

Service delivery models for emergency shelters:
An annotated bibliography and an environmental scan
of shelter-based services
for women who experience family violence and addictions.

Part 1 of 2

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-social action research that informs practice-



Introduction

The Calgary Women's Emergency Shelter (CWES) team continues to make a difference in lives of women and their children fleeing domestic violence. However, they realise they can do more. A challenge within their shelter program is that women with substance-related issues are occasionally not a good fit for the family-centered approach currently in place at the CWES shelter.

There are many women, with substance-related issues, who are in need of support related to domestic violence, but supports in Calgary are limited, and often in silos. CWES is considering how they can best serve this specific population of women in Calgary.

CWES programming is imbedded with the ideology that substance use is a resistance approach to a woman's experiences of domestic violence. Therefore, women's services need not be in silos but in a model that is inclusive, that supports clients, regardless if they have children, in a manner that is effective to them, and that is also supportive for staff.

This report is an environmental scan of services in Calgary and elsewhere, as well as service models, research and literature. The purpose of which is to provide CWES with a knowledge-base for moving forward.

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In Calgary

Sheriff King Home, YWCA of Calgary

The YWCA of Calgary is an organization that assists victims of domestic violence through a variety of programs and services. They offer childcare, counselling, domestic violence and crisis assistance, language and employment assistance, parenting support, and shelter and housing programs to women and their children. The YWCA's services are inclusive for women with or without children, and LGBTTIQQ clients. The option available to women who seek support from their domestic violence experiences is the [Sheriff King Home](#) (SKH). This shelter is a short stay crisis shelter for women, with or without children, who have left a domestic abuse or violence situation. For women who have the addition of substance abuse issues, none of the steps change.

"We will always support women who stay no matter if substance abuse, mental health or anything else is a factor. If this is the case, then we would just help support their specific needs on top of the list above that we would do." (personal communication, Dunnewold, 2017).

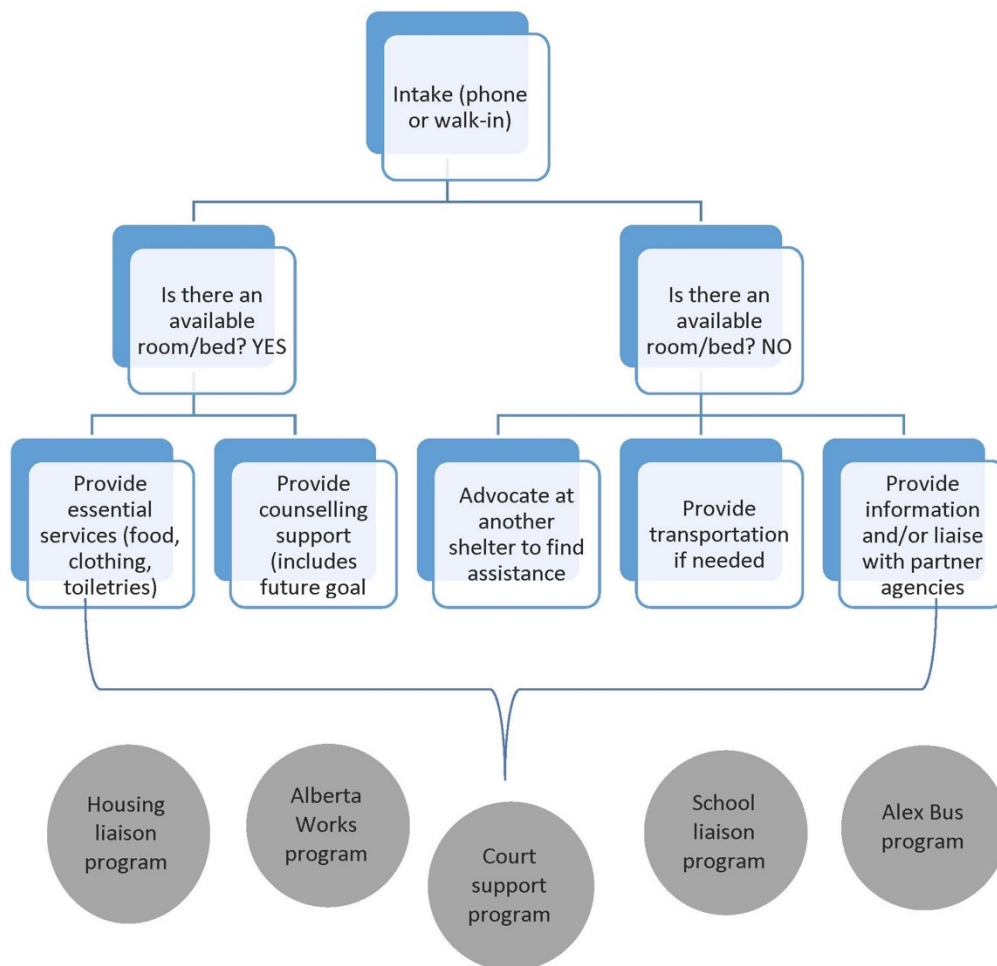
Sheriff King informs that the shelter's model for intake begins when the woman calls the crisis line or walks into the YWCA. The next step is to determine if there is space available, and if not, SKH will refer her to another shelter. The Support Worker will advocate in order to find a suitable space that may include transportation by a taxi.

If there is a room available, women are provided with a space and a bed, clothing, food and toiletries. The shelter offers immediate emotional support and validation of experiences, and when the woman is ready, they provide assistance in identifying goals for the future such as financial and housing goals, or anything else that is required. To achieve these goals, the shelter has a variety of resources and support workers who assist the women in transitioning from violence, to find housing that includes attending showings with them should they choose. They are connected with an Alberta Works person who assists the women with applying for financial supports. The SKH also offers a court program to support women about how to proceed with applications in family court (or other court venues) including transportation to the courthouses. Other resources provided include a school liaison for children who need a new school, the Alex Bus to provide medical assistance when needed, as well as including navigating for medical coverage for those who are not

a Canadian citizen. The SKH makes use of their extensive referral network. They connect clients to thrift stores, food banks, furniture stores, Sleep Country, and counselling services outside of SKH, all of which aim to assist the victim in setting up a successful life after leaving the shelter. The SKH informs that these steps do not change for women with substance abuse issues, mental health problems and/or physical disability issues. Substance abuse programming and support is provided, and all are assisted based on their specific needs and desires for change, this includes assisting with sobriety.

The SKH identifies their practice as response-based. There is a woman-centered approach with the belief that success comes from believing the stories of the women, validating feelings, providing support and being non-judgmental of what has happened to them, and their response(s) to those experiences. In 2013 the YWCA had 1,613 admissions with an average stay duration of 24 days.

Figure 1: Sheriff King Model





Alpha House Society of Calgary

[Alpha House](#) is an agency aimed specifically at assisting individuals who have been impacted by alcohol and/or drug abuse. They do this by providing a safe and supportive environment equipped with programs and services and referrals to provide further assistance. The agency was established in 1981 as an outreach to marginalized individuals who seek help with substance abuse and are vulnerable because of being homelessness. The agency has since developed into a temporary residential service that runs four programs of assistance: Housing, Detox, Shelter, and Outreach.

The Housing Program

The accredited **Housing Program** works within their referral network to find housing for women and men. The criteria are that clients must experience addiction, are homelessness, and/or have repetitive interaction with emergency services. To access the program, a referral must be completed along with a SPDAT assessment (Service Prioritization Decision Assistance Tool), and/or through SORCe (the Safe Communities Opportunity and Resource Centre). Once completed, the individual is added to the assessment system list and given entry upon approval. SPDAT and SORCe services are available by walk-in only, as the assessment can only be done in person.

The Housing Program operates under the philosophies of Harm Reduction and the Housing First Model. Each client is assessed for their specific needs and are then assigned programs and housing options that best assist them in eliminating the barriers that keep them in addiction and homelessness. Alpha House also provides a Meals on Wheels food service, programs to learn cooking, cleaning, and other living skills such as budgeting, and arranging medical appointments. Clients are also advised on the guest management policy for entertaining guests and clients also learn how to set and define goals, all of which is done through the assistance of a Case Manager. Each of these services, as well as the Housing Program, attempt to encourage client choice and responsibility for re-integration success.

Once in the Housing Program, the client is assigned to one of five buildings: Madison Place (for military veterans only), Francis Manor (low income singles), Aurora on the Park (wheelchair accessible), Women's Project (for women only) or the Lodging House (for chronically and episodically homeless individuals). Each building has a different focus, type of need, stay duration, and programming. Entrance



does not have a typical duration or “wait-time” as it is based on availability; as individuals graduate through the program, new clients can enter.

There is also the **Permanent Supportive Housing – Community Program** for clients with chronic and long-term needs. In this model, clients are given a lease for housing within the community with frequent visits from a Case Manager who works to support their community re-integration. Clients, on average, stay in the Supportive Housing Program for two or more years.

Figure 2: Alpha House Services

Detox Program	Shelter Service	Transitional Bed Program	Housing Program	Outreach Program
<ul style="list-style-type: none"> • Intake (walk-in only) 30-clients. • Assigned a support worker with a care plan but clients have little to no access to other services/supports (AA/NA, medical, peer support, exercise, yoga, therapy) until completion. 	<ul style="list-style-type: none"> • Intake (walk-in only) 120-mats (intoxicated accepted). • Stabilize, harm reduction, & trust building. • Short term care, medical, food, withdrawal & education. 	<ul style="list-style-type: none"> • Intake (walk-in only) 12-beds. • Bridge to homelessness with medical, drug care, detox & withdrawal care. 	<ul style="list-style-type: none"> • Intake (referral & assessment). • Harm reduction model. • Assigned support worker and provided with food, care & info. 	<ul style="list-style-type: none"> • Alternative to CPS/EMS - first point contact. • Provides transportation, access to Alpha House, medical care etc. • Includes the DOAP Team.

Detoxification Program Services and the Transitional Bed Program

This program assists individuals as they go through withdrawal from a substance by providing a safe and supportive environment with medical and an individual support worker. The program has two divisions and clients can access either through Alpha House’s phone line or walk-in 24/7.

The **Detoxification Program Services** has a 30-bed capacity and offers individuals medical and psychological support while going through withdrawal. Criteria to be admitted into the program includes: determining if room is available and conducting an assessment of the client by an Alpha House worker,



and/or if a referral from a community agency or stakeholder (Alberta Health Services and Calgary Police Services) was previously conducted. The community agency referral is respected as an alternative to the in-house assessment.

If criteria are met, the client is assigned a Support Worker who will assess the individual and develop a care plan. The care plan can include Aboriginal ceremony, Alcoholics/Narcotics Anonymous meetings, medical consultations, exercise, peer support, yoga therapy and information presentations on addiction presented by Alpha House staff. For clients who have successfully detoxed, they are invited to enroll in the **Housing Program**. If admitted into the Housing Program, the client will have full access to all programs and remain with their support worker. Within the **Detox Program**, clients have little to no access to services and/or support outside of Alpha House, but once admitted into the Housing Program, there is opportunity beyond Alpha House with encouragement to clients to also seek support from family/friends and other agencies.

The **Transitional Bed Program** has a 12-bed capacity and its goal is to bridge individuals from homelessness to housing and from addiction to treatment. The **Shelter Service Program** is designed to provide immediate safety for individuals affected by substance abuse. The shelter can house up to 120 people on mats. Requirements include walk-in without a referral or accessing the shelter via a referral from another community agency or addiction or emergency services such as CPS or DOAP Team. The primary goal of the shelter is to stabilize individuals in a safe place away from the streets of Calgary, while building positive social rapport. They also offer wellness services for physical and mental health needs. The shelter is a short-term stay; 63% of clients access the shelter for seven days or less, and 83% of clients stay 31 days or less. Services include a mat to sleep on, meals, a shower, laundry services, as well as medical attention.

The shelter partners with CUPS (Calgary Urban Project Society) visits to provide medical care five days a week from two nurses and medical care three and a half days a week from a doctor; full medication care is provided on an individual basis as well. Additionally, SafeWorks staff meet with clients for health support, STI testing, and reproductive needs. Other services include addiction counselling, treatment referrals, weekly foot clinics, and housing support.

The **Shelter Service Program** operates from a harm reduction model that focuses on reducing the negative outcomes associated with substance use by treating clients respectfully and not insisting on their abstinence in order to access services. Workers strive to build trust with clients to increase the likelihood of engaging in safe and effective treatment for positive changes in behaviour.



The DOAP Team

The outreach program, the **Downtown Outreach Additions Partnership Team** (DOAP Team) is often the first point of contact for vulnerable individuals. Offered as an alternative to police, emergency, transit services or hospitals, the DOAP team is proactive to reach homeless and intoxicated individuals before they need emergency interventions. The team seeks out individuals who they perceive to have multiple risk factors (homelessness, addiction, medical and/or psychological needs), and aims to remove barriers for people to obtain assistance. The implementation of the DOAP team in 2005 has relieved pressure on police and emergency services and also provides positive connections for seeking help and creating change. The DOAP Team subscribes to the Theory of Change:

“If individuals facing complex needs and multiple challenges linked to their addiction, experience a trusting and non-judgmental approach that connects them to a continuum of care system with a harm reduction philosophy, then they will be better able to change their circumstances and have the opportunity to improve their quality of life, while alleviating the concern to their local community” (Alpha House, 2014, para. 2).

In 2013-2014, Alpha House had 3,480 unique admissions into its facility. Of these, 80.3% were male, and 19.6% female. A majority of people stay for seven days or less (62.7%).

Women’s Project at Alpha House

Alpha House’s main goal is to provide safe and caring environment for individuals whose lives are affected by alcohol and drug dependences. Recognizing the increased needs and dangers of being a homeless woman, Alpha House purchased an apartment building during the summer of 2017 that can accommodate 24 women who experience homelessness and addiction. Tenants pay a nominal rent based on their incomes and Alpha House has partnered with RESOLVE to raise funds in order to subsidize rent.

The building has individual rooms, counselling rooms, and office space to give clients a safe place to work through trauma and receive support. There is a common living space, a shared kitchen, communal computers, and sweat-lodge ceremonies are also offered. Programming includes 24/7 onsite support of trauma-informed programming designed with differences of cultures in mind.



Intake into the **Women's Project** is done through admittance via Alpha House. Program information isn't clear about whether or not sobriety (or duration of sobriety) is required before admittance, or a zero-tolerance model while clients are within the housing program.

[Awo Taan Healing Lodge Society](#)

The [Awo Taan Healing Lodge](#) is a Calgary based women's emergency shelter whose practice mirrors the holistic and spiritual teachings of the [Aboriginal people's medicine wheel](#). Guided by the [Seven Sacred teachings](#), the Lodge offers Elder guidance, trauma counselling, living skills workshops, daily smudging and prayers, teachings and ceremonies, and referrals to other Aboriginal services in the community. In 2002, 213 women and 281 children accessed the Lodge. Crisis counsellors responded to 2,871 crisis calls and 539 individuals attend 100 Healing Circles (Warthe, Hoffart & Cooper, 2004). More recent statistics have been difficult to find.

The Lodge has a shelter equipped with 32 beds to provide assistance for single women or women with children who experience domestic violence. Although the shelter is open women from all cultures, the shelter is specifically aimed at serving Aboriginal women and their children who have been victimized by family violence by offering a way to heal that includes (re)connecting with their First Nations community and cultural practices. Awo Taan offers a range of programs including Family Violence Prevention, Family Outreach, Child Support, and Aboriginal Support.

The **Family Violence Prevention Program** aims at stopping the cycle of violence by providing the necessary support to clients so that they can empower change within their lives. The program provides education to families, counselling, advocacy and support, as well as referrals to other community agencies. One of its resources is the **Women's Circle of Safety** that includes discussion about the types of violence, the cycle of abuse, the methods of exerting power and control, the effects of violence on children, parenting skills, safety plans, self-esteem and self-care, and healthy relationships. The Circle of Safety is held once on Mondays and twice on Wednesdays.

The **Family Outreach Program** assists in building healthy relationships within the Aboriginal community. The goal of this program is to address the root causes of family violence and help people prevent future acts of violence. Awo Taan also offers a range of child programming including the Youth and Family Program, and the Anti-Bullying Initiative. One-on-one counselling can be provided to children affected by



violence and/or bullying, and educational content is offered not only to the child, but to the parent(s), as well as the child's school.

The **Child Support Program** provides one-on-one counselling to children impacted by violence or bullying. The program gives parents and schools skills and education to identify and handle bullying, as well as identify signs of abuse or bullying. The services include: healing circles, storytelling, play sessions, safety lessons, and involvement in community to reduce bullying and violence.

The **Aboriginal Support Program** is guided by traditional Aboriginal healing techniques including the Seven Sacred teachings. The services also include Elder support, counselling and advice, family violence awareness workshops, smudge and prayer, ceremonies and healing circles, and referrals to elders and other Aboriginal services.

Warthe, D. G., Hoffart, I. & Cooper, M. (2004). Calgary family and sexual violence sector review: Building a new vision. Written for The City of Calgary Community Strategies, The United Way of Calgary and Area, and Calgary and Area Child and Family Services Authority.

[Aventa Centre of Excellence for Women with Addictions](#)

[Aventa](#) provides services to women affected by domestic violence and addiction through a holistic based treatment approach,

“Aventa provides gender-specific live-in addiction treatment services on a short-term and long-term basis. Our programs increase women’s understanding of the development and impact of their addictions, maintain abstinence from their addictions and addictive behaviors, and experience an increase in their sense of well-being, and overall life satisfaction. Pregnant women are admitted without delay to help decrease the risks associated with Fetal Alcohol Spectrum Disorder (FASD)” (Aventa, 2016, para. 4).

The goal of the centre is to assist women in building resilience to overcome trauma and addictions. Aventa uses the research of [Dr. Stephanie Covington](#) in their approach to treat the unique needs of women. The centre divides its focus into three groups: addictions, women & trauma, and mental health.

The **Addiction Program** is a gender-specific live-in program that can be accessed for a short-term (six week) or long-term (3-months) stay. Children are able to stay with their mother in the live-in program, but there are no programs available to them. To be admitted, women must be over the age of 18, a resident of

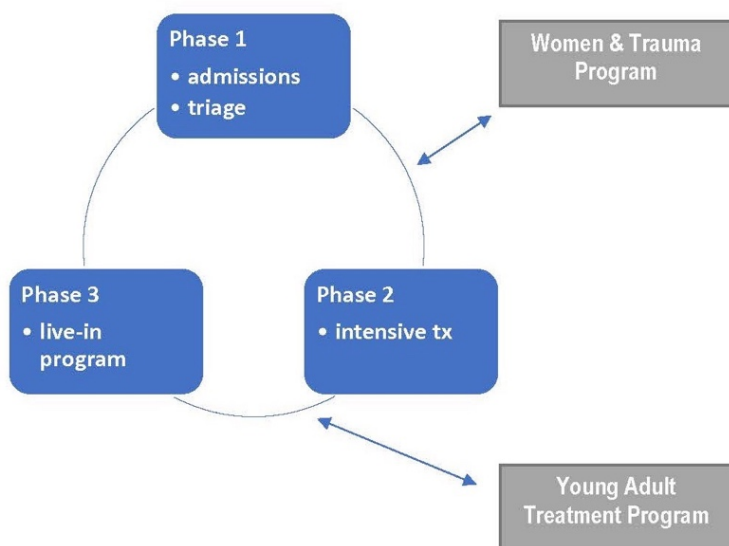
Alberta with Alberta Health Care coverage, meet the five-day requirement of abstinence from a substance (which is measured through a drug/alcohol screening), have a personal desire for change, be medically stable, be able to make informed decisions, be able to participate in group therapy, and be willing to be in a live-in environment.

The program has three phases. **Phase 1** is admission into the program, offering priority access for pregnant women or high-risk women requiring immediate support and/or stabilization. This attention is aimed at decreasing the likelihood of Fetal Alcohol Spectrum Disorder (FASD).

Phase 2 consists of a 6-week intensive live-in program that offers the client individual and group counselling focusing about four main areas of assistance: sexual, spiritual, relationship, and self. The client is typically required to attend both phases. The program works to increase the woman's understanding of her addiction and the impact it has had on others. It aims to support women decrease consumption or achieve abstinence, it works at lowering her addictive behaviors, and increasing her sense of well-being and life satisfaction.

Phase 3 is offered only to individuals who have completed Phases 1 & 2. Phase 3 involves a three-month live-in program for support and recovery from addiction. Clients are offered group and individual counselling as well as educational and skill building components. Clients are required to attend both counselling sessions.

Figure 4: Multiple Options





An alternative option is the **Young Adult Treatment (YAT) Program**, which is a 90-day live-in program offered to women ages 18-24. The defining component of YAT is the focus on teaching young women to have fun without an addictive substance. This is an essential component for the group, and women are challenged to try new activities such as cooking, dance, art, yoga or boxing while coming together with other women to build resilience and positive relationships away from substance use. The program also has an increased focus on building healthy lifestyles that include regular sleep, nutrition education, and physical wellness. The YAT program has the same admissions requirements as the addictions program, but clients cannot self-refer to YAT. Admission to YAT is done only through an AHS adult addictions counsellor. Extensions for additional support provided in both of these programs include access to a nurse, the Alex Community Health Bus, the Smile Dental Bus, acupuncture, parenting with addictions counselling, literacy programs, smoking support groups, gambling treatment groups, fitness and recreation programs, and sobriety celebrations.

Aventa also offers the **Women & Trauma Program**, which is also built around the research of Dr. Covington, and is designed to inform women with addictions, about trauma and its connections to addiction. Counsellors work to plan treatment and recovery goals with the overall goal of empowering women. Emphasizing the importance of understanding their decision-making processes and consequences, the program works to educate women about the long-term benefits in leaving abusive environments and making healthy choices to support abstinence through an intensive educational approach.

In the 2016-2017 fiscal year, Aventa received 1,077 applications, conducted 706 assessments, and had 474 admissions. Of the 474 admissions, 84% clients identified with a mental health issue, and 100% had been abused (73% of which had experienced abuse within the previous year). In an alumnae survey, 97% reported that they would recommend the program to others, with 86% of program graduates reporting current abstinence, and 98% reporting positive outcomes in their recovery.

Discovery House

[Discovery House](#) offers care and support to women and their children affected by domestic violence. Discovery House acknowledges systematic issues such as stereotypical social roles and homelessness are



rooted in abuse and domestic violence, and consequently they advocate to policy makers to help minimize these causes and effects. Discovery House offers three housing options for those seeking support: safe housing, community housing and the shelter. A wide range of programs are offered to all women and children regardless of their housing status. The programs include relocation (finding alternative housing), transportation, home amenities, food, clothing and basic needs, support programs including counselling and clinical and medical support. Discovery House also offers enhancement programs that build quality of life and build community through art, gardening, music, and camping. Discovery House divides its programs into two categories: intervention and prevention.

The [Shelter Program](#) contains 19 individual apartments and community spaces. Clients access via a shared intake program between the [Brenda Strafford Society](#), [The Sonshine Centre](#), and Discovery House. When leaving an emergency shelter, the shared intake program allows a client to be interviewed and have her needs assessed once rather than three times. This approach reduces stress and means that vacancies are quickly filled across multiple second stage shelters.

Within the [Intervention Program](#), women and children are given support to understand trauma and its effects, and support to assist in recovery, mental health support, with a dedicated case manager and housing liaison person. And the **Prevention Program** is aimed at healing children from domestic violence and work towards stopping the cycle of violence. Programs include access to the Child Development Center, one-on-one counselling, group programs, and activities to build healthy relationships.

[Discovery House's Safe Housing Programs](#)

There are two types of housing programs. [The Community Housing Program](#) (CHP) is a secure, 19-unit apartment complex for low-income individuals. The family-style home is called **Rosie's House**. Both options provide basic needs, accommodate women with child, and ask for a nominal amount of rent. Women and children who enter safe housing typically stay for seven months, but some families have stayed for up to one year. Support services and programs are offered throughout their stay and up to two years post-exit, but an extension can be offered to individuals in need of further assistance.

Discovery House also offers [Community Housing](#). Homes are available across Calgary at low income pricing and with increased security. Different from the Safe Housing units, these housing options are rentals available through services such as the **Calgary Homeless Foundation** and **Horizon Housing**. These programs offer more independence to clients, and education about leasing, tenant rights



and responsibilities, how to find work, and life-skills budgeting. Programming is available across all housing options regardless if clients are living independently.

The third option available to victims of domestic violence through Discovery House is the [Safe Housing Shelter](#). The shelter offers secure individual apartments within community spaces equipped with a double locked door that is monitored 24-hours a day. Each individual unit is furnished with utilities at no cost to the client, but clients are required to pay nominal rent and purchase their own groceries. Partnerships with the Food Bank and local businesses help to relieve these costs as much as possible. Common rooms are equipped with TVs, couches, and tables and can be used for group meals or any social gathering. A secure outdoor courtyard offers a playground for children, a community garden and outdoor seating. The building also has a computer room, a small library, indoor parking, laundry machines, and the Children's Centre which is an in-house daycare staffed with child development workers. Child development workers are separate from the shelter staff, but work in conjunction with them to support children affected by violence.

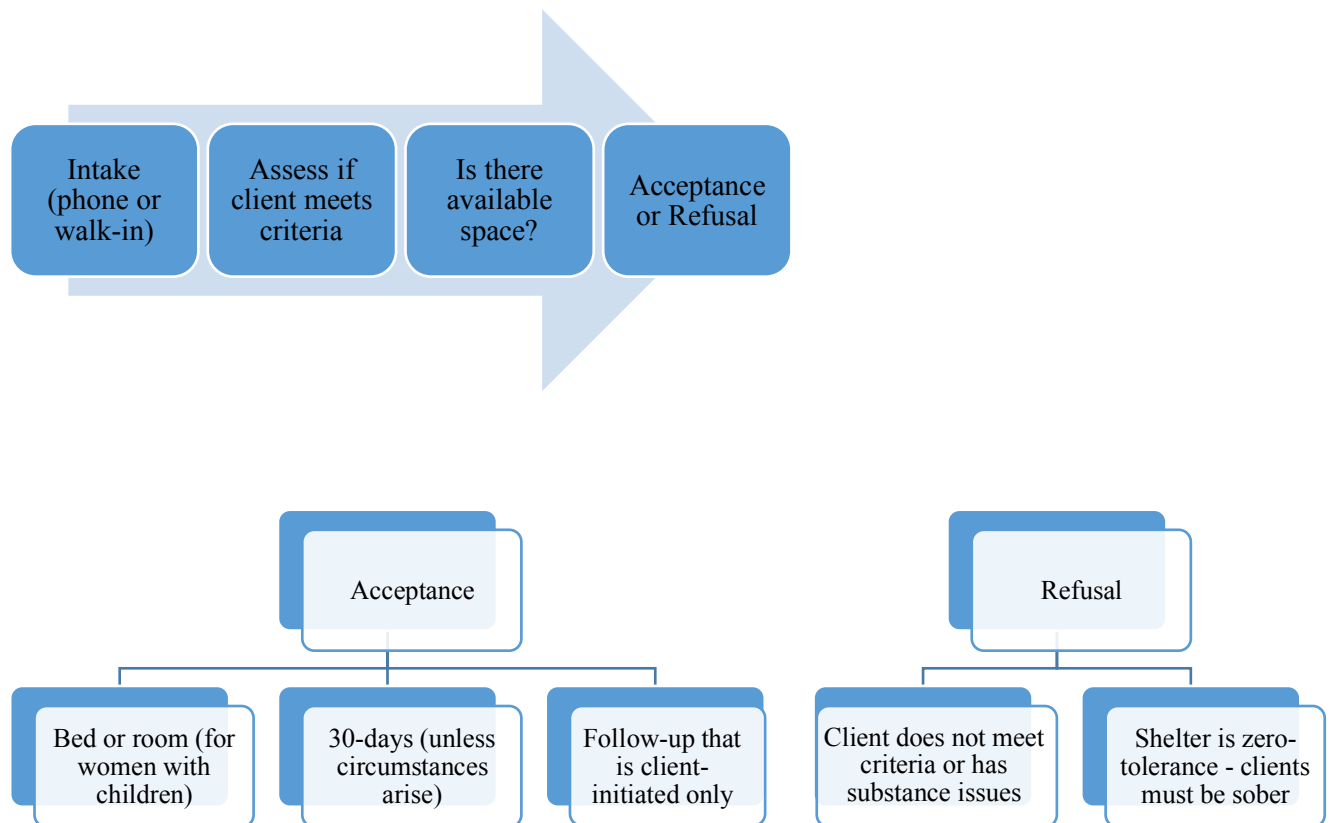
Outside of Calgary

Yukon Women's Transitional Home: Kaushee's Place and Betty's Haven

The [Yukon Women's Transitional Home](#) has two shelters: **Kaushee's Place** and **Betty's Haven**, both of which are located in Whitehorse, Yukon. The objective of the transitional homes is to,

“...provide safe, confidential and nonjudgmental support, advocacy and shelter to women, and their children, who are in crisis and/or experiencing and responding to violence or abuse” ([Mission Statement](#)”, 2016, para. 1).

Figure 3: Kaushee's Place



The agency supports a response-based practice that emphasizes dignified practice supporting the woman and her children through increased positive social responses and support. The shelter operates a “dry model”, meaning that alcohol is not allowed and women with substance abuse issues are turned away at the intake stage should they still be using. Their reasoning being to protect the children in the houses.

Intake criteria for [Kaushee's Place](#) includes women (with or without children) who have experienced domestic violence. Their response-based model examines how a woman responds to her situation, as compared to how the individual was impacted by the event. It invites the woman to look at how she reacted to the violence, which could be in a number of ways, including using substances. Response-based practice is about helping people recover from violence in a context of safety, dignity, and social justice (Richardson, 2013). The shelter works on the belief that a woman always resists and responds to violence; therefore, it is essential that service providers base their practice on a social model rather than a medical model.

The shelter does not have a child care worker within the shelter, but instead a mother-child support worker. This worker focuses on the child to enrich positive relationships between the mother and her child(ren) who have been “sabotaged by the abusive partner/parent”. The belief is that increased positive social responses, social interactions, and social relationships, will support the woman to turn away from family violence and towards a better future for her and her children.

A second resource for Kaushee's place was recently opened is [Betty's Haven](#) which is a 10-unit second stage house. The second home follows the same intake process and criteria, including being based on a dry model.

Richardson, C. (2013). Response-Based Approaches to People who have been Harmed by Violence [PDF]. Centre for Response-Based Practice and University of Victoria School of Social Work. Public presentation to the NWT Seniors Society.

Tutty, M, L. (2015) Addressing the Safety and Trauma Issues of Abused Women: A Cross-Canada Study of YWCA Shelters. *Journal of International Women's Studies*, 16(3), 101-116.

[Tutty's study](#) involved assessing various YWCA shelters across Canada including the Women's Shelter (Kamloops), Alison McAteer House (Yellowknife), Sheriff King Home (Calgary), Harbor House (Lethbridge), Genevra House (Sudbury), Arise (Toronto) and three 'Crossroads' shelters, accompanied by one private shelter in the Nova Scotia for demographic equality.

The study took place in 2005 over an eight-month time span where Tutty and team had residents of the shelters complete an entry survey as they entered the shelter and a feedback survey as they left. The study also looked at women with substance abuse disorders who accessed the shelters and found that 33.4% of women self-reported being treated for substance abuse issues prior to entering the shelter. Within the study's conclusion it was found that the majority of women felt safe, secure and supported. One conclusion was that within these ten women's shelter across Canada, clients without an identified substance abuse issue, reported that their experiences of accessing and benefiting from services was not disturbed.

[YWCA Women's Shelter \(Kamloops\)](#)

The [Kamloops YWCA](#) advertises violence against women intervention and support services including an emergency 24/7 shelter, referrals to outside community resources, counselling, and group support free of charge. Women can enter the shelter by calling or texting the shelter. The shelter offers women and their children a safe place to stay and access to support services within the community. They also have an outreach service known as **Stopping the Violence Outreach Services** that offers community-based medical, legal, and other support, education about domestic violence, and individual and peer support services. They also offer the **Children Who Witness Abuse Program** (CWWA) to educate and support children ages 4-19 who have witnessed violence or have mothers who are survivors of violence. The program's purpose provides support for children and a place for them to learn and heal through counselling, art therapy, and summer camps.

[YWCA Alison McAteer House \(Yellowknife\)](#)

The YWCA [Alison McAteer House](#) is the only family violence shelter located in Yellowknife, Northwest Territories (NWT). The shelter is a secure and anonymous place for women to receive support as they flee from domestic violence. At nine times the national average, family violence in northern Canada is rampant. The McAteer House has 12-beds and six rooms, where clients can stay for an average stay of four weeks. The house does **not** allow boys over the age of 15 to reside with their mothers. The services are available 24/7 and can be accessed via walk-in or over the phone. The trained staff offer women and their children support in determining their options, providing empathy, understanding their situation and planning a better



future. The House is also involved in improving community responses to sexual assault through research. The goal is to build a space where sexual assault victims have a place to share and support each other. If not residing in Yellowknife, transportation can be set up to bring the women to the shelter. The shelter does not accommodate homeless women or women with addictions. If these are being experienced, women can seek resources and temporary housing from **Rockhill Centre** or **Lynn's Place**.

The **Temporary Housing Program** offers a place for homeless women in the NWT. The Program was founded in 1966, offering safe, secure, and a staffed facility, to house families (couples, single parents and those with children) who experience homelessness. Rent remains nominal and family support workers assist with transitions.

Rockhill Centre

[Rockhill](#) is reserved for homeless families. Different from other apartment complexes, Rockhill has intensive care and attention from two family support workers available Monday to Friday, 8:00am-4:00pm. The family support workers help with issues such as debt, addictions, and violence who have destabilized families, resulting in homelessness. The support workers aim at promoting lasting positive change including paying back debt, learning cooking skills, literacy and budgeting. Families typically stay for about one year before they are assisted with moving into their own housing. There are 33 units in total, some of which are bachelor-sized, one and two-bedroom suites.

Lynn's Place

[This facility](#) is for women only and contains 18 suites on three floors. There are six bed-sit units for single women (asking \$900/month to rent), ten two-bedroom units (\$1,580/month to rent) and two three-bedroom units (\$1,750/month to rent). The building is reserved for women leaving violence and who need a stable environment to heal. Tenants are required to attend programs offered by the housing staff and they can stay for up to three years. Lynn's House is **not** an emergency shelter and clients will be referred to Alison McAteer house if needed.

Harbour House (Lethbridge)

The [YWCA Harbour House](#) is an emergency shelter serving women and children affected by domestic violence. Harbour House has 24/7 accessible communication and transportation but is not wheelchair accessible or accessible via transit. It offers parenting programs, intervention and teaching parenting skills, outreach services, prevention programming, a 24-hour crisis line, crisis intervention services, client-based outreach, danger assessments, safety planning, crisis, group, and individual counselling, and case management. The shelter also offers access to clothing banks, medical and dental services, legal services, emergency transportation, court support, school programs, and a variety of child care programs. Harbour House also offer programs for abusive partners including the men's counselling program (for abusers), client recreation, and legal services.

YWCA Geneva House (Sudbury)

The [YWCA Geneva House](#) is a 32-bed emergency shelter assisting women and girls affected by domestic violence. They have programs for women leaving domestic abuse and women over age 50 escaping from abusive live-in caregivers. The house also advertises support for women and girls affected by abuse from same-sex partners too. Programs are available for women and their children including transportation to the shelter, crisis intervention, assessment, support, safety planning, referrals to community agencies, and counselling. The shelter will assist women in finding permanent residency once ready. Clients typically stay in the shelter for an average of 6-months before moving into permanent housing. The shelter applies a harm reduction model, which therefore welcomes women with substance abuse issues.

YWCA Arise (Toronto)

The [Arise Shelter](#) offers services for women and children fleeing domestic abuse, including counselling and support in a safe house 24/7. The shelter is equipped with furnished rooms for women and children, and there are shared bathrooms and meals that allows for health needs, allergies, and dietary needs (the shelter does not purchase pork). The shelter offers access to clothing banks and community gardens and services available for adults, children and youth include mental health, employment, violence awareness, addictions, immigration, trauma, and housing. One-on-one counselling is also available, as is safety planning, finding housing, referrals to lawyers, doctors, and other resources including support after leaving the shelter. Women



with substance abuse issues are permitted within the shelter and are provided with increased assistance where needed.

Research & Literature

Bennett, L., & Lawson, M. (1994) Barriers to cooperation between domestic-violence and substance-abuse programs. *Families in Society* 74(5) 277.

Bennett and Lawson conducted a study to determine how to eliminate the barriers between programs about domestic violence and substance abuse. The high statistical correlation between domestic violence and substance abuse is acknowledged while submitting that often times the programs do not work together well enough to have significant positive impacts. Their research found that the greater the level of education in staff, the greater probability for both programs to work together (66% of staff for domestic violence have college degrees and 61% of staff for chemical-dependency programs, with a greater portion who have advanced degrees).

To build cooperation, they suggest that a closer look at staff's attitude and administration around self-control would serve as a building block between bridging the programs. The study presents the idea that a domestic violence shelter and substance abuse programming do not work well together as effectively as they would separately; however, this does not address client needs as a result of the statistical correlation between domestic violence and substance abuse. Both programs/models could more efficiently work in collaboration to provide assistance to clients.

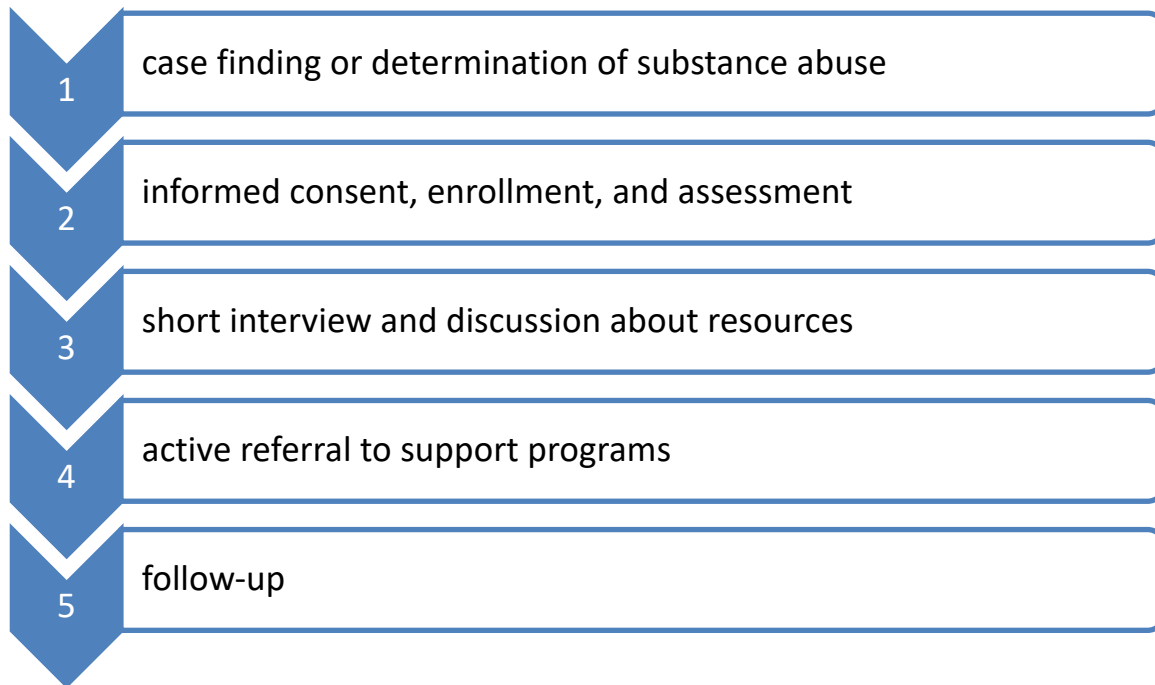
Bernstein, E., Bernstein, J., & Levenson, S. (1997). Project ASSERT: An ED-Based Intervention to Increase Access to Primary Care, Preventive Services, and the Substance Abuse Treatment System. *Annals of Emergency Medicine*, 30(2) 181-189.

ASSERT

This team sought to determine the feasibility and effectiveness of project [ASSERT](#) - Alcohol and Substance Abuse Services and Educating providers to Refer patients to Treatment. The program was implemented within emergency departments in Boston, USA with the goal of providing care for patients with drug and alcohol related health problems. The study concluded that ASSERT is an innovative program that links

emergency departments with treatment programs and agencies that often work separately for clients in domestic violence and substance abuse. Since 1995, ASSERT has consulted with 5,158 patients, has placed 50% of 3,689 patients who screened positive for alcohol or drug addiction into a detox program, placed 486 patients into an outpatient treatment program, and placed 510 patients in shelters.

The research program consists of four steps + a follow up:



These steps are delivered by Health Promotion Advocates (HPA); peer educators and outreach programs, case management and substance abuse counsellors. Each HPA receives additional training in the addiction model to detect for the key indicators: over 21 years of age, non-life threatening medical concerns, ability to respond to questions, and a steady mental condition. Then a semi structured 15-minute oral interview titled the “**Health Needs History**” is used to determine level of substance abuse: (1) use of drugs within the last year; (2) consumptions of alcohol within the last 24 hours; (3) consumption of more than four drinks in less than two hours on more than four occasions in the last month; and (4) report of alcohol or drug use in association with an injury in the last year. The final step is the “**Readiness Scale**” to determine if the patient is ready for change (see figure 4 in the article).

The study was concluded as successful. Of patients considered harmful or hazardous drinkers, who engaged in ASSERT, there was a 56% reduction in frequency of alcohol use, a 33% reduction in the number

of drinks per day, and a 64% reduction in frequency of drinking six or more alcoholic beverages in one sitting. Of all interviewed patients, 91% reported being satisfied with the program, 93% thought the HPAs were well educated and explained the program well, and 99% thought the HPAs were respectful.

Turner, A. (2015) Alternatives to Criminalizing Public Intoxication: Case Study of a Sobering Center in Calgary Alberta. *The School of Public Policy: SPP Research Papers*, 8(27) 1-29.

Alternative to Criminalizing Intoxication

Turner examined the effects of [community-based programs](#), in Calgary, in reducing interaction between individuals displaying public intoxication and police services, including incarceration. The study purports that there is an inability for many people who experience homelessness to enter shelters or find assistance due to 'dry' policies. Other barriers include previous negative interactions with service providers, as well as policies that call for incarcerating individuals with substance abuse issues. Turner emphasizes the importance of a harm-reduction approach towards clients and their needs:

"Harm Reduction philosophy considers risk taking behavior as a natural part of our world and suggests that our work should be focused on minimizing the harmful effects of these behaviors, rather than focusing solely on the cessation of the behavior" (Turner, 2015, p. 12).

During a twelve-month examination of Alpha House in Calgary, (February 1, 2013-February 1, 2014), it was found that this model of assistance (instead of incarceration) had a long lasting and positive outcome. Individuals who accessed Alpha House during the examination period experienced a 50.1% decrease in average number of days hospitalized, and a 50% decrease in use of medical services such as the emergency room. The most significant impact was a 92.7% decrease in number of days that individuals spent incarcerated and a 70.8% decrease in police interaction over all. Turner concludes that the services provided by the Alpha House successfully decrease rates of interaction with hospitals or emergency medical services, decreases days incarcerated, and lowers interaction with police and justice. The study reaffirms that the harm reduction model is effective when applied to a broad-community based program and holds significant promise.

Tsemberis, S., Gulcur, L., & Nakae, M. (2011) Housing First, Consumer Choice and Harm Reduction for Homeless Individuals with a Dual Diagnosis. *American Journal of Public Health* 94(4) 651-656.

[Making Calgary Better](#)

The [RESOLVE Campaign](#) is focused on building and maintaining infrastructure for vulnerable people with the end goal of providing stable and safe living environments for lasting positive change in the person's life. The campaign is a partnership of nine agencies including the Alberta Government with raising \$120 million with the goal to re-house 3,200 homeless Calgarians. To date, they report a 90% retention rate for Housing First clients.

RESOLVE works with The Calgary Homeless Foundation and its various buildings dedicated to vulnerable citizens with complex needs who require high levels of support. Often the individuals bounce between homelessness and emergency shelters, and so the aim here is to relieve the burden on those resources. Buildings have individual rooms for singles or families, with communal kitchens and living spaces. The buildings have private and community spaces as well where extra support is provided. Support can include health care, job training, budgeting, addiction counselling, life skills training and community re-integration.

The Housing First Model is similar to the Alpha House model for its lasting positive effects. This program reduces social costs on police, healthcare services, emergency services and the justice and correctional system. They report that homelessness costs tax payers ~\$50,000/year/person for all of these services; whereas, the cost to house one homeless person is ~\$21,000/year. Since 2008, the RESOLVE Campaign has housed 6,000 individuals.

The campaign participants are:

- [Accessible Housing](#) (men & women)
- [Bishop O'Byrne Housing](#) (seniors & others)
- [Calgary Alpha House](#) (men & women)
- [Calgary Homeless Foundation](#) (various)
- [Calgary John Howard Society](#) (men & women)
- [Horizon Housing](#) (families)
- [The Mustard Seed](#) (basic needs)
- [Silvera for Seniors](#) (seniors)
- [Trinity Place Foundation](#) (seniors)

And five new buildings (with 125 units in total) have recently been completed:

- [Stepping Stone Manor](#) – 30 units (men & women)
- [Providence House](#) – 24 units (women)
 - This house looks promising. The Providence House, open in 2016, provides housing to 24 women. Their focus is primarily on homeless women or those who at-risk for homelessness. Several clients arrive with many vulnerabilities but to date, there are no reports on its programming and effectiveness.
- [Aurora on the Park](#) – 25 units (men & women)
- [Prelude in Radisson Heights](#) – 23 units (men & women)

Calgary John Howard Society

[The Adult Housing Re-Integration Program](#) (AHRP) locates appropriate accommodations for clients while providing wrap around services like case management, social development and support with mental health and addictions. AHRP participates in the [Coordinated Access and Assessment](#) (CAA) system in Calgary where potential clients may be referred by a professional, through SORCe, or may self-refer. Clients referred through SORCe have a Service Prioritization Decision Assistance Tool (SPDAT) completed. Placement in AHRP is determined by CAA and may be dependent on program capacity at any given time. This is only a temporary housing program that provides an opportunity for women, which includes some support for addictions and violence recovery but that is not their sole focus.

Dual Diagnosis and Housing

Atherton, I., Nicholls, M, C (2008) 'Housing First' as a means of addressing multiple needs and homelessness. *European Journal of Homelessness*. (4) 289- 303.

[Tsemberis et al.](#), (2011) conducted a study examining the longitudinal effects of applying a Housing First model for individuals facing homeless and mental illness with the theoretical foundation of psychiatric rehabilitation while emphasizing the importance of clients' choices. Services are offered along a continuum of care approach designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by non-profit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing trauma. Services include outreach, treatment of addiction,

transitional housing, and ends with permanent supportive housing. The continuum of care approach challenges the housing first model because it offers wrap-around services that extend beyond discharge.

The study examined the effectiveness of the housing first model by observing 225 who were randomly assigned to receive housing contingent on treatment and sobriety (control) or to receive immediate housing without treatment prerequisites (experimental). Interviews were conducted every six months for 24 months. The results were that the experimental group obtained housing earlier, remained stably housed, and reported higher perceived choice. Utilization of substance abuse treatment was significantly higher for the control group, but no differences were found in substance use or psychiatric symptoms.

Addressing Multiple Needs

Marlatt, A. G. (1996) Harm Reduction: Come as you Are. *Addictive Behaviours*. 21(6) 779-788.

[Atherton and Nicholls](#) (2008) examine the effectiveness of a housing first approach as applied to homelessness in Europe. They acknowledge that due to the complex nature of homelessness, in that it overlaps with poor mental health and/or drug use and addiction, it is particularly challenging to determine the needs of the individual and the best way of administering support. The focus of this study was to determine if the housing first model is more beneficial to combating issues of homelessness, than the traditional continuum of care model. The study examined the models as they are applied in the United States, particularly New York. The program accepted chronically homeless individual on a first-come-first-serve basis, instead of 'cherry-picking- individuals who are most 'housing ready'. The study noticed a significant difference in clients having fewer psychiatric admissions, lower emergency admissions, fewer arrest and decreased drug use. One critique is the considerable expense associated with providing housing for a large number of individuals, but it was found that, even in New York's expensive housing market, the monetary amount of services used in one year by homeless clients decreased by \$16,281 from the housing first approach due to decreased use of emergency services (approximate yearly cost is \$40,451). Atherton and Nicholls (2008) conclude that the housing first approach offers several benefits over the continuum of care model and suggests that current homeless individuals would be quite capable of maintaining a tenancy if given the opportunity in conjunctions with support.

Come as You Are

Marlatt (1996) attempts to explain what a harm reduction model is, how it has developed and how it works as well as example the importance of the model in addictive behaviours. Marlatt defines harm reduction as a model of assistance that shifts thinking away from the drug use itself and emphasizes focus on the consequences and effects of addictive behaviours. Effects examined include whether the action is helpful or harmful to the drug user and larger society, as opposed to whether the action is morally good or bad. Two alternative major model that harm reduction opposes include the moral model, examining the action as morally right or wrong, and the disease model, that examines drug use from the perspective that addiction is biological/ genetic pathology and focus on reduction of use, prevention and abstinence. The major differing concept that the harm reduction model recognizes is that, although abstinence from the substance is ideal, alternatives that reduce harm for the individual and the society are acceptable outcomes as well.

Marlatt explains that a harm reduction model is not an “anti-abstinence” model, but instead works on a continuum, similar to the way a thermometer works. The central thinking and goal of harm reduction is to lower the amount of risk the individual faces do to drug use to an acceptable level, one step at a time. Additional concepts of a harm reduction model include a “bottom-up” style of thinking, meaning to target the high risk actions first and lower the amount of risk for the individual. An example of this concept is safe injection sites. The high risk action is the injection of drugs through needles, the bottom-up approach is to target the high risk activity and make it as lower risk as possible by giving individual access to sanitary needles and proper disposal of needles. Harm reduction also emphasizes a low-threshold access point to necessary services as opposed to the traditional high-threshold approach. An example of a high-threshold approach is the need for complete abstinence from a substance before being allowed entrance into a drug treatment program. An example of a low-threshold approach is street-outreach programs such as the DOAP team.