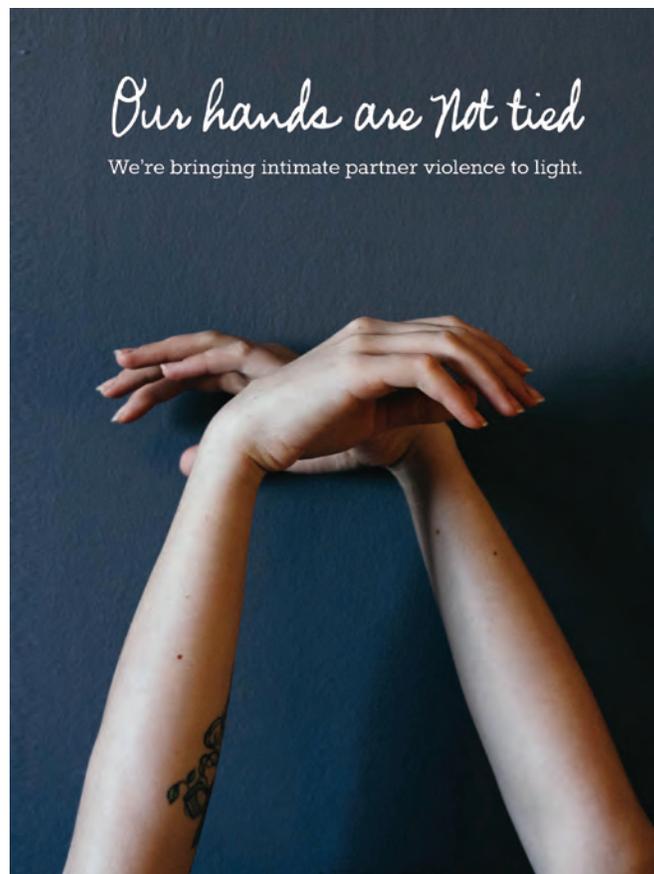




Families First Society
FORT SASKATCHEWAN

Our Way Forward

A Coordinated Response to Intimate Partner Violence



Final Evaluation Report

Prepared by Deborah Morrison, Perfecting Tomorrow Inc. Project Evaluator



Status of Women Condition féminine
Canada Canada

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Introduction

The City of Fort Saskatchewan is a vibrant economic and cultural hub located just 20 minutes northeast of Edmonton along the North Saskatchewan River. Boasting 25,000 people it has strong ties to art, recreation, culture and history. One of the five municipalities included in the region known as the “Industrial Heartland”, it is one of the most attractive locations for petrochemical, oil and gas investment. Fort Saskatchewan has a high population of military families and families who have moved from other provinces and countries in search of employment. While prosperity and rapid population growth have advantages, they can also magnify certain community and family risk factors that relate directly to family violence, such as gender inequality, substance abuse, unemployment and a feeling of disconnectedness to community.

The Fort Saskatchewan Families First Society (FSFFS) is a non-profit organization which has been serving the community for 20 years. Their vision is “Safe, Strong, Healthy Future Generations” and their mission is “Through improving the lives of our children, youth and families today, we help create a resilient, healthy community for tomorrow”. The Executive Director, management team and staff excel in their ability to connect families to resources, educate and support families by responding to emerging needs. FSFFS works directly with women, men, children and seniors who are experiencing or fleeing from abusive circumstances. Referrals to the organization continue to grow as FSFFS’s reputation as an effective resource for families experiencing family violence grows.

In March of 2012 FSFFS received a 3-year Status of Women project grant to reduce violence against women and girls in their community. As part of that project they completed a Gender-Based Analysis (GBA) which explored the root causes of violence against women and girls. The GBA which included information gathered by local RCMP, Victim’s Services, Families First, Family and Community Support Services, Boys and Girls Club and others, showed that the city reflects general findings within Alberta and across Canada; that domestic violence is perceived to be on the rise and comes with significant costs to taxpayers and community. Utilizing the GBA results, they created a community-based plan to address some of these causes and were successful in bringing partners together to respond to identified needs. In working together in partnership, it became obvious that a more coordinated response to intimate partner violence was needed.

In 2015, a second application was submitted to Status of Women to do just that, create a coordinated community response to intimate partner violence (IPV) within Fort Saskatchewan and area. Three specific needs were identified;

- a joint, unified, strategic response to family violence in the community
- linking protocols between primary and secondary responders
- common screening tools ensuring any door is the right door for someone experiencing intimate partner violence

Numerous letters of support were provided to accompany the application. With the approval of the application, a Program Coordinator and an Evaluator were hired to work with the leadership of FSFFS.

Work Plan

The FSFFS Executive Director and team recognized intimate partner violence as a complex social problem which would require a comprehensive community wide effort to address. Five phases of work were outlined in the proposal and upon approval of funding a logic model (Appendix 1) and a project work plan (Appendix 2) were created using those work phases as the framework for the project. The phases were: formalize a Strategic Alliance, plan the project and adapt to local needs, develop a community plan, implement the community plan and evaluate the community plan.

Evidence to Support this Approach

Collective Impact

Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative approach to working together which includes government, business, philanthropy and citizens to achieve significant and lasting social change.

The Collective Impact approach is premised on the belief that no single policy, government department, organization or program can tackle or solve the increasing complex problems we face as a society. The approach calls for multiple organizations or entities from different sectors to abandon their own agenda in favour of a common agenda, shared measurement and alignment of effort.

John Kania and Mark Kramer first wrote about collective impact in the Sandford Social Innovation Review in 2011 and identified 5 elements as seen below.



“...We believe that there is no other way society will achieve large-scale progress against urgent and complex problems of our time, unless a collective impact approach becomes the accepted way of doing business.” John Kania & Mark Kramer , 2011

The Our Way Forward initiative incorporated all these elements to some degree throughout the project with Families First serving as the backbone organization.

An example of how Our Way Forward shares a common agenda and is engaged in mutually reinforcing activities regarding intimate partner violence and supporting the development of healthy relationships is its’ alignment with the Building Bridges Strong Community Strategy (Appendix 3) and the City of Fort Saskatchewan’s Strategic Plan 2018-2022 (Appendix 4). Building Bridges is a group of representatives from various local agencies and organizations who meet to take a collaborative approach to addressing community needs. They work closely with City Council to achieve the City’s strategy of a Vibrant and Thriving Community.

Evaluation Framework

The Purpose of the Evaluation

The purpose of the project evaluation was to examine the projects success in achieving expected outcomes.

Key Evaluation Questions

Expected Outcomes and Indicators of Success were included in the Action Plan (Appendix 5) as it was developed. In addition, a Performance Measurement Plan (Appendix 6) was created in response to the Status of Women’s’ request.

Evaluation Team

An outcome evaluation consultant was retained to provide guidance, support and feedback throughout the project. Also, to assist in the development of the evaluation tools and to write the final report. Strategic Alliance members and the Project Coordinator utilized the measurement tools throughout the project.

Evaluation Methods

A developmental evaluation approach was used throughout the project. The Project Evaluator met with the partners regularly throughout the 3 year initiative to ensure the evaluation could adapt to emerging trends and issues. Also, evaluation results were shared immediately with the group to allow program or process changes to be made based on results.

Methods used throughout the project included:

- surveys
- focus groups
- stakeholders debriefing sessions
- documentation of unsolicited feedback
- meeting minutes
- direct observation

Evaluation Report

This report examines activities, outputs, and compares planned results, as per the performance measurement framework, to achieved results by identifying indicators of success. Challenges experienced throughout each phase of the project are also shared.



Action Plan Implementation and Results

Key Activity 1: Formalize Strategic Alliance

Activity

Literature Review

A Coordinator was hired and began to research other communities in North America with respect to their processes and Linking Protocols. A library of reference materials was collected.

Previous Results from Status of Women Project 1

As part of the first Status of Women Project “Reducing Violence Against Women and Girls in Rural Communities” a continuum of service was created and a community partner classification activity was completed. First, second and third level responders to individuals and families experiencing domestic abuse were identified. See the levels and the agencies/organizations identified below.

Our Way Forward

Community Partner Level of Response Classification

Level Three: Agencies who provide direct, intensive IPV interventions.

Level Two: Agencies which may directly support people experiencing IPV, but whose mandate is not specifically, IPV intervention.

Level One: Agencies that have the opportunity to identify and refer people experiencing IPV, with no direct client support provided.

Level One	Level Two	Level Three
<ul style="list-style-type: none"> • Adult Acquired Brain Injury • Adult Day Support Program • Caregiver Support Group • Community Adult Learning & Literacy Society (CALLS) • Driving Miss Daisy • Fort Saskatchewan Municipal Enforcement • Fort Saskatchewan Public Library • Grief Support – Living With Loss • Meals on Wheels • Multiple Sclerosis Community Group • Pioneer House Club 50 • Special Transportation Services Society (STSS) • Welcome Wagon 	<ul style="list-style-type: none"> • Alberta Health Services (Home Care) • Alberta Heartland Primary Care Network • Alberta Works • Assured Income for the Severely Handicapped (AISH) • Boys and Girls Club of Fort Saskatchewan • Careers in Transition • Careers Under Construction • Child and Family Services, Edmonton & Area • Court House • Families First Society • Family and Community Support Services (FCSS) • Food Bank • Fort Saskatchewan Community Hospital • Fort Saskatchewan Public Health Unit • Heartland Housing Foundation • Kabisig Society • Lamoureux Support Services • Legal Aid Alberta • Multicultural Association • Next Step Outreach High School – Fort Saskatchewan • Parent Advocates Linking Special Services (PALSS) • Robin Hood Association • Shiloh Youth Ranch • Sunflower Community Resource Program • Victim Services 	<ul style="list-style-type: none"> • A Safe Place • Family Violence Prevention Program • Royal Canadian Mounted Police (RCMP)

Invitation to Partners

Partners named in the Fort Saskatchewan Building Bridges Family Violence Continuum of Services document as providing early intervention or intervention services to families experiencing family violence were invited to join the Strategic Alliance. An invitation letter was sent which outlined the process and introduced the concept of a Linking Protocol.

When the Alliance began meeting the reference material collected by the Coordinator was reviewed. A shared learning opportunity became a standard item on the meeting agenda. Areas of focus were the Gender Based Analysis, continuum of service providers, review of other linking protocols identified, ie Calgary Domestic Violence Collective Protocol project and the Alberta Home Visitation Network Association as well as the book Getting to Maybe. Relationship building was also a focus, roundtables and sharing exercises were used to get to know one another.

Outputs

- 10 community agencies/organizations joined the Strategic Alliance.
- 4 meetings of the Strategic Alliance were held in year 1.

Performance Measurement

Planned Results

- Community partners make a commitment to work together collaboratively to meet the needs of families affected by intimate partner violence.

Outcomes Achieved/Indicators of Success

Strategic Alliance Membership

- 10 community agencies providing services and supports to families joined the Alliance, demonstrating a commitment to enhance the supports and services to families experiencing intimate partner violence.
- Members attended meetings regularly.
- 9/9 reported that they benefitted from other perspectives and experiences among the partners.
- 9/9 reported that their opinions and perspectives were valued in the process of writing the protocol.
- 9/9 reported that they were satisfied with the collaborative process undertaken to write the protocol.

Please note 9 out of 10 partners completed the survey.

Representative comments from Strategic Alliance members included; “I found the process of getting together with all of the community partners very valuable in seeing others perspectives”. ‘It was immensely valuable for our organization to hear about gaps in service and community strengths”.

Challenges

One challenge experienced during the initial phase of work in creating the Strategic Alliance was having each agency commit a staff person to what would be an intense and time-consuming process. However, each partner was able to make the commitment.

Another challenge faced in this phase of work and throughout the project was turnover of staff.

Key Activity 2: Project Planning – Adapting to Local Needs

Activity

Partner Surveys

A brief survey was completed by 8 partners regarding screening and referral practices (Appendix 7). 5 agencies reported that they used a screening tool and 3 did not. Those that did, used it upon intake. Whom they referred to depended on immediate safety needs. If safety was an issue 911, RCMP or Children’s Services were the most common referrals made. All respondents indicated that they chose referral sources based on specific family needs. Victim Services, Families First, and the Primary Care Network were among agencies referred to. This feedback and the literature review helped inform the more comprehensive baseline survey which followed.

A comprehensive baseline survey (Appendix 8) was conducted among partners to discern what the current practice was in the City regarding responding to intimate partner violence. Results demonstrated that there were two partners, Families First Society and A Safe Place that had comprehensive family violence detection and intervention processes in place. The majority of organizations reported responding to family violence disclosures as they were able, on a case by case basis. Providing a consistent response appeared to be a struggle. Processes and practices appeared largely informal and not at all standardized. Responses demonstrated there was not a standardized screening process in place and screening usually occurred ONLY after indicators presented themselves. Similar to screening, there was no universal tool for safety planning or risk assessment identified.

Referrals were an area of strength among the partners. Most organizations felt comfortable making referrals to other community-based agencies but were unlikely to follow up due to time constraints. Families First, the primary agency referred to, reported a waiting list for service with an average length of up to 6 weeks.

Mapping the Journey

A presentation was made to the Strategic Alliance members and other colleagues by women who had survived domestic violence, mapped their journeys and were choosing to share their maps with service providers to help inform best practice. The women talked about what supports and services worked and what did not work for them and their families as they left their abusive relationships and tried to rebuild their lives independent of their abusers. A post event survey was completed by 19 attendees (Appendix 9).

DAWN Group

A Focus Group was facilitated with 10 members of the DAWN group, a group for women who have experienced domestic violence. The purpose of this group discussion was to capture the experience of local women and ensure their voices were considered in preparing the community plan (Appendix 10). The women's wisdom was shared with Strategic Alliance members.

When asked if they think gender-based violence is an issue in Alberta and Canada all participants agreed gender based violence is an issue. Four women commented on the need for focusing on men and boys to stop this trend. One woman commented that it is getting worse, and another stated the "system" response is better. Two women mentioned the legal system; one talked about steeper consequences being needed while another identified a need for greater access to support while navigating the legal system. Two women talked about the need for healthy role models for children and one suggested a child should be taught about family violence in schools.

One woman stated, "A lot more focus needs to be put on the male/men part of the issues, more attention and advertising about it".

When asked if they felt safe in their community four women specifically mentioned that they fear for their safety. One mentioned they can't go out at night, and another stated she had been stalked and sexually preyed upon and doesn't feel safe in the community. One of the participants talked about high income earners experiencing stress in the family and drugs and alcohol consumption playing a part in unsafe environments. One participant focused on emotional abuse and the difficulty in proving it. Another mentioned the difficulty in enforcing a Restraining Order.

Two women stated there is not a safe place to go in this community if you want to leave, and shelters in the region are often full.

When asked where women can turn for help in Fort Saskatchewan if they experience family violence the participants identified friends and family as well as the RCMP, 12 different non-profit agencies and 3 types of professionals including physicians, psychologists and lawyers.

The participants responded to the question “When you first started accessing the system of support which was the first door you tried to open and was it helpful”? Four women identified family and/or friends, and seven identified professional support including Human Resources at work, RCMP and 911, the women’s shelter, and counselling. All the participants were able to say why the support they sought was helpful or not. 9 of 10 did not have a helpful experience. One woman stated, “If you can get someone into counselling, the counsellors don’t even know anything about domestic violence”.

The participants identified barriers they were facing at the time that they sought support. The two biggest barriers identified were **fear**, including fear of further violence, retaliation from him, his family or friends, fear that no one else would want her, child custody challenges, fear of being isolated and lack of support from family and friends as well as fear of the unknown and **financial**, including lack of money for damage deposit and/or adequate housing and bills, adequate income to support their family, lack of transportation and appropriate childcare. Issues related to **emotional and mental health** were also identified as barriers such as low self esteem and mental health problems, feelings of shame and loss of hope for an ideal family. Finally, there were several barriers identified related to **supports available** such as lack of phone privacy, safe transportation, someone to “walk” them through and support them through the process, navigation through legal system and lack of trained counsellors regarding domestic violence and trauma.

When asked what the women wished would be in place to assist those that are fleeing domestic violence, they shared the following: shelter stays longer than 21 days, 2nd stage housing, damage deposit for rent, supports to talk to about leaving, safe transportation, safe exchange program for child visit, cell phone lending program, adequate counselling that is local and free, and is trained in domestic violence/trauma and someone in the RCMP to help you through it.

Outputs

- 8 partners completed the brief introductory survey.
- 32 people attended the Mapping the Journey Event, and 19 attendees completed the post event survey.
- 10 partners completed the comprehensive baseline survey.
- 10 Dawn Group members participated in a Focus Group.

Performance Measurement

Planned Results

- Community partners have increased knowledge of existing protocols.
- Community partners have increased knowledge of existing screening tools.

- Community partners and stakeholders have increased their knowledge of issues related to intimate partner violence and are aware of local supports.

Outcomes Achieved/Indicators of Success

Research on Current Practice and State of Affairs

Partners reported at each meeting during a reflection after the shared learning opportunity that they are more knowledgeable about existing practices.

Post “Mapping the Journey” Event Evaluation

- 18 of 19 partners and stakeholders reported they were more knowledgeable about intimate partner violence from the perspective of survivors as a result of attending the “Mapping the Journey” event.
- 17 of 19 partners reported they were more knowledgeable regarding the gaps and strengths in the response to family violence as a result of attending the “Mapping the Journey” event.
- 13 of 19 attendees reported they had increased knowledge about how to improve family violence services and supports as a result of attending the “Mapping the Journey” event.

Some comments taken from the evaluation surveys are included below.

“Well done ladies! Your strength and willingness to share your stories was touching and teaching to me.”

“Very well done. Thank you for having the courage to share; very horrific experiences! I wish you continued success with your journey! Very powerful message!”

“Knowledge is power and makes us understand the complexity beyond just the ‘police report’. Thank you for sharing!”

The Community Advocates are amazing! We need to hear more from lived experience!”

Dawn Group Focus Group Results

The women’s’ experience and wisdom received during the Focus Group was shared with the Strategic Alliance partners and helped inform the development of the Community Plan. The information was also used to apply for further funding to address some of the issues identified.

Challenges

IPV is a personal and emotional subject. We are aware of both the needs of the survivors and those receiving information. The impact on both parties could be significant. We handled this by ensuring we had resources in place to address responses that may be triggered by the discussion.

Key Activity 3: Develop Community Plan

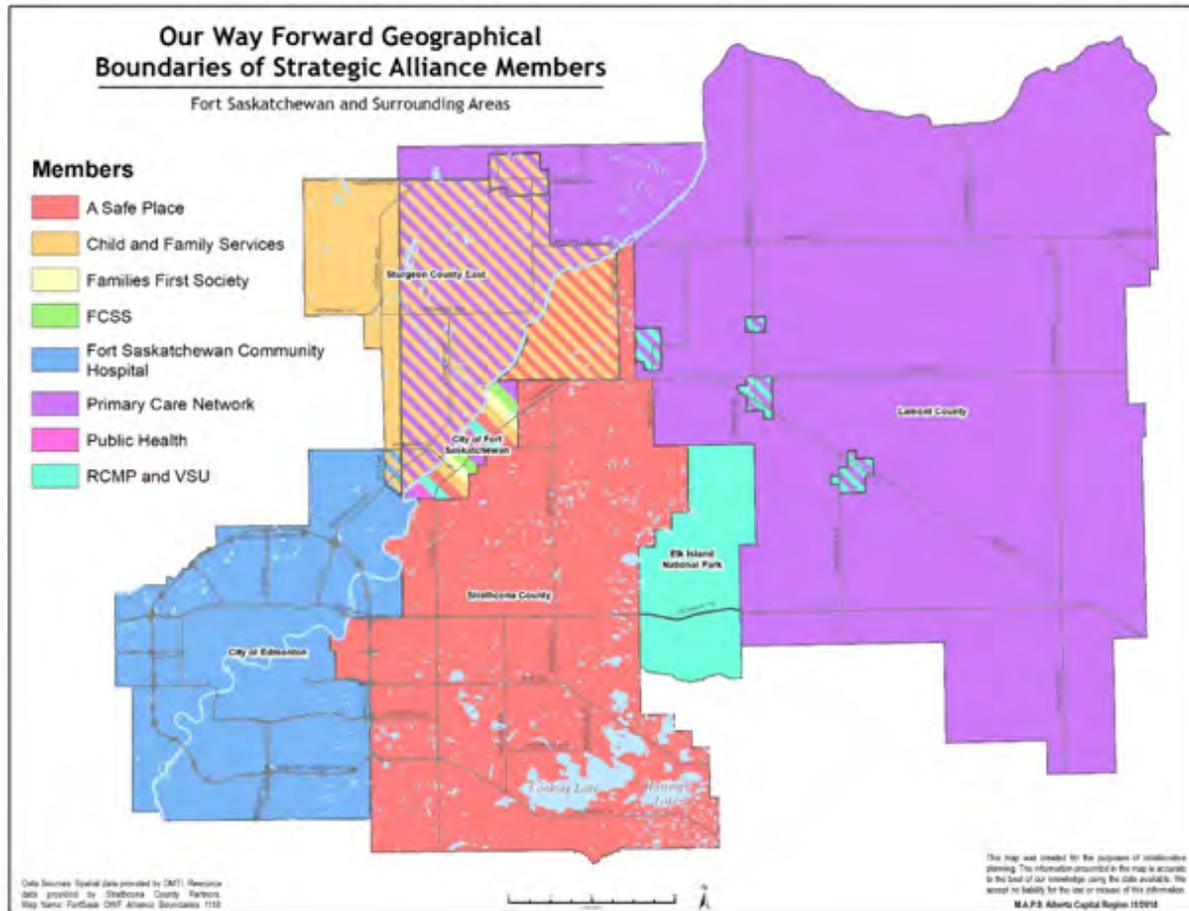
Activity

Protocol Development Working Group

Rather than the whole group working on drafting the Community Plan together a subgroup was formed to draft the document with the assistance of a Community Initiatives Against Family Violence (CIAFV) consultant. After 4 meetings and a significant amount of work two documents were tabled for review by the Alliance members; a tiered response to Intimate partner violence and a Linking Protocol. The Alliance carried on their work together to develop and agree upon universal screening tools. Taken together these documents formed the Community Response Plan (Appendix 11). The plan provides guidelines and best practices to assist agencies to identify, assess, intervene and refer individuals and families impacted by intimate partner violence. The partners that signed onto the plan are listed below:

- Families First Society
- Family & Community Support Services
- Fort Saskatchewan RCMP
- Alberta Heartland Primary Care Network
- A Safe Place Women Shelter
- Fort Saskatchewan Child & Family Services
- Fort Saskatchewan Victim Services Unit
- Fort Saskatchewan Community Hospital
- Alberta Health Services – Public Health
- Community Initiatives Against Family Violence (CIAFV)

See the geographical area covered by the partners.



The Community Response plan includes the following:

- a definition of intimate partner violence
- protocols for screening for intimate partner violence and disclosure of child abuse, neglect and/or exposure to violence
- possible indicators of intimate partner violence
- community partner level of response classifications
- a safety assessment
- referral form and
- client permission to release information form.

Although terms like “intimate partner violence”, “family violence” and “domestic violence” are often used interchangeably in practice, for the purpose of the Community Response Plan the Alliance sought to establish a set of common, universally utilized and accepted terms to be applied when addressing intimate partner violence in Fort Saskatchewan. By doing

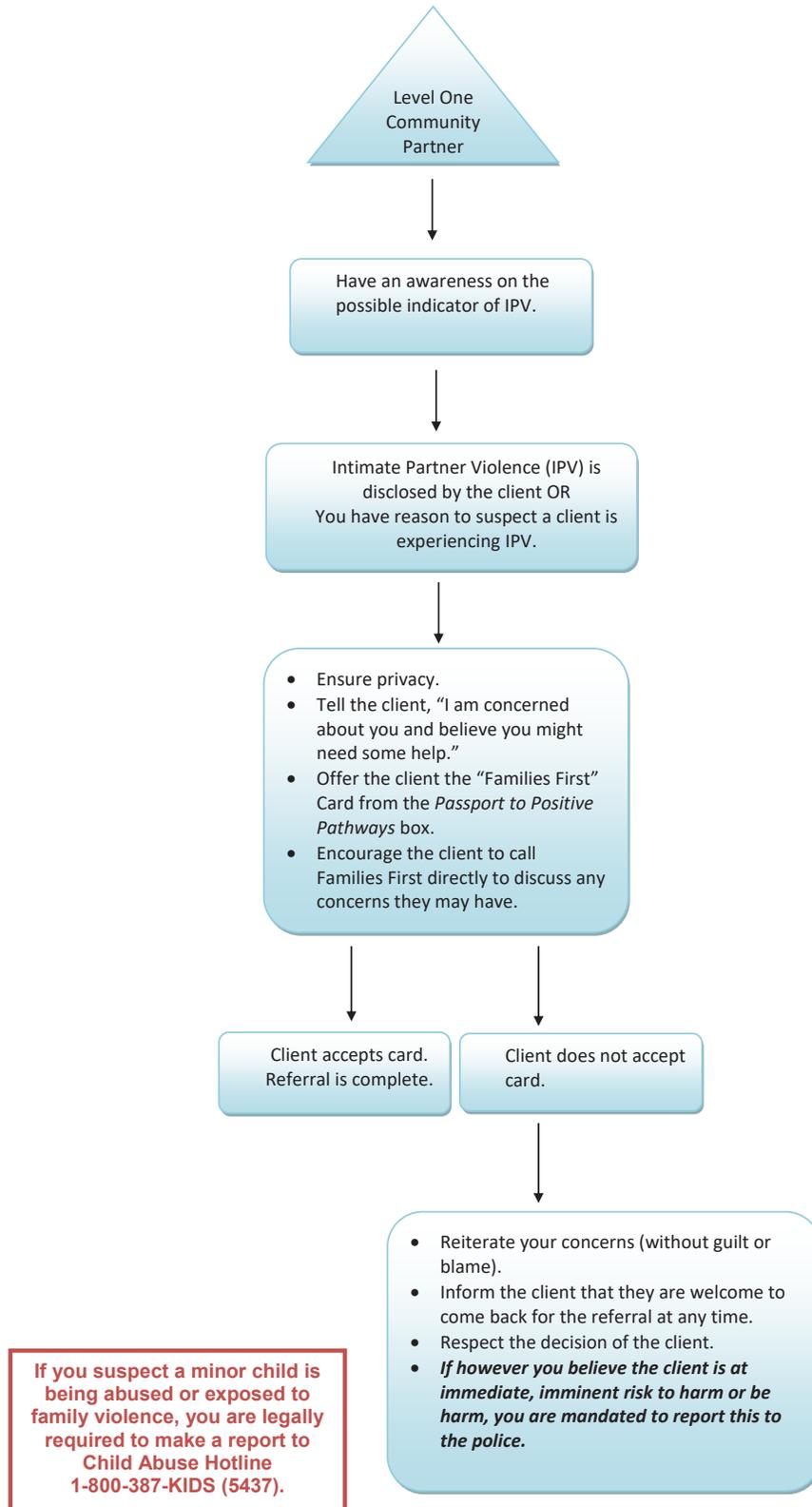
so, they achieved one of the goals of the project; the establishment of consistent, clear and common language. The following definition was formally adopted for use within the City of Fort Saskatchewan.

Intimate partner violence describes a systematic pattern of abusive behaviors within a relationship that is characterized by intimacy, dependency and/or trust. The abusive behaviors exist within a context where their purpose is to gain power, control and induce fear. Abusive behavior can take many forms including verbal, emotional, physical, sexual, psychological (e.g. destruction of pets and property), spiritual, economic, violation of rights, and exploitation through neglect. All forms of abusive behavior are ways in which one human being is trying to have control and/or exploit or have power over another. (Community initiatives against intimate partner violence, Adopted Oct 9, 2001)

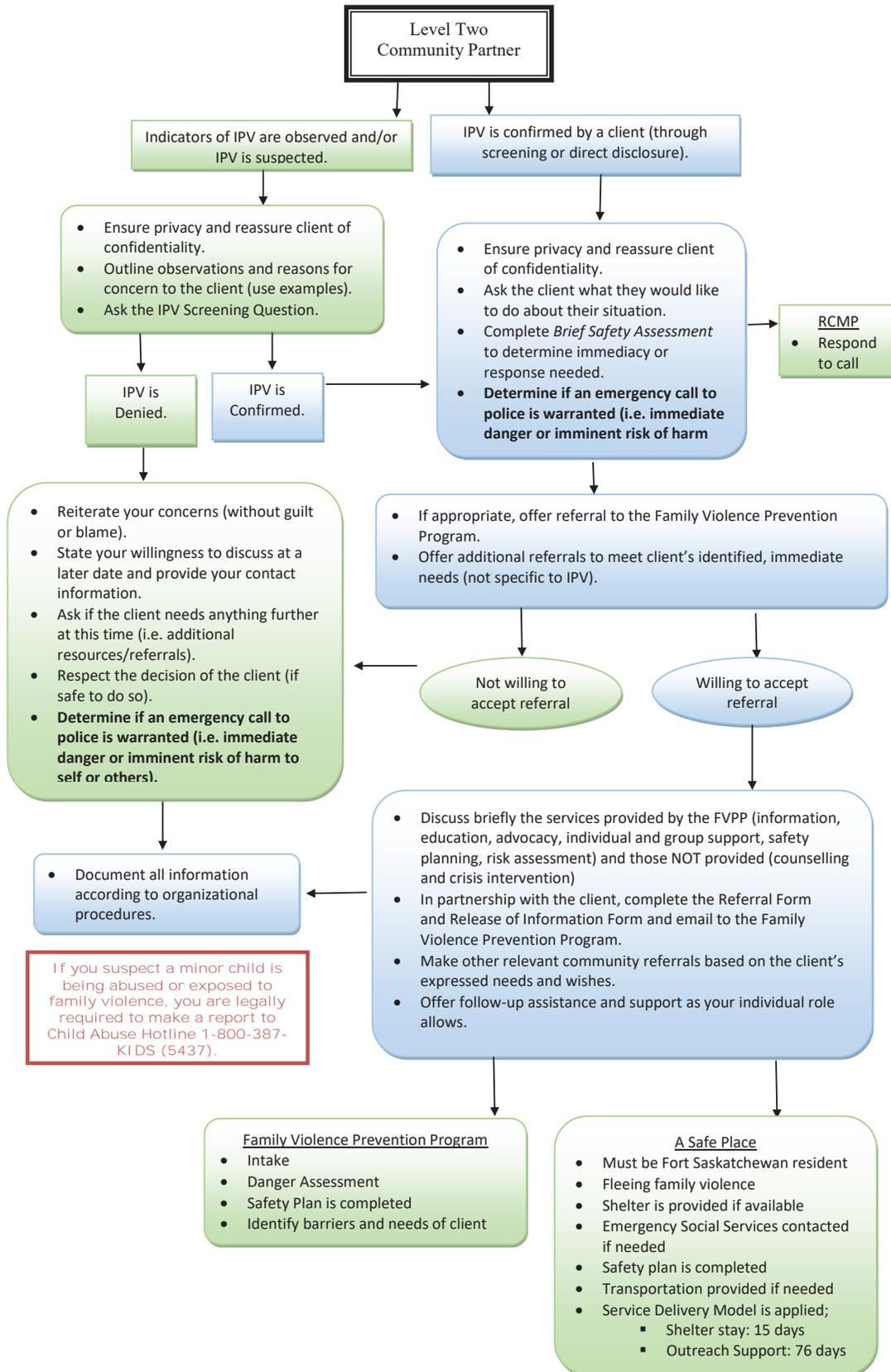
This definition recognizes many perspectives of intimate partner violence and encompasses relationships that include dating, cohabitating, co-parenting and marital.

The tiered response model adopted by the Alliance assists in ensuring that all partners are consistent in their approach. Please see Level 1 and Level 2 tiered response flow charts below.

Our Way Forward
Level One Community Partner Response Flow Chart



Our Way Forward
Level Two Community Partner Response Flow Chart



Outputs

- 4 task group meetings were held
- Strategic Alliance members attended meetings regularly

Performance Measurement

Planned Results

- A community plan to address the specific needs of local women and girls with respect to intimate partner violence has been developed.
- Common protocols and screening tools have been agreed upon by partners for the City of Fort Saskatchewan.

Outcomes Achieved/Indicators of Success

All members of the Strategic Alliance adopted the Community Response Plan and indicated their commitment to using the protocol and adhering to the plan.

Challenges

All members of the task group were partners, this was vital as they were able to bring their expertise and their experience to the table. Due to the fact that the partners were busy in their everyday jobs meetings were held monthly. Therefore, the task took 6 months to complete. While it was difficult for the partners to make this commitment, they rose to the challenge and created a comprehensive document.

No Memorandum of Understandings previously existed between agencies serving the population experiencing intimate partner violence. Through dedicated leadership, the task of creating a comprehensive response plan was achieved and a commitment to ongoing implementation was made.

Key Activity 4: Implementation of Community Plan

Activity

Protocol Training

The Project Coordinator met with each member of the Alliance to determine what their training needs were. The members identified 129 staff members within their agencies/organizations who would need training regarding the use of the protocol. Most preferred a 4-hour training workshop to be attended in person. One member requested an online module with an exam.

When asked where they expected the screening to take place the members identified intakes at clinics, hospital, office visits or at the individuals' home upon intake or anytime during the relationship. In discussing how they would ensure the sustainability of the use of the protocol long term the members suggested reviewing the protocol annually with Building Bridges, they would hold regular meetings in house to discuss the use of the protocol, they would identify a champion within the organization and a few agreed that once it was standard practice it would be followed by all.

When asked what challenges they expected in implementing the protocol most members identified data collection and regular report backs of results. They also mentioned lack of staff confidence in carrying out the screening and staff remembering that they are responsible to screen for intimate partner violence.

Other suggestions that came from the interviews included a suggestion to make training available for all Level 1 agencies as well as they often see people in offices, attending programs that are at risk and have not yet reached out. Another good idea was to ask the Level 3 service providers who are the champions to deliver the training in the future.

Families First Society
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parentLINKcentre

-Our Way Forward-
A Coordinated Response to Intimate Partner Violence

- Are you a service provider or volunteer who works with people?
- Are you unsure about how do recognize signs of family violence?
- Could you use ideas about how to help someone who is experiencing family violence?

If your answer was YES to any of these questions then this is important training for you!

For more information, or to book a training for your staff, please contact:

Jennifer Vogl, Ending Violence Project Coordinator
jenniferv@familiesfirstsociety.ca
780-998-5595 ext. 227

Safe, strong, healthy future generations

Protocol Training Workshops

2 general workshops were offered for those who wished to take the training with a variety of other helping professionals and 8 customized training workshops were held for specific agencies/organizations. Customized workshops were offered to Victim Services, the Primary Care Network, Families First, Public Health, Fort Saskatchewan Hospital, Nursing Students, Food Bank and Building Bridges (16 agencies represented). In total 134 people received training. Workshops were delivered in the most appropriate manner for each organization. Time of day, location and staffing shift cycles were all considerations that were made.

65 protocol training workshop attendees completed evaluation surveys.

Use of Protocol by Strategic Alliance Members

The Project Coordinator spent time with each of the Strategic Alliance partners to determine what support, if any, they would need to fully implement the protocol and strived to provide that support. Monthly meetings were held during the final 4-month period of the project to discuss the utilization of the protocol. Updates regarding successes and challenges were shared. Strategies for addressing challenges were developed. While some members took longer to begin, all members of the Alliance reported that they were using the protocol by the end of the project term.

A protocol compliance record sheet was created. Members completed it monthly and brought results to the meetings. In three months of recording 4,996 people were screened for intimate partner violence. Of those, 197 were positive screenings, that is intimate partner violence was found to be occurring. 20 reactive screenings were undertaken, and 70 direct disclosures were made. 72 safety plans were created, and 482 referrals were made.

CUT IT OUT

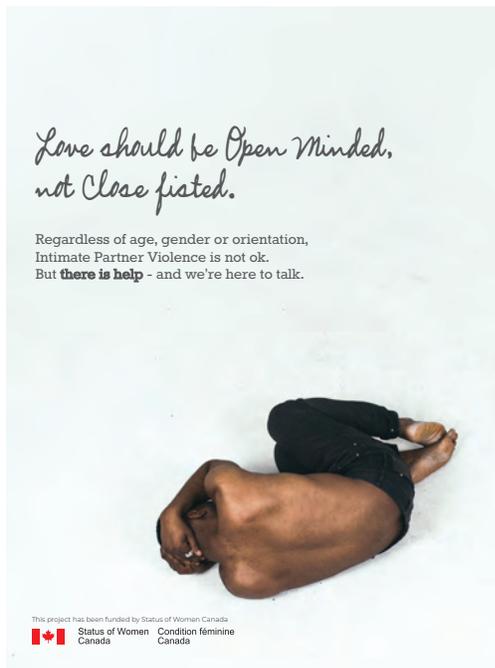
CUT IT OUT is a collaborative project of the United Way Alberta Capital Region, Families First Society, SAIF Society and the Today Family Violence Help Centre that builds awareness of domestic violence and educates salon professionals on how to recognize warning signs of IPV, respond appropriately, and safely refer clients to resources that can help them. Three salon and spa owners in Fort Saskatchewan took this training and decided to go further with their commitment to assisting victims of intimate partner violence. They each donated their revenue from a full day of business and then that weekend held a fundraiser as well.

A culmination of months of work by these 3 professionals and their staff teams raised over \$22,000 to assist people who are ready to leave their abusive situations but, due to financial barriers, have not been able to do so. The RCMP District Commander recognized the commitment by the three salon owners and Families First by providing a Certificate of Appreciation for their leadership in supporting victims of domestic abuse and their families.



Posters

When beginning to implement the protocol some Alliance members staff reported they were worried that in asking clients/patients the universal screening question people would feel “singled out”. A set of 7 posters were created with the idea of normalizing the use of the universal screening question. Members believed that if everyone knew they would be asked, one would not be offended when they were. The posters developed within this initiative are currently being displayed in each of the Strategic Alliance members agencies or organizations, as well as others. See them below.



Our Way Forward
A Fort Saskatchewan Community Response Protocol to Intimate Partner Violence.



Our Way Forward
A Fort Saskatchewan Community Response Protocol to Intimate Partner Violence.



TIME DOESN'T
HEAL ALL WOUNDS

Let's finally bring Intimate Partner Violence to light.
We're here to talk - and to help.

This project has been funded by Status of Women Canada

Status of Women Canada Condition féminine Canada

Our Way Forward
A Fort Saskatchewan Community Response Protocol to Intimate Partner Violence.

YOUR VOWS WEREN'T
OF SILENCE

Bring Intimate Partner Violence to light.
We're here to talk - and to help.

This project has been funded by Status of Women Canada

Status of Women Canada Condition féminine Canada

Our Way Forward
A Fort Saskatchewan Community Response Protocol to Intimate Partner Violence.

Don't keep it
under the covers.

Bring Intimate Partner Violence to light.
We're here to talk - and to help.

This project has been funded by Status of Women Canada

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Our Way Forward
A Fort Saskatchewan Community Response Protocol to Intimate Partner Violence.

BREAK THE SILENCE,
NOT YOUR SPIRIT.

Intimate Partner Violence is not ok.
But **there is help** - and we're here to talk.

This project has been funded by Status of Women Canada

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Our Way Forward
A Fort Saskatchewan Community Response Protocol to Intimate Partner Violence.

Family Violence Support Booklet “It Starts Today”

This booklet was provided to the Strategic Alliance partners by The TODAY Family Violence Help Centre and includes general guidance in the field of violence as well as a resource section of local agencies. The booklet is being used by all Alliance members and any others who request them. The guide provides local numbers for supports and services for women who are seeking support.



Outputs

- 10 interviews with Alliance members to determine needs
- 10 protocol training workshops held
- 134 individuals trained
- 65 post protocol training event evaluation surveys completed

Performance Measurement

Planned Results

- Screening tools are being utilized by Alliance members.
- Stakeholders have taken specific actions to address intimate partner violence in their community.
- Clients report they received multiple referrals and/or supports and services to address intimate partner violence.

Outcomes Achieved/Indicators of Success

- 65 Protocol training attendees completed post-event evaluation surveys. (Please note not every question was answered by every person). As a result of attending the training:
 - 59/65 have good/great knowledge of the protocol
 - 53/55 have good/great knowledge of what constitutes IPV
 - 56/63 have good/great knowledge of the impact of language in discussing IPV
 - 59/63 have good/great knowledge of types of intimate partner violence
 - 60/62 have good/great knowledge of possible indicators of abuse
 - 50/63 have good/great knowledge of barriers to leaving an abusive relationship
 - 57/63 have good/great knowledge of resources available in the community
 - 48/54 indicated their level of confidence as good/great in asking the universal question
 - 46/52 indicated their level of confidence as good/great in making appropriate referrals
 - 50/54 indicated their level of confidence as good/great in reporting when mandated to do so
 - 40/55 indicated their level of confidence as good/great when assessing IPV risk, 12 indicated adequate confidence
 - 44/60 reported they believe that they can use the protocol regularly.

Some of the comments added to the evaluation survey included:

“The clarity of the process was helpful.”

“Very clear and informative presentation.”

“It makes the most sense to add the universal screening question to intake assessments.”

“The resources and tools are appreciated.”

Finally, 62/64 respondents reported that the training met their expectations.

- Monthly compliance reports were completed by Strategic Alliance member organizations for a 3 month period to the end of the project term.
 - 4,996 people were screened for intimate partner violence
 - 197 were positive screenings
 - 20 reactive screenings were undertaken
 - 70 direct disclosures were made
 - 72 safety plans were created
 - 482 referrals were made.
- Strategic Alliance member survey
 - 9/9 partners reported they are providing a more comprehensive response to intimate partner violence.
 - 8/9 partners reported they are providing a more coordinated response to intimate partner violence, 1 reported somewhat.
- Legacy products to be used in community
 - Community Response Plan
 - Laminated flow charts
 - Protocol training presentation and tools
 - Posters
 - It Starts Today resource directory
- Strategic Alliance members have reported using the “It Starts Today” directory often. One of the members stated “We send booklets to clients in the mail with our package. We bring them to court with us every week. Staff look through it before each initial call with victims. Police officers on duty often take them from our office.”

Challenges

- Staff reported being uncomfortable using the screening tool. Training and support from leadership were needed to address their concerns.
- Turnover in staff, or new staff without knowledge of the community response plan continue to be an ongoing challenge which must be addressed.
- Concerns with privacy when asking the screening question.
- Consent is more difficult to get if one is not face to face. Some service providers screen clients over the phone.
- Within this initiative we did not have enough time to implement the Comprehensive Community Response Plan to be able to measure a difference in clients experience. Some service providers were still receiving training at the end of the project period.

Overall Project Success

The Our Way Forward project has successfully met the needs identified in the proposal to the Status of Women. A Comprehensive Community Response Plan was developed and committed to by 10 community partners. Linking protocols between primary and secondary responders to intimate partner violence have been developed and are being utilized.

Level one responders in the tiered response framework requested training, ie: Food Bank and the Legion. Other community-based agencies have shown an interest. It is hoped that up to 10 additional workshops will be offered in the next 6-month period by Alliance members.

Families First Family Violence Prevention Program Coordinator, the most referred to individual for family support, observed the following, *“The Our Way Forward project is wrapping up, however, the implementation is still fairly new. I am looking forward to seeing the long-term impact that having this protocol will have on the individuals needing to access supports and the Family Violence Prevention Program (FVPP).”*

An outcome that I have already noticed as a result of the protocol implementation is more appropriate referrals. Our partners who are using the protocol and screening tools are able to identify which level of support is warranted for a client and the appropriate resources are being accessed and engaged. When referrals to the FVPP have been received, there has been a helpful amount of information collected and shared. This is useful in determining whether our Steadfast Connector needs to be engaged to provide some assistance in addressing urgent basic need for a client prior to them meeting with the coordinator of the FVPP.

I have also personally experienced improved relationships and collaboration with our key strategic partners. Knowing that we can't do this work alone and nor do we have to, has led to collective conversations about supporting specific families and overall has built our capacity to respond as a community to such a complex issue”.

The business community received education and showed strong interest in being part of a solution to addressing intimate partner violence fundraising and professional efforts.

The City of Fort Saskatchewan has committed to implementing the Strong Community Strategy within their 2018-2022 Strategic plan. Building Bridges continues to play a leadership role regarding IPV in the community.

The involvement of local government, business, the social service, health and justice sectors, and citizens has demonstrated a collective impact approach to addressing intimate partner violence in Fort Saskatchewan.

Recommendations

Review the Community Response Plan annually with Alliance members to ensure continuing commitment. Request Building Bridges, the human services leadership team, to champion the use of the Community Response Plan as part of their Strong Community Strategy.

Create specific Memorandum of Understandings between partners as needed.

Offer regular training of Alliance members staff regarding the use of the protocol, including practice asking the universal screening question. This will increase awareness and commitment of new staff to adhere to the protocol and increase comfort in utilizing the screening process. At a minimum this training should be offered annually.

Use of the protocol could be included as an item in partnering staffs' performance reviews. This would demonstrate the importance of the practice.

Continue to update the resource booklet "It Starts Today" at least annually. Distribute to levels 1 to 3 service providers. Knowledge of resources seems to be strongly correlated with ones' confidence in utilizing the protocol and asking the universal screening question.

Conduct a follow-up evaluation in 6 months to determine compliance with using the protocol and to flag any concerns or challenges.

Appendices

Appendix 1

Global Logic Model

Our Way Forward – A Coordinated Response to Intimate Partner Violence

Key Activity 1. Formalize Strategic Alliance								
Inputs	Activities	Outputs	Expected Outcomes			Indicators of Success	Measurement Tools (How? When? Whom?)	Lessons Learned (Best Practice)
			Short Term	Mid Term	Long Term			
<ul style="list-style-type: none"> • Letters of support for the project • Final Report of Bridge Mender Project • Gender Based Analysis • Project Coordinator • Respectful, meaningful relationships in City of Fort Saskatchewan • Continuum of Services document • Tiered Response document 	<ul style="list-style-type: none"> • Identify missing partners for strategic alliance (some have been named) and their roles. • Review Continuum of Service (existing). • Create the “Ask”; <ul style="list-style-type: none"> ▪ What they’re being invited to; ▪ What we hope to achieve; ▪ Commitment required from each partner; ▪ Benefit of participation; ▪ Hold initial meeting. • Create questions for initial interview questionnaire re: current state of affairs • Future meeting dates 	<ul style="list-style-type: none"> • List of partners • Partners Interview Questionnaire • Summary of Partners Interview Questionnaire • Letter and/or ppt presentation • Agenda for initial meeting • # of partners attending • Commitment to ongoing meetings 	<ul style="list-style-type: none"> • Increased knowledge about existing Continuum of Service and practice in using services • Commitment from attendees to form a strategic alliance 			<ul style="list-style-type: none"> • An understanding of current partner practices of implementing a response to Intimate Partner Violence • We have a baseline of current practices (state of affairs) • Partners committed to participation in alliance 	<ul style="list-style-type: none"> • Partner Interview questionnaire to be administered within 1 month of making a commitment • Interview questionnaire results: <ul style="list-style-type: none"> ◦ Summary prepared by project coordinator (April 2016) • Monitoring of meeting dates, minutes, attendees: <ul style="list-style-type: none"> ◦ Monitoring Tool prepared by project coordinator (Ongoing) 	

Our Way Forward – A Coordinated Response to Intimate Partner Violence

Key Activity 2. Plan Project and Adapt to Local Needs								
Inputs	Activities	Outputs	Expected Outcomes			Indicators of Success	Measurement Tools (How? When? Whom?)	Lessons Learned (Best Practice)
			Short Term	Mid Term	Long Term			
<ul style="list-style-type: none"> • Plethora of information on Intimate Partner Violence • DAWN Group • Families First Society's Family Violence Prevention Program Coordinator 	<ul style="list-style-type: none"> • Review GBA • Research other municipalities in North America • Interview local women (use existing partners) • Gather existing protocols (<i>i.e.</i>: CIAFV, CDVC, AHS, etc...) • Gather existing screening tools (<i>i.e.</i>: CIAFV, CDVC, AHS, etc...) • Analyze gaps & strengths • Create a library of reference materials 	<ul style="list-style-type: none"> • Summary document of research (charts) • Local Women Interview questionnaire • Summary of Local Women Interview questionnaire • Alliance partners Interview questionnaire • Summary of Alliance partners Interview questionnaire • Reference library 	<ul style="list-style-type: none"> • Increased knowledge of existing practices • Identified gaps and strengths in existing systems • Identify Best Practices • Inform the community plan 			<ul style="list-style-type: none"> • Partners report increased knowledge of existing and best practices in the field of Intimate Partner Violence • Partners report increased knowledge of gaps and strengths in local practice 	<ul style="list-style-type: none"> • Local Women Interview questionnaire results: <ul style="list-style-type: none"> ◦ Summary prepared by project coordinator (August 2016) • Alliance partners Interview questionnaire results: <ul style="list-style-type: none"> ◦ Summary prepared by project coordinator (August 2016) 	

Our Way Forward – A Coordinated Response to Intimate Partner Violence

Key Activity 3. Develop Community Plan								
Inputs	Activities	Outputs	Expected Outcomes			Indicators of Success	Measurement Tools (How? When? Whom?)	Lessons Learned (Best Practice)
			Short Term	Mid Term	Long Term			
<ul style="list-style-type: none"> • Commitment of partners • Research from partners 	<p>Regular meetings with Alliance;</p> <ul style="list-style-type: none"> • Review research: <ul style="list-style-type: none"> ▪ Tiered response ▪ Existing protocols ▪ Existing screening tools ▪ Existing best practice • Alliance members may gather research and information within their circle of influence • Identify desired components of a comprehensive community response to Intimate Partner Violence (IPV) • Develop appropriate tools (i.e.: <i>Protocol, screening tools, terms of reference, etc...</i>) 	<ul style="list-style-type: none"> • # of meetings • Minutes of meetings • Attendance of partners at meetings • Contributions to the results by the partners • Partners survey • Summary of Partners Survey • Signed comprehensive community plan identifying: <ul style="list-style-type: none"> ◦ Terms of Reference ◦ Flow chart of community response ◦ Protocol ◦ Screening tools ◦ Safety plan ◦ Etc... 		<ul style="list-style-type: none"> • Desired comprehensive community response outlined as a plan. • Improved relationships among partners. • Alliance partners and building Bridges partners commit to community plan. 		<ul style="list-style-type: none"> • Partners commit to implementing community plan • Partners indicate that they intend to implement community plan • Partners report an improved relationship within alliance • All partners sign the protocol document • Partners indicate they are willing to sign the protocol document 	<ul style="list-style-type: none"> • Partner survey results: <ul style="list-style-type: none"> ◦ Summary prepared by project coordinator (September 2017) 	

Our Way Forward – A Coordinated Response to Intimate Partner Violence

	<ul style="list-style-type: none">• Seek approval of community plan from key players and Building Bridges partners.• Finalize and submit community plan to Status of Women <i>(October 2017)</i>							
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Our Way Forward – A Coordinated Response to Intimate Partner Violence

Key Activity 4. Implement Community Plan								
Inputs	Activities	Outputs	Expected Outcomes			Indicators of Success	Measurement Tools (How? When? Whom?)	Lessons Learned (Best Practice)
			Short Term	Mid Term	Long Term			
<ul style="list-style-type: none"> • Meeting space • DAWN Group • Families First Society's Family Violence Prevention Program Coordinator 	<ul style="list-style-type: none"> • Partner training (<i>Train-the-Trainer i.e.: 3-day training including intro to Intimate Partner Violence, protocols & screening tools, practice using, certification</i>) • Alliance partners implement approved practices. • Regular meetings between partners • Utilize common screening tools • Protocols are followed by partners • Complete evaluation of linked protocol use 	<ul style="list-style-type: none"> • # people attending training • # trainings delivered • # certifications given • Meeting minutes • Follow-up survey with at least 4 clients of at DAWN Group 	<ul style="list-style-type: none"> • Partners respond appropriately and effectively to linked protocol 	<ul style="list-style-type: none"> • Victims of IPV receive a comprehensive coordinated response. 	<ul style="list-style-type: none"> • Partners complete Protocol Compliance Document and indicate full compliance • All partners request training for staff • All partners implement protocols • Clients report they received multiple referrals and/or supports and services to address Intimate Partner Violence 	<ul style="list-style-type: none"> • Protocol compliance document completed by partners over initial 6 month period • Follow-up client survey results: <ul style="list-style-type: none"> ◦ Summary prepared by project coordinator (June 2018) 		

Our Way Forward – A Coordinated Response to Intimate Partner Violence

	<ul style="list-style-type: none">• Evaluate the effectiveness of the community plan	<ul style="list-style-type: none">• Statistics				<ul style="list-style-type: none">• Partners report they have increased capacity with the community of Fort Saskatchewan to respond to Intimate Partner Violence		
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Our Way Forward – A Coordinated Response to Intimate Partner Violence

Key Activity 5. Project Evaluation								
Inputs	Activities	Outputs	Expected Outcomes			Indicators of Success	Measurement Tools (How? When? Whom?)	Lessons Learned (Best Practice)
			Short Term	Mid Term	Long Term			
<ul style="list-style-type: none"> Knowledgeable evaluator (<i>knowledge of Intimate Partner Violence, City of Fort Saskatchewan, Alliance partners</i>) 	<ul style="list-style-type: none"> Contract with evaluator Ongoing communication and regular meetings between project coordinator and evaluator Set-up evaluation plan and objectives; revise as needed. Development of measurement tools between project coordinator and evaluator; revise as needed Gather feedback from partners, stakeholders, community members and participants to determine the impact of the project. Information sharing about the project 	<ul style="list-style-type: none"> Completed evaluation plan Partner survey Summary of Partner survey Tools are available for use as needed Progress/Interim Reports submitted to Status of Women 	<ul style="list-style-type: none"> Partners are able to make an informed commitment to project 	<ul style="list-style-type: none"> Partners are able to access progress 	<ul style="list-style-type: none"> Project partners & Status of Women receive quality information related to investment Project Partners and Status of Women receive assurance that identified desired change has occurred 	<ul style="list-style-type: none"> Partners agree on what success looks like Partners report that the project was successful Partners are able to share knowledge within broader community 	<ul style="list-style-type: none"> Partner survey results: <ul style="list-style-type: none"> Summary prepared by project coordinator (September 2018) Interim reports submitted to Status of Women Final Report submitted to Status of Women 	

Our Way Forward – A Coordinated Response to Intimate Partner Violence

	results, knowledge mobilization							
	Final report submitted to SWC.							

Appendix 2

Workplan

**Our Way Forward Project - A Coordinated Response to Intimate Partner Violence
WORKPLAN**

Organization: Fort Saskatchewan Families First Society

Project Number: AB15070

Add details on major activities and indicate timeframe for activities in columns at left.	Year 1				Year 2				Year 3			
	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
	1-3 Sep – Dec 2015	4-6 Jan– Mar 2016	7-9 Apr– June 2016	10-12 July– Sep 2016	1-3 Oct – Dec 2016	4-6 Jan – Mar 2017	7-9 Apr - June 2017	10-12 July– Sep 2017	1-3 Oct– Dec 2017	4-6 Jan – Mar 2018	7-9 Apr – June 2018	10-12 July– Sep 2018
Key Activity 1: Formalize Strategic Alliance												
A1. Provide list of partners.												
A2. Identify existing supports and gaps, current state of affairs.												
A3. Identify partners on Continuum of Service in regards to Intimate Partner Violence.												
A4. Ongoing meetings.												
Key Activity 2: Plan Project and Adapt to Local Needs												
B1. Create a library of resources and documents.												
B2. Create a summary document of best practices.												
B3. Develop and finalize project deliverables document.												
B4. Periodic meetings.												
Key Activity 3: Develop Community Plan												
C1. Collectively identify gaps, priorities, opportunities, valuable resources, supports and potential strategies.												
C2. Identify desired components of a comprehensive community response to intimate Partner Violence.												
C3. Commit to coordinated community response to Intimate Partner Violence.												
C4. Develop linked protocols, and appropriate screening tools.												
C5. Finalize and submit community plan to SWC.												

Key Activity 4: Implement Community Plan												
D1. Alliance partners implement approved plan.												
D2. Midway through the implementation stage, assess the effectiveness of the plan with the alliance partners to evaluate and adjust if necessary.												
D3. Ongoing buy-in from partners on ownership and dissemination of specific pieces of the plan, and how it will be monitored and evaluated.												
Key Activity 5: Project Evaluation												
E1. Contract with evaluator.												
E2. Set-up evaluation plan and objectives; revise as needed.												
E3. Gather feedback from partners, stakeholders, community members and participants to determine the impact of the project.												
E4. Information sharing about the project results.												
E5. Final report submitted to SWC.												

*This is a generic template. The nature and number of key activities and sub-activities may vary, in some instances your project may have more or less than 5 key activities, and more or less than 4 sub-activities. Please delete or add rows as needed for your project. It is also important to note that the descriptions of your activities and sub-activities should be concise and to the point. Example; Delivery of workshops in Montreal, Calgary, and Vancouver.

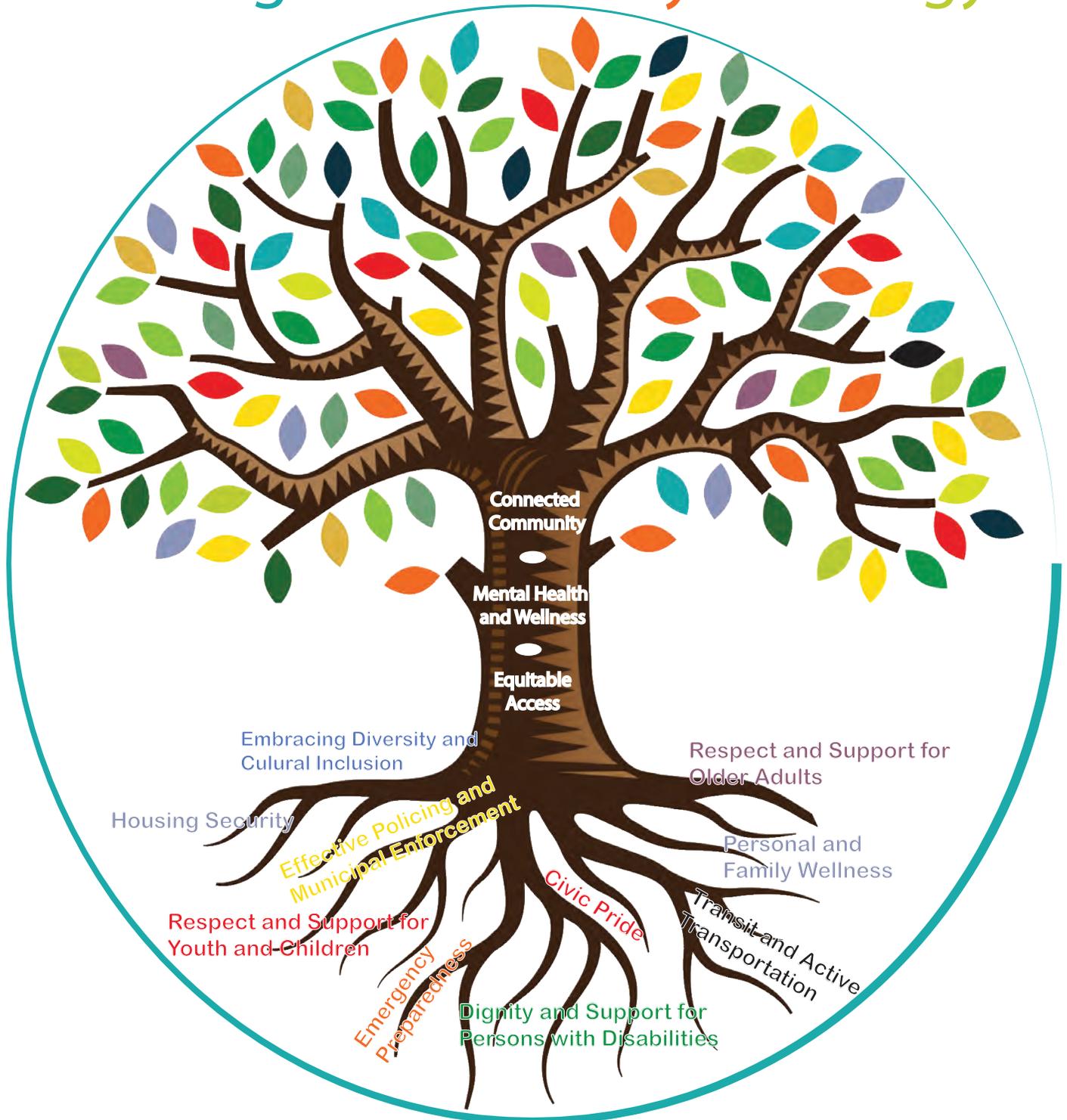
Appendix 3

Building Bridges Strong Community Strategy

Building Bridges

City of Fort Saskatchewan

Strong Community Strategy



Strong Community Strategy

A guiding document and vision to address the priorities of our community, as identified through Building Bridges.

Building Bridges

A group of representatives from various local agencies and organizations who meet to take a collaborative approach to addressing our community's needs.

Equitable Access:

Pursuing a community where everyone regardless of circumstance is able to experience all our city has to offer.

Mental Health and Wellness:

Pursuing a community where residents and service providers collaborate to support overall health.

Connected Community:

Pursuing a community where residents are connected to each other, and aware of available events and services.

Community Roots

Civic Pride: Fostering a caring connected community where residents are informed and involved with their local events, programs and services. Empowering residents to be proud of where they live, work and play.

Personal and Family Wellness: Uphold the right to feel and be safe through preventative efforts such as addressing healthy relationships and family dynamics and crisis supports such as for addictions, domestic abuse and violence. Strong families grow strong communities.

Effective Policing & Municipal Enforcement: Building strong relationships with community groups and residents, maintaining Fort Saskatchewan's reputation as a vibrant, safe and caring place to live, work and play.

Respect and Support for Older Adults: Encouraging older adults to be active in the promotion of safe, healthy, and active living. Fostering wellness and independence through collaborative programming and services.

Respect and Support for Youth and Children: Ensuring youth and children feel safe and respected as valued members of the community with opportunities to shape its development. Supporting opportunities for expression and development of skills and leadership. Promoting healthy views of self, relationships, and community.

Dignity and Support for Persons with Disabilities: Embracing individuals with developmental, physical, emotional and chronic disabilities. Encouraging viewing residents for their abilities and ensuring everyone has access to all Fort Saskatchewan has to offer.

Embracing Diversity and Cultural Inclusion: Promoting equality and celebrating diversity among community members. Encouraging and supporting opportunities to learn from diverse traditions, experiences and views.

Emergency Preparedness: Supporting a safe community in all conditions through ensuring that residents are informed of home and personal emergency preparedness.

Transit and Active Transportation: Advocate for a robust transportation infrastructure to ensure access to goods, services and public amenities.

Housing Security: Advocate for a variety of housing options integrated throughout the community to serve the needs of all Fort Saskatchewan residents.

Building Bridges is a group of representatives from various local agencies and organizations who meet to: network, identify community needs that can be addressed by our organizations, identify community service gaps within our own organizations, coordinate and support social justice related programs and services to address identified needs, develop strong community strategy and advocate for action.

The **Strong Community Strategy** is a guiding document and vision to address the priorities of our community, as identified through Building Bridges. It is the foundation for pursuing the mental health and wellness, equitable access and connection to community for all Fort Saskatchewan residents.

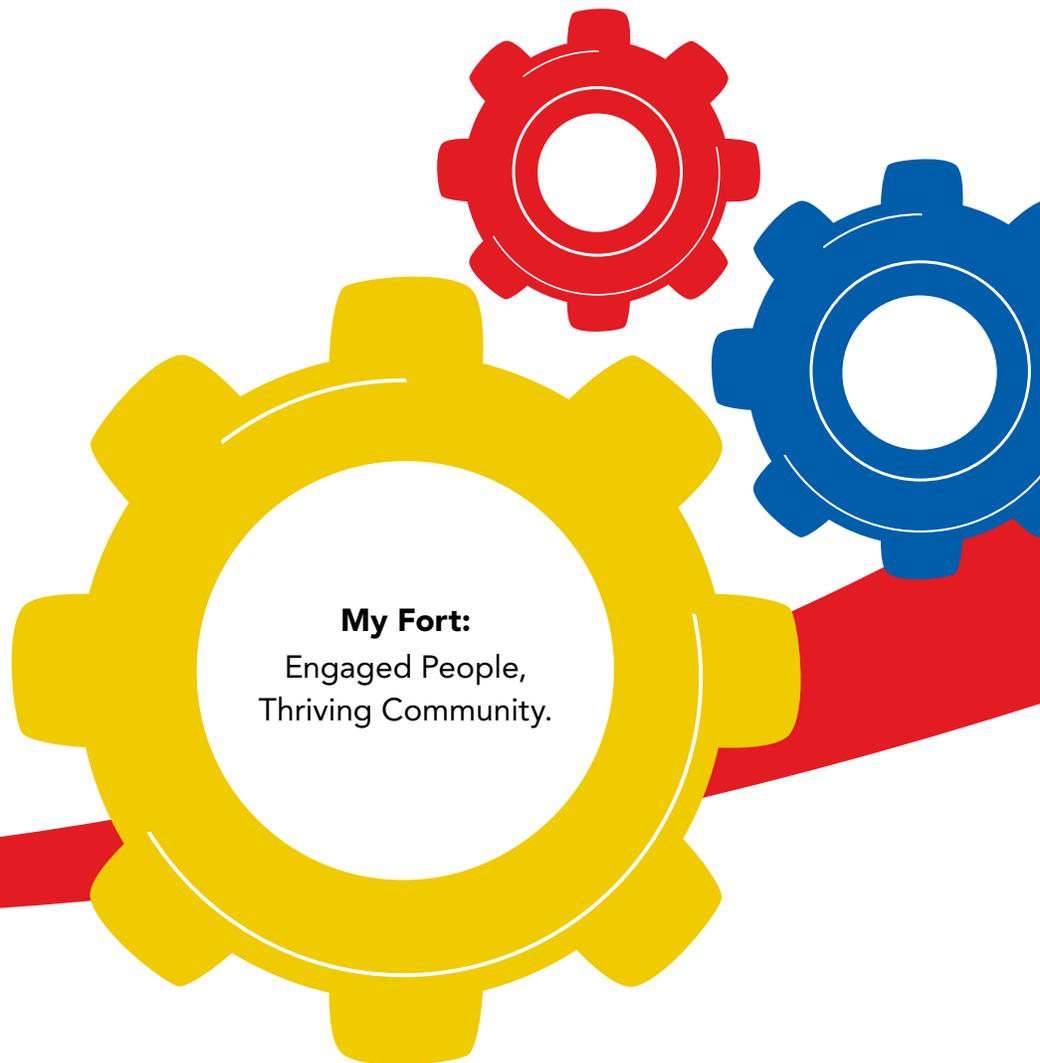
Appendix 4

City of Fort Saskatchewan Strategic Plan 2018 – 22



**THE CITY OF
FORT SASKATCHEWAN**

STRATEGIC PLAN **2018-22**



Engaged People, Thriving Community

Fort Saskatchewan has a proud heritage and the people and events of our past have left their imprints upon the region. From the Indigenous peoples to the industries of today, the people of Fort Saskatchewan built a community through ingenuity and hard work. Easy access to the river provided a transportation route for the early explorers and fur traders who passed through, but those who stayed learned to make a living in a frequently harsh environment. Although the area's geology provided the foundation for settlement and industrial development, it is the spirit and resourcefulness of the people who have made Fort Saskatchewan what it is today.

That ingenuity and hard work is driving us still. Record-setting growth and access to quality services and facilities, coupled with our small-town feel and rich history, makes Fort Saskatchewan a preferred place to live and do business.

It is against this backdrop that our Community Sustainability Plan was developed reflecting the vision of our citizens for our community to the year 2040.

The 2018 – 2022 Strategic Plan is built upon the seven sustainability principles identified in our Community Sustainability Plan, which articulate what we value in a sustainable future:

- A WELCOMING COMMUNITY
- A COMMUNITY WITH SPIRIT
- STEWARDSHIP OF THE ENVIRONMENT
- USING OUR RESOURCES WISELY
- A RESPONSIVE ECONOMY
- A COMPLETE COMMUNITY
- A COMMUNITY DESIGNED FOR PEOPLE



Our Community Vision

We are a welcoming, compassionate city.

We are a friendly, multi-generational community and there is a strong sense of pride and ownership in what we have accomplished together.

As a community, we are stewards of the environment and are committed to using our resources wisely.

We have a deeply rooted respect for our place and celebrate the river valley.

The Fort is a leader in sustainable eco-industrial development with a flourishing local economy.

We support every aspect of life in Fort Saskatchewan from local business to social services.

We know our history, and have a dynamic vision for our future.

Arts, recreation and culture thrive.

Downtown is the heart of the community; it is a vibrant destination for business or play and an attractive place to live.

Fort Saskatchewan is home with a small-town feeling at heart and where a strong sense of community thrives.

MY FORT: Engaged People, Thriving Community

The following pages outline our plan and the steps we will take over the next five years towards achieving the vision of our city.



OUR MISSION

Working together to create a sustainable and thriving community through exemplary leadership and management.

OUR CORE VALUES

Our commitment to each other and to our citizens

LEADERSHIP – Take ownership in achieving results

INNOVATION – Embrace new ways of doing things

SERVICE EXCELLENCE – Deliver “WOW” service to our community

FUN – Enjoy what we do and bring passion to our work

OUR GUIDING PRINCIPLES

Just as our values are reflected in everything we do, our decisions and actions are aligned with the following guiding principles.

CONTINUOUS IMPROVEMENT

We constantly look for ways to improve our services, refining our daily practices, keeping the leading edge in sight and being open to change.

COLLABORATION

We work collaboratively with our colleagues, residents, partners, regional neighbours, and stakeholders.

STRATEGIC THINKING

We use a strategic and forward thinking mindset and consider the impact of decisions on others.

STEWARDSHIP

We are good stewards, accountable for our community’s resources, managing costs and investing for the future.

Strategic Planning Framework



Fort Saskatchewan’s future will continue to involve change – change in population, economy and the services provided by the City. Our Strategic Plan provides direction to make informed decisions, sets priorities, focuses resource allocation and addresses strategic issues facing the municipality, now and into the future. The Strategic Plan also serves as the foundation on which department business plans, master plans and budgets are developed and approved.

Strategic Goals To 2022

Strategic goals are higher order objectives that must be accomplished for success of the vision; goals emphasize specific areas of focus over five years. Strategic goals are not comprehensive of all that we do but highlight where focus is required.

Outcomes are a description of the end result of what will occur when a goal is reached. Strategic initiatives are higher level actions that move us toward the achievement of a goal.



**Positioned
for Growth**



**A Vibrant and Thriving
Community**



**Excellence in
Government**



**Well-Planned and
Maintained Municipal
Infrastructure**



Positioned for Growth

GOAL

Strategically plan, prepare and manage responsible and sustainable growth for our residents and businesses.

OUTCOME

Excellence in planning and smart land use has balanced quality of life, sustainability and economic development that has shaped how our community has grown to maintain its small-town feeling at heart and where a strong sense of community thrives.

STRATEGIC INITIATIVES

- Facilitate greater understanding with Council and the general public on how our city can grow and how our neighbourhoods can be designed
- Develop and implement a strategy to prepare for growth based on results of the Fort Saskatchewan Growth Study (2015) and negotiations with Strathcona County
- Develop land use and servicing plans for preferred growth strategy area
- Review of Municipal Development Plan and subsequent planning and engineering documents
- Refresh of Land Use Bylaw – (2019 and 2021)
- Development of land management strategy for corporate property acquisition and dispensation
- Ongoing assessment of Edmonton Metropolitan Regional Board growth objectives
- Update the approach to downtown redevelopment
- Actively participate in the initiatives of Alberta Industrial Heartland Association, Edmonton Global and other regional economic initiatives
- Ensure strong business retention, support and attraction strategies and programs are in place to retain and grow business and industry



Excellence in Government

GOAL

Continuous improvement; constantly looking for ways to improve our services through planning, innovation, collaboration and consultation.

OUTCOME

Problem solving, collaboration and leadership has fostered ongoing improvements focusing on our customers' needs enabling positive change to ensure service delivery is efficient and effective and can be delivered on a sustainable basis.

STRATEGIC INITIATIVES

- Ensure four year department business plans are in place aligned with strategic priorities and operating and capital budget processes
- Implement improved use of performance measures to inform service delivery and planning
- Continue refinement of budget processes and supporting priority-based budget tools; including preparation of 3 Year Operating Plans and 10 Year Capital Plans in compliance with legislative requirements
- Ongoing program and service level reviews utilizing the approved review framework
- Continued refinement and implementation of a long term financial sustainability plan
- Continue implementation of health and safety program and procedures in alignment with new provincial regulations and leading practices
- Enhance public engagement and communication where public is encouraged to be involved
- Continue ongoing policy and bylaw review to guide actions and minimize risk
- Continue enhancements to water billing and transmission programs
- Ensure programs are in place to support corporate culture and values, staff retention/attraction, leadership, and subject matter learning
- Continue to develop and maintain strong relationships with our neighbouring municipalities and civic organizations
- Development of advocacy strategy to direct and strengthen the City's message when addressing policies and issues with other levels of government, agencies, or regional neighbours; including provincial/ federal grants, regional transportation, emergency medical services/co-responses, community spaces/school planning, and housing options



A Vibrant and Thriving Community

GOAL

Support diverse community needs to create a complete community where everyone, regardless of circumstance is able to experience all the City has to offer.

OUTCOME

Residents live in vibrant, inclusive and livable neighbourhoods where they are able to participate fully in all aspects of the community.

STRATEGIC INITIATIVES

- Undertake a collaborative approach to addressing community needs through coordinated partnerships with local agencies and organizations
- Follow the Strong Community Strategy as a guiding document to address the priorities of the community as identified through the Building Bridges Coalition
- Develop strategies and advocate for a variety of housing options integrated throughout the community to serve the needs of residents
- Utilize data, studies and community engagement to better understand community social issues and needs and community service gaps
- Facilitate neighbourhood and community building programs and remove barriers to community initiatives to encourage connections to neighbours and further develop community
- Build community awareness of social issues to facilitate social inclusion and social support networks
- Ensure a continuum of social supports, education, and resources are available that evolve to meet changing community needs
- Implement a priority based City policy and program for non-profit organization grants
- Develop volunteer engagement strategies to assist with enhancing capacity, recruitment and retention
- Promote awareness and involvement in community and cultural events that help to create a sense of place for our city and enhance community interaction and connectedness
- Promote City programming of public spaces to celebrate the City's history and culture
- Promote a range of accessible cultural and recreational programming that meets the changing needs of residents
- Update the Culture Services Master Plan to provide direction for events, tourism, public art and cultural spaces



Well-Planned and Maintained Municipal Infrastructure

GOAL

Strategically manage, invest, and plan for sustainable municipal infrastructure.

OUTCOME

Critical infrastructure is in place, maintained, optimized and strategically planned to meet the future needs of the community.

STRATEGIC INITIATIVES

- Ongoing development and refinement of asset management program
- Inclusion of planned capital funding sources, cost estimates and supporting master plans/strategies within 10 year capital plan
- Continued exploration of regional collaboration opportunities for projects (Edmonton Metropolitan Regional Board Servicing Plan, Inter-municipal Collaboration Frameworks, River Valley Alliance)
- Pursue grant opportunities and other synergies with regional initiatives for infrastructure projects, including readiness with “shovel ready” projects for emergent grants
- Updates of master plans/strategies including: Recreation, Facility and Parks Master Plan (Dow Centennial Center site plan, Aquatics, Ice) in relation to community needs and demographics
- Continue advocacy and input for regional transportation projects (bridge twinning/pedestrian bridge) and exploration of any synergies with planned City capital projects (i.e.) Fort Centre Park, road improvements
- Continue to implement Transportation Master Plan to guide the City’s transportation infrastructure



Appendix - 2018 Council Priorities

Following the election in October 2017, Council met to establish 2018 priorities that would provide focus and priorities for the organization in 2018 and allow sufficient time and community engagement for development in early 2018 of a Strategic Plan to guide the City.

- Strategic Plan and Business Planning Framework
- Council Team Charter
- 10 Year Capital Plan & asset management
- Budgeting processes & tools
- Water billing & transmission system enhancements
- Strategies to prepare for growth
- New waste program roll out
- “Fort Report” request for service system & customer service focus
- Legalized cannabis framework and approach to prepare for legalized cannabis
- Transit services report
- Community initiatives policy & program
- 2017 Governance Review recommendations implementation
- Traffic safety & Vision Zero
- Homelessness and Poverty Study & sub-regional housing work (Home Connector Program)



CITY OF
FORT SASKATCHEWAN
FORTSASK.CA

PUBLISHED JUNE 2018

Appendix 5

Action Plan

Our Way Forward – A Coordinated Response to Intimate Partner Violence

Action Plan

	Action/Tasks	Who	When	Expected Outcomes	Indicators of Success
Key Activity 1: Formalize Strategic Alliance	a) Identify missing partners b) Review Continuum of Service c) Initial survey re: Current State of Affairs d) Form Protocol Working Group e) Future meeting dates: <ul style="list-style-type: none"> • Minutes • Agenda • Members list 	a) All b) All c) All d) Self-identified members e) Project Coordinator	a) Ongoing b) May 2, 2016 c) August 2, 2016 d) Start: August 2016 End: June 2017 e) Ongoing	<ul style="list-style-type: none"> • Increased knowledge about existing Continuum of Service, and practice in using service. • Commitment from attendees to form a Strategic Alliance. 	<ul style="list-style-type: none"> • An understanding of current partner practices of implementing a response to Intimate Partner Violence. • We have a baseline of current practices (state of affairs). • Partners are committed to participating in Protocol Working Group • Partners committed to participation in Strategic Alliance
Key Activity 2: Plan project and adapt to local needs	a) Review Gender Based Analysis b) Research Best Practices in North America c) Interview local women (use existing partners) d) Gather existing protocols (i.e.: CIAFV, CDVC, AHS, etc...) e) Gather existing screening tools (i.e.: The Danger Assessment, FVIR, etc...)	a) All b) Project Coordinator c) Project Coordinator w/ partners d) Project Coordinator e) Project Coordinator f) Project Coordinator g) Project Coordinator	a) May 2, 2016 b) June 2017 c) August 2016 (<i>date needs to be revisited</i>) d) June 2017 e) June 2017 f) June 2017 g) June 2017	<ul style="list-style-type: none"> • Increased knowledge of existing practices. • Identified gaps and strengths in the systems. • Inform the community Plan. 	<ul style="list-style-type: none"> • Partners report increased knowledge of existing and best practices in the field of Intimate Partner Violence Prevention. • Partners report increased knowledge of gaps and strengths in local practice.

	<p>f) Analyze gaps & strengths</p> <p>g) Create a library of reference materials</p>				
<p>Key Activity 3:</p> <p>Develop Community Plan</p>	<p>Regular meetings w/ Strategic Alliance;</p> <p>a) Review Research:</p> <ul style="list-style-type: none"> Tiered response Existing protocols Existing screening tools Existing Best Practice <p>b) Alliance members may gather research and information within their circle of influence.</p> <p>c) Identify desired components of a comprehensive community response to Intimate Partner Violence (IPV).</p> <p>d) Develop appropriate tools (<i>i.e.: Protocol, screening tools, terms of reference, etc...</i>)</p>	<p>a) All</p> <p>b) All</p> <p>c) All</p> <p>d) All</p>	<p>a) June 2017</p> <p>b) June 2017</p> <p>c) June 2017</p> <p>d) June 2017</p>	<ul style="list-style-type: none"> Desired comprehensive community response as outlined as a plan. Improved relationships among partners. Strategic Alliance partners and Building Bridges partners commit to community plan. 	<ul style="list-style-type: none"> Partners commit to implementing community plan. Partners indicate that they intend to implement the community plan. Partners report an improved relationship within Alliance. All partners sign the protocol document. Partners indicate they are willing to sign the protocol document.
<p>Key Activity 4:</p> <p>Implement Community Plan</p>	<p>a) Partner training;</p> <ul style="list-style-type: none"> Train-the-Trainer (<i>i.e.: 3-day training, including intro to Intimate Partner Violence, protocol, screening tools, practice using, certification</i>) 	<p>a) All</p> <p>b) All</p> <p>c) All</p> <p>d) All</p> <p>e) All</p> <p>f) All</p>	<p>a) July 2017 to September 2017</p> <p>b) July 2017 – ongoing</p> <p>c) Ongoing</p> <p>d) July 2017 – ongoing</p> <p>e) July 2017 – ongoing</p> <p>f) June 2018</p>	<ul style="list-style-type: none"> Partners respond appropriately and effectively to linked protocol. 	<ul style="list-style-type: none"> Partners complete Protocol Compliance document and indicate full compliance. All partners request training for staff. All partners implement protocol.

	<ul style="list-style-type: none"> b) Alliance partners implement approved practices c) Regular meetings between partners d) Utilize common screening tools e) Protocol is followed by partners f) Complete evaluation of linked protocol use. 				<ul style="list-style-type: none"> • Clients report they received multiple referrals and/or supports to address Intimate Partner Violence.
<p>Key Activity 5:</p> <p>Project Evaluation</p>	<ul style="list-style-type: none"> a) Contract with evaluator. b) Ongoing communication and regular meetings between project coordinator and evaluator. c) Set-up evaluation plan and objectives; revise as needed. d) Development of measurement tools between project coordinator and evaluator; revise as needed. e) Gather feedback from partners, 	<ul style="list-style-type: none"> a) Families First Society and Evaluator b) Evaluator, Project Coordinator c) Evaluator, Project Coordinator d) Evaluator, Project Coordinator e) All f) All 	<ul style="list-style-type: none"> a) September 2015 to November 2018 b) Ongoing c) Ongoing d) Ongoing e) Ongoing f) Ongoing 	<ul style="list-style-type: none"> • Partners are able to make an informed commitment to the project. • Partners are able to access progress. • Project partners and Status of Women (funders) receive quality information related to investment. • Project partners and Status of Women receive assurance that identified desired change has occurred. 	<ul style="list-style-type: none"> • Partners agree on what success looks like. • Partners report that the project was successful. • Partners are able to share knowledge within broader community.

Appendix 6

Performance Measurement Plan

Organization Name: Fort Saskatchewan Families First Society
Project Number: AB15070

Performance Measurement Plan: Instructions and Template

Instructions

Before getting started:

1. Please read through a copy of the *Result Based Management: A How to Guide* that should have been sent to you along with this form and ask your Program Officer any questions you might have.
2. Below is a copy of the **Results Framework** for your review ONLY. No changes to the **Results Framework** are required. However, it should be thoroughly reviewed before completing the **Performance Measurement Framework**. If anything is unclear please discuss with your Program Officer.

Steps to complete a Performance Measurement Plan:

1. The Planned Results column has been pre-populated by SWC.
2. Establish performance indicators for your planned results, and enter the performance indicators for the short and medium term results (one to three for each result statement is normally sufficient).
3. Establish the data sources and data-collection methods for your chosen performance indicators.
4. Fill in the Frequency/Timing and Responsibility columns for each performance indicator.

TABLE A: RESULTS FRAMEWORK

Project Title : Our Way Forward Project - A Coordinated Response to Intimate Partner Violence			
Project Objective: To support community partners to work together to develop and implement a community plan that responds to intimate partner violence.			
Key Activities	Key Outputs/Products	Planned Results	
		Short Term	Medium Term
Key Activity 1: Formalize Strategic Alliance	List of Project Partners	Community partners and stakeholders have increased their knowledge of issues related to intimate partner violence and are aware of local supports. A community plan to address the specific needs of local women and girls with respect to intimate partner violence has been developed.	Increased ability of community partners and stakeholders to work collaboratively to prevent and respond to intimate partner violence. Stakeholders have taken specific actions to address intimate partner violence in their community.
Key Activity 2: Plan Project and Adapt to Local Needs	Action Plan		
Key Activity 3: Develop Community Plan	Community Plan		
Key Activity 4: Implement Community Plan	Screening Tools Response Protocol(s)		
Key Activity 5: Project Evaluation	Project Evaluation Report		

TABLE B: PERFORMANCE MEASUREMENT PLAN (To be completed)

Planned Results	Data Collection				
	Indicators	Data Sources	Data Collection Method	Frequency/Timing	Responsibility
<p>Short Term Results</p> <p>-Community partners and stakeholders have increased their knowledge of issues related to intimate partner violence and are aware of local supports.</p> <p>-A community plan to address the specific needs of local women and girls with respect to intimate partner violence has been developed.</p>	<p>(Please include at least one indicator for each planned result)</p> <ul style="list-style-type: none"> Community partners report they have: <ul style="list-style-type: none"> Increased knowledge related to intimate partner violence Increased knowledge of existing protocols Increased knowledge of existing screening tools Common protocols and screening tools are agreed upon by partners for the City of Fort Saskatchewan 	<ul style="list-style-type: none"> Partners 	<ul style="list-style-type: none"> Questionnaires 	<ul style="list-style-type: none"> August 2016 	<ul style="list-style-type: none"> Project Coordinator
<p>Medium Term Results</p> <p>-Partners/Alliance members report that they are working more collaboratively</p> <p>-Increased ability of community partners and stakeholders to work collaboratively to prevent and respond to intimate partner violence.</p> <p>-Stakeholders have taken specific actions to address intimate partner violence in their community.</p>	<ul style="list-style-type: none"> Partners/Alliance members report that they are working more collaboratively Protocols are linked and screening tools are being utilized Partners report they are providing a more comprehensive and coordinated response to Intimate Partner Violence 	<ul style="list-style-type: none"> Statistics from partners; <ul style="list-style-type: none"> Referrals – where/times Screening tools used Partners 	<ul style="list-style-type: none"> Documents available: <ul style="list-style-type: none"> Protocol Screening Tools Statistics template completed by partners responding to Intimate Partner Violence Questionnaires 	<ul style="list-style-type: none"> March 2017 April 2017 – July 2018 August 2018 	<ul style="list-style-type: none"> Project Coordinator Partners Project Coordinator Project Coordinator

Appendix 7

Partner Survey Key Activity 1 – RESULTS

Our Way Forward

A Coordinated Response to Intimate Partner Violence

Partners Survey

Key Activity 1

Thank you for your commitment to reducing Intimate Partner Violence in the City of Fort Saskatchewan. Please complete this survey so we can measure the current state of affairs to a coordinated response:

1. Is a screening tool being used to identify Intimate Partner Violence?

YES	NO
Families First Society – <i>Heather Boonstra</i>	Fort Saskatchewan Community Hospital – <i>Heather Durstling</i>
Child & Family Services – <i>Joycelyn Schlesinger</i>	Victim Services Unit – <i>Shirley Denbraber</i>
Alberta Heartland Primary Care Network – <i>Graham Kitson</i>	Fort Sask FCSS – <i>Barb Gamble</i>
A Safe Place – <i>Aleen Lenana</i>	
Fort Sask RCMP – <i>Cpl. Jen Brown</i>	

If so, when do you use it (*i.e. intake and/or within developing relationship, such as the first 6 weeks*)?

Families First Society:

–FV Prevention Coordinator uses one

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A Coordinated Response to Intimate Partner Violence

Partners Survey

Key Activity 1

–Rest of the team uses a different one to make referrals to Jodi

Child & Family Services:

–Intake/Assessment Screening Aid for family Violence

Alberta Heartland primary Care Network:

–Initiated at intake/initial care session

A Safe Place:

–During Intake & during the women & children shelter stay.

–We also use screening tools in outreach (i.e.: safety planning, D.A)

Fort Saskatchewan RCMP:

–On every DV file a FVIR is completed as well as a pro-active referral to our Victim Services Unit.

Victim Services Unit:

–We work with files given to us by the RCMP – They would have their screening tools in place, but we only go off their referral.

2. What are your referral practices if Intimate Partner Violence is identified?

Families First Society:

–911 or RCMP if safety is immediate concern

–Refer to our FV Prev. Coord.

–See what other supports are needed

Child & Family Services:

–Dependent on impact to children in the home – community referrals to Jodi or Victim Services are made. If a file is deemed to be ‘intervention’ as per legislation, other community referrals occur.

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A Coordinated Response to Intimate Partner Violence

Partners Survey

Key Activity 1

Alberta Heartland primary Care Network:

-Case by case:

- Families First*
- RCMP / Victim Services*
- Access to shelters*
- PCN Psychiatrist Assessment*

A Safe Place:

-We provide as much support as we can and utilize outside agencies to better move our clients forward. For instance, Housing, Financial Supports, etc...

Fort Saskatchewan RCMP:

-Pro-activer referrals to Victim Services on every DV file resulting in charges, on other "non-charge" files we offer VSU (some decline, some accept).

Fort Saskatchewan Community Hospital:

-Referral to social services, potential notification of Victim Services, RCMP.

Victim Services Unit:

-When we receive a referral we can offer:

- Court Updates*
- Victim Impact Statements*
- Statement of Restitution*
- Financial Benefits*
- Court Support*
- And community referrals*

Fort Saskatchewan FCSS:

-Establish safety of individual

-If safe for now, referring them to Families First, Victim Services, RCMP

-Counselling as appropriate

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A Coordinated Response to Intimate Partner Violence

Partners Survey

Key Activity 1

Thank You!

We would like to acknowledge the support of



Status of Women
Canada

Condition féminine
Canada

Appendix 8

Our Way Forward Baseline Survey

Our Way Forward Intimate Partner Family Violence Protocol Information Gathering Survey

Introduction

This survey is being conducted on behalf of the *Our Way Forward Project*, and seeks to build on the excellent work that has already been completed by our Strategic Alliance Partners. **The information you provide will contribute to the development of a community wide, multi-disciplinary protocol for responding to incidences of intimate partner violence in Fort Saskatchewan.**

On behalf of the *Our Way Forward Project Team*, I would like to thank you for completing this survey, and in doing so, sharing your time and experiences. *Additionally, if you are interested in joining the IPV Protocol Working Group, please indicate your interest below.*

1. Organization & Program

1.1. Name of Your Organization:

1.2. Specific Program:

1.3. Name of Person Completing Survey:

Please note, if your organization houses multiple programs AND each program provides different supports and services specific to intimate partner violence, PLEASE complete a separate survey for EACH program.

2. IPV Screening

IPV screening is a standardised process whereas a client/participant is asked a direct question/series of questions to determine if IPV is an issue in their life.

2.1. Does your program formally screen clients/participants for IPV? If yes, please describe in detail the screening process utilised (when does screening occur, who conducts screening on behalf of your program, how often and in what manner).

2.2. If a formal screening question or tool used and if so, please list.

2.3. Briefly outline the process your program follows if IPV is disclosed and/or confirmed.

Our Way Forward Intimate Partner Family Violence Protocol **Information Gathering Survey**

3. Risk Assessment

Risk assessment is a formal process whereas a client is asked a series of questions to assist in determining their relative probability of being harmed by IPV and level of risk for future, potential harm.

- 3.1. Does your program conduct IPV risk assessments with clients/participants? If yes, please describe in detail the risk assessment process conducted (when the assessment is completed, which staff conduct the assessment...).
- 3.2. If a specific tool/questionnaire for conducting IPV Risk assessment is utilised, please list/describe.

4. Safety Planning

Safety planning is a collaborative process in which a staff member and client work together to create a pro-active, comprehensive plan as a means to attempt to keep the client and his/her family safer in a relationship involving IPV.

- 4.1. Does your program participate in a formal safety planning process with clients/participants? If yes, please describe in detail the safety planning process conducted (when is safety planning initiated, which staff assist, how often is the plan revisited...).
- 4.2. If a specific tool/questionnaire for conducting safety planning is utilised, please list/describe.

5. External Agency Referral

External agency referrals are linkages initiated by your program, between your organization's clients/participants to external organizations for supports, services and assistance *specific* to assisting with needs resulting from IPV.

- 5.1. Does your program have a formal process for making external agency referrals for clients/participants experiencing IPV? If yes, please describe this process in detail (how appropriate referrals are determined, how referrals are documented, what form the information is provided in...).
- 5.2. Are referrals followed-up with the client/participants and if so, how and when?

***Our Way Forward Intimate Partner Family Violence Protocol
Information Gathering Survey***

6. Additional Service and Supports

Additional services and supports include interventions and actions your program provides that are directed specifically to addressing the needs of a client/participant experiencing IPV. Examples could include counselling, transportation to shelter, follow-up, et cetera.

6.1. What supports and services does your program provide specifically to people currently experiencing IPV that has not previously been discussed? Please list.

7. Community Successes and Challenges

Community successes and challenges include IPV interventions, support and services (provided both within your own program and the community at large) that are currently working well, as well as those that are less successful.

7.1. In your experience, what current IPV prevention, intervention and postvention strategies are working well for your clients experiencing Intimate Partner Violence?

7.2. In your experience, what are the deficiencies/gaps in service for clients/participants experiencing IPV?

Please return completed surveys electronically by August 2nd to:

Jennifer Vogl, Our Way Forward - Ending Violence Project Coordinator,
Fort Saskatchewan Families First Society, 780.998.5595 ext. 227
jenniferv@familiesfirstsociety.ca

Thank you!

Appendix 9

Mapping the Journey Survey

Appendix 10
DAWN VOICES Focus Group

DAWN VOICES: A Discussion About Fort Saskatchewan's Response to Gender Based Violence

1. A lot of reports say that gender based violence is an issue in Canada, and Alberta.

- What do you think about that?
- Do you think it is true?
 - *Children see the behaviour in a parent and model the same.*
 - *Men need to follow through in their programs. More long term follow-up.*
 - *More consequences with Legal/Justice*
 - *More/greater access to legal support & navigating legal system.*
 - *Why is it getting worse?*
 - *Their (the "system") response is better.*
 - *Definitely true.*
 - *Especially because we have a lot of transient workers.*
 - *A lot more focus needs to be put on the male/men part of the issue; more attention and advertising about it.*
 - *Should be taught in schools.*
 - *A lot of the men are the way they are because that's what they learned.*
 - *That's probably why I had to ask my son to leave my house, because of his abusive behavior.*

2. If you asked your friends about their concerns for their safety, what would they say?

- Would you say women feel safe in your community?
- Can you give specific examples?
 - *If you can get someone in counselling, the counsellors don't even know anything about it (domestic violence).*
 - *A lot of programs (supports) are cost-based, and most can't afford it.*
 - *If you try to go through the legal system yourself, it's a zoo! It's overwhelming!*
 - *Can't go out at night.*
 - *A safe to place to go to if you want to leave (no shelter).*
 - *Shelters are full*
 - *I don't feel safe in my community. Transient population (no investment in community). I have been stalked and felt sexually preyed on.*
 - *We shouldn't have to send our families away to work (should remain local).*
 - *Our families don't need to be separated for work reasons, which is a big contributor to domestic violence.*

- *A lot of money means a lot of drugs and alcohol consumption, high stress on families, long work hours.*
- *When there is no physical violence, it's difficult to prove anything (emotional, spiritual, financial, etc.)*
- *It is very hard having a Restraining Order, and having it enforced.*

3. What about violence in the public spaces/at work/school and at home?

- *Would you say that women in Fort Saskatchewan are concerned about violence?*
 - *People (police) don't seem to be as concerned about violence experienced by women in Fort Saskatchewan.*
 - *Some women are concerned and some are not. Perhaps the women who have not been impacted or needed to reach out, lack of knowledge/awareness of the issue relating to domestic violence in Fort Saskatchewan.*
 - *Mixed remarks from Churches; shunning individuals for leaving abusive relationship, or judging once you share your story.*
 - *Every community, yes.*
 - *"Not us, it's them", and "not in my backyard" attitude*
 - *Police are not taking my calls seriously.*
 - *People in general don't take it seriously.*
 - *Home for a lot of women is unsafe, but they don't say anything, keep a façade, which is probably fear-based.*
 - *People feel helpless against the system.*
 - *If they help you, they have to acknowledge that the violence exists. They almost blame you for disturbing the peace.*
 - *Small "clicky" community = Silence & Isolation*
 - *It's the word 'violence' too. You might be in a violent relationship, but you don't recognize it as domestic violence because there is no hitting.*

4. Who can women in Fort Saskatchewan turn to for help if they experience violence?

- *Families First Society*
- *Other women who have experienced violence*
- *Friends and family*
- *RCMP*
- *Victim Services*
- *Boys & Girls Club*
- *Family Violence Support Line*
- *Women Shelters*
- *Careers Under Construction*
- *Employabilities*
- *Lives In Transition*

- *Social Media*
- *Alberta Works/Income Support*
- *Hospital*
- *FCSS*
- *Library*
- *Physician*
- *Psychologist*
- *Lawyer*

5. Think back to when you first started accessing “the system”;

- What was the first door you tried to open?
- Was it helpful?
- Why did you choose that door?
 - *HR at work: I was missing work a lot, and HR came to me concerned. I didn't know I was in a domestic violence relationship until then. It was very helpful! She helped me get into a women shelter, and lent me a cell phone.*
 - *911: Yes it was helpful. They sent the police and called back.*
 - *FCSS Counsellor: Not helpful. I thought there was something wrong with me. No referrals, not helpful at all.*
 - *Women's Shelter*
 - *DAWN Support Group*
 - *Church: 1st one sent us to marriage counselling, and the 2nd one told us to read the bible more. So not helpful.*
 - *Family: My aunt told me to be more submissive to him, “he's supporting you and the kids”*
 - *Family: My dad told me to make sure I told my husband that he thinks he's a good guy.*
 - *Family: My dad told me I had to go back home and apologize to him; I stayed with him for years after that before leaving.*
 - *RCMP: NOT HELPFUL! Blame me, feeling guilty/shameful because of numerous incidents. “Why are you still with him? AND you're having another baby with him? What were you thinking?”*
 - *Friends: They already knew about the abuse. But it was not helpful as they were questioning me as to why I was staying in the relationship.*

6. What were some of the barriers that you were experiencing at that time?

- i.e.: Financial, children. Knowledge of supports, etc.?
 - *Isolation*
 - *Financial: BIG BARRIER*
 - *Fear that no one else would want me*
 - *Shame Lack of knowledge/Awareness of abuse*
 - *Children/pregnancy, or the hope of an ideal family*
 - *Lack of support/family/friends*
 - *Low self-esteem*
 - *Mental Health*

- *Housing*
- *Bills*
- *Vehicle/Transportation*
- *Savings*
- *Children custody*
- *Appropriate childcare*
- *Returning to workforce with little education*
- *Fear of violence, or retaliation from him or his friends/family*
- *Legal system is hard to navigate*
- *Fear of unknown/change*

7. How many services have you accessed since then?

- Which services were they?
- How often have you accessed each one?
 - *Legal Aid*
 - *Family Law Info Center*
 - *Edmonton Community Legal Center*
 - *Women's Shelter*
 - *Alberta Works – Fleeing Abuse Funds*
 - *Capital Housing*
 - *Child and Family Services*
 - *Victim Services*
 - *Psychologist*
 - *Families First Society*
 - *FCSS*
 - *Careers Under Construction/Lives In Transition*
 - *Service Canada*
 - *Canada Revenue Agency*
 - *Maintenance Enforcement (Child Support Payments)*
 - *Duty Council*
 - *Victims of Crime Fund*
 - *Mediator*

8. If you had a magic wand, what would be in place to assist those that are fleeing domestic violence?

- *Damage Deposit*
- *Rent*
- *Shelter stays based on need (not 21 days)*
- *More transitional housing (2nd Stage)*
- *Supports to talk to about leaving*
- *Place to go talk to someone when you're considering it. Like a kind of "mentorship" program. Someone who can guide you through the whole system.*
- *A One Stop Shop*

- *Safe transportation*
- *Safe exchange program for child visit*
- *Cell phone lending program*
- *Adequate counselling that is local and free, and is trained in domestic violence/trauma*
- *Someone in the RCMP to help you through it*

9. In your opinion, what is the most important thing that has been said during this discussion?

- *Why we (Families First) are doing this (Call for Proposals)*
- *Steadfast Connector/Navigator*
- *RCMP Support (Not enforcing/Sensitive)*
- *The women shelters need more outreach support*
- *Engaging Men & Boys*
- *Transient Workers*
- *High Wages = Substance abuse & entitlement*
- *No safe place to go after you leave*
- *Families First has been helpful*
- *Finances are the biggest barrier to leaving abusive relationship*
- *Child Support Orders & Maintenance Enforcement are a joke*

10. If you could talk to government officials, what would you recommend they change in order to assist those experiencing Gender Based Violence?

- *We need education for everyone*
- *Increase funding through Alberta Works to reflect a Living Wage*
- *Shorter wait times for accessing Subsidies/Subsidized housing*
- *More compassion towards women when they are accessing supports*
- *Dealing with filtering Media that promotes gender based violence/violence in general*
- *Consistency with legal and justice (Military Police, RCMP, Edmonton Police, etc.)*

Appendix 11

Community Response Plan

Our Way Forward: A Coordinated Response to Intimate Partner Violence

Community Response Plan

For use by Fort Saskatchewan Community Response Partners



Families First Society
FORT SASKATCHEWAN

Developed in Partnership with Community Initiatives Against Family Violence (CIAFV)



A collaborative, coordinated, community response to family violence

August 2017

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Funding for this project provided by
 **Status of Women Canada**  **Condition féminine Canada**

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Project Information

Primary Contact Information:

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780.998.5595 ext. 227

Project Name:

Our Way Forward: A Coordinated Response to Intimate Partner Violence

Community Response Partners:

Families First Society of Fort Saskatchewan
RCMP: Fort Saskatchewan Detachment
A Safe Place
Fort Saskatchewan Family and Community Support Services
Heartland Primary Care Network
Child and Family Services of Fort Saskatchewan
Victim Services Unit, Fort Saskatchewan
Fort Saskatchewan Community Hospital
Alberta Health Services – Public Health

Project History

In March 2012, Families First Society of Fort Saskatchewan received a three year Status of Women Canada project grant to reduce violence against women and girls in rural communities and small urban centers. Families First Society and their partners conducted a Gender Based Analysis (GBA) to explore the root causes of violence against women and girls in Fort Saskatchewan and create a collaborative community based plan to address those causes. Once the GBA was complete, they were able to implement effective, evidence based, sustainable solutions to reducing violence as outlined in their community plan.

Building Bridges, an informal network of dedicated human services professionals, volunteers and elected officials from Fort Saskatchewan, agreed to serve as the project's Advisory Committee and partners in implementing identified strategies. The project was carried out over three years; March 2012 to March 2015. From the writing of the proposal to the implementation of all the components of the project, collaboration was an overriding theme. The "Bridge Mender", who acted as the Project Coordinator and liaison between network members, ensured the partners' efforts were leveraged and maximized.

Based on the findings and recommendations of the GBA, a Community Plan to end Domestic Violence was written. Analysis of Fort Saskatchewan's existing services and supports along with the gaps and

opportunities identified resulted in the selection of four strategic focus areas; Gender Equity, Prevention, Legal and Justice Capacity Building, and Policy Coordination.

Policy Coordination, one of the Strategic Focus Areas, was a complex step. A Community Mapping series of exercises was undertaken by Building Bridges. With the help of M.A.P.S. Alberta, the group placed their agencies on a Continuum of Services. They then identified where they fit in a family violence response model, after which they were able to identify gaps, and action steps. Fort Saskatchewan's services has grown to include more prevention activities without sacrificing the important work of support and intervention. Building Bridges has created an environment to enable the creation of harmonized protocols and policy coordination to ensure a sustained effort to reducing Intimate Partner Violence in our community.

Families First has once again been awarded the opportunity to reduce violence in our community, thanks to a three year grant from Status of Women Canada. **Our Way Forward – A Coordinated Response to Intimate Partner Violence** is our next step in this effort. Our goal, with the help of a Strategic Alliance of partners, is to implement a Tiered Response to Intimate Partner Violence (IPV), a Linking Protocol, as well as Universal Screening Tools to reduce the impact of IPV in our community.

Project Goals

Intimate partner violence is a significant community and social issue, which crosses all economic, cultural and social boundaries. Through a collaborative, community effort, this plan has been developed as a strategy to address this problem. This community response plan provides guidelines and best practices to assist agencies to identify, assess, intervene and refer individuals and families impacted by violence.

Through the creation of this community strategy to address intimate partner violence, we intend to ensure that:

- A joint, unified community wide response to intimate partner violence is developed and utilized in Fort Saskatchewan.
- Individuals and families impacted by intimate partner violence have their needs met in a caring, consistent and comprehensive manner.
- Community based organizations have an increased capacity to identify and intervene in violent relationships.
- Screening for intimate partner violence is completed by every community response partner to ensure that “every door is the right door” for people to disclose violence.
- Intimate partner violence prevention and intervention services and supports are streamlined and any gaps in service or areas of duplication are identified and addressed.
- A community awareness and understanding of the issues and implications of intimate partner violence is established.
- Through the sharing of resources, information, policies, procedures and best practices, the likelihood that women and girls remain at risk, is significantly reduced.

Project Definitions

Rationale of Choosing Common Definitions

There are many different terms that can be used to describe an abusive situation. Few people use the term “Intimate partner violence” to describe what is happening to them, but may allude to their situations by saying things like “they are having problems at home” or that their family member is acting out of “anger and stress”. It is important for organizational staff to gain a clear picture of what is happening for the family if appropriate assistance is to be provided. Therefore, it is imperative that when staff discusses intimate partner violence with clients, they use plain language and ask questions if they are unsure of the true nature of the situation.

Though terms like “intimate partner violence”, “family violence” and “domestic violence” are often used interchangeably in practice, for the purpose of this plan, we will seek to establish a set of common, universally utilised and accepted terms to be applied when addressing intimate partner violence in Fort Saskatchewan. By doing so, we feel we are supporting one of the primary goals of this project; the establishment of consistency, clarity and commonality. As such, the following definitions have been formally adopted for use within our community and project:

Intimate Partner Violence:

Intimate partner violence describes a systematic pattern of abusive behaviors within a relationship that is characterized by intimacy, dependency and/or trust. The abusive behaviors exist within a context where their purpose is to gain power, control and induce fear. Abusive behavior can take many forms including verbal, emotional, physical, sexual, psychological (e.g. destruction of pets and property), spiritual, economic, violation of rights, and exploitation through neglect. All forms of abusive behavior are ways in which one human being is trying to have control and/or exploit or have power over another. (*Community Initiatives Against Intimate partner violence, Adopted Oct 9, 2001*)

This definition recognizes many perspectives of intimate partner violence and encompasses relationships that include dating, cohabitating, co-parenting and marital.

Tactics of Violence:

Violence and abuse can involve various tactics, from outright physical violence to subtle manipulation, typically escalating in frequency and severity over a period of months or years. Regardless of its form, violence and abuse profoundly affect an individual’s health, safety and well-being. Intimate partner violence can encompass (but is not limited to) any/all of the below:

Physical Abuse:

Physical abuse includes any kind of physical assault that results in pain, discomfort or injury. This can include slapping, pushing, kicking, punching, or injuring with an object or weapon.

Emotional/Psychological Abuse:

Emotional abuse diminishes the identity, dignity and self-worth of people. It may also provoke intense fear, anxiety or debilitating stress. Psychologically or emotionally abusive acts can include forcing a person who has experienced abuses to do degrading things, controlling their activities, treating them like children, attacking their self-esteem and intentionally causing them fright or worry.

Sexual Abuse:

Sexual abuse is any unwanted sexual activity or contact. This can include unwanted physical contact, verbal or suggestive behavior, not respecting personal privacy, unwanted exposure to pornography and sexual intercourse.

Financial Abuse:

Financial abuse includes the misuse of the funds or property through fraud, trickery or force. This can include forcing signature on financial documents, limiting a client's access to their own or joint funds, and the outright taking of money, property, or objects of value from a person who has experienced abuse.

Cultural/Spiritual/Religious Abuse:

Cultural violence occurs when a person is harmed as a result of practices that are part of her or his culture, religion or tradition. Spiritual (or religious) violence occurs when someone uses a person's spiritual beliefs to manipulate, dominate or control the person. This could include not allowing the person to follow her or his preferred spiritual or religious tradition or forcing a spiritual or religious path or practice on another person

Client Terminology:

There are many different terms that can be used to describe a person experiencing or perpetrating intimate partner violence. We acknowledge that each of these terms has the potential to impact the person being labeled. We believe people are more than their actions, and should not be identified solely by their behaviors or situations.

In the past, the person who uses power and control to abuse another would be considered the offender, abuser or perpetrator. These traditional labels may be better replaced with alternatives such *person using abusive behaviors* as this emphasizes having the capacity for change and the ability to move forward from a negative experience (intimate partner violence).

The same can be said for the traditional terminology used to describe "victims" or "survivors" of intimate partner violence. While both terms recognize the pain that is inflicted by violence and the strength required to live with and recover from intimate partner violence, they fail to emphasize the ability of people to move forward from such experiences. Therefore, these past labels may be better replaced with alternatives such as *person experiencing abuse/violence*, which acknowledges the effect of intimate partner violence on the individual, while still suggesting the violence as an event that does not define the individual indefinitely.

However, when the individual identifies themselves with a certain label, that word should be honored, as it is ultimately their personal choice. We do believe that this also presents an opportunity to discuss the significance of the words we choose.

Example: A client who chooses to refer to themselves as a "victim" should not be discouraged from doing so, but can also be informed of the benefits of using a more empowering term when referring to themselves.

For the purpose of this community plan, the term "*person impacted by abuse*" will be used to reference one who is traditionally described as a "victim of violence". In addition, the term "*person using abusive behaviors*" will be used to reference one who has traditionally been labelled as an "abuser".

Community Partner Levels of Response (Appendix B)

We all have a role to play in responding to incidences of Intimate Partner Violence occurring with our community. However, the specific roles and responsibilities each organization can fulfill can vary, based on a wide range of factors including agency mandate, available resources and staff training. In order to clearly designate and define the expectations of every community partner involved in the *Our Way Forward Project*, community organizations have been divided into three, primary levels of response. The responsibilities of each individual level as it pertains to intimate partner violence prevention and intervention are (generally) as follows:

Level One Community Partner:

- Staff should have knowledge of (and be watchful for) *Possible Indicators of Intimate Partner Violence (Appendix A)*.
- Staff should be prepared to offer a referral to the Family Violence Prevention Program (using the *Passport to Positive Pathways* cards) to people they suspect may be experiencing IPV.

Level Two Community Partner:

- Staff should have knowledge of (and be watchful for) *Possible Indicators of Intimate Partner Violence (Appendix A)*.
- Staff will screen client for IPV using universal and reactive screening methods.
- Staff will complete the *Brief Safety Assessment (Appendix C)* with clients to determine immediacy of need.
- Staff will offer a referral to the Family Violence Prevention Program to people they suspect may be experiencing IPV.
- Staff will offer additional referrals for services and supports as needed.

Level Three Community Partner:

- Comprehensive Family Violence Interventions (i.e. risk assessment, safety planning, resources, referrals and supports specific to IPV)

To determine your individual organizations' grouping, please refer to *Appendix B: Community Partner Level of Response Classification*.

Identifying Possible Indicators of Intimate Partner Violence (Appendix A)

Having an awareness of possible signs of abuse is the first step in identifying individuals who may be experiencing IPV. The presence of any of these indicators should trigger Community Partner Organizations to make a referral for more intensive, IPV specific supports and services.

It is important however to acknowledge that, though Appendix A has been developed based on research into common indicators of IPV, it is not an all-encompassing list. Though organizations are encouraged to be watchful of these so-called "red flags" (which may indicate the presence of violence in the lives of their clients), they also must remain aware that not all forms of abuse are easily and tangibly identifiable. It is for this reason that it is best practice for organizations (if at all possible and appropriate) to combine a watchfulness for indicators of IPV with one of the direct screening methods

identified in the preceding paragraph. It is however acknowledged that Level One Partners may not have the organizational capacity to ask a direct IPV screening question.

Screening for Intimate Partner Violence

Purpose of Screening:

The purpose of screening for intimate partner violence is to:

- Assist community response partners in identifying abusive behaviors
- Reduce the likelihood of further abuse through early identification and intervention.
- Gather information in order to develop and put in place a plan to keep people impacted by abuse safer.
- Raise awareness that intimate partner violence is a widespread problem affecting many families.

Screening Methods

Intimate partner violence is frequently difficult to recognise by using any single means of identification. Watching solely for physical indicators of violence (i.e. bruises and black eyes) alone are typically a poor way of determining the presence of intimate partner violence, as abuse can often take other forms such as emotional, spiritual or financial abuse. As well, people who use abusive behaviours will often leave marks in places that are not visible in order to conceal the abuse. Because of this, actively screening for abuse, is the best method available to assist us in determining if intimate partner violence is an issue in the lives of our client families.

In the funding proposal for this project, increasing the capacity of community response partners to identify intimate partner violence through the use of screening methods and tools was identified as a significant project goal. In doing so, it is hoped that intimate partner violence can better be identified in its earliest of stages, so as needed services and supports can be put in place in a timely manner, reducing the risk of harm for people impacted by abuse. Additionally, through the adoption of community wide screening tools and methods, the confidence of community response providers in their ability to adequately identify and respond to intimate partner violence will be increased.

Screening for intimate partner violence involves asking a direct, predetermined question targeted at confirming whether or not abuse is an issue in the life of a client. When this question is asked will depend on each community response partner's individual agency mandate and their capacity to respond to cases of confirmed intimate partner violence. All community response partners will however be expected to participate in intimate partner violence screening *in some capacity* (as described below). *The three methods that will be utilised primarily in Fort Saskatchewan are; universal screening, reactive screening and direct disclosure screening.*

Universal Screening

Universal screening will involve the asking of a direct, pre-determined intimate partner violence question, **of all clients, upon intake**. This information is collected from *every person* seeking supports and services from the community response partner, regardless of whether or not abuse is suspected. When a client answers "yes" to the screening question, a positive universal screen has occurred.

Universal screening for intimate partner violence will occur at the face-to-face interview, during the intake registration process (ideally the first or second client visit). Due to safety concerns, couples will not be screened together. If it is not possible to screen the couple individually at this interview, the screening question may be postponed or omitted (for additional information, please see *“Possible Delays to Screening”*, below)

Each community response partner who utilizes universal screening methods is responsible for allocating this responsibility to specific staff positions within their organizations. Ideally, this person should have direct, client service responsibilities within the organization, and have the ability to provide additional/follow-up support to the client as needed.

The universal screening question that will be used should be included on the organization’s existing intake and/or registration form and will read as follows:

***“Many families we have worked with expressed concern about abuse at home.
Have you ever been hurt or afraid in your relationships?
If yes, is this happening now or is this in the past”***

All responses, as well as any additional information given will be recorded directly on the intake/registration form. Information regarding historical abuse will be collected in order to assemble the whole story/picture of that particular family, as well as to create awareness around impacts which the past abuse may be having on present circumstances. Information regarding current abuse will be collected in order to offer appropriate supports and services to alleviate the situation.

If a client discloses current abuse, the screener will follow the steps as outlined in the *Community Partner Response Flow Chart* and in accordance with agency policy, procedures and guidelines.

If the client denies abuse, the universal screener will state the following:

“I am glad to hear that you are safe right now because I think you deserve that. Relationships are always changing and if you have any concerns with this in the future I hope you’ll feel free to tell me about them.”

Even when the screening does not result in a disclosure or request for support, by asking the question the client knows that the organization is a safe place to discuss their concerns. They will also know that the door is always open for further discussion and that there is help available from your organization or from others in the community.

The designated universal screener will also be responsible for using reactive screening procedures, as needed, with all clients, throughout service delivery (please refer to the next section for instructions).

Reactive Screening Procedures

Reactive Screening begins with all staff having an awareness of the general indicators of intimate partner violence and being watchful for the presence of these indicators in the lives of their clients. For a comprehensive list of possible indicators of abuse in adult relationships, please refer to *Appendix A*:

Possible Indicators of Intimate Partner Violence. Though all community response partner organizational staff members are responsible for being watchful for indicators of abuse, like in the case of universal screening, only certain staff members will be designated as reactive screeners and be therefore responsible for asking the screening question. Ideally, this person should have some client service responsibilities within the organization, and have the ability to provide additional/follow-up support (even if limited to external referral) to the client, as needed.

Once indicators of intimate partner violence are present, the staff person responsible for screening will take the client suspected of being abused to a private location and ask the following:

"I know that I may have asked this before, but we have noticed _____ (outline the reasons for concern). In my experience this can be related to intimate partner violence. I am just wondering what if this happening in your life and if there is anything we can do to help?"

If the reactive screening question is asked and the person suspected of being abused indicates that intimate partner violence is still not a concern, the reactive screener will complete the screening by responding with the following:

"I am glad to hear that you are safe right now because I think you deserve that. Relationships are always changing and if you have any concerns with this in the future I hope you'll feel free to tell me about them."

All information pertaining to this conversation will then be recorded in the client file (if applicable).

Direct Disclosure Screening Procedures

Intimate partner violence can also be confirmed outside of the two formal screening methods listed above, through spontaneous direct client disclosure. Disclosures may occur at any time during program and/or service delivery. Disclosures often happen when an individual is in crisis or a level of trust has been developed between the individual and the organization/individual staff member.

If a direct disclosure of intimate partner violence occurs, community response agencies will be expected to refer this client to external supports and services. They will do so by following the procedures as outlined on the *Appendix F: Fort Saskatchewan Family Violence Prevention Program Referral Form*.

Things to Consider When Screening for Intimate Partner Violence:

Disclosing intimate partner violence can be a serious and intensely emotional experience. Therefore, when screening for intimate partner violence, community response partners must consider the following:

- The privacy of the client. Please ensure no one else can hear the information discussed and that the client is screened individually (not as a family/couple).
- The safety of the client and organizational staff. If the person using abusive behaviors is in the building, a plan may need to be put in place in the event it becomes necessary to safely remove this person and/or the client.

- The limits of confidentiality. All organizational staff, regardless of their specific position within the organization, are mandated to report if a client is at risk to harm themselves and others.
- If English isn't a first language. The objectivity and knowledge of interpreters if they are used must be considered. Interpreters should not be family members, especially children. (Please refer to *Appendix C: The Use of an Interpreter in Intimate partner violence Cases*). Multicultural Health Brokers can also be called to assist in cases where interpretation services are needed.
- If there is a mental, cognitive, and/or hearing impairment. The client may not be able to comprehend your screening question, preventing you from getting appropriate information.
- Using direct and clear communication. Please speak in plain language and ensure the client understands what you are asking.
- Documentation of all information is occurring, as dictated by agency procedures.
- If it is disclosed that a child has been exposed to intimate partner violence or is being directly harmed and/or neglected, a call to Child and Family Services must be made. This includes any/all children living in the home, regardless of relationship to the client. If a report is deemed necessary, please refer to *Appendix B: Tips for Reporting to the Child and Family Services Authority*.

Possible Delays to Screening:

In order to ensure the best possible information is collected, screening for intimate partner violence may be delayed in the following circumstances:

- The client is intoxicated and/or medicated (to the point of impairment). The information you receive in the case may not be accurate and/or complete.
- The client is physically ill and/or in need of medical attention. Please address physical injury foremost.
- The staff member is not able to communicate directly to the client due to a language barrier, impairment or a third party (whom may not be impartial) is speaking for the client.
- The client cannot be assured privacy.
- The client is hostile, abusive and/or a safety risk if confronted. Please respect the client's right to refuse discussion and/or referral.

Responding to Minor Children Exposed to Family Violence

Though this specific project is directed to responding to cases of Intimate Partner Violence between adults, there may be times when a report to Child and Family Services may still necessary. For example, if a minor child is living in a home where IPV is occurring, even if no physical harm is being experienced directly by the child themselves, a report to Child Family Services is **mandatory**. This is in compliance of the Child and Youth Enhancement Act which states:

“If there are reasonable and probable grounds to believe that the survival, security or development of a child is endangered”, the concern should be reported to Child and Family Services. This includes physical, sexual, and emotional abuse and/or injury.

Emotional injury is further defined in the legislation as being when there “is impairment of the child’s mental or emotional functioning or development, and if there are reasonable and probable grounds to believe that the emotional injury is the result of:

- Rejection
- emotional, social, cognitive or physiological neglect
- deprivation of affection or cognitive stimulation
- **exposure to domestic violence or severe domestic disharmony**
- inappropriate criticism, threats, humiliation, accusations or expectations of or toward the child
- the mental or emotional condition of the guardian of the child or of anyone living in the same residence as the child
- chronic alcohol or drug abuse by the guardian or by anyone living in the same residence as the child”

The Child and Family Services Authority has the mandate for investigating and responding to both those perpetrating and experiencing child abuse. Everyone should be aware that it is not their duty to investigate child abuse, but to simply report what they may know and/or suspect. If it is unclear that a child is in need of intervention, a consultation with an Intake Worker at any Child and Family Services office is **mandated by law**. Also, agency staff who have uncertainty, regarding a particular case are encouraged to discuss the situation with their direct supervisor.

Depending on the individual client and the nature of the risk, it may be preferable that a call to Child and Family Services be made by the client themselves, with the support of, and in the presence of, an agency staff member. If however, making the call in conjunction with the client is deemed by the agency staff member to be of increased safety risk for themselves and/or the child, the report to Child and Family Services should be made directly after the client has left your presence. This report must be made using the Child Abuse Hotline at 1-800-387-KIDS (5437) or the Fort Saskatchewan Child and Family Services (780) 992-6700.

Assessing Risk in IPV

Risk Management and Risk Assessment Tools are completed to help generate a more complete picture of the IPV situation. The assessment examines common risk factors which research has indicated to be of particular importance in determining the risk level for present and future abuse. These tools cannot predict the future, but can provide information to assist individuals in determining appropriate interventions, resources and referrals.

The goal of risk exploration is to maximize safety and personal options. Any positive responses could indicate a high risk to the safety of the person experiencing abuse. It is important to help the person experiencing abuse to become aware of the danger they are in and to not minimize it.

In the majority of cases, Level One and Two Partners will NOT be responsible for completing risk assessments on behalf of their clients, but will instead make a referral to the Fort Saskatchewan Family Violence Prevention Program for such services. It would be helpful however, if all community partners maintained a general awareness of the risk assessment process, in order to better prepare their clients for what to expect when a comprehensive risk assessment is conducted. For your further

information, the Fort Saskatchewan Family Violence Prevention Program utilizes the *Danger Assessment* as their tool of choice when conducting comprehensive risk assessments.

Safety Planning

Comprehensive Safety Plans assist individuals in examining safe places, practices and people they can access to help reduce the harm to themselves caused by their abusive relationship. These tools prompt clients to explore all their options and to form a plan of action in an attempt to increase their level of safety when living in or leaving an abusive relationship.

A Safety Plan is developed specifically for the individual for a specified period of time and should be reviewed and revised regularly, as the individual's situation changes. The Safety Plan is geared to the decisions of the client, regardless of whether they choose to remain in contact with the person using abusive behaviours or separate themselves from the relationship.

Similar to risk assessment, in the majority of cases, Level One and Two Partners will NOT be responsible for completing safety planning on behalf of their clients, but will instead make a referral to the Fort Saskatchewan Family Violence Prevention Program for such services. It would be helpful however, if all community partners maintained a general awareness of the safety planning process, in order to better prepare their clients for what to expect when a comprehensive safety plan is conducted. The Fort Saskatchewan Family Violence Prevention Program's safety planning template takes into account the following:

- The client's individual situation and experience.
- High Risk factors present within the relationship
- Changing family circumstances and dynamics. (i.e. separation)
- Minor children

Brief Safety Assessment (Appendix C)

Though it is ideal for clients experiencing IPV to undergo comprehensive safety planning with a Level Three Community Partner, due to waitlists and delays in accessing services, it will be necessary for Level Two Community Partners to complete a brief safety assessment with clients, as a means to keep them safer in the interim.

This document (*Brief Safety Assessment: Appendix C*) is meant to quickly assess any current, **immediate** safety concerns for the client experiencing IPV. It is to be completed by agencies if they are **not** providing Level Three Response Interventions (comprehensive risk assessment, safety planning) within their own agency, or if the client cannot be **immediately** assessed by a Level Three Community Partner (the same or next day). This assessment should be completed **prior** to any referral being made (unless that referral is directly to police or shelter).

This document should not be used to replace comprehensive risk assessment and/or safety planning, but is simply meant to be used as an interim document to bridge the safety gap until more intensive services can be accessed.

Resources and Referrals

Because the needs of each client experiencing abuse are different, the resources and referrals available to assist them are as well. Available resources and referrals should be discussed with the client as soon as possible to ensure proper supports are put in place. Discussing all the options available to the client is an important part of an ongoing support plan for clients living with abuse. Organizations will choose, based on their capacity to respond, if they are able to make *targeted* referrals or *general* referrals. The difference is explained below.

All organizations are also encouraged to keep a variety of brochures and print educational materials about family violence available to distribute to clients as needed. These materials should be updated yearly to ensure relevance and timeliness.

Targeted Referrals for IPV Specific Supports and Services

There are three, Level Three Community Partners that clients experiencing IPV should be directly referred to. These are:

Immediate/Crisis Response:

- RCMP: Call 780-997-7900 (support client when making the call)
OR If client does not wish to contact RCMP,
- A Safe Place: Call 780-464-7233 (support client when making the call)

Non-Urgent Response:

- The Fort Saskatchewan Family Violence Prevention Program (refer to *Appendix F and G*)

Targeted Referrals NOT directly related to IPV

Level Three Community Partners are those whose mandate is (generally) *specifically directed* to family violence prevention and intervention. It is to these agencies that Level Two Partners will refer for IPV specific supports and services. However (as mentioned in the previous paragraph) people experiencing IPV often have complex and multifaceted needs and often require additional referrals to a wide variety of community partners for reasons other than IPV (but usually closely connected to).

Because the time and resources of Level Three partners is limited and best directed to supports and service specific to IPV, Level Two Community Partners are therefore asked to assist clients with meeting their other needs through a targeted community referral process.

Targeted Referrals are different from *general referrals* in the following ways:

- Targeted referrals require additional time. The support person must work in partnership with the client experiencing abuse to identify their most pressing *unique, specific goals and needs*.
- Targeted referrals attempt to address a more comprehensive range of needs for the client experiencing IPV. Referral may be made for abuse-specific services, but may also include referrals to address more complex needs such as for food, shelter and counseling services.

- Targeted referrals are made to *specific* agencies that address *very specific, identified* issues and goals of the client. This means the support person must have a broader, more in-depth knowledge of the range of human services available.
- Targeted referrals tend to be more supportive in nature. They often involve the support person assisting the client experiencing abuse to connect with the community referral/resource. This may include things like explaining services a specific agency can provide or assisting the client with transportation to access the referral.
- Targeted referrals often involve follow-up support. They usually involve periodically checking in with the client experiencing abuse to ensure that the referrals made were timely, appropriate and met their identified needs. The support person may work with the client for an extended period of time, as their needs change.

By providing the support of targeted referrals, Level Two Community Partners can assist people experiencing IPV with meeting a comprehensive, holistic range of needs. **The Guide to Fort Saskatchewan and Area Community Services** (not contained in this document) lists a variety of resources and referrals available to clients experiencing IPV and can assist when making targeted referrals. The Level Two Community Partner is also encouraged to develop a good working knowledge of the various human services available in the community and surrounding area. When making referrals, it is up to support person to ensure that the referral made is appropriate and timely.

General Referrals

General referrals are a more hands-off approach to connecting clients experiencing abuse to the supports and services they may need. These broad referrals are typically given by organizations who do not provide direct human service supports to clients and who may not have the time, capacity and/or information necessary to offer more explicit recommendations. These referrals will be given once a staff member has reason to believe the client in question may be experiencing IPV.

General referrals will be given by Level One Community Partners *only* and will occur in the following manner:

- Staff member states; “I have noticed you may need some additional help”.
- Client is given Families First “*Passport to Positive Pathways*” Card.

Documentation

Each community partner participating in this project will document all relevant information according to established, internal organizational policies and procedures. This includes any disclosures, outcomes of screening, safety assessments, resource/referral provisions and all other client interventions (both offered and accepted).

Overall however, organizations should be mindful of the following when documenting outcomes:

- Safety of the person experiencing abuse. Disclosures of abuse should NOT be recorded in joint client/family files. Joint files may be accessed by the abusive partner if his/her name is also on the file, through FOIP.

- Documentation should be easily understood by others, if they need to access your client file. Write in simple terms, using plain and concise language.
- Documentation should include only what is said and/or observed, not the opinion of the writer. Documentation must be factual and clear.

Ensure information is as complete and comprehensive as possible to allow for the best assessment and intervention.

Confidentiality

Complete confidentiality can never be assumed. It is important for clients to know that, although you will do your utmost to maintain their privacy and work within their individual wishes, there are times when you are legally bound to break their confidence. These limits to confidentiality may be discussed with clients and include:

- A court order/subpoena requiring disclosure.
- The person requesting the information is a caseworker with Child and Family Services.
- The client is at risk to harm themselves or others.
- A minor child is at risk of abuse, neglect or exposure to family violence.

In cases when a client is determined to remain at imminent risk of harm to themselves or others, the community partner is responsible to obtain emergency assistance from police, ambulance, and/or mental health.

Community Response Training for Organizations

As part of the implementation for this community plan, IPV training will be made available to any organization within Fort Saskatchewan who wishes to attend. These trainings will vary in content and length, based on the level of response being provided by each individual organization. These training will provide organizational staff with the tools and skills they need to fulfill their individual role within this community plan. Contact Fort Saskatchewan Families First at 780-998-5595 for more information regarding current and future IPV training opportunities.

Long Term Sustainability: Community Response Partners Joint Responsibilities

Ongoing Training

In order to consistently implement this Community Response Plan, all staff responding to Intimate Partner Violence must have the necessary training regarding the use of the plan. It is understood that once the initial training is completed with all Community Response Partners, staff turnover will occur, and training will be an ongoing need. Therefore, a training program and structure is being developed and will be available at the end of the first year of implementation.

Ongoing Evaluation

All Community Response Partners have agreed to participate in an ongoing evaluation of the Community Response Plan. A comprehensive evaluation plan will be created, utilized and adjusted by the end of the first year of implementation. The long term evaluation plan will be shared with Community Response Partners by September 2018.