Case Study: Practical Frameworks for Change (Canada)

The Alberta Council of Women’s Shelters (ACWS) in Canada collaborated with eight member organizations in a learning initiative to strengthen shelter practices related to safety, health, cultural competence and legal issues. Inspired by the experiences shared by shelter workers across regions during the 2008 1st World Conference of Women’s Shelters, the Practical Frameworks for Change identified and implemented promising shelter practices, which included the training of shelter staff and a collective evaluation of the process.

Implemented from September 2008 through August 2010, the project had a positive impact on shelter staff knowledge and competence related to data collection and its relevance to service quality; improved the quality of service delivery; and helped enhance the safety and well-being of women in Alberta shelters. Using an Outcome Measurement Framework, project results focused on women’s satisfaction with their relationship with staff; their safety and their knowledge of various community resources corresponding with the promising practice areas identified (i.e. safety, legal, health and culture). The initiative generated recommendations for further action, enabled participating shelters to integrate new practices into their operations, and promoted upscaling of practices across Alberta Council members.

Background:
The Alberta Council of Women’s Shelters in Canada is a province-wide, voluntary organization supporting women's shelters and their member partners through education, research and services for abused women and their children.

Through ACWS, Alberta’s women’s shelters collaborate in order to learn and develop promising-practice knowledge and maintain high-quality shelter services in the region. Since 2000, the collaborative has completed two significant projects: establishing a common database to collect information, enabling ACWS to compile and analyze anonymous data collected by shelters (Alberta Shelter Trend Analysis: 10 years of Data Collection Informing Shelter Practice, 2011); and piloting the Danger Assessment tool as a promising practice in risk assessment to support the safety of women and their children (Keeping Women Alive – Assessing the Danger, 2009). Through these projects, the collection and analysis of cross-shelter data has allowed shelters to better tailor their work to the individual needs of women. Survivors benefit as shelter workers gain knowledge and become empowered, informed advocates for the women they serve. The action based research also positions the shelters to better inform funders and policy-makers about survivor needs, enabling women fleeing domestic violence to keep themselves and their children safe.

The Practical Frameworks for Change began in September 2008 during the 1st World Conference of Women’s Shelters, which was hosted by ACWS and involved 800 staff from women’s shelters across 51 countries. With support from Status of Women Canada, the Alberta Council invited member shelters to identify, implement and evaluate select promising practices showcased at the conference. Eight member shelters committed to the project, with an initial focus around three key elements of shelter work: safety, health and cultural competence.
Data collected during the project implementation between October 1st, 2009 and August 31st, 2010 highlighted common characteristics regarding women supported and services provided by the participating shelters.

**Women and Children in Shelter**

- 2,177 women were admitted with their 1,833 children.
- Women’s average age was 32; 47% of children admitted were younger than 3 with 21% between 4 and 6 years of age.
- 58% of women self-identified as Aboriginal, Metis, First Nations or Inuit and 9% of all women represented other visible minority groups.
- 39% of women were in common-law relationships, 11% were married and 24% were separated or divorced; 46% lived with their partner at the time of shelter admission.
- 41% of women had a physical health condition when admitted.
- 80% of women were unemployed; 77% needed financial support.
- 33% of women stayed in shelter less than 4 days; 47% stayed between 5 and 21 days; 20% stayed longer than 21 days.

**Assessment Results**

- **Danger Assessment** (Campbell, J. 1995; Campbell, Webster & Glass, 2008)
  - Almost half of the women were in extreme danger of femicide; 17% were in severe danger;
  - Women experienced multiple forms of abuse; 96% experienced emotional/verbal/psychological abuse;
  - The average woman experienced emotional abuse at least 15 times per month and physical abuse at least once or twice per month.

- **Domestic Violence Survivor Assessment** (Dienemann, Campbell, Curry & Landenburger, 2002)

  This assessment was conducted with women in abusive relationships to get an idea of how they felt about a number of issues, including their safety, health, culture, personal strengths and skills. Across these categories, women were rated according to their denial/acceptance to rejection/action against the situation. The rating phases for women, were as follows:
  - ‘preparation’ or considering change (27%)
  - action or breaking away from the partner (26%)
  - contemplation or being committed to the relationship but questioning certain behaviours (21%)
  - pre-contemplation or fully being committed to the relationship (15%)
  - maintenance or establishing a new life (12%)

  Overall, women appeared to be more ready to address issues related to culture (e.g. examining relationship options) compared to issues related to health (e.g. mental health issues such as post-traumatic stress).
Analysis of the Process:

Key elements of the project design which were critical to its success included:

- Investment by the Alberta Council in staff time and external consultants.
- Selection and implementation of project activities by a Leadership Team, comprising representatives of each participating shelter, which ensured strong collaboration. The team met frequently to guide project implementation, both as a group and in smaller task groups, to support different project components.
- Contributions from participating shelters, such as:
  - Participation of shelter management and staff in 60 meetings and teleconferences (4 days in-person, 56 teleconferences, ~1,156 hours);
  - Delivering and attending training both outside and internally in the shelter (16 staff - 2 per shelter - attended 6 major project training events);
  - Developing and maintaining community partnerships;
  - Holding many staff meetings required to support project implementation;
  - Establishing new data gathering tools and assessment processes; and,
  - Developing and monitoring data collection processes.

Phase I (October - December 2008)

During the planning phase, the Leadership Team chose several assessment tools and interventions to support implementation of safety, health and cultural competence promising practices. This included the creation of a common consent form.

Assessment Tools: Four tools were identified for use by shelter staff to better understand the needs of the women accessing shelter; to enable women at the shelter to assess the success of the shelter in meeting their needs; and to facilitate reflection by shelter management and staff on the training provided, tools implemented and project’s overall impact.

- The Domestic Violence Survivor Assessment (DVSA), which encompasses the areas addressed by the project (safety, health and culture), provided the primary framework to guide project implementation across shelters. The DVSA is based on the Transtheoretical Model of Change, which focuses on helping people through a process that aims to intentionally change their behaviour (Prochaska 1979; Prochaska, DiClemente, & Norcross, 1992). The DVSA has 5 stages of change – Pre-contemplation, Contemplation, Preparation, Action and Maintenance, and is distinct from the Transtheoretical Model in its focus on 4 primary issues – safety, culture, health and self-strengths. These areas are key to understanding the experience of an abused woman as she moves through the stages of change.
- The Danger Assessment (questionnaire and calendar) was implemented as part of the ‘safety’ component of the project.
• The Shelter Exit Survey measured a woman’s satisfaction with shelter services, and gathered information about her overall experience, satisfaction with shelter staff and perception of shelter and staff sensitivity to her culture. Specific questions related to her length of stay and the number of past shelter stays were also included.

• The Shelter Staff Survey was completed by at least two staff from all participating shelters who had been directly involved with project implementation. Interviews were also completed with other stakeholders, including members of the implementation team and legal assistance partners.

Interventions

• Health-related support was facilitated through staff administration of the DVSA to help identify a woman’s level of readiness to address health issues (defined in the tool as ‘Feelings’ and ‘Mental Distress’); and through providing service referrals. Training focused on increasing staff knowledge and recognition of trauma symptoms in women. The training included basic strategies (e.g. relaxation, deep breathing, and other grounding techniques) that staff could easily teach to assist women in reducing their feelings of distress in moments when they felt overwhelmed by emotion.

• Given the serious legal issues often affecting women accessing shelter, which may compromise their and their children’s safety (e.g. custody and access, criminal court), ACWS formed a partnership with Legal Aid Alberta. The partnership resulted in the initiation of a telephone line provided by Legal Aid dedicated for calls from shelters.

• Fundamental to supporting organizational cultural competence are policies and procedures that provide the structural framework for individual staff activities. A survey based on the work of Dr. Sujata Warrior, completed by management and staff at each shelter, assessed organizational needs in relation to building cultural competence in their organizations. The project encouraged all participating shelters to develop written policies that support their efforts to be culturally competent and to develop definitions of cultural competence that would be consistent across shelters.

Phase II (January 2009-September 2009)

During the preparation phase, external consultants supported the Leadership Team to develop an Outcome Measurement Framework, which included the creation of tools, methods and an outline of the project’s data collection processes. The framework was developed with the following considerations:

• Attention to shelter resources available;

• Availability of support to shelters and their staff throughout the implementation process;

• Grounding the work in ethical research principles (related to confidentiality of women and their children; security of information collected; fully informing the women of everything required of them; and, ensuring that there are no emotional risks to women and children as a result of the project); as well as project review by ACWS' Ethics Review Committee;
• Requirement that existing information collected on the common database would need to change and/or expand to meet the project goals; and,
• Transferability of the framework and the associated data collection requirements to a new common database.

The data collection process was captured in an evaluation plan developed and approved by the ACWS Ethics Review Committee and Board. Key components of the evaluation plan included:
• Identifying and addressing possible ethical issues (e.g. using non-identifying case file numbers to record personal information, fully informing women of everything required of them and ensuring that there are no emotional risks to women and children from the evaluation).
• Formulating the research question: What impact does the use of the DVSA and the Danger Assessment tool have on the client’s safety, health, and perception of programme’s cultural competence?
• Determining the measures to be used from client intake through their exit, covering: demographics and history information, DVSA, Danger Assessment (Calendar and 20-items), a safety plan, the Exit Survey. Implementation activities were also tracked.
• Implementation of 6 major trainings and the development and/or revision of protocols and other documents supporting data collection, assessment tool administration and interventions.

Phase III (October 2009-June 2010)
The project was implemented over a period of nine months, which involved monthly teleconferences of the Leadership Team and individual training support by ACWS to shelters as needed. Data collection audits were conducted in February and April 2010, using cumulative information collected from October 2009 in order to:
• Ensure accuracy and completeness of data entered;
• Address shelter questions or concerns related to data entry;
• Carry out preliminary data analysis and review;
• Prepare for data clean-up processes; and,
• Identify additional research questions of interest to shelters for future analysis and reporting.

Data was downloaded from the common data base to the statistical analysis software (SPSS) for analysis. This decreased the amount of work for shelters (i.e. did not require double data entry) and ensured that collected information could be connected using the non-identifying ID numbers to protect women and children’s confidentiality. The variables used in the analysis were selected based on the original data collection framework and included basic client demographics, admission and shelter statistics as well as survey information. The audits resulted in:
• Nine summary reports for each audit – one individual shelter report for each participating shelters and an aggregate report with information from all shelters.

• A PowerPoint presentation to assist shelters in dissemination of the individual audit information to their staff.

• A project summary report and accompanying PowerPoint for dissemination and discussion by the Leadership Team.

• A day-long in-person meeting in November 2010 facilitated by the evaluation consultant to review results, gather contextual input from shelters, brainstorm data interpretation and generally share implementation experiences. ACWS provided individual support to shelters following both audits to facilitate data clean-up.

Phase IV (July 2010-January 2011)
This phase included:
• Stakeholder feedback collected by the evaluation consultant using telephone interviews with the members of the Leadership Team and Legal Aid staff. An online survey was also conducted with shelter staff who participated in training and/or used the tools that were implemented in the project (16 individuals interviewed; 43 completed surveys).

• Final quantitative data clean-up and analysis.

• Qualitative analysis.

• Report preparation dissemination to and final feedback from the Leadership Team.

• Report dissemination.

Results of women’s and staff experiences:
• Women’s Shelter Exit Survey
  o Across questions, between 92% and 96% of women were satisfied with shelter services;
  o Women were most satisfied with their increased ability to keep themselves and their children safer as a result of their shelter stay and less satisfied (although rate is still extremely high) with their knowledge about health-related community resources.

• Shelter Staff Survey and Stakeholder Interview
  o A majority of respondents (64% to 81%) had a positive opinion about the data gathering process. Respondents understood the reasons behind data collection requirements and their role in the process. Respondents believed that the staff received the necessary training and were kept updated on changes as needed.
  o The majority (80%) of respondents thought that the project had a positive impact on their shelter. Over 80% were able to integrate information and skills they gained through the project into their work. Almost 80% thought the project helped them better assist women and children in the shelter and almost 66% believed the project helped improve emergency shelter services provided to women and children.
Lessons Learned and Recommendations:

- Staff training is critical for integrating new tools in shelter operations, such as the DVSA and Danger Assessment (calendar and questionnaire). This must also be complemented by support from shelter staff, management and the implementation team to be the most effective.

- Specific attention must be given to data collection processes in order to improve shelter capacity to collect information, particularly sensitive details. This should be responsive to and reflective of the different levels of shelter capacity and resource access and may require additional funding dedicated to training or increasing staff to assist in data collection processes.

- Assessment tools must be reviewed with staff to ensure their appropriateness and identify any concerns related to application of the tools. This may involve work with tool developers as necessary, to review or revise existing tools.

- The implementation process requires a significant demand on shelter staff time, which must be acknowledged and addressed in the design.

- Various communication strategies should be established and employed throughout the implementation process to ensure shelter staff are fully informed of the project’s purpose, processes and results, as well as their responsibilities within it.

- The feasibility of achieving diverse goals within a short timeframe should be reviewed carefully, since the complexity and depth of the project may challenge specific components from being effectively implemented (as occurred with the cultural competency goals in this initiative).

- Promising practice projects should implement new interventions or activities in a way that builds upon one another instead of integrating all key practices at the same time to ensure changes are effective and sustainable.

- Resources permitting, regular training initiative of all practices being promoted should be supported and accessible to all shelter staff.

- Processes should be established to track information from multiple shelter stays and other shelter services received by individual women.

- Shelters should determine a consistent and accurate way to record and document services provided to women who stay in shelters for a short period of time, representing the majority of cases supported by shelters.