Atira Women's Resource Society

Emerging Best Practices – Services for Older Women Fleeing Abuse

Report prepared by: Nota Bene Consulting Group

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POEM

What was to become, she smiled her thanks
As she now believes, no questions asked or probing done.
This is what has been given me since I have come
No longer alone to battle the furies of hell that
Haunted me
The loneliness, harnesses and displacement,
Not having a home, a place to call my own can't put my mind in
Places where harming myself makes perfect sense, it's
Normal – abuse all your life can be a
Dismal state of mind.
And who they stand for when needed at your back
A shoulder to finally pour those tears out that
Have been bottled for so long.
For some the road long and painful, roadblocks
Still ahead
The ones who don't have that so blessed they are
For that.
Myself I am grateful for what I've learned as far: love,
Hope, trust, friend
So those are special gifts, thank you all for that.
Merry thee will, merry thee way
Let no harm come on thy way.

Blessed be,
Resident of Ama House
*(*Included with permission*)*

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SECTION ONE – OVERVIEW

Ama House, located in Surrey, BC, and SAVA Centre-Ouest[1], located in Montréal, Québec, both provide older women fleeing abuse or violence with a shelter/refuge where they receive supports to aid in their journey toward safety and accessing safe, longer term housing.

This Evaluation Report on Ama House & SAVA Centre-Ouest represents an initial component of a three-year project that will produce a document on pan-Canadian promising practices for housing older women who have experienced violence or abuse.

The goals of the evaluation were to: gather information regarding the impacts of transition house services designed specifically for older residents in two Canadian locations (South Surrey, BC, and Montréal, Québec); and to identify key principles and practices that lead to successful outcomes - i.e., emerging promising practices and approaches. The evaluation took place from January to June 2013.

The intention is to share this report widely, across Canada, with other organizations providing services to older women who have experienced abuse, in order to build upon the promising practices identified in this report. We recognize that the information generated in this study reflects lessons from two types of program models and that there are other models of service delivery being applied elsewhere in Canada from which there is much to be learned as well.

As a participatory evaluation, this study sought to actively involve older women at both sites in exploring how their program had made a difference to them. A brief overview of the evaluation methodology is provided in Section 2; additional information about the evaluation process, including copies of the data collection tools, is provided in Appendix A.

[1] In January 2013, SAVA Centre Ouest (an acronym for Soutien et abri aux aînés victimes d'abus/Shelter and Assistance for Victims of Elder Abuse) was the name of the Montreal-based project participating in the evaluation. SAVA Centre-Ouest provided short-term transitional housing ('refuge') and support services to older people experiencing abuse. As of May 2013, due to a funding change, the shelter component of the project is no longer officially part of SAVA, but it does continue to provide shelter services under the name Refuge AVA (refuge pour les aînés victimes d'abus). SAVA Centre Ouest continues to offer transportation, accompaniment and supports to seniors who have been abused; the acronym now stands for Support and Accompaniment for Victims of Elder Abuse/Soutien et accompagnement aux aînés victimes d'abus . **Given that evaluation data were collected in March-April 2013, this report uses the name SAVA to refer to all components of the Montreal-based project**.

Evaluation findings are organized by evaluation questions, including: what residents liked most about the transitional housing services; residents' level of satisfaction; barriers to accessing the services; challenges associated with implementing the two transitional housing programs; and the perceived benefits of the programs; these findings are presented in Section 3. A discussion of emerging promising practices, based on evaluation findings, is the focus of Section 4.

Promising Practices – from the Literature

We are an aging society; seniors make up the fastest growing age group, a trend that is expected to continue for the next few decades (Statistics Canada, 2011). It is perhaps no surprise then to find a growing concern about the real and potential for increased abuse and neglect of older women.

Elder maltreatment is predicted to increase, as many countries are experiencing rapidly ageing populations. *World Health Organization Fact Sheet August 2011*

According to the World Health Organization, the abuse and neglect of an older adult can be defined as: *a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.* (http://www.who.int/ageing/projects/elder_abuse/en/). Abuse can involve family members, intimate partners, friends, caregivers, and professionals. Common types of abuse include psychological, emotional, physical, sexual, and financial abuse, as well as (intentional or unintentional) neglect and violation of a person's rights as an adult (Canadian Network for the Prevention of Elder Abuse, n.d; World Health Organization, n.d; Podnieks, 2008).

Although abuse of seniors can include older men, it is still the case that older women are more likely to be victims of abuse (Pittaway & Gallagher, 1995). Factors contributing to this include:

- Generally speaking women have a longer life expectancy, thus after about age 75 there are more women than men. (http://www.statcan.gc.ca/pub/89-519-x/2006001/t/4122020-eng.htm)
- Older women are more likely than older men to be victims of family violence; the rate of violence against older women was 22% higher in 2004 than the rate of violence for

older men (http://www.phac-aspc.gc.ca/seniors-aines/publications/pro/abuse-abus/gba-acs/).

- Patterns of domestic violence can become intergenerational so that women who have experienced violence during marriage may then become victims of abuse from their adult children or grandchildren (Hightower, Smith & Hightower, 2001).
- Older women who have experience prolonged periods of abuse may subsequently display long term effects such as permanent physical damage, mental health problems, loss of self-esteem, and so forth. The net impact is that they may also require a longer period of recovery (http://www.seniorscouncil.net/uploads/files/For_Service_Providers/Senior%20Abuse%20Enviromental%20Scan.pdf).
- Older women are statistically more likely than younger women to have health problems, reduced mobility, or other disabilities (Hightower, Smith & Hightower, 2001).

Additional gender-based differences that make older women's experience of violence unique are:

- Being widowed or divorced, which along with poor health, contributes to women's emotional and financial vulnerability
- A tendency to have fewer financial resources to begin with and thus to be more likely to be living below the poverty line (http://www.cnpea.ca/abuse_of_older_women.htm).
- Isolation and a culture of not talking about abuse that may have gone on for a long time, particularly in rural or isolated communities
- For Aboriginal women, loss of customary practices and culture including a diminishment of status as an elder, the residual effects of residential schools, poverty, lack of housing, and pressure from community members to remain silent or to not 'harm' the community (http://www.seniorscouncil.net/uploads/files/For_Service_Providers/Senior%20Abuse%20Enviromental%20Scan.pdf).

Historically, efforts to address the mistreatment of older adults in Canada arose through changes in criminal law, adult guardianship laws and protection statutes, and domestic violence

legislation. From these various legislative efforts, as well as the overall movement to bring the subject to the fore, several approaches to intervention and program delivery have emerged, three of which (domestic violence programs, advocacy programs, and the integrated model) are very briefly summarized below (McDonald & Collins, 2000; Podnieks, 2008).

Domestic Violence	***Advocacy Programs***	***Integrated Model***
Attention to civil rights	Attention to civil rights	Multidisciplinary approach
Multi-pronged approach that includes crisis intervention services such as emergency and secondary sheltering, and the use of a whole range of health, social and legal services.	Advocacy can be informal, i.e., volunteers, or formal, i.e., professionals whose role is to advise clients of their rights and of the alternative services available to them	Broad range of workers from various disciplines work together via community-based multidisciplinary teams
e.g. Kerby Centre in Calgary	e.g. BC Advocacy Centre for Elder Advocacy & Support	e.g. Community Response Networks in BC

Themes on promising practices for providing services for older women who are fleeing violence, drawn from the literature, contain aspects of each of the above approaches/models and include:

- Community coordinated response and resources
- Services designed specifically for seniors/older women
- Safe spaces and access to safety
- Integration of safe housing and emotional/practical support
- Women-centred/person-centred approach
- Harm reduction

Community coordinated response - collaborative practice across agencies

Older women fleeing violence or abuse often have diverse and multiple needs that are beyond the capacity of any single agency to adequately address; having a network of complementary services and agencies as partners can make the difference. Guidelines for development of a

coordinated community response suggest that the presence of a strong network of coordinated services and supports is an important ingredient for success. For example, abused older women typically present with a variety of physical, medical, health, and mental health challenges; statistically, older women are more likely than younger women to have several medical problems such as poor health, physical frailty, mobility problems or other disabilities (Hightower, Smith, & Hightower, 2001). Older women accessing shelter facilities may require assistance with medications, bathing, daily living tasks, and may have problems with hearing, mobility, or dementia. Addressing these realities can take time and stretch the capacity of shelter or agency staff – or require the presence of a registered health care practitioner. Consequently, a coordinated community response that pulls together and helps facilitate access to various community resources is essential (Hightower & Smith, 2002; Podnieks, 2008).

Violence spares no age group
but the services required differ dramatically across the lifespan. *Smith & Hightower, 2002*

Community-based services such as home care services, physiotherapists, occupational therapists, medical equipment suppliers, social work teams, mental health professionals, volunteers, health authorities, hospitals, police, and victim services, all have a role to play in helping to ensure positive and timely responses, a smooth referral process, and good follow-up and after-care (Alberta Council of Women's Shelters, n.d.; Stephen, Little, & Duchesne, 2005; Podnieks, 2008).

Positive working relationships and coordination between agencies can also help raise awareness of the issues and increase referrals (Blood, 2004). Ideally, this is achieved via the establishment of formal multi-agency protocols that help increase the effectiveness of responses by identifying policies, guidelines and procedures for working together, guidelines for responding to abuse of older women at an individual and community level, steps to take in cases of suspected abuse, and identification of areas for potential collaboration (Alberta, n.d.; Stephen, Little, & Duchesne, 2005). Best practice guidelines developed for the Northwest Territories state that such protocols should also respect the right and ability of older women to make their own decisions and to live a dignified and independent life (Stephen, Little, Duchesne, 2005).

In the absence of formal protocols, positive working relationships that result in better services and care can still occur; for example, shelter/transition house staff can make it a priority to proactively forge appropriate linkages with relevant community-based and health care sector services.

Services designed specifically for older women

Services are more responsive when they are tailored specifically for older women. When the focus is squarely on serving older women, then decisions related to program planning, policy development, and service delivery design, as well as educational and staff training opportunities, follow suit (Spencer, 2005). Staff can better understand, anticipate, and plan for the unique issues or needs of an older cohort when it is clear that that is their focus (Alberta Council of Women's Shelters report, n.d.).

Older women will use services and supportive interventions when they perceive these to be reflective of their needs.

Generally speaking, older women have specific health, physical, social and cultural needs including transportation problems, issues of poverty, complex medical/health problems, family or caregiving responsibilities, and mobility challenges, that can be barriers to accessing generic shelter or abuse or crisis related services. To illustrate, typically older women are less likely to seek shelter services when those services are not perceived as being geared towards their needs (i.e. when shelter services are designed for younger women with children). Older women will, however, show up in shelters that are quiet, where they can speak with people of a similar age, and where there are appropriate physical and programmatic accommodations (Alberta Council of Women's Shelters report, n.d.; Blood, 2004).

However, it may not always be feasible for communities to set up services specifically for older women; in these situations, they may instead be housed within a broader woman-focused context such as a women's sexual assault centre, crisis line, or domestic violence program. Hence, providing training for agency/program staff about abuse of older women is also important and helps to ensure that their unique needs are understood. Along these lines, Stephens, Little, & Duchesne (2005, p. 4) suggest that another effective approach is to hold

"interactive workshops and presentations led by trained educators/facilitators/ presenters including older adults educators".

Safe spaces and access to safety

A corollary to the above point is the desirability of having a safe space that is designated specifically for older women fleeing violence and abuse. The location of these safe spaces can be flexible and reflective of local circumstances and resources. Seniors' complexes and assisted living facilities, apartment buildings, and so forth all offer potential locations for older women (Spencer, 2005). Such spaces can be stand-alone shelters, or can be contained within existing services, e.g., having one or more rooms set aside for the shelter within a large assisted living facility or social housing building (Spencer, 2005).

> ***When older adults are at risk of abuse they need a safe place to go.***
>
> Alberta Council of Women's Shelters Report, n.d., p. 43

No matter the location, physical plant modifications such as grab bars in the bathroom, a lift if stairs are present, space for mobility devices, hand-rails near the bed, and so forth are also part of ensuring that the space is safe and accessible. Older women with other medical challenges and/or multiple disabilities may require additional types of modifications such as large print clocks and calendars, hearing assisted phone, etc. Again, the point is that safety has to be thought about somewhat differently for older women, taking into consideration physical and emotional safety as well as medical health and well-being.

Providing shelter is the first but not the only step for housing older women fleeing abuse; support, case management, and follow up services are also required. In keeping with the previous theme of having services designated specifically for older women, services need to be age appropriate and recognize that older women may need a longer time than younger women in which to reflect on their situation and their next steps, as well as to gather the necessary information and resources that will allow them to get back on their feet.

Integrating safe housing with emotional and practical support

Once safely housed, older women require a range of emotional and practical supports; shelters should provide, at a minimum, a safe pace to sleep, basic needs such as food and clothing, and case management services that help expand the person's knowledge of her options and assist her in making decisions about next steps.

In a report on best practice approaches to supporting older women (Hightower & Smith, 2002), the women said that they needed:

- Safety planning
- Respite from abuse
- Options for safe housing
- Circles of support, both with service providers and among peers
- Accessible services such as outreach

Older women also have said that they wanted (Hightower & Smith, 2002, p. 39):

- advice
- to talk
- choices/options
- company
- counselling
- control over own life
- food and warmth
- health information
- housing information
- information on money, benefits, pensions
- physical help
- privacy
- to be listened to
- to feel safe at home and in the community
- to know who to call for help

In addition, older women often have pets and may need help arranging care for the pet while living in a shelter or refuge.

Women-centred approach

Women-centred approaches view individuals as experts in their own lives and are characterized by choice, mutuality, caring, and compassion. Service providers are responsive to the individuals' goals, priorities, and choices and thus take their cue from where the individual is "at" in terms of service and care planning.

Service providers should proceed on the assumption that older women are competent until proven otherwise. They have the ability to identify their needs and make the right choices for themselves. *Hightower & Smith, 2002*

Spencer (2005) writes that each aspect of services needs to be offered in a manner that: is respectful of the capacity of older women to make decisions about their lives; builds trust; enhances safety; is conducted at a pace and in a way that supports the woman to proceed at her own pace; responds to a range of issues; and does not create further harm or risk of harm. This is also consistent with best practices guidelines for gender-sensitive approaches in the substance abuse field that are also known to be effective when working with women, including (Ontario Ministry of Health and Long Term Care, n.d., p. 44):

- Based on empowerment, holistic, relational, and feminist models
- Focussed on strengths-based, skills building, and experiential learning
- Collaborative and non-hierarchical
- Cognitive, behavioural, and motivational
- Based on harm reduction beliefs
- Culturally appropriate
- Trauma-informed

As noted previously, older women often present with co-occurring health, mental health, and/or substance use problems, hence best practices approaches from across any of these fields may be relevant. A gender perspective knits them together.

Within the context of being respectful, empowering, and trauma-informed, best practices guidelines for domestic violence programs suggest that shelters should adopt the principle of keeping rules to a minimum. Too many rules can result in creating an environment that feels abusive and controlling. Hence, programs are advised to "foster an environment that empowers people to make their own choices, but remain clear about what is expected from the program" (Arizona Coalition Against Domestic Violence, 2000, p. 41).

Harm Reduction

Older women who are victims of violence have not always embraced the help that has been offered to them; Spencer (2005) notes that up to one-third of older adults choose not to take

assistance from agencies and service providers. Some have suggested that this had to do with feelings of guilt and shame; others have suggested that it may reflect a mismatch between what is being offered and what is being sought, "as well as the ways in which the help is offered" (Podnieks, 2008, p. 146). A harm reduction approach, which is already used in the public health arena, is seen to offer distinct possibilities when working with older women fleeing violence.

A harm reduction approach is non-confrontational and non-judgemental and starts with what the individual identifies as being the most important (i.e., what is their goal or indicators of success related to their health, housing, etc.). With harm reduction the focus is on helping the older woman, but there is no imposition of rules or requirements that force her to make choices between getting help and other things that may be equally as important. It can be a way for service providers to begin to build a relationship with the older woman that will ultimately lead to the identification of strategies for offering assistance. A harm reduction approach can be particularly useful when the "older person has a substance use or mental health problem" (Podnieks, 2008, p. 146).

Ama House and SAVA – Key components and activities

Please note: This report describes SAVA within the context of the service as it was originally structured from January 2011-March 2013 – i.e., both accompaniment and shelter (refuge).

An initial step in the evaluation process was to get to know the programs in order to gain a clear picture of their operations such as organizational structure, program structure, history, practice principles, how residents benefited, and so forth.

A summary of the two program's organization structure, components and activities is provided below.

The two programs are set up differently, which is partly a reflection of their genesis: Ama House is rooted in the transition house sector (specifically for women) while SAVA began as a senior volunteer program with a focus on abuse of older adults (men and women). How they are structured is summarized in **Tables 1 and 2**.

Table 1: How the two organizations are structured

	AMA House	SAVA
Organizational Structure	Ama House is part of Atira Women's Resource Society, a large non-profit agency that has been operating for over 30 years. Atira offers a range of services for women including numerous types of housing and shelter programs, legal advocacy, counselling (Stopping the Violence), homelessness outreach support and self-employment initiatives. Ama House is one of 16 housing programs offered by Atira in three municipalities in the Lower Mainland.	From 2011-2012, SAVA Centre-Ouest operated as a partnership between three organizations: the NDG Community Committee on Elder Abuse (NDGCCEA); a seniors' assisted living residence (RS); and Table de concertation des aînés de l'île de Montréal (TCAIM). SAVA stands for Shelter and Assistance for Victims of Elder Abuse/Soutien et abri aux aînés victimes d'abus. The program provides volunteer accompaniment to older people who are victims of abuse (coordinated and delivered via the NDGCCEA) and refuge housing (provided via the assisted living facility). A protocol between the two components – accompaniment and refuge – has guided the relationship. Funding for the refuge portion of SAVA ran out as of December 2012, in January 2013, private funding was obtained and currently exists till September 2013. Government funding for the NDGCCEA accompaniment component continues until 2015.
Program model	Ama House operates as part of a transition house model and has a harm reduction approach.	SAVA is a volunteer-based program with a primary focus on volunteer accompaniment and support to seniors needing assistance for issues related to abuse. SAVA has two distinct components: accompaniment and shelter (i.e. refuge). Older adults who have experienced abuse can access accompaniment, transportation and support and/or they can access refuge (shelter housing); the accompaniment and transportation are provided by volunteers.

	AMA House	SAVA
Years in operation	Ama House opened in 2004.	SAVA was launched in January 2011.
Physical set-up	Four-bedroom house in a residential neighbourhood.	The refuge consists of two rooms within a seniors' assisted living facility; residents in the facility do not know that these rooms are designated for older adults fleeing abuse.

The difference in the genesis of the two programs is also reflected in how the programs operate. A summary is provided below.

Table 2: How the two programs operate

	AMA House	SAVA
Staffing	1 Manager – is also the manager of Durrant Transition House, which is around the corner. 6 staff – 1 per shift: day/evening/night; weekend. Social Work students on practicum placements also assist staff and can work alone in the house if they have the required first aid certification. All work for Atira; the Ama House office is located within the residence.	2 Coordinators, one each for the refuge and volunteer accompaniment. They report to and are paid by two different organizations. (However, the assisted living facility has 80 staff; refuge residents receive the same degree/level of service from these staff as do the other residents in the facility). Coordinator of the refuge is located at the assisted living facility and is employed by the facility. Coordinator of the volunteer (i.e. accompaniment) component of the program is situated at NDGCCEA and is an employee of the NDGCCEA.
Reporting relationships	Ama House manager reports to the ED of Atira.	A protocol between the two organizations has guided the coordinators' relationship, roles, and responsibilities. They each report to managers within their respective agencies.

	AMA House	SAVA
Intake criteria	• 55+ years old • Women only • Autonomous, independent (i.e. mobile) • Willing and able to live communally • Able to cook own meals • Able to sign waiver	• 60+ years old • Women, men, couples • Without evident cognitive impairment (i.e., that would be indicative of a condition such as dementia) • Without mental health issues (i.e., no chronic major mental illness or personality disorders) • Without serious acute illness • Not actively using alcohol or drugs • Autonomous (i.e., capacity to meet with a social worker and be engaged in the process of their care) • Willingness to be involved in the process, and to sign confidentiality agreement (i.e., not tell people where they are)
Referral process	Referrals are from service providers/professionals or from the women themselves	Referrals come to SAVA's Volunteer Accompaniment Coordinator from other transition houses, hospital social workers, community-based police officers, and social workers with the territory's Community Health and Social Services department. Individuals may also self-refer and/or referrals/inquiries may come from family members. When residents in the refuge require volunteer support and accompaniment, the refuge coordinator forwards that request to the SAVA coordinator who does all of the volunteer recruitment and screening and intake for seniors requiring assistance. Conversely, if during intake for accompaniment it becomes evident that the senior requires refuge, the intake request is forwarded to the refuge coordinator. Both coordinators do follow-up with individuals once they leave the refuge.

	AMA House	SAVA
Length of stay	6 months	3 months
# of Residents	6 women in 4 bedrooms	2 seniors in 2 bedrooms with capacity to add a third person to one of the bedrooms
Occupancy rate	Always full; receive calls every week. No waiting list is kept. Sometimes Atira will take an older woman into Durrant Transition House (first stage transition house also operated by Atira) until a room comes available at Ama House.	Approximately 70% occupancy rate for 2011-2012 based on staff calculations.
Volunteers	Auxiliary to the service: Volunteers provide various activities for/with the women, e.g., cooking a communal meal every other week, gardening, knitting, accompaniment on the bus.	Core to the service: The accompaniment, transportation and support components of SAVA are provided by volunteers. Social Work practicum students also provide accompaniment and support services. Volunteers also work with the residents of the refuge.
How it works	The women live communally; in shared bedrooms (two are private) and shared eating and living space – indoors and outdoors. They are expected to cook their own meals unless a shared meal is planned. One staff is on shift at a time and provides 1-1 support (emotional and a large amount of practical) and referrals to community services and Health Authority for specialized medical, social worker, counselling and psychological services. There is a reciprocal working relationship between Ama House and the health care system (Ama House is a resource to the health authority and vice versa).	Resident(s) at the refuge have their own private room and bathroom, though one of the rooms could accommodate a second person if required. The residence facility provides three meals a day along with services of a nurse (to oversee medication administration). Refuge residents take part in facility organized activities such as exercise class, bingo, dancing, singing etc. The Coordinator of the Refuge provides practical and emotional support for the refuge resident(s). The Coordinator of Volunteers trains and oversees the

	AMA House	SAVA
		work of the volunteers, who provide accompaniment, transportation, and information and support regarding legal issues and finances; accompaniment involves supporting the resident to get to health-related, legal, and housing appointments. Team (CLSC social worker, Coordinators, volunteers and resident) theoretically meets 3 times regarding intervention planning (does not often happen though). Focus is on helping the residents get healthy, gain confidence, and find housing.

Despite the differing structures and operations, residents of both Ama House and SAVA expressed similar thoughts in terms of what they appreciated about the service and how they had benefitted (see page 25)

CHAPTER SUMMARY

The literature identifies *three primary approaches to intervention and program delivery:*

- **domestic** violence programs
- **advocacy** programs
- the **integrated model**

Ama House and SAVA represent two different models:

Ama House operates as part of a **transition house model**, is designed specifically for women, and has a harm reduction approach

SAVA has two distinct components: **accompaniment and shelter** (i.e. refuge). Older women and men who have experienced abuse can access accompaniment, transportation and support and/or they can access refuge (shelter housing); the accompaniment and transportation are provided by volunteers.

Older women will use services that are reflective of their age and gender. They have unique needs that present challenges for delivering transitional home services such as specific health, physical, social and cultural needs including transportation problems, issues of poverty, complex medical/health problems, family or caregiving responsibilities, and mobility challenges all which can create obstacles for accessing help in the community.

Promising practices for service delivery, drawn from the literature include:

- ***Community coordinated response*** and resources are needed to respond to the complex needs of older women
- ***Services designed specifically for older women/adults*** address their specific needs and thus reduce barriers to seeking help
- ***Safe spaces and access to safety*** – In addition to transitional housing, seniors' complexes, lodges, care facilities, complexes, apartment buildings, and so forth all offer potential locations for older adults. Physical plant modifications are also part of ensuring that the space is safe and accessible.
- ***Integration of safe housing and emotional/practical support*** includes safety planning, respite from abuse, options for safe housing, circles of support, both with service providers and among peers.
- ***Women-centred*** approaches view individuals as experts in their own lives and are characterized by choice, mutuality, caring, and compassion.
- ***Harm reduction*** is an approach that is non-confrontational and non-judgemental and begins with the individual's own self-identified priorities and goals.

SECTION 2 – METHODOLOGY

The evaluation was guided by principles of ***participatory evaluation***, namely: a commitment to work together to determine key components of the process; mutual learning; and flexibility in trying methodologies that match resources, needs, and skills.

How Women, Staff and Volunteers were involved

In March/April 2013, the evaluators gathered information from a total of **39 informants**:

9 residents/former residents at Ama House
5 staff + practicum student at Ama House
3 managers/volunteer coordinator at Atira
1 community partner, Ama House
5 residents/former residents at SAVA
7 volunteers at SAVA
1 manager of SAVA's assisted living facility
3 staff/Coordinators at SAVA
4 community partners, SAVA
1 Board Director of NDGCCEA

Expressing creatively the meaning of living in transitional housing

All residents were invited to share their experience of the program through any creative approach.

One resident - a prolific poet - wrote two poems about her life and her experience at her shelter. ***These poems are included, with her permission.***

Residents and former residents of both programs were invited to take part in a group or individual conversation about what they found helpful about the service, what difference it made, and how the service could be improved. Staff, managers, volunteers, and community partners at both programs also took part in a focus group or individual interview that focused on key principles, activities, successes, challenges, and suggestions for program improvements. All interviews and focus groups were carried out in English and/or French, (and sometimes both in the course of the same conversation) – i.e., the informants' preferred language, as was communication with program staff at each site[2]. The older women informants were diverse in terms of age (late-50s - mid-80s), cultural background, and other socio-demographic factors.

Site visits, documentary and literature review, and a 'report back' session at one site were additional components of the evaluation process. Further information about the methodology, along with all data collection instruments, is provided in **Appendix A.**

[2] In the Findings, quotes are provided in the language used by the informant, with translations provided.

SECTION 3 – FINDINGS

In this section we present information gathered in response to the research questions, which guided the work of the evaluation.

What is the women's satisfaction with the transition house services?

The women participating in the evaluation were asked about their satisfaction with different facets of the shelter services through a Likert scale questionnaire, and also in the focus groups and interviews with open-ended questions regarding what they liked best and what they liked least. This section begins by presenting what the women liked most, then provides a brief summary of what the women liked least, followed by **Table 3**, which summarizes their responses to the Likert scale questionnaire.

What do residents like about Ama House and SAVA?

Key themes – residents liked

- ✓ Caring staff
- ✓ Availability and accessibility of staff
- ✓ Practical and emotional support
- ✓ Safety and security
- ✓ Program and facility designed for older women

Caring staff

They don't just listen, they <u>hear</u> you. They are never in a hurry, they never forget, they pay attention to what we say. *-Resident*

Caring staff who are attentive to the needs of the women was a focus of the residents' comments when asked what they like best about Ama House and SAVA. In both sites, the women reported that the staff were caring, supportive and approachable. The residents felt that the staff were genuinely interested in them and their health and wellbeing.

The respect and caring of the staff contributed to the women's healing, sense of safety and regaining trust in others at a time when they were feeling particularly vulnerable. Not only did the residents feel listened to and "heard" but they also valued the honesty of the staff. As one

of residents at SAVA expressed:

> *Je me rappelle ses paroles. Au refuge, quand on disait quelque chose, c'était vrai. Quand on a tout perdu c'est difficile à faire confiance. (I remember her words. At the refuge when they said something, it was true. When you have lost everything it is difficult to be able to trust.)*

Moreover, staff communicated their respect by following the women's lead regarding when the women were ready to talk about issues they might have been facing. Giving the women **time and space to heal** was another important aspect of staff's caring. The following quotes from residents illustrate this aspect of staff caring:

> *You are in such a mess when you arrive, physically and emotionally, so it is important to have the time and space to get healthy.*

> *J'ai eu confiance en elle. Quand je l'ai rencontrée, elle m'a parlé, ça a coulé. Elle dégageait de la douceur. (I trusted her. I connected with her – there was a gentleness.)*

> *Staff are very approachable – they say "when you are ready, I am here".*

Availability and accessibility of staff

The availability of the support and the people: the nurse, the cook, the kitchen – having people at your service. Everyone is at your service here. They're so friendly here. *-Resident*

Closely related to, and perhaps an indicator of, caring were the women's comments highlighting the importance of the **availability and accessibility of staff.** Both sites maintained staffing 'around the clock', which the women reported contributed to their sense of security and peace of mind. They appreciated having other people around who cared about their health and well-being – something that younger women in similar circumstances might not notice. It made them feel less alone, less isolated. At SAVA, residents expressed:

> *I like the people best. They're very polite. It's a safe environment.*

> *There's always a nurse or someone to help with medications.*

And at Ama House, residents said:

> *The staff are sincere. They are understanding and they do care. They try to help you.*

> *The staff are available anytime. They come to check on me, day or night. They are always available to help me with my diabetes.*

Practical and emotional support

I was in bad shape when I got here. I got lots of support from the staff. It took a while to get myself together. *- Resident*

Receiving **practical and emotional support** was another important theme in the women's conversations about their experiences. Staff provided connections to needed resources and services such as finding a pharmacy that would provide consistent care and pay attention to the women's prescriptions and health history. Staff and volunteers at SAVA helped the women access housing, physicians, legal advice, budgeting and so on. Furthermore, at both sites, the residents appreciated the support around daily living: residence staff coordinated (at Ama House) or provided (at SAVA) the meals, and provided light housekeeping and laundry (bedding).

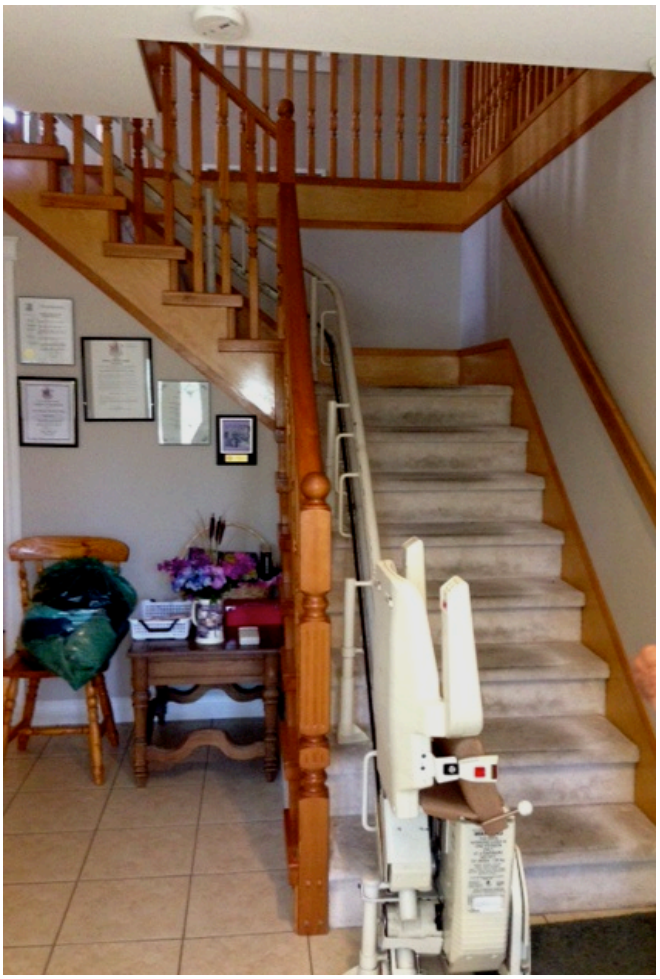
As well, residents at both sites valued having access to medical care during their stay. A nurse practitioner was available to visit the women at Ama House and helped connect them to services and address health concerns. At SAVA, there was a nurse on staff who brought medications to the residents.

The women appreciated that staff gave them room to make their own decisions about when and how they would approach their own healing. They identified this respect and lack of external pressure as an important aspect of **emotional support.** As well, the women valued having a choice about how much they wanted to participate in the programs.

> *It's really important to have time and space. It's priceless.*

Program & facility designed for older women

The environment is relaxed, peaceful and home-like. *- Resident*



Having an older woman-friendly facility meant a lot to the women who participated in this evaluation. It was an explicit recognition of their physical needs as older women. Grab bars in the bathrooms and lifts on the stairs were valued.

The women at SAVA liked that the refuge was an assisted living facility that catered to older adults: residents' meals were provided for them, as were laundry for bedding and light housekeeping – all of which reduced the day-to-day pressures.

For women at Ama House, in addition to the physical adaptations, they enjoyed the "relaxed home-like environment".

The **quiet** nature of the facilities was also mentioned as a key benefit at both the sites: several of the women reported having had previous experience in regular transitions homes and found them noisy and with "too many rules".

Safety and Security

The best way to help ensure women feel safe is to keep them company. *- Resident*

When the women who participated in this evaluation spoke about security, they liked that the programs provided them with both **physical and emotional security**. Physical security came from the confidential location of both facilities, along with round-the-clock staffing and confidentiality of information sharing. As well, at SAVA there was the presence of security staff and reception desk that screened people entering the refuge. Furthermore, at both sites residents highlighted that not being alone, and having staff and other residents around with whom they could talk also contributed to their sense of safety and security.

> *I feel more secure here (in the refuge) than I do in my current residence. In my current place, there's no security desk. We don't know who's coming or going. I see feet under my door, but I don't know who's there. Sometimes I'm scared there.*

The manner in which residents were treated and the way in which staff spoke to them were also mentioned as contributing to residents' sense of emotional security and sense of belonging.

> *Le refuge, c'est l'endroit où j'ai été le mieux en sécurité, pas jugée. C'est tellement facile de démolir quelqu'un. Il n'y avait pas de harcèlement au refuge. On ne nous étouffait pas. On était des êtres humains, pas trop protégés! (The refuge is the place where I felt the most in security, not judged. It is so easy to destroy somebody. There was no harassment at the refuge. They did not suffocate us: we were human beings, not too protected!)*

> *Somebody would check on me during the night. The coordinator would come often to check in, to say hi. She introduced me to the nurse. They knock on the door to remind me for the meals. They showed me the dining room, where my place would be.*

What do residents like least about Ama House and SAVA?

Key themes- residents liked least

- ✓ Transportation and distance from services
- ✓ Food
- ✓ Length of stay

There were far fewer aspects of the programs that were not satisfying relative to what residents liked, and for the most part these were seen as minor irritants rather than major concerns.

Transportation and distance from services were mentioned by a number of women at both sites. The shelter can be very far away from other resources that residents are connected to when they arrive, such as a counsellor or medical resources. Some women said that it was exhausting to get to these resources because no one has a car and everyone uses some form of public transit. As well, the confidential location complicated visiting with friends and family because the residents are not allowed to disclose the address; thus, they would have to meet with their visitor off-site.

> *It can be challenging getting to appointments when searching for housing.*
>
> *The most difficult for me was that for security reason I could not have contact with my relatives, and I had to learn how to go by taxi so that the location of the refuge was kept secret.*

Food was another issue for some women - the range of choices in menu items in particular was mentioned.

> *Il y avait certains plats que l'on nous servait... je n'étais pas habituée à manger cela mais je suis peut être difficile et puis il y avait le choix. (There were some dishes that I was not used to, but maybe I am difficult, and also there was a choice.)*
>
> *But in terms of food issues, some of us need more protein; hamburger won't do. I need more specialized foods. I'm concerned when I hear talk about budgets. I know budgets, but I never had a lack of proper food.*

The **length of stay** was another less satisfying aspect at SAVA's refuge, where there was a three-month time limit. Some women would have wanted to have more time in order to get

their 'feet on the ground'. The women at Ama House were more than satisfied with the open-ended flexibility of the length of their stay, which for at least one person lasted for one year.

> *It should be longer, in case it's hard to sort out housing and other issues. I don't know how much longer, but maybe a few months longer. That way, you'd have the peace of mind to know that you can stay. I know I can stay with my son, but that's not the final situation. It takes time to find a place. Six months would be good.*

> *Oui, j'étais prête, mais j'aurais aimé rester plus longtemps! (pleure)....Je me sentais si bien là. Mais je n'aurais pas appris que j'avais confiance en moi! (Yes, I was ready to leave. But I would have liked to stay longer !(cries softly). ...I felt so well there. But I would not have learned (as soon) that I have some self- confidence!)*

Table 3 : Summary of Satisfaction – SAVA and Ama House [3]

SAVA (✓): n = 3 Ama House (✶): n = 7

Thinking about your time living at SAVA or Ama House, how satisfied were you.....	Satisfied	Neutral	Not Satisfied
Privacy in my living space	✓✓ ✶✶✶✶✶✶	✶	
The physical environment of my room and the living/dining space at Ama House or SAVA	✓✓ ✶✶✶✶✶✶✶		
Opportunities to talk with staff and/or a counsellor about what I was going through	✓✓ ✶✶✶✶✶✶		✶
The availability of staff to help organize my appointments or meetings outside the residence	✓✓ ✶✶✶✶✶✶	✶	
The availability of staff to help address my health issues	✓✓ ✶✶✶✶✶✶	✶	
The length of stay	✓✓✓ ✶✶✶✶✶	✶	✓ ✶
The help and support from staff or volunteers to move	✓ ✶✶✶	✶	✶✶
The help and support to stay connected to my social network, e.g. family, friends and activities	✓ ✶✶✶✶✶		✓ ✶✶

[3] Unfortunately limited time did not permit our asking this question in its entirety when conducting a focus group with three of the (former) residents at SAVA, and this section was only partially completed for three of the five SAVA (former) residents.

What barriers have older women encountered in accessing services?

On a more general note, Ama House and SAVA residents were asked to comment on what they thought were some the barriers that older women faced when accessing services. Their comments reflected well what has been described in the literature and highlighted earlier in this report. The residents identified the following barriers for senior women who are accessing services:

- Not knowing where to turn for help
- Pride – don't want family to get into trouble with police
- Lack of publicity about the program
- Fears about being destitute
- Not enough space in shelters for older women
- Women are socialized to care for others and often do not recognize when they need help themselves
- Not everyone has a doctor; women need to have a family doctor in order to get consistent medical care

What difference/impact do the programs make from the perspective of program participants?

Key themes - difference the program made

- ✓ Felt supported
- ✓ Increased sense of safety
- ✓ Learned about services & supports in the community
- ✓ Got connected to health services and/or community resources
- ✓ Improved sense of self-esteem & self-confidence

During the interviews and focus groups with residents from both centres, the women were asked to a respond to a three-point Likert scaled question: "what difference has the program made for you?" In addition, the women's comments elaborating on their scale responses were noted. The following narrative summarizes their open-ended comments and **Table 4** summarizes their response to questions using the three-point scale.

Felt supported

The women overwhelmingly reported that their program provided support and offered opportunities to talk over their situations and problems. The availability of staff, connections to counsellors and, at Ama House, the Talking Circle were all mentioned as important aspects that

contributed to feeling supported. As well, the women felt that the wholistic perspective - paying attention to the mental and physical health - contributed to their feeling supported, which in turn helped the women regain some trust in others.

> *I felt supported here. People here are paying attention to both mental health and physical health.*

> *Je me sentais en sécurité avec la coordinatrice. J'ai été bien accueillie au refuge, il y avait de la sécurité alentour de moi. On m'a écoutée, on a fait attention à moi. On m'a montré les choses. Avec la coordinatrice, je défoulais, elle m'aidait. Les outils qu'elle m'a fournis, je m'en sers encore! (I felt secure with the coordinator. I was warmly welcomed at the residence. There was security around me. They paid attention to me. They listened to me. They showed me things. With the coordinator, I could unwind, she helped me. The tools she gave me, I am still using them now!)*

> *Par exemple je faisais confiance à tout le monde. Je ne retombe pas dans le piège! Je fais attention. Je me rappelle ses paroles. Au refuge quand on disait quelque chose, c'était vrai. C'est important car c'est difficile à faire confiance quand on a tout perdu. (For example, I used to trust everybody. I do not fall in this trap again. I am careful. I remember her words. At the refuge when they said something, it was true. When you have lost everything it is difficult to be able to trust again.)*

Felt connected to other people who had similar experiences

While many of the women reported feeling less alone, being connected to others with similar experiences, as an outcome, received varied responses. Fewer women at SAVA felt connected to other people with similar experiences than at Ama House. In part this can likely be attributed to the program structure: At the SAVA refuge, the women have their own room in a large facility, the women's backgrounds and reasons for being in the residence were not known, and there were no formalized opportunities to share their experiences with each other. By contrast, at Ama House the women live communally and participate in the Talking Circle and in house meetings where they have an opportunity to share and learn about each other's experiences. At the same time, some women did express that they did not really want to hear about others' experiences:

> *Someone else's problems have never made me feel better.*

Nevertheless, women at both centres did make connections with others, although as the second quote suggests, it can be a mixed experience depending on the mix of women involved.

> *H was here! We lived next door to each other. We would smoke together.*

> *Some good relationships have emerged – some women have gone through a lot more than me and I stay out of their way.*

For some of the women at Ama House who shared a room, this has been a source of increasing connection and has contributed to more longer-term relationships.

Increased sense of safety

Increased sense of safety - both physical and emotional safety - was another strong outcome for almost all the women in both programs. At Ama House, this sense of safety was tempered somewhat, when toward the end of this evaluation a new resident was moved out of the house to another facility because she was too disruptive and created an unsafe environment for the others.

> *The benefit is feeling safe.*

> *Having a security guard on staff. He came up once when I thought I saw someone on my balcony. He checked things out, put the lights on. There's lots of security here. ...They care a lot about you.*

Learned about services & supports in the community

Information about services and supports in the community was very helpful for almost all the women. The practical support and direction of what was available in the community came not only from staff but also from former residents. Trust and following through with actions made a difference to the women in how they responded to the new information about community services and supports. The following quotes illustrate this point:

> *A resident helped me to get connected. I trusted the resident. It takes a long time to rebuild.*

> *One staff person is great – really helpful, gets stuff done for us.*

Furthermore, breaking down the information helped the women gain the confidence to move forward, especially around housing options and assisting with writing letters, faxing and computer searches.

Got connected to health services and/or community resources

All but one of the residents stated that the programs were "very helpful" in helping them get connected to health services and or community resources. The one woman who had maintained her connection with her family physician found this aspect of her stay at the shelter to be "somewhat helpful". Many of the women had complex health and/or mental health-related issues and receiving support and assistance in addressing these issues brought a measure of stability and improvements in their health.

> *I got connected with the Primary Health Clinic – everything is right there. I was very sick and very weak with pneumonia when I first came to (the shelter). It took me eight weeks to bounce back. At that time, the constant suggestions (by staff) for me to eat – them knowing about me being anorexic. It was very good.*

> *They helped me set up appointments to get my eyes and hearing checked. After here I got a family doctor right away and a dentist. I needed a family doctor because the doctor at the clinic would not renew my prescription unless I had a family doctor (who would provide consistent medical care).*

> *I needed to renew my prescriptions for my heart. There was always a nurse available.*

Learned about rights, managing finances and increasing sense of personal control

The women's responses indicated that the programs had less impact, compared with the other outcomes, in the areas of learning about rights, managing finances and increasing sense of personal control. Approximately half of the residents interviewed said that their program was very helpful in this regard, while the remainder indicated that either the outcome didn't apply to them or that they were somewhat helpful. For one women who was an immigrant, it was a revelation that she did have some financial and property rights in her marriage:

> *The coordinator has provided counselling about leaving my husband, and she arranged a meeting with a lawyer. When I left my home, my husband reported me missing. My husband said that everything belongs to him. The police explained to my husband that one half of everything belonged to me. My husband is very mad. He says if I go home he'll make a tragedy – he has a rifle.*

For other women, they received help understanding and addressing their finances, although, as one woman said, budgeting doesn't necessarily help when you "just don't have enough money".

With regard to personal control and being empowered to make their own decision, all residents participating in the evaluation indicated that their program had been either "very helpful" or "somewhat helpful". At SAVA, the one to one counselling with the coordinator helped to "explain (things) to me. She says I am in control." As well, receiving advice regarding court proceedings and accompaniment to court contributed to these women feeling more in control. For women at Ama House, their comments suggested that their decision to leave their former situation and to come to Ama House was validation of their sense of personal control. As one of the residents expressed:

> *I had lost control over everything, my (child) had taken over everything. I didn't feel helpless here. I had the strength to leave my situation with nothing but I when I got here I realized I had "me" back again.*

Improved sense of self-esteem & self-confidence

While the evaluators did not ask the women specifically about their improved sense of self-esteem and self-confidence, women raised this on their own in relation to other topics discussed. In addition to the increased sense of safety, other factors that contributed to improvements in the women's sense of self-confidence and well-being were: the availability of staff to talk to, the connections with community resources, attention to stabilizing the women's health and legal situations, allowing time for the women to heal and giving women room to choose for themselves the time and approaches to healing.

> *Being here helped me get my physical and emotional health back. Gave me back my self-esteem.*

> *The security here helps me to be less anxious.*

> *It increased my confidence – I was kept down so long.*

Improved my relationships with family members

Lastly, women were asked about how the programs had impacted their relationships with family members. This was an impact or outcome for which 10 of the 12 women said **did not apply** to them. Only one of the 12 women indicated that it was "very helpful" and one woman said the program was "not helpful" to her in this regard. Nevertheless, some of the women's comments revealed that family relationships are important and are the focus of work with staff

and other service providers. **Table 4** on the following page summarizes the women's responses to the question about the impact or benefits of their experiences at SAVA and Ama house.

Table 4: Summary of Benefits/impacts – SAVA and Ama House[4]

SAVA (✓): n = 5 Ama House (✶): n = 7

As a result of SAVA's/Ama House's help, I…	Not Helpful	Somewhat Helpful	Very Helpful	Doesn't Apply
Learned about services and supports that can help me in the community		✶	✓✓✓✓ ✶✶✶✶✶	✓ ✶
Got connected to health services and/or community resources that I needed		✶	✓✓✓ ✶✶✶✶✶✶	✓
Learned about my rights		✶	✓✓✓ ✶✶✶	✓ ✶✶✶
Learned about managing my finances			✓✓✓ ✶✶✶	✓✓ ✶✶✶✶
Increased my a sense of personal control		✶✶	✓✓✓✓ ✶✶✶	✓ ✶✶
Felt supported		✶	✓✓✓✓✓ ✶✶✶✶✶✶	
Felt connected to other people who had similar experiences, so I didn't feel alone	✓✓	✶✶	✓✓ ✶✶✶✶	✓
Increased my sense of safety (1)		✶	✓✓✓✓✓ ✶✶✶✶✶✶	
Improved my relationships with family members	✓ ✶		✓ ✶	✓✓✓ ✶✶✶✶✶
Other: place to live			✓ ✶✶	

[4] Note, the introduction of a resident at Ama House who was very disruptive and ultimately had to be moved affected the sense of safety for several residents. Thus, at least one person said that she had felt safe at Ama House, until that resident arrived.

How have volunteers been involved and what was their experience?

At Ama House, although volunteers are involved in various activities that are valued by residents and staff alike (e.g., cooking a communal meal every other week, gardening, knitting, accompaniment on the bus), volunteers are auxiliary to the transition house itself. In view of this, the following discussion of volunteers' experiences and outcomes will focus on SAVA.

At SAVA, volunteers are core to the service: the accompaniment, transportation and support components of SAVA are all provided by volunteers. Indeed, SAVA was designed to be a senior-to-senior, peer volunteer-based program, with the volunteers being retirees from health care, social service or justice–related fields, and with volunteers having some pre-existing knowledge about aging and health/social care services.

In addition to senior volunteers, social work practicum students have provided accompaniment and support services as a means to augment their hands-on experience working with older people. In spring 2013, there were 7-8 senior volunteers and 3 social work student volunteers.

SAVA volunteers have received training about a variety of topics, for example: abuse of older adults; institutional abuse; conjugal violence; effective communication; depression and suicide; psychogeriatric assessment; Alzheimer's dementia; ethno-cultural diversity; setting boundaries); more than 15 training sessions have been offered in the three years of SAVA's existence. The trainings are suggested but not mandatory. All volunteers participating in the evaluation spoke of appreciating the training sessions and of their value in raising awareness of issues.

SAVA student volunteers receive regular support and supervision from the Coordinator of Volunteers and also from an academic/clinical supervisor based at their university who is on the Board of the NDGCCEA. As well, all volunteers can meet with the Volunteer Coordinator at any point to check in, debrief and problem-solve challenging situations. That said, both senior and student volunteers noted that they would appreciate additional opportunities to discuss issues as a group and on a regularly scheduled basis. As one volunteer stated:

> *As volunteers, it is important to be able to share. We witness deeply moving things, and it's important to be able to talk about them.*

The activities undertaken by volunteers at SAVA have been categorized broadly as: transportation, accompaniment, and support. More specifically, volunteers have provided:

- Transportation and accompaniment to hospital and community-based medical and/or dental appointments
- Transportation and accompaniment to potential new housing
- Transportation and accompaniment to the bank, grocery shopping, etc
- Transportation and accompaniment to legal services
- Emotional support

What difference does the program make from volunteers' and community partners' perspective?

Key themes - volunteers & community partners

- ✓ Program is seen as instrumental to older women's well-being
- ✓ Volunteers feel like they have accomplished something through the helping relationship

From SAVA volunteers' perspective, the transportation and accompaniment component of the service enabled participants to go where they needed to go and do what they needed to do; SAVA thus was viewed as being instrumental to participants' well-being.

Volunteers also believed that having someone "outside the person's family or circle" was valuable as it provided program participants with a "fresh face" and compassionate sounding board to discuss their situation and next steps.

In terms of the impacts of volunteering on volunteers themselves, several informants stated that the benefits were reciprocal – SAVA volunteers felt as though they had "accomplished something" through their helping relationship, and they gained gratification knowing that they had made a tangible difference in the lives of older adults who had experienced abuse.

> *It's a helping relationship. It's non-judgemental and compassionate. It helps both the clients and the volunteer.*

From the perspective of SAVA's community partners (i.e., a community liaison officer, social worker, and community development worker), SAVA has helped older women who had

experienced abuse to 'get their life back' as a result of the refuge and the support and linkages with services that residents accessed through the refuge.

Further, having a short-term refuge and accompanying support services to refer to had been very helpful from the perspective of community police, who noted that this population of older adults can be both invisible and difficult to serve because of the self-imposed stigma and reluctance of older people to bring forth charges against family members:

> *La dame n'appelait jamais (la police), elle. Elle ne voulait pas incriminer son fils... J'ai beaucoup de cas comme ça. Le problème, c'est toujours l'argent... Au refuge, la coordinatrice et l'avocat –ils lui ont donné tellement de ressources. Le service qu'ils donnent au refuge, c'est magique! ...Je n'ai jamais vu ça - j'ai 24 ans de service- comment une personne peut se remettre sur pied! (The lady never called the police herself. She did not want to incriminate her son. ...I have a lot of cases like that. It is always about money. ... At the refuge, they – the refuge Coordinator and the lawyer - gave the lady a lot of resources. The service that they give at the refuge, it is magical! ...I have never seen that, in my 24-year career, how a person can recover, get back on her feet.)*

Similarly, a social worker in SAVA's catchment area stated:

> *It is a great temporary resource for people who are living in an abusive situation. They have access to resources that otherwise would not be available to them. ...I think that it is great for professionals to know that there is a resource for these women.*

In terms of Ama House, the social worker interviewed as an informant to the evaluation, who had referred women to Ama House and also had some ongoing involvement with residents based on individual needs, was highly positive in her praise of Ama House. From this informant's perspective, Ama House enabled older women to "gain their self-respect back" and raise their self-esteem so that they knew they deserved and could have a life free of abuse or violence.

Further, community partners at both sites commented on the importance of staffs' positive practice of finding balance between providing as-needed and individualized support, and yet "not taking over" for the women. This balanced approach enabled older women to achieve and maintain their independence and to "realize that they could take care of themselves".

What have been the challenges in implementing AMA House and SAVA?

SAVA - Key themes

- ✓ Lack of full engagement by community partners
- ✓ Not yet fully utilized
- ✓ Lack of clear, common vision across partners
- ✓ Volunteer model may not be sustainable
- ✓ Lack of stable, ongoing funding

Ama House - Key themes

- ✓ Availability does not meet demand
- ✓ Residents can be reluctant to leave
- ✓ Ensuring that residents' complex health and medication-related needs are met, given that staff are not licensed to dispense meds

The evaluation of Ama House and SAVA revealed a number of challenges in implementing transitional housing services for older women/seniors who had experienced abuse. Some of the challenges were or seemed to be site-specific, arising out of each site's particular model or organization structure.

At the same time, SAVA was much newer than Ama House; thus, it may have been that some of its seemingly unique challenges were actually a function of the newness of the service.

The unique challenges of each service are discussed first, followed by the identification of challenges that were common across the two sites and perhaps common to transitional housing programs for older women leaving abusive situations.

Challenges in implementing SAVA included:

- Lack of (full) engagement by community partners
- Project has not yet become fully utilized by community-based health care providers
- Project's multiple sponsoring organizations led to challenges in relation to having a clear, common vision and open communication between project partners
- (Peer) volunteer-based model may be unrealistic/unsustainable - may place too many responsibilities/burdens on volunteers
- Lack of stable, ongoing funding

Project staff, volunteers, residents/former residents, and community partners all noted that SAVA had not yet become fully known in the community; this meant that seniors themselves and their families, as well as health care providers may not be referring to SAVA to the fullest

extent possible. Each community partner interviewed observed that "getting known in the community takes time", particularly for a refuge that cannot publicize its existence or location.

Similarly, it takes time to develop strong working partnerships with community-based professionals and to achieve full understanding of each partner's roles and responsibilities, as well as to have open communication, and this challenge may have been amplified by SAVA having multiple project partners and also employing a peer volunteer-based model.

On this note, SAVA's peer volunteer model was one of its unique and innovative features, but also presented implementation challenges: both volunteers and staff agreed that it was difficult to recruit and retain volunteers who could provide the time commitment expected of them and also have the physical strength and stamina required to carry out their role (e.g., as part of transportation and accompaniment, to assist with lifting and manipulating mobility aides such as a walker or wheelchair). Volunteers also noted that it was challenging to ensure that all partners had a shared understanding of the role of volunteers and of the limits to the role. As well, volunteers themselves stated that "working with seniors with cognitive and judgment problem could be challenging", and thus it was essential for volunteers to have solid understanding of the complex health and mental health issues of older women who had experienced abuse, and for programs serving abused older adults to build in ample time for training, individual supervision and group support/'debriefing".

Finally, the lack of ongoing funding has been a challenge for SAVA's implementation. The short-term nature of the initial two-year funding did not provide the project partners – who had different mandates and came from different sectors – with adequate time to develop in-depth working relationships, and the lack of stable funding ultimately contributed to dissention and possible discontinuation of the partnership. Further, the uncertainty of funding has understandably hampered the work of relationship- and partnership-building with health and social services in the community, as well as efforts to enhance public awareness about the existence and availability of SAVA's services.

Challenges in implementing Ama House included:

- Ama House's availability does not meet demand
- Women can be reluctant to leave – residents experience fear or anxiety in relation to leaving, particularly if their new housing is in an unknown neighbourhood or community
- Ensuring that residents' health, psycho-geriatric and/or medication-related needs are met, given that Ama House staff are not licensed to dispense medications.

First and foremost, staff, residents/former residents, and community partners emphasized that Ama House was challenged to keep up for the demand for its services; according to staff, "every week, we turn away 20 (older) women" needing transitional housing.

A related issue, and one that exacerbates the first challenge, is that many Ama residents become reluctant to move from the House; many, even after several months, are still early in their healing process and do not feel ready yet to leave the safe environment of the House. This challenge likely also can be linked to the difficulties in finding safe, affordable, senior-oriented housing in the Greater Vancouver area; Ama House is located in a seniors-focused albeit expensive community, and thus some residents have been reluctant to move to an unfamiliar neighbourhood that may be at some distance from trusted health care providers and other community resources. As one Ama House resident stated:

> *It is scary as an older woman to think about moving and ending up in a high crime area.*

A third challenge for Ama House is navigating the "gray area" arising from the reality of residents' complex health and/or mental health-related needs, in light of Ama House's designation as transitional housing and not an assisted living facility. Ama House staff noted that while "99% of the women have health issues, including strokes, heart problems, mental health, dementia, diabetes, and so forth", as support workers rather than licensed nursing professionals, they cannot administer medications[5]. This means that all Ama House residents need to be relatively independent and able to manage their health care issues, although they can rely upon Ama House staff's support to ensure that their day-to-day and health needs are met.

[5] If a woman is prescribed Methadone, it is stored in a fridge on the first floor of the House (adjacent to the staff's office area), and staff assist with dispensing it. To obtain the Methadone, a resident and a staff member must each sign a medications sheet.

Cross-site challenges

- Programs need to be able to address older women's potentially complex and wide-ranging geriatric health, psycho-geriatric, mental health and/or transportation-related needs
- Difficulties in finding affordable, safe, older adult-oriented, longer term housing for older women who have experienced abuse or violence
- Need for adequate, ongoing program funding

Finally, while each of these three 'cross-site challenges' have already been identified in the preceding discussion, we believe it to important to name them again, since they pose significant challenges to the implementation of transitional housing services to older women fleeing violence or abuse.

How can Ama House and SAVA be improved?

In keeping with their high level of satisfaction with services, residents/former residents at Ama House and SAVA had only a few suggestions for ways to improve their transitional housing/refuge.

At SAVA, suggestions for improvement included:

- More community-focused information about and awareness regarding SAVA's availability
- More activity at the residence on Sundays
- Consideration of increased length of stay

At Ama House, suggestions for improvement, included:

- Availability of on-site counselling
- Having additional staff available on all shifts
- Having a van at the House that could be used for resident transportation to appointments and activities[6]

In Ama House residents' words:

> *It would be nice to have a counsellor to talk to, to talk about what we went through.*

> *You are in a complete tailspin when you arrive. It would be good to have a counsellor to provided one to one counselling.*

[6] Note: While a house van would provide additional convenience and flexibility, residents nonetheless do have access to transportation options; Handidart and local bus services are available, and if residents have an appointment that is far away (e.g. downtown Vancouver), staff will arrange a ride or accompaniment.

Residents who participated in the Talking Circle at Ama House said it was helpful; at the same time, some women needed to talk more in-depth with a trained counsellor. As well, residents wanted to have more than one person on a shift at a time, so that there could be greater possibilities for outreach and assistance in getting to community resources and medical appointments, and searching for housing. As it is now, the staff cannot leave the house because there would be no one else on duty. Lastly, nearly all residents voiced their desire for Ama House to have a van.

From the perspective of staff and managers at both sites, the idea of having enhanced and/or stronger partnerships with health authorities/providers was voiced as suggestions for service improvement, as this would lead to increased collaborative practice and ability to attend to residents' health and wellness needs.

CHAPTER SUMMARY

This chapter presents information gathered in response to the following evaluation questions:

- *What do residents like about receiving services from Ama House and SAVA?*
- *What did the women like least about Ama House and SAVA?*
- *What barriers have older women encountered in accessing services?*
- *What difference/impact do the programs make from the perspective of program participants?*
- *How have volunteers been involved and what was their experience?*
- *What difference do the programs make from volunteers' and community partners' perspective?*
- *What have been the challenges in implementing AMA House and SAVA Centre-Ouest?*
- *How can Ama House and SAVA be improved?*

Key themes of findings are provided in text boxes throughout this chapter.

Overall, the evaluation found that older women benefitted from their use of transition services in terms of: ***improving their safety***, obtaining ***emotional and practical support***, ***learning about and getting connected to services in the community***, *and* ***improving their self-confidence and self-esteem***.

SECTION 4 – EMERGING PROMISING PRACTICES

The findings of this evaluation have demonstrated that, when programs are designed with older women in mind, taking into consideration their physical, medical and psycho-geriatric needs, this makes a positive difference for women's health and well-being. Despite very different models of service delivery at Ama House and SAVA, the evaluation found strong commonality in the experiences of and outcomes for older women.

Based on information collected for the evaluation, the following are emerging promising practices in providing transitional housing for older women.

Clear vision, approach and philosophy: Having a strongly articulated vision, approach, and philosophy helps anchor a program in its implementation and acts as a guide for ongoing practice. At Ama House, anti-oppressive and harm reduction approaches underpin how staff work with residents; both approaches are reflected in Atira's policies and are supported in practice. At both Ama House and SAVA, residents are treated with dignity and respect and are assumed to have the capacity to determine their own priorities.

Focus on safety & security: Feeling safe and secure – physically and emotionally - is very important for women who are fleeing abuse. Residents at both Ama House and SAVA cited an increased sense of safety as something they valued about the program. In both programs, policy and practice ensured that the transition housing building location remained confidential. The presence of 24 hour staffing helped contribute to the women's safety. Not only did residents like that there was always a staff person present to keep an eye on them, to make sure they were safe, residents also appreciated that staff were a caring presence and always available for them to talk to, thereby adding to residents' emotional safety.

Programs' guiding philosophy adds further emphasis to the focus on safety and security; a harm reduction approach means that there is a strong value placed on keeping residents safe.

A focus on relationship-building to promote trust and sense of safety: Staff's development of non-judgemental, supportive relationships and a demonstrated openness to being available to listen, are key to building trust – necessary if staff are to begin to help residents get back on their feet, emotionally and physically, and prepare for their transition back to the community. Staff at both programs built trust by being attentive and responsive to residents and their needs, and by spending time getting to know them.

Because of the communal living arrangement at Ama House, the residents' communication and relationships between each other are important to the overall tone of the residence. Thus, staff also work to encourage and model good communication between residents by helping to address any disputes that may arise between them and listening to any concerns that arise as a result of women's experiences living at the residence.

Supports are individualized and women-centred: The programs are women-centred and women-directed. Women are treated with dignity and respect; staff begin by finding out what the women's priorities and needs are, e.g., a doctor, counselling, medications, housing application, financial help, or other services, and use that as a guide for connecting residents with the services/supports/information that they need. This means that residents are given the 'space' to do nothing if that is what they require, to sleep, and to take their time to begin regaining strength before being approached to talk about their priorities. This approach is different from an intervention-focused, case management model in that women direct the how, what and when of the supports that they need to get back on track with their lives.

Supports are focused on and geared to senior women who have particular needs: Older residents of transitional housing come with very particular and oftentimes complex health needs, including mental health, substance use and physical challenges. The medical needs can be significant and can take precedence over policies such as the requirement to move out of the residence within a certain timeframe.

By focusing specifically on older women's issues, staff will develop a depth of knowledge that allows them to anticipate the range of services and supports that residents might need. Staff

recognize the importance of developing connections with relevant community resources and services, physiotherapists, occupational therapists, community social workers, assessment teams and other community-based health professionals with expertise in older women's issues.

Physical aids such as grab bars in the bathtubs/showers, elevators and/or a lift for women with mobility problems, as well as a quiet and restful environment are also important features of a facility that is geared towards older women.

Staff are informed and/or trained about older women's issues and employ an anti-oppressive and harm reduction approach: Staff have knowledge about the issues that older women face and/or receive training and supervision in – and utilize - anti-oppressive and harm reduction approaches.

A short-term period of rent-free accommodation: Not having to pay rent for a short period of time reduces some of the stress on older women who may have had to leave their home suddenly and without proper notice. This means they are not put in the position of having to pay rent and utilities in two places. This is significant for many residents, many of whom are also living on very limited incomes/pensions.

Conclusion

The participatory evaluation of Ama House and SAVA has demonstrated that dedicated shelter services geared to older women are both needed and result in positive outcomes for older residents. When working with older women, the meaning of safety and security expands to include attention to their complex health issues, and their desire for physical safety, security, peace and calm.

The evaluation findings are congruent with the existing literature on promising practices in working with seniors who have experienced abuse. Moreover, this evaluation has contributed to the literature by including the voice and perspective of residents of transitional shelters designed specifically for older women.

At the same time, the findings and conclusion of this evaluation are based on an exploration of only two models of service delivery amongst many that exist throughout Canada. While this evaluation has provided an opportunity to explore the strengths, issues and outcomes of these two models, further research about other models would contribute to and potentially expand on the promising practices in the field of supporting older women who have experienced abuse. As well, the challenges faced by both the organizations involved in this study, particularly in relation to funding and the dearth of accessible, safe and stable housing for older women suggest the need for further research focusing on the policy context surrounding the needs of older women.

Chapter Summary

The findings of this evaluation have demonstrated that, when programs are designed with older women in mind and take into consideration their physical, medical and psycho-geriatric needs, this makes a positive difference for women's health and well-being.

The evaluation findings also led to identification of a number of emerging promising practices, including:

- A **clear vision, approach** and **philosophy**
- Focus on **safety & security**
- A focus on **relationship-building** to promote trust and sense of safety
- Supports are **individualized** and **women-centred**
- Supports are focused on and **geared to older women**
- Staff are informed and older women's issues and employ an **anti-oppressive** and **harm reduction approach**
- A short-term period of **rent-free accommodation**

POEM

To My Maddy/Love, Honour, Respect

My arrival to what was to be safe and secure
Proved only to be riddled with further strife, to be sure.
Moved around, place to place, full of fear, exhaustion, fear
Knocking hard at my door.
Get rest, you'll regret it.
Regret it I did, but where I landed was I free nest
My terror, lack of trust, demons in my mind.
Terrified of voice and shadow, even my own name.
The day that you returned our eyes locked
You knew
A bond has been formed, a gold glittered heart to heart
Perfumes emanate candy kiss, floral spray
Where I am lavender, lilac as the mauve
To purple make one soar
Stood by my side, a familiar in war
Helped to calm what was unknowing inside of
Heart and soul
Through music and singing, I've been on a wall
Writing again, not from mind just – soul
Our souls have linked Maddy - trust, love,
Hope, conquer, do not fear; for I will be here!

With love
Blessed be

Resident of Ama House
*(*Included with permission*)*

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APPENDIX A

Additional information about the Evaluation Methodology & Data collection instruments

Participatory Approach

The project team was guided by an **Advisory Committee** comprised of staff from both sites and from researchers with expertise in elder abuse and in women's transition housing. The Advisory Committee provided input into the data collection methods and instruments, and provided feedback on draft analyses and the Evaluation Report.

Evaluation Framework

Based on input from program staff and the Advisory Committee, the evaluation team created an Evaluation Framework that depicted the relationships between the programs' activities and anticipated outcomes. The Evaluation Framework is provided at the end of this Appendix.

Evaluation informants

The older women informants were diverse in terms of age (late-50s - mid-80s), cultural background, and other socio-demographic factors. At SAVA, three informants' primary language was French, one informant was English speaking, and one informant's primary language was another European language, but she spoke in English during the focus group.

At Ama House, all but one of the informants' primary language was English; one informant's principal language was French. Across the two sites, the majority of older women informants were of Caucasian/European descent, though three women were of Aboriginal ancestry and one was born in North Africa. Although women disclosed only limited information about the nature of the abuse/violence they experienced prior to coming into their program, their comments revealed that their experiences were quite varied and that their abuser was their partner/husband, sibling, adult child(ren), neighbour, or landlord.

Site visits

Site visits were conducted at both Ama House and SAVA Centre Ouest, which enabled the evaluation team to meet face-to-face with project staff, residents and former residents, and, at one site, program volunteers. The site visits also afforded an opportunity to see and 'feel' the physical and social environment of the two shelters.

Documentary Review:

Relevant program documents were reviewed to augment information relating to the process of implementing Ama House and SAVA Centre Ouest; documents reviewed included: the programs' initial proposals; annual reports, and programs' informational material.

Continuing the Conversation – Reporting Back to Women at Ama House

The evaluation team returned to Ama House in May 2013 to share themes of what had been heard to date, both from Ama House and from SAVA residents. This 'report back' provided an opportunity for women to confirm, clarify and add to their previous information and to talk individually with the team about what difference Ama House has made for them.

Seven women participated in this discussion. Two women that had previously participated were no longer available; one was not living in the area and the other was unreachable.

Limitations to the evaluation

Limitations to the evaluation process included:

- Relatively small sample of residents and former residents at each site
- Very short 'window' of time for data gathering with participants
- Would have been preferable to have more opportunity for follow-up with former residents to explore program outcomes/impacts
- Would have been preferable to have had more time to explore creative/expressive aspects of data collection; however, this would have required a longer duration for the evaluation as well as additional time built into the evaluation process for relationship-building with the evaluation team.

Focus Group Questions for Ama House Residents and Former Residents

Start out focus group with discussion about purpose etc and discuss about guidelines for group process, e.g., voluntariness, confidentiality anonymity, etc.

1. How did find you find out about Ama House?

2. Who – or what - helped you get to Ama House?

3. Was there anything that made it challenging or hard to come to Ama House?

4. Based on your experience, what is the best way or approach to help ensure that a woman feels safe upon entering a house for elder women, such as Ama? What was most important to you, to give you a sense of safety?

5. What do/did you like best about living/being at Ama House?

6. If you had to pick the most important aspect of the support you receive(d) here, what would that be?

   Probe:

   - Has Ama House addressed your needs as older women in ways that are different than what you've experienced elsewhere?

7. What difference has/did Ama House made/make for you? E.g., safety, confidence, sense of empowerment, knowledge of your rights, practical support, social connections, etc

8. What do/did you like least about living/being at Ama House?

9. Based on your experience here, what could the program do to better to ensure the needs of older women are being met?

10. What do you think are the major obstacles for an older woman seeking help (in relation to abuse)?

11. Is there anything else that you think is important for us to know about what makes for a successful program addressing the needs of older women who are accessing transition homes or safe housing?

Ama House & SAVA Centre Ouest Staff
Focus Group Questions

1. In your opinion, what are the key principles or theoretical framework guiding the development and ongoing operation of Ama House? (**Probe:** Does Ama House have a program model? If so, what are its elements?)

2. What are Ama House's key activities or services?

3. In your opinion, what are the strengths of Ama House?

4. **What is the best approach to help ensure that a woman feels safe upon entering Ama House?** How do you know, as program staff, that older women feel safe at Ama House?
   - **Probe:** Are there some policies or practices that you use that you find particularly helpful in creating a safe and responsive service for the women?

5. What do you think is most important – from a practice or programming perspective - to help ensure women feel supported and to help them feel empowered, knowing their rights, and/or regaining control over their life?

6. **What do you think are barriers or obstacles for an older woman in seeking help or services (in relation to abuse)?** To your knowledge, have older women attempted to access services for abuse and not been able to; if so, why is that?
   - **Probe:** Are there any policies or practices that are not helpful (at Ama), that create barriers to providing women with support or ensuring they feel safe?

7. What have been the challenges in implementing AMA House?

8. What difference do you think Ama House has made for older women residents?

9. Have there been any unanticipated outcomes of Ama House?

10. Working with older women in abusive situations can be very stressful. How does Ama House/Atira address your needs as staff – e.g., clinical supervision, EAP

11. In your opinion, how can Ama House and related programming (e.g., outreach and in-reach) be improved? (**Probe:** What do you think is needed to help improve women's knowledge about and/or access to Ama House?)

Ama House Interview Questions for community partners

Background information

- What is your job?

How did you learn about Ama House?

Referrals and assessments

How does the referral process work?

If there isn't space available at Ama House, are there other resources available that you use to support the women?

Are there some older women, who may be experiencing abuse of some sort, that you **would not** refer to Ama House?

Ongoing involvement and follow up

Do you accompany the woman to the shelter?

What is your ongoing involvement once a woman is living at Ama House?

What is your involvement once a woman leaves AH?

Overall perspective on the program

What do you like best about Ama House?

Based on your experiences with Ama House, what do you view as being most helpful or best practices in working with elder women who've experienced abuse?

Are there any changes or improvements you would like to suggest?

What difference do you think the program (Ama House) makes for the women?

Are there any other comments you would like to make?

Ama House evaluation – March 2013
Questions for Ama/Atira managers

Location of Ama House
Tell us about the choice of location for Ama House – was there a decision to locate Ama in White Rock/South Surrey rather than closer to the city core?

Guiding philosophy and related policies
Is there a policy manual for Ama House? If so, how is it different from policy manuals for other Atira transition houses?

Staff training and support
We understand that training is available for staff. How much time is allocated for training, and do all staff participate in training? Is it voluntary?

Staffing and volunteers
Did Ama House once have funding for an outreach worker? If so, what happened to that funding?

What role, if any, do volunteers play in providing services for residents at Ama House?

Ama residents

Does Ama House have capacity to accept/support non-English speaking women? If not, are non-English speaking women referred elsewhere?

If Ama requires women to be able to care for their daily living needs, how are women's (prospective residents') independent living capabilities assessed?

Output and file information
Can you provide us with aggregate totals for the year January to December 2012, and, if possible breakdowns by quarter?

Do the staff keep files for each of the women, containing, for example, the woman's goals, specific assistance/support provided, plans regarding housing post-Ama, etc.)

Hopes/plans for the future at Ama House
What would you like to be doing at Ama House that you aren't able to do/provide now?

Why would is that important?

What difference do you think it would make for the women who use Ama House?

Questionnaire for SAVA Centre Ouest Residents and Former Residents

Part 1: Introduction

The Evaluation of Ama House & Sava Centre-Ouest transition house services is part of a two-year project that aims to produce a report on Pan-Canadian promising practices for housing senior women who have experienced violence or abuse.

Residents and former residents of both programs are being invited to take part in a group or individual conversation about what they found helpful about the program and service, what difference it made, and how the program could be improved.

What will happen with the information?
With program participants' input, we will discover what difference the programs are making as well as the kinds of practices that lead to successful outcomes. This information will be shared in a document containing preliminary Promising Practices.

Voluntary, Confidential, Anonymous
We wish to emphasize that:

- Participation in an interview or focus group, or completion of an evaluation questionnaire is completely **voluntary** – it is entirely your choice whether you take part.
- The information that you share is **confidential** and will only be used for the purpose of this evaluation project, and to inform promising practices so as to improve programming and housing supports for other senior women.
- The information is completely **anonymous**. No names of identifying information about individuals will be included in the report.

The evaluation is being conducted by Nota Bene Consulting Group. Evaluation team members are: Deborah Rutman, Sylvie Kruchten, Carol Hubberstey and Sharon Hume. If you have any questions about the evaluation, please contact:

Deborah Rutman e-mail: drutman@uvic.ca
Sylvie Kruchten e-mail Sylvie@kruchten.ca (Français)

Part 2: Questions

1. How did find you find out about the shelter at SAVA Centre Ouest?
   - ☐ Through your social worker
   - ☐ Elder Abuse Line
   - ☐ Police

☐ Other _____

2. **Did anyone help you get to SAVA**? If so, who?

3. **Was there anything that made it difficult to come to SAVA**? (For example, was the idea to leave your home and come to the shelter difficult for you?) Please explain:

4. Based on your experience, **what is the best way help ensure that a woman feels safe** upon entering a shelter such as SAVA? What was most important to you, to give you a sense of safety?

5. What do/did you like best about living/being at SAVA Centre Ouest?

6. If you had to pick **the most important aspect of the support you receive(d) at SAVA**, what would that be**? Can you share any stories or examples of this support and why it was important to you?**

7. What was **the most important aspect of the help you receive(d) from the social worker at SAVA**?

8. If a SAVA volunteer was working with you, what did the volunteer(s) did with/for you?

9. What **the most important aspect of the help you receive(d) from the volunteer(s) at SAVA**?

10.

11. What difference has/did the SAVA residence made/make for you? E.g., safety, confidence, sense of empowerment, knowledge of rights, practical support, social connections, etc

As a result of SAVA's help, I:	**Not helpful**	**Somewhat helpful**	**Very helpful**	**Doesn't apply**
Learned about services and supports that can help me in the community	1	2	3	9
Got connected to health services and/or community resources that I needed	1	2	3	9
Learned about my rights	1	2	3	9
Learned about managing my finances	1	2	3	9
Increased my a sense of personal control (feeling empowered) to make my own decisions and choices	1	2	3	9
Felt supported – a sense that I had people to go to and/or to talk to	1	2	3	9
Felt connected to other people who had similar experiences, so I didn't feel alone	1	2	3	9
Increased my sense of safety				
Improved my relationships with family members				
Other (please specify): _____				

12. Can you share one or two stories/examples of how SAVA made a difference or helped you?

13. **What do/did you like least** about living/being at SAVA Centre Ouest?

14. Based on your experience, what could the program do to better to ensure the needs of older women are being met?

15. What do you think are the major obstacles for an older woman seeking help (in relation to abuse)?

16. Is there anything else that you think is important for us to know about what makes for a successful program, addressing the needs of older women who are accessing transition homes or safe housing?

17. Thinking about your time living at SAVA Centre Ouest, how satisfied were you with the following supports and services?

How satisfied were you with the following supports and services at SAVA Centre Ouest?	Satisfied	Neutral	Not Satisfied
Privacy in my living space			
The physical environment of my room and the living/dining space at SAVA			
Opportunities to talk with SAVA staff and/or a counsellor about what I was going through			
The availability of staff to help organize my appointments or meetings outside the residence			
The availability of staff to help address my health issues			
The length of stay at SAVA, e.g., was the length OK and you felt ready to leave?			
The help and support from SAVA staff or volunteers to move from SAVA			
The help and support to stay connected to my social network, e.g. family, friends and activities			

Additional comments.

Évaluation d'Ama House et SAVA Centre-Ouest
Questionnaire pour les résidentes et anciennes résidentes de SAVA Centre-Ouest

1ère partie: Introduction

L'évaluation participative des refuges Ama House et SAVA Centre-Ouest fait partie d'un projet sur 2 ans dont le but est de documenter les bonnes pratiques à travers le Canada en ce qui concerne les refuges pour les aînées en situation de violence ou de maltraitance.

Les résidentes et anciennes résidentes des 2 programmes sont invitées à prendre part en groupe ou bien individuellement à une conversation sur ce qu'elles ont trouvé utile dans le programme et des services, quel impact ils ont eu pour elles, et comment le programme pourrait être amélioré.

Grâce aux suggestions des participantes des programmes, nous pourrons déterminer l'impact des programmes ainsi que le genre de pratiques qui mènent à de bons résultats. Cette information sera partagée dans un document contenant une liste préliminaire des pratiques les plus prometteuses.

Volontaire, confidentiel, anonyme
Nous souhaitons mettre l'accent sur les points suivants :

- Participer aux entrevues ou groupes de discussion ou compléter le questionnaire d'évaluation est entièrement **volontaire** —votre participation est votre choix.

- L'information que vous partagez est **confidentielle** et ne sera utilisée que dans le but de ce projet d'évaluation, et pour collecter les pratiques prometteuses dans le but d'améliorer les programmes et le soutien pour l'hébergement d'autres aînées.

- L'information est totalement **anonyme**. Aucune information au sujet de l'identité des personnes ne sera incluse dans le rapport.

Cette évaluation est réalisée par Nota Bene Consulting Group. Les membres de l'équipe sont : Deborah Rutman, Sylvie Kruchten, Carol Hubberstey et Sharon Hume. Pour toute question au sujet de cette évaluation, veuillez contacter:

Deborah Rutman e-mail: drutman@uvic.ca
Sylvie Kruchten e-mail sylvie@kruchten.ca (Français)

2ème partie: Questions

1. Comment avez-vous connu l'existence de SAVA?
   - ☐ Par mon travailleur social
   - ☐ La ligne Aide-Abus-Aînés
   - ☐ La police
   - ☐ Autre_____
     _____

2. **Est-ce que quelqu'un vous a aidé à accéder à SAVA? Si oui, qui?**

3. **Est-ce qu'il y a quelque chose qui a rendu l'accès à SAVA difficile**? (Par exemple, est-ce que l'idée de quitter votre maison et venir au refuge était difficile pour vous) S'il vous plait, pouvez-vous expliquer:

4. D'après votre expérience, **quel est le meilleur moyen d'assurer qu'une femme se sente en sécurité** dès son arrivée dans un refuge tel que SAVA? Qu'est ce qui a été le plus important pour vous donner ce sentiment de sécurité?

5. Qu'appréciez-vous ou qu'avez-vous apprécié le plus de votre séjour à SAVA?

6. Si vous deviez choisir, quelle est **la plus importante forme de support que vous avez reçue à SAVA? Pourriez vous partager un ou des exemples de support et expliquer pourquoi c'était important pour vous??**

7. Quelle a été la forme d'aide la plus importante que vous avez reçu de votre travailleur social à SAVA?

8. Dans le cas où vous avez reçu l'aide d'une bénévole à SAVA, qu'est ce que cette bénévole a fait pour vous/ avec vous?

9. Quelle a été la forme d'aide la plus importante que vous avez reçue de votre bénévole à SAVA?

10. Quel a été pour vous l'impact de SAVA? Par exemple : sécurité, confiance en soi, autonomie, connaissances de vos droits, support pratique, relations sociales, etc.....,

L'aide de SAVA a eu comme conséquences que:	**Pas utile**	**Quelque peu utile**	**Très utile**	**Ne s'applique pas**
J'ai pris connaissance des services d'aide qui peuvent m'aider dans la communauté	1	2	3	9
J'ai pu connecter avec les services de santé et les ressources communautaires dont j'ai besoin	1	2	3	9
J'ai pris connaissance de mes droits	1	2	3	9
J'ai appris à gérer mes finances	1	2	3	9
J'ai pu reprendre ma vie en main (me sentir plus autonome)	1	2	3	9
Je me suis sentie soutenue – j'ai eu le sentiment qu'il y avait des personnes chez qui je pouvais aller et à qui parler	1	2	3	9
J'ai eu des contacts avec des personnes qui ont eu des expériences similaires à la mienne, et je me sentais moins isolée	1	2	3	9
Je me suis sentie plus en sécurité	1	2	3	9
J'ai de meilleures relations avec les membres de ma famille	1	2	3	9
Autres (Préciser svp): _____	1	2	3	9

11. Pourriez vous partager un ou deux exemples pour montrer comment SAVA vous a aidée?

12. **Qu'est ce que vous aimez /avez aimé le moins au refuge?**

13. D'après votre expérience, qu'est ce que le programme pourrait améliorer pour mieux assurer les besoins des aînées?

14. Quels sont d'après vous les obstacles principaux pour une aînée en situation de maltraitance qui cherche de l'aide?

15. Y_a-t-il quelque chose d'autre qui vous semble important à savoir pour mettre en place un bon programme, pouvant faire face aux besoins des aînées qui ont accès aux maisons de transition ou refuges?

16. En pensant à votre séjour à SAVA Centre Ouest,

Dans quelle mesure êtes vous satisfaite avec les services et supports suivants	satisfaite	Neutre	Pas satisfaite
Respect de ma vie privée dans mon espace de logement			
L'environnement physique de ma chambre à coucher, et l'espace de la salle à manger, le living-room à SAVA			
Les occasions pour parler avec le personnel de SAVA et /ou une conseillère de que je vivais/ avais vécu.			
Disponibilité du personnel pour m'aider à organiser mes rendez vous et rencontres à l'extérieur de SAVA			
Disponibilité du staff pour m'aider à faire face à mes problèmes de santé			
Durée de séjour à SAVA, par ex : est ce que la duré de séjour était suffisante et vous vous sentiez prête à quitter le refuge			
Aide et soutien du personnel de SAVA et des bénévoles pour pouvoir quitter SAVA			
Aide et soutien pour rester connectée avec mon réseau social (par ex famille, amis et activités)			

Autres commentaires:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

SAVA Centre Ouest Volunteers
Focus Group Questions

1. How did you get involved as a volunteer for SAVA Centre?
    - Probe: what kind of experience do you bring to the role – e.g. in health, social services, law, etc.

2. What type of [ongoing] training/orientation do you receive in your role at SAVA Centre?

3. What kind of supervision support do you receive as a volunteer?

4. Working with older women in abusive situations can be stressful. How is this addressed?

5. What types of activities do you do in your capacity as a volunteer?
   Probe: are there limits to what you can do, for example because those activities might be the role of a social worker, nurse, or other professional?

6. How much time per week or month do you volunteer at SAVA? How much time do you spend with each woman?

7. What are the most challenging aspects to volunteering? What are the most rewarding?

8. What difference do you think it makes – for SAVA residents, for the staff, and for the volunteers themselves - that volunteers are part of the services at SAVA?

9. From your experience, what is challenging for the women, in terms of accessing services at SAVA Centre?

10. What improvements if any do you think could be made to the SAVA Centre program?

Groupe de discussion

Bénévoles SAVA Centre-Ouest

1. Comment êtes vous devenue bénévole à SAVA?
    - Quel type d'expérience apportez-vous en dans ce rôle? – Par ex: domaine de la santé, droit, travail social etc....

2. Quelles formation et orientation avez vous reçues dans votre rôle de bénévole à SAVA?

3. Quelle sorte de soutien et de supervision recevez-vous comme bénévole?

4. Travailler avec des aînées en situation de maltraitance peut engendrer beaucoup de stress. Comment y faites-vous face?

5. Quels types de tâches accomplissez-vous comme bénévole?
   Préciser: y a-t-il des limites à ce que vous pouvez faire, par exemple parce que ces tâches relèvent du rôle d'une infirmière, travailleuse sociale, ou bien d'une autre professionnelle ?

6. Combien de temps passez-vous par semaine ou par mois pour votre bénévolat à SAVA ? combien de temps passez-vous avec chaque femme?

7. Quels sont les aspects les plus difficiles de votre rôle de bénévole ? et les plus enrichissants?

8. D'après vous, quel est l'impact – pour les résidentes de SAVA, pour les employées, et pour les bénévoles elles-mêmes- de la participation des bénévoles aux services de SAVA?

9. D'après votre expérience, quelles sont les difficultés d'accès aux services de SAVA Centre-Ouest pour les aînées?

10. Quelles améliorations pourraient être apportées au programme de SAVA?

SAVA Centre Ouest Evaluation
Interview Guide for SAVA Directrice

Guiding philosophy and related policies
What is your understanding of the key principles or philosophy that guides SAVA?

Do you have specific policies or practices for the SAVA residential services? If so, what are the key aspects of these policies and how do they differ from those for the rest of the residence, e.g., safety, confidentiality?

Can you tell us about the day-to-day "rules" that exist for the residents – e.g., Can a resident set her own schedule for meals, activities, staying in her room for the day, etc.? Do these "rules" differ for the SAVA residents? If so, in what ways do they differ?

Administration
What is your role/relationship vis a vis that of the Refuge Coordinator in addressing the needs of the women while they are staying at SAVA?

How is your relationship with SAVA structured, e.g., is it a contract? Does SAVA pay a set amount or a per diem?

What are the strengths of this relationship? Are there any challenges?

Staff training and support
Do your staff have any training related to addressing the needs of elderly women who experience abuse or violence? Tell us about the training that is available for staff.

Staffing and volunteers
What role do your staff play with the SAVA residents? Is this in any way different that the roles or responsibilities they have with other residents?

How many staff are involved in the SAVA refuge, and what are their positions? (this question may be redundant depending on how they answer the previous question)

What role do volunteers play in providing services for residents at SAVA? Do you have volunteers who work with the non-SAVA residents? What sort of activities do these volunteers engage in? Can the SAVA residents also be involved in these activities?

SAVA residents
What are the eligibility criteria for women coming to the SAVA refuge?

How is the transition in and out of the residence managed, e.g., who is involved in welcoming and orienting the women? What role do you have with families/friends of these women?

Is a resident expected to be able to take care of her daily living needs?
How are women's (prospective residents') independent living capabilities assessed?

Hopes/plans for the future at SAVA
What would you like to be doing at SAVA that you aren't able to do/provide now?

What difference do you think it would make for the women who use SAVA?

Evaluation de SAVA Centre Ouest
Guide d'entrevue pour la Directrice de la résidence

Philosophie et politiques guidant la programmation

Que savez-vous des principes-clés ou de la philosophie qui guident SAVA Centre-Ouest?

Avez-vous des politiques ou des pratiques spécifiques aux services du refuge SAVA ? si oui, quels sont points-clés de ces politiques, et comment diffèrent-elles de celles qui concernent les autres résidents, par exemple en ce qui concerne la confidentialité, la sécurité ?

Pourriez- vous nous parler des règles de vie qui existent à SAVA pour les résidents -par exemple, est-ce que la résidente peut décider des horaires de ses repas, de ses activités, de rester dans sa chambre pour la journée, etc.... ?
Est-ce que ces règles diffèrent de celles des autres résidents ? si oui, de quelle façon ?

Administration

Quel est votre rôle /relation vis à vis de celui de la Refuge Coordinator en ce qui concerne la réponse aux besoins des aînées durant leur séjour à SAVA ?
Comment est structurée votre relation avec SAVA, par exemple avez-vous un contrat ? est-ce que SAVA paye un montant déterminé par jour ?
Quels sont les points forts de cette relation ? y a-t-il des défis ?

Formation et soutien du personnel

Le personnel reçoit-il de la formation en ce qui concerne les besoins des aînées en situation de maltraitance ou abus ? Pouvez-vous nous parler de la formation qui est disponible pour les employées ?

Personnel et bénévoles

Quel rôle a votre personnel vis à vis des résidentes de SAVA ? Est-il différent de leur rôle et responsabilités vis à vis des autres résidents ?

Combien d'employés sont impliqués dans le refuge SAVA et quelles sont leurs positions ?

Quel est le rôle des bénévoles dans les services offerts pour les résidents de SAVA ?

Avez-vous des bénévoles qui travaillent avec les autres résidents ? A quelles sortes d'activités est-ce que les bénévoles participent avec les résidents ? est-ce que les résidents de SAVA peuvent aussi participer à ces activités ?

Les résidentes de SAVA

Quels sont les critères d'admissibilité pour les aînées arrivant au refuge SAVA ?

Comment se passent admission et sortie de la résidence, par exemple qui est impliqué dans l'accueil et l'orientation des femmes ? Quel rôle avez-vous en ce qui concerne les familles et relations des aînées du refuge ?

Est ce que les résidentes doivent être indépendantes en ce qui concerne leurs besoins de la vie quotidienne ?

Comment est évaluée la capacité des femmes en ce qui concerne leur indépendance dans la vie quotidienne?

Output and file information

Pouvez-vous nous communiquer le total des données des activités pour 2012 pour SAVA et si possible le décompte par trimestre ?

Est-ce que les employées gardent des dossiers sur les résidentes , contenant t par exemple les objectifs des femmes, le soutien fourni, les plans pour le logement en quittant SAVA etc.... si oui, comment sont conservées ces notes et comment sont-elles utilisées pour donner de l'information sur le soutien offert?

Espoirs/plans pour le futur à SAVA

Qu'aimeriez-vous faire à SAVA que vous ne pouvez réaliser /offrir en ce moment ?

Quelles différences est-ce que ces changements apporteraient aux femmes qui utilisent SAVA ?

SAVA Centre Ouest Evaluation
Interview Guide for SAVA Coordinators

Guiding philosophy and related policies
What are the key principles or philosophy that guides SAVA Centre Ouest?

Is there a policy manual for the SAVA program? If so, what are the key aspects of SAVA's policies (in relation to the refuge for older women)?

Can you tell us about the day-to-day "rules" that exist at SAVA House – e.g., Can a resident set her own schedule for meals, activities, staying in her room for the day, etc.?

Administration
How is SAVA funded? Are the women or their families expected to contribute to the cost of the women's living expenses? How does the funding arrangement affect program delivery/implementation?

How does SAVA fit within the overall structure of the CLSC? What is the impact for SAVA of being part of a larger organization, e.g., regarding policies and procedures, hiring, philosophy and so on? What are strengths and challenges of this organizational arrangement?

What is the relationship between your role and that the other project Coordinator?

To whom do you report?

How is the relationship with the residence where the women live, organized, i.e., is it a contract? Is it also part of the CLSC? What are the strengths of this relationship? Are there any challenges?

Staff training and support
Tell us about the training that is available for staff. How much time is allocated for training, and do all staff participate in training? Is it voluntary?

Staffing and volunteers
How many staff are involved in the SAVA refuge, and what are their positions?

What role do volunteers play in providing services for residents at SAVA?

How are the services of the volunteers coordinated/integrated with the case planning for the residents and with the work of the staff?

SAVA residents

What are the eligibility criteria for women coming to the SAVA refuge?

What is SAVA's capacity to accept/support women who speak a language other than French or English? If SAVA does not have the capacity, are these women referred elsewhere?

Does SAVA have capacity to accept/support women with mental health or substance use issues? If not, are these women referred elsewhere?

Is a resident expected to be able to take care of her daily living needs?
How are women's (prospective residents') independent living capabilities assessed?

Output and file information
Can you provide us with aggregate totals 2012, and, if possible breakdowns by quarter?

Do the staff keep files for the women, containing, for example, the woman's goals, specific assistance/support provided, plans regarding housing post-SAVA, etc.) If so, how are these notes kept and how are they used by to inform the support provided?

Hopes/plans for the future at SAVA
What would you like to be doing at SAVA that you aren't able to do/provide now?

What difference do you think these changes would make for the women who use SAVA?

SAVA Centre Ouest – Focus Group Questions for referring Social Workers

Background information

- What is your job at CLSC? And how long have you worked there?

How did you learn about SAVA Centre Ouest?

Referrals and assessments

How does the referral system work?

If there isn't space available at the SAVA refuge, are there other resources available that you would use to support the women?

Are there some older women, who may be experiencing abuse of some sort, that you **would not** refer to the refuge at SAVA? Can you give us an example? (probe: cognitive/mental health issues??)

What is your role in the assessment process for SAVA?

Ongoing involvement and follow up

Do you accompany the woman to the shelter?

What is your ongoing involvement once a woman has been placed at SAVA?

What is your involvement once a woman leaves the SAVA refuge?

Do you have any involvement with the volunteer(s) who work at SAVA? If yes, what difference do you think the volunteers make for the women?

Overall perspective on the program

What do you like best about (the refuge at) SAVA?

Are there any changes or improvements you would like to suggest?

What difference do you think the (refuge) program makes for the women?

Are there any other comments you would like to make?

SAVA Centre Ouest – Interview Guide for Social Community Officers

Background information

How did you learn about SAVA Centre Ouest?

Referrals

Have you referred any women to SAVA's refuge? If so, what prompted this referral?

If there isn't space available at the SAVA refuge, are there other resources that you would use to or have used to support an older woman facing conjugal violence?

Ongoing involvement and follow up

What has been your role following your referral to SAVA – for example, do you accompany the woman to the shelter?

How, if at all, do you coordinate your work with the social workers who are associated with SAVA?

Overall perspective on the program

What do you like best about (the refuge at) SAVA?

Are there any changes or improvements you would like to suggest?

What difference do you think the (refuge) program makes for the women?

Are there any other comments you would like to make?

Guide d'entrevue pour les SPVM officiers sociocommunautaires

Information de contexte

Comment avez-vous appris l'existence du refuge SAVA ?

Référence au programme de SAVA

Avez-vous adressé des femmes vers SAVA ? Si oui, qu'est-ce qui a provoqué cette référence vers SAVA ?

S'il n'y a pas de place disponible à SAVA existe-t-il d'autres ressources que vous pouvez utiliser pour apporter de l'aide aux ainées en situation de violence conjugale ?

Implication et suivi

Quel a été votre rôle après la référence à SAVA ? Par exemple est-ce que vous avez accompagné la femme au refuge ?

Est-ce que vous coordonnez votre travail avec les travailleurs sociaux qui sont associés à SAVA ? et si oui, comment ?

Vue d'ensemble du programme

Qu'est-ce que vous appréciez le plus du refuge SAVA ?

Avez-vous des changements ou améliorations à suggérer?

D'après vous quel impact a le programme du refuge pour les femmes ?

Avez-vous d'autres commentaires à ajouter?

Ama House/SAVA Centre Ouest Formative Evaluation Framework

Philosophy	Activities	Early Outcomes	Intermediate Outcomes
Culturally safe Harm reduction Relational, respectful	**Training** Ama/SAVA staff about … Trauma-informed approaches, cultural safety, harm reduction, needs of senior women, etc.	***Ama House/SAVA program team*** ✓ Staff participate in/receive training about **relevant approaches (**e.g. Trauma-informed practice, harm reduction, cultural safety, needs of senior women etc.) ✓ Staff **receive mentoring, supervision & support**	***Ama House/SAVA program team*** ✓ Staff apply knowledge about informed approaches (e.g. trauma-informed) to their practice ✓ Staff feel supported
Woman-directed Low-barrier access	**Providing safe and supported housing**	***Women (Ama/SAVA residents)*** ✓ Participants have safe housing	***Women (Ama/SAVA residents)*** ✓ Participants feel safe
Wholistic Relational, respectful Trauma-informed Strengths-based Woman-directed	**Providing practical support; Assisting women to access** health care, housing, income assistance/disability benefits, dental care, counseling and mental health services/support, HandyDart, legal advice, etc **Assisting women to develop skills related to independent living**	***Women (Ama/SAVA residents)*** ✓ Participants are **informed about existing services and resources** ✓ Participants receive support to complete documentation to meet their legal and material needs ✓ Participants are supported to get to appointments ✓ Participants access counseling, health and dental care	***Women (Ama/SAVA residents)*** ✓ Participants have trusting relationships with program staff ✓ Participants feel **respected** and **heard** ✓ Participants are **satisfied with support received** ✓ Participants **feel helped**
Relational, respectful Trauma-informed Woman-directed	**Providing emotional support and encouragement toward self-advocacy;** **Facilitating social connections**	***Women (Ama/SAVA residents)*** ✓ **Participants feel safe and welcome** and begin to **develop positive relationships with staff**	***Women (Ama/SAVA residents)*** ✓ Participants have trusting relationships with program staff ✓ Participants feel **respected** and **heard** ✓ Participants are **satisfied with support received** ✓ Participants **feel helped**

Ama House/SAVA Centre Ouest Summative Evaluation Framework

Philosophy	Activities	Early Outcomes	Intermediate Outcomes
Woman-directed Low-barrier access	**Providing safe and supported housing**	***Women (Ama/SAVA residents)*** ✓ Participants feel **safe in their home**	***Women (Ama/SAVA residents)*** ✓ Participants have **safe and stable housing**
Wholistic Relational, respectful Harm reduction Strengths-based Woman-directed	**Providing practical support; Assisting women to access** health care, housing, income assistance/disability benefits, dental care, counseling and mental health services/support, HandyDart, legal advice, etc **Assisting women to develop skills related to independent living**	***Women (Ama/SAVA residents)*** ✓ Participants feel **safe and supported** ✓ Participants feel **they are on their healing path** ✓ Participants **know about** and **begin to access community resources** ✓ Participants have **regular health and dental care** ✓ Participants have **adequate healthy food** ✓ Participants **learn skills related to living independently** ✓ Participants complete necessary documentation to access programs and services, e.g., financial, health, housing	***Women (Ama/SAVA residents)*** ✓ Participants have **practical and emotional support** ✓ Participants **feel less isolated** ✓ Participants **feel hopeful** and have **confidence in themselves** ✓ Participant have **increased sense of self-efficacy and personal power; feel "empowered"** ✓ Participants are **connected to community resources; feel connected to others** ✓ Participants have improved food security ✓ Participants have improved independent living skills, including self-advocacy ✓ Participants have **improved self-care** (e.g. seeing a doctor, dentist, counselor)
Relational, respectful Harm reduction Woman-directed	**Providing emotional support and encouragement toward self-advocacy;** **Facilitating social connections**	***Women (Ama/SAVA residents)*** ✓ **Participants** begin to **develop positive relationships with other senior women**	***Women (Ama/SAVA residents)*** ✓ Participants feel less isolated, alone ✓ Participants feel supported