2017
VAW SERVICE PROVIDER SURVEY REPORT

Ministry of Children, Community and Social Services

Ontario

Contents

Executive Summary

This report explores the impact of violence against women (VAW) service delivery and the challenges faced by service providers in meeting the needs of survivors. The data presented are based on results from an online survey of VAW service providers conducted between August 8, 2017, and October 4, 2017. Respondents included:

- ❯ 98 of 203 VAW agency representatives, funded by the former Ministry of Community and Social Services; and

- ❯ 28 of 47 service managers, administering the former Ministry of Housing's Special Priority Policy, which provides priority access to social housing for survivors fleeing an abusive situation who cannot afford rent in the private market.[1]

Findings show that the perspectives of VAW agency respondents are largely consistent with those of service managers and identify several support gaps and barriers. In this report both VAW agencies and service managers are jointly referred to as "service providers." The following are the key findings of the survey:

- ❯ Service providers frequently provide services to many vulnerable at-risk populations, including people with mental disorders, people with disabilities, children, youth, and elderly individuals.

- ❯ Service provision differs between the two groups of respondents. VAW agencies provide services ranging from crisis intervention and safety planning to parenting skills and advocacy. Although the scope of services provided by service managers is broad (e.g., financial assistance and employment services), for the purposes of this survey they were asked to focus on their role administering the Special Priority Policy.

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1 Under the Housing Services Act, 2011 (HSA), service managers are responsible for funding and administering social housing, including the Special Priority Policy. While service managers provide housing services to survivor households specifically within the context of the Special Priority Policy, their responsibilities are broad and include the administration of various services and supports (e.g., income support programs, childcare), which go beyond housing and VAW specific supports.

⊙ The greatest gaps in services for survivors from the perspective of providers are:

- the lack of affordable housing;
- insufficient mental health and addictions services and supports; and
- a justice system that is difficult to navigate and not responsive to the needs of survivors.

⊙ Other gaps in services include lack of adequate financial assistance, transportation and available shelter space.

⊙ Service providers face a number of challenges in delivering effective services, including having to serve large geographic areas with limited financial and staff resources. Demand for service means service providers are often working at capacity which impacts their ability to fully support survivors and their dependents.

⊙ Generally, respondents report that coordination initiatives and activities, such as participating in the Domestic Violence Community Coordinating Committees, are having their intended impact. Most service providers also maintain effective partnerships with services in the community to provide survivors with a continuum of supports. However, some respondents felt that partnerships could be strengthened, especially with the housing, child and youth, employment, and justice sectors. Coordination, like service delivery, is negatively impacted by limited financial and staff resources and organizations working at capacity due to long wait lists and time constraints for example.

Introduction

Violence against women (VAW) service providers have a unique perspective on the challenges of delivering services and the difficulties survivors face in accessing supports. Service providers who deliver VAW supports may include counselling agencies, shelters, health professionals, social workers, police, prosecutors and service managers. The former Ministry of Community and Social Services (MCSS) (now known as the Ministry of Children, Community and Social Services or MCCSS)[2] and former Ministry of Housing (MHO, now known as the Ministry of Municipal Affairs and Housing or MMAH) developed a survey for service providers to fill important gaps in the ministries' understanding of government-funded VAW services, including:

> ❯ the range of services available to survivors;

> ❯ characteristics of survivors receiving services; and

> ❯ where there are barriers to and gaps in services.

Data from the survey also directly tracks progress towards key government priorities, such as ending human trafficking. The survey also helps the ministries collect data for the VAW performance measurement framework. The survey's development was informed by representatives from government-funded VAW agencies and an interministerial working group with representatives from ministries that fund or provide supports to survivors and families who have experienced violence. Working group members came from MCSS, MHO and the Ministry of the Attorney General (MAG).

In 2017, MCSS launched the VAW Service Provider Survey. The survey was fielded among VAW agencies funded through MCSS and service managers administering MHO's Special Priority Policy.[3] The Housing Services Act, 2011 and its regulations provide the legislative framework for social housing in Ontario. Under the act, service managers are responsible for funding and administering social housing, including the Special Priority Policy, which provides priority access to social housing for eligible households that are fleeing abusive

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2   At the time the survey was administered, the ministry was known as the Ministry of Community and Social Services (MCSS). For the purposes of this report, the ministry will be referred to as MCSS.
3   Special Priority Policy is policy mandated under Ontario Regulation 361/11 of the Housing Services Act, 2011.

situations and cannot afford rent in the private market. Service managers, which include consolidated municipal service managers and district social services administration boards, also operate as system managers and service providers in the areas of:

- ⊙ housing assistance;
- ⊙ homelessness prevention and support services;
- ⊙ income support programs (e.g., Ontario Works); and
- ⊙ early learning and child care services.

Starting in 2016, 22 service managers began delivering housing assistance to survivors of domestic violence through the Survivors of Domestic Violence – Portable Housing Benefit Pilot.[4] It is important to note that at the time the survey was launched, the Special Priority Policy had not been amended to include survivors of human trafficking.[5]

This report summarizes the findings of the 2017 VAW Service Provider Survey and provides an overview of these service providers' experiences, including:

- ⊙ the types of services being offered;
- ⊙ who is receiving services; and
- ⊙ the barriers and challenges to providing effective services for survivors.

"Service providers" is used throughout the report to refer broadly to both VAW agencies and municipal service managers. The intention for future rollout of the survey will be to target all service providers across ministries who deliver government-funded VAW supports to track changes and measure progress to support evidence-informed decision-making.

METHODOLOGY

The 2017 VAW Service Provider Survey was a confidential online survey. It included a mix of 34 multiple choice and open-ended questions. The survey questions are outlined in **Appendix A**. The survey was hosted through Snap Surveys between August 8 and October 4, 2017.

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4   The Survivors of Domestic Violence – Portable Housing Benefit Pilot has been expanded and became provincially funded as the Portable Housing Benefit – Special Priority Policy program in 2018-19.
5   In winter 2017, amendments were made to Ontario Regulation 367/11 under the Housing Services Act, 2011 to expand the Special Priority Policy to include survivors of human trafficking. Effective April 1, 2018, all service managers are required to comply with amendments to the policy.

The survey was distributed to all 47 service managers in Ontario, as well as MCSS-funded VAW agencies. The survey was intended to be completed by one representative from each organization. In total 250 possible respondents were identified, including 203 VAW agency providers and all 47 service managers. A total of 126 valid survey responses were collected, yielding a response rate of 50.4%. Ninety-eight VAW agencies and 28 service managers completed the survey, yielding a 48% response rate for VAW agencies and 60% response rate for service managers. A breakdown of the response rate by region is provided in Table A in **Appendix B**.

Potential respondents were informed of the forthcoming survey through ministry memos. Approximately one week later, potential respondents received an email message with a unique survey link. Two reminder emails were sent to those who had not completed the survey before the closing date.

ANALYSIS

Frequency distributions were used to summarize data for most survey items. Open-ended responses were coded and categorized according to predominant themes. No quantitative measurements are provided for these responses.

In general, not all respondents answered every question. Consequently, missing values were excluded from per cent calculations, and the number of observations varies accordingly.

LIMITATIONS

Reported differences in results between VAW agency respondents and service manager respondents should be interpreted with caution given differences in sample size. This report aims to provide a picture of all service providers. As such, data from VAW agency representatives and service managers were analyzed together except where large differences were observed. Most of the report presents results from all respondents, collapsed across service provider type.

Administering the Special Priority Policy for survivors of domestic violence is only a small portion of the work service managers perform. It is not clear whether service managers are consistently responding to survey questions in relation to the services they provide for survivors of domestic violence or whether questions are being answered in relation to the services and supports they deliver more broadly. In addition, not all questions may have been as relevant to service managers as they were to VAW agencies. Differences in responses observed between service managers and VAW agency respondents must take into consideration differences in mandated service provision.

Although the specific position (e.g., executive director, manager) of respondents within the organization were known, differences in the perspectives of these positions were not considered in this report due to the small sample size. In addition, the survey was designed to be completed by one representative at each agency and it is unclear whether responses reflect only the perspective of the individual completing the survey or whether responses reflect the contribution of a larger group of respondents within the organization.

Other limitations of the report include possible selection bias. Specifically, respondents may have self-selected to participate in the survey. These respondents may have had different experiences compared to service providers who chose not to participate in the survey. Similarly, the survey relies on self-report. That means respondents were asked to provide answers based on their own knowledge and experience. Although self-report is a useful and reliable means of gathering pertinent information, it is prone to bias. For example, some respondents may be biased towards responding to one extreme regardless of the question they are answering.

Based on the sample size (n=126), the results of this survey can be considered accurate at the 95% confidence level, or 19 times out of 20, with a margin of error of ±6%. As the margin of error is slightly greater than the generally accepted ±5%, results from this report should be interpreted with some caution. Regional comparisons have also not been made in the report due to small sample size and low response rate in some regions.

Nevertheless, the cumulative weight of the survey results should not be discounted. While not a perfect gauge of issues facing VAW service providers, the consistency of responses suggests that the results presented here reflect the thoughts and opinions of a significant number of service providers.

Respondent Characteristics

The VAW Survey was completed by service managers and MCSS-funded VAW agencies. VAW agencies represented the majority (78%) of the sample, while service managers account for 22% of respondents. Seven respondents completed the survey in French.

The survey was intended to be completed by one representative from each agency. The majority (89%) of service managers completing the survey identified themselves as being in a managerial position. Sixty per cent of VAW agency respondents identified themselves as the executive director of their agency. A further 29% of VAW agency respondents indicated that they worked in a managerial position. Seven per cent of those who indicated they were in an executive director or managerial position also indicated that they worked directly with survivors.

Agencies provide survivors with a broad cross-section of services. Figure 1 summarizes the service areas and sectors of respondents. The majority (79%) of VAW agencies deal with domestic violence. A smaller proportion work in the areas of sexual violence (55%) and gender-based violence (51%). Almost half (49%) of VAW agencies indicated that their organization was in the shelter sector. This is representative of the full population of MCSS-funded VAW agencies, as 47% of all agencies provide emergency shelter.

Service managers predominately reported being involved in providing housing services to support survivors. This is likely because service managers administer the Special Priority Policy. Some service managers delivered the Survivor of Domestic Violence-Portable Housing Benefit Pilot and other forms of housing assistance that survivors could be eligible to access. A small number of service managers also indicated that they were involved in providing children and youth services (25%), income support and social assistance (21%), and shelter support (18%). Given the role of service managers in delivering a broad range of community services, the responses to this question may reflect the provision of services specifically to survivors of violence, rather than the supports service managers provide to the community.

Figure 1: Representation of Service Sectors

% of respondents who consider their organization part of these service sectors

■ VAW Agencies (n=98)　　**□ Service Managers (n=28)**

Service Sector	VAW Agencies	Service Managers
Domestic violence	79	7
Sexual violence	55	4
Shelter	49	18
Housing	24	100
Gender-based violence	51	4
Children and youth services	35	25
Mental health	37	4
Family services	30	14
Human trafficking	32	4
Helpline	21	
Victim services	17	
Addictions	14	4
Court-based/legal	12	
Health	9	7
Other	6	7
Income support and social assistance		21
Homelessness supports and prevention		14
Employment services and training		11
Social services		14
Childcare		11
Law enforcement/corrections	2	
Family court support	2	
Settlement services	2	
Seniors services	2	

Equal proportions (26%) of respondents were located in Central, East and West region (Table 1). The greatest number of service manager respondents (46%) were located in West region, whereas the greatest number of VAW agency respondents were located in Central region.

Table 1: Location of Respondents

Region	Total	Service Managers	VAW Agencies
Central	26%	11%	31%
East	26%	18%	29%
North	14%	25%	11%
Toronto	7%	-	9%
West	26%	46%	20%

Figure 2 illustrates respondents' funding sources. Almost all (96%) VAW agency respondents reported that they received funding from MCSS. Forty-one per cent of VAW agency respondents also received funding from MAG. More than half (54%) of VAW agency respondents also relied on fundraising and a further 34% received private or corporate donations to provide services and support for survivors. Although service managers received funding from ministries other than MHO, including MCSS for the delivery of Ontario Works, service manager staff completing the survey may have been answering from the lens of a specific division or department.

Figure 2: Sources of Funding

% of respondents who receive funding from these entities (n=126)

Source	%
Ministry of Community and Social Services (MCSS)	85
Fundraising	43
Ministry of the Attorney General (MAG)	32
Private/corporate donors	26
Municipal government	25
Ministry of Housing (MHO)	25
Ministry of Children and Youth Services (MCYS)	23
Other grants from non-profit organizations	19
Ministry of Health and Long-Term Care (MOHLTC)	15
Trillium Grants	12
Federal government	10
Other	8
Ministry of the Status of Women (MSW) formerly OWD	6
Ministry of Education (MEDU)	4
Ministry of Community Safety and Correctional Services (MCSCS)	2
Ministry of Indigenous Relations and Reconciliation (MIRR)	2

Survivors

Figure 3 shows how frequently agencies served survivors with different demographic characteristics and from some at-risk groups. The majority (83%) of service providers reported often serving survivors with mental disorders and a further 15% reported that this occurred sometimes. Almost 40% of service providers indicated that they often serve people with disabilities, while only about 10% report that they rarely serve people with disabilities.
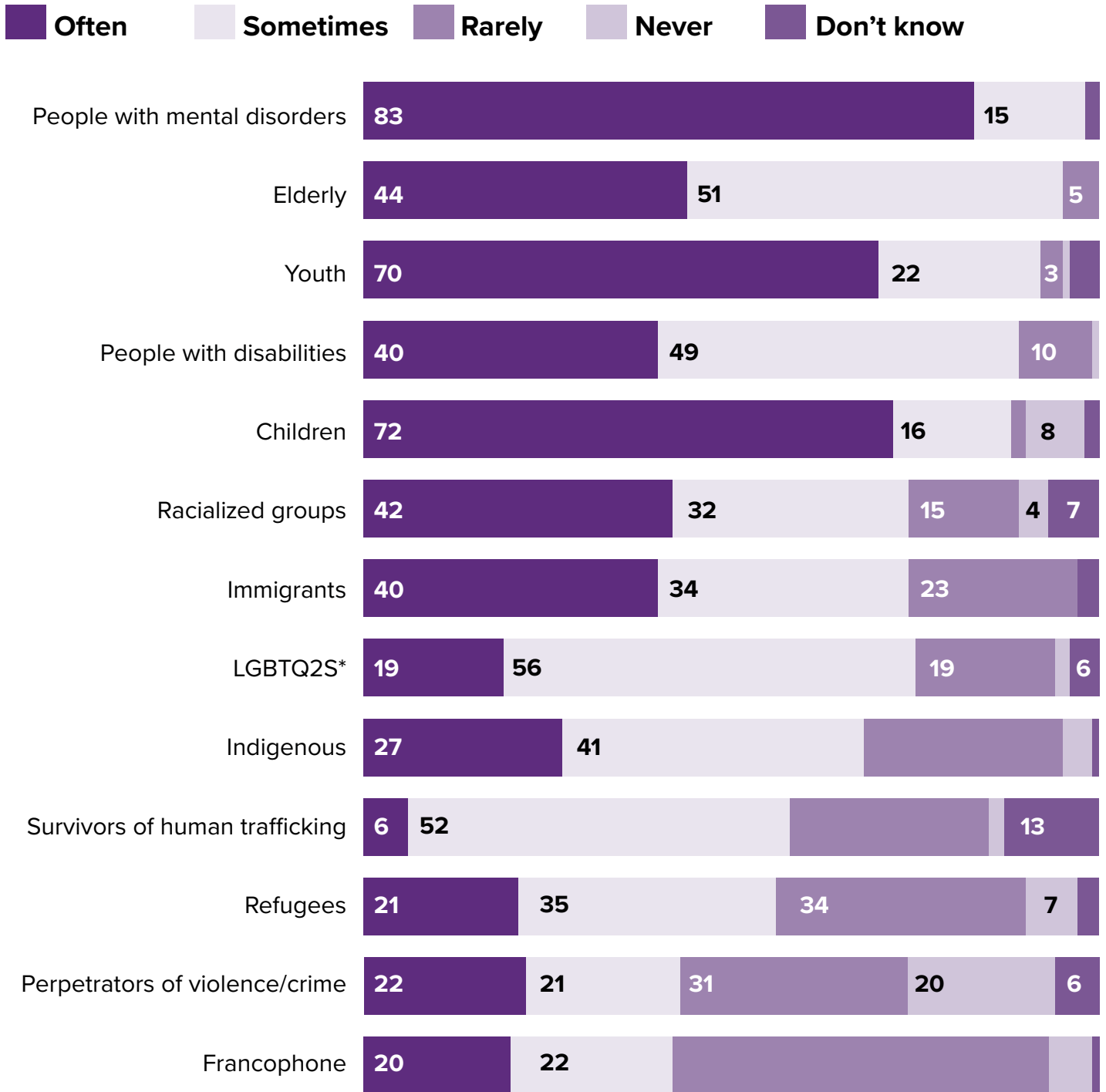
Service providers reported serving children and youth at similar frequencies. About 92% of service providers often or sometimes serve youth, while 88% of service providers often or sometimes serve children. About 45% of service providers also reported that they often serve survivors who are seniors and slightly more than half reported sometimes providing services to this population.

About three quarters of service providers reported often or sometimes serving immigrants and survivors of racialized groups. Fifty-six per cent of service providers reported sometimes or often providing services to refugees, while 34% reported only rarely serving refugees. Although 52% of service providers reported that they rarely serve Francophone survivors, about 20% of service providers reported that they often serve this population.

Approximately 13% of service providers were unsure of how frequently they served survivors of human trafficking, although over half indicated that they were sometimes serving this population.

Figure 3: Frequency of Providing Services to Different Populations

% of respondents who serve individuals from the following groups (n=124)

Legend: Often · Sometimes · Rarely · Never · Don't know

Population	Often	Sometimes	Rarely	Never	Don't know
People with mental disorders	83	15			
Elderly	44	51			5
Youth	70	22	3		
People with disabilities	40	49			10
Children	72	16	8		
Racialized groups	42	32	15	4	7
Immigrants	40	34	23		
LGBTQ2S*	19	56	19		6
Indigenous	27	41			
Survivors of human trafficking	6	52		13	
Refugees	21	35	34	7	
Perpetrators of violence/crime	22	21	31	20	6
Francophone	20	22			

* LGBTQ2S refers to lesbian, gay, bisexual, transgender, queer or two-spirited

Profile of Services

A wide range of services and supports are available to survivors. Figures A-E (see **Appendix B**) illustrate services that respondents' organizations provided and services provided by other organizations in the community.

Seventy-six per cent of VAW agency respondents provided crisis intervention and almost all (98%) reported that they provide safety planning. Just over half (52%) of VAW agency respondents reported providing emergency shelter and 51% reported that they provide their own helplines.

VAW agencies provide a range of counselling and group supports. Ninety-four per cent of agencies reported providing individual counselling to survivors, 77% provided group counselling and 84% offered support groups. Only 31% of agencies reported providing couples and family counselling. Sixty-five per cent of VAW agency respondents reported providing harm reduction services and a further 38% reported providing other mental health services. A third of the VAW agency respondents provided child and youth mental health services.

A large proportion of VAW agency respondents also reported that they provided planning for housing and facilitating access to housing (71%), parenting skills development and support services (73%) and financial services (69%), such as help accessing social assistance. Eighty-three per cent of agency respondents also indicated that they advocate about the issues related to violence against women.

The profile of services delivered by service managers differs from those provided by VAW agencies. Eighty-six per cent of service managers noted that they provide housing planning services and can facilitate access to housing. Almost half (48%) of service managers also reported providing services related to accessible or supportive housing.

About half of service managers reported that they are involved in employment, education and training services including job search (46%), job placement (50%) and resume or interview support (44%). Fifty-three per cent reported that they provide employment skills training and 46% provide broader life skills support, such as financial education. Sixty-three per cent of service managers reported that they provide financial services, such as accessing social assistance, and 50% reported that they provide child care services. These services provided by service managers are not specific to survivors of domestic violence and represent the broad services and supports within their mandates.

GAPS IN SERVICES

Respondents were asked to list what they thought are the top three gaps in services for survivors. Responses did not vary between VAW agency and service manager respondents and analysis was completed. A thematic breakdown of responses and frequency of mention is shown in Table B, **Appendix B**. The three most common themes are outlined below.

1) Housing

Most respondents considered housing to be the greatest gap in services for survivors, focusing on access to and availability of safe and affordable housing. Several respondents also highlighted a need for more supportive housing and transitional or second-stage housing units.[6] Some respondents indicated that restrictions to eligibility for the Survivors of Domestic Violence - Portable Housing Benefit Pilot and the Special Priority Policy status also created a barrier to housing. Respondents noted that having Special Priority Policy status did not necessarily mean quick access to affordable housing.

> *"Transitional Housing - A limited supply of shelter spots are available, and the transition from shelter to community housing is difficult without supports for the family."*
> *Service provider*

To address the issue of housing, service providers overwhelmingly see a need for additional affordable housing stock across the province. Several respondents also felt that more supportive housing accommodation, such as second-stage housing, is needed. Additional suggestions for strategies that could be undertaken to address the housing need of survivors was to increase funding for the Survivors of Domestic Violence – Portable Housing Benefit Pilot and to change the criteria so more survivors can gain Special Priority Policy status.

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6 Supportive and transitional housing are housing options that include the provision of additional support services. While supportive housing is considered permanent, transitional housing is considered a more temporary level of housing before the resident progresses to more independent living. "Second-stage housing" is a term applied to transitional housing for survivors entering from VAW or family violence shelters.

2) Mental health and addiction services and supports

Many service providers listed mental health and addictions services and supports as one of the top three gaps in services for survivors. This included the limited access to and long wait times for trauma-informed counselling, the lack of mental health crisis response services, and the limited capacity of the VAW sector to provide support for survivors with mental health and substance use issues.

> *"Capacity of VAW sector to provide effective supports to women with mental health and substance use issues."*
> *Service provider*

With respect to the gaps in mental health and addictions supports, many respondents indicated that more onsite resources in VAW agencies would be beneficial. This is particularly needed in shelters where service providers are managing complex behaviours in addition to safety concerns. Additional funding allocation for counselling services, both immediate and longer-term, were also noted as needed to address this gap in services.

3) Justice system

Respondents reported that one of the top three gaps in services for survivors relates to the justice system. The availability of court support and affordable legal assistance were noted as common gaps relating to the justice system. Respondents also reported that a lack of understanding of domestic violence within the justice system presented a barrier to service.

To address the obstacles in the justice system that impact survivors, many respondents noted the need to increase the number of family court support workers. Recommendations were also made for more and better legal aid lawyers and increased VAW training across all levels of the justice system.

> *"The biggest fear women have in the shelter is maintaining custody of their children. It is difficult to find a legal aid lawyer, and it is a lengthy process."*
> *Service provider*

EXISTING INITIATIVES TO ADDRESS SERVICE GAPS

Many respondents report that they have developed or are leading local initiatives to address the gaps in services for survivors such as working with local law enforcement, finding community sponsors for local housing projects, and maintaining networking tables. Below are some examples of existing initiatives that respondents highlighted.

HOUSING

Portable Housing Benefits for Survivors of Domestic Violence and Human Trafficking

- ➜ In 2016, 22 communities across the province received funding under the Survivors of Domestic Violence – Portable Housing Benefit Pilot to deliver monthly assistance to survivors of domestic violence approved under the Special Priority Policy.

- ➜ During the two-year pilot, over a thousand survivors and their families received monthly benefits that provided them with more choice as to where to live, helped them find housing more quickly and provided greater housing stability.

- ➜ The Portable Housing Benefit – Special Priority Policy program was launched in 2018 to support survivors of domestic violence and human trafficking in all 47 service manager areas in Ontario.

- ➜ Participation in the program is on a first come, first served basis to new eligible applicants that are designated under the Special Priority Policy of the Housing Services Act, 2011, as well as recipients under the pilot program, subject to annual budget approvals.

Special Priority Policy Regulatory Changes
(Ontario Regulation 367/11 of the Housing Services Act, 2011)

- ➜ Amendments were made to expand the policy to include survivors of human trafficking. Other amendments included improving the application process for all survivor households, better ensuring the policy is culturally inclusive to Indigenous households and, better reflecting the complex cycle of abuse experienced by some survivor households.

- ➜ Effective April 1, 2018, all service managers are required to comply with amendments to the policy.

Sault Ste. Marie Housing Stability Bank

- ➜ John Howard Society of Ontario established the program in 2015 to help people maintain their housing.

- ➜ Provides assessment of circumstances which led to the inability to pay housing costs, followed by the development of a plan to ensure the housing and finances are stabilized.

- ➜ Referrals are made to other services when deemed necessary.

MENTAL HEALTH

**Durham Mental Health Services Violence Against Women
Shelter Outreach Pilot Project**

- Provides access to enhanced mental health services onsite at three shelters in Oshawa, Bowmanville and Whitby.
- Pilot has promoted collaboration between mental health and the shelter system and reduced need for emergency department visits.

SYSTEM COORDINATION

Safe Centre of Peel

- Collaboration of 10 onsite agencies and nine offsite partners to provide a continuum of supports for adults and families who have experienced violence and abuse.
- Onsite organizations include Catholic Family Services Peel-Dufferin, Indus Community Services, Legal Aid Ontario, Peel CAS and Victim Services of Peel.
- Client Navigators offer one point of contact to access services and supports.

PREVENTION/EARLY EDUCATION

Family Counselling and Support Services for Guelph-Wellington Breaking Free

- Eight-week program for youth between the ages of 12-17 who have been abused or who have witnessed abuse in the home.
- Teaches healthy, appropriate strategies for managing stress and resolving conflict.

REFERRALS

Respondents were asked to provide information about referrals. Figure 4 illustrates various reasons for referrals to be made and the frequency with which these situations led to a referral.

The main reason respondents reported needing to refer survivors elsewhere was a result of survivors needing more specialized services not offered by the organization. Seventy-one per cent of respondents reported that they often or sometimes made referrals for this reason. Similarly, 57% of respondents indicated that they often or sometimes made referrals because survivors needed a service not delivered by their organization. The services most commonly identified for referrals were legal services, mental health and addiction services, shelters, housing and police.

Thirty-six per cent of respondents reported often referring survivors elsewhere as a result of operating at capacity, and a further 21% of respondents reported that they were sometimes making referrals for this reason. Because of wait lists for services, 52% of respondents indicated that they often or sometimes refer survivors elsewhere. Several respondents also reported making referrals to maintain a survivor's safety. For example, a service provider might make the decision to move a survivor to a different community if there is immediate threat from the abuser. Few respondents reported needing to refer survivors elsewhere due to not being able to meet survivors' cultural, language or accessibility needs.

Figure 4: Frequency of Referrals by Circumstance

% of respondents who have referred survivors elsewhere due to the following circumstances (n=114)

Legend: Often | Sometimes | Rarely | Never | Not applicable

Individuals needed more specialized services that our organizations does not offer
- Often: 33
- Sometimes: 38
- Rarely: 22

Operating at capacity
- Often: 36
- Sometimes: 21
- Rarely: 11
- Never: 19
- Not applicable: 13

Our site refers survivors and their families to other organizations as it does not deliver a particular service
- Often: 24
- Sometimes: 33
- Rarely: 18
- Never: 7
- Not applicable: 18

There was a wait list for services
- Often: 25
- Sometimes: 27
- Rarely: 13
- Never: 23
- Not applicable: 12

Supports/services were not available to meet individuals' personal or cultural needs
- Often: 15
- Sometimes: 41
- Rarely: 33
- Not applicable: 9

Supports/services were not available to meet individuals' preferred language
- Often: 12
- Sometimes: 39
- Rarely: 38
- Not applicable: 10

Not able to meet accessibility needs
- Often: 11
- Sometimes: 23
- Rarely: 55
- Not applicable: 8

Not able to meet accommodation needs
- Often: 5
- Sometimes: 16
- Rarely: 20
- Never: 28
- Not applicable: 30

Overall, 83% of respondents agreed or strongly agreed that they have the right networks in place to refer survivors to the right services at the right time.
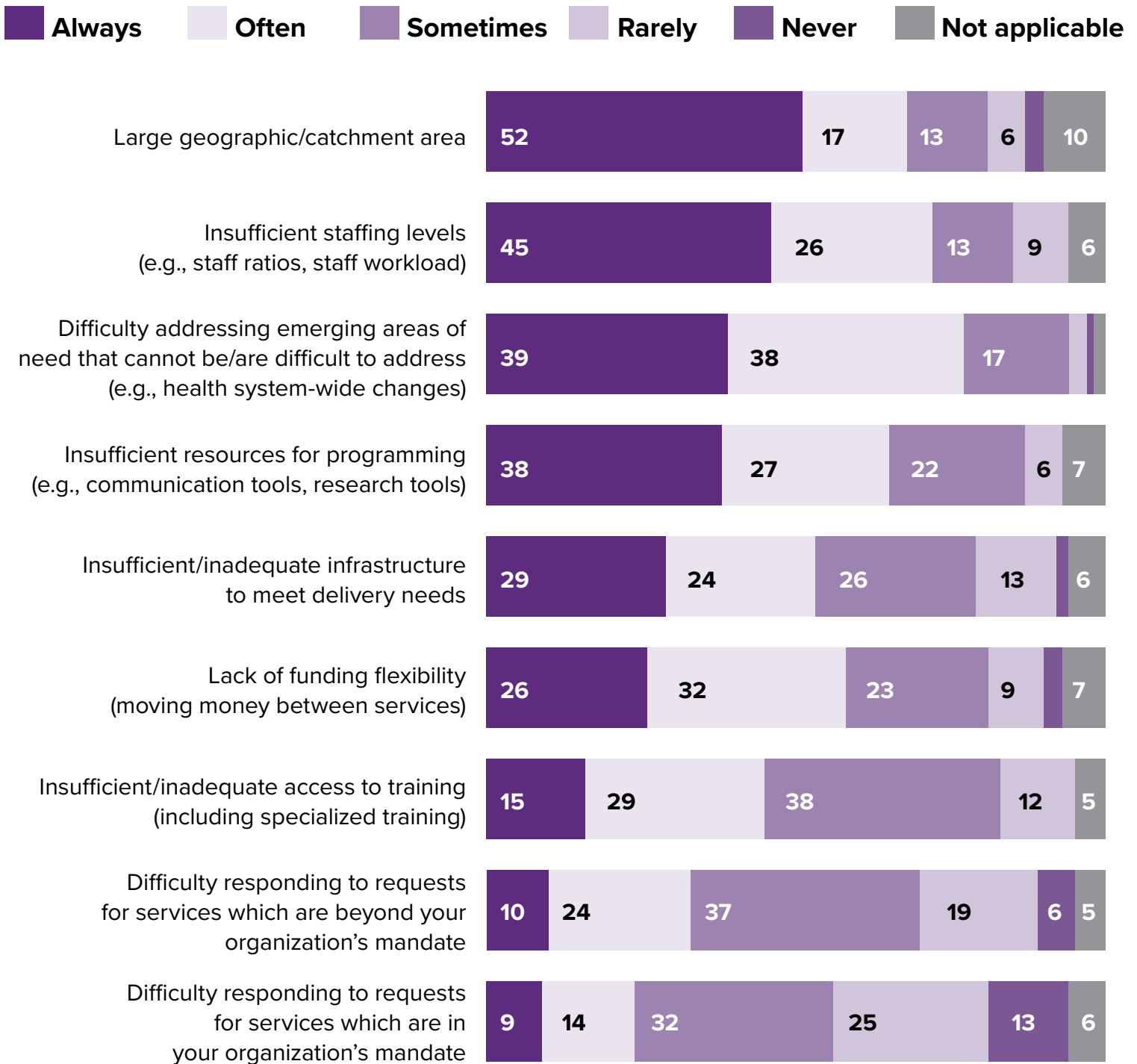
Service Pressures

Figure 5 illustrates the frequency with which respondents experienced various service pressures. More than half of respondents (52%) said having to provide services to survivors in a large geographic area is a service pressure they always experience. A further 17% of respondents felt that they often experience this service pressure. Seventy-seven per cent of respondents indicated that they always or often have difficulty addressing emerging areas of need that cannot be addressed easily by them, such as the availability of affordable of housing.

Most respondents (71%) also reported that insufficient staffing levels are always or often an issue in their ability to provide services. Respondents indicate that due to funding constraints, staff members are continually being asked to take on greater caseloads and work longer hours. Agencies are unable to pay staff competitive salaries and over-worked staff members are at risk of compassion fatigue, both of which contribute to high staff turnover.

Figure 5: Service Pressures

% of respondents (n=110)

Always **Often** **Sometimes** **Rarely** **Never** **Not applicable**

Service Pressure	Always	Often	Sometimes	Rarely	Never	Not applicable
Large geographic/catchment area	52	17	13	6		10
Insufficient staffing levels (e.g., staff ratios, staff workload)	45	26	13	9		6
Difficulty addressing emerging areas of need that cannot be/are difficult to address (e.g., health system-wide changes)	39	38	17			
Insufficient resources for programming (e.g., communication tools, research tools)	38	27	22	6		7
Insufficient/inadequate infrastructure to meet delivery needs	29	24	26	13		6
Lack of funding flexibility (moving money between services)	26	32	23	9		7
Insufficient/inadequate access to training (including specialized training)	15	29	38	12		5
Difficulty responding to requests for services which are beyond your organization's mandate	10	24	37	19	6	5
Difficulty responding to requests for services which are in your organization's mandate	9	14	32	25	13	6

TRAINING NEEDS

Service providers were mostly in agreement when asked to identify their top three training needs. Mental health and addictions was one of three main themes to emerge. This included advanced training in dealing with women who have mental health issues, as well as more specific therapeutic approaches, such as eye movement desensitization and reprocessing (EMDR) and dialectical behaviour therapy (DBT). Harm reduction was also listed as a common training need. Along with mental health and addictions, the second main theme among the responses was a need for more training around trauma-informed care. Service providers felt there is a need for more training such as trauma-based counselling skills and other trauma-informed interventions. The third main theme evident in the responses is the need for more training related to human trafficking, including how to identify survivors.
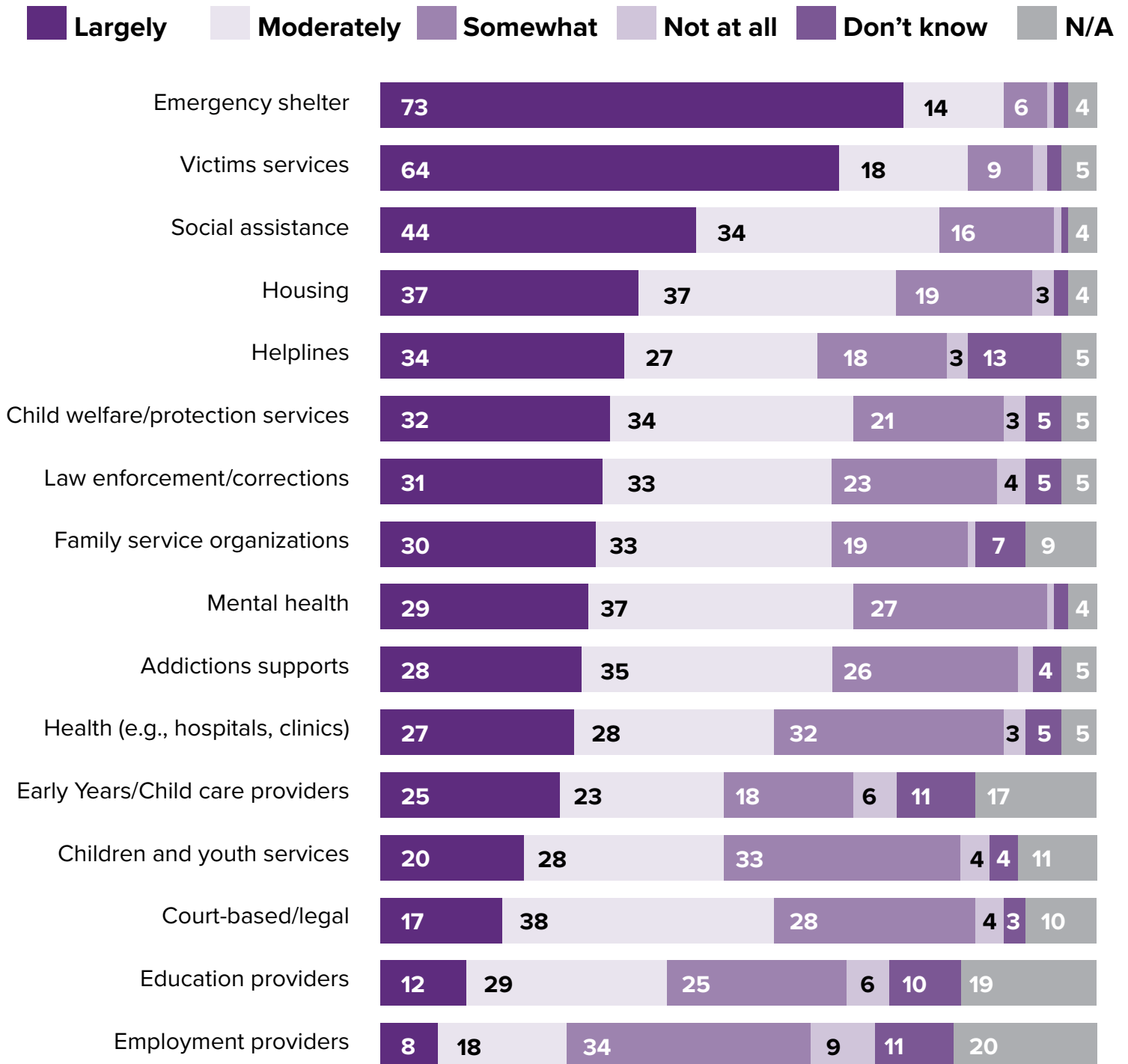
Coordination and Collaboration

Figure 6 examines the extent to which respondents felt the partnerships they have with other organizations are effective in supporting survivors. The majority (87%) of respondents felt that partnerships with shelters were largely or moderately effective in supporting survivors. Other partnerships that most respondents felt were largely or moderately effective in supporting survivors included victim services (82%), social assistance (78%) and housing (73%).

Only 55% of respondents felt that partnerships with court-based/legal services were largely or moderately effective, and 4% of respondents felt that these partnerships were not at all effective in supporting survivors. Other services where fewer respondents deemed the partnerships to be largely or moderately effective in supporting survivors included health services (54%), children and youth services (47%), education providers (40%) and employment providers, which includes employers and organizations providing employment supports (26%).

Figures 6: Degree to Which Partnerships are Effective in Supporting Survivors

% of respondents who feel partnerships with the following organizations support survivors (n=112)

Legend: Largely | Moderately | Somewhat | Not at all | Don't know | N/A

Organization	Largely	Moderately	Somewhat	Not at all	Don't know	N/A
Emergency shelter	73	14	6			4
Victims services	64	18	9			5
Social assistance	44	34	16			4
Housing	37	37	19		3	4
Helplines	34	27	18	3	13	5
Child welfare/protection services	32	34	21	3	5	5
Law enforcement/corrections	31	33	23	4	5	5
Family service organizations	30	33	19		7	9
Mental health	29	37	27			4
Addictions supports	28	35	26		4	5
Health (e.g., hospitals, clinics)	27	28	32	3	5	5
Early Years/Child care providers	25	23	18	6	11	17
Children and youth services	20	28	33	4	4	11
Court-based/legal	17	38	28	4	3	10
Education providers	12	29	25	6	10	19
Employment providers	8	18	34	9	11	20

Respondents were asked to describe any partnerships that don't exist that the government could help facilitate. The first main theme that emerged in the responses is a need for greater collaboration with health organizations such as the Local Health Integration Networks (LHINs) and hospitals, particularly to address mental health and addiction needs. Respondents indicated that they do not have the specialization or capacity to address complex mental health and addiction issues and specialized health professionals (e.g., mental health case managers) are needed. They suggest funding is needed to bring specialized professionals into shelters and outreach programs. The second main theme was the need to improve partnerships with the police and the legal system. VAW agency respondents expressed a need for greater VAW representation on situation tables, which involve regular meetings with representatives from various human services agencies and sectors, such as health and police, who work together to identify, discuss and address cases that are at an acutely elevated risk of harm. Respondents also felt strengthening these partnerships would help them support survivors of human trafficking.

Finally, respondents noted the importance of greater cross-ministry collaboration to ensure:

- protocols for inter-agency collaboration are established;
- legislation (e.g., Ontario Works Act, the Child Welfare Act and the Housing Services Act) that governs different sectors is complementary; and
- ministry-established cross-sectoral tables are not duplicative.

Many respondents also pointed out that all existing partnerships would benefit from more funding.

When asked to list the top three challenges to coordinating services, three main themes were apparent among service providers' responses:

1) Working at capacity/Lack of staff and financial resources

"Transitional Housing - A limited supply of shelter spots are available, and the transition from shelter to community housing is difficult without supports for the family."
Service provider

"Sufficient time in the workday to reach out to other service providers."
Service provider

2) Different mandates and philosophies

"VAW analysis with an intersectional, gender lens is not shared amongst the services."
Service provider

"Different mandates...those with the most legislative power are limited within their mandates"
Service provider

3) Waitlists

"Waitlists for essential services, such as mental health counselling."
Service provider

Housing availability, transportation, time constraints, confidentiality concerns, and power imbalances between sectors were also common themes that emerged as challenges to coordinating services with other organizations.

Respondents offered suggestions for how challenges to successful coordination could be addressed. Increased funding was the most common theme identified among responses. More specifically, respondents noted that organizations need more funding to build capacity and increase staff resources. Expanding the availability of existing services, such as shelters, and increasing availability and affordability of broader community supports, such as housing, were also recommended as ways to address wait list and service capacity issues that are challenges to coordinating services.
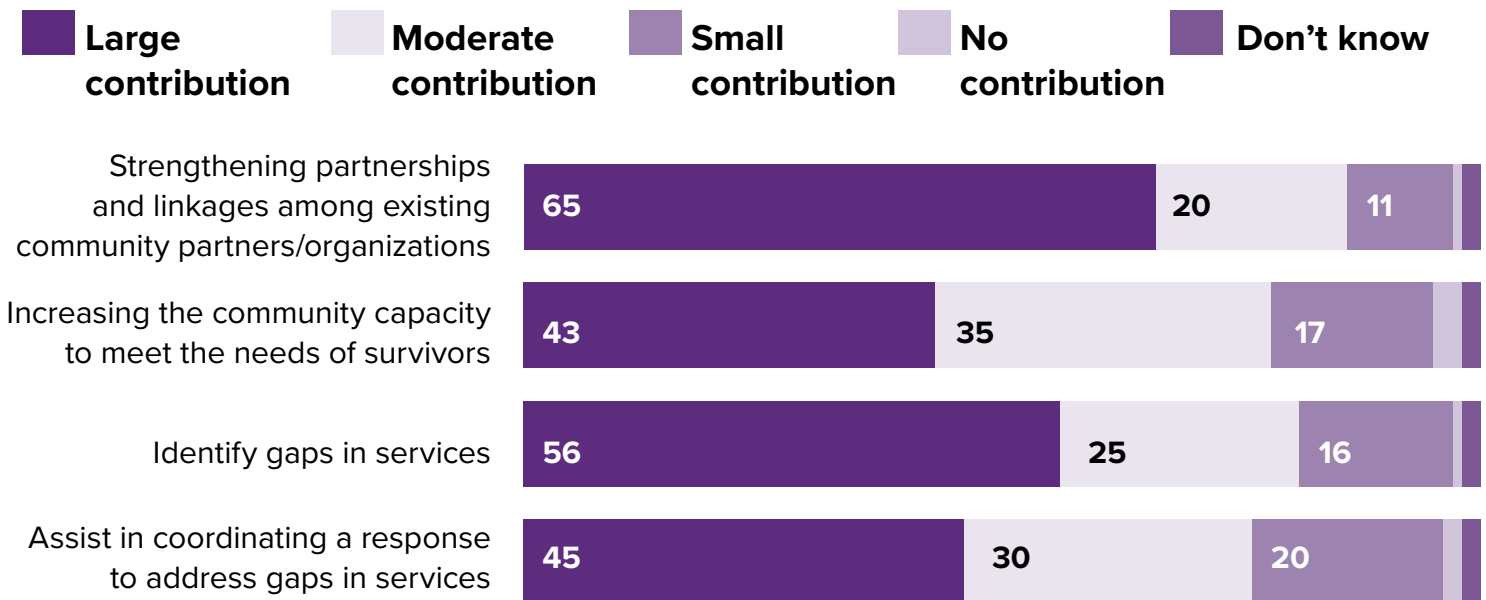
The need for more cross-sector education and training, particularly related to trauma-informed and intersectional care was also identified. Training delivered across all sectors could help build greater awareness and understanding and address the challenge of different mandates and philosophies, which can impede successful coordination.

DOMESTIC VIOLENCE COMMUNITY COORDINATING COMMITTEES (DV3CS)

Ninety-three per cent of VAW agency respondents said that they participate in a DV3C compared to 44% of service manager respondents. Of the respondents whose agency participates in a DV3C, 85% felt that DV3Cs have made a large or moderate contribution in strengthening partnership and linkages among existing community partners (Figure 7). Seventy-eight per cent of respondents also felt that DV3Cs have made a large or moderate contribution to increasing the community capacity to meet the needs of survivors. With respect to gaps in services, 81% of respondents reported that DV3Cs have made a large or moderate contribution in identifying gaps and 75% reported that DV3Cs have made a large or moderate contribution in assisting in coordinating a response to address gaps in services.

Figure 7: Extent of Contribution of DV3Cs

% of respondents who felt DV3Cs contributed to service (n=88)

Legend: Large contribution, Moderate contribution, Small contribution, No contribution, Don't know

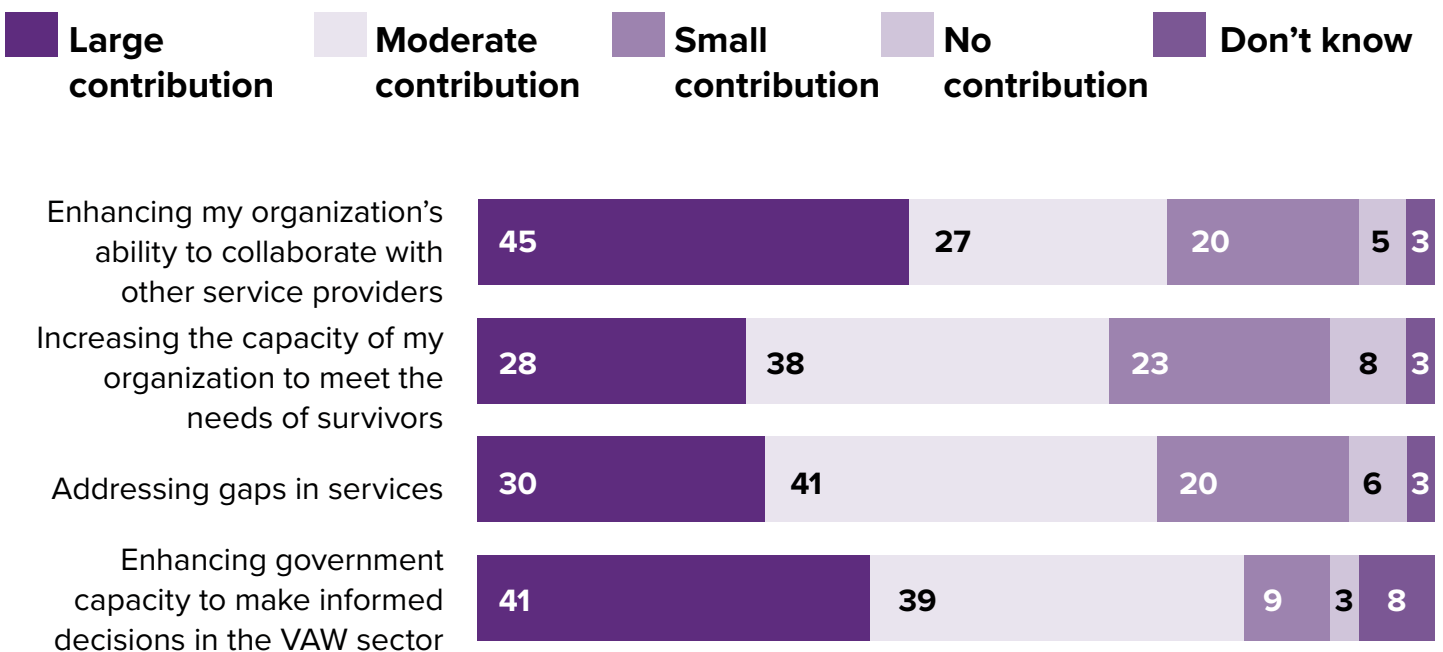| Category	Large	Moderate	Small
Strengthening partnerships and linkages among existing community partners/organizations	65	20	11
Increasing the community capacity to meet the needs of survivors	43	35	17
Identify gaps in services	56	25	16
Assist in coordinating a response to address gaps in services	45	30	20

VAW SERVICE SYSTEM PLANNING TABLES

Seventy-six per cent of VAW agency respondents and 11% of service manager respondents indicated that their organization participates in a local or regional VAW service system planning table.

Of the respondents who reported that they participate, 72% indicated that the tables have made a large or moderate contribution to enhancing their organization's ability to collaborate with other services providers and 71% indicated that the tables have made a large or moderate contribution to address gaps in services (Figure 8). With respect to increasing the capacity of their organization to meet the needs of survivors, 66% of respondents felt participation in the table has made a large or moderate contribution. Eighty per cent of respondents also felt that participation has had a large or moderate contribution in enhancing government capacity to make informed decisions in the VAW sector.

Figure 8: Extent of Contribution of Service System Planning Tables

% of respondents (n=65)

Legend: Large contribution, Moderate contribution, Small contribution, No contribution, Don't know

|	Large contribution	Moderate contribution	Small contribution	No contribution	Don't know
Enhancing my organization's ability to collaborate with other service providers	45	27	20	5	3
Increasing the capacity of my organization to meet the needs of survivors	28	38	23	8	3
Addressing gaps in services	30	41	20	6	3
Enhancing government capacity to make informed decisions in the VAW sector	41	39	9	3	8

COMMUNITY HUBS

Thirty-nine per cent of VAW agency respondents and 41% of service manager respondents reported that their organization participates in a Community Hub representing 39% of all survey respondents. Of these respondents, 82% agreed or strongly agreed that participation has improved the ability of their organization to coordinate with other organizations (Figure 9). Seventy-seven per cent also agreed or strongly agreed that participating in a community hub has increased the capacity of their organization to meet the needs of women who experience violence.

Figure 9: Extent of Contribution of Community Hubs

% of respondents (n=43)

Strongly agree | **Agree** | **Neither agree or disagree** | **Disagree** | **Strongly disagree**

| Increasing the capacity of your organization to meet the needs of women who experience violence | 37 | 40 | 14 | 7 | |
| Improving the ability of your organization to coordinate with other organizations | 47 | 35 | 9 | 7 | |
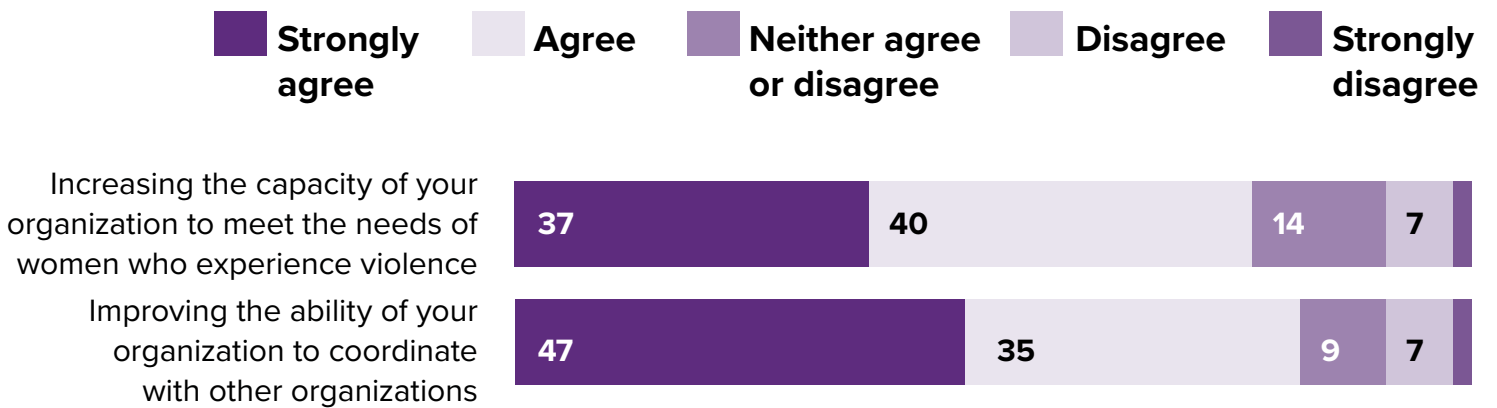
Human Trafficking

In situations where an individual had not self-identified as a survivor of human trafficking, only 55% of VAW agency respondents felt their staff could confidently identify whether an individual had been trafficked. A quarter of VAW agency respondents indicated that fewer than 20% of their staff were able to confidently identify someone who had been trafficked. On the other hand, a quarter of VAW agency respondents reported that more than 86% of their staff could identify someone who had been trafficked. No significant differences between regions were observed. There was also no difference in the percentage of staff able to identify survivors of human trafficking between agencies that offer shelter supports and agencies that do not offer shelter supports.

These results were not consistent for service managers. In situations where an individual had not been self-identified as a survivor of human trafficking, only 10% of service managers felt their staff could confidently identify whether an individual had been trafficked. The majority (60%) of service managers reported that no staff could confidently identify an individual who had been trafficked. An additional 20% of service managers indicated that fewer than 10% of their staff could confidently identify someone who had been trafficked.

Note, this survey was conducted before Ontario implemented regulatory changes to improve access to housing for survivors of human trafficking. Also, the regulations do not require service managers to be able to independently identify if an individual has been trafficked.[7]

7 In winter 2017, amendments were made to Ontario Regulation 367/11 under the Housing Services Act, 2011 to expand the Special Priority Policy to include survivors of human trafficking. To qualify for the policy, households applying as survivors of trafficking need to have an individual verify that they were trafficked and provide a description of the circumstances that indicate the person is being or has been trafficked. Service managers are required to comply with amendments to the policy effective April 1, 2018.

Respondents were asked the extent to which their organization was currently able to meet the needs of survivors (Figure 10). Again, differences between VAW agency and service manager respondents were evident so results are presented separately. A third (33%) of VAW agency respondents reported that they were able to meet all or most of a survivor's needs. Fifty-two per cent of VAW agency respondents also reported that they were able to meet some of the needs of a survivor who had been trafficked. In contrast, only 7% of service manager respondents reported that they were able to meet most of the needs of human trafficking survivors, while a further 39% indicated that they were able to meet some of these survivors' needs. Twenty-one per cent of service manager respondents reported that they were not able to meet any of the needs of a person who has been trafficked.

Figure 10: Ability of Respondents to Meet the Needs of Survivors of Human Trafficking

% of respondents who are able to meet the needs of survivors of human trafficking
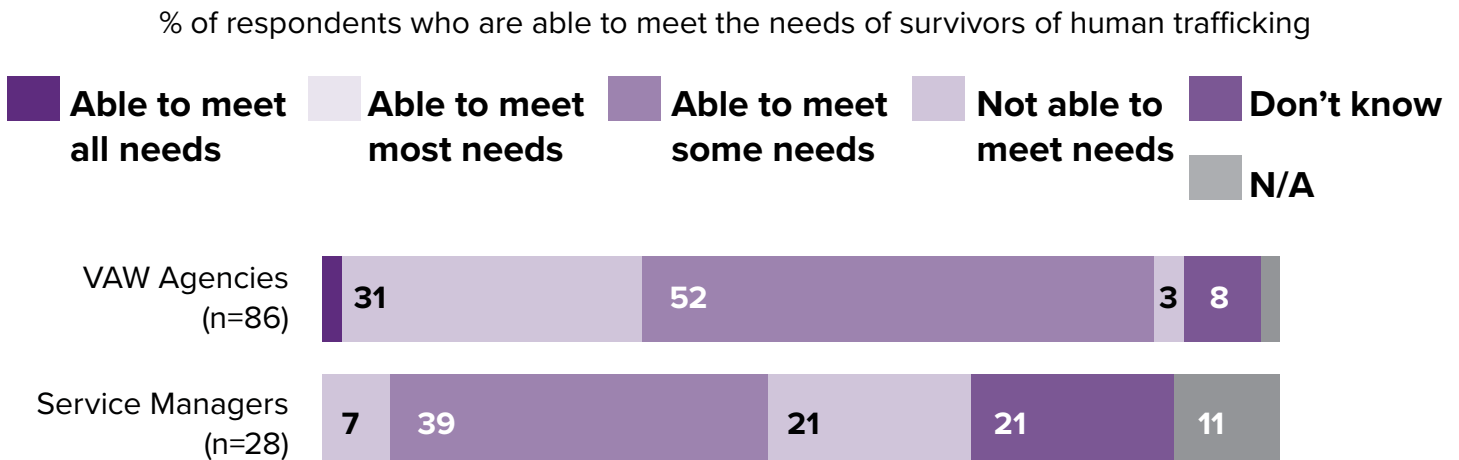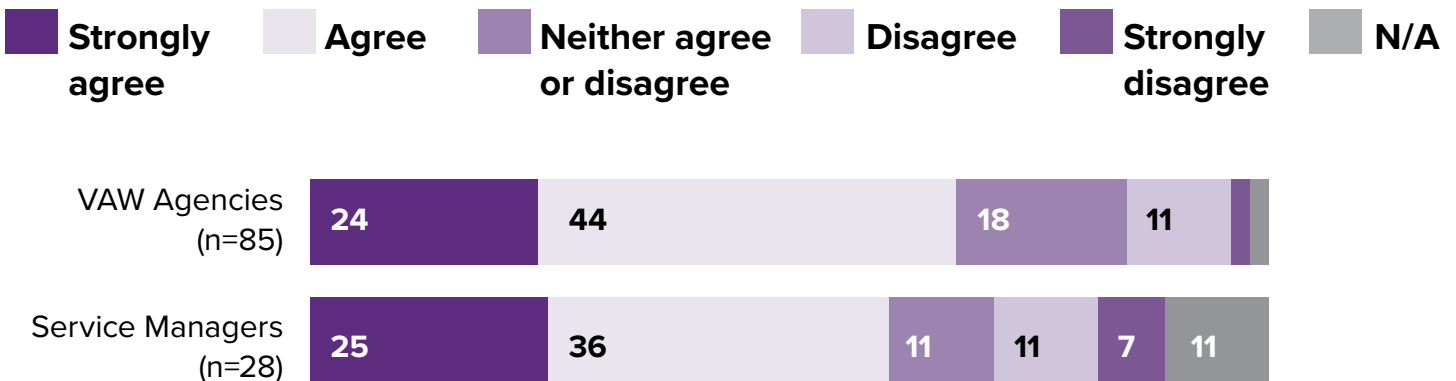

Respondents were given the opportunity to provide further explanation regarding their ability to meet the needs of survivors. Four themes emerged among all respondents:

1) Although service providers may only be able to meet some needs, they are able to make connections and referrals to needed services.

2) Many service providers are able to provide emergency shelter or housing.

3) Service providers do not have a good understanding of needs of survivors of human trafficking and lack the training to adequately serve these survivors.

4) Service providers lack the resources and staff to meet the needs of this population.

In line with the first theme reported above, 68% of VAW agency respondents and 61% of service manager respondents agree or strongly agree that their organizations have the right networks in place to refer survivors of human trafficking to the appropriate services at the required time (Figure 11).

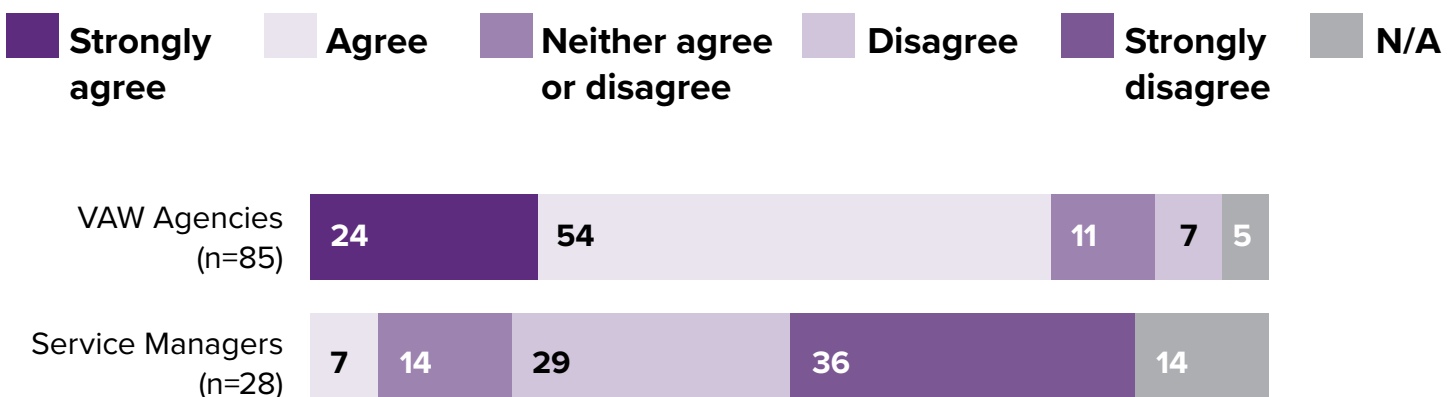## **Figure 11:** Right Networks in Place to Refer Survivors of Human Trafficking

% of respondents who feel able to make referrals to appropriate services at the required time

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A

VAW Agencies (n=85)

24	44	18	11		

Service Managers (n=28)

25	36	11	11	7	11

When asked about the ability of frontline workers to provide trauma-informed intersectional services for survivors of human trafficking, 78% of VAW respondents reported that they agreed or strongly agreed that this was the case (Figure 12). In contrast, only 7% of service managers agreed that this was the case and 65% disagreed or strongly disagreed that frontline staff were able to provide trauma-informed intersectional services to survivors.

Figure 12: Ability of Frontline Staff to Provide Trauma-informed Intersectional Services

% of respondents who feel frontline staff are able to provide trauma-informed intersectional services to survivors of human trafficking

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A

VAW Agencies (n=85)

24	54	11	7	5	

Service Managers (n=28)

7	14	29	36	14	

VAW agency respondents and service manager respondents also differed in their responses related to the number of frontline staff who have received training to support survivors of human trafficking. Over half (55%) of VAW agency respondents indicated that frontline staff have received training and a further 20% of these respondents indicated that staff will receive training in the future. Only a quarter of service manager respondents reported that their frontline staff have received training and 64% indicated that they had not received any training.

Of the respondents who reported that staff have received training, 30% felt that the training has significantly improved their capacity, and 68% felt that training has somewhat improved their capacity to support survivors of human trafficking. Only 2% of respondents felt that training has not improved their capacity at all. In addition, 25% of respondents reported that their organization has implemented new polices or procedures after having received training such as the introduction of new intake and screening procedures, the implementation of harm reduction strategies and a stronger focus on trauma-informed care.

Although many (65%) respondents indicated that they have networks in place to refer survivors of human trafficking to appropriate services, respondents are not in agreement on the effectiveness of these partnerships in meeting the needs of survivors (Figure 13). While 47% of respondents felt community partners in child and youth services worked effectively with survivors' needs, 30% reported that this was not the case. Similarly, 56% of respondents reported that their justice partners were able to work effectively with them to support survivors, but 29% of respondents indicated that this was not the case for their justice partners.
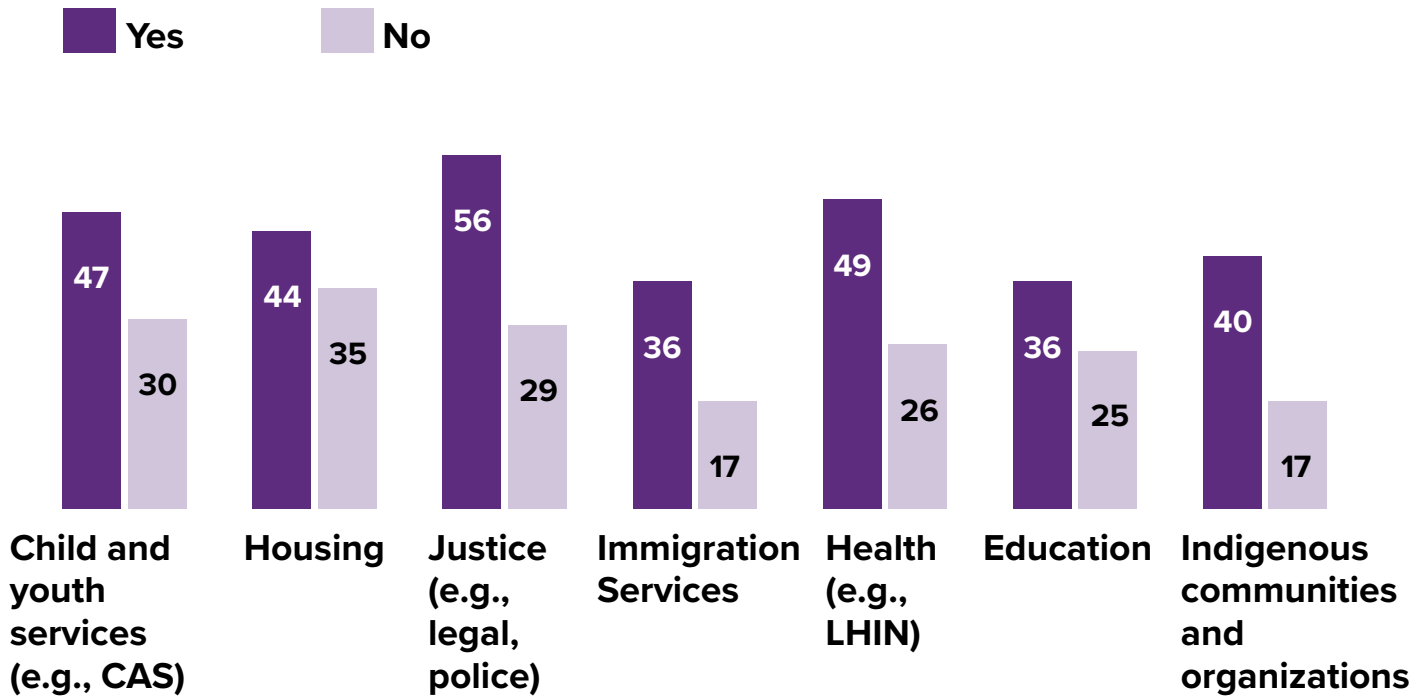
In general, the main reasons cited for why these partnerships are ineffective at meeting the needs of survivors are due to:

1) a lack of training and awareness among partners; and

2) no formal protocol or shared strategy to address the needs of this population.

Some respondents reiterated challenges that were raised elsewhere in the survey, such as the availability of housing as a barrier to coordination and the unresponsiveness of the justice system to survivors' needs.

Figure 13: Effectiveness of Community Partnerships

% of respondents who feel community partners work effectively with them to meet the needs of survivors of human trafficking (n=105)

Yes ■ **No** ■

	Child and youth services (e.g., CAS)	Housing	Justice (e.g., legal, police)	Immigration Services	Health (e.g., LHIN)	Education	Indigenous communities and organizations
Yes	47	44	56	36	49	36	40
No	30	35	29	17	26	25	17

Conclusion

Survivors who access VAW services often require complex and intensive supports and may face multiple barriers in accessing services. Findings in this report provide some detail on the current state of VAW service provision based on service providers' perceptions of the challenges they face when addressing the complex needs of survivors.

Respondents identified several factors that help them meet the needs of survivors accessing services. Many service providers reported strong partnerships and networks with organizations across sectors such as housing and victim services. Indeed, most respondents felt that they have the right networks in place to make referrals, whether for more specialized services or when agencies are operating at capacity. Service providers involved in the Domestic Violence Community Coordinating Committees reported that participation has contributed to their capacity to meet the needs of survivors.

Respondents also identified barriers to meet the needs of survivor. Incapacity to provide additional supports and meet current demand resulting from inadequate funding and resources was a recurring theme in the survey results. Insufficient staff and limited financial resources were considered the main challenges to effective coordination and 'working at capacity' was cited as one of the main reasons service providers had to frequently make referrals elsewhere.

Providing services to survivors of human trafficking is an area where service providers felt they require further training. On average, most respondents reported that with their existing resources they were able to meet some of the needs of human trafficking. Providers also noted that they often collaborate with other community partners to meet the comprehensive needs of these survivors. However, fewer than half of service providers felt that these community partners worked effectively with them to meet these needs. Several service providers especially felt that partnerships could be strengthened with the housing, child and youth, and justice sectors. A couple of service providers noted that some of these community partners, such as Indigenous partners, were not currently part of existing service planning tables and coordinating committees. Expanding membership of service planning tables may offer an opportunity to improve collaboration to provide more effective services to survivors of violence and/or human trafficking.

Service providers reported several unmet support needs for all survivors, including inadequate financial assistance (e.g., Ontario Works, Ontario Disability Support Program), limited availability of shelter beds and poor access to transportation. The top three gaps in services for survivors are:

1) the availability of safe and affordable housing;

2) mental health and addiction services; and

3) supports for navigating the justice system.

These gaps present significant obstacles for survivors in rebuilding their lives. The gap in mental health and addiction services deserves particular attention given the high frequency at which agencies reported serving people with mental health issues. Further, it is well documented that physical and psychological forms of abuse and violence have significant adverse consequences for mental health (BC Transition Houses, 2011; Mason & O'Rinn, 2014). Survivors have increased incidence of common mental health issues, including depression, anxiety disorder, post-traumatic stress disorder (PTSD), substance use and attempted suicide (Ledermir et al., 2008; Logan et al., 2002; Dutton et al., 2005; Huntington et al., 2005). The lack of availability of services to address poor mental health may in turn lead to increased susceptibility to poverty, homelessness, comorbid mental health and substance use disorders, and vulnerability to further violence (Dutton et al., 2005; Gatz et al., 2005).

Safe accommodation, mental health care and access to legal services are all essential to enable survivors to move forward with their lives. Addressing these needs cannot be accomplished by individual agencies or one ministry alone. Addressing barriers faced by survivors will require overcoming traditional silos and moving towards a collaborative effort and shared mission across ministries. Actions should be aimed at:

- strengthening longer-term housing options;

- increasing access to critical mental health and addiction services in VAW settings; and

- eliminating obstacles in the justice system.

There also needs to be a focus on strategies that strengthen government capacity to take an integrated approach to the design and delivery of policies, programs and services for survivors to facilitate coordination across sectors. Ongoing cross-ministry and cross-sector coordination will ensure a wide range of service providers are involved in responding to survivors' needs.

Overall, findings from the VAW Service Provider Survey provide valuable insight into the state of service provision. The results contribute to the continuous improvement of services to reduce barriers faced by service providers and address gaps in services to meet the needs of survivors.

Appendix A: Survey Questions

1. **What organization/municipal entity do you work for?**
   _____

2. **From which of the following sources do you receive funding or partner with to provide services/support to survivors of violence: (Select all that apply)**
   - ☐ Ministry of Community and Social Services (MCSS)
   - ☐ Ministry of the Attorney General (MAG)
   - ☐ Ministry of Children and Youth Services (MCYS)
   - ☐ Ministry of the Status of Women (MSW) formerly OWD
   - ☐ Ministry of Health and Long-Term Care (MOHLTC)
   - ☐ Ministry of Housing (MHO)
   - ☐ Ministry of Education (MEDU)
   - ☐ Ministry of Community Safety and Correctional Services (MCSCS)
   - ☐ Ministry of Indigenous Relations and Reconciliation (MIRR)
   - ☐ Trillium Grants
   - ☐ Other grants from non-profit organizations
   - ☐ Municipal government
   - ☐ Federal government
   - ☐ Private/corporate donors
   - ☐ Fundraising
   - ☐ Other (Please specify):_____
   - ☐ Don't know

3. **What are the first 3 digits of your work location's postal code?** _____

4. **What is your role in your organization?**
   - ☐ Frontline worker (i.e. work directly with survivors of violence)
   - ☐ Manager/Supervisor
   - ☐ Program lead/Manager
   - ☐ Executive Director
   - ☐ Other (Please specify):

5. **Please identify the number of frontline staff working at your organization:**
   _____
   - ☐ N/A

6. **Which service area/sector is your organization a part of? (Select all that apply)**
   - ☐ Shelter
   - ☐ Mental health
   - ☐ Addictions
   - ☐ Victim services
   - ☐ Law enforcement/corrections
   - ☐ Court-based/legal
   - ☐ Health
   - ☐ Housing
   - ☐ Domestic Violence
   - ☐ Sexual Violence
   - ☐ Human Trafficking
   - ☐ Gender-based violence
   - ☐ Helpline
   - ☐ Family services
   - ☐ Children and youth services
   - ☐ Other (Please specify):

7. **How frequently does your organization serve individuals from each of the following groups?**

    ☐ Indigenous

    ☐ Francophone

    ☐ LGBTQ2S (LGBTQ2S refers to lesbian, gay, bisexual, transgender, queer or two-spirited)

    ☐ Immigrants

    ☐ Refugees

    ☐ Racialized groups

    ☐ People with disabilities

    ☐ People with mental disorders

    ☐ Elderly

    ☐ Survivors of human trafficking

    ☐ Perpetrators of violence/ crime

    ☐ Youth

    ☐ Children

    ☐ Other (Please specify):

    (For each group, respondents could select 'Never,' 'Rarely,' 'Sometimes,' 'Often' or 'Don't know.')

8. **Please identify the services that are provided by your organization and/or available in your community.**

    Emergency services:

    a) Crisis intervention

    b) Emergency shelter

    c) Safety planning

    d) Helpline

    e) Medical care

Health and well-being services:

a) Couple and/or family counselling

b) Group counselling

c) Individual counselling

d) Support groups

e) Substance abuse/ treatment

f) Harm reduction

g) Health promotion/ education

h) Mental health services

i) Child/youth mental health services

Housing services:

a) Housing planning/facilitating access to housing

b) Temporary/ transitional/short-term housing

c) Accessible or supportive housing (require specific accommodations - e.g., individuals with a disability or elderly)

Employment, education, and training services:

a) Life skills (e.g., financial education)

b) Resume/interview support

c) Employment skills training

d) Job search

e) Job placement

Other services:

a) Transportation

b) Legal services/legal representation

c) Financial services (e.g., help accessing social assistance)

d) Immigration status support

e) Settlement supports (immigrants/ refugees)

f) Language services (e.g., access to interpreters, intervenors)

g) Child care

h) Family court support

i) Advocacy and/or rights comprehension

j) Supports for child witnesses

k) Parenting skills development and supports

l) Other (please specify):

(Respondents could select that services were 'Provided by our organization,' 'Provided by other organizations in the community,' or 'Not applicable.')

9. **Based on your experience, what are the <u>top 3</u> gaps in services for survivors? Please identify and explain.**

   a) What would help you or the community address the gaps you identified to better support survivors?

   b) Are there currently any initiatives being undertaken in your community to address these gaps?

10. **Over the last year, if/when you needed to refer survivors elsewhere to other community organizations how often was this due to the following circumstances:**

   a) Individuals needed more specialized services that our organization does not offer (e.g., trauma-informed care, mental health and addictions services)

   b) Supports/services were not available in individuals' preferred language

   c) Supports/services were not available to meet individuals' personal or cultural needs

   d) There was a wait list for service

   e) Operating at capacity (e.g., no additional physical space, no appointments)

   f) Not able to meet accessibility needs (e.g., wheelchair)

   g) Not able to meet accommodation needs (e.g., room configuration, incompatible roommates)

   h) Our site refers survivors and their families to other organizations as it does not deliver a particular service(s) (e.g., housing services are provided by other organizations)

   (Respondents could select 'Often,' 'Sometime,' 'Rarely,' 'Never' or 'Not applicable.')

11. **Please identify any other circumstances (not listed above) where your organization needed to refer survivors elsewhere:**

12. **Approximately, what percentage of the frontline workers in your organization can confidently identify whether an individual has been trafficked, when the individual does not self-identify:_____**

   ☐ N/A

   Please answer the following questions in this section based on survivors of human trafficking who self-identify and/or who you can confidently identify.

13. **Within your organization's mandate and current resources, to what extent is your organization currently able to meet the needs of survivors of human trafficking?**

   ☐ Able to meet all needs

   ☐ Able to meet some needs

   ☐ Not able to meet needs

   ☐ Don't know

   ☐ Not applicable

   Please explain: _____
   _____

14. **Concerning human trafficking, to what extent do you agree with the following statements:**

    a) The frontline workers at my organization are able to provide trauma-informed intersectional services for survivors of human trafficking

    b) Our organization has the networks in place to refer survivors of human trafficking to the appropriate services at the required time

    (Respondents could select 'Strongly agree,' 'Agree,' 'Neither agree nor disagree,' 'Disagree,' 'Strongly disagree' or 'Not applicable' to indicate their level of agreement.)

15. **Do you feel that your community partners in the following areas work effectively with your organization to address the needs of survivors of human trafficking?**

    a) Child and youth services (e.g., CAS)

    b) Housing

    c) Justice (e.g., legal, police)

    d) Immigration services

    e) Health (e.g., LHIN)

    f) Education (e.g., schools)

    g) Indigenous communities and organizations

    h) Other (please specify):

    (Respondents could select 'Yes,' 'No, please explain' or 'Not applicable.')

16. **Have frontline staff in your organization received training specifically related to providing supports for survivors of human trafficking?**

    ☐ Yes

    ☐ No [skip to Q19]

    ☐ No, but they will in the future [skip to Q19]

17. **Do you feel that the training improved your staff's capacity to support survivors of human trafficking?**

    a) Training has significantly improved capacity to support survivors

    b) Training has somewhat improved capacity to support survivors, but additional training is needed

    c) Training has not improved capacity to support survivors at all. Please explain:

18. **Has your organization implemented new policies and/or procedures after receiving training?**

    ☐ Yes, please give examples: _____

    ☐ No

19. Thinking about your organization, to what extent do you agree that you have the right networks in place to refer survivors to the right service(s) at the right time:

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

☐ Not applicable

20. Are there any partnerships that do not currently exist (with your organization or in your community), but you would like to have, and how can the government support in facilitating these partnerships?

21. To what extent are partnerships you have with the following organizations effective in supporting survivors of violence?

a) Emergency shelter

b) Victim services

c) Law enforcement/ corrections

d) Court-based/ legal

e) Health (e.g., hospitals, clinics)

f) Mental health

g) Addictions supports

h) Housing

i) Social assistance

j) Employment providers

k) Education providers

l) Early years/child care providers

m) Child welfare/protection services

n) Children and youth services (e.g., mental health, special needs)

o) Family service organizations

p) Helplines (e.g., Ontario 211, Fem'aide, Assaulted Women's Hotline, Talk4Healing)

q) Other:

(Respondents could select 'Largely,' 'Moderately,' 'Somewhat,' 'Not at all,' 'Don't know' or 'Not applicable, we do not have a partnership.')

22. **Based on your experience, what has worked well in coordinating services with other organizations to support survivors of violence (successful practices)?**

23. **Based on your experience, what are the <u>top 3</u> challenges in coordinating services for survivors of violence? Please explain.**

    a) How could these areas be improved?

24. **Does your organization participate in a Domestic Violence Community Coordinating Committee (DV3C) or VAW Community Coordinating Committee (VAW3C)?**

    (Note: DV3Cs or VAW3Cs are community-based, cross-sectoral committees (e.g., VAW, justice, health, education, housing and settlement/immigration sectors) that work together to improve community responses to victims of domestic/sexual violence.)

    ☐ Yes

    ☐ No

    ☐ Don't know

25. **Please identify the extent to which DV3Cs/VAW3Cs have contributed to the following:**

    a) Strengthening partnerships and linkages among existing community partners/ organizations

    b) Increasing the community capacity to meet the needs of survivors

    c) Identify gaps in services

    d) Assist in coordinating a response to address gaps in services

    (Respondents could select 'Large contribution,' 'Moderate contribution,' 'Small contribution,' 'No contribution' or 'Don't know' when identifying the extent of contribution.)

26. **Does your organization participate in a local or regional VAW service system planning table(s) with the Ministry of Community and Social Services?**

    (Note: Service system planning tables are designated table(s) in each MCSS region where VAW service system planning takes place.)

    ☐ Yes

    ☐ No [skip to Q28]

    ☐ Don't know [Skip to Q28]

27. **Please identify the extent to which participating in the VAW service system planning table(s) has contributed to the following:**

    a) Enhancing my organization's ability to collaborate with other service providers

    b) Increasing the capacity of my organization to meet the needs of survivors

    c) Addressing gaps in services

    d) Enhancing government capacity to make informed decisions in the VAW sector

    (Respondents could select 'Large contribution,' 'Moderate contribution,' 'Small contribution,' 'No contribution' or 'Don't know' when identifying the extent of contribution.)

28. **Does your organization participate in a community hub?**
    (Note: Community hubs provide a central access point for a range of needed health and social services such as co-located or collaborative services for survivors)

    ☐ Yes

    ☐ No [skip to Q30]

    ☐ Don't know [Skip to Q30]

29. **Please indicate to what extent you agree that participating in a community hub has contributed to the following:**

    a) Increasing the capacity of your organization to meet the needs of women who experience violence

    b) Improving the ability of your organization to coordinate with other organizations

    (Respondents could select 'Strongly agree,' 'Agree,' 'Neither agree nor disagree,' 'Disagree,' 'Strongly disagree' or 'Don't know' to indicate their level of agreement.)

30. **Please identify the <u>top three</u> training and learning opportunity needs that would benefit your organization to provide services to survivors.**

31. When it comes to serving survivors, how frequently does your organization experience the following service pressures:

a) Lack of funding flexibility (moving money between services)

b) Insufficient resources for programming (e.g., communication tools, research tools)

c) Insufficient staffing levels (e.g., staff ratios, staff workload)

d) Large geographic/ catchment area

e) Difficulty responding to requests for services which are in your organization's mandate

f) Difficulty responding to requests for services which are beyond your organization's mandate

g) Difficulty addressing emerging areas of need that cannot be/ are difficult to address (e.g., health system-wide changes, affordable housing)

h) Insufficient/inadequate infrastructure to meet service delivery needs

i) Insufficient/ inadequate access to training (including specialized training)

(Respondents could select 'Always,' 'Often,' 'Sometimes,' 'Rarely,' 'Never' or 'Not applicable.')

32. Is there anything you would like to add to the responses you provided in Q28 regarding the service pressures and operational capacity issues faced by your organization?

33. Are there any other service pressures or operational challenges that have not been outlined above that your organization is currently facing? Please explain.

34. Would you like to share any service delivery practices/projects/models/approaches that you feel are particularly effective in supporting survivors of violence?

Appendix B: Additional Results

Table A: Response Rate by Location

Region	Total	Number of Respondents	%
Central	44	33	75%
East	60	33	55%
North	48	18	38%
Toronto	36	9	25%
West	62	33	53%
Total	**250**	**126**	**50%**

Table B: Gaps in Services for Survivors

Rank	Category	Frequency of mention	Sample response
1	Housing	112	"Access to affordable housing!!! Long wait lists for rent geared to income, no rental vacancies. Women and children staying in shelter for extended periods of time because there is no housing to move on to."
2	Mental health/ counselling supports/ addictions	45	"Capacity of VAW sector to provide effective supports to women with mental health and substance use issues."
3	Justice system	37	"Slow legal/court system for both criminal and family courts. Lack of support from the legal system."
4	Financial assistance	34	"Many women who choose to remain independent of their abusive partner face poverty as their only option to living an abuse-free life. Some have housing arrears or inability to arrange transportation to visit their support networks. Money directly available to clients for their immediate needs is desperately needed."
5	Shelters	23	"Not enough funded shelter beds. Last year we operated at 120% occupancy rate. We currently have 13 women and 13 children on our wait list. This is a "typical" wait list number for us."
6	Transportation	19	"Transportation to and from appointments, services, etc."
7	Long-term supports	16	"Ongoing support after securing housing"

8	Services for children and youth	13	"Most shelters cannot afford a full-time child care worker, and this is needed. Children have often suffered traumatic experiences and require specialized assistance in working through this trauma."
9	System coordination	13	"Siloed service provision within the community"
10	Prevention/education/ early intervention	12	"Funding for Prevention and Education programs around healthy relationships and domestic violence"
11	Training and awareness of service providers	9	"Trauma-Informed training to all VAW organizations to ensure safe and best practice."
12	Culturally specific and linguistically appropriate services	6	"Not enough culturally and linguistically appropriate community services for clients to access, leading to long waiting lists for some organizations"
13	Location	6	"Serving rural clients - isolation, lack of transportation, no services in their area"
14	Male survivors	5	"Services for male victims."
15	Perpetrators	5	"Counselling for men who want to change their behaviors"
16	Wait lists and wait times	5	"Some services have a year or more waitlist"
17	Insufficient staffing	4	"Access to frontline support due to minimal staffing single staff in a 19-bed shelter"
18	Trauma-informed services	4	"Not enough trauma specific services that are affordable and that don't have months long wait lists."

19	Immigration	4	"Women without legal Canadian immigration status need for affordable lawyers, timely applications, and access to resources during the wait time as these women and their children are stuck often without any money for food, shelter and basic needs."
20	Funding	3	"Funding gap to acquire the necessary resources to meet the demands for the ongoing needs of this population."
21	Human trafficking	3	"Expand the mandate to include victims of human trafficking, which includes labour exploitation."
22	Sexual assault services	3	"Sexual assault specific services including local rape kit access and crisis support"
23	Employment	3	"Employment readiness for abuse survivors"

Figure A: Emergency Services Provided by Respondents' Organizations or Other Organizations in their Community

% of respondents

Service Managers (n=28)

■ **Provided by our organization**

□ **Provided by other organizations in the community**

Emergency

VAW Agencies (n=92)

■ **Provided by our organization**

□ **Provided by other organizations in the community**

Service Managers		Emergency	VAW Agencies	
82	18	Crisis intervention	76	24
79	18	Emergency shelter	52	45
93	7	Safety planning	98	2 →
89	7	Helpline	51	47
96	4 →	Medical care	← 4	92
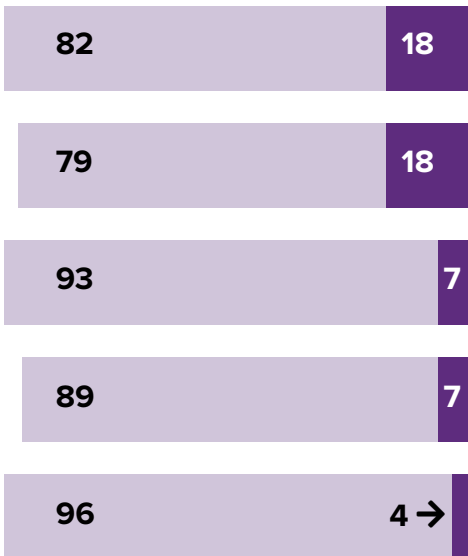
Figure B: Health and Well-being Services Provided by Respondents' Organizations or Other Organizations in their Community

% of respondents

Service Managers (n=28)

■ **Provided by our organization**

■ **Provided by other organizations in the community**

VAW Agencies (n=92)

■ **Provided by our organization**

■ **Provided by other organizations in the community**

Health & Wellbeing

Service Managers		VAW Agencies	
100	Couples/family counselling	31	67
96	4 →	Group counselling	77	22
96	4 →	Individual counselling	94	6 →
96	4 →	Support groups	84	16
100	Substance use treatment	11	84
89	7	Harm reduction	65	34
89	11	Health promotion/education	42	57
100	Mental health services	38	62
96	4 →	Child/youth mental health services	33	63

Figure C: Housing Services Provided by Respondents' Organizations or Other Organizations in their Community

% of respondents

Service Managers (n=28)

■ Provided by our organization

□ Provided by other organizations in the community

VAW Agencies (n=92)

■ Provided by our organization

□ Provided by other organizations in the community

Housing

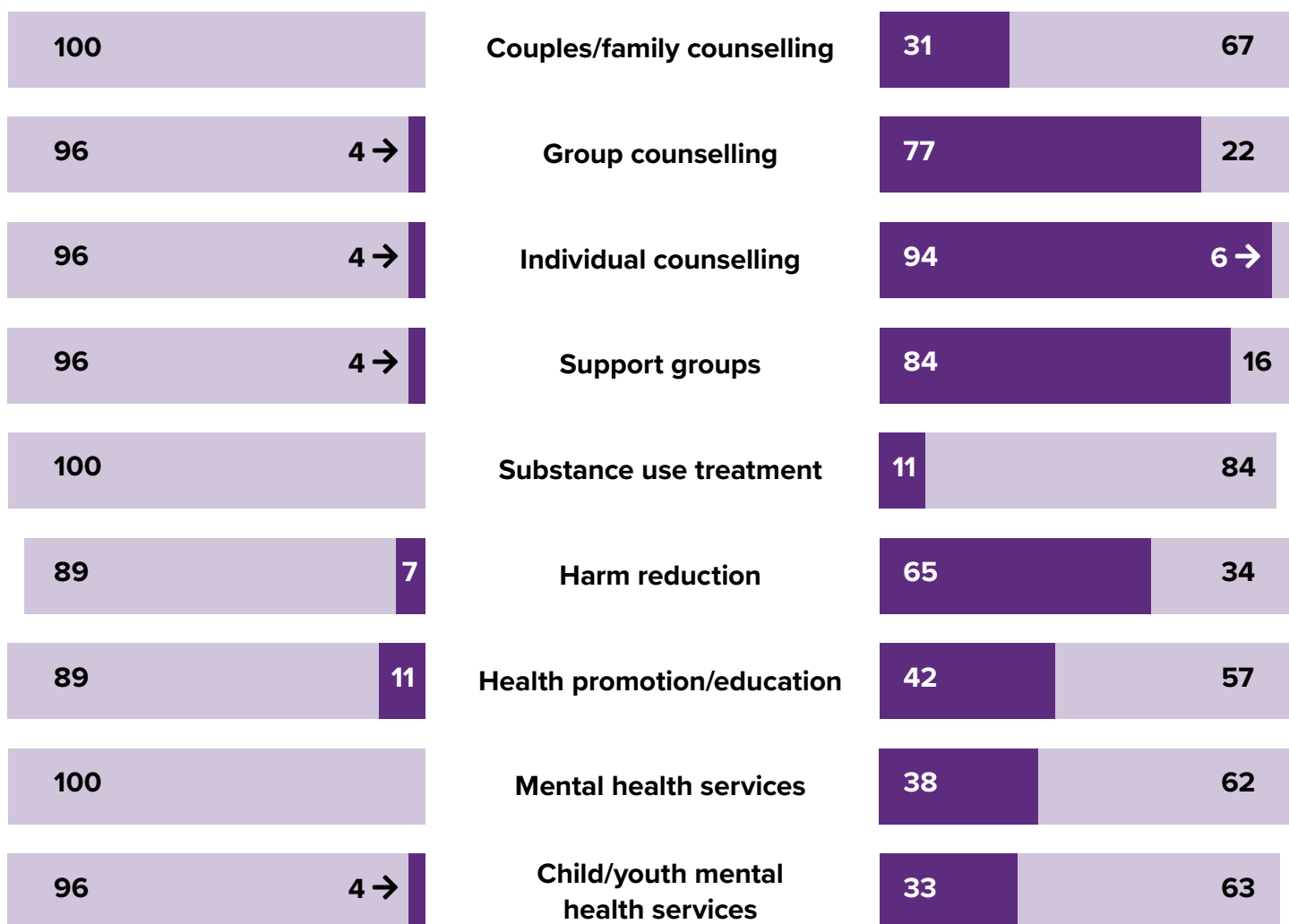|	Service Managers	VAW Agencies
Housing planning/ facilitating access	14 / 86	71 / 29
Temporary/transitional housing	69 / 27	33 / 56
Accessible housing	48 / 48	25 / 72

Figure D: Employment, Education, and Training Services Provided by Respondents' Organizations or Other Organizations in their Community

% of respondents

Service Managers (n=28)

- ■ **Provided by our organization**
- ■ **Provided by other organizations in the community**

VAW Agencies (n=92)

- ■ **Provided by our organization**
- ■ **Provided by other organizations in the community**

Employment, Education & Training

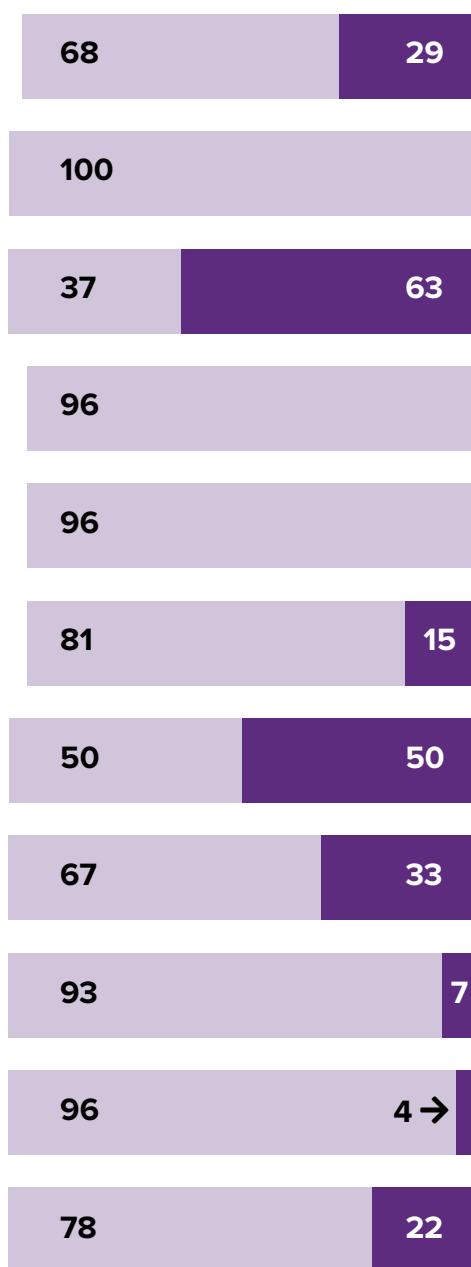| Service Managers		Category	VAW Agencies	
50	46	**Life skills**	63	35
56	44	**Resume/interview support**	28	69
46	54	**Employment skills training**	17	78
54	46	**Job search**	22	75
50	50	**Job placement**	9	86

Figure E: Other Services Provided by Respondents' Organizations or Other Organizations in their Community

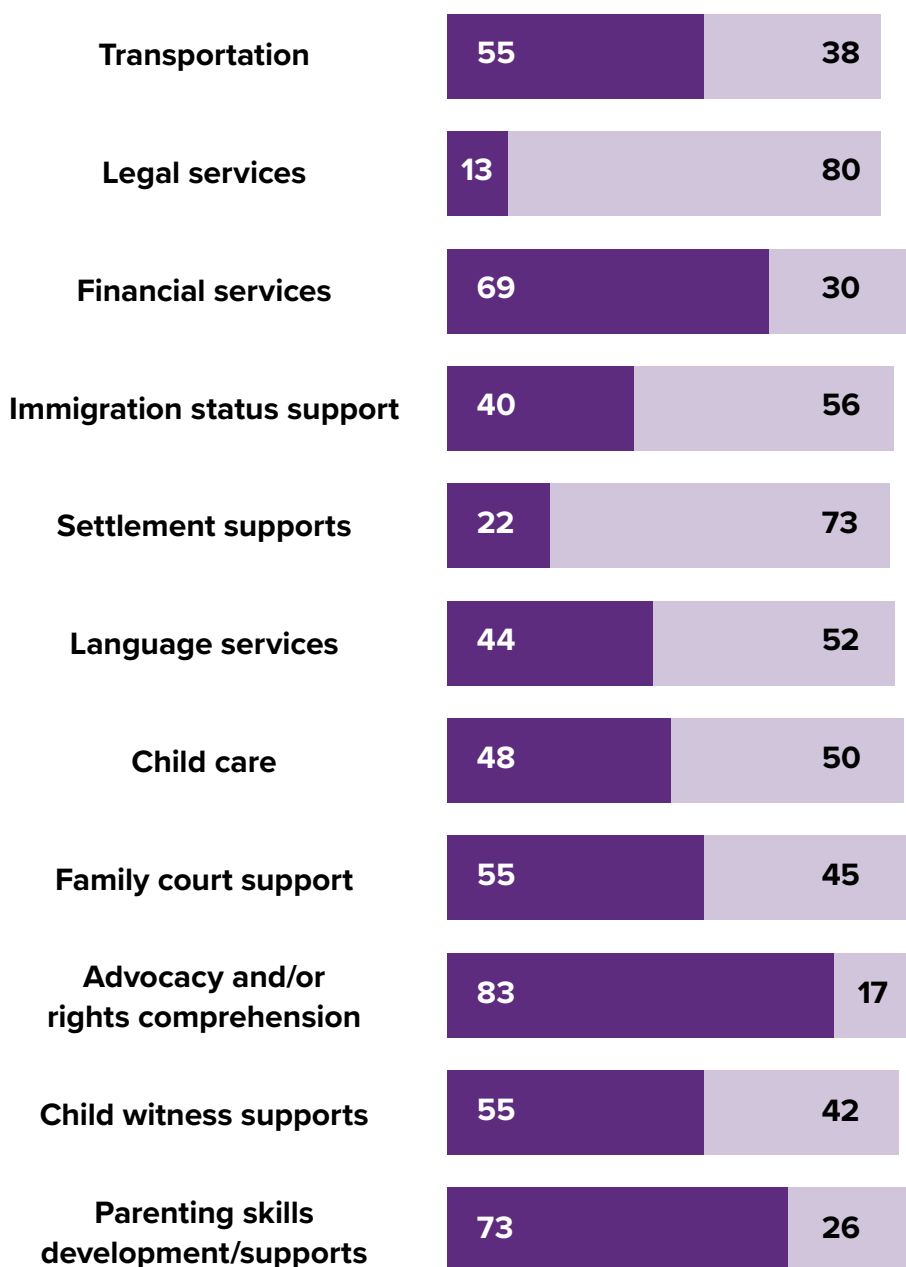% of respondents

Service Managers (n=28)

- ■ **Provided by our organization**
- ■ **Provided by other organizations in the community**

VAW Agencies (n=92)

- ■ **Provided by our organization**
- ■ **Provided by other organizations in the community**

Service (Other)	Service Managers — Other orgs	Service Managers — Our org	VAW Agencies — Our org	VAW Agencies — Other orgs
Transportation	68	29	55	38
Legal services	100		13	80
Financial services	37	63	69	30
Immigration status support	96		40	56
Settlement supports	96		22	73
Language services	81	15	44	52
Child care	50	50	48	50
Family court support	67	33	55	45
Advocacy and/or rights comprehension	93	7	83	17
Child witness supports	96	4 →	55	42
Parenting skills development/supports	78	22	73	26

Appendix C: References

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