation. Work specific to the Bow Valley identified the need for specialized programming for children and their parents in domestic violence services.³¹⁰

There is a gamut of emerging practices for children and youth in DV shelters. Futures Without Violence³¹¹ notes several of these programs such as Caring Dads, Attachment, Self-Regulation, and Competency (ARC), Child-Adult Relationship Enhancement (CARE), Parent-Child Trauma Recovery (PCTRP), and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) to name a few.

Cross-system collaboration between domestic violence shelters and child welfare and schools is also growing, and can lead to improved service delivery for families that are dealing with issues of domestic violence and child maltreatment at the same time.^{312, 313} Some advocates state that shelters should collaborate with other disciplines that prevent and respond to domestic violence, support training and programming, consider methods that avoid stigmatizing parents, and build in a program evaluation component to increase knowledge about effective practice.³¹⁴

³⁰⁵ Bergstrom-Lynch, C. 2017. Empowerment in a Bureaucracy? Survivors' Perceptions of Domestic Violence Shelter Policies and Practices. Research Article. Retrieved from

<http://journals.sagepub.com/doi/abs/10.1177/0886109917716104>

³⁰⁶ Morgan, M. and Coobes, L. 2013. Empowerment and Advocacy for Domestic Violence Victims. *Social and Personality Psychology Compass*. Volume 7, Issue 8 August 2013 Pages 526–536

³⁰⁷ Perez, S., Johnson, D. Vaile Wright, C. 2012. The Attenuating Effect of Empowerment on IPV-Related PTSD Symptoms in Battered Women Living in Domestic Violence Shelters. *Violence Against Women*. 2012 Jan;18(1):102-17 1

³⁰⁸ ACWS. 2013. The ACWS Children's Project: Phase I. Retrieved from https://www.acws.ca/collaborate-document/791/download/ChildrensProjectFinalReport-Feb28_12-2-.pdf

³⁰⁹ Lyon, E., Lane, S. & Menard, A. 2008. Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences. National Institute of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/225025.pdf>

³¹⁰ Hoffart. 2016. Finding the Higher Ground. YWCA Bow Valley

³¹¹ Futures without Violence. 2017. Programs. Retrieved from <https://www.futureswithoutviolence.org/>

³¹² MacPherson, C. 2010. Community Engagement, Child Welfare, and Domestic Violence Service Agencies. *International Journal of Child, Youth and Family Studies*, 1(3/4).

³¹³ Australian Institute of Criminology. 2011. Children's exposure to domestic violence in Australia. Retrieved from <http://www.aic.gov.au/publications/current%20series/tandi/401-420/tandi419.html>

³¹⁴ Cross, T., Mathews, B., Tonmyr, L., Scott, D., Ouimet., C. 2012. Child Welfare Policy and Practice on Children's Exposure to Domestic Violence. *Child Abuse and Neglect*, 36(3).

7. Counselling

Counselling can be a means to provide victims with a sense of reality, perspective, or clarity on the issues at hand. It can also be a tool to increase coping skills with an individual in a safe environment. Research suggests that individual counselling with women in shelter may support their resilience and outcomes related to self-esteem and coping.^{315, 316} Other work determined that women who seek more forms of help while in shelter report less re-victimization suggesting that offering treatment may make women more amenable and capable of utilizing other resources that, in turn, enhance the potential benefits of other shelter services.^{317, 318}

Current best practice indicates that individual counselling grounded in a feminist approach is the most appropriate and effective form of intervention with victims/survivors.³¹⁹ Classic works dating back to the 1990s advocate a feminist approach as traditional approaches were found not to empower women and were often oppressive.^{320, 321} Feminist counsellors seek to affirm women's sense of entitlement to their own thoughts, feelings, needs, and assertive actions.

8. Engaging Men & Boys

The importance of engaging men and boys in domestic violence prevention is gaining momentum especially in Alberta. Advocates emphasize this at both a service and system level arguing that the majority of men do not use or condone violence. Even though men still perpetrate the majority of DV, the social construction of masculinity plays a crucial role in violence perpetration and, as such, all men should be engaged in its prevention according to these experts.³²² In a recent review of the literature, it was found that programs targeting men are often not evidence-based, nor do women's shelters typically run them.³²³

There are seven promising areas for engaging men and boys in domestic violence prevention:³²⁴

³¹⁵ McNamara, J. 2008. The Impact of Short-Term Counseling at a Domestic Violence Shelter. Volume: 18 issue: 2, page(s): 132-136

³¹⁶ Tutty, L.M. 2006. Effective practices in sheltering women leaving violence in intimate relationships. Toronto, Ontario: YWCA Canada

³¹⁷ Bennet, L. 2004. Effectiveness of Hotline, Advocacy, Counseling, and Shelter Services for Victims of Domestic Violence. A Statewide Evaluation. J Interpers Violence. 2004 Jul;19(7):815-29.

³¹⁸ Grossman, S. 2010. Shelter and Service Receipt for Victims of Domestic Violence in Illinois. J Interpers Violence. Volume: 25 issue: 11, page(s): 2077-2093

³¹⁹ Bagshaw, D., Chung, D., Couch, M., Lilburn, S. and Wadham, B. 2000. Reshaping Responses to Domestic Violence: Final Report, University of South Australia

³²⁰ McCann, I. L. and Pearlman, L. A. 2007. Psychological Trauma And Adult Survivor Theory: Therapy And Transformation. Taylor & Francis

³²¹ Walker, L. 1991. Post-traumatic stress disorder in women: Diagnosis and treatment of battered women syndrome, Psychotherapy, 28, 21-29

³²² Wells, L., Lorenzetti, L., Carolo, H., Dinner, T., Jones, C., Minerson, T., & Esina, E. 2013b. Engaging men and boys in domestic violence prevention: Opportunities and promising approaches. Calgary, AB: The University of Calgary, Shift: The Project to End Domestic Violence.

³²³ Ibid.

³²⁴ Ibid.

1. Promoting positive fatherhood as a primary prevention strategy;
2. Promoting men's health to prevent domestic violence;
3. Infusing prevention policies and activities within sporting and recreation settings as a domestic violence prevention strategy;
4. Leveraging the workplace as a key setting to prevent domestic violence;
5. Supporting non-violent men and boys to influence their peer relationships as a domestic violence prevention strategy;
6. Support non-violent male leadership throughout all sectors, so more men can become allies in preventing domestic violence; and
7. Support Indigenous healing to prevent domestic violence.

There is an opportunity to further engage men and boys in ending domestic violence, and in developing strategies to be implemented at the provincial, municipal, and practical level.

9. Perpetrator Programs

In recent years, there have been a number of literature reviews and meta-analyses of domestic violence perpetrator programs. While evaluations tend to find that men who complete interventions programs often have lower levels of recidivism, drop-out rates are very high. Systematic evaluations have found few rigorous studies of perpetrator programs that reported significant positive results. Overseas studies that have looked at perpetrator programs combined with other interventions such as substance abuse programs or couples therapy have been inconclusive.^{325, 326}

From a shelter perspective, questions arise as how to best ensure that the men who need these programs get referred to them, and that the women who are abused by these men have access to appropriate services. This has led to the development of integrated approaches, which encompass the responses of police, courts, and social services to preventing and stopping domestic violence.

It is important to note here the need to challenge cultural stereotypes, which still assume that the perpetrators of domestic violence are men and the victims are women. To date, little research has been devoted to understanding women who are violent towards their partners. An emerging body of research suggests that several contextual factors and motives may distinguish female and male perpetrators of domestic violence, and that the consequence of this violence may differ between the genders.³²⁷ One study reviewed a decade of empirical studies examining the prevalence of female perpetrated intimate partner violence across three distinct populations (adolescents, college students, and adults). All studies were published between

³²⁵ Babcock, J., Green, C. and Robie, C. 2004. Does batterers' treatment work? A meta-analytic review of domestic violence treatment, *Clinical Psychology Review*, 23, 2004, pp. 1023–1053.

³²⁶ Ellsberg, M., Arango, D., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., Watts, C. 2014. Prevention of violence against women and girls: what does the evidence say?, *The Lancet*, 21 November 2014, pp. 1–12

³²⁷ Gabora, N., Stewart, L., Lilley, K. & Allegri, N. 2007. A Profile of Female Perpetrators of Intimate Partner Violence: Implications for Treatment. Correctional Operations and Programs. Correctional Service Canada

1996 and 2006, and reported prevalence rates of physical, emotional, and/or sexual violence perpetrated by females in heterosexual, intimate relationships. The highest rates were found for emotional violence, followed by physical, and sexual violence. Prevalence rates varied widely within each population most likely due to methodological and sampling differences across studies.³²⁸ Few longitudinal studies existed, limiting the extent to which the authors could identify developmental patterns associated with female perpetrated intimate partner violence.

10. Responding to Diversity

While domestic violence transcends cultural, social, and economic boundaries, there are populations that may be more vulnerable or may face greater barriers to service.

Women in pregnancy and early motherhood. Pregnancy and the early years of motherhood are periods when women are at greater risk of experiencing domestic violence.³²⁹ Professionals working in perinatal, and maternal and child health services play a role at shelters, and further research is required on how they support these women in shelter.

Men and domestic violence. While much of domestic violence is perpetrated by men against women, women are also capable of being violent and abusive towards their partners.^{330, 331} What is more, a growing body of research suggests male victims do not use social services.³³² Various ways to respond to men who have been abused is through increased public awareness and education, providing gender-inclusive practice and services, and strengthening training for service providers working with domestic violence male victims.³³³ Shelters for men are also beginning to emerge.³³⁴

Cultural competency. Because victims of domestic violence may experience the abuse in culturally specific ways, shelters should consider the cultural background and the unique issues faced by the victim and their children in order to tailor services to meet their needs. Examples of culturally competent practices at the shelter level focus on strategies for individual ethno-

³²⁸ Williams, J. R., Ghandour, R. M., & Kub, J. E. 2008. Female perpetration of violence in heterosexual intimate relationships. *Trauma Violence Abuse*, 9, 227.

³²⁹ Brownridge, D., Tallieu, T., Tyler, K., Tiwari, A., Chan, K., and Santos, S. 2011. Pregnancy and Intimate Partner Violence: Risk Factors, Severity, and Health Effects. Sociology Department, Faculty Publications. Paper 154. Retrieved from <http://digitalcommons.unl.edu/sociologyfacpub/154>

³³⁰ CDC. 2010. National Intimate Partner and Sexual Violence Survey. National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention Retrieved from http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf

³³¹ Burczycka, M. 2015. Police-reported intimate partner violence. <http://www.statcan.gc.ca/pub/85-002-x/2017001/article/14698/03-eng.htm>

³³² Tsui, V., Cheung, M. and Leung, P. 2010. Help-seeking among male victims of partner abuse: men's hard times. *Community Psychol.*, 38: 769–780.

³³³ Douglas, E., Hines, D., McCarthy, S. 2012. Men who sustain female-to-male partner violence: factors associated with where they seek help and how they rate those resources. *Violence Vict.*;27(6):871-94.

³³⁴ Batesville Family Violence. 2017. How we help. Retrieved from <http://www.batesvillefamilyviolence.com/index.php/how-we-help>

cultures (e.g. Chinese peoples,³³⁵ Indigenous peoples,³³⁶ Latina women,³³⁷ and Asian-Pacific Communities).³³⁸ Practices are unique to different cultures, thus a fulsome explanation is out of scope of this report. In regards to the Bow Valley, Newcomers and Indigenous peoples were recognized as key populations requiring specific and culturally-appropriate services.³³⁹ Common activities are access to language speakers, accommodation of dietary and religious restrictions, community-based cultural organizational collaboration, and legal support in the case of immigration status.³⁴⁰

Women from rural and remote communities. Studies from Australia³⁴¹ and the USA³⁴² suggest that women living in rural and remote locations experience more frequent violence, greater severity of physical abuse, and remain in abusive relationships longer than women in urban areas, yet live much farther away from available resources. Firearms are often more accessible in rural and remote communities, particularly in farming areas. This must be considered in risk assessments as it can significantly increase the risk for a victim.³⁴³

A "mobile advocacy" approach is being used by several domestic violence organizations throughout the USA: advocates meet survivors outside of a shelter environment, in their community or their homes, when the survivors feel they are safe. Having advocates go to them rather than making clients come to the shelter increases access tremendously, particularly in a rural area.³⁴⁴

Women with disabilities. Shelter programs have made more efforts to accommodate the needs of survivors with physical and other disabilities, and there are a range of new practices

³³⁵ Government of Alberta. 2010. Cultural Considerations and Suggestions. Retrieved from: http://www.ccrfv.ca/publications/Cultural_Suggestion_for_web_v6.pdf

³³⁶ Herring, S. 2013. The Intersection of Trauma, Racism, and Cultural Competence in Effective Work with Aboriginal People: Waiting for Trust. Australian Social Work Vol. 66, Iss. 1.

³³⁷ Edelson, M. G., Hokoda, A., & Ramos-Lira, L. 2007. Differences in effects of domestic violence between Latina and non-Latina women. *Journal of Family Violence*, 22(1), 1-10.

³³⁸ Kim, M. 2010. Innovative Strategies to Address Domestic Violence in Asian and Pacific Islander Communities: Examining Themes, Models and Interventions. Asian and Pacific Islander Institute on Domestic Violence.

³³⁹ Hoffart. 2016. Finding the Higher Ground. YWCA Bow Valley

³⁴⁰ Tutty, L. 2010. Promising Practices to Engage Ethno-cultural Communities in Ending Domestic Violence. https://www.researchgate.net/profile/Leslie_Tutty/publication/258699644_Promising_Practices_to_Engage_Ethno-cultural_Communities_in_Ending_Domestic_Violence/links/00463528d7e151ed19000000/Promising-Practices-to-Engage-Ethno-cultural-Communities-in-Ending-Domestic-Violence.pdf

³⁴¹ Wendt, S., Chung, D., Elder, A. & Bryant, L. 2015, Seeking help for domestic violence: Exploring rural women's coping experiences: State of knowledge paper, Australia's National Research Organisation for Women's Safety (ANROWS), Sydney. Retrieved from <https://anrows.org.au/publications/landscapes-0/seeking-help-for-domestic-violence-exploring-rural-womens-coping-experiences>

³⁴² Peek-Asa, C. Wallis, A., Harland, K., Beyer, K., Dickey, P., and Saftlas, A. 2011. Rural Disparity in Domestic Violence Prevalence and Access to Resources. *Journal of Women's Health*. November 2011, 20(11): 1743-1749.

³⁴³ Domestic Shelters .2017. A Rural Barrier. Escaping domestic violence in a rural setting offers unique challenges. Retrieved from https://www.domesticshelters.org/domestic-violence-articles-information/a-rural-barrier#.WYOD_ojyu00

³⁴⁴ Ibid.

emerging.³⁴⁵ However, documentation of these efforts is sparse. There is a growing body of work (screening, tool kits, guides, recommendations) around how to better serve women with disabilities, and to enhance the ability of programs serving survivors to reach out to survivors with disabilities.³⁴⁶

People of diverse gender identity and sexual orientation. Most shelters only accommodate women, including lesbians. As a result many LGBTQ2S+ members do not believe shelters are helpful, fearing homophobia and transphobia.³⁴⁷ While much more work is needed in this area, shelters are implementing cultural training, collaborating with LGBTQ2S+ organizations to ensure a welcoming environment, and to conduct outreach and improved resources.³⁴⁸

11. Trauma-Informed Care

Trauma-informed care has gained much momentum in many health and social service settings. There is a broad scope of literature available on practices and program models around the world for services working with survivors of domestic violence³⁴⁹ and several studies indicated improved outcomes for women through this approach.^{350, 351}

Trauma-informed care also recognizes the impact of this work on staff and takes measures to reduce vicarious trauma.³⁵² Another noteworthy theme is related to rules. The loss of autonomy experienced by many survivors at the hands of their abusers can be one of the most devastating effects of domestic violence. Shelters that rely extensively on rules and echo the abuser's rigid reliance on rules may retraumatize survivors rather than support them. Shifting away from a rule-based approach to serving survivors and their children is a key step in becoming trauma-

³⁴⁵ UN Women. 2012. Women with Disabilities. Virtual Knowledge Centre to End Violence against Women and Girls. Retrieved from <http://www.endvawnow.org/en/articles/1397-women-with-disabilities.html?next=1398>

³⁴⁶ Chang, J., Martin, S., Moracco, K., Dulli, L., Scandlin, D., Loucks-Sorrel, M., Turner, T., Staroneck, L., Dorian, P., Bou-Saada, I. 2003. Helping Women with Disabilities and Domestic Violence: Strategies, Limitations, and Challenges of Domestic Violence Programs and Services. *Journal of Women's Health*. September 2003, Vol. 12, No. 7: 699-708

³⁴⁷ Brown, T. and Herman, J. 2015. Intimate Partner Violence and Sexual Abuse among LGBT People. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Intimate-Partner-Violence-and-Sexual-Abuse-among-LGBT-People.pdf>

³⁴⁸ Government of Western Australia. 2015. Responding to Diversity. Retrieved from <https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/2015/FactSheet8Respondingtodiversity.pdf>
LGBTQ-Inclusive Model Policies - NYC Anti-Violence Project. 2017. Retrieved from http://avp.org/wp-content/uploads/2017/04/VAVP_LGBTQ-Inclusive_Model_Policies.pdf.

³⁴⁹ Anyikwa V. 2016. Trauma-Informed Approach to Survivors of Intimate Partner Violence. *J Evid Inf Soc Work*. Sep-Oct;13(5):484-91.

³⁵⁰ Tutty, L.M. 2006. Effective practices in sheltering women leaving violence in intimate relationships. Toronto, Ontario: YWCA Canada

³⁵¹ Bateman, J., Henderson, C., Kezelman, C. 2013. Mental Health Coordinating Council, Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction, Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group, http://www.mhcc.org.au/media/32045/ticp_awg_position_paper__v_44_final__07_11_13.pdf.

³⁵² Hopper, E.K., Bassuk, E. and Olivet, J. 2010. Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 2010. 3: p. 80-100

informed.³⁵³ Culturally-appropriate practices, enhancing resilience, collaboration, and routine screening for trauma are other common trauma-informed practices in shelter.³⁵⁴

12. Housing and Support Referrals

Worldwide research shows that domestic violence is commonly cited as the leading cause of homelessness among women.^{355, 356} Compounding the issue, a lack of safe, decent, affordable housing continues to be a problem for many women using domestic violence residential services. Housing is a major issue in the Bow Valley, in terms of shortage and cost, and as such is a key concern for those who work with domestic violence.³⁵⁷ Also, given the fact that access to independent financial resources and poverty are central characteristics of many women who end up homeless because of violence, income support and strategies to assist women to secure appropriate employment are also offered by domestic violence shelters.

Domestic violence shelters targeting Housing First program referrals for women fleeing violence is growing. Housing First is a program model and philosophy that emphasizes the importance of stable, permanent housing as a strategy to help end homelessness.³⁵⁸ To ensure effectiveness for women fleeing violence, Housing First models must reflect the gendered nature, the need for safety, and individual experiences of homelessness.³⁵⁹ Some cities in the United States have piloted Domestic Violence Housing First approaches, which have been shown to promote long-term stability, safety, and wellbeing for survivors and their children.³⁶⁰

In Calgary, there are several Housing First programs for women and children experiencing violence as well delivered by the YWCA and Discovery House. A Community Housing Program places families affected by abuse into long-term, stable rental housing in the community and provides critical support services along with housing necessary to help women and their

³⁵³ The Anna Institute. 2013. Special Collection: Trauma-Informed Domestic Violence Services. Retrieved from <https://www.theannainstitute.org/Andrea%20Blanch%20TIWA/Special%20CollectionTI%20DVServicesSpecialCollection.pdf>.

³⁵⁴ Ferencik, S. and Ramirez-Hammond, R. 2013. Trauma-informed Care Best Practices and protocols for Ohio's domestic violence programs. http://stoprelationshipabuse.org/wp-content/uploads/2013/06/ODVN_Trauma-InformedCareBestPracticesAndProtocols.pdf

³⁵⁵ Baker, C., Billhardt, K., Warren, J., Rollins, C. & Glass, N. 2010. Domestic Violence, Housing Instability, and Homelessness: A Review of Housing Policies and Program practices for meeting the needs of survivors. *Aggression and Violent Behaviour*, 15(6) pp.430-439.

³⁵⁶ Johnson, G. and Ribar, D. and Zhu, A., 2017. Women's Homelessness: International Evidence on Causes, Consequences, Coping and Policies (March 3, 2017). Melbourne Institute Working Paper No. 7/17.

³⁵⁷ Hoffart. 2016. Finding the Higher Ground. YWCA Bow Valley

³⁵⁸ Turner, A. 2014. Beyond Housing First: Essential Elements of a System-Planning Approach To Ending Homelessness. Retrieved from <https://www.policyschool.ca/wp-content/uploads/2016/03/beyond-housing-turner.pdf>

³⁵⁹ YWCA. 2014. Saying Yes: Effective Practices for Sheltering Abused Women with Mental Health and Addiction Issues <http://www.homelesshub.ca/resource/saying-yes-effective-practices-sheltering-abused-women-mental-health-and-addiction-issues>

³⁶⁰ US Department of Health and Human Services. 2015. Positive Outcomes for Victims of Domestic Violence and Families through Housing First Pilot Program. Retrieved from <https://peerta.acf.hhs.gov/content/positive-outcomes-victims-domestic-violence-and-families-through-housing-first-pilot-program>

children achieve their goals. Families receive support from their case manager, a mental health specialist, a child and youth support specialist, and a housing liaison. This team works with families to obtain housing, fulfill basic needs, and navigate financial and legal support systems with an emphasis on safety, relationships, trust, and stability.³⁶¹

New Directions for Domestic Violence Shelters

The above section outlined several best practices for domestic violence shelters as they are structured today. This section presents some of the new thinking for shelters, referred to as Shelter 2.0". Shelter 2.0 proposes a new paradigm for women's shelter operations, focusing on shelter objectives, service models, policies and practices. It presents emerging directions that advance a reimaging of shelters through proposing a holistic definition of violence and the intentional development of a system planning approach to prevent and end violence.

Understanding Women's Shelters

In order to shift our current thinking in the domestic violence sector, some key considerations need to be first explored. These ideas should be examined within local contexts and probed further through thoughtful implementation, continuous improvement and evaluation.

Building a Common Understanding of Violence

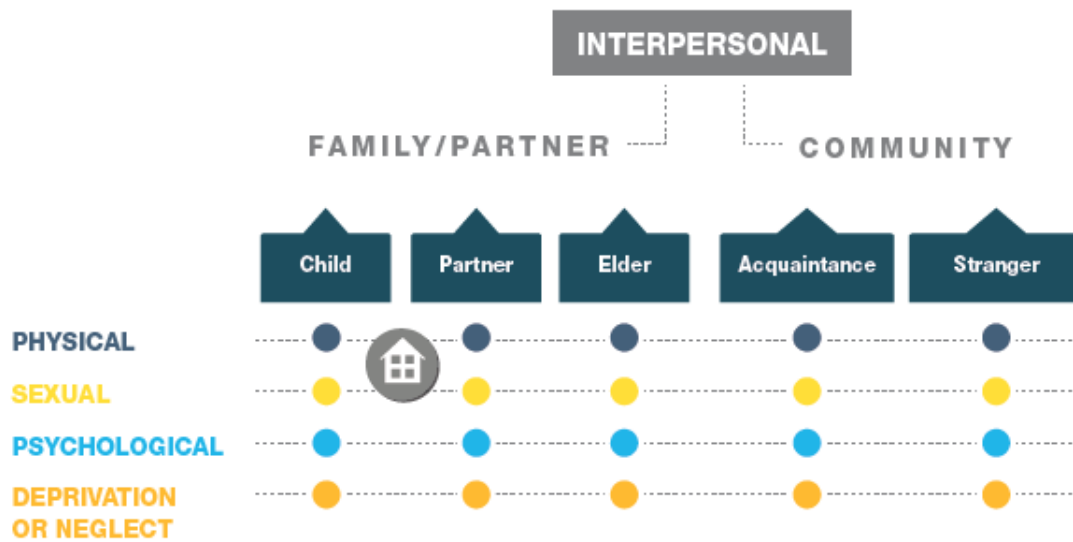
The way in which we define violence underpins our actions: the language and constructs we use and the terms and definitions we employ to convey meaning play critical roles in shaping our actions. Yet, we don't often stop to reflect on such foundational matters and consider how challenging these might be to open new ways of addressing multiple forms of violence.

For example, we use various terms to discuss our work: is our role to prevent, respond to and/or end domestic violence (DV), intimate partner violence (IPV), family violence (FV), violence against women (VAW), etc.? To truly challenge our understanding of women's shelters and develop a new approach, it is essential we arrive at consistent and agreed-upon terminology, theories of change and shared narratives.

A comprehensive definition of interpersonal violence adapted from the World Health Organization (WHO) and illustrated below, describes the negative effects of power differentials across the social spectrum. Rather than limiting examinations of violence to the domestic/family sphere, it allows for an intersectional view of the behaviour across all social levels. Such a perspective elevates discourse on violence and impacts our strategies and action to address it at a structural and community level, including public policy and social norms, rather than restricting it to individual behaviours.

³⁶¹ Macy R. and Ermentrout, D. 2007. Consensus Practices in the Provision of Services to Survivors of Domestic Violence and Sexual Assault. A Reference for North Carolina Service Providers. Retrieved from https://ssw.unc.edu/files/web/pdf/__Sexual_Assault_Consensus_Practices_final-1.pdf

Figure 2: Typology of Interpersonal Violence (WHO)



Underpinning this approach to classifying violence is the understanding that varying forms of violence must be treated differently from an intervention and prevention perspective. Thus, a comprehensive Shelter 2.0 approach recognizes the ways in which diverse manifestations of violence relate to, and reinforce, one another.

As we learn more through research and practice in the work of violence against women, we recognize that to end violence, we need to end it in all forms. This moves the women's shelter to consider its role in a broadly defined systems approach to violence.

Shelter 2.0 suggests women's shelters need to broaden their definition and understanding of violence as interpersonal violence, following the WHO typology. This does not mean women's shelters would or should be expected to fully address all forms of violence within their service spectrum; however, using a comprehensive definition, they can then be specific about which violence they are stopping by operating within the context of a broader definition of interpersonal violence.

The WHO typology of interpersonal violence fits well with the public health and Socio-Ecological Model Framework for Prevention, which is also employed by the Centers for Disease Control and Prevention (CDC),³⁶² and many others working on violence prevention. It also helps us distinguish the varying levels of which violence must be addressed.

³⁶² Centers for Disease Control and Prevention. (2009). The socio-ecological model: A framework for prevention. Retrieved June 1, 2018 from <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

Shelters in the Prevention Continuum

Another important component of this framework involves understanding the types of prevention. We now understand that ending violence requires work at various levels on the prevention spectrum:

PRIMARY PREVENTION reduces the number of new instances of violence by intervening before it has occurred. This “relies on identification of the underlying, or ‘upstream,’ risk and protective factors for intimate partner violence, and acts to address those factors”.³⁶³

SECONDARY PREVENTION mediates responses following violence. Efforts address the short-term consequences of violence and detecting it earlier, including crisis counseling and screening mechanisms in hospitals and working with men and boys who are at high risk of perpetrating violence. Secondary prevention may include targeted programs for at-risk populations including counselling, supports and skill-based programs.

TERTIARY PREVENTION focus on long-term care in the wake of violence, such as programs that address the trauma of the violent event. This includes working with people perpetrating violence, and interventions by the criminal justice system after violence occurs. In these cases, the goal is often intervention and prevention of recurrence of the violence.³⁶⁴

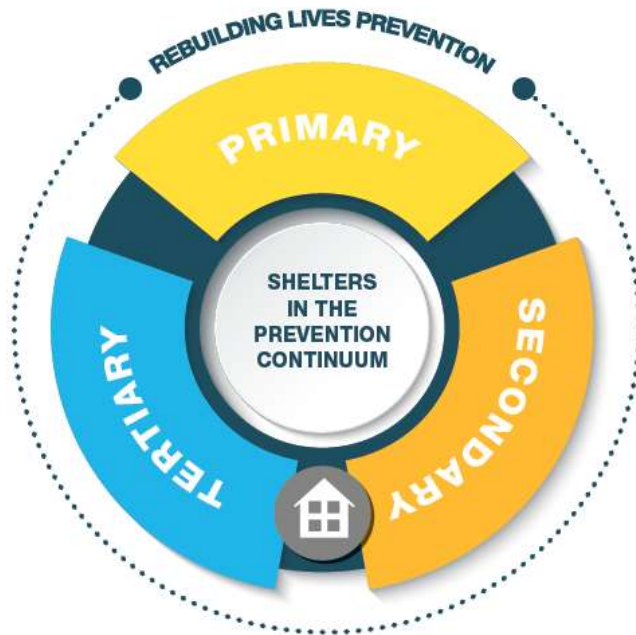
REBUILDING LIVES PREVENTION focuses on long-term interventions that support people to heal, restore, rebuild, and experience wellbeing. This can happen at any prevention point and may include long term affordable housing, income support programs, counselling, children’s programs, ongoing outreach and diverse supports to ensure quality of life.

Shelters initially emerged to keep women safe and stop physical and sexual violence; this places shelters in the Tertiary Prevention category. Over time, our understanding of different forms of violence evolved (i.e. children witnessing violence) and the need for more focus emerged on the importance of working with the people perpetrating violence and their networks.

³⁶³ Harvey, A., Garcia-Moreno, C., and A. Butchart. (2007). Primary Prevention of Intimate Partner Violence and Sexual Violence: Background Paper for WHO Expert Meeting May 2-3, 2007. Retrieved November 13, 2013 from World Health Organization: http://www.who.int/violence_injury_prevention/publications/violence/IPV-SV.pdf.

³⁶⁴ Minerson, T., Carolo, H., Dinner, T., and C. Jones. (2011). Issue brief: Engaging men and boys to reduce and prevent gender-based violence. Toronto, ON: Status of Women Canada.

Figure 3: Conceptualizing Women's Shelters and Prevention



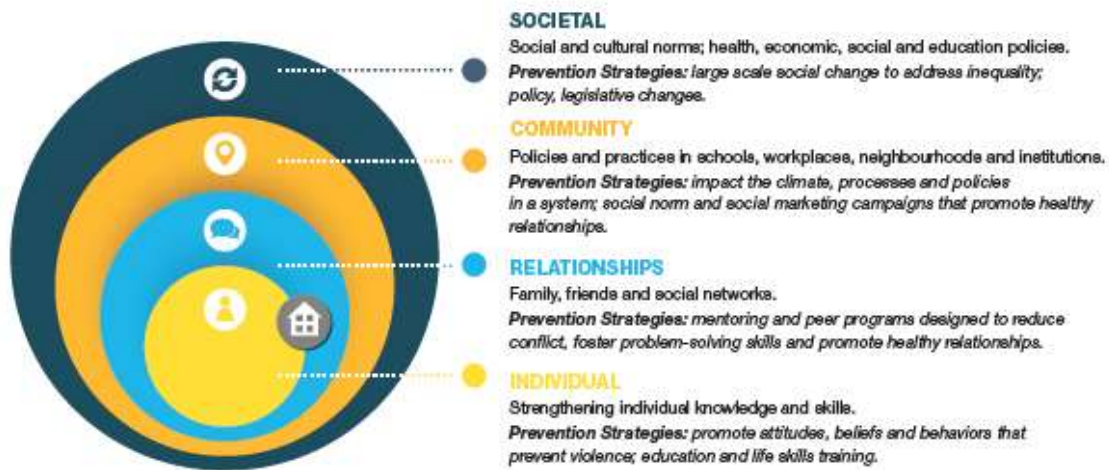
Combined with our enhanced knowledge of systems and social structures that reinforce multiple forms of violence, the lines of different types of prevention became blurred with shelters engaging in activities outside their immediate crisis focus. While this work is certainly justified, shelters were not necessarily resourced to take on this additional work. As a result, these issues were dealt with inconsistently and episodically. In addition, the anti-violence prevention sector landscape has grown around shelters with these additional services/supports and activities. This begs the question: what is the role of women's shelters in the new context?

Using the typology of interpersonal violence, we can further situate shelters in a Socio-Ecological Model for Prevention³⁶⁵ to help us understand the role of shelters through a systems lens (see Figure 2 below).

As is shown below by the hexagon, the primary role of shelters is at the individual level, to support people experiencing violence – or at risk of immediate and acute violence – and to provide access to a safe place from which they can connect to appropriate resources in the broader system of care.

³⁶⁵ Centers for Disease Control and Prevention. (2009). The Socio-Ecological Model. Retrieved November 13, 2013 from Centers for Disease Control and Prevention: <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

Figure 4: Socio-Ecological Model Framework for Prevention (CDC)



Shelter 2.0 specifies shelters as service providers to people at risk of, or experiencing violence, and are critical players in a comprehensive systems approach to prevent and end violence. This comprehensive approach is already emerging and evidenced by coordinated efforts across Canadian communities focused on the complex interplay between violence, homelessness, mental health, addiction and poverty. The role of shelters is therefore critical both in practice and in policy change as part of a system-of-care approach to violence prevention. This will fundamentally probe the role of shelters as they are no longer expected to provide the entire system of care, but to play a specific role within it.

Exploring Shelters through a Gender-Inclusive Lens

The dominant paradigm in which most domestic violence shelters currently operate is grounded in a critique of patriarchy and gender norms, which is foundational to feminist efforts to redress gender-based violence. Traditionally, approaches focused on the victim as vulnerable, to be protected, sequestered and supported; while the perpetrator is to be punished, rehabilitated and monitored. This core narrative of the male aggressor and female victim must evolve.

The proliferation of perpetrator intervention programs and violence shelters for women around the world have developed as a response to the disturbingly high levels of serious injuries and deaths of women from spousal violence. Indeed, women are subjected to more severe and greater levels of violence from male partners including sexual assault, beating or choking and death.³⁶⁶ Yet, we must also consider a growing body of research in North America that indicates girls and women perpetrate some forms of partner violence at least as often as boys and men, and bidirectional

³⁶⁶ According to the Canadian Women's Foundation, a woman is murdered by her partner or ex-partner every six days. From 2011 homicides, 85% were women. Canadian Women's Foundation. (2014). Fact sheet: Moving women out of violence. Retrieved June 1, 2018 from http://www.canadianwomen.org/sites/canadianwomen.org/files/FactSheet- StopViolence-ACTIVE_0.pdf

violence is the most common pattern of violence in abusive heterosexual dating relationships.^{367, 368, 369} Large scale victimization surveys tend to capture situational couple violence,³⁷⁰ which accounts for the reports of gender symmetry in terms of who initiates and participates in the violence. In contrast, samples which come from shelters, police reports, and emergency rooms, are more likely to represent coercive controlling violence, largely perpetrated by men against women, and more likely to cause injuries and death to women.^{371, 372}

We unequivocally know that violence against women is largely perpetrated by males,³⁷³ and is often more severe and with greater lethality risk, yet, we cannot ignore that this is not the only form of violence impacting those we serve. The findings noted require us to expand the prevailing paradigm guiding research, government and community responses to violence, which assume girls and women are the only victims of violence perpetrated by males. Coercive controlling violence is the deadliest form of violence and therefore rightly captures the focus of our work; however, the reality is more broad and complex and so must be our responses. While this violence has historically been viewed as a women's issue and a women's response, we must learn from and adapt to changing social conditions and societal norms.

Boys and men are themselves vulnerable to violent victimization and gender and social constructs - both of which can increase their risk of becoming perpetrators of violence. This reconsideration of vulnerability can significantly strengthen our understanding of violence and shape our responses accordingly. However, we must be careful that the experiences of victimization do not become justification for the perpetration of violence. Leading-edge therapeutic approaches like response-based practices take the position that it is respectful of men to acknowledge their personal agency and choice inherent in their actions, rather than victims of forces they cannot be expected to control.³⁷⁴

³⁶⁷ Holmes SC, Johnson NL, Rojas-Ashe EE, Ceroni TL, Fedele KM, Johnson DM. 2016.

Prevalence and Predictors of Bidirectional Violence in Survivors of Intimate Partner Violence Residing at Shelters. *J Interpers Violence*.

³⁶⁸ Langhinrichsen-Rohling, J., Misra, T. A., Selwyn, C., Rohling, M. L. 2012. Rates of bidirectional versus unidirectional intimate partner violence across samples, sexual orientations, and race/ethnicities: A comprehensive review. *Partner Abuse*, 3, 199-230

³⁶⁹ Williams JR, Ghandour RM, Kub JE. 2008. Female perpetration of violence in heterosexual intimate relationships. *Trauma Violence Abuse*, 9; 227 -49

³⁷⁰ Attempts to resolve this debate have resulted in a violence typology (Johnson, 2008).

³⁷¹ Justice Canada. 2013. Making the Links in Family Violence Cases: Collaboration among the Family, Child Protection and Criminal Justice Systems. Retrieved from <http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/mlfvc-elcvf/vol2/p1.html>

³⁷² Michael P. Johnson. 2008. *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence*. By Michael P. Johnson. Lebanon, NH: Northeastern University Press

³⁷³ Carmody, M., Salter, M., Presterudstuen, G.H. (2014). Less to lose and more to gain? Men and Boys Violence Prevention Research Project Final Report, University of Western Sydney, Australia.

³⁷⁴ Todd, N., Weaver-Dunlop, G., & Ogden, C. (2014). Approaching the subject of violence: A response-based approach to working with men who have abused others. *Violence Against Women*, 20 (9), 1117-1137.

The gendered focus in women's shelters, while it is appropriate and necessary, has historically missed the reality of violence between same-sex partners, elder and child abuse, violence within diverse cultures, and instances where women are abusers of women or men, or where violence is mutual between partners. This points to the need for shelters to understand the complexity and nuances of diverse interpersonal violence and identify where they can enhance service provision. In some cases, it means we must challenge the victim/perpetrator boundaries and how these constructs may be doing harm in our practice. This does not negate the many instances where violence is clearly unilateral, with a clear perpetrator and a victim. In these cases, it would be an injustice to the victim to suggest they are in any way responsible for the abusive actions of the perpetrator.

While stopping male violence against women must still be a priority, research indicates expanded and new approaches to stop and prevent violence are required. As both genders are socially constructed, and sometimes both engage in violence, identifying distinct and common risk factors can render a more nuanced understanding of domestic violence perpetration and victimization. Also, understanding root causes and structural inequities that reinforce violence is critical to the discussion. We need to shift towards conceptualizing the experience of violence reflective and inclusive of gender diversity. From this perspective, we can consider the role of shelters as violence shelters, with the possibility of serving those in transition (male-to-female or female-to-male), males and females experiencing violence. This does not mean all women's shelters become all-gender shelters. Rather, as a violence prevention system, we will develop options to address the experience of violence reflective and inclusive of gender diversity. Thus, a violence shelter might have a specific focus on women, but can make appropriate referrals to other providers who serve males, those transitioning, etc.

Figure 5: Inclusive Language



Working with Indigenous Peoples and their Families

In Canada, Indigenous women are 2.5 times more likely to experience domestic violence than non-Indigenous women.³⁷⁵ They are also more likely to report experiencing some of the most severe

³⁷⁵Brennan, S. (2011). Violent victimization of Aboriginal women in the Canadian provinces, 2009. Juristat, 36(1). Retrieved on January 16, 2018 from <https://www.statcan.gc.ca/pub/85-002-x/2011001/article/11439-eng.pdf>

forms of violence such as sexual assault, choking, and homicide.³⁷⁶ In many shelters, Indigenous women are overrepresented. Due to the egregious numbers, multiple factors must be taken into consideration when reflecting on the future role of women's shelters in Canada, including the history of colonization, structural violence and oppression and continued marginalization against Indigenous peoples.

Shelter 2.0 recognizes that Indigenous worldview of domestic violence are distinct from the dominant western perspective.³⁷⁷ Indigenous worldviews link domestic violence to the legacy of colonization and the impact of intergenerational trauma, emphasizing the value of family and community from a holistic viewpoint. However, the discourse present in the domestic violence literature and the women's shelter movement reflects the dominant western paradigm of domestic violence. Shelter practice has largely ignored the context of colonization. Current shelter practice is also individualistic in nature and primarily dyadic in response.

A holistic worldview stresses that DV is a community-level problem³⁷⁸ and as such, all people must heal from the violence.³⁷⁹ In contrast, the dominant western narrative of DV involves two people: a victim (usually female) and a perpetrator (usually male), whose separation is a key part of intervention. Most services are set up in response to this prevailing idea. In contrast, Indigenous writing suggests this model is culturally inappropriate³⁸⁰ as it isolates and separates family members. A holistic worldview seeks harmony and balance for the family and community in contrast to the prevailing view based in crisis, punishment and separation.³⁸¹

Local Shelter Evolutions

Recognizing the needs of women experiencing abuse, the establishment of shelters from the 1970s onwards began with feminist activism to provide shelter, safety and support. Particularly in Alberta, this movement continued to adapt and change, making substantial headway in emergency shelter services, legislation reform, establishing and extending government policy and programs and stimulating research and public information on domestic violence.

³⁷⁶ Boyce, J. (2016). Victimization of Aboriginal people in Canada, 2014. Juristat, 36(1). Retrieved on January 16, 2018 from <http://www.statcan.gc.ca/pub/85-002-x/2016001/article/14631-eng.htm>

³⁷⁷ Baskin, C. (2012). Systemic oppression, violence & healing in Aboriginal families and communities. In R. Alaggia & C. Vine (Eds.). *Cruel but not unusual: Violence in Canadian families. A sourcebook for educators & practitioners*. Kitchener: Wilfred Laurier University Press

³⁷⁸ Olsen, A., Lovett, R., Australian Institute of Aboriginal and Torres Strait Islander Studies, & Australia's National Research Organisation for Women's Safety Limited. (2016). *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: state of knowledge paper*. Alexandria, NSW: ANROWS. Retrieved on January 16, 2018 from https://d2c0iky46o3b1.cloudfront.net/anrows.org.au/s3fs-public/FINAL%2002.16_3.2%20AIATSIS%20Landscapes%20WEB.pdf

³⁷⁹ Cripps, K. (2007). Indigenous family violence: from emergency measures to committed long-term action. *Australian Indigenous Law Review*, 11(2), 6-18

³⁸⁰ Ibid.

³⁸¹ Baskin, C. (2012). Systemic oppression, violence & healing in Aboriginal families and communities. In R. Alaggia & C. Vine (Eds.). *Cruel but not unusual: Violence in Canadian families. A sourcebook for educators & practitioners*. Kitchener: Wilfred Laurier University Press.

The primary evolution of shelters continued with the proliferation of facility-based services from the shelter. This has been further reinforced by the push in social services towards place-based integration, or the one-stop-shop model. In turn, the collection of shelters and complementary services has emerged as a sector, with many groups taking on the work of the “battered women’s” movement. While significant gains were made for victims, this also contributed to creating a fragmented response, where no single service element had overall understanding or coordination of services to a family experiencing violence.

As shelters made the shift to broader prevention and follow-up services, we are seeing increased coordination among providers and public systems. Alongside facility-based operators, additional services with complementary foci have developed. Some operate as non-profit organizations and some within larger public systems. To differentiate themselves, service providers may develop expertise in a population or approach to services or add a distinct offering. Together, this collection of services can be considered a system, though depending on community and evolution, it may or may not operate in a strategic or coordinated manner.

The image below illustrates the current state of the anti-violence system in Calgary. The local context is unique in that the focus is ‘shelter first’ or ‘shelter dominant’. The main objective of women’s shelters is to keep victims (i.e. women and their children) safe from their abusers, usually male partners. To this end, the secure facility becomes the defining element of operation, upon which additional services are appended to respond to client needs. The proliferation of these additional and important services to women’s shelters is evident in shelter operations and as the literature suggests, common internationally.

Figure 6: Current State of Contemporary Shelters



As a result of this evolution, however, each shelter has established its own slate of programming tied to the shelter under stand-alone service organizations. The Calgary evolution may not be applicable to other communities; however, this outlines the need to consider the implications of this approach to developing a comprehensive system-level approach to violence.

The creation of multiple shelter-focused ‘mini-systems’ makes sense (Figure 6): women and children should have access to comprehensive supports as they enter the shelter. However, many shelters have developed their own mini-system, and it is unclear how the additional services intersect and

how clients can gain access. For instance, can a woman access child care from Shelter A and recreation activities from Shelter B? Can she access these services only while she's a guest at the shelter, or can she access the same level of supports after she returns to the community?

Services that may exist in-house in shelters also find parallels in other facility-based services and in public systems; in practice, shelter operators both offer and link to these other services. Violence issues emerge across these systems, prompting linkages and in-house responses which create another layer of navigational complexity. This amplifies the difficulty clients and staff experience traversing the overlapping eligibility criteria and service offerings.

Figure 7: Anti-Violence System Evolutions



Figure 8: System Inter-Relationships



These developments point to the ongoing evolution of shelters in response to diverse client needs and funder priorities, and the pressures shelters face in a dynamic service delivery landscape. This is further complicated by sub-population programs tailored specifically to Indigenous peoples, youth, people with disabilities, immigrants and refugees, seniors, and LGBTQ2S+. Of course, there are issues intersecting across these populations overlapping violence, including trauma, mental health, addictions, physical health issues and accessibility needs.

The resulting complexities are reported across the violence, homeless-serving sector, justice, health and child intervention systems. Client and staff difficulties navigating this complexity of programs, systems and population foci have challenged providers and government to find new ways of enhancing service and system integration. Examples of this effort are the development of coordinated access, system navigation specialists and higher-level system planning committees and initiatives. Yet, paradoxically, the proliferation of integration activities has added another layer of complexity for both staff and clients. This focus reinforces the role of shelters in a system of care model as crisis refuge and a springboard to diverse supports.

Shelters have also taken on more public policy advocacy roles around issues related to domestic violence to raise awareness, increase funding and enhance issue visibility. This brings us to the development of DV services within other systems of care, as illustrated in Figure 7, including perpetrator programs delivered through the justice system or victim assistance in policing. In the systems planning approach, shelters are a component in the broader continuum of strategies and services to address violence. Evidence indicates when shelters integrate and share resources for the benefit of those experiencing and perpetrating violence, and make the system easier to access and navigate, the entire community benefits.³⁸² This involves integration of all stakeholders: government, police, child intervention, health and justice system, community-based and social service agencies.

The Complexity of Managing Shelter Entry

Despite the ongoing diversification of tailored services in the anti-violence system, the gender dyad remains a constant underpinning to these approaches. Common situations pose significant challenges for many women's shelters: women with older male children, women who both perpetrate and experience violence, males who are victims of violence, transgender persons, etc. While most often mandated to serve only women fleeing violence, shelters are conflicted by the need to practice a 'person-centred' and gendered approach.

There is tension created by the differing approaches between women's shelters and homeless shelters: a women's shelter system is restricted to women and children who experience violence, while the homeless system has remained largely mixed gender in its service focus. We have created two parallel processes, which is problematic: violence is the positioning focus, yet violence against women occurs for those in homeless shelters. Also, women who are not experiencing immediate violence are accessing shelters. We cannot minimize other forms of family violence such as emotional and financial abuse and controlling behaviour. These forms of abuse lead to significant suffering for victims and are also risk factors for physical violence and homicide.

Another layer of complexity is added when we consider the higher incidence of victimization of women in mixed gender homeless shelters. In other words, by not accessing women's shelters, these women may have an increased risk of experiencing violence and exploitation. A further complexity is added in the context of ethnocultural and Indigenous communities and diverse understanding about relationships and family structures. Shelters attempt to adapt to and embrace this diversity, even though the dominant domestic violence approach does not take such complexities into account.

If the immediacy of violence or the mortality risk become the means of managing entry, there may be conflict for shelters that aspire to an empowered feminist approach and simultaneously turn away marginalized women who are not in immediate danger. The additional requirement of sobriety in some shelters may further restrict access for women who turn to low barrier mixed-gender facilities. Notably, there are women who often use both women's shelters and the homeless

³⁸² Turner, A. 2014. Beyond Housing First: Essential Elements of a System-Planning Approach To Ending Homelessness. Retrieved from <https://www.policyschool.ca/wp-content/uploads/2016/03/beyond-housing-turner.pdf>

shelter system, depending on individual and contextual factors. And sadly, there are women who have died from violence without ever accessing our systems and shelters.

Shelter 2.0 advances that shelters should move towards integration and sharing resources. It also emphasizes that the immediacy of violence of the mortality risk becomes the means of managing entry.

Enhancing Shelter Impact

Aside from the gender dyad underpinning shelters, and other domestic violence interventions, another underlying assumption in traditional shelter operations at the service delivery level concerns the facility-focused nature of supports. That is, there is a prevailing assumption that women and children come into the shelter to access services and that our response should only be from a fixed-site stance. There is no reason programmatically why some services, such as counselling and advocacy, cannot occur in the community if appropriate safety protocols are in place. This approach would entail a systematic decoupling of the shelter base from the complementary supports. It is important that shelters continue to act as a core family violence program for women and children fleeing violence and abuse. We suggest that in addition to shelter services, we also build out into the community.

In Shelter 2.0, complementary intervention which means shelters are combining their efforts with other community services, is critical to reducing recidivism and future violence. For example, research suggests that trauma-informed approaches³⁸³ lead to significant decreases in related symptoms. Individual counselling grounded in a feminist approach is consistently recommended as an effective form of intervention for people experiencing violence. Moreover, the response-based approach takes a trauma-informed response one step further by exploring and emphasizing the context within which the abuse takes place and how those impacted responded and resisted the violence. Facilitating recovery through trauma-informed or response-based care can minimize re-victimization and promote individual wellness and connectedness. Recognizing this, shelters are addressing the need for aftercare and outreach: if we only support women in shelters, we miss providing service to them for most their lives. We are learning that intervention should be premised on the person's need, not on the facility. We know from our experience that services can safely and appropriately be delivered outside of a shelter environment in the community or in homes.

The emerging promising programs that help people experiencing violence stay safe in their homes include focusing on long term stability in housing, increasing income, obtaining higher education and building skills to develop healthy relationships. Additional promising practices include:

- improved policing responses to those who perpetrate or threaten future violence;
- developing the skills and capacities of friends, families and co-workers to intervene and connect to services;
- leveraging workplaces as prevention settings for change; and

³⁸³ Wilson, J. (2015). Bringing trauma-informed practice to domestic violence programs: A qualitative analysis of current approaches. *American Journal of Orthopsychiatry*, 85(6), 586-99.

- ensuring mental health and counselling professions understand the complex dynamics of abuse.

Developing comprehensive and coordinated community and home-based responses complement and enhance shelters and will be essential to the next iteration of this work.

Language Matters: Moving beyond the Victim/Abuser Narrative

We know that focusing only on those impacted by violence without considering those who perpetrate it limits our ability to create widespread impact on the problem and misses important opportunities to intervene before, during and after the violence. Additional interventions could include considering the person perpetrating violence as a potential victim of trauma and patriarchy, ensuring a skilled therapist supports these experiences of victimization but does not excuse perpetration of violence.

We have also missed noticing that those who experience violence resist it and do much to keep themselves safe, their children safe, and to retain their dignity. Further, there has been important work that has highlighted the importance of social responses to both those who perpetrate and experience violence. Coates and Wade (2016) report “the quality of social responses is closely tied to the level and form of victim distress”.³⁸⁴ At the same time, when perpetrators receive positive social responses, they are more likely to talk about their actions and concerns, and less likely to commit further violence.³⁸⁵

We should provide supports to both those who perpetrate and experience violence, especially if both are seeking help. Though perpetrator programs proliferate, like victim supports, these remain grounded in the dominant belief that split men and women as aggressor and victim. While this is still a reality for many, we must also look at their experience holistically through a trauma-informed and response-based lens, and within the wider gender and social constructs that reinforce violence.

We have known for years that, while important, focusing only on the violent episode in real-time misses a comprehensive approach to the needs of the individual and the family. Rather than fitting individuals into programs based on a particular worldview, we work on self-identified needs which can include transportation, housing, employment, child care, school, addictions and mental health. More recent program developments through the Housing First approach³¹ demonstrate the value of incorporating a focus on meeting immediate basic needs alongside victim assistance and advocacy for longer-term stabilization.

Moreover, the recognition of the importance of primary prevention – stopping the violence before it starts – has become a widespread public health approach. Using this public health paradigm has pointed to the need to consider violence within larger family, community and societal systems and contexts. The stand-alone traditional shelter model as the primary intervention must evolve, shifting to a broader community and family systems approach. Here, the individual is viewed within the

³⁸⁴ Coates L., Wade A. (2016) ‘We’re in the 21st Century After All’: Analysis of Social Responses in Individual Support and Institutional Reform. In: Hyden M., Gadd D., Wade A. (eds) *Response Based Approaches to the Study of Interpersonal Violence*. Palgrave Macmillan, London

³⁸⁵ Hyden, M., Gadd, D., and Wade, A. (2016). Introduction to response based approaches to the study of interpersonal violence. In M. Hyden, D. Gadd and A. Wade (Eds.), pp. 1-16, *Response-based approaches to the study of interpersonal violence*. New York: Palgrave MacMillan.

context of their community and its complexities and resources and interventions must also be considered.

Beyond the heteronormative assumptions in many violence interventions, a more comprehensive approach considers gender and sexual fluidity along with extended members of the family, community members and community institutions as directly and actively involved in the dynamics of abuse and prevention. This lens allows providers to challenge mainstream notions of safety and interventions and allows us to explore interventions that engage both people experiencing and perpetrating violence and the networks around them.

This approach would address challenges posed by standard policies around length of stay in shelters, which is up to 21 days in Alberta. This length-of-stay policy, coupled with shelter-focused supports, means those experiencing violence have access to very short periods of support while in shelter, with little follow up. Currently, when women come into shelter, staff intervention is focused on them and their children. In this equation, how can we engage men and support them to stop the violence?

Lastly, we can enhance conventional service-delivery and prevention models for approaches that actively engage the community. Beyond serving clients, advocates can continue to strengthen the way communities respond to violence by providing outreach, skills and education to landlords, law enforcement and city government on the dynamics of violence and need for safety. There have been notable efforts to this end; these should continue and become an even greater focus.

Understanding Risk in Shelter Triage

Intimate partner violence risk assessment tools are used by women's shelters in Calgary and Alberta. The most common tool, the Danger Assessment (DA), is an instrument that helps determine the level of danger an abused woman is under of being killed by her intimate partner.³⁸⁶ Data from Calgary shelters suggests that scores using the DA tool vary among women seeking assistance; yet, shelter beds, supportive housing and support programs are not currently triaged according to these assessments and are assigned on a first come, first served basis. The goal should be to give the right service at the right time. On the other hand, there are instances when the DA score does not predict violence and a woman may indeed be in imminent danger. In such cases, using the DA to tell someone they are not in sufficient danger to warrant safe shelter would be inappropriate.

What this issue does point to is the opportunity to approach shelter triage from a system planning perspective. As such, triage to shelter, planning for safety and broader prevention and early intervention work would provide a more comprehensive approach to triaging those who need shelter, those who can be supported in the community and those who may be better served in other systems or programs. This also points to a current gap: we don't have appropriate or reliable methods to determine how best to match those experiencing or perpetrating violence to the right supports to address immediate safety issues and underlying needs.

³⁸⁶ Campbell J., Webster D., Glass N. 2009. The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*. 24(4), 653-74.

Shelter 2.0: Possibilities

Shelter 2.0 is the culmination of the issues discussed above and an affirmation of the changes both organizations and the sector are currently undergoing. It formalizes and helps articulate the shifts in practice while providing suggestions for the next evolution necessary within the sector. What follows are four key practice shifts for consideration.

Key Shift 1: Taking a Broader Worldview: Comprehensive and Inclusive Practices

Shelter 2.0 calls for the application of a comprehensive lens across our work, recognizing gender diversity, the unique needs of victims and perpetrators and Indigenous peoples. This must be done within broader social contexts, using a strength-based, trauma-informed, response-based approach that emphasizes the capabilities of the individual and the resources available within their families, networks and communities.

This means that to effectively support the person experiencing violence, regardless of gender, age, or social location, we must simultaneously seek to engage the perpetrator and their close network. Under certain circumstances and with careful consideration, we may also decide to reach out to the perpetrator(s) while/when the victim is in the shelter. Moreover, part of service provision will be understanding the networks of informal supporters around both parties and supporting and serving this population. It will also mean understanding diverse communities and cultures and their history and worldviews.

To support the change process of the person perpetrating violence to leave the home, counselling (individual, group, family, children, couples) would continue to be offered but expanded to include the perpetrator, recognizing that sometimes relationships and interactions are complex, sometimes the parties reconcile and often those who perpetrate violence may have been abused. By including the needs of the perpetrator, this approach provides a different line of sight to better manage safety and risk rather than working without this important knowledge.

It may be most effective to engage perpetrators about their concerns and desire for healthier relationships. In other cases, this may not be possible. As such, we will maintain focus on supporting those experiencing violence so they are safe from their abuser. Case managers may be able to work with the person posing the danger to find alternative accommodations and assist them to access supports that initiate the change process.

These supports can be delivered in-house at the agency or in partnership with other organizations. This may also mean that access to resources such as treatment facilities may be needed to support perpetrators leaving the home and working towards change. Creating partnerships along with the social conditions to support. This approach will be key to success. Government, policy makers and service providers (including police) will need to come together to re-vision this approach. In cases where perpetrators are unwilling to participate, police involvement would continue to be essential and appropriate.

Key Shift 2: Shelters Without Walls: The Right Service at the Right Time

A key factor will be a model of wraparound supports that looks at each person and family based on their type and level of need, connecting them to resources, and providing supports accordingly. Trauma-informed, response-based, and empowerment-focused approaches are recognized best practices to case management and counselling, and would be beneficial to all those experiencing or perpetrating violence.

Within this approach, we can begin to phase in an increasing focus in shelters on those who are fleeing violence and show high danger assessment scores. Those who are able to stay in their homes or communities with family or friends will be supported to do so with outreach supports and police as appropriate. This allows us to best utilize our shelters in the way they were designed, located, and operated from a safety risk perspective, by serving those in highest need of support and protection from imminent danger. This is a departure from current practice, which is first come, first served. However, we are seeking alternatives for those who do not – or choose not – to leave their home environments to access services. We cannot assume those people impacted by violence must always be brought into shelters; we must assess risk and danger and make strategic decisions with those we serve about the best option. It is essential to balance risk assessment and personal decision-making by those impacted by violence.

This approach requires us to separate wraparound supports from the shelter. Depending on individual circumstances (including risk and danger assessment, resources, choice, etc.), services can be delivered in shelter and in safe community spaces, including client homes, under robust safety parameters. This means bringing services to clients should be included in the continuum.

This would also mean we support whoever calls: no matter the gender or role in the violence. To truly make this shift, policies, definitions, training, shelter funding contracts and memorandums of understanding with diverse organizations may need to be restructured to support this approach.

We can consider what supports we can deliver through case management in participant homes or other locations of their choice. Providing counselling in homes and in the community must be delivered in conjunction with robust staff training opportunities, risk assessment and safety planning on a case-by-case basis. Outreach supports must be considered from a holistic perspective for women, children, men and extended family members. Some outreach supports may be better offered from the community hub rather than the shelter. In other cases, perpetrator support may be best delivered in partnership with a Housing First or addiction/mental health provider.

If shelter stay is no longer the determining factor in accessing support services, then this approach can help shelters overcome the challenge of aftercare supports. Rather individual need and choice are the drivers. This may further help meet the needs of those with difficulties managing restrictions in place-based facilities, such as the requirement for sobriety. The presence of extended families, which may include aging parents in the victim's care or older

male youth, can be further managed in a person-centred - rather than facility-centred - approach.

Key Shift 3: One Agency Can't do it All: Systems of Care Approach

system planning approach is different. It challenges our understanding of how shelters traditionally support communities by looking at the integrated whole, comprised of defined components, working towards a common end. System planning recognizes the basic components of a system and understands how these relate to one another and their basic function as part of the whole. Processes that ensure alignment across the system are integral to ensure components work together for maximum impact.³⁸⁷

Applying this concept to violence, a system comprises local or regional service-delivery components serving those who are experiencing, perpetrating or at imminent risk of violence. System planning uses a common guiding philosophy and method of organizing and delivering services that co-ordinates resources to ensure efforts align with the goals of ending and preventing violence. Rather than relying on an organization-by-organization, or program-by-program approach, system planning develops a purposeful and strategic framework for service delivery by a collective group of stakeholders.

To create effective system planning, we must manage program delivery and strategic planning across stakeholders, including funders. We must become more strategic in our practices, including permeating social institutions and other sectors along with advocating for policy and legislative changes.

From a service design stance, we can leverage existing community infrastructure such as community hubs, resources centres, other agencies and schools to integrate evidence-based services that prevent and end violence for children, parents and the wider community. This requires an integrated service delivery model to prevent and end violence that encompasses a range of varied stakeholders and approaches into a well-coordinated system of care.

System planning implies that no single agency can adequately address the complexity of violence; multiple agencies are necessary to provide a comprehensive and effective response. This means agencies outside the immediate anti-violence system can be drawn in to support the continuum work of shelters. Traditionally, these external agencies have not been tapped in a coordinated manner. This is perhaps due to a singular focus as various social problems are categorized and assessed independently. However, this past decade has seen a focus on interconnectedness and integration creeping into the service delivery model. A successful and well-designed system planning response recognizes and cultivates unique strength-based responses and minimizes duplication of

³⁸⁷ Turner, A. (2014). *Beyond housing first: Essential elements of a system-planning approach to ending homelessness*. Retrieved from <https://www.policyschool.ca/wp-content/uploads/2016/03/beyond-housing-turner.pdf>

services. System planning builds on what the community knows and values to create a more seamless and dignified entry for services that honours the choices of people experiencing violence.

Many women's agencies have already begun to partner with a myriad of systems and groups, yet these efforts are often ad hoc and reactive. The focus on a formalized, comprehensive and integrated systems approach means these hubs will bring together services from other public systems to complement in-house supports to advance the anti-violence agenda. This can include child intervention workers, mental health and addiction counselors and medical services such as public health nurses and family therapists. Sensitizing other service providers to safety and violence could bring agreement on the introduction of evidence-based and standardized safety plans and risk assessments across the continuum.

In this instance, core services engage diverse stakeholders (faith community, business, parents, residents, leaders, etc.) and are comprehensive, adaptive, flexible, integrated and responsive to ever-changing community needs. In Calgary, some service providers are developing collaborative models and partnering well with the justice system, police and community partners. Further, the Government of Alberta's investment in Intensive Case Management, in addition to increased funding for emergency shelters and 2nd stage shelters, is a progressive move which enables both a crisis and community response to family violence. As **Figure 4** illustrates, system planning proposes a model where the shelter's role is part of a broader integrated network focused on common objectives.

To this end, services can be tiered based on intensity: some clients benefit from parenting classes and soft supports, including informal interactions with other community members and volunteers. Others may require intensive case-managed supports to address higher risk situations, including domestic violence and child maltreatment. A family may enter the system seeking a play opportunity for their children and access additional supports as they become more comfortable or their situation shifts.

The expertise of women's organizations and feminist analysis should inform and be integrated into the existing infrastructure, so other systems and sectors can benefit from a gender-based violence prevention lens. Cross-training and capacity building within existing partnerships and agencies are simple yet effective actions. For example, CWES and YW can partner with existing service sites to deliver violence prevention-focused supports in community settings. Also, as program participants may live near service organizations, these sites can become part of the ongoing support network for the individual or family.

Figure 8: Shelters in the Anti-Violence System



Key Shift 4: Shelters aren't Enough: Investing in the Prevention Continuum

The paradigm shift is expanding the shelter's reach and adding to the core functions it provides towards the objective of preventing and ending violence. By adding other community-based and core family violence services, we can develop a response that is comprehensive and strength-based, meeting people where they are at and within their family and community support systems, even if they are perpetrators. It means challenging the stigma of violence by mainstreaming positive and healthy relationships and parenting practices, making preventative supports commonplace.

We recognize shelters still provide a critical crisis service but long-term solutions are also needed. Rather than solely adding more services within shelters or continually expanding the number of shelter facilities or beds, we can begin to look at alternatives and work closer with diverse stakeholders throughout the community.

Rather than solely adding more services within shelters or continually expanding shelter beds (recognizing that shelters still provide a critical crisis service, but long-term solutions are also needed), we can begin to look at alternatives and work closer with diverse stakeholders throughout the community. While intervening in domestic violence and preventing it are part of our goals, we must also focus on improving child, family, and community wellbeing. Prevention is possible.

Though wrap-around supports are already being put in place in shelters, by removing the facility focus of these supports, we can develop targeted approaches based on participant needs rather

than shelter access. This ensures those in need can access support for whatever their need might be: counselling, housing, mental health services, recreation, transit, and more. This approach recognizes the person seeking assistance is at the crux of relationships and networks that must be considered in the response. That is, though the woman might present at the shelter, the violence the partner is perpetrating is also impacting her children, family members, neighbours, community, workplace, and friends. From this perspective, our interventions need to consider how we can intervene in the violence across these levels as is previously illustrated in the Socio-Ecological Model of Prevention.

This recognizes that our work is more than crisis response: we must target violence at societal, community, relationships, and individual levels systematically and simultaneously. This also means that shelters can and should be part of coordinated efforts that address violence through a primary, secondary, and tertiary prevention lens.

This expansion of the continuum into areas of prevention should include Gender Transformative Approaches (GTA) to create opportunities for individuals to actively challenge gender norms, promote positions of social and political influence for women in communities and address power inequities between persons of different genders. GTA are part of a continuum of gender integration, or the integration of gender issues into all aspects of program and policy conceptualization, development, implementation and evaluation.³⁸⁸

In this regard, our language, fundraising, and marketing narratives will require significant reworking. Beyond the victimized woman and her abuser, we will need to expand our focus to include, for example, men and members of the LGBTQ2S+ community who are victims. We will expand our narratives to include other perpetrators such as other family members and women, and the notion that the system serves both those perpetrating and experience violence. We must also honour those who resist and oppose violence and abuse; our narrative about victims being damaged and deficient must also shift. This means acknowledging men also experience abuse and violence.

We must reach all genders in a meaningful, authentic manner. We must embrace our history and adapt to the current context. We must constantly examine our paradigms and beliefs to focus on different intervention points throughout the violence prevention spectrum while we strengthen partnerships and collaboration .

³⁸⁸ Health Communication Capacity Collaborative. 2018. Gender Transformative Approaches An HC3 Research Primer. Retrieved from <http://www.healthcommcapacity.org/wp-content/uploads/2014/08/Gender-Transformative-Approaches-An-HC3-Research-Primer.pdf>

HIGHER GROUND SERVICE MODEL OPTIONS

Based on the review provided, there are three possible options the YW can consider for its Canmore project, each with their benefits and challenges. As previously mentioned, it is unclear at this time whether the housing proposed for Canmore would be affordable, transitional, or permanently supportive. Previous discussions indicate the preference at this time is to consider more general, affordable housing at this time.

Option 1: One Building for All

Domestic violence shelter, community services hub, and affordable housing are all in one building/location.

Pros:

- High service access
- Sharing of resources (staff, admin, space)
- May be more cost-effective because of sharing of resources
- Possibly less capital needed as only one site/one structure is needed
- Model has high potential for collaboration and service integration
- Greater possibility of building community

Cons:

- Safety and security issues: how to manage who is coming and going from the space; how to keep high-risk women safe
- A large space/structure will be needed; might be difficult to find in Canmore
- Sharing space with the aim of having so many services (and if social enterprise, membership considered) may be challenging
- Hard to include men and boys if safety is critical concern for clients
- Difficult to include social innovation slant and diverse revenue sources given focus on safety

Option 2: Separate Safety Focus from Hub & Housing

The domestic violence shelter is in a separate location from the community services hub and affordable housing.

Pros:

- Can address safety issues with typical security measures
- Can focus on having a very creative, innovative hub/housing space without worry of safety and security issues
- Can explore a gender-inclusive model in the housing
- Enhances potential revenue opportunities without hindrance of strict safety protocols
- Affordable housing tenants benefit from onsite services in the Hub

Cons:

- Increased risk of stigma – people would know “who” is staying in the DV shelter
- May reduce ability to collaborate across services if in separate locations
- Some disconnect between accessibility and service integration though could be minimized since Canmore is a small community

Option 3: All Separate

The domestic violence shelter, community service hub, and affordable housing models areas are all separate.

Pros:

- Safety and security can be addressed per structure
- Might be easier to find the locations/structures in the town (may already be vacant spaces)

Cons:

- Highest resource cost – would need staffing, admin, space etc for three spaces
- Might be difficult to find/build three good spaces in town
- Greatest barriers to collaboration since the services are physically separated
- Stigma as people would know “who” is staying in the DV shelter
- Access is decreased
- Less sense of community is built

Proposed Model

Based on the considerations above, the recommended model is Option 2. In this model, we propose alignment with the Key Shifts in the Shelter 2.0 framework, particularly the integration of a gender-inclusive and prevention approach to violence.

In this approach we would include a Community Service Hub with a focus on violence prevention leveraging diverse services in one accessible location with a social innovation lens. This would ensure the space was seen as a community asset for everyone, normalizing conversations to challenge violence across demographics. Here, Indigenous community partnerships would ensure onsite cultural supports and ceremony were infused from the start. Government service provision through the Hub could be considered to bring services to Canmore that did not exist, or to leverage shared infrastructure for enhanced impact. Additional outreach provision of services from Calgary-based non-profits or government offices can leverage the space as well.

It would be essential to include a social innovation space within the Hub; this would bring in social enterprises, private and non-profit start-ups, or established organizations. These would enhance the community development aspect of the Hub, and foster creative approaches to violence prevention among unusual stakeholders.

The approach would allow for operations to be cost-recovered through rental of office space, coworking hot desks, and venue rentals. Additional revenues could be gained by collocating private sector enterprise that adds value to the Hub operation, such as a daycare, recreation, or

a grocery store. In the model, the operations of the Hub would be sustainable from these sources. The business model should ensure sustainable revenues are in place from the space long term.

The addition of affordable housing can be built onto the community service hub space, which would be located on the main floor of the site. Pending zoning, the size of the complex would need to be tailored accordingly. The YW has significant experience operating hotels and housing; as such it could dedicate some space to hotel operations to offset long-term rental subsidies for low-income tenants. It may be appropriate to dedicate a number of units (10-30%) to market rental to this effect as well. This would enhance the diversity of tenants in the building and bring in revenues.

Capital funding for the housing portion should be sought via the CMHC National Housing Strategy Co-Investment Fund with complementary donations from philanthropic sources. This can be used to some extent to cover some of the Hub land and construction costs, though will likely require additional infrastructure grants, fundraising, and conversional financing.

Finally, a small-scale violence shelter (10-15 bed capacity) should be developed offsite from the community service hub. This would ensure security and privacy for clients. Capacity and space configuration should ensure the shelter is open to all genders fleeing violence. Onsite supports will be essential to ensure an appropriate level of service is provided. Beyond immediate safety, the shelter staff should work with the broader system of care and the service hub to support transitions into stable and supported housing in the community leveraging Housing First, outreach, and rent supports.

Funding from the provincial government's Ministry of Community & Social Services should be sought to support operations. Capital costs could be secured from CMHC and Alberta Seniors & Housing.

Next Steps

Next steps are to refine the preferred direction with YW staff, and to probe community partners for the specific elements to be included in each aspect of the model. These discussions are set to occur in September 2018.