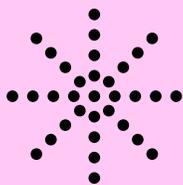
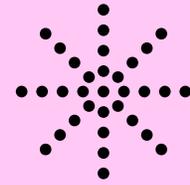


SURVIVOR ENGAGEMENT



REPORT

OVERVIEW



Research Methodology

For a “How-To Guide” on the ways in which this research was carried out, please refer to [this document](#).

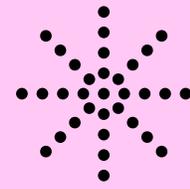
Focus Groups

1. Halton Women’s Place
2. Halton Women’s Centre - Coffee and Conversations Group
3. SAVIS
4. Thrive - Healing Hearts Group
5. SAFE

Focus Group Questions

1. In your experience, what are the current or historical challenges/barriers you’ve had accessing and navigating women’s services?
2. Which service has been the most challenging to access and navigate?
3. Which service has been the easiest to access and navigate?
4. Which services or processes would you like the Hub to make easier to access and navigate?
5. In your experience, what has been working and what has been helpful?

THEMES FROM FINDINGS



Sensitivities

Being culturally, LGBTQIA2S+ and trauma-informed and sensitive.

Languages

Interpreters and English as a Second Language (ESL) supports available.

Integration

No need for new services but need for communication and integration between existing ones to be improved.

Awareness

Lack of awareness of services and supports.

Navigation

Navigation of services is unclear to participants. Request for a caseworker to deal with police, doctors, courts and lawyers who can re-traumatise survivors.

Intake

Request for communication and coordination between services rather than frequently repeating story at intake.

Physical Location

Having a physical location for the Hub would ease access to and navigation of services.

Transportation

Survivors often don't have access to a car. Public transit then exists as a barrier. Suggestions for bus vouchers.

Childcare and Children's Services

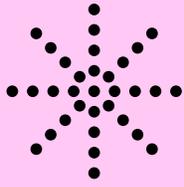
Childcare and services for younger children would remove barriers of access to services.

Courts

Interacting with lawyers often re-traumatized survivors due to lack of trauma training and sensitivity. Being informed, having realistic expectations and being guided by their caseworker improved survivors' experiences.

Being Informed

Being informed and understanding how the sector and system works improved survivors' experience.



Groups

Participants cited “groups” as being especially helpful. They shared their desire to share their story uninterrupted and without judgment, with the group mediated by a counsellor.

Survivor Support

Survivors wanted to connect with those who have already been through their experience and who “get” it. Peer support was cited as having the potential to reduce stigma, judgement, shame and fear when accessing services.

Diverse and Varied Access

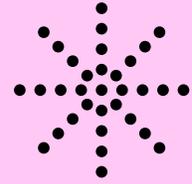
The need for diverse and varied access to services: both in-person and online. If services are online but survivors are lacking reliable devices, donations from businesses was suggested as a way to solve this problem. Phone, online and in-person intake and services are necessary in order to meet the diverse accessibility needs of the community.

Courts, Medical Services and Police

The services that came up involving the most challenges in their use were consistently: the courts, medical services and the police. The main reason for this was due to lack of training and sensitivity around trauma, culture and sexuality. Solutions for this involved developing a roster of trusted professionals and relying on the caseworker to navigate such services.



REFLECTIONS AND CONCLUSIONS

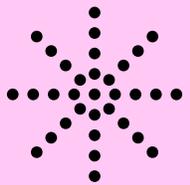


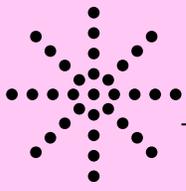
First of all, through the process of survivor engagement, it is clear that people want to share their story. There were requests for a group “like this one...mediated by a counsellor”. It became evident that women wanted to be listened to uninterrupted and without judgement, especially by “people who have been there”. This, along with requests for peer support and for group services, demonstrates the importance of such services and spaces, as well as the need to develop them as safe and somewhat standardised.

Second, it was noticeable that some participants had access to information and resources of which others were not aware. In the process of the focus groups, there was a positive sharing of information and resources. This process enabled all the participants to leave the focus group with more information on services and opportunities than that with which they came in. This was by all means not the goal of the focus group interviews. However, it was a positive side effect that made participants leave more informed and empowered. The lesson learnt from this is that such groups are a fruitful space for information sharing to take place that can tangibly change a survivor’s situation as well as outlook on their situation. While this happened in all the groups, it happened most fruitfully during one in particular. Suggestions for why it happened most productively there include: since it was online, it was easy for all participants to find a link to the programme/service/support that they were discussing and to link it in the ‘chat’. Second, that the group was particularly well-organised with the group facilitators and researchers knowing well what their roles entailed. One of the facilitators listened well and was adept at finding the programmes that were being mentioned and immediately putting them in the ‘chat’. This active engagement on her part (taken over by the two researchers if the facilitator was speaking) provided an environment of active and thorough support.

Third, through speaking with a large number of survivors, it is evident that their level of education within either the social service or legal professions positively correlated with their experiences accessing and navigating services (those with a legal or social service education fared better when accessing and navigating services). Such a relationship stresses the importance of survivors being armed with information in order to make confident choices themselves.

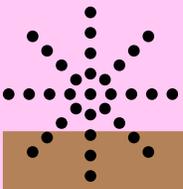
Finally, the researchers agreed that we reached data saturation at five focus group interviews. By data saturation, we mean the point at which data started to repeat itself and limited new findings were arising. We hope that the action items table will act as a logic model and/or road map for the operation and development of the Hub. We aimed to make the items as concrete and as actionable (not theoretical) as possible.





ACTION ITEMS

Key Point	Feasible Now	Mid-Term	Long-Term
Sensitivities	<p>Develop a training schedule for service providers and staff of the Hub.</p> <p>Develop a list of trained, trusted and culturally diverse practitioners (e.g. lawyers, doctors, etc.)</p> <p>Apply EDI practices to hiring.</p> <p>Client navigators to advocate for adequate and respectful treatment for clients.</p>	<p>Provide training for all partner agencies and staff (capacity building).</p> <p>Programming and workshops on trauma, LGBTQIA2S+ and cultural sensitivity/responsiveness. With a particular focus on the courts, medical services and the police..</p>	<p>Capacity building across the sector.</p>
Language	<p>Interpreters being available.</p> <p>Apply to hiring practices, hiring individuals with multiple languages.</p>	<p>Bring on an interpretation service as a partner.</p>	<p>Documentation and materials to be provided in all key languages in the region.</p>
Integration	<p>Apply a Circle of Care model to coordinated service at the Hub.</p> <p>Regular provider meetings. Have System Navigator/Client Navigators act as point people for integrated services.</p>	<p>Build relationships with other community partners to improve coordinated service.</p> <p>Develop referral pathways with other community partners.</p>	<p>Secure funding to hire professionals dedicated to coordination across the sector in every agency.</p> <p>Work towards a culture of communication, collaboration and coordination as the priority in the sector.</p>



Awareness

Have dedicated navigators to help to inform clients of the available services.

Develop a resource wall with leaflets, brochures, etc.

Develop a communication plan to circulate resources.

Develop resources to support clients in understanding; what to ask, language that could help communicate their needs, etc.

Make resource sharing a regular practice through groups, newsletters, etc.

Contribute knowledge of resources to the community.

Information and resource sharing available across agencies.

Collaborate with regional databases to enhance knowledge of services and resources.

Navigation

Maintain consistency between clients and navigators.

Have a dedicated client navigator to support system navigation (especially in less sensitive systems).

Collaboration between navigators with varying knowledge.

Incorporate existing system guideline documents (e.g. court, police).

Client navigators will model system interactions to clients to help develop independence and autonomy.

Develop materials that outline the steps involved in court, leaving home, housing, reporting, etc.

Circulate existing guideline documents.

Review and adjust existing systems to be more user friendly/clear.

Advocate to incorporate navigators in every system.

Intake

Collaborate with referral sources to gather information about a client, to avoid repetition.

Intake document created in collaboration with other service agencies to ensure that all relevant information is collected once.

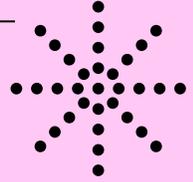
Training provided to intake and front line staff to avoid re-traumatisation.

Accessible intake process (i.e. online, in-person, phone)

Adjust intake to incorporate intake needs of other community agencies.

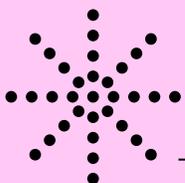
Help to refine intake processes across the sector by noting where there are duplications in intake.

Research existing software.



<p>Intake</p>	<p>Collaborate with referral sources to gather information about a client, to avoid repetition.</p> <p>Intake document created in collaboration with other service agencies to ensure that all relevant information is collected once.</p> <p>Training provided to intake and front line staff to avoid re-traumatisation.</p> <p>Accessible intake process (i.e. online, in-person, phone)</p>	<p>Adjust intake to incorporate intake needs of other community agencies.</p>	<p>Help to refine intake processes across the sector by noting where there are duplications in intake.</p> <p>Research existing software.</p>
<p>Transportation</p>	<p>Provide transit tickets to access in-person services.</p> <p>Hub location to rotate to make it more accessible across the region.</p> <p>Provide virtual services as an alternative for individuals that cannot access physical space.</p>	<p>Research carpooling services to provide to clients as a resource.</p>	<p>Advocate for better transit in Halton region.</p> <p>Advocate for programs to support free/accessible transit.</p>
<p>Childcare</p>	<p>Facilitate referrals to childcare and help navigate childcare services.</p> <p>Share resources for affordable childcare.</p>	<p>Make more concrete partnerships with children's services and child care, for example, with ROCK.</p>	<p>With funding, build in childcare. Develop different pathways when this is possible.</p> <p>Advocate for services for younger children, or for the whole family.</p>

<p>Legal</p>	<p>Provide education around the legal system through booklets and workshops.</p> <p>Facilitate honest conversations around the legal system to allow clients to have realistic expectations and make informed decisions.</p> <p>Referral to legal services and support resources.</p> <p>Navigators to support clients through the legal and court system.</p> <p>Access to affordable Drop-In legal services.</p>	<p>Provide sensitivity training to legal services.</p> <p>Compile a list of vetted and trusted lawyers.</p> <p>Facilitate better communication between police and the court system.</p> <p>Develop partnership with a legal agency to better integrate legal supports in the hub.</p> <p>Circulate existing legal resource materials.</p>	<p>Advocate for better coordinated and cohesive court system and integration, e.g. different branches of the court.</p> <p>Advocate for education and training in the legal and courts systems.</p>
<p>Groups</p>	<p>Referral to group services in the community.</p> <p>Facilitate groups with a qualified professional.</p>	<p>Develop curriculum and materials for education, peer support and social groups.</p> <p>Survey clients to determine which groups would be most beneficial.</p>	<p>Advocate for funding for long-term groups (i.e. peer support, education, etc.).</p>



Survivor Support

Consult with survivors and survivors groups to inform Hub decisions.

Refer to existing support groups.

Referral to SAFE for clients that are looking to get more involved in survivor advocacy.

Look at how other Hubs and Family Justice Centres (US) include peer support.

Support the standardisation of survivor support.

Support development of training and education materials to professionalise Survivor Support roles.

Advocate for funding for training to develop survivor support services.

Resources

Provide hygiene items on-site at the Hub

Referral to food banks, clothing banks, furniture banks, etc.

Devices available on-site for clients to access virtual services.

Consult with culturally responsive organisations on what resources might be most beneficial.

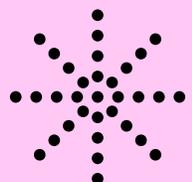
Have books available for reading at the sites, especially on domestic violence/IPV.

Partner with organisations that provide food delivery services, holiday gifts, etc.

Provide basic needs such as clothing and food on-site.

Provide culturally appropriate basic needs items.

Advocate for provision and collection of affordable resources, e.g. used tech devices.



WE'D LIKE TO THANK ALL OUR PARTNERS FOR THEIR GENEROUS SUPPORT

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The research team would like to thank again the participants who generously offered their time for each of the research groups. We would also like to thank the service providers who helped organise the focus groups and the facilitators who helped ensure the smooth running of the interviews. This preliminary survivor engagement would not have been possible without the support and commitment of all of you.

