

**A Formative Evaluation Report  
of the  
Awo Taan Healing Lodge Society  
Women's Emergency Shelter**

June 2019

AWO TAAN HEALING LODGE SOCIETY

P.O Box 6084, Station A

Calgary, Alberta

T2H 2L3

Phone: 403-531-1970

Fax: 403-531-1977

Email: [awotaan@awotaan.org](mailto:awotaan@awotaan.org)

Facebook: Awo Taan Healing Lodge Society

Website: <http://awotaan.org/>

Twitter: @AwoTaan1

**A Formative Evaluation of the Awo Taan Healing Lodge Society - Women's Emergency Shelter**

**Prepared for:**

Awo Taan Healing Lodge Society

**Submitted by the Awo Taan Healing Lodge Research and Evaluation Committee:**

Nicole Eshkakogan M.A. (Sagamok Anishnawbek First Nation/Piikani Nation)  
Evaluation and Research Consultant

Victoria Sedgwick  
President - Board of Directors, Awo Taan Healing Lodge Society

Josie Nepinak B.A. (Anishnabe, Treaty 4, Treaty 7)  
Executive Director, Awo Taan Healing Lodge Society

Carolyn Woodroffe  
Residential Program Coordinator, Awo Taan Healing Lodge Society

Sandi Roberts (Peepeekisis First Nation, Treaty 4)  
Wellness Worker, Awo Taan Healing Lodge Society

Jackie Bromley (Kainai Nation, Treaty 7)  
Rural and Community Outreach Worker, Awo Taan Healing Lodge Society

**Edited by:**

Melonie Keehn

## DISCLAIMER

Any opinions presented in *A Formative Evaluation of the Awo Taan Healing Lodge Society Women's Emergency Shelter* have been developed from findings from a literature review, an internal documentation review, the perspectives of Elders and Traditional Knowledge Holders, staff, and with women who stay at the shelter through sharing circles, storytelling and surveys; and should not be interpreted reflecting those of the Awo Taan Healing Lodge Society.

## ACKNOWLEDGMENTS

The Awo Taan Healing Lodge Society is situated on land adjacent to where the Bow River meets the Elbow River. The traditional Blackfoot name of this place is “Moh’kins’tsis”, which we now know as the City of Calgary. Awo Taan Healing Lodge Society acknowledges its home is on the traditional territories of the people of the Blackfoot Confederacy (comprising the Siksika, Piikani, and Kainai First Nations). Other Nations who are a part of Treaty 7, also call this place home, which includes the Tsuut’ina Nation, and the Stoney Nakoda (including the Chiniki, Bearspaw, and Wesley First Nations). This territory is also home to Métis Nation of Alberta, Region III.

We respectfully recognize the spiritual guidance and traditional knowledge shared by Elders and Traditional Knowledge Holders: Jackie Bromley, Sandi Roberts, Vinnia VanOverdyk, Doreen Roy, Linda Brass and the late Daryl Brass.

We thank the Women’s Emergency Shelter staff for sharing their expertise, opinions and experiences through staff meetings, surveys and sharing circles.

We are extremely grateful to the women who shared their stories and experiences about their stay at the shelter. Their stories were fundamental in gaining a better understanding about the relevance, impact and ways to enhance culturally responsive approaches for protection and support against family violence. Their strength, courage and resiliency is inspiring.

This project was funded by Housing and Homeless Supports at the Government of Alberta. We are very grateful for their support, without which this formative evaluation would not have been possible.

We also thank the Awo Taan Healing Lodge Society’s Board of Directors for their guidance, support and recommendations on the implementation of this project.

## SUGGESTED CITATION

Awo Taan Healing Lodge Society (2019). *A Formative Evaluation Report of the Awo Taan Healing Lodge Society - Women’s Emergency Shelter*.

## CONTENTS

<b>Executive Summary</b> .....	<b>6</b>
<b>Section 1. The Awo Taan Healing Lodge Society</b> .....	<b>10</b>
1.1 Vision, Mission, and Guiding Principles.....	12
1.2 Board of Directors .....	13
1.3 Aboriginal Framework for Healing and Wellness .....	13
1.4 Family Wellness Centre.....	14
1.5 Community-Based Advocacy and Knowledge Translation.....	17
<b>Section 2. The Awo Taan Healing Lodge Society Women’s Emergency Shelter</b> .....	<b>18</b>
2.1 Client Demographics and Characteristics .....	18
2.2 Services and Programs .....	20
2.3 Program Logic Model.....	21
<b>Section 3. Literature Review on Indigenous Family Violence and Emergency Crisis Shelters in Canada</b> .....	<b>22</b>
3.1 Purpose of the Literature Review .....	22
3.2 Methods, Scope and Timing.....	22
3.3 Introduction and Background.....	24
3.4 Definition of Indigenous Family Violence.....	26
3.5 Trauma and Violence-Informed Care .....	27
3.6 Best Practices for preventing and responding to Indigenous family violence at emergency crisis shelters .....	29
3.7 Challenges and barriers for preventing and responding to Indigenous family violence at emergency crisis shelters .....	31
3.8 Gaps in the Literature .....	33
<b>Section 4. Internal Documentation Review</b> .....	<b>34</b>
4.1 Purpose and Scope of the Internal Review .....	34
4.2 Outcome Tracker and Client Exit Survey .....	34
4.3 Danger Assessment Tool .....	35
4.4 Operational Reports and Documentation .....	36
4.5 Aboriginal Framework for Healing and Wellness .....	37
4.6 Policy and Procedure Manual.....	37
4.7 Discussion .....	37
<b>Section 5. Awo Taan Healing Lodge Society Women’s Emergency Shelter Formative Evaluation</b>	<b>39</b>
5.1 Purpose.....	39
5.2 Methodology .....	39
5.3 Limitations & Considerations .....	42
<b>Section 6. Women’s Emergency Shelter Staff Evaluation</b> .....	<b>43</b>
6.1 Staff Survey Results .....	43

6.2	Staff Sharing Circle.....	62
i.	Strengths .....	63
ii.	Weaknesses .....	64
iii.	Opportunities .....	66
iv.	Threats.....	68
6.3	Discussion .....	71
<b>Section 7. 2017/2018 Client Exit Evaluation .....</b>		<b>74</b>
7.1	Introduction .....	74
7.2	Results of the 2017/2018 Client Survey .....	74
7.3	Discussion .....	83
<b>Section 8. Storytelling with Women who stay at the Shelter .....</b>		<b>84</b>
8.1	Introduction .....	84
8.2	Sharing Stories from Survivors.....	84
8.3	Discussion .....	99
<b>Section 9. Sharing Circle with Elders and Traditional Knowledge Holders.....</b>		<b>100</b>
9.1	Introduction .....	100
9.2	Wisdom from the Elders and Traditional Knowledge Holders .....	100
9.3	Discussion .....	107
<b>Section 10. Cultural Competency Organizational Assessment.....</b>		<b>109</b>
10.1	Introduction .....	109
10.2	Results .....	109
10.3	Discussion .....	119
<b>Section 11. Recommendations .....</b>		<b>121</b>
<b>REFERENCES .....</b>		<b>122</b>
<b>APPENDIX A – Evaluation Design</b>		
<b>APPENDIX B – Staff Evaluation Questionnaire</b>		
<b>APPENDIX C – Staff Sharing Circle (SWOT Analysis)</b>		
<b>APPENDIX D – Client Exit Survey</b>		
<b>APPENDIX E – Client Storytelling Guide</b>		
<b>APPENDIX F – Elder and Traditional Knowledge Holder Sharing Circle Guide</b>		
<b>APPENDIX G – Cultural Competency Organizational Assessment Questionnaire for Leadership</b>		

## Executive Summary

The Awo Taan Healing Lodge Society established an Evaluation Committee to undertake a formative evaluation of its Women's Emergency Shelter Program to inform policy and program renewal. To achieve this, an Indigenous evaluation paradigm was used to obtain evidence-based information on:

- Best practices in Indigenous family violence protection and prevention at emergency crisis shelters.
- The relevance, performance, and key service delivery trends and issues at the Awo Taan Healing Lodge Society – Women's Emergency Shelter.
- How the Aboriginal Framework for Healing and Wellness facilitates culturally responsive approaches in working with the women and their children who stay at the shelter.

### KEY FINDINGS

- The following best practices and barriers found in the literature were based on consultations with Indigenous shelters; and they were the same as those reported by the shelter staff, Elders, and women who stay at the shelter:
  - Best practices include: a clearly identified shared vision, mission and mandate, good administrative structure, good program staff, secure funding, connections to the community, traditional teachings, culturally responsive programming, education opportunities for staff, multidimensional programming, and contextual tailored care to address interrelated forms of violence.
  - Barriers and challenges were a result of year-to-year funding models and that almost all funding for Indigenous family violence prevention and protection is allocated to Indigenous Services Canada to administer for on-reserve shelters. This impacts:
    - The capacity of the shelter to develop long term strategic plans with funders and other multijurisdictional stakeholders which include results based management plans to help them assess and report on the relevance, performance, efficiency, and economy of the shelter.
    - The capacity of the shelter's to fully implement wholistic family-based interventions to address interrelated forms of violence in a culturally responsive way that supports a continuum of coordinated services for women and their families.
    - Eligibility and access to Indigenous emergency shelters, as over half of Indigenous women who live off reserve and/or may not have registered Indigenous status to access on-reserve shelters.

- The Awo Taan Healing Lodge Society - Women's Emergency Shelter is needed as over 55% of women who access the shelter are Indigenous. Further, the number of immigrant and refugee women seeking support at the shelter is also continuing to increase each year.
- The Awo Taan Healing Lodge Society - Women's Emergency Shelter is culturally relevant. 92% of the women who stayed at the shelter in 2016/2017 reported that the shelter helped them to meet their unique cultural needs.
- The shelter requires multi-year funding to enhance wholistic family-based interventions. As the women who stay at the shelter report that what primarily helps them feel safe, respected, and empowered to gather the skills they need to escape family violence in order is: (1) the respectful and culturally responsive approach by the staff, (2) trauma informed counselling and other services under the Reconciliation from Trauma and Healing Program, and; (3) access to Elder and Cultural Supports.
- The Society requires more funding and training supports to be able to effectively use the Outcome Tracker, Client Exit Survey and other data collection forms recommended for use by funders for understanding what they do, how they do it, and what difference this makes for women who stay at the shelter and their families. The staff stressed that funders should work with the Society to identify ways in which to make these tools culturally relevant. And in doing so, could help the shelter and other key stakeholders to better understand how to develop effective and sustainable strategies for preventing and responding to Indigenous family violence.
- The staff felt that the Danger Assessment Tool recommended for use by funders to assess individual abusive relationships is not in orientation with the experiences of Indigenous women, because it does not encapsulate both the extended nature of Indigenous families and the kinship relationships within which a range of forms of violence frequently occur.
- The staff felt the Society should address organizational capacity, operations, and human resource issue and management by conducting an analyses of its policies, programs and services and update the Society's Policy and Procedures Manual accordingly. These efforts should include staff and client participation to help inform and drive change management and sustainability in quality improvement practices. Prior to the onset of this work, the Society should seek resources to inform the enhancement of the Aboriginal Framework for Healing and Wellness by including the perspectives of Indigenous survivors of family violence, Elders, Traditional Knowledge Holders, community partners and other key stakeholders using an Indigenous culture-centred service approach to inform the full incorporation of the Framework throughout the policies and procedures of the shelter.

- The the Aboriginal Framework for Healing and Wellness is just over 10 years old and there is a need to renew the Framework in order to: (1) incorporate new learnings on Indigenous family violence and intergenerational trauma, (2) develop strategies to deliver trauma violence informed care that is respectful and inclusive of Indigenous healing and wellness approaches, and; (3) how to do this in an urban-based women's emergency shelter setting for women of all cultures.
- Additional funding support is required to create a professional development and educational training strategy for staff, clients and other partners on learning about the community, Indian residential schools, family violence, mental health and addictions, and about a wide variety of Indigenous healing strategies and models. All training should be geared toward building mutually respectful relationships and strengthening relationships in order to improve supports for Indigenous women and their families across sectors.

## **RECOMMENDATIONS**

1. Funders should provide the Society with multi-year funding to develop a long term strategic plan to: (1) identify and sustain proven wholistic family-based prevention and protection initiatives for Indigenous women and women of other cultures, and; (2) to help the funder to achieve their strategic priorities.

Multi-year funding will increase the Society's capacity to work with funders and other key stakeholders to:

- Enhance or create a danger assessment tool for use in working with Indigenous women who live with family violence which considers both the extended nature of Indigenous families and the kinship relationships within which a range of forms of Indigenous violence frequently occur.
- Develop culturally responsive tools for data collection and assessment tools for understanding what the Society does, how they do it, and what difference this makes for women who stay at the shelter and their families.
- Develop a professional development and learning engagement strategy for staff, partners, and women who stay at the shelter to learn about Indigenous trauma and disadvantage, trauma violence informed care and other Indigenous healing and wellness issues and models, mental health and addictions, and immigrant and refugee issues and law.



2. The Society should identify resources and supports needed to renew and implement the Aboriginal Framework for Healing and Wellness throughout the policies, procedures, and practices at the shelter to improve culturally responsive care for women fleeing family violence and all other forms of abuse.
3. The Society should identify resources and support to implement results-based management processes and systems to improve performance measurement, risk management and evaluation of programs at the shelter based upon the Aboriginal Framework for Healing and Wellness. This would entail:
  - Conducting a gender-based analysis with the women who stay at the shelter in order to;
  - Establish clear performance measures and targets for shelter activities and the continuum of services that are inclusive of Western methods and Indigenous Ways of Knowing, and that;
  - Performance measures and targets include measures such as proxies that can be used to measure rates and incidence of Indigenous family violence in Calgary, utility and access, and program outcomes and impacts for Indigenous women and their families.
4. The Society should explore opportunities to improve partnerships and networks by creating a strategy to build organizational capacity and advocacy to address issues which impact the women who stay at the shelter, and a coordinated approach for women and their children across sectors.
5. The Society should identify opportunities to increase the input of the staff and women who stay at the shelter in consultations on the development and implementation of programs and services.

This report is comprehensive with each section presenting a detailed summary of results from each evaluation activity, as well as a discussion to help summarize findings.

By sharing learnings from this report, The Awo Taan Healing Lodge Society – Women’s Emergency Shelter hopes to promote dialogue and educate other family violence service prevention providers and policy makers on culturally innovative approaches to family violence protection and prevention services for Indigenous people and all other cultures.

# Section 1. The Awo Taan Healing Lodge Society

## Our History – A Wholistic Approach to Healing and Wellness

The history of the Awo Taan Healing Lodge Society began with a vision. In 1986, Ruth Scalp Lock and a group of concerned individuals wanted to create a shelter where Indigenous<sup>1</sup> women and children could seek refuge from family violence and all forms of abuse in a uniquely Indigenous atmosphere. The shelter's mission would be to provide a traditional wholistic and spiritual approach to help Indigenous women and their children through the healing process with the support of their community.

This approach included practicing the teachings of the Aboriginal Medicine Wheel, participating in ceremonies such as smudging and healing circles, and receiving Elder counseling and support. The shelter would be a place where Indigenous women could reconnect with their Aboriginal culture and continue their healing journey after leaving the shelter.

As a result of their efforts, the Calgary Native Women's Shelter was established in 1992 to provide "wholistic" support and guidance to women and children from all cultures. During 1993 and 1994, the founders, board of directors, staff and many volunteers from the shelter created a crisis counseling training program that contained a significant amount of Indigenous content. This program was designed to train shelter staff, Calgary agency staff and the public. During this time, the group also launched the Calgary Head Start program, which was sponsored by Health and Welfare Canada.

On March 10, 1993, an interim shelter was opened in an old apartment building donated by the City of Calgary. The Alberta government provided core operational funding, while the Home Lottery raised capital costs.

Two short years later, the Awo Taan Native Women's Shelter Society moved to its current location in 1995. In its first decade of operations, the shelter went through many changes, including a name change, evolving visions and missions, and the evolution and expansion of many programs.

The name "Awo Taan", means "shield" in the Blackfoot language, and was given to Margaret Bad Boy and her husband from the Siksika Nation at a Sundance back in 1930. In a ceremonial gathering, Margaret Bad Boy gave her grand daughter Ruth Scalp Lock the name Awo Taanaakii (Shield Women). It is a name that symbolizes Ruth as a protector to protect women and children.

---

<sup>1</sup> This report uses the terms Aboriginal and Indigenous interchangeably based upon terms used by the source from which findings are reported from (i.e., the literature, the Society Board, Elders and staff, and women who stay at the shelter). Indigenous is used in international treaties and "now the Canadian governments have moved to embrace Indigenous and all of its legal ramifications; including Indigenous peoples in Canada legal right to offer or withhold consent to development under the United Nations Declaration of the Rights of Indigenous People" (Indigenous Corporate Training, 2018)

In a Blanket Ceremony in 2007, Ruth transferred her name to the shelter and it became the *Awo Taan Healing Lodge Society – Women’s Emergency Shelter* to represent a women’s shelter committed to making a safe and healthy community.

For over 25 years, the shelter has continuously built programming and service delivery on healing and development strategies which Indigenous people have identified as most useful in order to enhance its understanding and knowledge of what constitutes culturally responsive care. These changes have been positive and progressive in that they have enabled the shelter to provide more comprehensive services and programs to Indigenous women and children, and to women and children from other cultures, who suffer from family violence and abuse.

### **Awo Taan Healing Lodge Society - Present**

The Awo Taan Healing Lodge Society has expanded from providing emergency crisis services to a range of *culturally responsive outreach services* to address the immediate and long-term needs of families affected by family violence and all forms of abuse.

The Society now offers two primary programs: The Women’s Emergency Shelter (residential) and the Family Wellness Centre (non-residential).

The Women’s Emergency Shelter provides services for women and their children only, while the Family Wellness Centre provides services which include men (as partners of women fleeing family violence and as single parents) and extended family members impacted by family violence and provision for them in the family’s healing process.

Both the Women’s Emergency Shelter and Family Wellness Centre programs:

- Provide a number of services with specific objective(s) aimed to achieve the vision and mission of the Awo Taan Healing Lodge Society.
- Operate under the guiding principles of the Awo Taan Healing Lodge Society.
- Use the Aboriginal Framework for Healing and Wellness and its toolkit resources in the delivery of services.
- Provide strength-based Indigenous trauma and violence-informed care which foster Indigenous pride, self-esteem, and cultural identity.

## 1.1 Vision, Mission, and Guiding Principles

The Awo Taan Healing Lodge Society works with the *whole person, whole families, and acknowledges the interconnectedness and impacts of all aspects of the individual's life and environment on their healing journey.*

The **Vision** of Awo Taan is *Nurturing Families living in Peace*

The **Mission** is *to provide community services guided by Native<sup>2</sup> traditional teachings, to anyone affected by family violence and abuse.*

The Awo Taan Healing Lodge Society's **Guiding Principles** are grounded in the organization's vision and mission:

1. We believe that we are each born into Spirit and that we are Spiritual beings having a human experience;
2. We believe that Spirit knows no color;
3. We believe that wholistic healing requires attention to healing the mind, emotions, body, and spirit;
4. We value the traditional knowledge of Elders and the transfer of that knowledge as sacred;
5. We acknowledge and value the Spirit and Integrity of all individuals affected by violence;
6. We believe that healing requires a multifaceted response including intervention, provision of safe shelter, spiritual and cultural services, community-based services and information to victims and to those who batter, as well as public education and the enforcement of appropriate laws;
7. We believe that violence is manifested through intergenerational trauma and that the healing of that trauma is influenced through community-based education; and
8. We believe that the Seven Sacred Teachings underlie the philosophy of healing and wellness.

---

<sup>2</sup> Native is a term which was historically used by the Awo Taan Healing Society to refer to Native Peoples which is a collective term to describe the descendants of the original peoples of North America. The Society will be engaging in efforts to consult with Elders and other Traditional Holders on what respectful terms should be used to identify the original peoples of Calgary and Area, in Canada, and others they provide services for as a part of their management action and response plan.

## 1.2 Board of Directors

The Awo Taan Healing Lodge Board of Directors provides strategic leadership and direction for the Society. Thus, the functions of the Board are to:

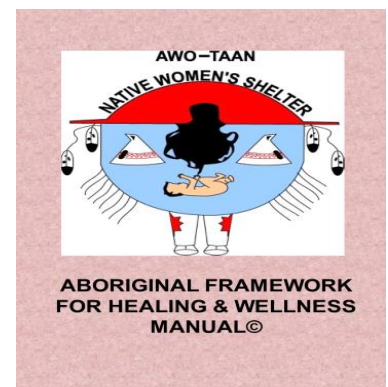
1. Provide strategic leadership
2. Develop written Board policies
3. Select, support, and evaluate the Executive Director
4. Provide effective fiscal management
5. Ensure legal oversight and sound risk-management practices
6. Ensure external linkages to further the vision and mission of the Society
7. Ensure that the proper controls and accountabilities are in place for the effective management of the Society by monitoring the systems established by the Board and directed to the Executive Director; and
8. Organize the Board so that it operates effectively and efficiently

The Board is comprised of a President, Vice-President, Treasurer, Secretary and 8 to 12 Directors who are governed by a set of policies with an emphasis on the Elder's guidance and wisdom.

Aboriginal<sup>3</sup> cultural values, beliefs and spirituality are the forefront in the Governance of the Awo Taan Healing Lodge Society<sup>4</sup>.

## 1.3 Aboriginal Framework for Healing and Wellness

The Aboriginal Framework for Healing and Wellness (Framework)<sup>5</sup> was developed in 2007 to guide the service delivery approach for the Society. This work was led by the Society's Healing Committee. The Framework was developed from a literature review, site visits to other Aboriginal services whose focus was on healing and wellness, and consultations with the Awo Taan Healing Lodge Board of Directors, staff, clients, Elders, and other service providers of Aboriginal people and families.



<sup>3</sup> Aboriginal is a collective name for all of the original peoples of Canada and their descendants. Section 35 of the Constitution Act of 1982 specifies that the Aboriginal Peoples in Canada consist of three groups – Indian (First Nations), Inuit and Métis. The Society used the term Aboriginal in its historical documents which stems from the Royal Commission on Aboriginal Peoples (RCAP). The Society will be engaging in efforts to consult with Elders and other Traditional Holders on what respectful terms should be used to identify the original peoples of Calgary and Area, in Canada and others they provide services for as a part of their management action and response plan.

<sup>4</sup> Awo Taan Board Governance Policy (2003)

<sup>5</sup> Aboriginal Framework for Healing and Wellness Manual (2007) <https://www.awotaan.org/assets/Page-Attachments/Aboriginal-Framework-Awo-Taan-Manual-FINAL-May-30-200.pdf>

These efforts resulted in a manual to describe the Framework approach and tools for healing and wellness for responsive and culturally appropriate strategies for service providers who are committed to providing a range of culturally sensitive services to Aboriginal people and their families. The Framework applies a strength-based approach based upon Aboriginal Ways of Knowing, Values and Principles including teachings of the Medicine Wheel.

## 1.4 Family Wellness Centre

A brief summary of programs under the Family Wellness Center is provided below. Since this report focuses on the Women's Emergency Shelter a more comprehensive summary about the shelter is provided in Section 2. Short-term funded programs and projects are not included in this summary for the Family Wellness Center.

### Family Violence Prevention Program

The Awo Taan Healing Lodge Society Family Violence Prevention Program provides support and resources to stop family violence and includes the following services<sup>6</sup>:

- Breaking the Cycle
- Family violence education to families and groups
- Support and Counselling to women and children experiencing family violence
- Partnerships with designated community resource centers; and
- Advocacy and supports and referrals



### Family Outreach Program

The Family Outreach Program offers support advocacy, referral and education services to persons whose lives have been affected by family violence, but who are not presently residing in a crisis shelter. This program also helps to bridge the gap between the intense support available to a resident and her children within the Awo Taan Lodge Society Women's Emergency Shelter and community resources after a 3-week stay<sup>7</sup>. Services include:

- Adult and children's healing circles and Elders services
- One-to-one services including home visits, community visits, telephone contact, Society support, referral and advocacy services
- Workshops and presentations on family violence

---

<sup>6</sup> Awo Taan Healing Lodge Society Policy and Procedures Manual (2012: Section 11, pg.7)

<sup>7</sup> Awo Taan Healing Lodge Society Policy and Procedures Manual (2012: Section 11, pg.4)

## Parent Link Centre

Awo Taan Healing Lodge Society is partnered with Parent Link Centre, an Alberta wide organization that exists to help educate parents on raising happy and healthy kids. Parent Link Centres offer programs to kids, parents, and to families, in-group or individual settings. Each centre is designed to meet the needs of families living in each community. Services at the Society's Parent Link Centre include:



- Parenting Programs: To enhance parenting skills and expand knowledge of child development (e.g., Triple P – Positive Parenting Program).
- Grandmother Turtle Program: To teach parents to interact with their child(ren) through play, dance, songs and drumming.
- Family Support, In-Home Support and Outreach: To offer life skills, family support, parenting classes, presentations and workshops; and counselling at the centre or at home.
- Parenting Resource Library
- Toy Lending Library
- Referrals to other services providers and professionals to strengthen Indigenous families living in Calgary.
- Healing Circles
- Indigenous Cultural Support (e.g., Access to Elder support, craft and sewing classes).

## Child Support

This program provides one-to-one counselling and support to children impacted by violence or bullying. The program also provides information, training and education to parents and schools to build skills and capacity to identify the signs of bullying and ways to impart these skills to children<sup>8</sup>. Services include:

- One to one counselling and support
- Healing circles/storytelling
- Play sessions
- Safety lessons

---

<sup>8</sup> Awo Taan Healing Lodge Society Website: <http://awotaan.org/programs/child-counselling-support/>

## Rural Outreach and Community Support

This program focuses on the wholistic engagement of family with community resources, and community engagement activities which include Sharing circles and Healing circles<sup>9</sup>. Services include:

- Connections to community resources
- Home visits
- Referrals and advocacy
- Indigenous cultural support (e.g., Elder support)
- Housing Support (assistance with locating, inspection and application)

## Youth and Family Support

The Youth & Family Support Program provides support to youth in the Calgary area by empowering them to embrace their unique identities and varied cultures through sharing Indigenous culture and traditions<sup>10</sup>. Programming includes:

- Traditional Indigenous family and parenting skills development
- Recreational and school support
- Cultural Enrichment
- Personal support



## Anti-Bullying Initiative

In partnership with the Calgary Board of Education, this initiative offers the Peace Program, which provides a model based upon Indigenous traditional teachings and values and the creation of safe spaces for children and youth. The program helps children and youth to<sup>11</sup>:

- Identify their feelings and express them in healthy ways
- Recognize their strengths and increase their self-confidence
- Understand what abuse is and that they are not responsible
- Identify support networks and develop a safety plan
- Explore stereotypes and myths about relationships and about violence in the media
- Develop conflict resolution skills

The program offers:

- Supportive counselling for children and youth
- Presentations to the community on the effects of exposure to abuse
- Indigenous Support
- Youth Mentorship

---

<sup>9</sup> Awo Taan Healing Lodge Society Website: <http://awotaan.org/programs/rural-and-community-outreach/>

<sup>10</sup> Awo Taan Healing Lodge Society Website: <http://awotaan.org/programs/youth-and-family-support-program/>

<sup>11</sup> Awo Taan Healing Lodge Society Website: <http://awotaan.org/assets/Page-Attachments/Peace-Program-Brochure.pdf>



## 1.5 Community-Based Advocacy and Knowledge Translation

The Awo Taan Healing Lodge Society hosts numerous training, education and cultural workshops and conferences to share information, innovative initiatives, models, research and best practices on family violence and Indigenous people, families and communities. The list of these knowledge translation activities is significant and lengthy, but mentionable activities include: Host of the 8<sup>th</sup> Indigenous Women and Wellness Conference (2008), Host of the Indigenous Healing and Trauma Intergenerational Solutions RESOLVE Alberta and Awo Taan Research Day (2016). In 2018, the Society hosted its 13<sup>th</sup> annual Tiny Tots Pow Wow and the 14<sup>th</sup> Annual Sisters in Spirit Vigil, both events broke previous attendance records.



The year 2018 also marked the 25<sup>th</sup> Anniversary of the Awo Taan Healing Lodge, which was celebrated by a 25<sup>th</sup> Anniversary Celebration Traditional Pow Wow at the Enmax Park, Calgary Stampede Grounds. As a part of recognizing Awo Taan Healing Lodge Society, a special article by CBC News (2017)<sup>12</sup> on the Women's Emergency Shelter was written stating:



*“The shelter is the only one of its kind in Alberta and one of only a handful of Indigenous based shelters in Canada.”*

Awo Taan Healing Lodge Society participates on a number of committees such as the: Canadian Domestic Homicide Prevention Initiative, Canadian Femicide Observatory, RESOLVE Steering Committee, Calgary and Area Shelter Directors Network, and the Institute for the Advancement of Aboriginal Women

Awo Taan Healing Lodge Society was the only Indigenous shelter in Alberta chosen to provide key informant expertise on the National Inquiry into Missing and Murdered Indigenous Women in Calgary, Alberta in May 2018.

Awo Taan Healing Lodge Society keeps its roots in the community by providing organizational, community, family and individual supports. For example, Awo Taan supports other organizations and community initiatives through partnerships and attending and supporting their events. The Society also provides community and personal support to individuals and families by supporting them at court hearings, advocacy and participating in justice walks or rallies.

---

<sup>12</sup> CBC News: <https://www.cbc.ca/news/indigenous/women-shelter-calgary-awo-taan-1.4164853>

## Section 2. The Awo Taan Healing Lodge Society Women’s Emergency Shelter

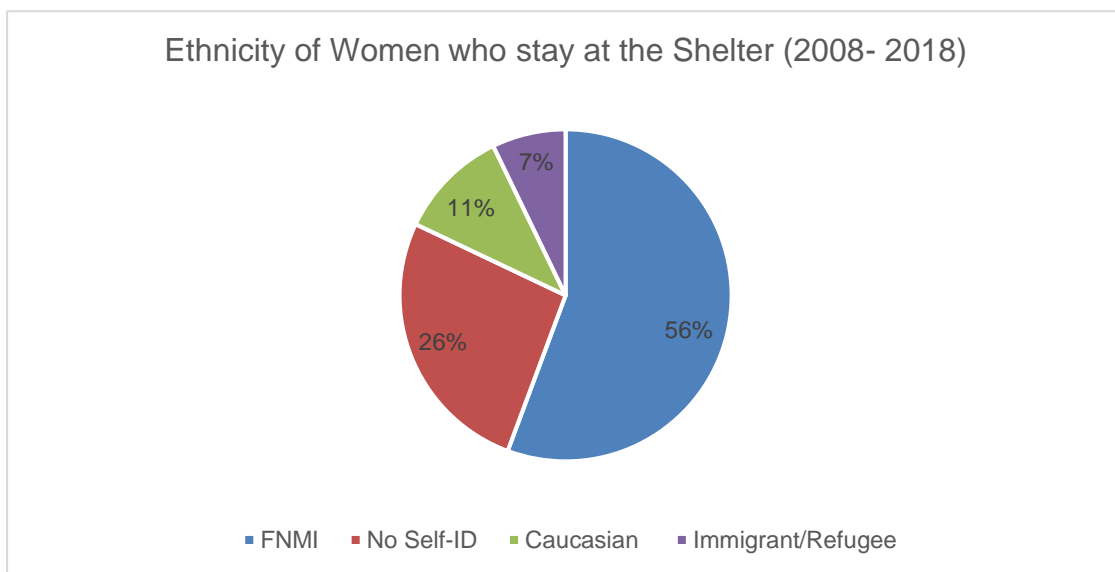
Responses to family violence intervention and prevention at the shelter are based upon identified evidence-based practices which promote healing from intergenerational trauma and disadvantage as critical. Programming at the shelter recognizes that family violence “is not a singular issue, the interconnection between residential schools, historic trauma and colonialism cannot be separated out” (Wells and Goulet 2012).

The Aboriginal Framework for Healing and Wellness incorporates traditional teachings and practices that support and nurture healing and wellness. The Framework guides the service delivery approach and is applied through an intensive case management program designed with women and their children in their journey towards healing and reconciliation from family violence and all other forms of abuse.

As of 2018, the shelter is 32 bed, full-service emergency shelter that operates 24 hours a day, 7 days a week for women of all cultures fleeing all forms of violence.

### 2.1 Client Demographics and Characteristics

In 2010, the shelter moved from a client management paper-based system to an Outcome Tracker (OT) database system, this means that there is no available data prior to 2010 on client demographics and characteristics. The Government of Alberta requires the shelter to collect demographic data on clients through the OT, and to obtain client feedback on their experiences through client exit surveys. Summarizing the data from the OT for the last ten years and from the 2017/2018 client exit surveys; the following provides a summary of the characteristics of women who come and stay at the Awo Taan.



### **Outcome Tracker Database Results (2010 – 2018):**

- Over the last 8 years (2010 – 2018), the total number of women who stayed at the Awo Taan Healing Lodge – Women’s Emergency Shelter was 4,079 (or approximately 335 women per year).
- Over half self-identified as either First Nation, Metis or Inuit (56%, n=2271), followed by women who chose not to self-identify (26%, n=1076), Canadian/American/European (11%, n=439), and other immigrant and/or refugee status (7%, n=293).
- The number of First Nation, Inuit and Metis women who stay at this shelter is congruent with data from the Alberta Council of Women’s Shelter (2018), who reports that 50% of women admitted into shelters across Alberta self-identify as First Nation, Metis or Inuit.
- The average number of days women stayed at Awo Taan was between 19 and 21 days (21 days is the maximum stay).

### **Client Exit Survey 2017/2018 (96 women completed a survey):**

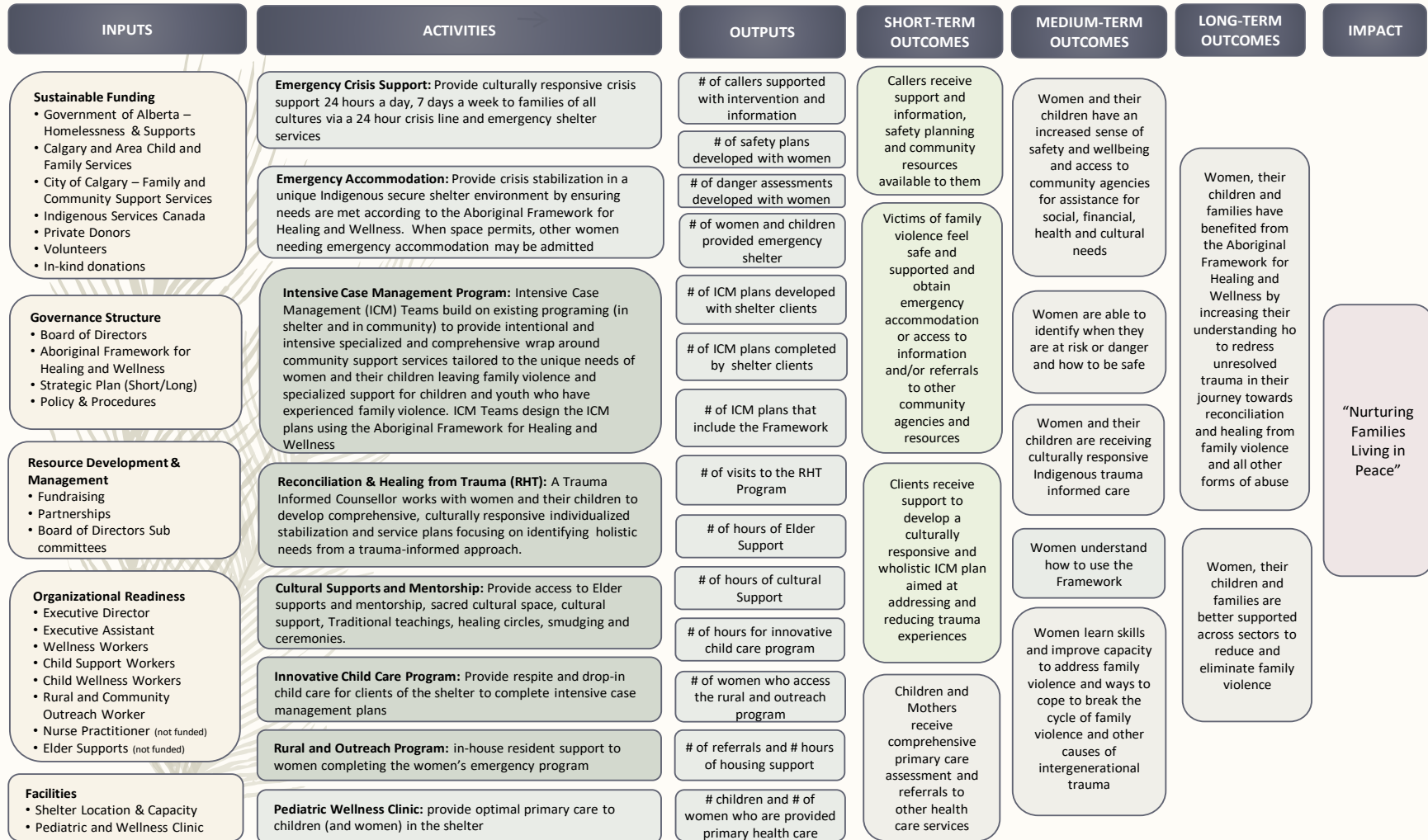
- 93% of the women who come to the shelter are leaving an abusive situation.
- Over 90% of women said they feel safe inside Awo Taan.
- The average age of women who come to the shelter is between 25 and 35 years.
- 60% of the women who stay at the shelter have children with them.
- 97% of the women said they felt the shelter had met their needs and that their lives are much better now because of the help they received.
- 93% of the women reported that Awo Taan helped them to gain access to other services in the community.
- 68% of the women said that as a result of their stay at the shelter they are able to keep themselves (and their children in their care) safer from abuse.
- 92% of the women reported that the Awo Taan Healing Lodge Society – Womens Shelter had met their unique cultural needs.
- The top five responses from women in order from highest to lowest on what they felt was the most helpful service was: (1) staff approach/support, (2) cultural support and mentorship, (3) referrals/resources, (4) a safe place, and (5) trauma violence informed care counselling.

## 2.2 Services and Programs

A program logic model in section 2.3 illustrates the shelter’s resources, activities and expected outcomes. Services and programs at the shelter include:

<b>Emergency Crisis Support</b>	Culturally responsive crisis supports 24 hours a day, 7 days a week to families of all cultures via a 24-hour crisis line and emergency shelter services.
<b>Emergency Accommodation</b>	Crisis stabilization in a unique Indigenous secure shelter environment by ensuring needs are met according to the Aboriginal Framework for Healing and Wellness. When space permits, other women needing emergency accommodation may be admitted.
<b>Intensive Case Management Program</b>	Intensive Case Management (ICM) Teams build on existing programming (in-shelter and in-community) to provide intentional and intensive specialized and comprehensive wrap-around community support services tailored to the unique needs of women and their children leaving family violence, and specialized support for children and youth who have experienced family violence. This may include: assessing danger, developing safety plans, collaborative risk management, support in obtaining or maintaining safe appropriate housing, optimizing current shelter spaces through a coordinated sheltered network, and providing coordination of informal support systems (friends and family). ICM Teams design the ICM plans using the Aboriginal Framework for Healing and Wellness.
<b>Reconciliation &amp; Healing from Trauma Program</b>	This program offers an enhanced approach for counselling and supports for women who stay at the shelter, where an Indigenous psychologist (trauma-informed counsellor) practices culturally safe, trauma and violence informed counselling and support for healing from all forms of violence and abuse.
<b>Cultural Supports and Mentorship Program</b>	Provide access to sacred cultural space, cultural support, Traditional teachings, healing circles, smudging and ceremonies.
<b>Innovative Child Care Program</b>	Provide respite and drop-in child care for clients of the shelter to complete intensive case management plans
<b>Rural and Outreach Program</b>	A community development-based approach that focuses on the wholistic engagement of family and community resources, community engagement activities, which include Sharing circles and Healing circles.
<b>Pediatric Wellness Clinic</b>	The clinic provides optimal primary care to children and women in the shelter

## 2.3 Program Logic Model



## **Section 3. Literature Review on Indigenous Family Violence and Emergency Crisis Shelters in Canada**

### **3.1 Purpose of the Literature Review**

The purpose of the literature review was to gain a better understanding about:

- Definitions on Indigenous Family Violence
- Trauma Informed Violence Care.
- Best practices and challenges for Indigenous family violence prevention and protection at emergency crisis shelters.
- Gaps in the literature on Indigenous family violence.

### **3.2 Methods, Scope and Timing**

The scope of the literature included both peer-reviewed and grey literature from the year 2000 to 2018. The methodology literature review process is summarized as follows:

#### Search terms

The following search terms were identified: Aboriginal, Indigenous, First Nations, Métis, Inuit, North American Indian, Native Peoples and Family Violence, Women's Emergency Shelter and Crisis Shelter and Historical Trauma.

#### Databases searched

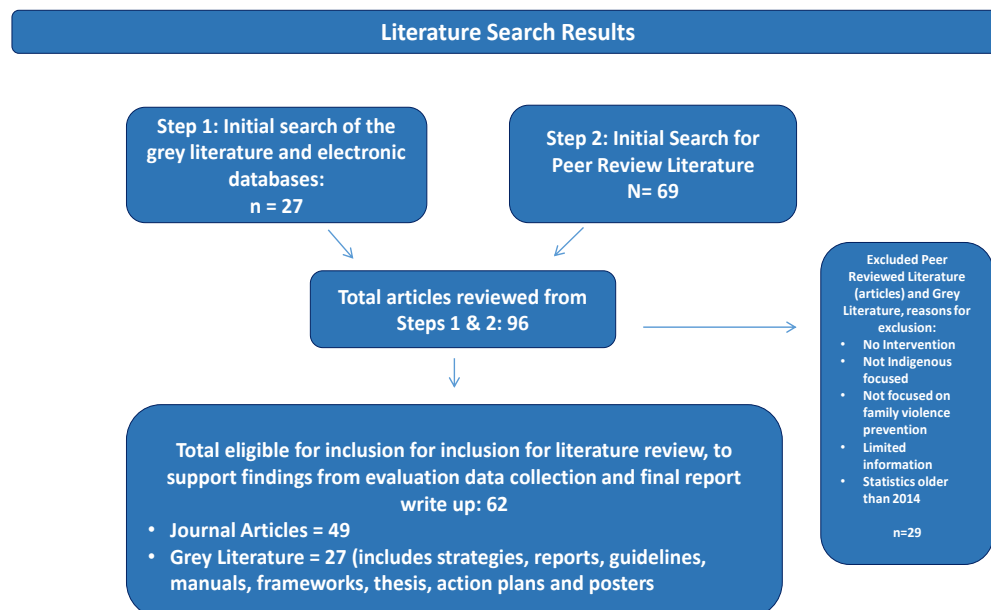
- Databases for Electronic Journals: Native Health Database; EBSCO; PsycINFO; EBM Reviews; CINAHL; PubMed
- Grey Literature Sources Searched: Google; Google Scholar; OAIster <http://oaister.worldcat.org>; Truth and Reconciliation Commission of Canada <http://www.trc.ca/websites/trcinstitution/index.php?p=3>; Assembly of First Nations [http://www.afn.ca/Assembly\\_of\\_First\\_Nations.htm](http://www.afn.ca/Assembly_of_First_Nations.htm); First Nations and Inuit Health Branch <http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/index-eng.php>; National Aboriginal Community Controlled Health Organization <http://www.naccho.org.au>; and Aboriginal Affairs and Northern Development Canada <https://www.aadn.aandc.gc.ca/eng/1100100010002/110010010021>

## Data Extraction

Inclusion and exclusion criteria were developed to guide the literature search process. The following table presents the inclusion and exclusion criteria for the review. Data extraction was conducted by the Evaluator, with feedback and input from members of the Evaluation Committee.

Electronic Database		Grey Literature	
Inclusion criteria	Exclusion criteria	Inclusion criteria	Exclusion criteria
English language	Non-English language	English language	Non-English language
Peer-reviewed journal articles focused on family violence prevention and intervention	Articles not focused on family violence prevention and intervention	Grey literature articles, reports, documents, focused on family violence prevention and intervention	Articles not focused on family violence prevention and intervention
Dated from 2000 to date	Articles outside of the date range	Dated from 2000 to date	Articles outside of the date range
Published materials focused on family violence prevention and intervention in Indigenous populations	Articles on non-Indigenous populations	Published materials focused on family violence in Indigenous populations	Articles on non-Indigenous populations
Indigenous communities in Canada	Indigenous communities outside of Canada	Indigenous communities in Canada	Indigenous communities outside of the Canada
Original articles and review articles			

## Literature Search Results



### 3.3 Introduction and Background

From what little is known, the problem of family violence in Canadian Indigenous communities is a chronic and serious problem (Weatherburn 2010: 197) and has been described as reaching epidemic proportions (Nahanee 1995). Research shows that family violence is the costliest and most common social and economic problem in Indigenous communities (Brownridge 2003; 2008) and that it represents a grave threat to the general health and wellbeing of families (Bopp et al. 2003 in Ellington et al. 2015: 287). For example, in a study of Indigenous women in Manitoba and Saskatchewan, when asked about the health of their communities, the vast majority ranked family violence as their most important health concern (Brownridge et al. 2017: 353). Across the literature, violence has been found to be a key determinant of health for Indigenous people and communities (Holmes & Hunt 2017: 4). Accordingly, the Native Women's Association of Canada has listed violence against Indigenous women as a social determinant of health because it is an issue that has, and continues to have, a huge impact on Indigenous women and their families (NWAC 2007). In fact, violence itself has been described as the greatest killer of Indigenous people of every age (Barsh 1994 in Campbell 2007: 58).

Available statistics consistently point to a greater disproportionate of incidences of violence against Indigenous women in Canada (Amnesty International 2014: 2). First Nations, Métis and Inuit women face much higher rates of violence throughout their lifetimes than all other women in Canada, and 40% of Indigenous women will experience interpersonal violence within their lifetime (Puchala et al. 2010: 89). In a 2014 survey by Statistics Canada, the reported rate of sexual assaults against Indigenous women 15 years and older in the 10 Canadian provinces was more than three times higher than the national average. The same survey revealed Indigenous women in the provinces were more than twice as likely as non-Indigenous women to report having experienced spousal violence. Rates of violence against Indigenous women are consistently higher in all contexts, whether the reported perpetrator was a spouse, a family member, acquaintance or stranger (NACAFV 2017: 16). Indigenous women in Canada not only face higher rates of violence, but the forms of violence are also more severe (Amnesty International 2014: 2). Almost 60 percent of Indigenous women who reported spousal violence between 2004 and 2009 said they had been injured, compared to 41 percent of non-Indigenous survivors of violence. Statistics Canada has concluded that the homicide rate for Indigenous women and girls was at least 6 times higher than for non-Indigenous women and girls (NACAFV 2017: 16).

In Canada, numerous programs and policies have been developed to address violence against women (Johnson and Dawson 2010; Status of Women Canada 2002 in Statistics Canada 2008: 6). The establishment of emergency shelters for Indigenous women fleeing violence is one such program. Indigenous Services Canada (ISC) provides funding for 41 Indigenous women's emergency shelters on-reserve. There are few Indigenous based shelters located in urban settings and they are primarily funded by provincial and/or municipal governments in combination with private donors and in some instances ISC.



For both on and off-reserve emergency shelters, there is a mismatch between what shelters and funders view as their mandate, and consequently what funders will fund as core shelter services (Wathens et al. 2015). Further, there is an almost complete lack of funding or access to resources for these shelters to undertake evaluation activities to develop an in-depth understanding about what their shelter does, how they do it, and what difference this makes for Indigenous women and their families (AANDC 2015, Wathens et al. 2015).

As a result, many shelters designated for Indigenous women lack strategic and planned approaches to family prevention projects and activities and culturally appropriate services are not measured or assessed by shelters in a consistent manner (Lane et al. 2003, AANDC 2015; NACAFV 2006; Brown and Languedoc 2004). This is important as the body of research on Indigenous family violence consistently refers to an understanding of the historical social context and inclusion of Indigenous cultural values as essential elements in family violence prevention and treatment initiatives in Indigenous women's emergency shelters (Matamonasa-Bennett 2014: 20). Negotiating services models and requests for funding based on western approaches to provide culturally appropriate care to women in crisis is challenging as narrow understandings of western models of domestic violence and abuse of power in intimate relationships does not fit with Indigenous people's understandings of family violence which is embedded in the social context of colonization, dislocation, and poverty (Bennett 1997; Robertson 1999; Taylor et al., 2003 in Nickson et al. 2011: 88).

Family violence in Indigenous communities is a contemporary manifestation of colonialism and requires specialized resources that address this legacy. (Cameron 2006: 504). Therefore, approaches at shelters should be addressing the devastating impacts of colonialism, racism, and misogyny (root causes of family violence) by fostering Indigenous pride, self-esteem, and cultural identity (Bailey and Shayman 2016: 333; Lane et al. 2003; Dreddy 2002) based upon the needs of the women who are seeking support for fleeing family violence. McTimoney (1994) reports that Indigenous women when asked, stress that the solutions must be delivered by Indigenous people and must include traditional teachings and healing practices (in Dreddy 2002: 18). For Indigenous women who are victims of domestic violence, rediscovering spirituality and culture is crucial at uncovering and discovering the meaning of abusing experiences (Murphy et al. 2003: 170). Indigenous women hold different perceptions regarding the history, definitions and causes of family violence (Tehee and Esqueda 2008; Shepard 2001); providing further evidence for community-based, tribally controlled and culturally appropriate approaches to family violence (Matamonasa-Bennett 2014; Shepard 2001).

In sum, Indigenous based women's emergency shelters for women fleeing domestic and/or family violence have been established almost exclusively at First Nations across Canada. Over the last few decades, there has been increasing efforts to move beyond a focus on crisis intervention to providing community-based culturally appropriate services to family violence which places family strengthening interventions within an honest, relevant, and respectful historical and cultural context. Understanding what this looks like and its impact within an urban-based context is largely absent in the literature and is one of the core rationales for undertaking this evaluation.

### 3.4 Definition of Indigenous Family Violence

The naming and defining of violence as it occurs within Indigenous families has constituted one of the most extensive, ongoing and controversial issues within the discourse on family violence (Cripps 2007: S26). “This war of words and perceptions contributes to inaccurate reporting and often under-recording of Indigenous experiences of violence in statistical data collections” (Cripps 2007: S26) and research, thereby leading to ineffective family violence and treatment initiatives.

One of the early efforts to describe Indigenous family violence was by the Royal Commission on Aboriginal Peoples (RCAP). The Commission defined family violence as:

“A serious abuse of power within family, trust or dependency relationships” (RCAP, 1996:54). While this definition has much in common with many others, the Commission also notes that: The pattern of family violence experienced by Aboriginal people shares many features with violence in mainstream society, [however] it also has a distinctive face that is important to recognize as we search for understanding of causes and identify solutions. First, Aboriginal family violence is distinct in that it has invaded whole communities and cannot be considered a problem of a particular couple or an individual household. Second, the failure in family functioning can be traced in many cases to interventions of the state deliberately introduced to disrupt or displace the Aboriginal family. Third, violence within Aboriginal communities is fostered and sustained by a racist social environment that promulgates demeaning stereotypes of Aboriginal women and men and seeks to diminish their value as human beings and their right to be treated with dignity (RCAP 1996: 54-56).

This statement speaks as much to root causes as it does to the actual nature of the problem, but it also introduces several features that define Indigenous family violence and abuse as an essentially different order of problems than the abuse that takes place in the non-Indigenous communities (Bopp et al. 2003: 8).

First, family violence and abuse in Indigenous communities is a sociological characteristic of whole communities and not just of certain individuals and families. It is rooted in the complex web of Indigenous community history and current dynamics. This is a very important distinction because it implies that the problem of domestic violence and abuse in Aboriginal communities cannot be understood and successfully approached based on the models and assumptions of most research and intervention programs in mainstream society that do not consider the community dimension (Bopp et al. 2003: 8).

A second feature that the Commission’s statement adds to the definitional mix is the imperative of connecting the historical experience of the community to its patterns of violence and abuse (Bopp et al. 2003: 9). Researchers, such as Sousan Abadian, argue that the social and political violence inflicted upon Indigenous children, families and communities by the state and the

churches through the residential school system not only created the patterns of violence communities are now experiencing but also introduced the family and community to behaviors that are impeding collective recovery (Abadian 1999 in Bopp et al. 2003: 8).

Thus, elements of a comprehensive Indigenous definition of family violence include the following:

- A multi-dimensional social syndrome, not simply an undesirable behaviour;
- A nested hierarchy (many-levelled) systems problem;
- Typical pattern is abuse plus control;
- An intergenerational problem;
- Linked to trauma;
- Constitutes a breach of trust within community life; illustrates the breakdown to true community;
- Linked to historical experience  
(Nicholls 2008:8)

For this report, the evaluation committee has adopted the 1993 Aboriginal Family Healing Joint Steering Committee definition on Indigenous family violence as:

a consequence of colonization, forced assimilation, and cultural genocide; the learned negative, cumulative, multi-generational actions, values, beliefs, attitudes, and behavioural patterns practiced by one or more peoples that weaken or destroy the harmony and well-being of an Aboriginal individual, family, extended family, community or Nation. (Nicholls 2008:7)

In orientation with the discourse on Indigenous family violence, Awo Taan changed their purpose statement from “fleeing domestic violence” to “fleeing from family violence and all forms of abuse” in 2007, to encapsulate both the extended nature of Indigenous families and the kinship relationships within which a range of forms of Indigenous violence frequently occur.

As such, Awo Taan tends to “prefer the term family violence over the more widely used term “domestic violence”, as it more accurately describes how violence reverberates through the entire family unit and includes all victims of abuse, including spouses, children, and extended family members” (Day et al. 2012: 105).

### **3.5 Trauma and Violence-Informed Care**

Historical trauma is a term used most often by scholars of American Indian and Alaskan Native (AI/AN) trauma, is conceptualized as a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation—ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events (Brave Heart, 1999a, 1999b, 2000; Brave Heart & DeBruyn, 1998 in Evans-Campbell 2008: 320). Historical trauma is “unresolved trauma and grief that continues to adversely affect the lives of survivors of such trauma” (E. Duran et al., 1998, p. 99). Historical trauma is passed from one generation to the

next such that events that happened many years ago still impact people today (Oetel and Duran 2004: 56). Historical trauma offers an explanation for continuing inequities in health and wellbeing and a focus for social, cultural, and psychological interventions. Politically, it has led to the explicit recognition of past violence and, in Canada, to a formal apology from the government on Indian Residential Schools, processes of compensation, as well as a Truth and Reconciliation Commission (Niezen, 2013 in Kirmayer et al. 2014: 300). These historical factors must be considered when planning services for Indigenous communities (Thurman 2004: 141).

The concept of trauma is used increasingly at Awo Taan to inform care provided to women who access the shelter who are often marginalized by social and structural inequities. Awo Taan's understanding of trauma violence informed care draws on previous work on trauma-informed care for extending crisis and support services to Indigenous families affected by violence, "which is congruent with decolonizing aims" (Burnette 2016: 333); such as the Gathering of Native Americans, which provides a framework for Native American community action, empowerment, and prevention based on traditional Indigenous values (United Indian Health Services, 2013), and the White Bison's Wellbriety Movement, which uses culturally based healing to promote sobriety and wellness (White Bison, 2016) and Cultural Healing and Resilience (Broken Leg 2017).

In 2017, Awo Taan provided trauma violence informed care training to its staff and the community on "Working with Indigenous People Affected by Intergenerational Trauma and Grief," with Dr. Martin Broken Leg. Trauma violence informed care at Awo Taan is founded on the assumption that people disadvantaged by systemic inequities experience varying forms of violence that have traumatic impacts on an ongoing basis. These impacts include a wide range of symptoms and health problems such as chronic pain, mental health issues and substance use (Brown et al. 2016:5), which prompted Awo Taan to provide a pediatric wellness clinic serviced by a nurse practitioner who also sees the mothers; and counselling with an Indigenous trauma-informed counsellor.

At Awo Taan, trauma violence informed care involves providing care that is respectful and affirming, and requires staff to:

- recognize the intersecting health effects of structural and individual violence, and other forms of inequity
- understand people's health and social issues in context; and
- work to reduce re-traumatization

(Brown et al. 2016: 5).

Importantly, trauma violence informed care is not about eliciting trauma histories; rather, the goal at Awo Taan is to create a safe environment for women of all cultures all based on an understanding of the traumatic effects of historical and ongoing violence and discrimination (Brown et al. 2016: 5).

### 3.6 Best Practices for preventing and responding to Indigenous family violence at emergency crisis shelters

Culturally relevant frameworks, models, principles and strategies to help synthesize evidence and or promising practices to preventing and responding to Indigenous family violence are presented in this report from a Canadian context only. This approach helps to focus on best practices learned from other shelters in Canada who provide services for Indigenous women with similar social and contextual experiences in terms of historical trauma, colonization, marginalization, racism and cultural oppression as the women who stay at Awo Taan. While these issues are also experienced by other Indigenous communities across the world, the ways in which Indigenous people experience, construct and identify solutions to these issues are rooted in their own unique cultural knowledge and protocols. So too are there significant differences in how each country implements policies on Indigenous people and the varying degrees of Western influence (Brown et al. 2016; Hamby 2000). As one Elder from Awo Taan stated, “it’s good to see what our other brothers and sisters are doing but we have our own ways and teachings and we need to start using them.” (Elder B).

There is a gap in the literature on the evaluation of best practices at Indigenous emergency crisis shelters for women and their families. Instead, what we find is that over the last twenty years, program administrators and staff at Indigenous shelters have been asked to describe what they identify as best practices<sup>13</sup>. As a result, “these best practices are sometimes the result of trial and error, sometimes a matter of common sense and sometimes the result of experience in the field. Because of the diverse cultural and regional influences in a country as large as Canada, not all best practices apply in all areas” (NACAFV 2006: 9). Based on these consultations, the following best practices were described by program administrators and staff from Indigenous women’s shelters:

- **A clearly identified shared vision, mission and mandate**
  - The agency needs a manual of clear policies and procedures. Shelters and transition houses should adopt clear anti-discrimination and anti-harassment policies and ensure that staff is trained in their rights and responsibilities. Key principles and policies should also be made available in accessible forms to women receiving services.
- **Good administrative structure**
  - The agency needs a healthy infrastructure, honest intentions, and Indigenous administration. Shelter directors are vital to successful operations and service delivery.
- **Good program staff**
  - Hiring and retaining qualified staff who are Indigenous, experienced in working with Indigenous women and who are also knowledgeable in the specific pre-colonial and colonial histories of location communities. Programming and services should be

---

<sup>13</sup> Aboriginal Healing Foundation (2003), Provincial Association Against Family Violence (2002); (2005), National Aboriginal Circle Against Family Violence (2006), Brown & Lagedoc (2004), Wells and Goulet (2016); National Aboriginal Circle Against Family Violence Legal Manual (2017)

designed, delivered and implemented by healthy Indigenous women, Elders and community workers.

- **Secure Funding**
  - For appropriate policy development and funding options generated from the wholistic Indigenous perspective require consistent motivation of project sponsors to sustain their commitment to ongoing funding.
  
- **Connections to the Community**
  - The agency and all of its staff should participate in community events and host events that promote awareness of family violence prevention as well as solicit community buy-in and input for program development. Solutions must be owned by the community. Program fit with other local services is essential in order to contribute to the coordination of services.
  
- **Traditional Teachings**
  - Teachings by Elders and other traditional knowledge holders to facilitate the development of foundational models for service delivery and providing access to traditional ways of wellness (i.e., smudging, sharing circles, ceremonies).
  
- **Culturally Appropriate**
  - Provide culturally competent interventions that are developed from an understanding of trauma and its effects for restoring well-being and fostering empowerment.
  
- **Education**
  - Provide opportunities for staff and clients on learning about the community, Indian residential schools, family violence, abuse of all forms, addictions and other Indigenous core healing issues, and also about the nature of the healing process, and about a wide variety of healing strategies and models. All training should be geared toward building mutually respectful relationships and strengthening relationships.
  
- **Multidimensional**
  - Programs should be multidimensional and “open” in its operation, including the type of participants, violence addressed, format, and content, and to provide “non-confrontational” and “wholistic family support” for change.
  
- **Contextually tailored care**
  - Provide services that are explicitly tailored to the local communities and populations served. This may include tailoring practices and/or organizational policies and clinical guidelines to address the needs of local population demographics, and social and community realities that often shift depending on local politics, epidemiological trends, and economic conditions.

- **Tailor care, programs, and services to address interrelated forms of violence**
  - Service providers should recognize that some Indigenous people may be survivors of multiple forms of violence with traumatic effects, while still experiencing current and ongoing interpersonal violence (including racial violence and intimate partner violence), and ongoing structural violence (such as systemic and organizational racism, absolute poverty, etc.). “Tailoring care, therefore, means offering comprehensive care that simultaneously addresses the multiple consequences of interrelated forms of violence” (Brown et al. 2016: 11).

These practices should coincide with Indigenous traditional teachings (Brown and Languedoc 2004: 447) and healing from the impacts of colonialism, racism and misogyny by implementing strength-based trauma-informed approaches which foster Indigenous pride, self-esteem and cultural identity (Bailey and Shayman 2016:333). This shift is important as it brings into focus both historical and ongoing interpersonal violence and their traumatic impacts and helps to emphasize a person’s experiences of past and current violence so that problems are not seen as residing only in their psychological state (Williams & Paul, 2008), but also in social circumstances.

### **3.7 Challenges and barriers for preventing and responding to Indigenous family violence at emergency crisis shelters**

The literature indicated that in broader consultations with Indigenous women’s emergency shelters the following challenges and barriers for preventing and responding to Indigenous family violence at emergency crisis shelters include<sup>14</sup>:

- **Culturally appropriate services are not measured or assessed by the program in a consistent manner**
  - It is not clear how much traditional cultural programming is provided at shelter services. It is assumed that cultural programming is offered based on the fact that the program is for Indigenous women. Reports submitted by shelters list some cultural programming but no specific criteria is required by funders for measurement and reporting. Since regional and national gatherings and meetings are limited, opportunities to promote and share approaches across regions and shelters is almost non-existent. Access to culturally appropriate services for First Nations may be further limited by the fact that many shelter clients are using off-reserve shelters (as indicated by increasing reimbursements to the Province of Alberta for off-reserve shelters), which may not provide these types of services.

---

<sup>14</sup> Aboriginal Healing Foundation (2003), Provincial Association Against Family Violence (2002); (2005), National Aboriginal Circle Against Family Violence (2006), Brown & Languedoc (2004), Wells and Goulet (2016); National Aboriginal Circle Against Family Violence Legal Manual (2017); Aboriginal Affairs and Northern Development Canada (2015).

- **Lack of strategic and planned approach to prevention projects and activities.**
  - Strategies are not in place to prioritize the types of prevention projects needed, nor to target specific at-risk groups, nor to deliver longer-term projects that could have more of an impact. The literature review also noted the limited effectiveness of the current delivery model for Indigenous crisis shelter prevention projects: “while several communities offer family violence education and awareness and build partnerships, prevention projects are seen as short-term responses to long-term problems – funded annually at a minimal level” (Aboriginal Affairs and Northern Development Canada 2015: 31).
  
- **Outcomes-based reporting and performance measurement are lacking for prevention projects**
  - The reporting template for prevention projects collects basic information about the type of projects delivered, target audience and linkages and partnerships but it does not capture the actual results of activities. Participation rates for prevention projects were not available and are not compared across regions or over time. Key informant interviews indicate reporting results are not monitored or used in decision making (Aboriginal Affairs and Northern Development Canada 2015: 32).
  
- **Continuum of coordinated services before, and after shelter use is limited and inconsistent for most clients**
  - A ‘continuum’ of coordinated shelter services was considered by multiple stakeholders as an important means of achieving a wholistic and effective response to the needs of women, children and families who face family violence. Offering a ‘continuum’ of pre and post-shelter services was found to be limited in most communities or usually only offered when off-reserve or provincial services are nearby (Aboriginal Affairs and Northern Development Canada 2015: 33).
  
- **Scope of funding is not often not inclusive of providing wholistic family-based interventions to address interrelated forms of violence.**
  - Family violence is most often connected to a larger pattern of abuse that has been present in the families of the victims and the perpetrator for at least several generations (Aboriginal Healing Foundation 2003: 8), thus family violence is a family and community systems disorder (Aboriginal Healing Foundation 2003: 8) and ALL family and community members should be considered for receiving supports beyond women. This would include LGBTQ2S+, Elders (Grandparents), and Youth and Children.
  
- **Uncertainty of funding, its project basis, and the short-term nature of some funding programs**
  - Shelters and their programs are funded from a variety of sources, ranging from federal to provincial funding through social services departments. The uncertainty of funding, its project basis, and the short-term nature of some funding programs all contribute to limit the services that can be provided to women seeking to leave violent situations (Canada 2011:25)



Urban Indigenous women shelters are a major source of help for women fleeing family violence. However, the use of such services is compromised by:

- low awareness of them
  - their distance from the home community
  - the lack of transportation
  - poor relationships with the police
  - lack of faith in the effectiveness of the resources
- (Canada 2008: 4)

In sum, most challenges and barriers impacting Indigenous women's shelters are primarily due to the absence of multi-year funding models and that almost all funding for Indigenous family violence prevention and protection is allocated to Indigenous Services Canada to administer for on-reserve shelters.

This means, that shelters unable to work with multijurisdictional stakeholders on long-term strategic planning to respond to Indigenous family violence by multijurisdictional stakeholders. Especially, when appropriate policy development and funding options generated from wholistic Indigenous perspectives require consistent "motivation of project sponsors to sustain their "commitment" to "ongoing" funding.

This also means that Indigenous women, the majority of whom live off reserve may not be able to access crisis emergency shelters or other Indigenous focussed family prevention services located on-reserve. Access for both on and off-reserve services may also be determined by their Indian status, meaning that if they are not registered Indians, they may not be eligible to access on-reserve shelters or other services for First Nations.

### **3.8 Gaps in the Literature**

Locating individual level emergency shelter evaluations and frameworks or service models was a gap in the literature. Instead, the literature tends to summarize broad consultations with program administrators and staff at Indigenous emergency crisis shelters on service delivery.

Indigenous communities and organizations have not consistently been brought to the table as full partners in the development of initiatives designed to address this issue (Bopp et al. 2003: 64). And when they are, Indigenous women and Indigenous women's organizations continue to be under-represented in those consultative opportunities which are offered (Bopp et al. 2003: 68). Further, the perspectives of Indigenous women about their experiences at shelters and what works in family violence programming at emergency crisis shelters was a significant gap in the literature. There were no references to LGBTQ or Two Spirit people in the literature surveyed. Most importantly, colonialism was often not acknowledged. If named, it is seen as a problem of the past (Holmes & Hunt 2017).

## **Section 4. Internal Documentation Review**

### **4.1 Purpose and Scope of the Internal Review**

An internal review was undertaken of the following documentation over the last 10 years: data collection forms (outcome tracker, client exit survey), policy and procedures manual, intake assessment, danger assessment tools, annual reports, Board governance documents, and the Aboriginal Framework for Healing and Wellness. The document review explored questions of program relevance, the achievement of outcomes, design and delivery, and efficiency.

### **4.2 Outcome Tracker and Client Exit Survey**

The Government of Alberta recommends shelters funded through the province Outcome Tracker database to support client data and record management. Shelters are also encouraged to obtain client feedback on their experiences through client exit surveys.

The shelter began using Outcome Tracker in 2010, but has not been able to effectively use the database to support client data and record management and activities of the shelter in supporting client outcomes. The staff are still dependent on the use of paper charts. This is because funding is limited to 5 user licences for a staff of 13 (not including relief staff). Since all of the staff do not have access to Outcome Tracker information on women who access the shelter, their participation rates at the shelter and within programs and activities at the shelter are not collected in real time. Therefore, reporting results are not monitored across time and can not be used for individual intensive case management planning or for broader operational decision making by the shelter on activities and program supports for clients.

This also makes it difficult for the shelter to identify ways in which to customize the database for the unique clientele they provide services for and to collect information about the participation rates and outcomes for tailored programming—especially those which have been developed for culturally responsive care.

The Client Exit Survey is provided to clients upon their discharge, which they complete manually. About 100 of the women who stay at the shelter complete a survey, which is about a 30% response rate (i.e., average number of women who stay at the shelter is about 335 per year).

The data from the Outcome Tracker data and the Client Exit Surveys are collected and analyzed by the province of Alberta and a high-level summary report of results is generated on *all* shelters. Awo Taan, like most shelters in Alberta, does not have research and evaluation staffing or resources to independently analyze their program data to develop a more in-depth understanding about what they do, how they do it, and what difference this makes for women who stay at the shelter and their families.

The Outcome Tracker and the Client Exit Survey are not designed to collect comprehensive information on cultural supports, programming and activities. For example, there is only one question on the survey which addresses culturally appropriate supports and clients are given a choice of four responses. They are asked, “Did the services/supports meet your unique cultural needs (e.g., Aboriginal, ethnic minority)? Please answer: Yes, No, Doesn’t Apply to Me and No Response.”

This means culturally appropriate services are not measuree or assessed by the shelter, yet this is the primary rationale for the establishment of the Awo Taan Healing Lodge Society.

### **4.3 Danger Assessment Tool**

The danger assessment tool is used to help women at risk learn their level of danger and to train service providers at Awo Taan in measuring danger levels and to better understand the threats to their safety and well-being. The assessment is done at two intervals with the women: at intake (interval one) and later when they have engaged in various programming at Awo Taan (interval 2). The review showed that at *both intervals*, Indigenous women assessed their level of danger for violence differently than women of other cultures at the shelter. That is, they assessed their level of danger lower in comparison to other women. The second interval showed that all of the women’s self-assessment of danger increased. However, Indigenous women still rated their level of danger lower than women of other cultures. It could not be determined if the structure or context (i.e. language, cultural relevance) of the tool has an impact on how women self-rate their level of danger or reasons for why they have lower ratings at both intervals. But findings within the literature (Tehee and Esqueda 2008; Brownridge 2008) indicate similar self-ratings by Indigenous women in comparison to women of other cultures. A general conclusion on the review of the danger assessments and tool is that Awo Taan’s programming seemed to have increased women’s capacities to understand the extent of their level of danger from violence. It would be interesting to explore and understand if and how the programs at Awo Taan individually and/or collectively inform this awareness.

At the time of writing this report, a new danger assessment tool launched during National Victims of Crime Awareness Week (April 2018) by the Alberta Council of Women’s Shelters (AWCS). “The Walking the Path Together Tools: Danger Assessment,” which was developed to specifically support Indigenous women in recognizing the level of danger they may be in of having their individual abusive relationships escalate to murder. While these efforts show interest to develop more culturally competent tools to support Indigenous women—like the current danger assessment tool it not in orientation with the discourse by Indigenous people, to encapsulate both the extended nature of Indigenous families and the kinship relationships within which a range of forms of Indigenous violence frequently occur. Indigenous communities prefer interventions and support address family violence and not just domestic violence”, as it more accurately describes how violence reverberates through the entire family unit, and includes all victims of abuse, including spouses, children, and extended family members.

## 4.4 Operational Reports and Documentation

Evolving work across Canada and internationally on Indigenous family violence has increased qualitative understandings beyond describing and counting the problem of family violence. Awo Taan strives to be up-to-date with the most current and culturally relevant work in building responses to family violence and so there are continuous changes to the scope and number of programs and services at the shelter. However, the internal literature review indicated that program documentation is not always updated at the same time to reflect changes in service focus and how it is delivered. This in part due the limited number of staff, limited staff job responsibility and scopes, and financial support to undertake such work. As a result, the Board and the staff may not have a shared understanding on the overall purpose of the shelter, scope of focus for different programs at the shelter and methods for service delivery. For example, this was evident as internal documentation and the ways in which reporting occurred differed in terms of stated program purpose; and whether it was referencing the mandate as addressing domestic or family violence. There are a number of reasons for this, which are important to describe.

A combination of findings from the internal review and sharing's from staff, leadership and the Board indicated that Awo Taan, like most community-based programs attempting to address family violence and abuse, rely heavily on funding support from government justice, social or health dollars (Aboriginal Healing Foundation 2003: 66). Basic funding may be available for operating a women's shelter, but budgets do not cover other costs, such as second-stage housing, professional development for staff, staff respite or community outreach (Aboriginal Healing Foundation 2003: 67). This makes it exceptionally challenging for Awo Taan to resource efforts to update internal documentation with program and service delivery changes and to re-orientate staff and the broader community all at the same time. Due to a lack of funding and resources for research and evaluation, program evaluation often gets lost in the rush of the day-to-day management of programs. Impacting Awo Taan's capacity to capture the actual results of different program activities at the shelter to identify clear success indicators on which to base monitoring and evaluation activities.

The lack of resources often means that Awo Taan has to put together money from several sources (each with different criteria and philosophy), maintain complete and correct books for each funder, and yet carry out a single coherent program in which each component supports and is supported by all of the others. In addition, funding criteria for core government sponsored programs may change dramatically from funding cycle to funding cycle, and community programs like Awo Taan end up having to shift gears just when they have achieved some momentum (Aboriginal Healing Foundation 2003).

Over the last 10 years, Awo Taan has been given several different mandates and methods for reporting by funders. The reporting mandate and specific outcomes required by funders for the scope of funded programs at Awo Taan often did not include an opportunity for Awo Taan to report on the integrated healing and nation-building work that they are doing. This may be a core reason for why Awo Taan has missed the opportunity to present on all scopes of programming both externally and internally. It was also found that Awo Taan does not always

describe the unique ways for approaches to working with women and children. For example, several reports to funders had the same answer over and over through different time periods. And where the opportunity presented to indicate how the shelter provides cultural programming or meets the cultural needs of clients at the shelter, through all of the reporting it is limited to the diversity of staff in terms of ethnic backgrounds at Awo Taan and the number of languages they speak.

#### **4.5 Aboriginal Framework for Healing and Wellness**

The Aboriginal Framework for Healing and Wellness (Framework) was developed in response to a need to develop a culturally responsive strategy for providing services to Indigenous clients. The Framework applies a strength-based approach based upon Indigenous Ways of Knowing, Values and Principles, and the teachings of the Medicine Wheel. The Medicine Wheel is the foundation for the Awo Taan Self-Assessment Wheel, “which is used for assessment and intervention for women at different phases of their shelter residency or connection to the outreach program. It is also used as a teaching tool for other family members involved in the family’s healing and wellness journey. The assessment is not a requirement to access services, although women and family members are encouraged to learn how to utilize it as a self-care tool for daily living and planning which will assist them after they have left the Lodge” (Awo Taan 2007: 52).

As a result, the Framework and its tools are not consistently used an approach for supporting the women who come the shelter and developing their intensive case management plans. The Framework was created but was not incorporated into policy and practice at the shelter.

#### **4.6 Policy and Procedure Manual**

The policy and procedure manual has not been updated since 2007, and it requires a review and renewal with a focus on incorporating the Aboriginal Framework for Healing and Wellness throughtout the polices, procedures and practices of the shelter.

#### **4.7 Discussion**

The Society requires more funding and training and education supports to be able to effectively use the Outcome Tracker database system for understanding what they do, how they do it, and what difference this makes for women who stay at the shelter and their families. This is the same for the Client Exit Survey. Analysis that occurs broadly across the system for all shelters without considering how to shelters provide services to Indigenous women will continue to contribute to the dearth of information on how to develop effective strategies for program and service delivery to Indigenous women. Which is a serious issue not to consider as the literature shows that anytime at any given shelter in Alberta, 50% of women admitted into shelters across Alberta self-identify as First Nation, Metis or Inuit (Alberta Council of Women’s Shelters 2018). Working with Awo Taan to identify ways in which to make efficient use of the Outcome Tracker and Client Exit Survey, which includes efforts to make these tools culturally relevant would serve

to benefit other shelters and the Province to better understand how to address Indigenous family violence as a determinant of health and in turn develop effective and sustainable strategies for preventing and responding to Indigenous family violence.

The Danger Assessment Tool presents another opportunity to improve culturally competent and responsive planning with women to reduce and eliminate their experiences of family violence and all other forms of abuse. The danger assessment tool is not in orientation with the discourse by Indigenous people, to encapsulate both the extended nature of Indigenous families and the kinship relationships within which a range of forms of Indigenous violence frequently occur. Indigenous communities prefer interventions and support address family violence and not just domestic violence”, as it more accurately describes how violence reverberates through the entire family unit, and includes all victims of abuse, including spouses, children, and extended family members.

A significant body of literature, policy, and community dialogue on what has become known as ‘Indigenous family violence’ or ‘Indigenous intimate partner violence’ is diverse and developing rapidly. And in doing so, has developed a deepened understanding of a range of other kinds of violence related to colonization in Canada, including the historic violence of’ dispossession, residential school violence, state violence, missing and murdered women and girls, intergenerational abuse, and elder abuse (Holmes & Hunt 2017: P.4). The literature points out that as our understandings around impacts of colonization on Indigenous peoples grow it is necessary to increase our qualitative understandings of family violence within and among Indigenous communities in writing about or advocating for specialized, relevant health and anti-violence programming for Indigenous people. The Society requires additional funding and support to develop a shared organizational understanding about Indigenous Family Violence and Indigenous trauma violence informed care approaches for consistency and to update this within their mission, all other governance documents and operational documentation. This support needs to encompass funding and resources for research and evaluation so that the Society can share with other shelters and other key stakeholders about what works in Indigenous family violence protection planning. Inclusive of investment and support from funders for Awo Taan Healing Lodge Society to gather with other shelters in order to promote and share successful approaches across the province and regions in Canada.

The Framework is just over 10 years old and should be reviewed as it may need to incorporate better understandings about approaches to family violence since its creation. Namely, intergenerational trauma and disadvantage and the resulting unresolved trauma. This may pose a need to renew or place new learnings on Indigenous family violence, strategies for program development and service delivery and healing and wellness conceptualizations within the framework and its tools. In addition, to better understand how this work is done in an urban setting, case scenarios to facilitate how to use the framework based upon the application of the framework and lessons learned should also be incorporated. Doing this work will also provide the opportunity to ensure the Framework is incorporated in the policy and procedure manual, other guiding documents, strategic plans, program descriptions and job responsibilities and scope of staff.

## **Section 5. Awo Taan Healing Lodge Society Women’s Emergency Shelter Formative Evaluation**

### **5.1 Purpose**

The Awo Taan Healing Lodge Society undertook an evaluation of its Women’s Emergency Shelter Program in order to inform policy and program continuation/renewal of providing culturally responsive and trauma-informed approaches for family violence protection, prevention, intervention and healing from all forms of abuse for families of all cultures. The main objectives of the evaluation were to:

- The relevance, performance, and key service delivery trends and issues at the Awo Taan Healing Lodge Society – Women’s Emergency Shelter.
- How the Aboriginal Framework for Healing and Wellness facilitates culturally responsive approaches in working with the women and their children who stay at the shelter.

### **5.2 Methodology**

The evaluation took place with staff between February 2018 and March 2018 with staff who work at the emergency shelter, Elders of the Society, and women who currently reside at the shelter.

#### **Evaluation Design and Approach**

To achieve the evaluation aim, an evaluation committee was created made up of stakeholders identified by Awo Taan who were knowledgeable about the organization, and who could also provide Indigenous perspectives which are respectful and ethical in accordance with Indigenous Ways of Knowing. The committee worked with the evaluator to co-design the evaluation and in doing so a number of principles when doing evaluation with Indigenous people and/or their communities were respectfully carried out such as: acknowledging and addressing any imbalance of power between Awo Taan and the Evaluator in terms of research and evaluation capacity, knowledge of Awo Taan and engagement protocols; focusing the evaluation on important shelter and community issues concerning family violence; accepting multiple worldviews; fostering empowerment; developing capacity for both Awo Taan and the Evaluator; working with Awo Taan as an evaluation partner and not just as the subject of the evaluation; approaching the evaluation as education or in other words an opportunity for ‘teachings’; and respecting the established protocols of doing research and evaluation with Indigenous people; in this case the principles of OCAP<sup>15</sup>.

---

<sup>15</sup> The First Nations principles of OCAP® are a set of standards that establish how First Nations data should be collected, protected, used, or shared. They are the de facto standard for how to conduct research with First Nations. Standing for ownership, control, access and possession, OCAP® asserts that First Nations have control over data collection processes in their communities, and that they own and control how this information can be used (<https://fnigc.ca/ocapr.html>).

These principles are foundational in community based participatory research models (Fletcher 2009) and were applied to the evaluation methodology to indigenize and decolonize the evaluation approach. Indigenizing can be seen as an approach that not only draws upon existing structures but privileges and validates Indigenous narratives and systems (Hyett et al. 2018: E619).

The approach used the evaluation committee's orientation of Indigenous evaluation and research paradigms, which included a survey and "Sharing Circles and Storytelling as Indigenous Methodologies" to both inform, explore and interpret the epistemological approach. As such, the structure of the evaluation is atypical as this 'way of exploring' decolonizes classic evaluation approaches.

Storytelling and Sharing Circles as an Indigenous methodology were used for meaningful engagement based on Indigenous protocols to understand the experiences of women who stay at the shelter, staff, leadership and Elders.

Sharing Circles apply healing methods grounded in historical practices (Lavalee 2009). This means that all participants are equal in the circle. Sharing Circles are guided by the seven sacred teachings of Indigenous people: honesty, truth, humility, love, wisdom, courage and respect. Dialogue is intended to promote "living a good a life". We used Sharing Circles to both inform the epistemological approach to co-design and shape a potential evaluation project, beginning with what is deemed worthy of evaluating, what questions should be asked, how should they be asked, and how will the "data" be analyzed (Smith 1999).

Storytelling functions as a way of advancing the wholistic, contextualized knowledge in terms of both content and method (Kovach 2009). In this understanding, story both makes meaning and reflects upon the ways in which we come to know (Kovach 2009). "Story as an Indigenous Methodology applied in studies on violence against Indigenous women puts apparently interpersonal forms of violence in the context of systemic, state-sponsored violence, while connecting but never collapsing the different women's stories that it tells. It thus highlights the interdependence of gendered and colonial forms of systemic dislocation and violence and affirms women's agency in remembering, analyzing, and transforming this violence from an Indigenous perspective" (Hargreaves 2017: 53). Storytelling has been used in anti-violence work with Indigenous people, the most well-known organization to cite would be the Native Women's Association of Canada (NWAC):

Established in 1974, NWAC is one of five national Indigenous organizations recognized by the Government of Canada, and the only to represent women's concerns specifically (Hargreaves 2017: 67). In 2004, the NWAC launched the five-year Sisters in Spirit Campaign which was a research, education, and policy initiative designed to identify and address the root causes of sexualized and racialized violence on Indigenous women and girls. In order to address gaps in their quantitative research, to centre the knowledge on Indigenous communities, and to honor the women lost to violence, the Sisters in Spirit campaign pursued



qualitative, interview-based research with families (Hargreaves 2017: 68). This story-based method offered, the families a more inclusive and participant-driven process than most existing institutional means of reporting and recording violent crime. (Hargreaves 2017: 69). In this way, the participating families were positioned not as research subjects, but as experts and co-creators of knowledge in NWAC's project to uncover the "root causes, trends, and experiences surrounding missing and murdered women" (Hargreaves 2017: 67-69).

## **Evaluation Activities**

### **A. Staff**

An online survey was distributed to staff to obtain their feedback on relevance, performance and key service delivery trends and issues, their understanding of the Aboriginal Framework for Healing and Wellness, and to learn more about their approaches in working with the women who stay at the Shelter. A Sharing Circle was then held with staff to share results of the survey and to discuss strengths, weaknesses, opportunities and threats for overall service delivery and approaches at the shelter.

### **B. Elders and Traditional Knowledge Holders**

Two Sharing Circles were held with Elders and Traditional Knowledge Holders to gather their thoughts about the relevancy, especially the cultural relevance of services and programs at the shelter. They also were asked to provide their perspectives on the Aboriginal Framework for Healing and Wellness and about how the shelter might identify ways to assess the impact of cultural supports and mentorship at the shelter. Elders were also invited to share any teachings they might have on traditional approaches to working with women and their children who are fleeing family violence.

### **C. Clients**

Awo Taan undertook evaluation activities with the women who had stayed at the shelter by analyzing client feedback forms (2017/2018 client exit surveys) and through Storytelling with women who were currently staying at the shelter. Through the experiences of women who stayed at the shelter, we wanted to gain a better understanding about how Awo Taan recognizes the cultural distinctions and meets the unique needs of its clients, the experiences and service outcomes for Indigenous women and their children by identifying both facilitators and barriers; and what is needed for improvement.

### **D. Leadership**

The Executive Director and Residential Program Coordinator took part in completing an Organizational Assessment Questionnaire to identify areas of strength and possible areas on which to work. The intent was not to give the shelter a 'score' but to learn about where the shelter may be on a continuum in moving toward cultural competence in administrative and operational policies and procedures.

### 5.3 Limitations & Considerations

The following limitations and considerations exist in the methodologies and evidence collected for this evaluation:

- The survey was long and took on average about 1 hour to complete. Therefore, this may have had an impact on response rates and/or responses.
- The survey and sharing circles with staff were not intended to capture human resource issues outside of operations for service delivery as this was beyond the scope of the evaluation; and so, the evaluation does not make an effort to connect efficiency of operations with the performance of staff.
- Due to timing and resources for the evaluation, the scope does not include a consultation with the urban Indigenous community or partners. Awo Taan will ensure the community and its partners are consulted through its dissemination of evaluation findings activities.
- Due to timing and resources for the evaluation, the Board of Directors were not included as participants in the evaluation. The Board was consulted for approval on the evaluation design and implantation at their Board meetings.
- Cost and efficiency were also not included as part of the scope of the evaluation.
- No similar evaluations for Indigenous women's shelters were located in the literature review. Therefore, results from this evaluation are not subject to comparison with other shelters, nor should findings from this evaluation be generalized to other similar settings and programs.
- The evidence collected for the evaluation was limited to collecting information about the type of projects delivered, target audience and linkages and partnerships but it does not capture the actual results of different program activities at the shelter. Participation rates for programs and projects were not available outside of statistics which are mandatory for collection by provincial funders.

# Section 6. Women’s Emergency Shelter Staff Evaluation

## 6.1 Staff Survey Results

An online survey was distributed to staff to obtain their feedback on the relevance and key service delivery trends and issues, their understanding of the Aboriginal Framework for Healing and Wellness, and to learn more about their approaches in working with the women who stay at the Shelter. Twelve out of 20 staff completed the survey in February 2018.

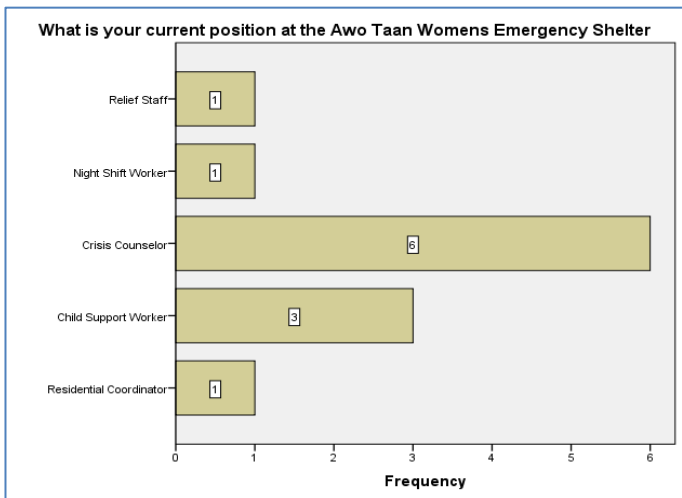
### 1. What is the purpose of the Awo Taan Women’s Emergency Shelter?

All of the staff have an understanding that the shelter provides culturally safe support for women of all cultures fleeing family violence. Almost all of the staff made reference to family violence and not domestic violence indicating an understanding in the shift of the focus of the shelter over the last 25 years from providing supports to women fleeing domestic violence to all forms of family violence. The staff also included the terms ‘supports, healing, culturally safe, and healthy’ in their description of the purpose.

*To provide a safe environment to women and their children whether it be family violence, homelessness and addictions. Also to provide education on inter-generational trauma and how to prevent future generations from being a part of the cycle of violence - Staff 3*

### 2. What is your current position at Awo Taan Women’s Emergency Shelter?

12 out of 20 staff from the shelter completed the survey. These included the Residential Program Coordinator, the night shift worker, crisis counselors; child support workers, and relief staff.



### 3. Why is the work you do important?

All of the staff felt that that the work they do at the shelter is very important. They felt that as awareness continues to increase about family violence there will be an increasing need to ensure there are places for women and children to seek safety and receive the support and resources, they need to flee family violence. The staff feel that as the first point of contact they have an opportunity to ensure women feel safe and empowered.

An important part of creating safety in the shelter for women and their children, staff said is ensuring non-discriminatory practices to ensure Indigenous women are not experiencing racism during their stay at the shelters.

*I am the first point of contact for many of these ladies that phone the shelter. I get to see them take their first step from leaving an abusive and unhealthy environment. It is also important because if they are not ready to come into shelter, I can still help them prepare for when they are ready to leave. For instance, making a safety plan over the phone and re-directing them to other resources that they can access while they are at home - Staff 3*

*The work that I do is very important because Aboriginal women fleeing domestic violence is more common than ever before. Aboriginal women need a safe place to escape and seek refuge. I feel that this is true especially for Aboriginal women today, due to systemic racism, Aboriginal women have experience racism even within the government agencies, that are supposed to be there to assist them in an already traumatic life crisis. In the current government judicial system Aboriginal women are marginalized and treated and viewed as being disposable - Staff 6*

#### **4. What is the need or rationale for the Awo Taan Women's Emergency Shelter?**

All of the staff agreed that due to the high rates amongst Indigenous and immigrant women, Awo Taan is a needed service to address the diverse situations and unique cultural needs of women and their children. In addition, they see Awo Taan as needed due to an increase in Indigenous women coming into the city of Calgary to access the shelter from nearby reserves.

*In Calgary, most women accessing domestic violence shelters are indigenous. These women need culturally appropriate supports. Staff 2*

#### **5. Have the needs changed over time since the beginning of the Awo Taan Women's Emergency Shelter? Please describe.**

The staff reported that there has been an increase in women seeking services at Awo Taan, including men. The greatest change over the years has been the increased need for mental health and addiction services and supports. Staff feel this is likely due to the effects of intergenerational trauma. In addition, there has been a higher number of refugee and immigrant women seeking services at Awo Taan over the years and more and more women of all cultures are needing support to address poverty and homelessness.

#### **6. Do you think the need for family violence prevention programming as provided by the Awo Taan Women's Emergency Shelter will grow or diminish over the next few years?**

Most of the staff (8/12) felt that the need for family violence programming as provided by Awo Taan will grow over the next few years (3 did not know and 1 said no).

**7. Do you know if there is a specific policy, strategy, framework or model which guides culturally appropriate approaches for service delivery at the shelter?**

All but one staff (11/12) were aware that there is a specific framework which guides culturally appropriate service delivery at Awo Taan.

**8. Can you describe how the shelter provides culturally relevant services?**

Almost all of the staff (11/12) were able to articulate in some way or another about how the shelter provides culturally relevant services. One staff person was not sure, because the shelter did not include other non-Indigenous approaches and supports in service delivery. They said the shelter provides culturally relevant services in the following ways:

- Indigenous psychologist
- Healing Circles
- Smudges
- Elder Supports
- Medicine Wheel Assessment
- Encouraging women to speak their language
- Participation by staff at community events (i.e., awareness marches, pow wows)

In addition, five of the staff described how they used the Aboriginal Framework to inform how they support and provide services to the women at the shelter.

*We aim to be wholistic and use traditional practices (circles, smudge, medicine wheel, etc.).  
Staff - 2*

*By offering cultural programs and working with clients within the Aboriginal Framework, to address their issues from this view point - Staff 7*

*Structurally, a Healing Circle is held every Sunday and Wednesday night at 9 PM with our Elder Doreen. On Monday and Tuesday nights, our psychologist Geri Paul is in who brings an Indigenous lens to her work. Now on Tuesday nights we have a Sharing Circle which always begins with a smudge and the teachings surrounding this. Jackie, our in-house Cultural Advisor and Housing Support, offers a smudge every Monday, Wednesday, and Friday morning. As for each of the workers here within the shelter, we all bring our own experiences and cultural backgrounds which help navigate our work with each individual client that walks through our doors. We even have a garden where we grow medicines (i.e. sweetgrass, sage and tobacco). Staff 11*

**9. Can you describe how the shelter provide trauma-informed approaches in its services?**

Just over half of the staff (7/12) stated that the shelter provides trauma-informed approaches through the Indigenous psychologist, Elder supports and use of the medicine wheel assessment. The other half of the staff were unable to describe how the shelter delivers trauma-informed services and none of the staff were able to articulate how they personally deliver trauma-informed services and supports in their individual roles. None of the staff referred to the psychologist as the trauma-informed counselor, although this is a job title which the shelter leadership uses. Staff were aware the shelter is learning to respond to the effects of trauma, but said they have not received any training on trauma-informed approaches.

*The clients who enter our shelter will have trauma related to their domestic violence and/or family violence. Some of our clients may have a historical trauma on top of the domestic related trauma. It is important to understand what trauma-informed means and how it different than its trauma-informed treatments and interventions. The shelter touches the surface on providing trauma-informed approaches when an intake is being done and the worker/client relationship during their 21 day stay, but typically our Psychologist meets with our clients to deal with the trauma. Our Psychologist is here two days a week for 3-6 hours. The other five days it is the Crisis Counselor who meet regularly with the clients. As a Crisis Counselor, I have not received any training on trauma-informed approaches however we have had Mental Health First Aid and ASSIST to assist those with a mental health problem or mental health crisis. ASSIST helps individuals with recognition, risk and intervention - Staff 5*

**10. How important is the role of cultural services at the shelter?**

All of the staff felt that the cultural supports and services are extremely important at the shelter.

**11. Are cultural services tracked and reported on?**

Most of the staff (9/12) stated that the shelter tracks and reports on the delivery of cultural supports and services. One staff reported this is not the case and another did not know.

**12. Do you feel that the shelter's approaches reflect the cultural distinctions of its clients?**

Most of the staff (9/12) felt that the approaches of Awo Taan reflect the cultural distinctions of women who come to the shelter. Other's felt that there were many First Nations and different cultures which were not reflected in approaches by Awo Taan.

*Yes, as an Indigenous person who is actively provides supports as requested and needed. On the other hand, Awo Taan also respects the diversity of clients. There have been times when referrals for cultural supports have been such as to the Muslim community - Staff 4*

*No. There are so many different First Nations and different cultures around the world  
Staff 5*

*Yes, Aboriginal culture emphasis is in ceremonially practices (healing/sharing circle and smudging), but with high increase of immigrants to the city it is increasing difficult to accommodate every culture - Staff 6*

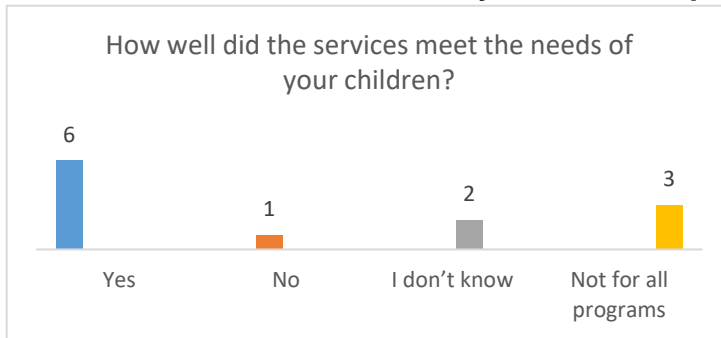
*Yes, I feel we. We also have many different resources to help those outside of the First Nation, Metis and Inuit community (i.e. French, Spanish and German are languages some staff are able to aid clients with). At any point that a client is at in their learning/growing/self-identifying journey, we have workers and resources in place to guide them along - Staff 11*

**13. What cultural services should the shelter offer for clients that are not currently available?**

The staff (11/12) provided suggestions on cultural services that are not currently available to women staying at the shelter ranging from ceremonies, languages classes and translators, arts and crafts, cooking and other non-Indigenous cultural services information about immigration services:

- Elders for Teens
- Non-Indigenous cultural services
- Ceremonial Room
- Language Translation/Interpreter Services
- Traditional Ceremonies (sweat lodge, pipe, moon, offerings)
- Traditional Arts and Crafts
- Traditional Cooking
- Language Classes (Various)
- Healing Circles
- Medicine Gathering
- Traditional Cooking
- Information about immigration services

**14. Does the shelter have clearly established program service models and descriptions?**



Half of the staff reported that Awo Taan had clearly established (written/described) program service models. One person disagreed, while 2 others did not know. 3 staff stated that only some of the programs had established program service models.

**15. Does the shelter have clearly established core values and principles?**

11/12 staff reported that Awo Taan had clearly established core principles and values.

**16. Can you describe the purpose of the following activities/programs at the shelter?**

Programs at Awo Taan Shelter	Frequency
Emergency Crisis Support	11
Emergency Accommodation	11
Cultural Supports and Mentorship	10
Supportive Counselling	8
Intensive Case Management Program	7
Community Healing and Education	7
Innovative Child Care Program	11
Child Support	9
Outreach Program	6
Pediatric Wellness Clinic	6

Staff was most easily able to describe the emergency crisis support program, emergency accommodation, innovate children care program and cultural supports program; and were least likely able to describe the pediatric wellness clinic, outreach program, community healing and education program, and intensive case management program.

**17. Do you develop safety plans with every client you work with? If not, please explain**

Half of the staff reported that they develop safety plans with every client they work with. For staff who do not complete safety plans with every client, reasons included: not all women staying at the shelter are fleeing family violence, or that supporting women was not a responsibility related to their role (i.e., child support worker).



**18. Do you complete a medicine wheel assessment with every client you work with? If not, please explain**

Half of the staff reported that they develop safety plans with every client they work with. For staff who do not complete safety plans with every client, reasons included: women leaving the shelter before an assessment can be completed, supporting women was a not a responsibility related to their role (i.e., child support worker), and that the assessment might be completed by another staff person.

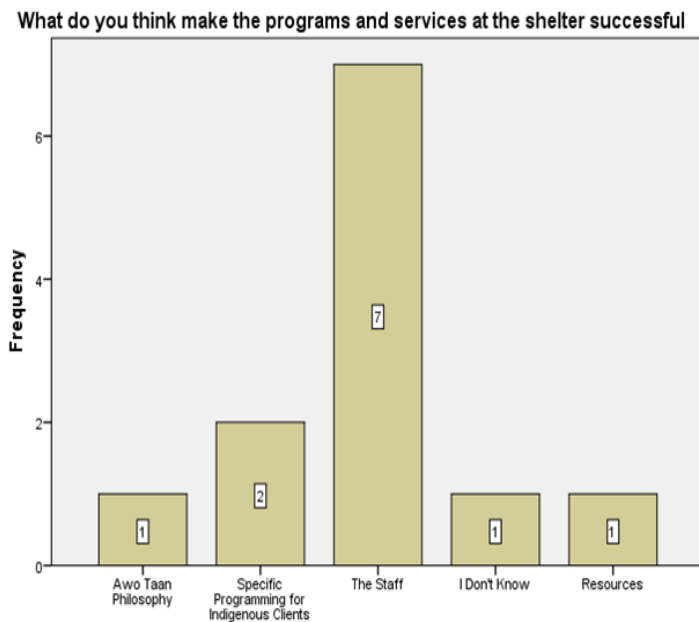
**19. How do you use the medicine wheel assessment in your work with your client or clients of the shelter?**

Staff use the medicine wheel assessment to develop an intensive case management plan with each woman who stays at the shelter. It is used to help assess her current situation and to set up a plan to address her needs while she is at the shelter.

**20. Do you complete a danger assessment with each client you work with? If not, please explain**

Most of the staff (9/12) do not complete a danger assessment with women who stay at the shelter. For staff who do not complete danger assessment plans with every client, reasons included: not all women who stay at the shelter are fleeing family violence, supporting women was not a responsibility related to their role (i.e., child support worker), and that clients may refuse.

**21. What do you think make the programs and services at the shelter successful?**



Over half of the staff felt that it was the efforts and the approach of staff that made the programs and services at Awo Taan successful. They also mentioned that the philosophy of Awo Taan and specific programming for Indigenous women also helps programs to be successful. One staff person indicated they did not know if the programs were successful because program evaluations were not provided to staff for review, they also don't get to see exit interview/surveys and facilitators for programs are often not able to share information due to client confidentiality.

*I don't know whether our programs and services are successful or not. I don't get to read the exit/surveys or see the evaluations from the programs and services at the shelter. So, I don't know whether the programs and services at the shelter are successful. I am aware we do provide healing groups. Jackie meets with clients for housing and transports them to housing viewing appointments. We inform clients of the Tenant and Landlord Workshops at the Family Wellness Centre...The facilitator isn't obligated to tell us how the group went due to confidentiality - Staff 5*

*The knowledge and cultural support of staff help contribute to the success of the shelters programming and implementing services - Staff 6*

**22. Are there any challenges in regards to programs and services at the shelter? What would your suggestions be to address these challenges?**

The staff named the following challenges in regards to programs and services at the shelter:

- The parent link program is not always welcoming of shelter clients
- Program forms are out of date
- Safety Plan is too scripted
- Lack of Child Support/Care
- Lack of Elder Support
- Work duplication
- Lack of communication
- Housing shortages
- Refusal of services
- Transportation for clients
- Danger assessment tool does not consider diversity (e.g., LGBTQ, non-intimate abusers)

After naming some of the challenges, staff also made the follow suggestions on how to address these challenges:

- Structured teaching on domestic violence and strategies such as reviewing the danger assessment form and creating safety plans, child lead plays, safety planning workshops for the children and families
- To add more child support hours for moms to attend and complete programs
- It would beneficial to have more than one Elder so healing circles do not have to be cancelled
- There needs to be a rotational workforce made strictly for alternative caregiving so that not one worker alone has this as the only function of their role.
- More programs for older children and teens
- A gym for families
- A change in policy for teens to have more independence during the shelter stay
- More cultural resources
- A danger assessment that is LGBTQ sensitive
- A danger assessment that focuses on a non-intimate partner abuse
- Rewording or recreating a safety plan for clients

**23. Can you think of any program gaps (i.e., is there any need for other programs/services not offered at the shelter?)**

In terms of program gaps, the staff named: training and education support for women who stay at the shelter, programming for older children and youth, housing supports, transportation, addictions and mental health supports, outreach cultural supports, and training and education for staff; including human resource supports for staff. They also stated that program forms should be updated and an addictions and mental health supports counselor/supports position and a staff person dedicated to locating housing.

- More programming for adolescents
- Longer term second stage housing for high-risk families
- Increase employee supports to reduce burn out
- Revise forms (outdated)
- Cultural supports/services in client homes
- Life Skills Program
- Domestic violence workshops for clients
- Triple P Parenting Workshops for Clients & Staff
- A Housing Locator
- Transportation for clients to locate housing
- Addictions Counselor/Supports
- Addictions Training
- Aboriginal Literacy and Parking Skills Training (ALAPS) for Staff
- Family Wellness Events/Outings
- Child support services which include youth

**24. Can you describe the purpose and role of the Awo Taan Healing Lodge Society Board of Directors?**

In general, staff understand the responsibility of the Board of Directors is to participate in the development of policy and major decision-making for the operations of Awo Taan Healing Lodge Society. They would like to be better connected to the Board in order to better understand what they do, and in turn for the Board to be more familiar on how staff also contribute.

*They make decisions regarding the work we do. I wish they were more knowledgeable about what we really do because it might lead to better decisions. They are very separate from us - Staff 1*

*The Board of Directors come together to make decisions on funding matters and review guidelines and update policies - Staff 5*

*As a relief worker, I do not know the entire role of the board of directors. However, what I do know is the board of Directors are responsible for budgeting, financial decisions, and staffing control (hiring) - Staff 12*

**25. Can you provide a list of key partners and stakeholders that you work with to support your role and work that you do with clients?**

The following table provides a summary of key partners and stakeholders they work with to support their roles and the work they do with the women at the shelter.

Key Partners & Stakeholders that support the work of the staff:	
Alberta Works	Made by Momma
Awo Taan Board of Directors	Mary Dover House
Calgary Board of Education	Medical/Alberta Health Services (on/off-site)
Calgary Drop-In (DI) Centre	Northeast Family Connections
Calgary Family Services	Other Shelters
Calgary Immigration Women’s Association	Parent Link
Calgary Legal Guidance	Police
CCIS	Sheldon M. Chumir Health Centre
Children’s Cottage	SOURCE
City of Calgary Family & Community Support Services	Subsidized Housing
CUPS	Taxi Services
Drop-In Furniture	WINS
Government of Alberta	Women’s Centre
Indigenous Northern Affairs	Made by Momma

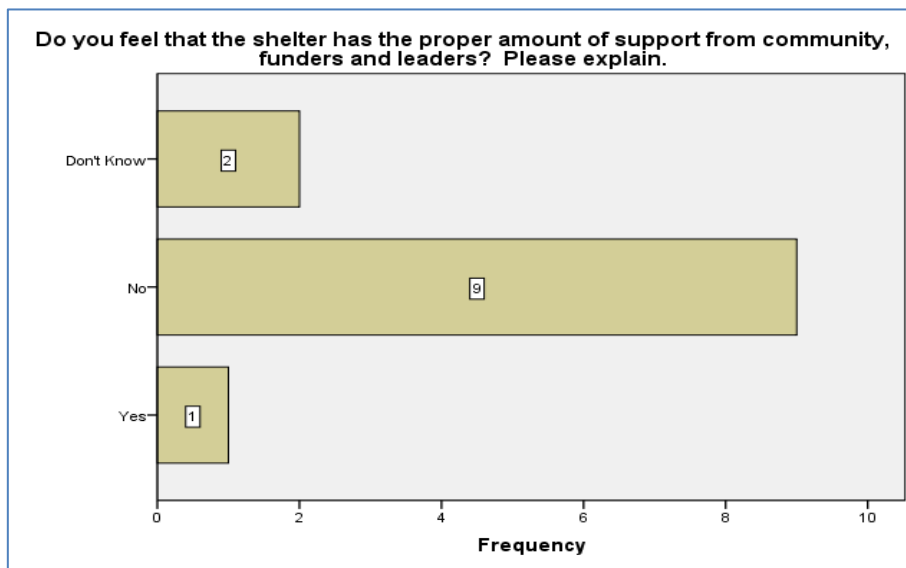
**26. How does the shelter do outreach to the community?**

The staff stated that the shelter does outreach in the community by attending community events, through committee work, hosting events, through social media/media and via the crisis line and outreach staff:

- Attending Community Events
- Committee Work
- Crisis Line
- Hosting Events
- Media
- Outreach Staff
- Social Media

**27. Do you feel that the shelter has the proper amount of support from community, funders and leaders? Please explain.**

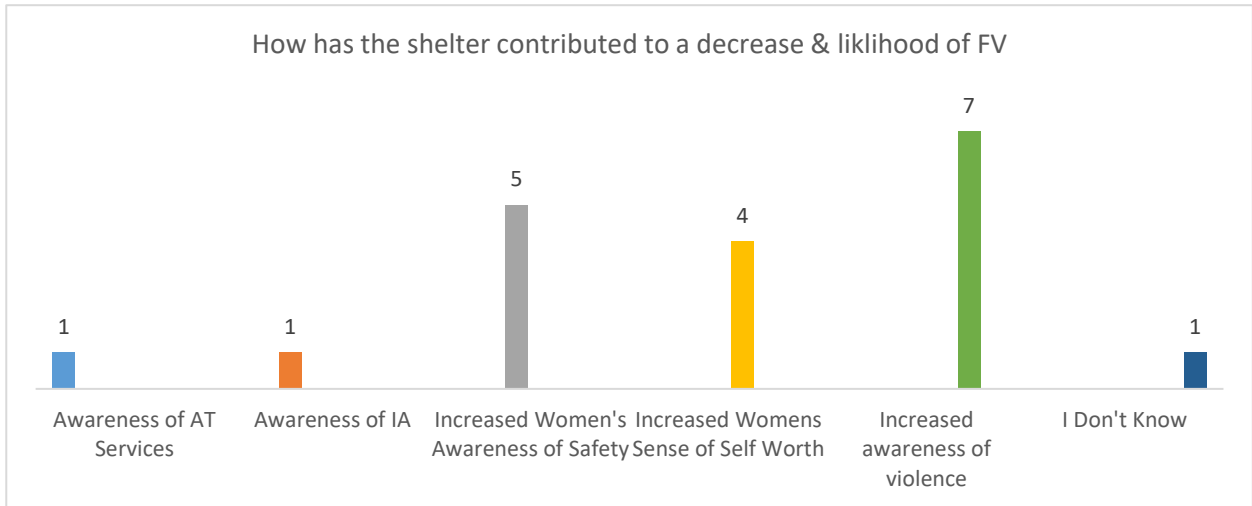
Most of the staff felt that Awo Taan does not receive the proper amount of support from the community, including funders and leaders. Staff felt that that better and ongoing promotion of the shelter would help to increase and sustain community support. Staff would like to have a better understanding of current funders and stakeholders and how they support the shelter. Staff felt that having a staff person whose role would be dedicated stakeholder engagement, promotion of Awo Taan and for the application of grants and funding help to increase supports for Awo Taan.



*Support from the community seems lacking at times....it can sometimes feel as if we are constantly telling community members about who we are as an organization our premise/foundation. It is sometimes frustrating to keep repeating who we are when we have been here for 25years...but we will keep speaking up and letting our presence be known - Staff 1*

*It would be nice to have a staff person dedicated to applying for grants and fundraising. I think the community does not know enough about what we do to be able to support us. Staff 2*

**28. How has the shelter contributed to the decrease and likelihood of family violence?**



*The shelter has increased awareness of what violence is. The shelter has encouraged women to believe in their value, worth, purpose as human beings, as strong Indigenous (or non-Indigenous) women - Staff 1*

*More families have become aware of us as a resource. I'm unsure about the likelihood for domestic violence to decrease, as the numbers of reported cases have gone up through the Calgary Police Service only because women are finally coming forward with their cases more often now. I believe what is really needed are traditional healing circles where the abuser and their family members are put in circle with Elders and have the capacity to sit and speak things out, getting to the root problems instead of throwing the men in jail which only tends to make matters worse - Staff 11*

The staff was not sure if they could make an impact to decrease in family violence, but they did feel that they could have an impact on women who face family violence. For example, staff felt that Awo Taan has increased overall awareness about family violence in the Indigenous community. They also feel that there over the year's awareness of Awo Taan and its Indigenous approach to supporting women fleeing family violence through Indigenous approaches is increasing. They feel that Awo Taan has contributed to decreasing family violence by increasing women's awareness about family violence, how to get and stay safe while empowering women by increasing their sense of self-worth and connection to culture.

**29. Can you identify any key internal/external factors that may have an impact on the effectiveness of the shelter?**

The staff felt that programming at the shelter was impacted by these internal factors: lack of promotion, the risk for re-traumatizing women due to policy and guidelines and human resource issues. Human resource issues included training and education, staff burnout, staff shortage, and bullying. External factors included: lack of funding and resources for the women who stay at the shelter, lack of building space including recreational and ceremonial spaces, site location, increasing numbers of missing and murdered indigenous women, and women presenting with mental health issues.

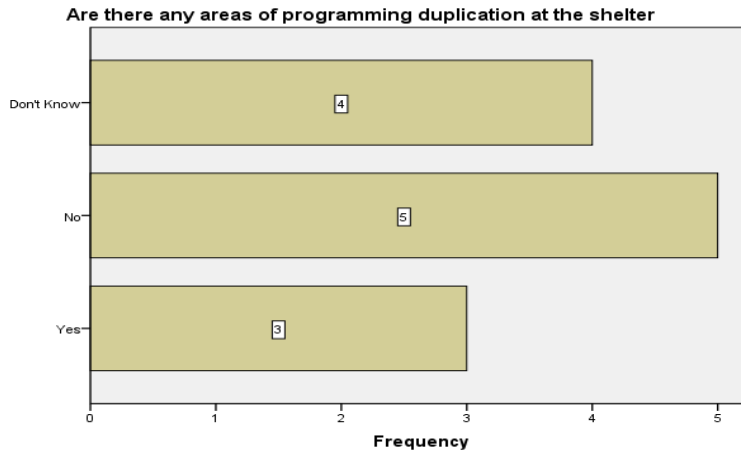
<b>Key Internal and External Factors impacting Effectiveness of Awo Taan</b>	
<u>Internal Factors</u>	<u>External Factors</u>
• Risk of re-traumatizing clients	• Not having a gym
• Bullying is a problem	• More physical space (bigger building)
• More training for staff	• More storage space
• Staff burnout	• Clients with mental health issues
• More awareness campaigns	• Ceremonial room
• Staff Shortage	• Space for Adolescents
• More fundraising campaigns	• Location
• Lack of promotion	• Lack of funding
	• Lack of resources
	• Increased number of missing, murdered Indigenous women

*We could do more if we had more physical space. We could have a ceremonial room, a gym, a place for teens, more meeting rooms, storage facilities, a place to put strollers, and lots of other great things we don't have room for now. Often the most difficult part of this job is in the relationships with coworkers and management. Bullying in the workplace is a problem. Sometimes there is a lack of incentive to do an excellent job - Staff 2*

*Some of the internal factors that have an impact on the effectiveness of the shelter are working with the clients who have been traumatized and retraumatizing them if we are insensitive to what they are going while enforcing guidelines and rules. Sometimes it is how we approach our clients. Some external factors that may have an impact on the effectiveness of the shelter is being located on Macleod Trail and close to Chinook Mall. High traffic area - Staff 5*

*Limited housing and financial resources offered to clients. At times, there is a shortage of staff, especially when an emergency or crisis situation arises, during the weekends and evenings - Staff 12*

**30. Are there any areas of programming duplication at the shelter?**



Almost half of the staff felt that there were no areas of program duplication at the shelter. Some did not know and a few felt that was some duplication.

**31. What are some areas of efficiency for the shelter that could be implemented?**

As a means to improving efficiency at the shelter, the staff would like to see improvements in communication such as looking at ways to improve charting and other documentation on clients such as using electronic methods. This would include updating forms as well as seeing how operational forms/data could also be moved away from paper. Another area of efficiency is to improve communications between the Board and the frontline workers. Staff would like for Society to explore opportunities to increase Elder, housing, and youth supports. As well as ways in which staff might be able to provide more hands-on support with the women they work with. For example, if there was a cook on the weekends, this would help staff to be able to do more with women and their children. Providing more cultural competency training on Indigenous people, other cultures, and other issues around diversity. Increasing access to the shelter for LGBTQ individuals was also recommended.

**Areas to address to improve efficiency:**

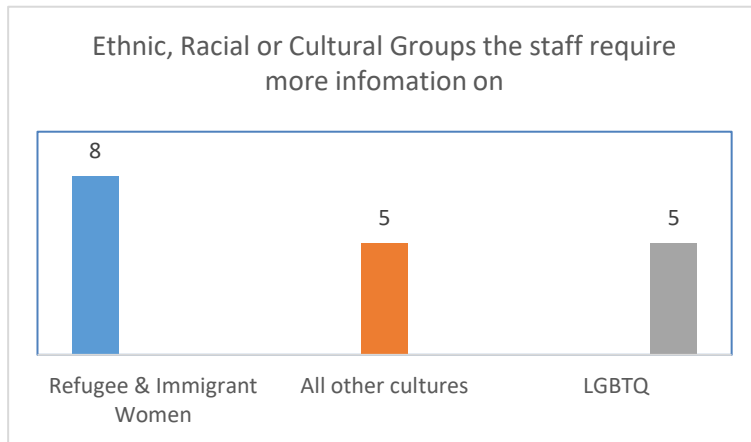
- Accommodate LGBTQ individuals
- Better communication between the Board and front-line workers
- Cultural competency training
- Increase Elder supports
- An electronic method of communicating on client files/documents
- Update forms and look at ways for them to be completed electronically
- Employ a weekend cook
- Housing supports
- Improve internal communications (i.e., online, computerize notes, forms)
- More hands-on assistance for clients
- Youth supports and services

*Employing a weekend cook would help free up the limited weekend staff to participate in creating and doing more with the women and children in shelter - Staff 1*

*If communication were improved it would help efficiency. I would love to see file notes computerized. This would allow us to search a word or topic easily to know what has already been done for a client - Staff 2*



**32. What ethnic, racial or cultural groups do you need more information about in order to provide better services?**



Primarily, staff would like to be provided with more information on refugee and immigrant women (including immigration law and status), and on other cultures in general as the shelter provides services to women of all cultures. In addition, they felt that more information on the LGBTQ community is also needed.

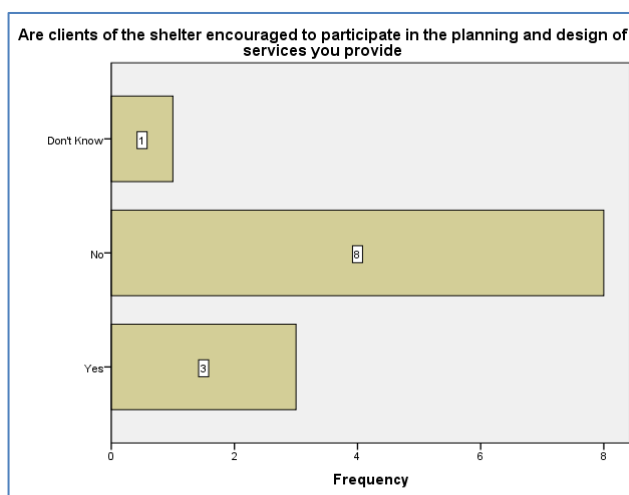
**33. As part of your job do you collect information and data on the programs and services you provide?**

10/12 staff reported that they collect information and data on the programs and services they provide.

**34. Are you provided with opportunities to be involved with program development, reviews and assessments of programs at the shelter?**

Half of the staff said they are provided with opportunities to be involved with program development, reviews and assessments of programs at the shelter, while the other half said they are not provided with these opportunities.

**35. Are clients of the shelter encouraged to participate in the planning and design of services you provide?**



8/12 staff reported that Awo Taan does not provide opportunities for clients to participate in the planning and design of services. One other staff did not know, and 3 stated that Awo Taan does provide these opportunities.

**36. Please describe valuable lessons learned/best practices developed at the shelter?**

Communication skills such as being able to be a good listener was named as being a valuable lesson learned/best practice at the shelter. Being able to respect women and their experiences, as well as showing empathy was another. Acknowledging and respecting the diversity of women and other cultures is also an important approach at the shelter. Another best practice is to provide a supportive work environment for staff. Using Indigenous approaches to service delivery was also an important best practice.

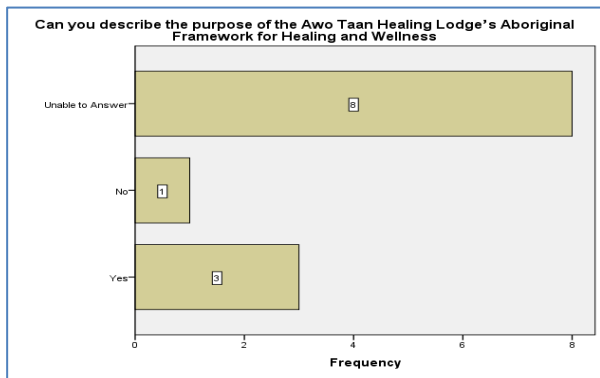
Valuable lessons learned/best practices:
• Communication Skills
• Empathy and Respect
• Diversity of people and cultures
• Indigenous approaches to service delivery (i.e., medicine wheel, healing circles)
• Respect experiences of women
• Supportive work environment

*The most valued lesson, is to relate to the woman where she is at, listen and respect her story  
Staff 1*

*Indigenous cultural teachings, like the healing circle are in valuable in creating a safe place for these ladies and their babies to land. Safety is crucial in provided a peace of mind - Staff 6*

*Providing a safe and secure place to consider their future options, aboriginal women are at a higher risk due to discrimination embedded in our society. My dear mother used to say "Never judge another until you have walked in their moccasins", since working here I personally have learned not to judge others, and look at each client individually - Staff 7*

**37. Can you describe the purpose of the Awo Taan Healing Lodge Society - Aboriginal Framework for Healing and Wellness?**



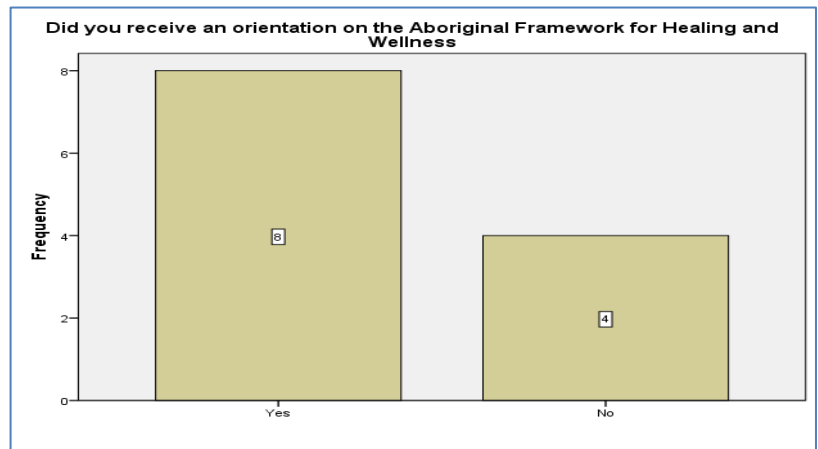
Staff was asked to describe the purpose of the Framework, only three of the staff were able to clearly articulate the purpose of the framework.

**38. Please explain how you apply the Aboriginal Framework for Healing and Wellness in your work at Awo Taan? If you do not, please explain why not.**

One of the staff felt it was the Elders responsibility to apply the Framework in their work at the shelter. Other staff stated they used the Framework, but were unable to describe how they used the framework.

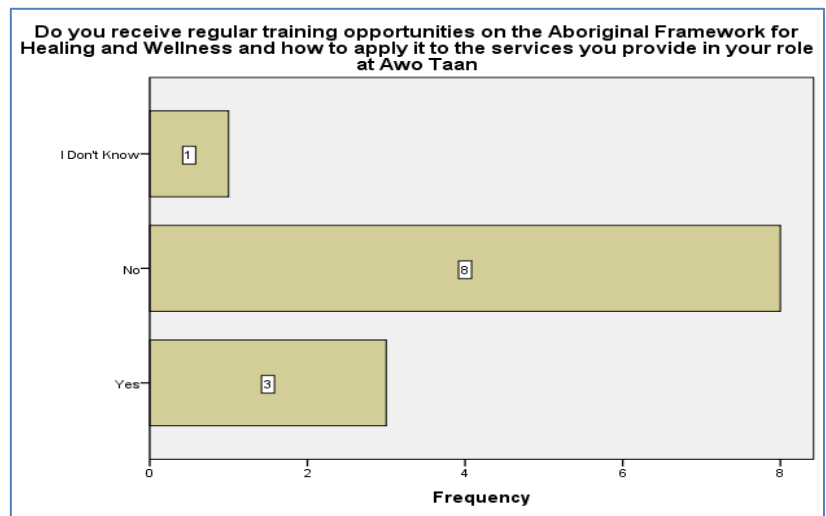
**39. Did you receive an orientation on the Aboriginal Framework for Healing and Wellness?**

4 out of 12 staff stated they had received an orientation on the Framework.



**40. Do you receive regular training opportunities on the Aboriginal Framework for Healing and Wellness and how to apply it to the services you provide in your role at Awo Taan?**

Most of the staff stated they do not receive regular training opportunities on Framework and how to apply it to the services they provide.

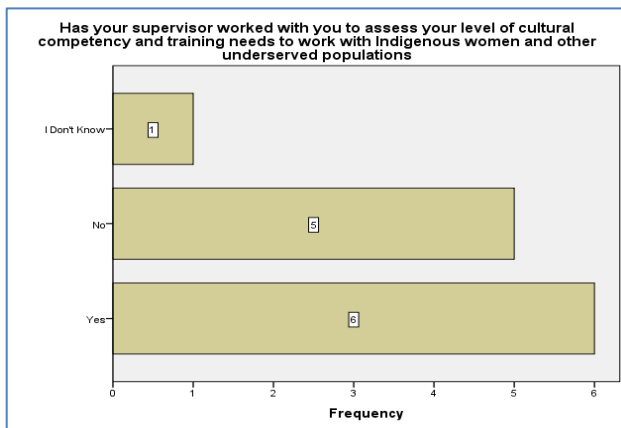


**41. What training and education opportunities have you been provided within the past two years?**

For the staff who answered this question (11/12), they provided the following list of training they have taken during the last two years.

Training offered within the last 2 years:	
• Baby Massage	• Intergenerational Trauma
• Children’s Brain Development	• Mental Health First Aid
• Choose Well	• Naloxone Training
• Community Growth	• Trauma and Child Brain Dr. Perry
• Fetal Alcohol Spectrum Disorder	• Human Rights
• First Aid	• No Training
• Applied Suicide Intervention Training	• Working with Indigenous People Affected by Intergeneration Trauma and Grief

**42. Has your supervisor worked with you to assess your level of cultural competency and training needs to work with Indigenous women and other underserved populations?**

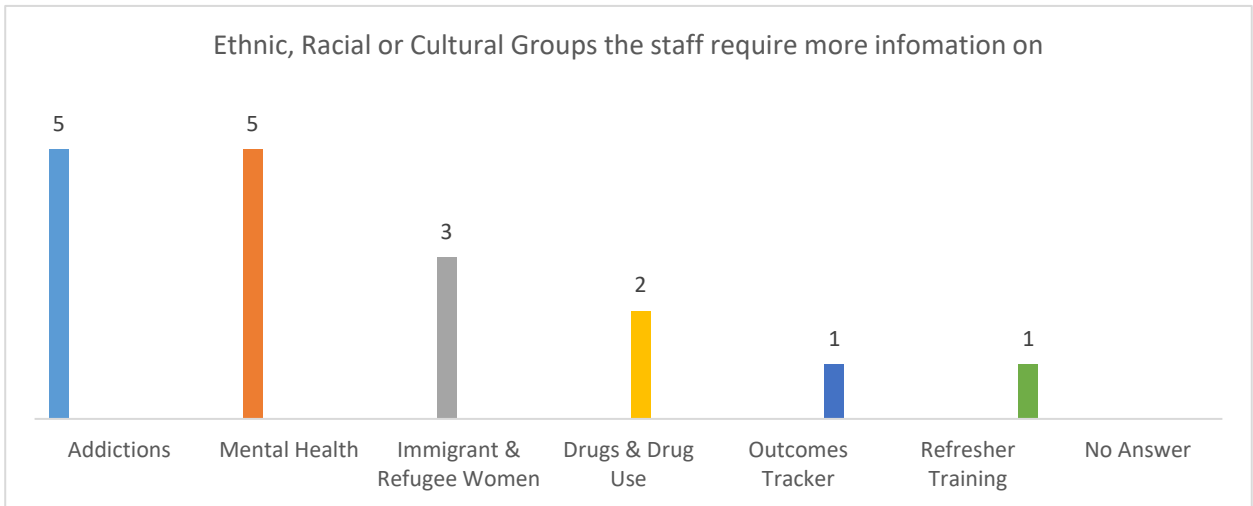


Half of the staff reported that they have worked with their supervisor to assess their level of cultural competency and training needs to work with Indigenous women and underserved populations. The other staff did not know (n=1) and the others (n=5) said no.

**43. What training and education programs are available to staff to improve their knowledge of trauma-informed approaches?**

The staff did not provide information about what training and education are available to them to improve their knowledge of trauma-informed approaches, they knew they might have taken some training or that training was coming up. Half of the staff (6/12) said they have not received any training.

**44. What specific training would be helpful to enhance your work at the shelter?**



Specific training that would be most helpful for staff is training in mental health and addictions, and on immigration and refugee women (including status and law).

## 6.2 Staff Sharing Circle

A Sharing Circle was held with staff to share results of the survey and to obtain their feedback; and to discuss strengths, weaknesses, opportunities and threats for overall service delivery and approaches at the shelter.

<b>How well does the Awo Taan Healing Lodge Society Women's Emergency Shelter provide culturally safe and trauma-informed approaches for family violence?</b>			
<p><b>Guiding Questions</b>            What makes Awo Taan (AT) successful?            What do (we) AT do well?            What specific talents &amp; skills does AT have?            What communication &amp; cross-cultural skills do we have?            What are some of the lessons learned and/or best practices at AT?</p>	<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Staff</li> <li>• Cultural Supports and Mentorship</li> <li>• Innovative Culturally Appropriate &amp; Contextually Tailored Support</li> <li>• Aboriginal Framework for Healing and Wellness</li> <li>• Resource Development &amp; Management</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Human Resources (HR)</li> <li>• Policy &amp; Procedure Manual</li> <li>• Communication</li> <li>• Administration</li> <li>• Innovative Child Support Program</li> </ul>	<p><b>Guiding Questions</b>            What isn't quite right the way it should be?            What is missing            What are the some of the challenges we experience at AT?            Are there any gaps in the services/programs we deliver?            Are there any gaps in our skills/knowledge/competency?            How strong is our morale, commitment and leadership?</p>
<p><b>Guiding Questions</b>            What are some of the opportunities that can enhance the approaches and service delivery of AT that we have not yet taken advantage of?            What are some of the problems and challenges in the community that AT is helping to address?            Do we work with stakeholders and community organizations to accomplish the goals and objectives AT and client needs?            What opportunities do you see for multiplying the benefits of your work, and that of AT?            What is the level of support for AT by funders, the community and leadership?            What access to funding do we have?</p>	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Partnership and Participation</li> <li>• Information Sharing</li> <li>• Administration</li> <li>• Awo Taan Board of Directors</li> <li>• Outreach</li> <li>• Professional &amp; Cultural Development for staff and clients</li> <li>• Creating Cultural Safe Spaces</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Funding</li> <li>• Staffing</li> <li>• Facility</li> <li>• Assessment Tools and Access</li> <li>• Housing &amp; Provincial Emergency Shelter Policy</li> <li>• Transportation</li> <li>• Mental Health &amp; Addictions Supports</li> </ul>	<p><b>Guiding Questions</b>            What are some of things that may cause challenges or act as barriers for achieving our goals and objectives at AT?            Do we have any known weaknesses?            What factors may have influence on the effectiveness of the shelter?            Is there any duplication in activities/services at or by AT?            What are areas of efficiency that AT might need to improve upon?</p>

## **i. Strengths**

Strengths are internal factors that are influenced by the Board of Directors, Administration and staff at Awo Taan.

### Staff

The staff felt that their approach to working with women and their children who stay at the shelter is what primarily contributes to women feeling safe, respected and empowered to gather the skills they need to escape family violence. They felt that Awo Taan recognizes the skills, knowledge and talents of various staff members and uses these staff attributes to enhance approaches at the shelter. Such as the utilization of one of the team members who is a recognized Elder in the community to provide smudging and cultural advice to the women who stay at the shelter, the staff, leadership and community. They also said they are encouraged to support women who stay at the shelter by using their second languages to help them to communicate their needs and to feel comfortable.

The diversity of the clients is reflected by staffing—especially because there are Indigenous women working at Awo Taan. They felt this increases the capacity for culturally responsive approaches for women to feel more comfortable and safer at the shelter because Indigenous staff are more likely to have similar experiences as the women who stay at the shelter.

A common experience and Way of Knowing between clients and staff which was cited often was “Indigenous Humor” and “Storytelling”. They said that Indigenous Humor and Storytelling are integral to the cultural uniqueness of Awo Taan’s approaches and that it is good medicine to be able to use in working with the women (including non-Indigenous women) who stay at the shelter and with each other as work colleagues. Indigenous Humor and Storytelling also helps to create culturally safe contexts for supportive counselling for the women at the shelter.

### Cultural Supports and Mentorship

Providing cultural supports and mentorship at the shelter was stated as being crucial. Healing circles and smudging are very important services provided at the shelter. The staff could not call to mind if any other urban shelter in Alberta is able to offer the same services for women and their children. They were very proud that they had a colleague on staff at the shelter who is a recognized Elder and able to help with providing cultural supports and mentorship because it is not a funded program. They felt that being able to contract an Elder to do weekly smudges was also a unique strength of the program. Staff also said they know how to find cultural supports in the broader community they could refer women and their families to if the services are not available at the shelter.

### Innovative Culturally Appropriate & Contextually Tailored Support

A major strength cited by staff is that the shelter offers programming based upon the Aboriginal Framework for Healing and Wellness.

All of the components of the programming working at the shelter work together to provide a wholistic approach. For example, the pediatric wellness (physical), Elder and Cultural Supports (spiritual) and Reconciliation and Healing from Trauma Program (mental), intensive case management (emotional). Although each program has its own particular mandate/purpose they felt the programs were flexible and could be adapted situationally to meet the needs of each woman.

### Aboriginal Framework for Healing and Wellness

The Framework provides a medicine wheel assessment which was regarded as being culturally relevant and useful in developing and implementing an intensive case management program with each woman who comes to the shelter whether they are fleeing family violence, another kind of abuse or homelessness.

### Resource Development and Management

The staff mentioned that fundraising, developing strong collaborative partnerships with stakeholders in the community, having an active governance board and subcommittees, cultivating staff members who are committed to growing professionally and creating a vision for the long-term direction of program efforts through strategic plans and this evaluation were considered as strengths of the shelter.

## **ii. Weaknesses**

Weaknesses are internal issues which are influenced by the Board of Directors, Administration and staff at Awo Taan.

### Human Resources (HR)

The HR manual is out of date and lacks strategic goals. The staff is not sure who exactly is in charge of supervision versus development and renewal of human resource policies. For example, they stated, "there is no dedicated personnel to administrate human resources." They reported that unless you're a practicum student the orientation for new hires is poor. They state the style of management is top-down and they are given little or no opportunity to provide input and feedback into the operations (development, renewal) of the shelter. They stated this is reflected at staff meetings where the agenda: is not always presented ahead of time, completed without staff input, is usually the same, and does reflect priority actions of programs/strategies of the shelter. In addition, they often do not receive information on the next steps or the proceeding actions. This creates an environment of unsafety and so staff do not feel they can actively contribute at meetings, and they feel that there is a lack of safety and privacy to report these and other concerns.



The staff does not receive regular annual performance reviews and there are no forums for feedback on performance in-between annual reviews. Often, feedback is only provided when they have done something wrong or there is a concern which has been brought up in regards to their performance. They also said the shelter did not have a way for them to provide feedback on the performance of the leadership or the Board of Directors, including informal mechanisms for feedback.

Not having a weekend cook was cited as being a weakness because the staff on shift spend a good portion of their shift preparing meals on the weekends, rather than dedicating more time to being able to support the women who stay at the shelter.

#### Policy and Procedures Manual

The policy and procedures manual requires an update and may address some of the other weaknesses staff reported such as the lack of consistency in service approaches by staff (i.e., assessment during crisis calls and intake), and that there is no conflict resolution process between clients. The manual also does not incorporate the Aboriginal Framework for Healing and Wellness to help guide principles for policies and procedures and so there is a lack of consistent service approaches for client case management, and attempts to address gaps in service approaches are thwarted by staff opposing changes due to the scope of the programs, their individual job scopes and a lack of shared understandings on expectations for service deliverables. There are many different purpose statements for programs under the overall Society and so having an up-to-date one for the shelter that all staff are aware of could also be addressed by updating the manual.

#### Internal Communication

Methods for communication are a weakness, stated the staff. Some of these have already been mentioned (i.e., collection of data and dissemination of program information by reports, staff input and feedback, performance reviews), but communication as a weakness also meant to the ways in which the shelter collects and manages data for operations and for clients. Recording information on paper often requires a lot of time (client charts, client forms, operations documents such as reports/minutes and so on), it is challenging to revise/edit or make additions and it is not clear if all of the staff are reviewing and providing feedback on client charts and operational documents.

#### Administration:

Positions which the staff see as crucial to ensuring culturally appropriate and trauma-informed approach to service delivery are not funded, are not a part of the HR structure, and do not have job descriptions with clear working titles and responsibilities. These are the: Nurse Practitioner, Elder/Cultural Worker, and the Trauma-Informed Counselor. These roles also do not have clearly written program mandates and staff do not have

access to outcome reports. If information is shared by these program staff, it is often fragmented or done ad hoc. This impacts the ability of staff to develop shared case management approaches for each client and therefore impedes upon the organization's capacity to develop consistent approaches in working with clients across programs. The same is mentioned for other programs, in that, not all have clearly written program statements, and ways to collect, report and share data.

#### Innovative Child Support Program:

Staff said this is not a structured program and sometimes overlaps with the child care program (i.e., providing respite or drop-in child care). This program they stated should be revised to ensure it is meeting its funding mandate. They said the Society should work with the women to identify what cultural supports they need, including and training and education needs; in order to solicit funding and resources to develop programming based on the client's identified needs.

### **iii. Opportunities**

Strengths are internal and external factors that can be influenced by the Board of Directors, Administration and staff at Awo Taan.

#### Partnership and Participation

The staff felt that Awo Taan has an opportunity to identify ways to encourage and support stakeholders with a special focus on inclusion for clients and staff to participate in decision-making. Awo Taan can also identify ways to collaborate with stakeholders in policy and program development, implementation and evaluation, facility design, education and training and delivery of care. The staff also felt that an opportunity existed for Awo Taan to design a strategy to improve linkages with other organizations in the community to help meet gaps in organizational, staff and client needs (i.e., professional education and development, cultural supports and mentorship, and recreation).

#### Information Sharing

Communicating and sharing complete, accurate, and up-to-date information with stakeholders in a timely manner in order to for them to effectively participate in decision-making, planning and implementation to the extent they wish is another opportunity staff stated Awo Taan can explore. Awo Taan has the potential to be able to improve awareness about its services in order to increase community supports, advocacy, and donations and so on.

#### Administration

Staff felt an opportunity to review and revise the policy and procedures manual to address operational barriers/weaknesses and to leverage opportunities to build upon and sustain operational strengths (see previous sections on strengths and weaknesses) should be undertaken. Awo Taan should ensure these efforts are in alignment and

include the guiding principles and strategies from the Aboriginal Framework for Healing and Wellness.

Also, Awo Taan should take an opportunity to review forms and other operational documents/documentation in which Awo Taan has administrative authority to revise, eliminate or create; including looking at ways in which information is collected and reported (i.e., paper versus electronically).

Another opportunity exists for Awo Taan to review weaknesses as reported by staff in regards to HR policy and management and enhance policy where Awo Taan has administrative authority in alignment with the Aboriginal Framework for Healing and Wellness, including the development of an employee support program.

One more opportunity was for Awo Taan to review its food menu regularly to ensure healthy food options are provided as well as snacks throughout the day.

The staff recommended all of the above should be done in collaboration with the staff as described in partnership and participation.

#### Awo Taan Healing Lodge Society Board of Directors

The staff would like to explore ways with the Leadership and Board of Directors to improve communication and connection. The staff mentioned a poster of the Board that shares information about what it does and who its members are and to show its achievements could be posted in the shelter for staff and clients. The website could also be updated regularly to this same extent. A retreat for staff and the Board of Directors or setting up a forum for discussion and sharing outside of celebrations or the annual general meeting should also be considered.

#### Outreach

The staff said that Awo Taan should explore the opportunity to improve the linkage between the shelter and the Family Wellness Centre (non-residential) programming to improve outcomes for women who stay at the shelter. Another opportunity would be to look at the job descriptions of shelter staff to determine whether or not outreach responsibilities might be able to be added to their current scope of work to help enhance outreach work for the benefit of the shelter and its clients.

#### Professional and Cultural Development for staff and clients

The staff recommended that a personnel committee work with the staff to develop a learning strategy and to leverage their partnerships to help them meet several areas of professional development where there may be funding or capacity gaps such as cultural competency, immigrant law and status, intergenerational trauma and disadvantage, strength-based trauma-informed practices, and mental health and addictions. For clients, they mentioned Triple P Parenting, Safety Planning, Danger Self Assessments and Life Skills training.

### Enhancing Cultural Safe Spaces

As part of the ongoing resource development and management work of Awo Taan, including specific targets for cultural safety by creating safe spaces should be a focus. Specifically, advocating support for ceremonial and sacred spaces (both indoor and outdoor), support and donations for décor that reflects the cultural diversity of the women who come to shelter; and supplies for cultural supports for staff, women and children (i.e., books, rattles, drums, arts and crafts supplies).

### **iv. Threats**

Threats are internal and external factors that cannot be influenced directly by the Board of Directors, Administration and staff at Awo Taan.

### Funding

Funding was identified as a challenge. Funding from provincial and federal sources is year to year and are tied to specific, pre-determined uses with little flexibility to be able to direct resources towards long-term planning and action (including research and evaluation) to identify, implement and measure integrated comprehensive culturally appropriate approaches. This impedes upon the ability of the shelter to fully implement the Aboriginal Framework for Healing and Wellness as well as to work with the community on meaningful ways in which to continuously enhance the Framework based upon evolving knowledge on Indigenous family violence, Indigenous social determinants of health, and how to do 'culture' in an urban emergency crisis residential setting.

Funding for core programming does not cover other programming, which staff identified as crucial to the success of the shelter such as Elder and cultural supports, reconciliation and healing from trauma program, and the pediatric wellness clinic. This means that the shelter often has to put together money from several sources, including donations and volunteer supports to carry out its program mandate in which each component supports and is supported by all of the others.

Additional funding would help enhance child and youth programming, professional development for staff, and community outreach. Additional funding could also help the shelter to develop a strategy in which to add second stage housing to their programming.

### Staffing

- a. Innovative Child Care Program: Staff felt the innovative child support program was understaffed. Mainly due to the high number of children. For example, each mother usually has 3 to 4 children ranging in age from 0 to 17years. This means that staff have to dedicate more time to providing direct childcare rather than working with mothers and children on child support skills.

This also means that the program staff is not able to undertake work with management and the Board for long-term planning to assess and review what program supports are required for mothers and their children and how to implement and sustain the implementation of such programs which might include on-site Triple P Parenting, Traditional parenting skills, Indigenous storytelling and so on.

- b. Cook: Weekend programming and supports for women can be challenging due to not having a cook on weekends. Often the weekend staff has to devote a significant portion of their shift preparing and organizing clean up with the women for breakfast, lunch and dinner.
- c. Supervision/Supports for Management: The staff mentioned that more support is required for the leadership either by creating another position or support positions for their management. They are concerned about the number of hours and various roles their management engages in order to be able to sustain the operations of the shelter and feel that it is only a matter of time before burn-out has a negative impact on the health and wellness of their leadership.
- d. Scope of Job Descriptions: The limited scope of job roles due to the funding mandate of their positions impacts the capacity of the shelter to be able to provide comprehensive services such as cultural support and mentorship, community health and education and outreach. Each program they feel could be enhanced if funders were able to work with the shelter to review each position and identify where improvements can be made to the job descriptions and scopes based upon the needs of women and service delivery and competencies and skills of staff.

### Facility

The staff felt that the building was a threat to being able to provide optimal services, cultural safety and safety in general. For example:

- Maintenance and repairs are ongoing due to the age of the building and there is no budget for facility repairs.
- Shared spaces in the building are small such as the main waiting room and width of hallways.
- Bedrooms are not large enough to accommodate the average family size for an Indigenous woman and her children—usually, 3 or 4 children.
- There is a lack of storage space in the shelter for supplies, equipment, donations, and storage of client's personal belongings, strollers, and car seats.
- There is no interior recreational space for physical activities.
- There is no ceremonial room.
- There is no staff lounge
- The shelter is located on a main way of the city and its outer sidings and large logo makes it obvious and not discreet which may place the shelter, its staff and clients at risk. They also indicated the website and business cards have the location printed and this too may also pose safety risks.

### Assessments and Access

Staff felt that the risk assessment and safety planning tools are not culturally appropriate for women who come to the shelter. Literacy levels and cultural comprehension of women is an ongoing challenge for staff and they often have to engage in extra efforts to help women to understand by re-interpreting terms and conditions of the tools.

Staff feel these tools are also too scripted and do not consider the role of culture and colonialism. For example, many Indigenous women may be Survivors (most are indirect survivors) of the Indian Residential School system and child welfare system who now have children in the child welfare system all the while experiencing various levels of systemic racism and violence in addition to family violence. They then have multi-layered complex levels of family violence which go beyond the scope of intimate partner violence which the assessments are limited too. Various levels of abuse and violence should be considered in the assessment tools. Further gender identity should also be a consideration for the risk assessment tools to help support lesbian, gay, bisexual, transgender, Queer, and Two-Spirit (LGBTQ2S+) individuals and their children. This might enable a way for LGBTQ2S+ individuals (whose sex is male) and their families to be able to stay at the emergency shelter.

### Housing Supports and Provincial Emergency Shelter Policy

Not having second stage housing as a part of the programming at the shelter was repeated over and over during the sharing circle as being a serious threat to supporting women in a wholistic way to escape family violence and to stay safe. The staff felt that the recommended 21-day stay at the shelter for women may need to be reviewed as Indigenous women and other women of color may require longer stays due to the unique social determinants of health they must address in fleeing family violence. Accordingly, staff stated the 21-day stay is another serious threat which should be taken under review by the Society and funders.

There is a lack of funding and flexibility for staffing positions to provide proper housing supports for women. A position dedicated to locating housing and eligibility for renters, to support clients to complete housing applications and other forms (i.e., furniture and referrals), and to transport and advocate for clients at housing appointments is required. The Community and Rural Support worker is assisting with some of these supports, but not all.

### Transportation

Transportation is a major obstacle for women at the shelter. While funding is provided to the shelter to provide transit tickets to the clients it is underfunded which means that the shelter has had to create policies to resource-manage bus tickets as transportation support for clients. For example, women and their children/youth can receive up to two bus tickets per day to go and return to the shelter. This does not account for women and

their children who may have to go to multiple destinations during the day or if more tickets are required for all of the children/youth who may have to accompany the mother if child care is not available at the shelter. Child care does not provide care for older children or youth and is not always available during later evening appointments. The shelter does make exceptions on the number of tickets they will supply to a woman and her children daily but it does have an impact on the resource management of tickets.

### Mental Health & Addictions Support

More and more women are coming into the shelter with complex mental health and addictions issues which the staff stated they do not have the capacity to be able to effectively address and can support. Not only are there no dedicated staffing positions to address this huge gap in service/supports for women and their children, but there is also no planned or ongoing professional development for staff in this area. This would include training and education on mental health and addictions, intergenerational trauma, traum violence informed care, and specific training and education on current issues such as the opioid crisis.

Emerging mental health and addictions issues due to intergenerational trauma is an area of great concern for the staff. They feel they need dedicated support staff(s) hired with mental health and addictions expertise as part of the team approach at the shelter. Staff also noted that a new and emerging trend was an increase of refugee and immigrant women presenting with mental health and addictions issues and require more information and supports on how to also support the unique histories and current complex traumas of these women suffering from mental health and addictions issues.

Another underlying challenge was about whether or not the Board would be open to discussing changes to guidelines for intake and eligibility to stay at the shelter. For example, on drug and alcohol abstinence and compliance by women who are either denied access or eliminated from the residential program due to drug and alcohol use.

## **6.3 Discussion**

The staff felt that the Society has clearly established principles to support women and their children, which is facilitated by the Aboriginal Framework for Healing and Wellness. However, the application of the Framework is not a requirement to access services by the women who stay at the shelter. Therefore, its use is inconsistent among the staff, which may be the reason why the staff do not have a shared understanding about the relevance of the Framework and how to optimize its use to support the women that they work with.

Being able to describe the relevance and impact of the shelter is challenging for the staff because:

- There is no orientation model for staff
- There is no training and professional development strategy.
- There is no funding to develop a strategy for shelter-level program evaluations.

As a result, staff assessed the relevance and impact of the shelter based upon their individual and shared experiences. The staff felt that their approach to working with women and their children who stay at the shelter is what primarily contributes to women feeling safe, respected and empowered to gather the skills they need to escape family violence. This approach is culturally responsive because of the ways in which the staff provide contextually tailored support for women based upon their Indigenous Ways of Knowing which is supported and cultivated by the Society leadership through access to Elders, cultural programming and ad hoc education training as funding permits. They also mentioned that that fundraising, partnerships with stakeholders in the community, having an active governance board and subcommittees who are responsible for strategic planning were considered as strengths of the shelter.

The staff feels that the work they do is very important and that the need for the shelter will increase due to the growing number of Indigenous women moving into the city and the number of immigrant and refugee women seeking support at the shelter. Most importantly, they said the need for the shelter is increasing due to the impact of intergenerational trauma and disadvantage. Therefore, funders should provide core funding for the Elder and Cultural Supports, Healing from Reconciliation and Trauma Program and the Pediatric Wellness Clinic. Additional funding is required to build the shelter's capacity to support women through trauma violence informed practices, to address mental health and addictions, to enhance transportation supports, and to create of culturally safe spaces in the shelter.

Funding from provincial and federal sources are tied to specific, pre-determined uses with little flexibility to be able to direct resources towards long-term planning and action (including research and evaluation) to identify, implement and measure integrated comprehensive culturally responsive approaches. This impedes upon the ability of the shelter to fully implement the Aboriginal Framework for Healing and Wellness as well as to work with the community on meaningful ways in which to continuously enhance the Framework based upon evolving knowledge on Indigenous family violence, Indigenous social determinants of health, and how to do 'culture' in an urban emergency crisis residential setting.

The staff recognize and appreciate how the Board of Directors and Leadership collaborates with its partnerships to address gaps in program delivery, but feel this could be enhanced if they were to design and implement a formal partnership development, collaboration and networking strategy to strengthen the approach of the shelter to address the issues that impact women who stay at the shelter and the staff who support them.



For example, by working together to:

- Affect change through the development of an advocacy strategy for the Society, for a second stage housing support program
- Increase the days of stay at the shelter
- Open access to the shelter for LGBTQ2S+ individuals and their families
- Support gaps in access to training and education. Such as Indigenous trauma violence informed approaches and immigrant and refugee law and women's issues.
- Advocate for culturally appropriate screening, intake and assessment forms for Indigenous women which considers their current complex colonial experiences, which include discrimination and racism.

A significant opportunity for the Society to address organizational capacity, operations, and human resource issue and management is to conduct analyses of its policies, programs and services and update the Society's Policy and Procedures Manual. These efforts need to include meaningful engagement and participation with the staff and clients at the shelter to help inform and drive change management and sustainability in quality improvement practices.

Prior to the onset of this work, the Society should seek resources to inform the enhancement of the Aboriginal Framework for Healing and Wellness by including the perspectives of Indigenous survivors, Elders, Traditional Knowledge Holders, community partners and other key stakeholders using an Indigenous culture-centred service approach to inform the full incorporation of the Framework throughout the policies, procedures and practices of the shelter and its staff.

## Section 7. 2017/2018 Client Exit Evaluation

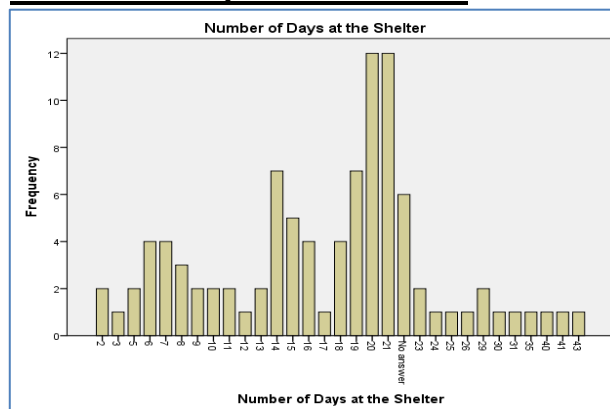
### 7.1 Introduction

Client feedback surveys are collected between April and March of each fiscal year and are forwarded to the Government of Alberta - Community and Social Services for analysis. The shelter then receives a summary of results from all shelters as well as their own site-specific results. At the time of writing this evaluation, the 2017/2018 results had not yet been provided to the shelter, and so efforts were undertaken as per the direction of the evaluation committee to compile and summarize information from the client feedback surveys (exit interviews) from April 1, 2017 to March 31, 2018 as a part of this evaluation.

Ninety-six surveys were collected over the 2017-2018 fiscal service year and all were entered into the Statistical Package for Social Sciences. In alignment with the approach of the Government of Alberta Client Feedback Evaluation approach: “The quantitative questions of the Client Feedback Surveys (i.e. Questions 1 through 7) are compiled to reflect the number of counts in each category of response. For the qualitative questions (i.e. Question 8 through 11) all comments were noted and each of the comments was “coded” to a representative category. These categories were selected based on the client responses, balancing the need for summarization and adequate detail. The responses were then counted and summarized for each response category, for all qualitative questions. Response category definitions were included, and a selection of representative comments for the qualitative questions provided” (Government of Alberta, 2018)

### 7.2 Results of the 2017/2018 Client Survey

#### Number of Days at the Shelter



All of the respondents (n=96) stayed at the women’s shelter on average between 19 and 21 days.

The table below presents a summary of responses from the 2017-2018 Awo Taan Client Feedback Survey for questions 1. A short discussion of the results is also provided.

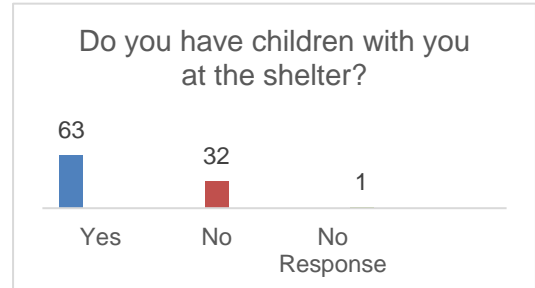
<b>Awo Taan Emergency Women's Shelter 2017 2018 Client Feedback Survey Results</b>					
<b>Question #</b>	<b>Question</b>	<b>Yes (n)</b>	<b>No (n)</b>	<b>Doesn't apply to me (n)</b>	<b>No Response (n)</b>
1a.	Did you feel safe inside the shelter?	89	0	1	6
1b.	Did the services at the shelter meet your basic living needs?	96	0	0	0
1c.	Did the services help you better understand the choices available to you in your situation?	96	0	0	0
1d.	Did the services help you better understand what other services are available to you?	93	1	2	0
1e.	Did the services help you better understand the danger to yourself?	88	1	5	2
1f.	Did the services/supports meet your unique cultural needs? (e.g., Aboriginal, ethnic minority)	88	2	6	0
1g.	Did the services help you gain access to other services in the community (e.g., referrals, child care, legal supports)?	89	2	5	0

In sum:

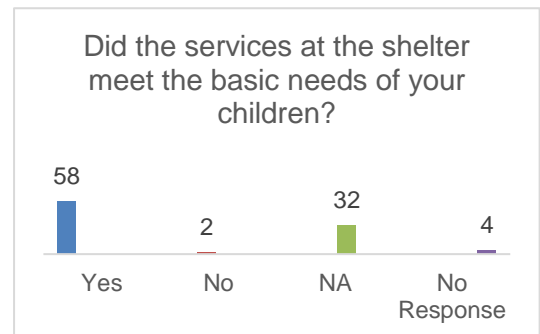
- Over 90% of women (n=89, 92%) said they feel safe inside Awo Taan.
- All of the women (n=96) reported that the services at the shelter met their basic needs and that these services also helped them to better understand the choices available to them in their situation.
- 93 (97%) of the women said that the services helped them to better understand what others services are available and that the services helped them to better understand the danger to themselves (n=88).
- Almost all of the women (n=88, 92%) said that Awo Taan met their unique cultural needs.
- Awo Taan also helped almost all of the women (n=89, 93%) to gain access to other services in the community.

The following graphs illustrate findings on the quantitative questions presented to women to provide feedback on. No qualitative data was collected to help explain negative or does not apply to me responses.

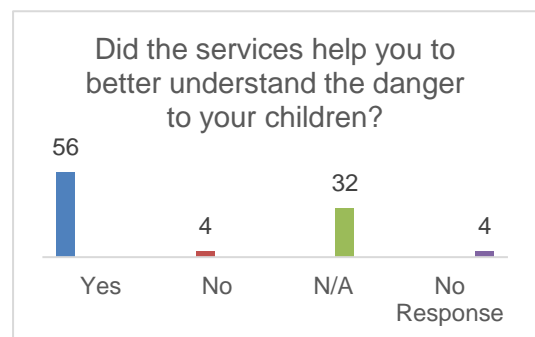
- 63 of the women who completed a client feedback survey had children with them at the shelter. 32 of the women did not have children with them and one woman did not provide a response to this question.



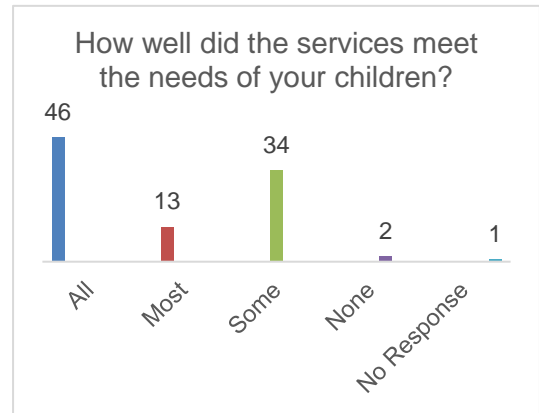
- 58 of the women who had children with them at the shelter said that the services at the shelter met the basic needs of their children. 2 said no, and one did not respond.



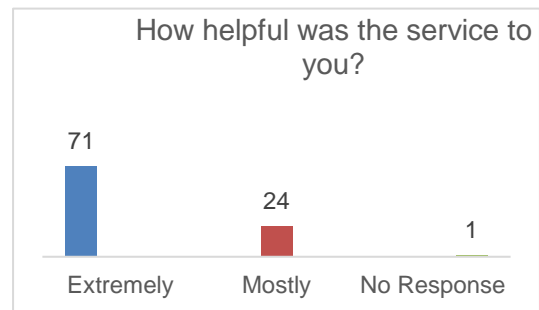
- 56 of the women who had children with them at the shelter reported that the services helped them to understand the danger to their children. 4 said no, and 4 others did not respond.



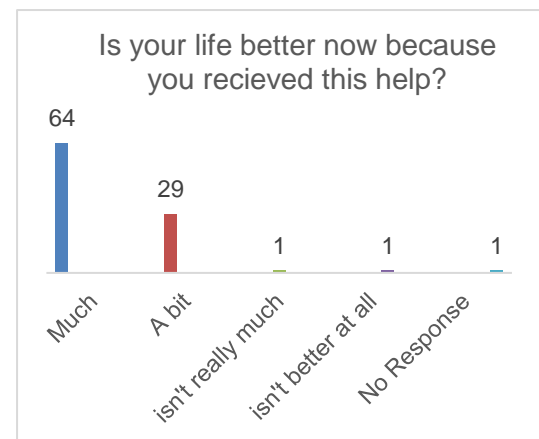
- 46 of the women said Awo Taan met all of the needs of their children. 13 said most of the needs of their children were met, 34 women said some of the needs of their children were met, 2 said no, and 1 did not respond. Note, that for this question all 96 women responded, this is because their children may have received outreach or other services from Awo Taan even though they were not living at the shelter.



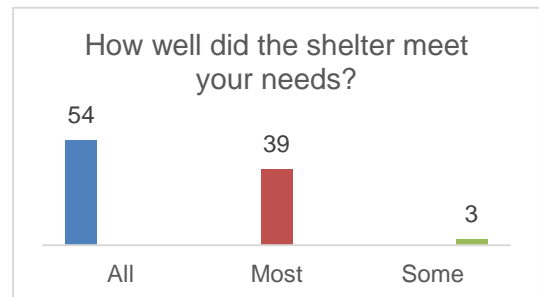
- Women were asked how helpful the service was to them and could choose: extremely, mostly, not that helpful, and it wasn't helpful at all. 71 of the women (74%) said the Awo Taan was extremely helpful, 24 (25%) said mostly helpful, and one said no.



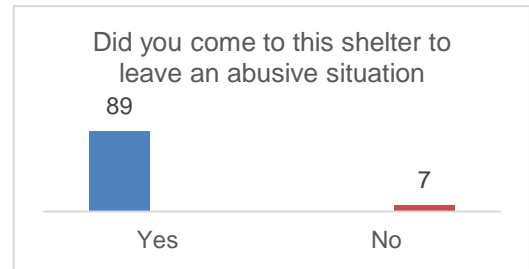
- Women were asked if their lives were better now because of the help they received. They could choose: It is much better, it is a bit better, it isn't really much better, and it isn't better at all. 64 of the women (67%) said that their lives are much better and 29 (30%) said their lives are a bit better. 2 said that life isn't really much better or isn't better at all. And one woman did not respond.



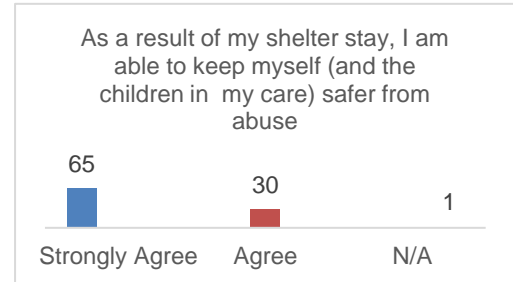
- Women were asked how well the shelter met their needs. They could choose: all, most, some, or none of my needs were met. 93 (97%) of the women said all or most of their needs were met at the shelter, and 3 said some of their needs were met.



- Almost all of the women (n=89, 93%) came to the shelter to leave an abusive situation. Seven women did not come to the shelter to leave an abusive situation. The survey did not permit women to provide other reasons.



- 65 (68%) of the women said that as a result of their stay at the shelter they are able to keep themselves (and the children in their care) safer from abuse.



The following are summaries of the qualitative questions from the client feedback survey. All comments were noted and each of the comments was “coded” to a representative category. These categories were selected based on the client responses, balancing the need for summarization and adequate detail. The responses were then counted and summarized for each response category. Actual comments for the qualitative questions are provided in appendix D.

<b>Question 8</b>	<b>What were the most helpful services you received?</b>	<b>Number of Responses</b>
	Basic needs <sup>16</sup>	10
	Child support	10
	Childcare	6
	Community Healing an Education <sup>17</sup>	2
	Counselling <sup>18</sup>	12
	Cultural Support and Mentorship <sup>19</sup>	15
	Food	4
	Everything/all services provided	4
	Housing Supports	11
	Legal assistance	1
	Medical assistance	1
	Negative response <sup>20</sup>	0
	Pediatric Wellness Clinic	5
	Referrals/resources <sup>21</sup>	14
	Safe place	13
	Staff appreciation <sup>22</sup>	23
	Support groups <sup>23</sup>	1
	Transportation	3
	Trauma-Informed Counselling <sup>24</sup>	9
	Other <sup>25</sup>	3
	<b>Total Surveys</b>	<b>96</b>
	<b>Non-Response</b>	<b>16</b>
	<b>Missing Survey Page</b>	<b>4</b>
	<b>Total Usable Responses</b>	<b>76</b>

The top five most helpful services listed by women in order from highest to lowest number of times cited was: staff appreciation, cultural support and mentorship, referrals/resources, a safe place, and counselling. Due to the lack of consistency in program names and titles of staff, it is sometimes not discernable what services they may have been naming. For example, it was not clear if counselling meant supportive counselling from staff or from the psychiatrist who is also referred to as the trauma-informed counselor. Also, staff appreciation is a service per se as it is an approach a separate question may need to be added so that responses are service focused and not inclusive of service delivery.

<sup>16</sup> Basic needs refers to income supports, food, clothing, accommodations (includes basic needs for children).

<sup>17</sup> Provide awareness and education to all stakeholders on the impacts of family violence, prevention and intervention based on trauma-informed approaches, reconciliation and healing.

<sup>18</sup> Counselling includes "someone to talk to", "staff support", "advice", "emotional support" and "mental health support". Counselling also includes comments related to outreach support. It does not include Trauma Informed Counselling

<sup>19</sup> Provide access to sacred cultural space, Elder Support, Traditional Indigenous Knowledge and cultural support, teachings, smudging, healing circles and ceremonies.

<sup>20</sup> Negative response includes the following comments: "no one helped me at all", "none", "nothing", "not much at all" and "none really".

<sup>21</sup> Referrals/resources includes referrals to programs, information about abusive situations, community resources available, references to resource centres, referrals to other agencies/Shelters, forms for other services, and Shelter telephone, computer and Internet access and programs offered at the Shelter

<sup>22</sup> Staff appreciation includes comments such as helpful staff, amazing staff, friendly staff and comments thanking staff members.

<sup>23</sup> Support group includes comments related to support received from support groups offered at the Shelter and from other Shelter clients

<sup>24</sup> Provide individual and group support groups to women experiencing family violence. Develop comprehensive, culturally appropriate individualized stabilization and service plans focusing on identifying holistic needs based on a strength based unresolved trauma informed approach

<sup>25</sup> Other includes comments such as "all of the above", "support" and comments that were unreadable.

<b>Question 9</b>	<b>What could we have done better to help you and/or your children?</b>	<b>Number of Responses</b>
	Additional amenities <sup>26</sup>	0
	Additional child supports <sup>27</sup>	2
	Chores <sup>28</sup>	0
	Curfew (increase to later times in the day)	0
	Food issues	2
	Housing	0
	Language Translator (Translator Services)	1
	Longer stay in shelter	0
	More staff support <sup>29</sup>	3
	Nothing further	40
	Referrals/resources <sup>30</sup>	1
	Staff sensitivity and fairness <sup>31</sup>	3
	Transportation	2
	Unsure	1
	Other <sup>32</sup>	9
	<b>Total Surveys</b>	<b>96</b>
	<b>Non-Response</b>	<b>30</b>
	<b>Missing Survey Page</b>	<b>4</b>
	<b>Total Usable Responses</b>	<b>62</b>

The majority of responses from women was that nothing further could have been done by Awo Taan to help them and their children. Some of the women said improvements could be made by having additional child supports, considering dietary needs, having more food selection, and transportation. In addition, the women stated that staff could be a little more compassionate and understanding, as well as be more consistent in approaches and improve communication with one another and with clients. Some of the women also said more time with staff (support) and more referrals/resources would be helpful. A language translator was also a suggestion on how to do things better to help the women.

<sup>26</sup> Additional amenities includes comments such as more activities in the centres, more activities within the community organized by the Shelter, and provide computers and internet to aid in searching for housing and employment.

<sup>27</sup> Additional child supports includes provide more childcare and extended childcare hours, counselling for children, and more activities for children.

<sup>28</sup> Do not assign chores to clients

<sup>29</sup> More staff support includes comments such as help with more resources, housing, financial options and available resources; better communication between staff, agencies and clients; more staff available to assist clients; explain rules and chores more thoroughly; and more one on one time with staff.

<sup>30</sup> Referrals/resources includes comments related to more services/programming available and more donations available at the Shelter.

<sup>31</sup> Staff sensitivity and fairness refers to client perceived unfair treatment by staff and includes comments related to staff to be more compassionate and considerate and more consistency with service delivery approaches.

<sup>32</sup> Other includes a range of comments including "everything", "get an air purifier"



Question 10	What services or supports do you feel you still need?	Number of Responses
	Addictions Treatment	4
	Childcare	3
	Counselling	7
	Clothing	1
	Education and/or employment support	7
	Cultural Support and Mentorship	1
	Family Supports <sup>33</sup>	1
	Food	2
	Financial assistance	5
	Housing <sup>34</sup>	7
	Legal support	0
	Many services required <sup>35</sup>	0
	Medical assistance	1
	Mental health assistance	3
	Outreach support <sup>36</sup>	6
	No further support required <sup>37</sup>	14
	Resources/referrals <sup>38</sup>	13
	Support group	2
	Transportation	0
	Trauma-Informed Counselling	6
	Unsure of needed supports/services	0
	Other <sup>39</sup>	6
	<b>Total Surveys</b>	<b>96</b>
	<b>Non-Response</b>	<b>22</b>
	<b>Missing Survey Page</b>	<b>4</b>
	<b>Total Usable Responses</b>	<b>70</b>

A lot of the women did not answer this question or mentioned that they did not need any further services (n=40). For the women who answered this question (n=56) services and supports they felt they still needed were referrals and resources (n=13), counselling/trauma-informed counselling (n=13), housing (n=7), education or employment support (n=7), and outreach support (n=6). Note: it was challenging to determine whether or not women were referring to trauma-informed counselling, supportive counselling or other types of counselling. Therefore, the results were combined for counselling.

<sup>33</sup> Family supports includes comments related to family services/supports, parenting skills/classes, family counselling, counselling for children and support from own family.

<sup>34</sup> Housing as defined by clients includes finding a new home and affordable housing.

<sup>35</sup> Many services required includes comments such as a lot, all of them and everything.

<sup>36</sup> Outreach support includes comments related to follow support

<sup>37</sup> No further support required includes comments such as nothing at this time, none, I am good now, feel I have everything now, I can manage on my own.

<sup>38</sup> Resources/referrals includes comments related to access to food bank, clothing donations, more housing resources, furniture and other items for the home, transportation, help from community, life skills, referrals and more information needed.

<sup>39</sup> Other refers to non-specific or a range of comments by clients that includes "contacting some kind of services", "all above", "fleeing fund", "everything", "home care products"

Question 11	Other comments or suggestions?	Number of Responses
	General positive comment <sup>40</sup>	24
	Positive comment about staff <sup>41</sup>	21
	Suggestion for or negative comment about staff <sup>42</sup>	1
	Positive comment about other women who stay at the shelter	2
	Define a client concern process for concerns/complaint about staff and/or clients	2
	Addictions Awareness Programs	1
	Recreation Programs	1
	Parenting Programs in Shelter	1
	Food	1
	Facility <sup>43</sup>	4
	Chores <sup>44</sup>	1
	Other <sup>45</sup>	1
	<b>Total Surveys</b>	<b>96</b>
	<b>Non-Response</b>	<b>40</b>
	<b>Missing Survey Page</b>	<b>4</b>
	<b>Total Usable Responses</b>	<b>52</b>

When women were asked if they had any other comments or suggestions, the vast majority of comments were positive comments about the shelter and the staff. Some of the women made positive comments as well about the other women who stayed at the shelter. There were other comments recommending a client-to-client concern/resolution process and reviewing the food menu and chores for women regularly. Programs that should be considered for implementation at the shelter are addictions awareness, recreation and parenting programs. One of the women said the bright color of the building may pose a risk. For example, a child is easily able to identify the building to others by its colors.

<sup>40</sup> General positive comment includes specific comments for the program and services provided and other general positive notes.

<sup>41</sup> Positive comment about staff includes specific comments thanking individual staff members as well as staff in general.

<sup>42</sup> Suggestion for or negative comment about staff refers to the client perceived unfair treatment by staff and includes comments related to providing more monitoring of clients including children, more consistency and enforcement of rules, staff professionalism and more staff training.

<sup>43</sup> Suggestions to improve facility. "fans"

<sup>44</sup> Suggestions to shorten chore list

<sup>45</sup> Other includes comments such as "personal stories", and comments that were unreadable

### 7.3 Discussion

Almost all of the women (93%) come to the shelter to leave an abusive situation and over half of them (60%) have children with them. The women stay on average between 19 and 21 days at the shelter and they all reported that they felt safe at the shelter.

Almost all of the women (97%) felt the shelter had met their needs and that their lives are much better now because of the help they received. They also reported that the shelter helped them (93%) to gain access to other services in the community. Also, most of the women (68%) said that as a result of their stay at the shelter they are able to keep themselves (and their children in their care) safer from abuse. When asked, if the services/supports meet your unique cultural needs. Nearly all of the women (92%) answered yes. The top five responses from women in order from highest to lowest on what they felt was the most helpful service was: staff approach/support, cultural support and mentorship, referrals/resources, a safe place, and trauma violence informed care counselling.

While the women felt the shelter had done all it could to help them during their stay, the women said that they still may need help to access ongoing referrals and resources, counselling/trauma-informed counselling, housing, education or employment support, and outreach support.

Some of the women said improvements could be made by having additional child supports, reviewing the menu for dietary needs, having more food selection, and transportation. In addition, the women stated that staff could more consistent in approaches to improve communication with one another and with clients. Some of the women also said more time with staff (support) and more referrals/resources would be helpful.

## Section 8. Storytelling with Women who stay at the Shelter

### 8.1 Introduction

Ten women from the shelter from April 2018 - June 2018 shared their stories about their overall experience at the shelter, and their perspectives on the the cultural relevance and the impact of programs and approaches at the shelter. Awo Taan wanted to understand whether or not delivering services in a culturally responsive way, and whether or not the use of the Framework is helping the women to better understand their risk and meaning of abusive experiences, family violence, how to escape family violence, and stay safe. Awo Taan also wanted to hear from the women who stay at the shelter to identify both facilitators and barriers to strengthen successful program and service delivery components.

### 8.2 Sharing Stories from Survivors

#### **What were the most helpful services you received?**

The women stated the most helpful service was the staff and their respectful and culturally sensitive approach to helping them with goal setting and accessing resources to address their needs. They praised the staff for their mentorship, supportive counselling and ways in which they motivate them to work towards achieving their goals. They also stated that the trauma-informed counselor was very helpful and that access to this kind of counselling needs to be increased. They especially appreciated the cultural support they received such as smudging.

*Support for housing search and goal setting. Yeah it was pretty much the staff. They are pretty much on you everyday. Some days you know you feel like you should take a day off or whatever. But staff will encourage you to keep going. Client 1*

*The housing support. The cultural support, the smudging and the ladies here. Having someone to talk too. Client 3*

*I would say support and kindness and availability, access to programs and services I wasn't aware of. Having somewhere safe to be. That was huge for me. The staff have been amazing, very helpful. They really keep track of you and they're always you know about safety and especially in my case with it being fairly recent and with the police being involved. They've been really really good that way. It was very welcoming here when I came. It's nice to be in a female environment. Don't push too much on you. Really good about my safety. Very welcoming when I came here. Nice to be in a female environment. Client 4*

*They gave me a place to live. They helped me with Alberta Works, Calgary Housing. Truly in life they helped me with my life. They helped me with the kids to put them in school. They helped me with the papers and how to fill the out the forms. Some of the forms I don't know how to write, so they fill in for me or teach me how to fill in. Client 5*

### **What could the shelter have done better to help you and/or your children?**

Most of the women said they had a hard time thinking about what could have been done better by the shelter to help them and their children because they felt that all of their identified short-term needs had been met. Where there were suggestions, it was to increase the amount of access to trauma-informed counselling, child care and supportive counselling with the staff. The women suggested the shelter to work on ways in which to put into place schedules and practices to increase the availability of staff to offer supportive counselling.

*They did so much for me, it means a lot for me. Cause I don't know nothing about what is outside. Cause I was always in the house, so I don't know what is going on outside. What they can do to help me more? Whatever they did for me, I am thankful to my God. This kind of people they can help me. They are very good for me. They are the best people. They did a lot so I don't know. Client 5*

*Some more counselling, as far as getting yourself put back together. It would be nice if there was more availability to talk to someone. I know it's on a schedule and there are a lot of other people to see here, and I understand that, but it would be so good if there was more availability. I mean when they are in the office, they are really good to talk to and they always make time. So it's been a very positive experience. Client 4*

*The workers could talk with you more, because when you go in the office there's always somebody else in there. Like you can't really get 1-1 with them. Unless you ask, but sometimes people don't ask you know. Like with me, I am one of those people who don't ask. Client 3*

## What services or support do you feel you still need?

The women stated they still needed help with housing supports, referrals for furniture, parenting supports, mental health supports (psychiatry), and cultural supports.

*Cultural Support. Finding more resources for the smudging, more Elders. Client 3*

*I need help with a place to live, I am working on that and they are helping. And just getting my life back together and just knowing what's available. But I still need somewhere to live. It's hard when you don't where you're going to be or what you're going to be doing to keep you moving forward. But I have faith. It's an opportunity to start over in a healthier way. When I first came in I was like this is not my life, I was like numb. Like I was like this isn't my life and I was expecting someone to walk through the door and be like it's okay "name". Come back home, right? But I have no home to go to and it felt very surreal to me that this where I am at my age. Client 4*

## Based on your stay at the shelter do you feel the shelter is a needed service for the community?

All of the women felt that the shelter is a needed service for the community because the shelter offers safety for them and their children. The women felt the shelter is needed because it is very different in its approach by offering one-to-one support to help women identify their needs and then supporting them through the process. Something which a few of the women stated had not been offered to them at other emergency women's shelters. All of them stated that the cultural supports offered to them at the shelter make an absolute difference in feeling safe and connected. They feel respected by seeing their culture in practice and being used to help them in their healing. They said they do not see Indigenous culture or traditions being offered at other shelters. They also said that this kind of shelter is needed because it has Indigenous staff, as they do not see Indigenous staff at other shelters.

*Yes, cause it helps people. Cause this is like my personal space. If it wasn't for this shelter, like I probably would have went back. Like it definitely gives you hope and like it's not just about the shelter like they have the Elder come in and they do circles and stuff like that. Cause at the one shelter they didn't even do anything, they just told me to stay there. I get hands on support here. If it wasn't for the shelter I would have went back. Like I thought about, but the staff was here like if you need to talk or anything. They gave me hope. They did definitely. Client 1*

*Yes. I think women need a safe place to go with their children or without. When in a biggest time of crisis from physical or any abuse what you really need support, because it is really scary to leave an abusive relationship. I think women need to know there is a safe place to go and rebuild. Client 4*

*Yes. The smudging, the healing circles before every group. The staff is Aboriginal. I've been to Aboriginal services before where all the staff is white. Client 8*

*It's a safe place for us to go. They do a lot of spiritual activities as well. I notice other shelters they don't have that. Client 9*

### **Do you feel that the staff at the shelter are respectful of your beliefs and cultural practices, and understandings?**

All of the women said that the staff at the shelter are respectful of their beliefs, cultural practices and understandings. For some Indigenous women, they had never had access to their culture before coming to Awo Taan and they found being able to see and be a part of Indigenous culture as very meaningful and powerful. This was also the same for non-Indigenous women. All of the non-Indigenous women stated that being invited to be a part of the cultural supports and services at the shelter was an amazing experience for them and they felt a part of and connected to the culture and the other women. All of the women stated that they really appreciated how they are invited to participate in cultural supports and activities. The invitation, they said made them feel that culture is not forced upon them as part of the program at the shelter. They felt this was a very safe and respectful approach by Awo Taan.

*Yes, I don't know from my culture, we really didn't do anything about that, but I smudge everyday and they were awesome about that. Client 1*

*Yes. 100%. Because they have healing circles, we have Jackie with smudging. It's been just so much. Client 2*

*Yes. They don't expect you, they ask like if you want to smudge and participate in things like the circles like they do have the in-house circles. You know to participate in them. It's respectful to be asked and not for it to be mandatory. Client 3*

*Yes. Definitely. I would say that I felt invited to be in the circles. Even though we did we not have to be there, I felt welcomed and invited, instead of forced. I have always loved the culture. I actually grew up around First Nations and the kids from Siksika got bused to our school, so I grew up with it right? So I feel like that's been very healing. Client 4*

*Yes. Absolutely. Like my son is shy and he didn't want to smudge, and they were totally cool with it. Super respectful. Client 8*

*Yes. They don't make you uncomfortable. Like spiritual or when you share stories. I come from very spiritual family where my grandma is a medicine woman and my grandpa is an elder. So I would be shy of people and stuff like that, but I feel more comfortable speaking to staff about it, whereas if you speak to someone who doesn't know, uhm they kind of look at you as crazy. Client 9*

### **Did the staff ask you whether or not you would like access to cultural services?**

Half of the women interviewed stated that they were not asked by the staff whether or not they would like access to cultural services during their stay at the shelter. .

### **What kind of cultural services and supports were offered to you?**

Women stated that cultural services and supports were not directly offered, but that invitations to attend healing circles or other cultural supports were posted or announcements were made daily for smudging. And sometimes they will be told by a staff person that the shelter has healing circles and smudging, and they can ask to see an Elder. They also said that staff has let them know about cultural supports at Awo Taan outreach services or events occurring in the community.

*They do have cultural things. They have classes on the weekends, but I don't want to miss any, but I don't know. I didn't talk about it. I do like the healing circles, when you share stuff and they do smudging, I like that too. I would love to learn every culture, everything. This has been a good experience of my life. Then I can say I live a life, you learn something. Client 5*

*I'm not really religious. But it was offered to me. Smudging, sharing circles. Stuff like that and the Elder offered as well. Client 6*



### **What traditional and cultural supports should the shelter offer?**

Over half of the women could not think of additional traditional and cultural supports the shelter should offer. Two of these women felt that all of their cultural needs were being met. For the other women, they stated they needed more access to different Elders and traditional knowledge holders so they can have access to various Indigenous teachings from different Indigenous cultures. They also suggested ceremonies, drumming, and singing. They also said to have specific cultural programming for the children at the shelter. Other suggestions focused on ways in which to increase staff cultural competency and sensitivity.

*Elders more Elders! And maybe singing, and the music, drumming. Client 3*

*Maybe for the children. I don't have children here, but I think it's really good to carry on with the next generations with the culture. I think this is something they could look at. I don't know how much they do with the children, but it seems that might be something that would be good. Cause I think we lose so much, we have lost so much. People don't practice a lot of their stuff anymore. And I think it's important to teach you kids where they came from, and what they came from. Client 4*

*Like more people coming in. Like everybody's culture is different. Most of the stuff is like from the reserves around here. I guess to if they can do sweat lodges and stuff like that. Client 1*

### **Overall, do you feel the shelter is a culturally safe place for you (and your children)?**

All of the women said the shelter is a culturally safe place for them and their children. One lady said that it's because the shelter accepts everyone. Another said she would rather be at Awo Taan than any other shelter. One woman shared that the shelter is culturally safe so long as participation in cultural supports and mentorship is not mandatory.

*I do, yes. They accept everybody. Client 1*

*Yes, I would rather be here than anywhere else. Client 2*

*Yes. But if it's mandatory it kind of makes me uncomfortable. Like everyone is like smudging and they have it come to me and I don't want to feel weird or make anyone else feel weird or uncomfortable by me not doing it when everyone is. So like, I am not cultural or religious that's not really something I need. I'm comfortable around it, just not in a situation like that, where all of the women are staring at me cause I don't want to do, and it makes me look bad. Maybe mention you don't have to smudge if you don't want to, that way you don't look like a total snob. Client 6*

**Has the purpose of the shelter been explained to you?**

The women said that the purpose of the shelter had been explained to them and if they didn't know it then, it was because they had too much going on when they arrived at the shelter. They all said that the shelter was a place for healing and safety.

**Have you been informed about all of the services that are available to you at the shelter and how to access them?**

All of the women received information about the shelter and its services during their intake and more thoroughly during their assessment. They stated they were given a lot of written information and brochures, but that non-written information is not always given in a consistent way to every woman at the shelter.

**Did the staff work with you on a danger assessment and safety planning?**

Danger assessments were not completed if a woman was at the shelter for other reasons than family violence. For those who had been admitted to the shelter, they had all completed a danger assessment prior to the interview. Some women completed the assessment upon intake, while others stated they were given time to adjust to the shelter setting and to feel safe before completing an assessment. All of the women had completed the assessment within 3 days of their intake. All of the women (except for one due to being a recent intake) had completed safety planning. Most had completed an intensive case management plan (medicine wheel assessment) at the time of the interview.

**Do you understand what these assessments are for and how they will be used to help you during your stay at the shelter?**

Eight of the ten women were asked if they understood what the different assessments (danger assessment, safety planning, and medicine wheel assessment) were for and how they are used to help them during their stay at the shelter. They stated that they had been given an explanation about the purpose of the danger assessment and safety planning. Each of the women was able to provide an explanation on how the assessment was conducted and what they learned from it.

They least understood the purpose of the danger assessment, stating that it was something that was used to help know what kind of danger they were in. For example, one woman stated that she didn't know what the danger assessment was and why it was being used for her by the shelter, as it had not been clearly explained to her. She also said that she had not been told about the outcomes/measurements of the assessment and what they mean.

They found the safety planning very informative and helpful in understanding how to get safe in various types of settings.

The women found the medicine wheel assessment most useful in understanding where they were, and where they want to go in term of their physical, spiritual, emotional and mental well-being as it related to family violence and a plan for the goals they had set to achieve during their 21 day stay.

*Yes. I have done the medicine wheel assessment twice since I have been here and I see a difference since I came here. Cause I have been here over my stay. They gave me an extension. And it's been a huge change in the physical, spiritual, emotional everything. I know how to use it on my own. Yes, they showed me and she said they would print out some copies for me. Just to be balanced I guess ay. Client 1*

*Yes. I think I can use them on my own, but I would probably have to talk to them again to refresh my memory on how to use them again. Client 2*

*Yes. The danger assessment is you get a number right to base what the danger level is for you at the moment. The medicine wheel assessment is looking at the four different directions, it goes by color and by direction. And looking at how to make yourself whole in all of these areas and things you need to work on. The safety plan was really important for me, just because of the situation I am in. I find the medicine wheel interesting, so when they gave me stuff to read on it, I read it. Client 4*

*Yes. They told me yes, like when I am in danger or about my husband. Like what to do. And where to go or call the police. Or when you know someone is following you, who to tell. Like a neighbor to help keep an eye on you till you reach your bus stop and you just sit and look around. They told me about that and how to do it. They gave me a secret code, like how to do with your kids and I remember how to do it...I know so you never know what is going to happen again, but next time yes I know what to do. Client 5*

*I don't know. Not really, I don't know if I need to know that information. They never really explained it to me. I am pretty sure it's just for a file. I don't know exactly why they need that information. Maybe they are just asking why you need this, but where do they go after that. Client 6*

*Yes. The medicine wheel is to see where I am when I first come in and then how I feel afterwards and what I can do to improve on. The danger assessment is to know what kind of danger I am in and some of the facts of things that happened and then safety planning is in the future what I can do to stay safe. Client 8*

### **Did you work with a support person to develop an Intensive Case Management Plan?**

The intensive case management plan is used for assessment and intervention for women at different phases of their shelter residency or connection to the Outreach program. The women are encouraged to learn how to utilize the Medicine Wheel as a self-care tool for daily living and planning which will assist them after they have left the shelter. Incorporating the Medicine Wheel is a part of the approach of the Aboriginal Framework for Healing and Wellness. Eight of the ten women were asked if they worked with a support person to develop an Intensive Case Management Plan, and all eight stated they had. At first, they did not know what this plan was, but once it was explained that it was plan built on work with staff from the medicine wheel, they were able to answer they had developed a plan with the support of staff. If a medicine wheel assessment had not been completed, it was scheduled to be completed or they felt that since it was an ongoing assessment which was reviewed regularly with a support staff that in their understanding it was something that was not complete but always in the works.

*Yes, I don't know she didn't call it a case management plan. She called it a medicine wheel.  
Client 1*

### **Do you know how this plan is used by you and the staff to support your needs while you are at the shelter?**

And all eight knew how this plan was used to help them identify their needs and on ways in which to be supported by the staff. They were asked if they would know how to use it on their own in the future, all stated they did know how to use the wheel.

*Yes. I just know they use it for goals are and where I should be heading. What should be expected of you Client 3*

### **Were you informed about the child support program? And have you used it?**

Four of the women had children. All of them had used the program for supportive counselling on parenting and to help them with childcare. The program had also supported them to apply for family supports such as child care subsidy.

*Doesn't Apply. My son is 16 so I don't need to use it. But any of the child support workers are there for me for anything I need. If I need to chat or need anything in regards to youth. They just help. Client 8*

*Yes. The child support is good. I didn't know about a lot of things, like there is a subsidy you can apply for daycare and day homes. She helped me apply for subsidy. Client 9*

### **Were you informed about the trauma-informed counsellor?**

All of the women were told this role was a psychiatrist. None of the ladies knew what trauma-informed counselor meant. Therefore it may be likely they also do not understand the therapeutic approach of the counselor as they all understood it to be psychiatry.

*Yes. So that would be Gerri the psychiatrist? So yes. The word trauma informed counsellor was not used. It was the psychiatrist. Client 4*

### **If you accessed the trauma-informed counsellor, did you find it helpful?**

All of the women had been able to see the trauma-informed counselor and all said that their visit(s) were helpful and they would continue to see her during their stay. They were pleased the counselor was Indigenous and found the counselor's approaches extremely helpful, impactful, non-judgmental, and thorough and they were provided with advice at each visit. Most said they wanted to or would be finding ways to continue to access the Counsellor when they leave the shelter.

*Yes. I would say yes, I am still seeing her. I would like to see her outside of here as well if it's available. She is just really non-judgmental, very easy to talk too. She presents excellent things to take into consideration and to be mindful of. And I think instead of someone telling me what to do, it's better when someone just supports you to figure it out. I was nervous, because they look at your whole history, but it's not like that here...I think if there's anything I can take from this experience is the need to surround myself with people who support me and who are healthy. Client 4*

*Yes. And I am happy she is Aboriginal too because I remember going to (deleted) and your trying to get counselling and people are trying to just shove medications because they have an institutionalized approach. Whereas, Geri is more concerned about how you are doing, how you are feeling and offered tips to practice. It actually brought my son and I closer together in 3 weeks like more than anything else. Client 8*

*Geri is awesome. I have done counseling for years and years and I haven't had a counselor that I have liked and felt comfortable with until I met her. Client 9*

## **During your stay have you been provided opportunities about how to make improvements to programs/services at the shelter?**

None of the women reported that they have been provided with an opportunity by the shelter about how to make improvements to programs/services at the shelter. One woman felt they should be consulted, but another wondered how their input could be taken seriously due to a fixed budget and red tape for the shelter to deal with. This lady also said that she felt that the staff would probably like to do more but they are limited by their job scope and stepping out of the boundaries of their roles might be risky for them in terms of job loss and reputation. The inconsistency though between staff approaches was noted as a concern, but she did not want to expand as she did not want Awo Taan to look bad or herself.

*No. I know there's an exit survey. But how's it going to be taken seriously, like there's a budget and there's a timeline and things seem to be flowing really good. I don't think my comments are going to help anyone. There's just too much red tape everywhere. You think if it can help people long term, I see it in the personalities they want to help more long term, but their job is based on the criteria that they have so if they want to keep their job they have to keep their work flowing right? It's less personal...Also if I say this is what Awo Taan needs to do or something, then Awo Taan looks bad and I also get stigmatized. Client 8*

## **What services do you feel work well?**

The women often stated that 'everything, all of the services worked well.' But when they were asked for specifics, the women primarily named the staff and the psychiatrist (trauma-informed counsellor) as making the services work well. Their supportive and situational approaches to helping them identify needs, making referrals, increasing knowledge and access to resources and to stay motivated to achieve their goals through supportive counselling was a consistent theme. They also thought that the trauma-informed counselling, and child care support were services that worked well.

*All of them. I need the psychiatrist, I need the psychologist, I need my doctor. I need the nurse...you know one day I was feeling suicidal. I just went downstairs I told the ladies, you know thank you for holding onto everyone's pills. I just want to take every bottle of pills and take everyone...And staff here are so supportive, you know if I am not having a good day they will support me by letting me rest or not completing a chore here and there. You have no idea what that means when I am in that kind of low.*  
Client 2

*Pretty much everything. The housing, the counselling. They ask you questions. They provide cultural services and I was able to get sweet grass and sage from the housing person.* Client 3

*I think getting you with Alberta Works, they are really supportive with Alberta Works. They are very supportive emotionally when you are having a bad day. They really keep you on track. I know some of the girls don't like it, but at the same time the whole purpose is of being here is that this is a new start. So you can sleep for 21 days or you can wake up and yeah it's hard and you are still hurting, your life is a mess, but you have to help yourself at some point. I find that even going and talking to them in the morning, they are all like "oh what are you doing today?" What about this, they have it all written down and what about this, did you talk to the constable about the EPO? And a lot of it's like a reminder. Oh like I didn't do that, but I am going to go and do that today...I think like talking to someone about what's going on in your schedule it makes it so that you do get things do. Instead of like oh I can do it tomorrow. Because it's very easy to feel especially unsure with others, especially myself. Because we come in broken, we not here for a vacation, we are broken. So it would be very easy to crawl into bed and pull the cover up and be like I am done. I am done, and I can't handle this. I can't deal with it. So I think the support here is really good. It's constructive, rather than critical and I think that's important too.* Client 4

*I like the housing. Having somewhere to safe to stay that's the biggest thing. That's why I am here. All of the other stuff is really helpful. Having like people to talk to and the nurse here, all of the workers. Somebody to talk to everyday, all of the supports offered to me.* Client 6

## What isn't working well?

Most of the women could not think of anything specific that was not working well. But three of the women said the following were not working well: access to 1-1 time with staff, chores, length of stay at the shelter, and inconsistent approach by the staff for support.

*Like I said the one on one. You know maybe ask questions, like I said some women don't open up unless maybe they're asked. It's good they have the closed door thing, because that way you know they are busy. May be they could make a 1-1 schedule. Client 2*

*Chores. Because like it's hard to like fit in everything and get everything done at once. I rather do my own dishes and wipe up after myself than everybody and take a whole other hour and half out of my day that I could be using to take care of me and my daughter...The bed time bugs me. And also laundry times, but there's not a lot I can do about that...I don't like speaking up about that kind of stuff. I feel like it, like I make people not feel like unappreciated for what I already gotten. Like I should feel lucky enough, you know to be here sort of thing. But I don't want to go like bossing around for more you know. To make them feel underappreciated. If it's important enough I will let them know, but these things are not important. I look at the bigger things first...I get mad about everything, but then I just let it go to the back of my head and I just don't dwell on anything. Client 6*

*The only thing that makes it less enjoyable is the timeline. I know it's out of the control of Awo Taan, but I'm in a situation where it's like long term and I could be found. I need to move to second stage, but because my son is (age) and because my ex only found me and didn't beat me this time, then we were told we can't get emergency so we came here and we can't get to second stage and the rental amount is ridiculous...It seems that help is dependent on the worker, their mood and personality rather than the situation. Like who can say my situation is more or less severe than someone else's. It should just be, you don't feel safe then you qualify. You've been through first stage, you have done a police report and next step is. Client 8*

*The counselors. The counselors are all different. There are certain counselors I can talk to and the others seem kinda like, I don't feel comfortable talking to them. They seem to me kinda really stand offish, angry or something. So uhm just the way they come across. Client 9*



**What kinds of services should the shelter be offering that are not currently available that would help you (and your children)?**

Half of the women offered the following suggestions for services that should be offered at the shelter to help them and their children: an assessment for children, video conferencing to connect with family who live far away, transportation, and to provide better promotion about the shelter and the services it provides. One lady did not know Awo Taan was for women of all cultures and not just Indigenous women or that it had so many programs and staff in place to support women. Promoting the shelter and its services might address gaps in systems. As another woman noted, “No one is working together, and so people are getting lost in the system.” (Client 8)

*I don't really have anything to compare it to. I am grateful for all of the services they have been providing because I didn't even know a lot of these existed. I think they should be making women more aware there is help. Cause I think a lot of us get stuck in I have nowhere to go, I have nowhere to go, I have nobody. I have four children or whatever the case may be and they stay in dangerous situations for them and their children, because they feel there is no where they can go. So I think to, when I called the shelter, I didn't think they would take me because I didn't realize that they took all women here. I assumed that it was just Indigenous.*

*I think it's important to promote what Awo Taan does because when you are in that place in your life you feel really helpless, you feel hopeless and to think that you're going to end up on a mat at mustard seed, with your children. You don't leave right? That's what I thought, that's where I thought I was going. And there's men and women there and the last thing I wanted was a man around me and to have to deal with that on top of everything and I didn't know what a shelter was. Like you eat and sleep there. I didn't realize that they help you with getting you the right supports in the community and with transitioning into housing and things like that. I wasn't aware of the services they help you with. I thought you go to the shelter and yeah, we all think that's for other women not us. I think because no one really talks about it. I thought the shelter is for homeless people, I mean which I am homeless, but the reality. I think there just needs to be more education on what these shelters do provide. It's more than just a place to lay your head and a meal in your belly. It's more than that. I think that what women really need, I mean yes we need to sleep and rest and you know eat well. But it's the support of other women, it's the support of the staff. It's the support in how to get back into the community because it's terrifying. People don't realize what available until they are in this situation.*  
Client 4

**Based on our discussion, how would you describe your overall experience at the shelter?**

All of the women stated that their overall experience was positive and very supportive. Many stated it was great, wonderful, they love it, they have learned something new and they like the cultural supports. Many times, throughout the interview women said they wished they could stay longer and Awo Taan was like home.

**Is there anything else you would like to add that you think might help to improve the services at shelter, or experiences of others who may come to the shelter?**

Most of the women stated they had nothing further to add, because Awo Taan was good/perfect the way it is. The only two suggestions were to share more of the Indigenous culture and ensure consistency in staff approaches for service

*I love this place. I would not have went anywhere else. Client 2*

*It's been really wonderful. I like the cultural part, like I said the smudging. The circles, you know you are able to have a safe place to talk you know with the Elder and the other ladies that way you get to know them. Client 3*

*Overall, it's been very positive and very supportive. Everyone has been very kind and it's been a really long time since someone been kind to me. And that seems like such a little thing to say, it probably not even the right word. But when you feel like your whole life is in pieces and you can't see the other side of things. And you don't know where to go, you don't know where your path is. Sometimes just the kindness get you through the day and the support. Client 4*

*It's the system not the workers. My stay has been unbelievable. Like we have a huge bedroom, my son was accepted even though he's (age). We have our own bathroom and we also have delicious food. The staff is super nice. Awo Taan is perfect the way it is. It's just after care and begging to stay here for one week. And now it's like how do I move into an apartment in one week that is going to be safe for us. There's no long term planning and so people are just coming in revolving door in this system right? Client 8*

*I like it. It's okay, like I told you on the first day I thought it was a mistake coming, and now its changed. Client 9*

## 8.3 Discussion

Many of the women reported similar feedback in terms of service outcomes, facilitators and barriers to strengthening successful program and service delivery components as the women who completed client exit forms. Therefore, we will focus this section for discussion on whether the women felt that they received culturally responsive support and services; and if the Aboriginal Framework for Healing and Wellness helped them to better understand their risk, meaning of abusive experiences and family violence, how to escape family violence and stay safe.

The women said that the Medicine Wheel Assessment (Framework) helped them to understand their current situation and what steps they needed to either live free from family violence or to reduce their chances of re-victimization. The women stated the most helpful service was the staff and their respectful and culturally sensitive approach to helping them with goal setting and accessing resources to address their needs. They praised the staff for their mentorship, supportive counselling and ways in which they motivate them to work towards achieving their goals using the Framework and other cultural supports.

All of the women stated that the Indigenous trauma-informed care counselling provided a different way for them to understand the effects of trauma and to focus on addressing and resolving underlying issues to allow for healing, restoration and increased resiliency. This approach, they said is a definite need in other shelters and is a service they would like to continue to access in their journey towards healing.

All of the women felt that the shelter is a needed service for the community because it not only offers safety for them and their children but does so in a unique way by recognizing and being respectful of their beliefs, cultural practices and understandings. Some of the women had never had access to their culture before coming to Awo Taan and they found being able to see and be a part of Indigenous culture as very meaningful and powerful. This was the same by non-Indigenous women who shared their stories. All of the non-Indigenous women stated that being invited to be a part of the cultural supports and services at the shelter was an amazing experience for them and they felt a part of and connected to the culture and the other women.

All of the women stated that the cultural supports offered to them at the shelter make an absolute difference in feeling safe and connected. They feel respected by seeing their culture in practice and how it is used to help them in their healing. They said they do not see Indigenous culture or traditions being offered at other shelters. They also said that this kind of shelter is needed because it has Indigenous staff, as they do not see Indigenous staff at other shelters.

The women recommended for the Society to promote their services and programs in ways in which women in the community will know that the shelter offers comprehensive culturally responsive support through their staff, has an Indigenous approach to doing things, employs Indigenous staff and that all cultures are welcome.

## **Section 9. Sharing Circle with Elders and Traditional Knowledge Holders**

### **9.1 Introduction**

Two Sharing Circles were held with 5 Elders who all had experience with Awo Taan during the last 25 years either as former employees, advisors (committees) or as Elders providing cultural supports.

The Elders were asked to share their perspectives on the importance, performance, and cultural relevance of services and programs at the shelter. They also were asked to provide their perspectives on the Aboriginal Framework for Healing and Wellness, and about how the shelter might identify ways to assess the impact of cultural supports and mentorship at the shelter.

The Elders were also invited to share any teachings they might have on traditional approaches to working with women and their children who are fleeing family violence. While the sharing circles were guided by a set of questions (see Appendix F), the ways in which they shared information was done in accordance with their own traditional protocols and so findings are not presented in the same manner as previous sections for this report. Instead, the findings are presented in storytelling themes as told by the Elders with their permission. We do not try to interpret the teachings as this would not be respectful protocol, nor does the evaluation committee responsible for writing this report have the 'rights' to do so. Where direct quotes are provided, it has been done so with permission from the Elders.

### **9.2 Wisdom from the Elders and Traditional Knowledge Holders**

The Elders felt that the need for the shelter has grown because of increased awareness about family violence and women feeling safer to access services because there are Elders and traditional cultural supports available at Awo Taan to help women. But they say it has changed a lot over the years at Awo Taan because the women coming now to the shelter have a lot of mental health issues, and they are experiencing homelessness and poverty. With all these changes, they all felt the shelter is doing a good job delivering services, and they have heard this in the community.

*Perhaps the need has grown because of increased awareness about family violence and access to services, but it has definitely changed. Because we are seeing far more mental health addictions, homelessness and poverty. Especially with our economy. Elder A*

*There's been a lot of change, and we are using Elders to help out. I think this is very good. There's other shelters out there and it's not the same program. Elder B*

*Elders and Ceremonies are so helpful in this place because you have to go out and search for healing because you also have to get a house, income and so on. And this is where Elders make a great difference in that. Because your teaching them to help them get through a lot of different things. Elder D*

*A student at Bow Valley College not too long ago stood up and shared in front of everyone, "I have to thank Awo Taan for all of their programs, all the culture. The healing process." Elder B*

*What makes us different for example, we had a young lady come from another shelter and she was there for 3 weeks and had not received any rural, community or housing outreach. When you come to Awo Taan, the first thing we do is look after your safety, basic needs such as income supports and then we get onto housing. I think this puts us way ahead of other shelters. She was there 3 weeks and didn't even get in an Alberta Works application, what did they do in terms of housing for her? She sat there and wasted 3 weeks of her life before moving on in her journey. Not to put other shelters down, we are only hearing one side of things, but basic assessments and planning to meet needs should be done in the 1st day or two when you are in a shelter. Elder A*

Elders said they were pleased the shelter offers healing circles and that they work together to make referrals to each other or to the other Elders in the community if they learn a woman may need specific cultural supports or teachings. They are also glad the shelter has a staff person who is able to provide cultural supports even though it is not a part of their hired role.

*I teach them hands on. That's why I have the sweet grass and sage growing outside. So they know what it looks like...When I talk to clients they always talk about what they like here...I encourage them to find one word or hope to work with so I can help them. So they don't have to be homeless again, all of the staff help out. Elder B*

*We have connections to other Elders and Elder/Cultural services in the city, such as Hull Services with Casey Eaglespeaker and he accommodates them. Elder A*

However, they said a significant barrier for the shelter is the lack of funding for Elder and cultural supports. They said the shelter was created to provide culturally appropriate services for women of all cultures, yet the shelter has not received the proper funding supports and resources to do this work in a wholistic way with the women and their families who face violence. The Elders are very proud of how the staff, leadership and Board of Directors work with multiple stakeholders and fundraise to make sure the shelter services includes Indigenous culture. However, they feel that this should not have to be the case, and the staff and leadership at Awo Taan could be doing a lot more if they were not having to exert so much effort into finding funding and resources, as access to cultural supports; they feel is not only an inherent right but a human right. It was why the shelter was created.

*Problem you have is getting the money for services/events/ceremonies for these families. The government is look after them like wards, so they should pay for them to have access to Elders...Elder C*

*Elders can't heal in 5 minutes. Time and ongoing support is needed... The government has to realize it's from the heart first, not the head first. It's a unit not a separation. Elder D*

*You have to heal the spirit before any kind of healing can happen. Elder E*

The Elders stated that the Society would also not have to wonder if they are doing a good job delivering culturally appropriate care or have to conduct this evaluation, because if the shelter was properly resourced, then they would already be working alongside Elders who would be able to provide them with hands-on guidance. The Elders would also be able to validate the work they do with the women and their children who stay at the shelter. The Elders felt the shelter was doing its best work despite a lack of funding and resources. If the shelter was adequately resourced to access Elders and cultural supports, and then not doing its best to provide programming in a respectful way that honors the women, then they might have some teachings with the shelter on how to do things better. However, they felt this was not the case. Therefore, their advice is primarily directed to funders and policymakers.

*We could do more if we had more funding like ceremonies. Children do not have access to education other than schools. More funding and support would help us to better support and teach and have resources to teach women Elder E*

*How we can bring back all of the 7 sacred gifts in this place for these women and her children?  
All Elders*

They stressed the importance for funders to provide the shelter with dedicated funding for Elders and for cultural supports. They suggested to avoid compensation to Elders through honorariums, as filling out the required paperwork is an issue.

*Put Elders on payroll. This will also enable Elders to travel...The word honorarium is a problem. These Elders should be employees just like a psychiatrist. But we are not employees. So then we lose making a pension, but then they will dictate what we can and cannot teach. Elder D*

*Honorariums pose a problem. Especially cheques... Putting in for mileage and forms is a problem at different programs. Elder E*

They stated that not only is important to have hired Elders in the program but that there should be a focus on ensuring there is an Elder's position that is meant for a Grandmother to provide healing and guidance through Grandmother Teachings, which is much different from counselling or wellness. The Elders went on to explain the significance and importance of the Grandmother, which is very different from how the term is understood in mainstream society; and Indigenous people understand this, even inherently; and this is they are immediately comforted by their presence—even children.

*There should be dedicated Elder services that are solely here just for the clients. So they can always have access. All Elders*

*You need a Grandmother here for the women all of the time. A lot of them need support that is different from wellness or counseling. A lot of them have a hard time to open up. Also the children need to see a Grandmother. A lot of the women it brings memories for them too. All Elders*

*This is true, many children come up to me and are so happy to see me because they think I am a Kokum. Elder B*

*When you needed healing, all you had to do was sit beside your grandmother and lean into her. That was all it took. Elder D*

They felt that funders should talk with the Society about hiring an Elder full time, and to identify what type of Elder supports are needed by the women by consulting the women who stay at the shelter. This also means consulting with others in the community from different cultures and ways in which various approaches and teachings can be shared. What the community may want for Awo Taan to offer beyond programming at the shelter should also be discussed as part of the Awo Taan's work over the last 25 years has been to help Indigenous nation-building in the city of Calgary.

*Need to consider women's experiences they live in two worlds. So we need to have more dialogue on this too to know how to provide advice on this. Elder A*

*Not all Elders are the same. We all have different teachings and expertise, we come from different tribes and that's the same too for urban. Some are just from the urban setting and that is their expertise. Elder B*

*We don't have healing just for ourselves to hold it just ourselves. We are just awakening after 200-300 years of oppression. We are awakening in a time where there are many cultures living together and so we have to share our ways with one another. Elder D*

*Ceremonies for the public at Awo Taan, or a ceremony of some kind for Awo Taan to host for the community for healing. And especially because we are called Awo Taan, we could say this is part of our Shield these once a year ceremonies. Maybe once a year is not enough. But we could also think about opening our space for other ceremonies. I have seen other organizations do this and it is very powerful for healing and bringing the community together. Also for the women, having ceremonies might be good that are scheduled, because their stay is so short and so there is not the time to do the cultural work that needs to be done. So thinking about what kind of cultural supports is needed and can be done during their stay should be looked into, because they are so busy finding income and housing. Elder B*

The dialogue with funders should also include how to provide Elders with the appropriate remuneration in accordance with their lifelong journey of education and learning to attain their exceptional, unique and high level of expertise and experience; and that adherence to traditional protocols (i.e., gifting, offering tobacco) also has to be considered on how to bring on the Elder and honor the Elder in addition to remuneration.

*Funders and Awo Taan needs a consultation with Elders on how to improve access and ways of reimbursement prior to discussing the scope of support Elders can offer. All Elders*

Dialogue with funders should also look at ways to enhance programming which is already in the shelter with a focus that ensures the inclusion of cultural teachings. For example, the innovative child supports program could be reviewed to incorporate more training and education such as Triple P Parenting, or other parent programs coupled with Traditional



Parenting Teachings. Storytelling should be introduced as a way to help women and their children learn life lessons and ways to heal from abuse.

*Child Support needs to implement Triple P Parenting training for the women while they are here. Needs to be programming, because can't send them offsite during the 21 days they are here, there is not very much time and so training should be onsite. There should be stories, like Napi. Storytelling for kids and moms. It needs to be more than just a drop in care program. If there is something for the kids along programming where they want to go in there, they want to stay it also frees up mom to do the work she needs to get done to find housing and so on. The child care workers are too busy to do any activities and they need so much support, I can't believe how busy they are. Whereas child support might be able to help out with programming and improving supports. Child support has to relook at their policies and job descriptions and see what can be revised. A staff could turn around and say well it's not in my job description. So they won't do it. This has happened before. Elder A and B*

The Elders also think it is important to revisit the Aboriginal Healing and Wellness Framework and for funders to provide Awo Taan with resources to look at ways to ensure it is built into the foundation of the policy and practices at Awo Taan. This will help staff and all other stakeholders understand and be in agreement with the approach of the shelter.

*I heard staff say sometimes they feel they are forced to smudge. Nobody is forced it is open for anyone. But for clients to see the smudge and be able to smudge. Staff should be in there, because it is for the clients. There is a communication, there is a connection. So the clients see the staff and see look at what they are doing together. I heard one of the clients say look at the staff how come they don't come in. It's not about force it's about join, let the clients see and know. I am very thankful to the staff who are really involved. It doesn't have to be all of the time. The Framework is important for staff to follow so they know so ceremony is part of our approach. Elder B*

*I guess because some staff live by the Framework we assume it is being used. It's hard to explain. Staff know it's there but I guess we all don't know how staff are using it... Need to figure out how to understand how women live, cause they live in two worlds. Elder A*

The Elders said cultural supports should always be available to all of the women at the shelter, as it is crucial for their overall healing from abuse. They said these supports should always be offered by invitation in a respectful way and that women should never feel they are forced or that they cannot return to culture if they have made mistakes; always allow them to try and try again.

*Teachings have to be inclusive of everyone. Elder D*

*Your children will reach a cultural age and they will rebel. It doesn't matter how you raised them. They will go out and do what they want. From the age of 12 is when they will remember most from the way they were brought up. So when I work with young women who been in jail, addicts, prostitutes they are all good women. All have they have to is find that path and walk it again. It doesn't take that long... We need to teach them who they are and as women. You can't push culture in their face or they will pull away. We don't force things on people or they will run. They will think we are one of their parents... They need to make mistakes to learn and grow. Elder E*

*Women need extra for healing. They are just getting their teachings back and they are always getting pushed away. Elder E*

*You have to keep letting women and helping them get up to try. Elder C*

All of the Elders said the way the shelter will know it is doing a good job delivering culturally important services is by not by counting how many participate, but by seeing how many show an interest to come, and when a woman is empowered to move forward and go on using ceremonies and teaching to help her in her journey of healing.

*Ways we can measure success is by telling how many came. Elder C*

*Success is a measure of being strong and wiliness to move forward and go on with using ceremonies and teachings. Elder A*

The Elders shared that the work of Awo Taan in extending its shield to women of all cultures is so important and valuable for Indigenous generations, before, now and those to come.

The Elders left us with this teaching:

“Women are the ones who are the perpetual carriers of life. When I carried my daughter, I also carried my granddaughter.”

### **9.3 Discussion**

The Elders felt that the need for the shelter has grown because of increased awareness about family violence and intergenerational trauma and disadvantage. The all felt that the shelter is doing a good job delivering services, because they hear this in the community and from women who say that they feel safer at Awo Taan because there are Elders and traditional ways available at Awo Taan to help them. The Elders felt strongly that it would be disrespectful and not within cultural protocols to make any criticisms against the shelter since it does not receive the appropriate scope of funding needed to provide an Indigenous approach.

They are pleased the shelter offers healing circles and that they work together with other Indigenous agencies or Elders in the community if they learn a woman made need specific cultural supports or teachings. This continuum of culturally responsive services is something the Elders are very proud of in regards to the staff and Board. They wonder just how much more the Society could actually achieve if they weren't having put a lot of efforts into identifying ways to fund and find support for the inclusion of culture and Indigenous Ways of doing things for the women and their children at the shelter.

They advised for the Government of Alberta and Canada to dedicate core funding to the shelter for Elder and cultural supports. This should be done in consultation with women who stay at the shelter, staff, community, and Elders to identify what specific cultural supports are needed. Such as a 'Grandmother' who could provide Grandmother Teachings to the women and to their children through the child support program. Consulting with others in the community from different cultures and ways in which various approaches and teachings can be shared is also important. What the community may want for Awo Taan to offer beyond programming at the shelter should also be discussed. As part of the Awo Taan's work over the last 25 years has been to help Indigenous nation-building within the City of Calgary.

The dialogue should also include ways to understand how to provide Elder(s) with the appropriate remuneration in accordance with their lifelong journey of education and learning to attain their exceptional, unique and high level of expertise and experience; and that adherence to traditional protocols (i.e., gifting, offering tobacco) also has to be considered on how to bring on the Elder and honor the Elder in addition to remuneration

The Elders also think it is important to revisit the Aboriginal Healing and Wellness Framework and for funders and policymakers to work with Awo Taan to look at ways to ensure it is built into the foundation of the policy and practices at Awo Taan. So that staff and all other stakeholders understand and are in agreement with the approach of the shelter.

To this end, their primary recommendations were to:

1. Identify resources to improve the 12-year-old Framework by incorporating emerging and promising practices at the shelter, specifically holistic culturally appropriate and safe trauma violence informed care approaches (i.e., cultural supports, healing and reconciliation program, trauma violence informed counselling)
2. Identify resources for the full implementation of the Framework beyond the Medicine Wheel Assessment; and
3. Incorporate the Framework into the overall program service delivery model and policy and procedures.

All of the Elders said the way the shelter will know it is doing a good job delivering culturally important services is by not by counting how many participate, but by seeing how many women are empowered to move forward using ceremonies and teachings in her journey towards healing.

The Elders shared that the work of Awo Taan in extending its shield to women of all cultures is so important and valuable for Indigenous generations, before, now and those to come. As one Elder shared:

“Women are the ones who are the perpetual carriers of life. When I carried my daughter, I also carried my granddaughter.”

# Section 10. Cultural Competency Organizational Assessment

## 10.1 Introduction

A cultural competency organizational assessment questionnaire was completed by a process of discussions(s) with the Executive Director and the Residential Program Coordinator at the Lodge to engage in a process of self-study and review of their proficiency, limitations, and needs for improving their ability to provide culturally competent services to: assess and review their resources, capabilities, and methods of providing services to Indigenous women and women of all cultures; identify areas in which technical assistance, training, and resources are needed and to identify specific goals and objectives for improving the cultural competence of an agency, organization, or program (see Appendix G). The intent was not to give the shelter a 'score', but to learn about where the shelter may be on a continuum in moving toward cultural competence in administrative and operational policies and procedures. Direct quotes are provided to support findings by the title of Lead and they provided consent for this identification in the report; and in other instances, quotes are paraphrased to summarize feedback from both of the leads on specific topics.

## 10.2 Results

### a. Governance

The Society has a clearly identified vision, mission and mandate to provide a shelter and services to women of all cultures and their children affected by family violence and abuse. The shelter practices a holistic approach to wellbeing, using traditional teachings from the Aboriginal Framework for Healing and Wellness to promote healing..

Awo Taan's primary foundation was built on premise that Indigenous women needed and deserved a safe place to be where Elders, ceremony, and medicines were used and available to assist/guide in the journey to healing. (Residential Program Coordinator)

The Leads did not agree on whether or not the shelter's governing and administrative staff proportionately reflect the race, gender, age, and other cultural differences of the shelter's client population. One lead felt that about 70% of the women who stay the shelter are Indigenous, while the other felt this was closer to 90% and therefore the staffing ratio did not reflect the ratio of Indigenous women who access services at the shelter. There are no numerical goals toward developing a diverse workforce and efforts or affirmative action plans toward achieving those goals. Awo Taan does however, utilize the skills, knowledge, and talents of their ethnically and culturally diverse staff for language and cultural supports and mentorship. The leads did not indicate whether or not this extends to using staff in the areas of program planning and policy development.

Staff who speak languages other than English are sometimes relied upon as interpreters. None of the staff positions are unionized and they can be revised, redesigned to enhance cultural and other programming needs of the women at the shelter. However this is difficult due to funder's scope of funding for core services and the positions that support those services. For example, the person in the Rural & Community Outreach position also liaises as an Elder for clients of all of the programs of Awo Taan and with the community and other Elders. However, the position has not formally been revised to include the scope of Elders supports and there is no compensation. This person cannot provide Elder supports when their primary work role takes priority, which is often the case. A position dedicated for Elder supports is required. (Leads)

#### **b. Accessibility**

Over the years the shelter has not had little or no requests to provide accommodations to women who have severe visual or developmental disabilities and/or who may be hard of hearing or deaf. When they have had a request, they found it was challenging to accommodate these women due to lack of specialized training and certification of staff (i.e., sign language, health care aide) and there is no proper signage (i.e., braille). The shelter is able to accommodate women who may encounter challenges with mobility (i.e., walkers, wheelchairs) as the facility has a wider hall and doorways and also has a lift.

Very limited. As in a past circumstance as woman needed constant and consistent support. The rotating staff cause anxiety to the client... We have had this situation a few times. You are more or less taught by the resident how to best communicate. (Residential Program Coordinator)

The shelter is open 24/7 with a crisis line. Men can also access the crisis line and receive support, safety planning and referrals. However, intake for emergency accommodation at the shelter is only available for women and their children. Accessibility is based upon a first come, first serve basis. If unable to provide a bed, they are provided with other supports and referrals based upon their disclosure of needs.

We are available 24 hours, and we do have crisis line and so we can provide telephone support to anyone who calls. Men can't be served in the shelter, but we can certainly provide support to them by telephone...How accessible is the initial appointment for services? That depends because we are a women's emergency shelter. We would, we are first come, first serve. So there are limitations around that because not everyone can be served with a bed. But we can serve them in other ways. For example, if women are at risk there is an assessment that they may be in danger and they are open to outreach and support services. We do referrals to other shelters and services. So that safety planning is done with them. (Executive Director)

Program materials describing the shelter and its programs are clearly written and in a language that is easily understood. However, they may be a need to revise program materials which take into consideration the literacy levels of women. Levels of literacy need to consider cultural understandings and interpretations as well as educational literacy. The Leads both stated these program materials are not culturally and linguistically oriented to the groups of women they serve. All program materials are available in English only and not available upon request in other alternative formats such as large print, braille, electronically, and so on. To compensate, the staff always provides all information verbally on resources and materials during client engagement (phone, intake, assessment and follow up and exit). .

No and I have known that for a long time. And I am talking about the women that come in the shelter recognizing their comprehension levels are lower than the average I guess. So they are challenging to read and understanding them can be difficult... but when staff they will When staff are aware that someone has literacy deficiencies they will walk through that entire document with them. Because at the end of the day we are going to ask them to sign whether it's a release form, an agreement to services. They are going to do all of that so we have to ensure they understand all of those pieces. (Executive Director)

We should have the program materials available in more languages (Residential Program Coordinator)

Not all of the staff are consistent in their level of friendliness and cultural sensitivity when receiving clients. And there is no capability for receiving clients whose primary language is not English. That is, there are no paid translators on staff. However, until translation services are located the shelter may be able to rely on a staff person who might be able to speak the same language. The Leads stated they access the Language Bank for an interpreter, and/or Alberta Health Services or Calgary Police Services. They also indicated that respectful culturally competent non-verbal communication is an expectation of the staff. The shelter does not use Telecommunications Device for the Deaf (TDD) nor voicemail (outside of administrative purposes).

If there were 10 staff, it would probably be about 75% who are friendly and culturally sensitive when receiving clients. Most staff will make sure clients eat and are comfortable prior to starting intake with them. (Leads)

I think being empathetic and body language certainly tells a lot to someone you are not able to communicate with. I think demonstrating kindness and offering tea and food and that kind of thing is critically important. We also look with them and see what we have available to them. You know in terms of the language bank we've accessed. What support services do we need to call in, we may use that telephone service and call somebody and then they talk to that person. So we do what we can. I guess and sometimes resources are limited. I think first and foremost, we do try to provide safety and courtesy and respect and that who atmosphere for them. (Executive Director)

The physical environment of the shelter and its décor does not reflect the different cultural populations it serves. There are some Indigenous art and artifacts but this is very minimal within the facility. There are no formal plans to address the cultural safety of the shelter interior environment.

I think so. I think it does I mean we have your very basic you know, institutional sort of shelter, but we also have symbology on the walls and through some of the blankets that we have and that kind of thing. (Executive Director)

No, and to my knowledge we have no plans to correct this (Residential Program Coordinator)



### **c. Human Resources and Development**

Current recruitment practices are done internally first, but due to being a small organization they will post concurrently (internally and externally) at employment agencies, and on social media (Facebook), on Awo Taan website, by word of mouth, and at career fairs. There is often ongoing recruitment for certain positions (e.g., casual) because they are always looking for staff. The Leads found that these recruitment strategies are not really effective, but there is no funding in the shelter's budget to be able to invest efforts for a recruitment strategy.

We look internally first of all if there is a position. But often times, because we a small organization we often go both internally and externally simultaneously. Particularly if we know that none of the staff want the position or none of the staff are ready for that position. We network with various employment agencies, post-secondary institutions and social media to advertise those positions. (Leads)

We also go to career fairs, like at Mount Royal College, Aboriginal Futures that kind of thing. We often do this even when we don't have positions open because we are always looking for staff. (Executive Director)

There are some gaps in there, I say that partially because I think sometimes we're missing some key areas you know with our advertisements. And that's partially cause of lack of resources sometimes to post in some newspapers or to post in some websites. Even charity village costs \$100 for one posting for a month. That's fairly a big chunk of money we are not funded for. (Executive Director)

The Leads stated that they acknowledge and respect the various contributions, strengths, and different cultural work styles of their staff. Staff receive internal recognition and are also nominated for awards outside of the organization. The Leads also said they have established relationships with the staff in which they can learn more about them beyond their work roles in order to find ways to allow staff to expand upon their work roles as a way of acknowledging and recognizing various strengths and different cultural work styles. This is especially prominent in the work that Awo Taan does to organize or attend community events where staff is assigned or volunteer to other types of work. Because Awo Taan is a small organization with little resources, often finding the 'best person' to get the job done has been a useful practice for ensuring smooth operations, service delivery or volunteer activities.

I feel as a supervisor it is my role to know each staff person's likes, dislikes. I know about family, friends, moods etc. I feel that I know who to ask to get different tasks done well. (Residential Program Coordinator)

Unfortunately, the pay scale is not as high as what the Leads would like to assign to staff and the compensation based upon evolving policies may also not be fair. For example, newer staff may sometimes be paid at a higher rate than more senior staff. However, the Leads felt the organization has been very effective at promoting and retaining a diverse staff. About 75% of the staff have been employed at Awo Taan for 5 years or more. This provides the opportunity to enhance the competencies of staff, but at the same time, there is little room for promotions.

It does bother me a bit that due to changes in the pay grid, older staff at times paid the same or less than newer staff. (Residential Program Coordinator)

75% of the staff at the shelter have been there for 5 years or more and I think that is a good record, not excellent, but it is a very good record. I think part of my leadership has been to be able to create autonomy with some of the positions. And to allow staff to grow into their positions and to be able to use their unique skills set to build that as they go. You try to put them in the right places at the right time to be able to shine at what they do, recognizing there are some limitations as well. (Executive Director)

The Leads did not point to a specific policy or method for how intercultural/interracial conflicts are handled amongst staff. When this has occurred a preference for debriefing at staff meetings by opening with a prayer; if necessary, mediation may also be provided. But if it is determined these actions may be harmful (i.e., lateral violence, bullying) it may be referred for review under the human resource policies and procedures as Awo Taan has a zero-tolerance policy regarding such conduct.

I think this has happened to some extent, and staff have called it bullying and they have called it lateral violence. So what we do is through our staff meetings we try to acknowledge all staff members we have to debrief and prayer to close our meetings. And Carolynn does her team meetings and she recognizes that those issues will come up sometimes and do so supportive remediation work in terms of acknowledging where these issues come from. (Executive Director)

We have had these issues on and off throughout the years. We will mediate, we will talk to all involved, but the bottom line is we have zero tolerance for this behavior. Disciplinary action could follow. (Residential Program Coordinator)

#### **d. Staff Diversity/Client Diversity matching**

The staff and client diversity ration somewhat match, but the Leads felt that there is a need to ensure more Indigenous staff are hired. Specific attention to recruiting Indigenous hires is done through resume reviews and creating awareness of available positions in the Indigenous community. The Leads feel it is important for Indigenous women to see Indigenous women at the shelter to help them feel safe and comfortable. It is important for them to have access to Elders, medicines and ceremonies. Staffing approaches need to make women feel like they are at home while they are providing support and resources to help them escape family violence.

Women who have been clients at the shelter may work or volunteer upon 3 years of exiting the shelter program.

Emerging populations the Leads are seeing at the shelter are immigrant and refugee women and the staffing does not reflect this diverse group nor is there any resources to be able to plan to meet their needs.

Not really no. Like I said I would like to have more Indigenous staff. To correct this, we will keep doing what we are doing. Monitor the resumes that come in and to interview people accordingly and to target Indigenous agencies, employment agencies, universities etc. (Executive Director)

First of all, I think I think it is very important for Indigenous women to see Indigenous women when they come in the shelter, because many of them have already suffered disparities around racism, subjugation and all those other areas. So seeing somebody, this person will be like they understand who I am, where I am coming from and they get it. I would probably let them know there are Indigenous languages in the shelter that we have access to Elders we have access to the medicines and that we try to treat everyone who comes into the shelter with respect and dignity, like a family member. Like you're coming home. But also with that we also do safety planning. We do a case management for housing, for children's issues, for keeping the family together as a strong unit, and for providing support to mom while she in the shelter. (Executive Director)

There are more refugee claimants seeking shelter supports. We have been relying on culturally appropriate community supports to guide us in relating and communicating with the clients. (Residential Program Coordinator)

#### **e. Services-Client/Family Involvement**

Women who stay at the shelter are not involved in the planning and design of the services at the shelter.

Families of the women who stay at the shelter may be invited to participate in discharge planning if the client permits.

We have had to involve Aunties, Grandmothers, and mothers etc., to ensure that supports are in place. (Residential Program Coordinator)

The shelter is unable to ensure that the women who access services are diverse because it operates on an emergency first come first serve basis, and there are no plans to change this policy. The shelter is most capable of providing culturally proficient mental health services to Indigenous women than to women of other cultures due to the Reconciliation and Healing from Trauma program. The shelter needs more information on immigrant women, especially on refugee claimant status and jurisdictional complexities. Current efforts to learn more about immigrant women are being done through partnerships with immigrant-serving organizations and through lunch and learns and at staff meetings.

Indigenous women, using the strength based and trauma approach, unresolved trauma, trauma-informed. (Executive Director)

Immigrant women for sure. There are different status placed on immigrant women and just trying to understand and the rules around that the legislation is complicated and it is understanding how to support is exploratory on a case-by case basis. (Leads)

If a woman who is staying at the shelter has a grievance regarding cultural, racial and or other issues, they may write to the Executive Director in confidence as per policy and she will receive a response within 24 hours. A culturally sensitive resolution is strived for with the client and an opportunity for education and awareness is provided to leadership and staff.

#### **f. Services-Language, Culture, Community**

There is no specific policy or practice in place if staff are not proficient in the language or culture of a client. Services provided in the languages preferred by the shelter's clients at key points of contact such as reception, informed consent for treatment, evaluation, treatment, referral, and contact with family are not provided. As previously mentioned, the shelter will engage in efforts to find and utilize staff who speak languages other than English until translation services can be accessed through the Language Bank, and/or Alberta Health Services or Calgary Police Services. This request is initiated within 24 hours of a

request or intake and all staff is trained during their hiring orientation on these practices. Staff is not provided with interpretative language training on basic skills and knowledge about mental/health and/or substance abuse as external agencies for translation services are used.

The shelter incorporates special concerns and treatment needs, such as cultural healing practices, and celebration of cultural holidays. The most common requests they receive are cultural practices related to food and prayers, which they are able to usually accommodate as there is cook on site and a small room reserved to help facilitate cultural practices.

I guess the most obvious for us is food. Because we have Mary Ann our fantastic cook, we try to make sure we meet the dietary needs of women. For example, it may have to be kosher or they are not allowed to eat certain meats, or there are some even that prefer cake or fruit in the morning instead of porridge or eggs. So dietary needs are usually first and foremost. We do have a little room at the shelter for anyone who wants to see an Elder or for meditation purpose. So for Muslim women they can take their rug in there to pray. You know for Ramadan they may have to pray four times a day. It's a safe place for them, so we have those services available to them. (Executive Director)

This is on a client by client basis. We do have families that are on a fast for example and they may not eat all day until after sunset. We accommodate. (Residential Program Coordinator)

The shelter maintains formal or informal links with community service systems, especially with immigrant-serving agencies and the local police district office. They also conduct outreach and link with community-based organizations including “natural support networks” such as self-help groups, churches, temples, schools, and neighborhood organizations.

#### **g. Training**

The Leads said that a lot of training has been provided to staff over the past two years on family violence and impacts, but less so on assisting staff to on achieving proficiency in serving different ethnic, racial, and cultural groups. Both leads stated more training is required on how to better work with and provide services for immigrant women. A list of training is kept by the Residential Program Coordinator.

There has been a lot of training...We did a complete list last year and we put in the HR files because I think we are losing track of what people are learning...But primarily it's around family violence, family violence and effects on children and how to respond. In terms of the immigrant community, I don't think there has been a lot on the diversity of non-Indigenous women...I think I need to pay closer attention to that. (Executive Director)

The Leads have not assessed the staff's cultural competency status and training needs. They do know the staff need training on immigration laws and refugee status, Indigenous cultural competency and trauma-informed care. They plan to connect with immigrant-serving agencies and to work with the Board of Directors based upon findings from the evaluation to assess cultural competency and training needs. They hope to promote staff participation in such training through involvement in planning and feedback.

Not formally, no. We don't have a formal process right now. I am hoping after the evaluation there will be recommendations and that myself, and the personnel committee and the board can take on some of that responsibility to develop outcomes to those recommendation or to those areas that identified. (Executive Director)

We created the workshop with Dr. Broken Leg. But it would be great to have more training regarding Immigrant populations. (Residential Program Coordinator)

Besides training, an overall way to help make the shelter more culturally competent is to identify a trauma-informed care pathway way or care map to manage the quality of how services are provided at the shelter concerning the standardization of service and care processes. This would help reduce the variability in service delivery practices by different service providers at the shelter and potentially provide measures to assess outcomes to optimize management of the programs, service delivery and care plans for clients. This would also facilitate a continuum of care for the clients while they are at and then discharged from the shelter.

A continuum of support services. This means, I guess it's more like a chart or map. So when a woman calls in and she's not in a violent situation, you go to this page. To have it more consistent. Cause right now I think the crisis calls are really inconsistent. So a pathway model. I have read the crisis call book and I do that randomly...I look at the reasons women and children are turned away and then I look at the wall and think, I don't understand why she was turned away. A path of service, she's calling in, may be in trouble but not ready to come in, so go to this page for outreach and support. She might be a good candidate for the Women's Circle of Safety. What happens is women don't get serviced and some women will see me and ask if I am Director and let me know they called the shelter and they would not allow me to come in. I ask them why. They say well I don't know, so I just hung up. (Executive Director)

### 10.3 Discussion

The Society has a clearly identified vision, mission and mandate to provide a shelter and services to women of all cultures and their children affected by family violence and abuse. The shelter practices a holistic approach to wellbeing, using traditional teachings from the Aboriginal Framework for Healing and Wellness to promote healing.

There is a manual of policies and procedures and its interpretation and application are guided by the Society's By-Laws, and related municipal, provincial and federal legislations. The shelter has adopted clear anti-discrimination and anti-harassment policies, but require an orientation model and an ongoing training and professional development strategy to ensure staff is trained in their rights and responsibilities.

Key principles and policies are verbally articulated to women at their intake and throughout their stay, but the Leads would like to be able to provide them with accessible written forms.

It was unclear whether or not the shelter staff and client ratios matched or if the recruitment strategies the shelter employs are effective in promoting and retaining a diverse staff. What was clear, is that the shelter has strong administrative structure with little staff turn over. The Executive Director has been employed since the establishment of the shelter (25 years), and the Residential Coordinator has been supervising staff and coordinating shelter services for over 20 years. Their Executive Assistant has been supporting them for 10 years, and many of the staff have succeeded to other roles based on performance and availability of positions. On average the staff at Awo Taan have worked at the shelter for five years or more, and therefore have built strong connections to each other and to the community. This has had a positive impact on the shelters capacity to be culturally competent at individual, service and system levels<sup>46</sup>. But to what extent is not clear due to not being able to develop a strategic plan to implement a cultural competency results-based management process and systems to improve performance across these levels, risk management and evaluation. And this is due to the year-to-year funding model.

The Leads indicated that relationship building is fundamental in increasing their ability to understand, communicate with and effectively interact with women from across all cultures who stay at the shelter. Relationship building is based upon the strength of each other's knowledge, and using a wide range of internal, staffing and community resources. A key resource are Elder's and other Traditional Knowledge Holders, who facilitate the development of their programs and cultural supports and teachings for the staff and women at the shelter.

The Society is committed to providing culturally competent interventions that are developed from an understanding of trauma and its effects for restoring well-being and fostering

---

<sup>46</sup> Cultural competence operates at three levels: (1) The individual level encompasses the knowledge, skills, values, attitudes and behaviors of individual service providers. (2) The service level encompasses management and operational frameworks and practices, expectations, including policies, procedures, vision statements and the inclusion of voices of children, families and communities; and (3) The system level encompasses how services relate to and respect the rest of the community, agencies, Elders, and local community protocols (Livingstone 2014).

empowerment. The Leads reported that in order to be able to do this they require additional funding and support in order to be able to provide opportunities for staff and clients on learning about the community, Indian residential schools, family violence, abuse of all forms, addictions and other Indigenous core healing issues, and also about the nature of the healing process, and about a wide variety of healing strategies and models. As the number of immigrant and refugee women who stay at the shelter increases, so too does the need to learn about their experiences and how to better support them, in particular with immigration law.

Programs at the shelter are multidimensional and “open” in their operation, including the type of participants (i.e., providing accommodation and supports for children and youth up to 18 years), violence addressed, format, and content (i.e., traditional healing approaches), and provide “non-confrontational” and “wholistic family support” for change (i.e., outreach and family wellness centre). But could be better tailored to the women who come to the shelter by involving them and their families, as well as staff in the planning and design of the services. Doing so might also offer an opportunity to identify whether or not there is a rationale to expand upon these services by offering culturally specific approaches (i.e., First Nations, Inuit, Metis, or other) and in their preferred languages. The Leads indicated they also need language interpreters from time to time, but rely on other agencies for this support as there is no process to track the need for these services; and thus no rationale to present for additional funding to provide these supports. They also mentioned that a review of internal information and forms for women should be reviewed for understanding and culturally appropriate literacy.



## Section 11. Recommendations

1. The Society should identify resources and support to renew and implement the Aboriginal Framework for Healing and Wellness throughout the policies, procedures and practices at the shelter to improve culturally response care for women fleeing family violence and all other forms of abuse.
2. The Society should identify resource and support to implement result-based management processes and systems to improve performance measurement, risk management and evaluation of programs at the shelter based upon the Aboriginal Framework for Healing and Wellness. That would entail
  - Establishing clear performance measures and targets for shelter activities and the continuum of services based that are inclusive of Western and Indigenous Ways of Knowing; and that
  - Performance measures and targets include measures such as proxies that can be used to measure rates and incidence of Indigenous family violence, utility and access, and program outcomes and impacts for Indigenous women and their families in an urban context.
3. The Society should review their capacity to address human resources management and tools based on a gender-based analysis in order to the unique needs of the women and their children who stay at the shelter.
4. The Society should explore opportunities to improve partnerships and networks by creating a strategy to build organizational capacity and advocacy to address issues which impact the women who stay at the shelter, and a coordinated approach for women and their children across sectors.
5. The Society should identify opportunities to increase the input of the shelter staff and women who stay at the shelter in consultations on the development and implementation of programs and services.
6. The Society should identify a strategic plan to engage its funders to support results based management organizational capacity building to:
  - Develop culturally competent and responsive tools for data collection and assessment tools for women who stay at the shelter.
  - Develop a professional development and learning engagement strategy for staff, partners and women who stay at the shelter to learn about Indigenous trauma and disadvantage, trauma violence informed care and other Indigenous healing and wellness issues, mental health and addictions, and immigrant and refugee issues and law.

## REFERENCES

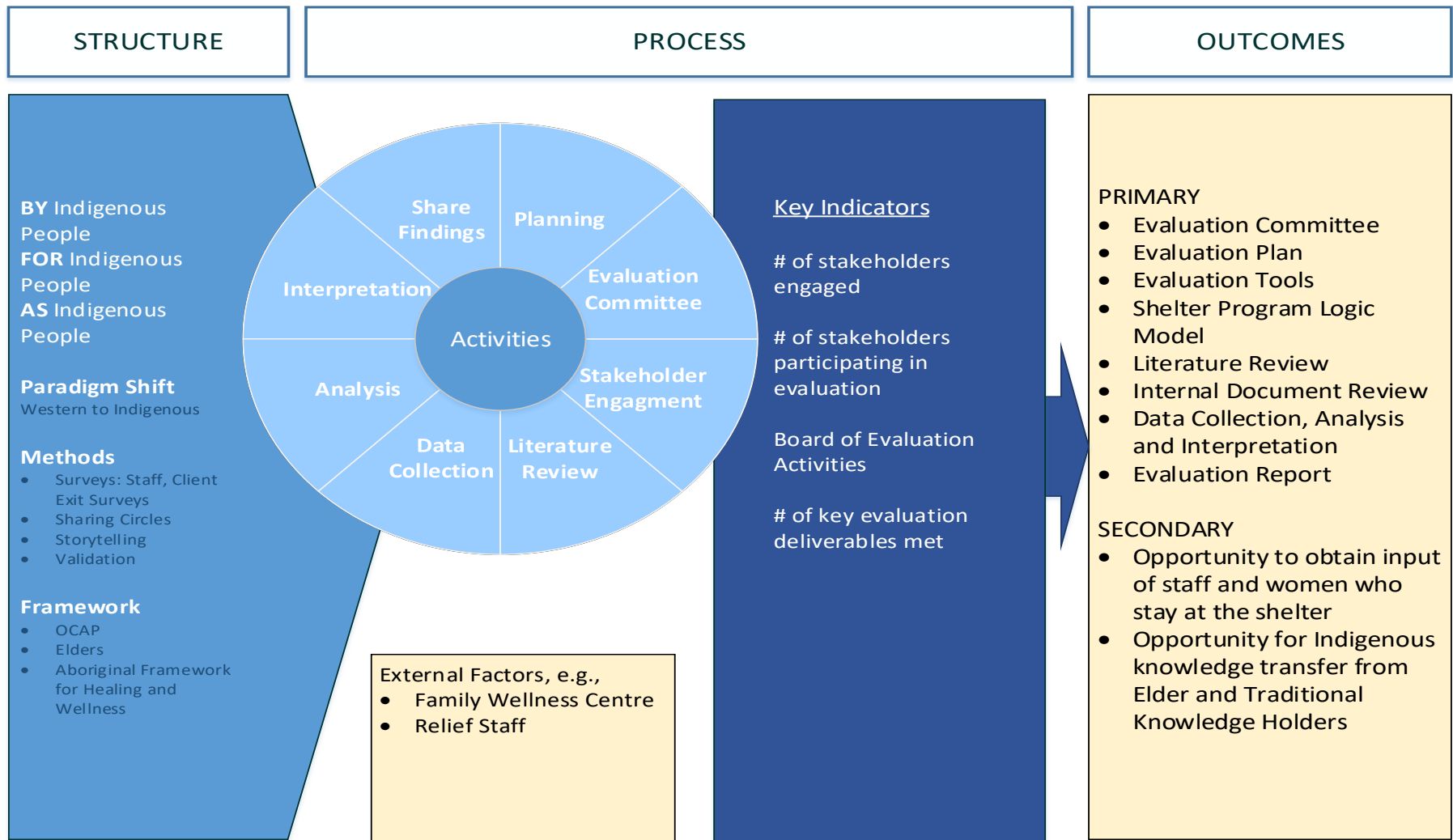
- Aboriginal women and family violence.* (2008). Ottawa, Ontario: National Clearinghouse on Family Violence
- Action plan to address family violence and violent crimes against Aboriginal women and girls* (2014). Ottawa, Ontario: Retrieved from [http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cat03710a&AN=alb.6803804&site=eds-live&scope=site;http://publications.gc.ca/collections/collection\\_2014/cfc-swc/SW21-161-2014-eng.pdf;http://epe.lac-bac.gc.ca/100/201/301/weekly\\_checklist/2014/internet/w14-49-U-E.html/collections/collection\\_2014/cfc-swc/SW21-161-2014-eng.pdf](http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cat03710a&AN=alb.6803804&site=eds-live&scope=site;http://publications.gc.ca/collections/collection_2014/cfc-swc/SW21-161-2014-eng.pdf;http://epe.lac-bac.gc.ca/100/201/301/weekly_checklist/2014/internet/w14-49-U-E.html/collections/collection_2014/cfc-swc/SW21-161-2014-eng.pdf)
- Addressing funding policy issues: INAC-funded women's shelters.* (2011). Kahnawake, Québec: National Aboriginal Circle Against Family Violence. (2008). Retrieved from <http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cat03710a&AN=alb.7376475&site=eds-live&scope=site;http://www.deslibris.ca/ID/229043>
- Alternative Report to the U.N. Committee on the Elimination of Racial Discrimination.* (2017). Kahnawake, Québec: National Aboriginal Circle Against Family Violence and Quebec Native Women Inc., Retrieved from [http://tbinternet.ohchr.org/Treaties/CERD/Shared%20Documents/CAN/INT\\_CERD\\_NGO\\_CA\\_N\\_28176\\_E.pdf](http://tbinternet.ohchr.org/Treaties/CERD/Shared%20Documents/CAN/INT_CERD_NGO_CA_N_28176_E.pdf)
- Strength in Numbers: A ten year trend analysis of Women's Shelters in Alberta.* (2012). Alberta Council of Women's Shelter's. Retrieved from <https://acws.ca/collaborate-document/2140/view>
- Awo Taan Healing Lodge Society: Aboriginal Framework for Healing & Wellness.* (2007). Calgary, Alberta. Government of Alberta.
- Bailey, J., & Shayan, S. (2016). Missing and Murdered Indigenous Women Crisis: Technological Dimensions. *Canadian Journal of Women & the Law*. 28(2): 321-341.
- Brennan, S. (2015). *Violent Victimization of Aboriginal Women in the Canadian Provinces, 2009* Ottawa, Ontario : Statistics Canada, 2011.
- Browne, A. J., Varcoe, C., Lavoie, J., Smye, V., Wong, S. T., Krause, M., et al. (2016). Enhancing health care equity with Indigenous populations: Evidence-based strategies from an ethnographic study. *BMC Health Services Research*, 16, 1-17.
- Brown, J., & Languedoc, S. (2004). Components of an Aboriginal-based family violence intervention program. *Families in Society: Journal of Contemporary Social Services*. 85(4): 477-484.
- Brownridge, D., Taillieu, T., Afifi, T., Chan, K., Emery, C., Lavoie, J., et al. (2017). Child maltreatment and intimate partner violence among Indigenous and Non-Indigenous Canadians. *Journal of Family Violence*. 32(6): 607-619.
- Brownridge, D.A. (2003). Male partner violence against Aboriginal women in Canada: An empirical analysis. *Journal of Interpersonal Violence*. 18(1): 65-83.

- Burnette, C. E. (2016). Historical oppression and Indigenous families: Uncovering potential risk factors for Indigenous families touched by violence. *Family Relations*. 65(2): 354-368.
- Cameron, A. (2006). Sentencing circles and intimate violence: A Canadian feminist perspective. *Canadian Journal of Women & the Law*. 18(2):479-512.
- Campbell, K. M. (2007). "What was it they lost?" the impact of resource development on family violence in a northern Aboriginal community. *Journal of Ethnicity in Criminal Justice*. 5(1): 57-80.
- Cripps, K. (2008). Indigenous family violence: A statistical challenge. *Injury*. 39:S25-S35.
- Day, A., Jones, R., Nakata, M., & McDermott, D. (2012). Indigenous family violence: An attempt to understand the problems and inform appropriate and effective responses to criminal justice system intervention. *Psychiatry, Psychology & Law*. 19(1): 104-117.
- Dready, Kimberly A. (2002). *Moving Toward Safety: Responding to Family Violence in Aboriginal and Northern Communities of Labrador*. Provincial Association Against Family Violence.
- Ellington, L., Brassard, R., & Montminy, L. (2015). Diversity of roles played by Aboriginal men in domestic violence in Quebec. *International Journal of Men's Health*. 14(3):287-300.
- Evaluation of the family violence prevention program: Final report*. (2015). Ottawa, Ontario: Aboriginal Affairs and Northern Development Canada, 2015.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities. *Journal of Interpersonal Violence*, 23(3), 316-338.
- First Nations regional longitudinal health survey (RHS): code of research ethics*. Ottawa: First Nations Information Governance Centre; 1997 (revised 2007 Feb. 22). Available: [http://fnigc.ca/sites/default/files/ENpdf/RHS\\_General/rhs-code-of-research-ethics-2007.pdf](http://fnigc.ca/sites/default/files/ENpdf/RHS_General/rhs-code-of-research-ethics-2007.pdf)
- Fletcher, F. (2003). Community-based participatory research relationships with Aboriginal communities in Canada. An overview of the context and process. *Pimatzwin: A Journal of Aboriginal and Indigenous Community Health*. 1(1): 27-62.
- Green, J. A. (2007). *Making Space for Indigenous Feminism*. Black Point, N.S.: Fernwood Pub., 2007.
- Green, J. A. (2017). *Making Space for Indigenous Feminism* (Second ed.). Black Point, Nova Scotia: Fernwood Publishing.
- Goulet, S., Lorenzetti, L., Walsh, C. A., Wells, L., & Claussen, C. (2016). Understanding the environment: Domestic violence and prevention in urban Aboriginal communities. *First Peoples Child & Family Review*. 11(1): 9-23.
- Hargreaves, A. (2017) *Violence Against Indigenous Women: Literature, Activism, Resistance*. Waterloo: Wilfrid Laurier University Press.
- Hamby, S. L. (2000). The importance of community in a feminist analysis of domestic violence among American Indians. *American Journal of Community Psychology*. 28(5): 649.

- Holmes, C. & Hunt, S. (2017). *Indigenous communities and family violence: Changing the conversation*. Prince George, B.C: National Collaborating Centre for Aboriginal Health.
- Hyett, S., Marjerrison, S., Gabel, C. (2018). Improving health research among Indigenous Peoples in Canada. *Canadian Medical Association Journal* (20): E616-E621.
- Kirmayer, L. J., Gone, J. P., & Moses, J. (2014). Rethinking historical trauma. *Transcultural Psychiatry*, 51(3), 299-319.
- Kovach, Margaret. (2009). *Indigenous methodologies: characteristics, conversations and contexts*. Toronto: University of Toronto Press.
- Lane, P., Bopp, J., & Bopp, M. (2003). *Aboriginal domestic violence in Canada* Ottawa, Ont: Aboriginal Healing Foundation, 2003.
- Lavallée, L. (2009). "Practical Application of an Indigenous Research Framework and Two Qualitative Indigenous Research Methods: Sharing Circles and Anishnaabe Symbol-Based Reflection." *International Journal of Qualitative Methods*. 8(1):21-40.
- Matamonasa-Bennett, A. (2015). "A disease of the outside people": Native American Men's perceptions of intimate partner violence. *Psychology of Women Quarterly*, 39(1):20-36.
- Murphy, S. B., Risley-Curtiss, C., & Gerdes, K. (2003). American Indian women and domestic violence: The lived experience. *Journal of Human Behavior in the Social Environment*, 7(3): 159-181.
- McKay, C. (2017) *ANANGOSH: Legal Information Manual for Shelter Workers*. Ottawa, Ontario: National Aboriginal Circle against Family Violence.
- Nicholls, Valerie (2008). *Aboriginal Children Exposed to Family Violence – A Discussion Paper*. Native Women's Association of Canada. Ottawa, Ontario.
- Nickson, A., Dunstan, J., Esperanza, D., & Barker, S. (2011). Indigenous practice approaches to women, violence, and healing using community development: A partnership between Indigenous and Non-Indigenous workers. *Australian Social Work*. 64(1): 84-95.
- No more stolen sisters: The need for a comprehensive response to discrimination and violence against Indigenous women in Canada*. (2015). London, United Kingdom: Amnesty International, 2009.
- Oetzel, J., & Duran, B. (2004). Intimate partner violence in American Indian and/or Alaska native communities: A social ecological framework of determinants and interventions. *American Indian & Alaska Native Mental Health Research: The Journal of the National Center*, 11(3), 49-68.
- Policies and Procedures Guidelines for Shelters*. (2014). Ottawa, Ontario: National Aboriginal Circle Against Family Violence, 2006.
- Puchala, C., Paul, S., Kennedy, C., & Mehl-Madrona, L. (2010). Using traditional spirituality to reduce domestic violence within Aboriginal communities. *Journal of Alternative & Complementary Medicine*. 16(1): 89-96.

- Shepherd, J. (2001). Where do you go when it's 40 below? Domestic violence among rural Alaska Native women. *Affilia: Journal of Women & Social Work*. 16(4): 488-510.
- Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. Dunedin, New Zealand: University of Otago Press.
- Social Determinants of Health and Canada's Aboriginal Women: Submission by the Native Women's Association of Canada to the World Health Organization's Commission on the Social Determinants of Health. (2007). Native Women's Association of Canada. Ottawa, Ontario.
- Taylor, Judy, Brian Cheers, Colin Weetra, and Ian Gentle. 2004. "Supporting community solutions to family violence." *Australian Social Work*. 57(1): 71-83.
- Tehee, M., & Esqueda, C. (2008). American Indian and European American Women's perceptions of domestic violence. *Journal of Family Violence*, 23(1), 25-35.
- Thurman, P. J., Allen, J., & Deters, P. B. (2004). The circles of care evaluation: Doing participatory evaluation with American Indian and Alaska native communities. *American Indian & Alaska Native Mental Health Research: The Journal of the National Center*, 11(2), 139-154.
- Violence against Indigenous women and girls in Canada: A summary of Amnesty International's concerns and call to action*. (2014). London, United Kingdom: Amnesty International, 2009.
- Volume 5: Renewal: a twenty-year commitment. Report of the Royal Commission on Aboriginal Peoples*. (1996). Appendix E: Ethical guidelines for research. Ottawa: Canada Communication Group Publishing. Available: <http://data2.archives.ca/e/e448/e011188230-05.pdf>
- Wathen, C. N., & MacMillan, H. L. (2003). Interventions for violence against women: Scientific review. *JAMA: Journal of the American Medical Association*, 289(5), 589.
- Weatherburn, D. (2010). Guest Editorial: Indigenous Violence. *The Australian and New Zealand Journal of Criminology*. 13(2), 197-198.
- Wells, L., & Goulet, S. (2012). *Final report. Shift: The project to end domestic violence - research in the Calgary Aboriginal community* Calgary, Alberta: Centre for Criminology and Justice Research, 2011.
- Wells, L., Boodt, C., & Emery, J. C. H. (2012). *Preventing domestic violence in Alberta: A cost savings perspective* Calgary, Alta.] : School of Public Policy, University of Calgary, c2012.

# APPENDIX A – Evaluation Design



# APPENDIX B – Staff Evaluation Questionnaire

## Background questions

1. What is the purpose of the Awo Taan Women's Emergency Shelter?
2. What is your current position at Awo Taan Women's Emergency Shelter?
3. Why is the work you do important?

## Evaluation questions

### *Relevance*

4. What is the need or rationale for the Awo Taan Women's Emergency Shelter?
5. Have the needs changed over time since the beginning of the Awo Taan Women's Emergency Shelter? Please describe.
6. Do you think the need for family violence prevention programming as provided by Awo Taan will grow or diminish over the next few years?

### *Cultural Relevance*

7. Do you know if there is a specific policy, strategy, framework or model which guides culturally appropriate approaches for service delivery at the shelter?
8. Can you describe how the shelter provides culturally relevant services?
9. Can you describe how the shelter provide trauma-informed approaches in its services?
10. How important is the role of cultural services at the shelter?
11. Are cultural services tracked and reported on?
12. Do you feel that the shelter's approaches reflect the cultural distinctions and social realities of its clients?
13. Are there any gaps in culturally appropriate services or tools that exist for the shelter?

### *Design and Delivery*

14. Does the shelter have clearly established program service models and descriptions?
15. Does the shelter have clearly established core values and principles?
16. Can you describe the purpose of the following activities/programs at the shelter:
  - Emergency Crisis Support
  - Emergency Accommodation
  - Cultural Supports & Mentorship
  - Supportive Counselling
  - Intensive Case Management Program
  - Community Healing and Education

- Innovative Child Care Program
- Child Support
- Outreach Program
- Pediatric Wellness Clinic
- Carolyn to provide other name of program

17. Do you develop safety plans with every client you work with? If not, please explain
18. Do you complete a medicine wheel assessment with every client you work with? If not, please explain
19. How do you use the medicine wheel assessment in your work with your client or clients of the shelter?
20. Do you complete danger assessments with each client you work with? If not, please explain
21. What do you think make the programs and services at the shelter successful?
22. Are there any challenges in regards to programs and services at the shelter? What would your suggestions be to address these challenges?
23. Can you think of any program gaps (i.e., is there any need for other programs/services not offered at the shelter?)
24. Can you describe the purpose and role of the Awo Taan Healing Lodge Society Board of Directors?

### *Partnerships*

25. Can you provide a list of key partners and stakeholders that you work with to support your role and work that you do with clients?
26. Can you describe the other main partners and stakeholders the shelter has? How does the shelter interact with these partners or stakeholders?

### *Effectiveness*

27. How does the shelter do outreach to the community?
28. Do you feel that the shelter has the proper amount of support from community, funders and leaders? Please explain
29. What has been the effect of the shelter for women and children fleeing from family violence?
30. How has the shelter contributed to the decrease and likelihood of family violence?
31. Can you identify any key internal/external factors that may have an impact on the effectiveness of the shelter? (I.e. governance issues, lack of resources or staff to work in shelter or prevention projects, media reports on domestic abuse, etc.) (EQ 5)



### *Efficiency/ Economy*

32. Are there any areas of programming duplication at the shelter?
33. What are some areas of efficiency for the shelter that could be implemented?
34. Could the programs offered by the shelter be delivered more efficiently/effectively by another organization?
35. Do you have access to culturally appropriate practices, tools, manuals, guidance and training supports for providing the relevant services?
36. What ethnic, racial or cultural groups do you need more information about in order to provide better services?
37. As part of your job do you collect information and data on the programs and services you provide? If yes, how do you collect this information? Do you know if the information is used to make program decisions?
38. Are you provided with opportunities to be involved with program development, reviews and assessments of programs at the shelter?
39. Are clients of the shelter encouraged to participate in the planning and design of services you provide? If so how? If not, what efforts are you making or plans does the shelter have to do so?
40. Have there been any valuable lessons learned/best practices developed at the shelter?
41. Would you design/deliver/measure the program differently? How?
42. Do you have any additional comments about the design, delivery, or outcomes of the shelter? Is there anything we didn't ask s that you would like to bring up?

### *Aboriginal Framework for Healing and Wellness*

43. Can you describe the purpose of the Awo Taan Healing Lodge's Aboriginal Framework for Healing and Wellness?
44. Please explain how you apply the Aboriginal Framework for Healing and Wellness in your work at Awo Taan? If you do not, please explain why not.
45. Did you receive an orientation on the Aboriginal Framework for Healing and Wellness?
46. Do you receive regular training opportunities on the Aboriginal Framework for Healing and Wellness and how to apply it to the services you provide in your role at Awo Taan?
47. If you didn't know about the Aboriginal Framework for Healing and Wellness, please advise how things could be done differently so that you know about and how to use the framework.

### *Training and Education*

48. What training and education opportunities have you been provided with in the past two years?
49. What training and education programs are available to staff to improve cultural competency with clients of the shelter?
50. Has your supervisor worked with you to assess your level of cultural competency and training needs to work with Indigenous women and other underserved populations?

51. What training and education programs are available to staff to improve their knowledge of trauma-informed approaches?
52. What specific training would be helpful to enhance your work at the shelter?

Thank you for taking the time to complete this interview. Your input will be a valuable line of evidence used to evaluate the Awo Taan's Women's Emergency Shelter Program. The evaluation report will be available for your review.

Are there any additional suggestions you would make to improve the shelter? Do you have any other questions or comments that you think would be important for this evaluation? Do you have any questions about this evaluation?

## APPENDIX C – Staff Sharing Circle (SWOT Analysis)

How well does the Awo Taan Healing Lodge Society Women’s Emergency Shelter provide culturally safe and trauma-informed approaches for family violence?			
<p><b>Guiding Questions</b>            What makes Awo Taan (AT) successful?            What do (we) AT do well?            What specific talents &amp; skills does AT have?            What communication &amp; cross-cultural skills do we have?            What are some of the lessons learned and/or best practices at AT?</p>	<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Staff</li> <li>• Cultural Supports and Mentorship</li> <li>• Innovative Culturally Appropriate &amp; Contextually Tailored Support</li> <li>• Aboriginal Framework for Healing and Wellness</li> <li>• Resource Development &amp; Management</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Human Resources (HR)</li> <li>• Policy &amp; Procedure Manual</li> <li>• Communication</li> <li>• Administration</li> <li>• Innovative Child Support Program</li> </ul>	<p><b>Guiding Questions</b>            What isn’t quite right the way it should be?            What is missing?            What are the some of the challenges we experience at AT?            Are there any gaps in the services/programs we deliver?            Are there any gaps in our skills/knowledge/competency?            How strong is our morale, commitment and leadership?</p>
<p><b>Guiding Questions</b>            What are some of the opportunities that can enhance the approaches and service delivery of AT that we have not yet taken advantage of?            What are some of the problems and challenges in the community that AT is helping to address?            Do we work with stakeholders and community organizations to accomplish the goals and objectives AT and client needs?            What opportunities do you see for multiplying the benefits of your work, and that of AT?            What is the level of support for AT by funders, the community and leadership?            What access to funding do we have?</p>	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Partnership and Participation</li> <li>• Information Sharing</li> <li>• Administration</li> <li>• Awo Taan Board of Directors</li> <li>• Outreach</li> <li>• Professional &amp; Cultural Development for staff and clients</li> <li>• Creating Cultural Safe Spaces</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Funding</li> <li>• Staff</li> <li>• Facility</li> <li>• Assessment Tools and Access</li> <li>• Housing &amp; Provincial Emergency Shelter Policy</li> <li>• Transportation</li> <li>• Mental Health &amp; Addictions Supports</li> </ul>	<p><b>Guiding Questions</b>            What are some of things that may cause challenges or act as barriers for achieving our goals and objectives at AT?            Do we have any known weaknesses?            What factors may have influence on the effectiveness of the shelter?            Is there any duplication in activities/services at or by AT?            What are areas of efficiency that AT might need to improve upon?</p>

# APPENDIX D – Client Exit Survey

To be completed by shelter staff prior to providing survey to client.

Day/Month/Year: \_\_\_\_\_

Name of Shelter: \_\_\_\_\_

Type of service received:  Residential  Outreach

Number of days at the shelter: \_\_\_\_\_

Number of times client met with outreach worker:

0-5 times     6-10 times     More than 10 times     Not applicable

## Women’s Emergency Shelter: Client Feedback Survey

### Are we helping? Please tell us.

We hope that we have been able to meet your needs and help you on your journey.

- This is a voluntary survey. You have the choice to complete the survey or leave it blank. Your choice will not affect your ability to access women’s emergency shelter services in the future.
- Please answer these questions to the best of your ability so we know what services and supports are working well and how we can continue to improve our services.
- We do not need to know your name – your answers will be completely confidential.
- If you need any help, please let a staff member know.

1. Please check either “Yes”, “No” or “Doesn’t apply to me.”

(a)	Did you feel safe inside the shelter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn’t apply to me
(b)	Did the services at the shelter meet your basic living needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn’t apply to me
(c)	Did the services help you better understand the choices available to you in your situation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn’t apply to me
(d)	Did the services help you better understand what other services are available to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn’t apply to me
(e)	Did the services help you better understand the danger to yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn’t apply to me
(f)	Did the services/support meet your unique cultural needs? (for example, Aboriginal, ethnic minority)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn’t apply to me
(g)	Did the services help you gain access to other services in the community (e.g., referrals, childcare, legal supports)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn’t apply to me

**2. Did you have children with you at the shelter?**

Yes (If yes, answer questions 2A, 2B & 2C)       No (If no, continue to question 3)

2. A) Did the services at the shelter meet the basic needs of your children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. B) Did the services help you better understand the danger to your children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. C) How well did the services meet the needs of your children?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All of my children's needs were met	Most of my children's needs were met	Some of my children's needs were met	None of my children's needs were met

**3. How helpful was the service to you?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was extremely helpful	It was mostly helpful	It wasn't that helpful	It wasn't helpful at all

**4. Is your life better now because you received this help?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is much better	It is a bit better	It isn't really much better	It isn't better at all

**5. How well did the service meet your needs?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All of my needs were met	Most of my needs were met	Some of my needs were met	None of my needs were met

**6. Did you come to this shelter to leave an abusive situation?**

Yes       No

7. **As a result of my shelter stay, I am more able to keep myself (and the children in my care) safer from abuse.** Please note, this question is for all clients – if you don't have children, just answer for yourself.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable

8. **What were the most helpful services you received?**

9. **What could we have been done better to help you and/or your children?**

10. **What services or supports do you feel you still need?**

11. **Other comments or suggestions?**

**Thank you for taking the time to answer this survey.**

**Please place this in an envelope provided, seal the envelope and then give to any shelter staff member.**

# APPENDIX E – Client Storytelling Guide

Awo Taan Client Feedback Survey & Interview Guide April, 2018

Age:

Cultural Identity/Affiliation:

No. of Children:

No. of times at shelter or other shelters:

Purpose for attending shelter:

No.	Question	Yes	No	Doesn't Apply to Me	I Don't Know	Prefer not to Answer
Please please a check mark beside your answer:						
	Did you feel safe inside the shelter?					
	Did the services at the shelter meet your basic living needs?					
	Did the services help you better understand the choices available to you in your situation?					
	Did the services help you better understand what other services are available to you?					
	Did the services help you better understand the danger to yourself?					
	Did the services/support meet your unique cultural needs? (for example, Aboriginal, ethnic minority)					
	Did the services help you gain access to other services in the community (e.g., referrals, childcare, legal supports)?					
	Did you have children with you at the shelter?					
	Did the services at the shelter meet the basic needs of your children?					
	Did the services help you better understand the danger to your children?					

	How well did the services meet the needs of your children?	All of my children's needs were met	Most of my children's needs were met	Some of my children's needs were met	None of my children's needs were met	I Don't Know	Prefer not to answer	N/A
	How helpful was the service to you?	It was extremely helpful	It was mostly helpful	It wasn't that helpful	It wasn't helpful at all	I Don't Know	Prefer not to answer	
	Is your life better now because you received this help?	It is much better	It is a bit better	It isn't really much better	It isn't better at all	I Don't Know	Prefer not to answer	

	How well did the shelter meet your needs?	All of my needs were met	Most of my needs were met	Some of my needs were met	None of my needs were met	I Don't Know	Prefer not to Answer	
	Did you come to this shelter to leave an abusive situation?	Yes	No	Prefer not to Answer	Other:			
	As a result of my shelter stay, I am more able to keep myself (and the children in my care) safer from abuse.	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know	Prefer not to Answer	



	<p>What were the most helpful services you received?</p>
	<p>What could the shelter have done better to help you and/or your children?</p>
	<p>What services or support do you feel you still need?</p>
	<p>Based on your stay at the shelter do you feel the shelter is a needed service for the community?</p> <p>Yes    No    Doesn't Apply to Me    I Don't Know    Prefer not to Answer</p> <p>Why?</p>
	<p>Do you feel that the staff at the shelter are respectful of your beliefs and cultural practices, and understandings?</p> <p>Yes    No    Doesn't Apply to Me    I Don't Know    Prefer not to Answer</p> <p>Explanation:</p>
	<p>Did the staff asked you whether or not you would like access to cultural services?</p> <p>Yes    No    Doesn't Apply to Me    I Don't Know    Prefer not to Answer</p>
	<p>What kind of cultural services and supports were offered to you?</p>
	<p>What traditional and cultural supports should the shelter offer?</p>
	<p>Overall, do you feel the shelter is a culturally safe place for you (and your children)?</p>

**Design & Delivery**

Has the purpose of the shelter been explained to you?

Yes No Doesn't Apply to Me I Don't Know Prefer not to Answer

Have you been informed about all of the services that are available to you at the shelter and how to access them?

Yes No Doesn't Apply to Me I Don't Know Prefer not to Answer

Did the staff work with you on a:

Danger Assessment	Yes	No	Doesn't Apply to Me	I Don't Know	Prefer not to Answer
Medicine Wheel Assessment	Yes	No	Doesn't Apply to Me	I Don't Know	Prefer not to Answer
Safety Planning	Yes	No	Doesn't Apply to Me	I Don't Know	Prefer not to Answer

Do you understand what these assessments are for and how they will be used to help you during your stay at the shelter?

Yes No Doesn't Apply to Me I Don't Know Prefer not to Answer

Did you work with a support person to develop an Intensive Case Management Plan?

Yes No Doesn't Apply to Me I Don't Know Prefer not to Answer

Do you know how this plan is used by you and the staff to support your needs while you are at the shelter?

Yes No Doesn't Apply to Me I Don't Know Prefer not to Answer

Where you informed about the child support program? And have you used it?

Yes No Doesn't Apply to Me I Don't Know Prefer not to Answer

Where you informed about the trauma informed counsellor?

Yes    No    Doesn't Apply to Me    I Don't Know    Prefer not to Answer

If you accessed the trauma informed counsellor, did you find it helpful?

Yes    No    Doesn't Apply to Me    I Don't Know    Prefer not to Answer

***Efficiency/Economy***

1. During your stay have you been provided opportunities about how to make improvements to programs/services at the shelter?
2. What services do you feel work well?

What isn't working well?

3. What kinds of services should the shelter be offering that are not currently available that would help you (and your children)?

**Based on our discussion, how would you describe your overall experience at the shelter?**

**Is there anything else you would like to add that you think might help to improve the services at shelter, or experiences of others who may come to the shelter?**

# APPENDIX F – Elder and Traditional Knowledge Holder Sharing Circle Guide

## Evaluation Questions

### **Relevance**

1. Do you think there is a need for the Awo Taan Emergency's women's shelter?
  - a. Guide discussion to has the need grown or diminished

### **Cultural Relevance**

2. What kinds of cultural supports and services do you know are offered at the shelter?
3. What kind of traditional and cultural supports should the shelter offer?

### **Design & Delivery**

4. Does the shelter do a good job delivering services? How can the shelter better deliver their programs and services for the women and children who come here?
5. What do you think about the Awo Taan Aboriginal Framework for Healing and Wellness?

### **Partnerships**

6. Do you feel that the shelter is doing a good job at reaching out to people (partners, Elders, traditional knowledge holders and so on) who can help develop and provide culturally appropriate and trauma informed services?

### **Effectiveness**

7. Do you have any stories to share about how the shelter has helped women and their families affected by family violence?

### **Efficiency/Economy**

8. How would you advise the shelter to assess the impact of cultural supports and services on clients and staff? In other words, how can the shelter tell if it is doing a good job on helping people through provided cultural supports and services? How can the shelter tell others?

# APPENDIX G – Cultural Competency Organizational Assessment Questionnaire for Leadership

**PURPOSE:** To provide Awo Taan Women's Emergency Shelter with a tool for assessing and reviewing their resources, capabilities, and methods of providing services to racial, ethnic, and cultural populations.

To identify areas in which technical assistance, training, and resources are needed.

To identify specific goals and objectives for improving the cultural competence of an agency, organization, or program.

**INTENT:** To encourage organizations, agencies, and programs to engage in a process of self study and review of their proficiency, limitations, and needs for improving their ability to provide culturally competent services.

**METHOD:** This questionnaire will be completed by a process of discussions(s) by all staff or a group of designated representatives charged with reporting back to the areas they represent.

Terry L. Cross

© NWICWA

Retrieved from: <https://vdocuments.mx/cultural-competency-organizational-assessment-competency-organizational-assessment.html>

## **MISSION:**

Does Awo Taan have an explicit commitment or contractual agreement to serve all racial, ethnic, and cultural groups? How is this demonstrated in your institutional policies and practices?

Does Awo Taan have an explicit commitment or contractual agreement to serve and specific subgroup(s)?

## **GOVERNANCE**

Does your organization, agency, or program's governing and administrative staff proportionately reflect the race, gender, age, and other cultural differences of your client population?

Describe your organization, agency, or program's numerical goals toward developing a diverse workforce and efforts or affirmative action plans toward achieving those goals.

Describe your organization, agency, or program's efforts to utilize the skills, knowledge, and talents of your ethnically and culturally diverse staff, particularly in the areas of program planning and policy development.

## **ACCESSIBILITY**

Describe the strengths and limitations of your organization, agency, or program's accessibility in terms of the following:

Physical accessibility:

- People with severe visual disabilities:
- People with severe developmental disabilities:
- People who are severely hard of hearing or deaf:
- People who use wheelchairs or walkers:

Hours of Service:

- Who is and who is not served by the hours you are available?
- How accessible is the initial appointment for services?
- How accessible are you to the consumers you serve?
- Do you have after hours clinical coverage?
- Do you have urgent care services?
- 

Program materials: Are program materials and brochures describing your program:

- Clear and written in language that is easily understood?
- Culturally and linguistically oriented to the groups you are charged with serving?
- Available upon request, in alternative formats such as large print, Braille, computer disks?

If yes, to any of the above how are clients made aware of this?

Reception:

- How friendly and culturally sensitive is your receiving staff?
- What capability do you have for receiving clients whose primary language is not English?
- Do you have and use TDD (Telecommunications Device for the Deaf)?
- Do you use voicemail?

Physical Environment:

Do your physical environment and decor reflect the different cultural populations you serve?

- If so, in what ways? If not, what efforts are you making or plans do you have to correct this situation?

## **HUMAN RESOURCES & DEVELOPMENT**

Describe your current recruitment practices.

- Do these practices attempt to attract a diverse workforce?
- How effective are the recruitment approaches you currently use?

Do your management and supervisory processes acknowledge and respect the various contributions and strengths, and different cultural work styles of your staff?

- If so, how? If not, what efforts are you making or plans do you have to correct this situation?

How is your diverse staff represented at different levels of position and pay?

How effective have you been in promoting and retaining a diverse staff?

How have you handled, or how do you plan to handle intercultural/interracial conflicts among staff?

### **STAFF DIVERSITY/CONSUMER DIVERSITY MATCHING**

Look at the diversity of your clients and staff.:

Do client and staff diversity ratios match?

- If not, what efforts are you making or plans do you have to correct this?

How well represented are the populations of the broader service community?

- What efforts are you making or plans do you have to serve populations not currently represented in your consumer population?

Are there emerging populations in the broader service community?

- If so, who are these populations, and what efforts are you making or plans do you have to meet their needs?

Do you have a policy or plan for hiring clients?

- If so, describe them. If not, what efforts are you making or plans do you have to develop and implement such policies and plans?

### **SERVICE-CONSUMER/FAMILY INVOLVEMENT**

Are consumers involved in the planning and design of the services you provide?

Have you ensured that your consumer representation is diverse?

- If so, how? If not, what efforts are you making or plans do you have to do so?

Do you involve or encourage the involvement of clients' family members in the planning and design of the services you provide?

- If so, how? If not, what efforts are you making or plans do you have to do so?

What ethnic, racial, or cultural groups are you currently most capable of providing with culturally proficient mental health services? In what language?

What populations of clients do you need more information about in order to provide better services?

- What efforts are you making or plans do you have to get this information?

How do you handle consumer grievances regarding cultural, racial, and other issues?

### **SERVICES-LANGUAGE, CULTURE, COMMUNITY**

Are services provided in the languages preferred by your clients at key points of contact such as reception, informed consent for treatment, evaluation, treatment, referral, and contact with family?

- If no, what efforts are you making or plans do you have to do this?

What is your policy or practice when you are not proficient in the language or culture of the client?

Are interpreters used?

- If so, are staff trained to use them? If not, what efforts are you making or plans do you have to use interpreters and train staff to use them?

Are interpreters trained on basic skills and knowledge about mental health and/or substance abuse?

- If so, give details; if not, what efforts are you making or plans do you have to do this?

How do you incorporate the special concerns and treatment needs of the cultural populations you serve, i.e., cultural healing practices, celebration of cultural holidays, discussion groups on race and/or culture in relations to behavior, etc?

Do you maintain formal or informal links with community service systems?

- If so, how and with which systems; if not, what efforts are you making or plans do you have to do so?

Do you conduct outreach and link with community based organizations, including “natural support networks” such as self help groups, churches, temples, schools, and neighborhood organizations?

- If so, how do you do this and which organizations are involved; if not, what efforts are you making or plans do you have to do so?

### **TRAINING**

What training has staff been involved in over the past two years to assist in their achieving proficiency in serving different ethnic, racial, and cultural group?

Have you assess your staff’s cultural competency status and training needs?

- If so, what are those needs? If not, what efforts are you making or plans do you have to assess those needs?

Based on your assessment of your organization, agency, or program’s cultural competency status and needs, identify specific training that would be helpful?

- How do you plan to provide such training?
- How do you plan to promote staff participation in such training?

### **CULTURAL COMPETENCY GOALS AND OBJECTIVES**

Based on your review and assessment of your organization, agency, or program, identify two or more goals and objectives for a one year period for improvement of your cultural competency.