

REDUCING BARRIERS TO SERVICES AND SUPPORTS FOR SUBSTANCE USE AND MENTAL WELLNESS CONCERNS AMONG WOMEN FLEEING VIOLENCE

Key Findings



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Table of Contents

Executive Summary 3

Project Background 7

Evaluation Method 10

Scope of the Current Report 12

 Section One: Working Group Feedback..... 13

 Section Two: Service Recipient Feedback..... 15

 Key Findings from Service Recipients: Pre-Piloting 18

 Key Findings from Service Recipients: Piloting..... 21

 Section Three: Service Provider Feedback..... 29

 Key Findings from Service Provider Training..... 30

 Key Findings from Service Provider Daily Reflections..... 32

 Key Findings from Six Week Post Staff Training 32

 Key Findings from the Staff Piloting Feedback Survey..... 34

 Key Findings from the Post Piloting Site Interviews 37

 Section Four: The Reducing Barriers Toolkit..... 40

Final Thoughts 41

Section Five: Recommendations 42



Executive Summary

Overview

The 'Reducing Barriers' project, led by the British Columbia Society for Transition Houses (BCSTH) and funded by Status of Women Canada, sought to understand how changes to transitional housing program policies, procedures and practices for women fleeing violence and who have mental wellness and/or substance use concerns could impact the overall experience of these women. The potential impacts on experience included ways in which services and supports were improved for women seeking transitional housing services as well as potential barriers that may have inadvertently arose for some women as a result of changes intended to reduce barriers. Embedded in these changes was a second area of focus: understanding the impact of the use of a Promising Practices Toolkit, a collection of strategies and guidelines designed for this project encouraging use of best practices specific to working with women who have varying levels of mental wellness and/or substance use.

Project Activities

Within the scope of this two year evaluation period (2009-2011), there were four areas of activities of the 'Reducing Barriers' project.

1. Working Group that assisted in the overall direction of the Literature Review of Best Practices and the development of the Best Practices Toolkit.
2. Service recipients who provided feedback during a pre-piloting (baseline) and piloting of best practices for reducing barriers.
3. Service providers who attended a training and implemented a reduced barriers approach in the six project sites.
4. Feedback from women, who did not stay at one of the six pilot sites, but who have experience accessing transitional housing programs and substance use treatment programs.

Participants

Feedback that informed this evaluation was gathered from four key groups.

1. **Service Recipients:** In total 97 women provided feedback from six sites during the pre-piloting/baseline phase (April–December 2010) and 91 women provided feedback during the 'Reducing Barriers' piloting phase (January /February– June 2011).

2. **Service Providers:** Several points of feedback for service providers from the six pilot sites were incorporated during the project.
 - I. 23 service providers completed a pre-training survey. (November 2010)
 - II. 23 service providers completed daily training reflections. (November/December 2010)
 - III. 11 service providers completed a six-week post training survey. (January 2011)
 - IV. 43 service providers completed a midstream piloting survey. (April/May 2011)
 - V. All 6 sites completed a final site interview. (June 2011)
3. **Working Group Members:** There were three main time points in which working group members were invited to provide feedback.
 - I. 10 working group members completed a survey in April 2010.
 - II. As a group, the working group provided feedback about the Toolkit in April 2011.
 - III. 11 working group members completed a survey in May 2011.
4. **Women with lived experience:** During the spring of 2011, 18 women who were attending a substance use treatment program were invited to give feedback about the 'Reducing Barriers' project after having the project described to them in some detail.

Key Findings

1. Working group members felt that they had been successful in achieving the goals of the 'Reducing Barriers' project. Some members expressed that increasing the number of working group members and the level of engagement would have been helpful.
2. The majority of women accessing transitional housing programs struggle with substance use and/or mental wellness concerns. From pre-piloting to piloting, the number of women who reported having substance use and/or mental wellness concerns increased. The use of substances was a way in which women appeared to cope with emotional distress.
3. Both in the pre-piloting and piloting periods, women reported low levels of personal wellness upon entry to the houses and continued to experience high levels of depression and anxiety during their stay. However, the longer the stay, the higher the levels of reported well-being upon discharge.
4. The services offered in transitional housing programs were used by about three quarters of women and were perceived as helpful by most women. Service recipients wanted more of these services, especially group and individualized counselling that can provide relational support. Approximately half of the women used community services. Women during the pre-piloting period rated these services as more helpful as compared to women in the piloting period. It may be that given the increased mental wellness and substance use concerns of women during the piloting period, gaps and shortcomings in community services were more apparent during piloting as compared to the pre-piloting period.

5. Based on women who completed the surveys, they had average longer stays in transition houses during the piloting period (19.9 days in the pre-piloting compared to 28.4 days in the piloting period) and second stage houses (161.1 days during pre-piloting compared to 278 days during the piloting). Safe home stays were shorter during the piloting period compared to the pre-piloting period (5.8 days during the pre-piloting period compared to 1.5 days during the piloting). Most women reported having a good experience in the transitional housing program at both the pre-piloting and piloting phases. Women credited the service providers with making them feel understood, connected, and safe.
6. Women during the piloting phase reported higher levels of referrals to community resources along with higher levels of readiness to leave the transitional housing program.
7. Service recipients identified considerable gaps in services once they left the transitional housing program. These gaps led to insecurity and uncertainty about going back into the community, particularly among women in the pre-piloting phase of the project.
8. Service providers experienced the process of reducing barriers in one of two ways. The majority experienced the process of implementing reduced barriers as positive for both staff and residents. They noted increased relationship building and the ability to better assist women in their journey. A smaller yet sizeable group of staff experienced the process of reducing barriers as stressful in that they felt they did not have adequate staffing levels and training to be effective in their role.
9. Adequate staffing levels coupled with group staff training and staff project input were seen as critical elements that would lead to success in reducing barriers for women fleeing violence who also have varying levels of substance use and/or mental wellness.
10. The written Toolkit was seen as a helpful resource in that it synthesized critical information that could assist staff in working with women who experience varying levels of substance use and mental wellness.

Recommendations

The following recommendations emerged from the 'Reducing Barriers' evaluation.

- ❖ Increase training opportunities for transitional housing staff in order to enhance overall understanding of the link between theory/philosophy and practice of reducing barriers when working with women fleeing violence who have substance use and/or mental wellness concerns. Ideally, all staff at a given site would be trained in order that they can work from the same core philosophical approach. Whole staff training increases the likelihood of high staff engagement with a reduced barriers approach for women.

- ❖ Include all staff in the development of changes to policies, procedures, and practices that reflect a reduced barrier approach in order that there is agreement and commitment by all who work with women in the agency programs.
- ❖ Disseminate more examples of projects or communities within B.C. and elsewhere that have improved services and supports for women fleeing violence through strong integrated services for women.
- ❖ Examine ways in which there can be increases to relational supports for women in transitional housing programs. Increase in relational supports can occur through offering more training to staff and by increasing staff numbers.
- ❖ Examine ways transitional housing programs can help women feel more prepared to leave the house (e.g. provide more information on community resources).
- ❖ Increase mental health literacy among staff and residents so that they better understand their own mental health and the health of others.
- ❖ Compile case studies of success stories in order to share those successes with transitional housing programs to demonstrate that a reduced barrier approach can have positive impacts on the lives of women.
- ❖ Continue to survey women and staff in each site in order to see change over time (after the end of the project) as sites continue to work toward developing a reduced barrier approach that fits their context.
- ❖ Consider developing a community of practice for transitional housing program staff to learn practices that can reduce barriers among women accessing their programs.
- ❖ Extend the timeline of projects in the future to allow for longer pre-piloting and piloting of program changes.



Project Background

The 'Reducing Barriers' project, led by the British Columbia Society for Transition Houses (BCSTH) and funded by Status of Women Canada, sought to understand how changes to transitional housing program policies, procedures and practices for women fleeing violence and who have mental wellness and/or substance use concerns could impact the overall experience of women. This included both ways in which services and supports were improved for women who have substance use and/or mental wellness concerns, as well as potential barriers that arose for some women as a result of changes intended to reduce barriers for women. Embedded in these changes was a second area of focus: understanding the impact of the use of a Promising Practices Toolkit, a collection of strategies and guidelines designed for this project, encouraging use of best practices specific to working with women who have varying levels of mental wellness and/or substance use.

Six Core Principles

The 'Reducing Barriers' project has six principles at the core of working with women who have substance use and/or mental wellness issues.¹

1. **Women-centred Care:** Women are multi-faceted and therefore the context in which they live must be honoured. Women are seen as the experts of their own lives.
2. **Anti-oppression:** Working with women must take an approach of equality and not 'power over'. An anti-oppression lens is one in which power is equally shared. People are valued for their diversity.
3. **Relational approaches:** At the core of healing are caring and non-judgemental relationships in which trust and mutuality develop over time.
4. **Harm reduction:** In working with women, reducing the harmful effects from behaviour is the goal. This is done through supporting women's personal choices, honouring their strengths, and providing an environment that is free of moral judgement.
5. **Holistic and integrated service:** Providing services that reflect collaboration among service providers best serves women who struggle with mental wellness and/or substance use concerns.
6. **Flexibility:** Each woman is unique and practices in working with women need to reflect this through carefully designing services with women in order that they can meet their goals.

It was based on these six principles that the *'Reducing Barriers to Support for Women Fleeing Violence: A Toolkit for Supporting Women with Varying Levels of Mental Wellness and Substance Use'* was developed.

¹ For a full discussion of each of these principles, please see the 'Reducing Barriers' Toolkit

The ‘Reducing Barriers’ Toolkit

This written Toolkit consists of four sections: an introduction; an overview of key concerns related to women fleeing violence and who have varying levels of substance use and/or mental wellness; a discussion of the six key principles in working with women; and best practices in working with women from the point of intake to exit. The Toolkit is offered as a general roadmap for transitional housing programs to reflect on ways in which barriers can be reduced for women who have varying levels of mental wellness and/or substance use.

Project Sites

There were six pilot sites located throughout the province. Two of the six were in larger urban settings (population of over 100,000), two were in mid-sized urban settings (population of 50,000-90,000), and two were in small town communities (population of under 10,000). The three stages of housing were represented. There was one safe house (two bedroom apartment), four transition houses (6-19 spaces) and one second stage home (18 spaces).

Project Partners

This project, provincial in scope, includes several partners:

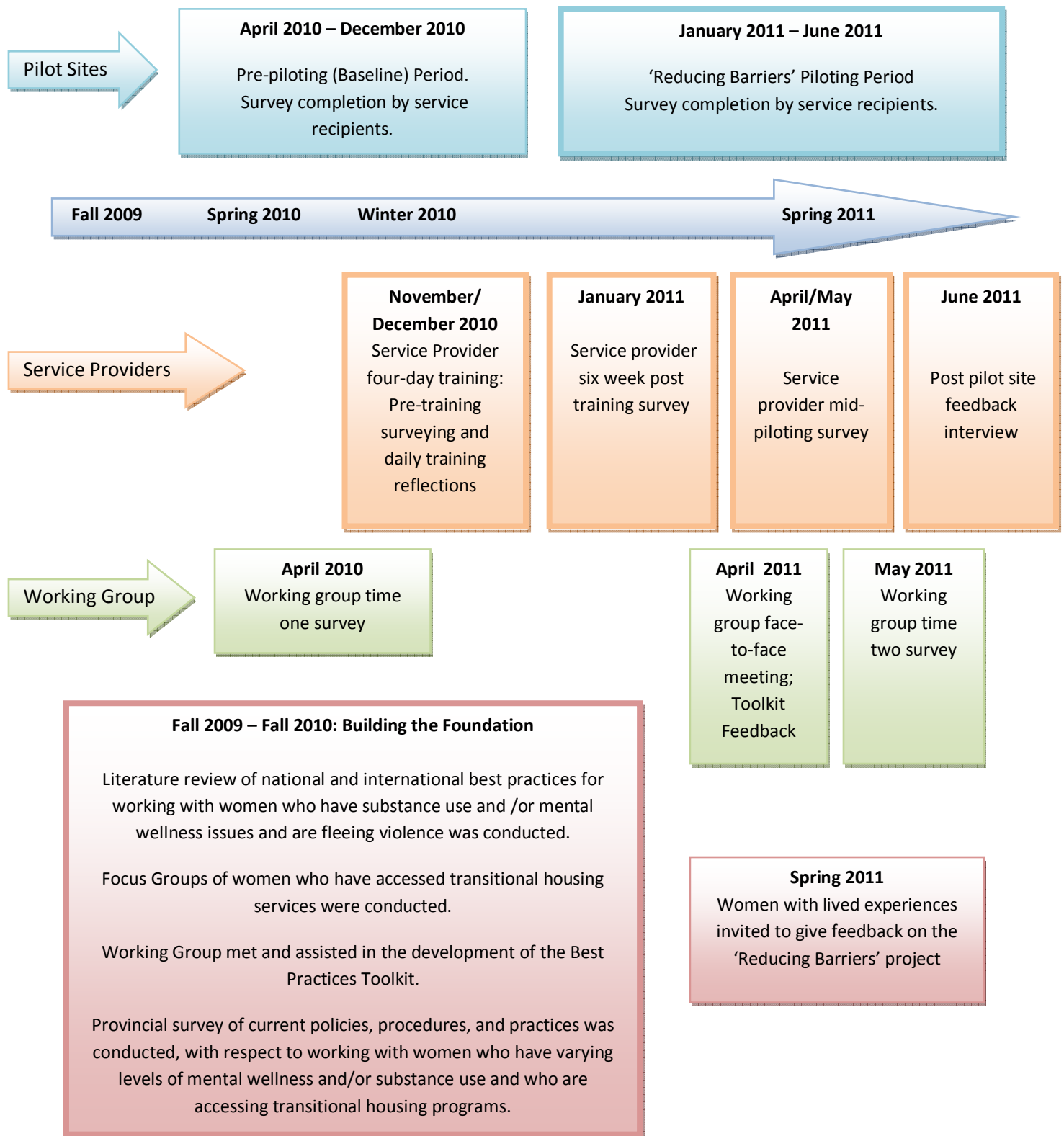
- ❖ Six agencies across the province that operate Transition Houses, Second Stage and Safe Homes;
- ❖ A working group consisting of representatives, including service recipients, women’s agencies and transition houses, mental health and addictions agencies and government housing. A key role of this group is to provide input into the best practices that form the Toolkit through sharing their wisdom and providing feedback about best practices.²
- ❖ Researchers within the Woman Abuse Response Team at B.C. Women’s Hospital and Health Centre, who conducted focus groups with women about their experiences accessing transitional housing programs.
- ❖ Numerous women who provided their feedback across the province at the conclusion of their transitional housing stay.

Project Activities

This project began in the fall of 2009 and concluded in the spring of 2011. During this period, several key activities were undertaken in order to develop and then ultimately pilot and evaluate the experiences that resulted from the implementation of the ‘Reducing Barriers’ Toolkit. An overview of the components of the ‘Reducing Barriers’ project is presented on the following page.

² A key activity during this period was a review of the literature concerning promising practices, both nationally and internationally - the result of which was a discussion paper that was put out to stakeholders across Canada for input. This input informed the Best Practices Toolkit.

Timeline of Project Activities³



³ Note that three separate documents are available: Literature review; Policies, practices and procedures survey results; and the Best Practices Toolkit.

Evaluation Method

Participants

Feedback that informed this evaluation was gathered from four key groups.

1. **Service Recipients:** In total 97 women provided feedback from six sites during the pre-piloting/baseline phase (April–December 2010) and 91 women provided feedback during the ‘Reducing Barriers’ piloting phase (January /February– June 2011)⁴.
2. **Service Providers:** Several points of feedback for service providers from the six pilot sites were incorporated during the project.
 - I. 23 service providers completed a pre-training survey. (November 2010)
 - II. 23 service providers completed daily training reflections. (November/December 2010)
 - III. 11 service providers completed a six-week post training survey. (January 2011)
 - IV. 43 service providers completed a midstream piloting survey. (April/May 2011)
 - V. All 6 sites completed a final site interview. (June 2011)
3. **Working Group Members:** There were three main time points in which working group members were invited to provide feedback.
 - VI. 10 working group members completed a survey in April 2010.
 - VII. As a group, the working group provided feedback about the Toolkit in April 2011.
 - VIII. 11 working group members completed a survey in May 2011.
4. **Women with lived experience:** During the spring of 2011, 12 women who were attending a substance use treatment program were invited to give feedback about the ‘Reducing Barriers’ project after having the project described to them in some detail.

Feedback Process

Service Recipients

Service recipients were surveyed in two waves. Pre-piloting (baseline) surveying began in April 2010. As women left the transitional housing program (up to a maximum of 25 women), they were invited to complete a paper-based survey consisting of qualitative and quantitative questions. Women were given an addressed and stamped envelope in order that they could return surveys anonymously. They also received \$20 as a honorarium for survey completions. This survey sought to better understand their experiences of staying at transitional housing programs, all of which have varying policies, procedures

⁴ One larger site began piloting surveying in February rather than January, in order to capture the process more at mid-stream.

and practices with respect to supporting women with substance use and/or mental wellness concerns. During the piloting of 'Reducing Barriers' which began in January 2011 up to 25 women, from each site, were invited to complete the same paper-based survey as the women had completed in the pre-piloting phase.

Service Providers⁵

In November /December 2010, service providers from the six sites attended a four-day training session related to best practices in working with women who have varying levels of substance use and/or mental wellness. Service providers were asked to complete a paper-based survey consisting of qualitative and quantitative questions at the beginning of the training session. In addition, at the end of three of the four day sessions, service providers were asked to complete a reflection feedback form. As a follow-up to the training, service providers who attended the training were also asked to complete a six-week post-training survey in January 2011.

Then in April and May 2011, all service providers from the six sites, regardless of whether they had attended the November/December 2010 training, were invited to give feedback about the process of implementing a reducing barrier approach. Surveying was either through Survey Monkey or paper-based, depending on the preferences of the site.

In June 2011, phone interviews were conducted with each site in order to afford an opportunity to reflect back on the 'Reducing Barriers' project.

Promising Practices Working Group

The working group, which began meeting in the fall of 2009, had the goal of pulling together knowledge and expertise in order to examine best practices in working with women who have substance use and/or mental wellness concerns and are fleeing violence. Through this work, the group assisted in guiding the overall direction of the project. In order to monitor the experience of the working group, members were invited to complete an online survey in April 2010 and in May 2011. In addition, working group members attended a face-to-face meeting in April 2011. Feedback from this meeting with respect to the Toolkit is included in this evaluation.

Women with Lived Experience

Women who understood substance use concerns as a result of personal experience were invited to give feedback after hearing about the 'Reducing Barriers' project.

Data Analysis

Quantitative survey data were analyzed using Survey Monkey for online surveys. For paper-based surveys, data was entered into PASW (Predictive Analytics Software). Analyses included frequencies and descriptive statistics. Qualitative data were content analyzed for emerging themes.

⁵ Feedback is also included from check-in phone conversations that were conducted by the project coordinator.

Scope of the Current Report

This report presents the key findings gathered throughout the 'Reducing Barriers' project.

Section One: Working Group Feedback

Section Two: Service Recipient Feedback

Section Three: Service Provider Feedback

Section Four: Toolkit Feedback

Section Five: Recommendations

Section One: Working Group Feedback

Over the course of the ‘Reducing Barriers’ project, the working group met five times (two in-person; three telephone conference calls). Between these meetings, members of the working group took on key roles in providing input into the best practices discussion paper and the ‘Reducing Barriers’ Toolkit. There were 22 women involved in the working group over the course of the project. Eleven of these working group members were involved from the beginning to the end of the project.⁶ Given the diverse background of the working group members (e.g., service recipients, substance use counsellors, frontline workers, project coordinators, funders) and the unique perspectives that each member had in relation to this project, they were surveyed at two time-points during the project, once in April 2010 and again in May 2011. In April 2010, 10 working group members completed an online survey. In May 2011, 11 working group members completed an online survey.

Current Service Environment

It was clear from the feedback from the working group members that there is little collaboration among transitional housing programs across the province. The same holds true regarding the level of collaboration among other agencies (e.g. mental health, housing, justice etc.) that play a critical role in addressing the needs of women fleeing violence. This lack of collaboration is not only a lost opportunity to share promising practices, success stories and reduce isolation among safe houses, transition houses and second stage housing agencies, but it is also a barrier to collectively working together to improve the overall service environment for women fleeing violence. Furthermore, the work done with women who have experienced trauma, mental wellness and/or substance use concerns can greatly inform community-based work, where learnings can be implemented into practice.

“In my opinion, sometimes organizations get caught up in their own mandate, and forget to find out what it is the woman seeking services wants. We must be very cognizant that we are not transferring our needs, and experiences, on to the women we serve.”

-Working Group member

The working group also identified the key challenges of the lack of resources and training for staff when working with women fleeing violence who also have substance use and/or mental wellness concerns. The issue of limited resources is a longstanding one, and one further complicated by the current economic times and the decisions of government and other funders, over which agencies have very limited control. The question during these times is how to offer the most efficient and powerful training in order to effect change in the implementation of practices in transitional housing programs (which, if found effective, can lead to culture change within the houses and ultimately policy change). Although face-to-face training is the preferred modality, other modalities such as webinars, online learning and teleconferences may be cost efficient ways to bring in some forms of training.

⁶ Some members of the working group, due to other emerging commitments, maternity leave, or employment changes, were not able to be involved for the whole project. Whenever possible, other women from the same organization were able to step in and participate in the group.

The Working Group Process

Based on the feedback from the working group in April 2010, it was evident that the group members' goals aligned with the overarching project goal of improving services and supports for women fleeing violence who have mental wellness and/or substance use concerns. In fact, from April 2010 to May 2011, alignment with the goals became stronger, most likely due to a greater knowledge, collaboration and understanding of the project. There was a high level of respect within the group and the diversity and experience of the group members created a richness of perspectives. Members all identified their individual goals, based on their knowledge and experience, in terms of their contributions to the group in the service of improving the lives of women.

Although leadership and communication were seen as very strong and the group was experienced as dynamic, a challenge voiced by some members of the group on both the April 2010 and May 2011 feedback surveys was that not every member was contributing equally. This was seen in the varying levels of attendance as well as in self-reports on contributions with respect to some of the key project tasks. Further to this, from 2010 to 2011, there was an increase in the perception that the working group needed more members. Although there were over twenty working group members throughout the course of the project, several members were only able to serve on the working committee for part of the project period, due to other commitments and life circumstances that arose. The issue of unequal contributions to working groups is an all too common one. Working group members who come from specific fields, such as social services, often have limited time in their schedules due to their many demands. In a working group situation, this can cause some frustration among members who may feel that they are contributing more time than others. In the May 2011 feedback survey, a small number of working group members indicated a wish that they would have been able to meet more often face-to-face. Had there been sufficient funding, increased face-to-face time may have strengthened the overall working group cohesion and collaboration.

In April 2010, there were lower levels of confidence that progress was being made toward the goals of the project. This confidence increased significantly by May 2011 to the point where working group members felt quite strongly that progress was made toward the goals of the project. Working group members spoke highly of the strong project management that, despite the short timeframe to complete a great deal of work, contributed immensely to the success of 'Reducing Barriers'. By the end of the project, the working group members noted the key successes as their work that they had done together and the completion of the Toolkit.

"I would like to honour [coordinator's] commitment, perseverance and dedication to this project. She has worked tirelessly throughout and my sense is she was often working alone. This project would not be the success that it is without her at the helm. Thank you!"

"I am honoured to have had the opportunity to participate in the project. It will change the community I live in. I am grateful. Thank you."

"It was a pleasure to participate on the working group and I look forward to seeing the changes resulting from this project in my community."

"It has been an honour to work on the project! Thank you."

Section Two: Service Recipient Feedback

In total 97 women provided feedback from six sites during the **pre-piloting/baseline** phase (April–December 2010). During this phase, transitional housing programs were asked to operate their programs with their regular policies, procedures and practices. Beginning in January 2011, transitional programs were asked to implement a ‘reduced barrier’ approach. 91 women provided feedback during this ‘Reducing Barriers’ **piloting** phase (January /February– June 2011). By inviting women to provide feedback at these two time points, the goal was to examine whether the experience of women was different as a result of changes to policies, procedures, and practices.

The Context

Among the six sites, there was tremendous variation in the pre-piloting practices in the transitional housing programs. Sites ranged from low barrier (minimal criteria to enter the program) to high barrier (significant criteria to enter the program); unstaffed to staffed; and varying degrees of staff buy-in for the reduced barriers approach. This variation resulted in challenges with measuring true change between pre-piloting and the ‘Reducing Barriers’ piloting. For example, one low barrier site made only minor changes as they already served women with varying levels of mental wellness and/or substance use in a way that was aligned with the ‘Reduced Barrier’ approach. One would not expect to see dramatic differences from pre-piloting to piloting. At the other end of the spectrum was a high barrier house. They reduced their barriers during the piloting to the extent that they were very low barrier and allowed women to enter the program who would have previously been denied access. Finally, one safe house was unstaffed and this greatly limited the degree to which a ‘Reduced Barriers’ approach could be implemented in day-to-day practice. These variations coupled with small sample sizes in some of the sites must be considered in the interpretation of the findings from the project, i.e., certain programs experienced more dramatic shifts over time through implementing a reduced barrier approach.⁷

Survey Completion Challenges

It proved to be quite difficult to engage 25 women in succession to complete a survey. Survey completion decline rates were very low but many women left the house without completing a survey. This was due to several factors such as leaving in a rushed state, not returning after a night out, or in rare cases, during the pre-piloting, being asked to leave. Survey completion data is not complete from the pre-piloting period (estimated to be approximately 25%) but in the piloting period, overall response rate was 27% of all eligible women. Thus, survey results must be seen as informative, but may not reflect the views of all women who have stays at transitional living programs.

⁷ This report highlights the findings from all six sites. Separate reports will be available for each site in order to provide further context to the findings.

The Realities of Transitional Housing Programs

Having described the challenges that existed in the evaluation of a complex project, it must be stated that these challenges are the reality of implementing and evaluating programs in the field. The variability among programs is the very aspect that reminds us that there is not a “one size fits all” approach. Programs are constantly evolving and as they evolve, it is critical for us to learn from the successes and address the challenges. In the case of working with women who have varying levels of mental wellness and/or substance use concerns, it would be unrealistic that one program that would meet the needs of all women. This is a strength of the ‘Reducing Barriers’ approach, in that it is not a program but rather an approach that encompasses a guiding philosophy. Thus, despite the wide variation among the six sites in terms of structure, size, availability of community resources and degree of barriers during the pre-pilot and pilot, the critical question is what did we learn during the ‘Reducing Barriers’ project?

Differences and Similarities between Pre-Piloting and Piloting Women

When comparing women from the pre-piloting group (n=97) to the piloting group (n=91), there are multiple similarities between the groups such as age range, ethnicity, and percentage of women who have children under the age of 18 staying with them at the house. The women who completed a survey during piloting reported lower levels of education and involvement in the workforce and higher levels of substance use and mental wellness concerns compared to women during the pre-pilot phase. These differences between the groups may be due to some of the sites opening their doors during the piloting to women who have more mental wellness and substance use concerns. Another notable difference between the two groups was that women during the piloting phase reported lower levels of previous transitional housing program stays.⁸

The experience of accessing the transitional housing programs was quite similar between the two groups with respect to sources of information about the house and sources of support for helping women cope with their situation; however, women in the piloting group reported less past family support. This may be reflective of the group of women who responded to the survey or it may be that overall, women who have higher levels of mental wellness and/or substance use concerns experienced lower levels of family support.

Interestingly, although women in the piloting group reported higher levels of substance use and mental wellness concerns and depression and anxiety, they also reported higher levels of life enjoyment and higher levels of being able to focus on what they needed to do upon entry to the transitional housing program. This finding may be explained in the context of coping mechanisms in that it was women who had struggles with substance use who reported higher levels of well-being. The use of substances to mute emotional pain is a well-known phenomenon and was found in both the pre-piloting and piloting

⁸ In half of the sites, staff reported that they accepted women into the transitional housing program during the piloting period who would not have been accepted during the pre-piloting period due primarily to substance use issues. Based on women’s feedback and staff feedback, the group of women during the piloting period did have higher levels of substance use and mental wellness concerns.

groups of women. Whereas substance use acts as a coping mechanism and appeared to increase self-reported levels of well-being, lower levels of mental wellness increase the likelihood that a woman experienced lower levels of well-being. This was true for both the pre-piloting and piloting groups of women.

In summary, the pre-piloting and piloting group of women were very similar in many ways. The piloting group of women reported higher levels of substance use and mental wellness concerns along with higher levels of well-being upon entry. In both groups of women, the use of substances appears to greatly impact reported subjective levels of well-being in that substances serve as a coping mechanism to mute emotional pain.

Differences and Similarities between Pre-Piloting and Piloting Women's Experience in the Transitional Housing Program

Women in the pre-piloting and piloting phases reported similar levels of participation and ratings of helpfulness with services offered in the transitional housing programs. Both groups experienced high levels of support; however, reported levels of satisfaction with support were slightly higher during the piloting phase. In particular, women during the piloting phase reported a notable increase in support in finding community resources that could offer assistance to them when they left the house. A related finding was a notable increase in women during the piloting period reporting that they felt ready to leave the house. These two areas are inextricably linked in that providing services that offer support for women after leaving a transitional housing program is critical to help them move forward in their lives.

Women in the piloting group rated their satisfaction with their overall house experience as slightly higher when compared to pre-piloting women. While they rated overall satisfaction with their house experience higher, they did rate their overall satisfaction with house programs (e.g., support groups, psycho-educational groups) as slightly lower when compared to pre-piloting women. Community services were accessed less and experienced as less satisfactory during the piloting phase compared to the pre-piloting phase. This decrease in satisfaction may reflect differences in the two groups that are due to chance or it may be that women in the piloting group want more services and supports to assist them in their lives and these services are lacking in the communities in which they live. In both phases, counselling and groups that reflected relational support were by far the most utilized and sought-after services.

The voices of service recipients...what really helped them during their stay

"Knowing that I'm not alone. That we are all human beings, going through our own struggles, in hopes to find a brighter future. I am grateful for having these services."

"I was able to remember the tools I needed to live a clean and sober life with my children at home."

"Being able to sleep and not feel afraid, being able to eat, drink and rest. Knowing that someone cared and was just a few digits away."

"I briefly talked about what really bothered me to a worker and it felt good to let it out to someone!"

"A great staff - who really care about your needs and give you space when you need it - they're ready and safe to rant with when needed - I wouldn't be where I am right now without them."

"Being able to eat and sleep properly - having someone listen - having a place to come back to at the day's end, where I wanted to be."

"The help the staff gave me with my search for a house and would even Google map it for me so I felt prepared to get to appointments on time."

Overall, from pre-piloting to piloting there were many similarities along with a small number of differences that shine a light on the needs of women who have substance use and/or mental wellness concerns. During the piloting phase, when there were more women who had concerns with mental wellness and substance use accessing the programs, a greater need emerged for staff to ensure that all women felt safe and respected. Essential elements that led to increases in well-being for women in both the pre-piloting and piloting phases were relational supports, longer stays and assistance with accessing resources to help transition back to the community.

"I found that the women were gossiping about the others women's mental problems etc. I felt very depressed by this. I do not want to hear about negative issues, unkindly spoken in living quarters."

In summary, based on the feedback from these two groups of women in this evaluation, it appears that with increased levels of mental wellness and substance use concerns there was a need for more programs and supports and that receiving these supports increased readiness to transition back to the community. These supports were critical to help women, who experienced significant levels of emotional distress, to be able to move forward in their lives in ways that reflected their individual needs. At the centre of these supports was the longing for human connections through a caring and non-judgmental relationship. In the absence of supports that can assist women with the regulation of their emotional distress, women were more likely to turn to substance use to mute unbearable states of emotional dysregulation. This need for effective relational support was also a key theme voiced by women with lived experience who were told about the 'Reducing Barriers' project and offered their thoughts on critical elements. What follows are the key findings for women during the pre-piloting phase and piloting phase, and a table in which several dimensions are compared from pre-piloting to piloting.

Key Findings from Service Recipients: Pre-Piloting

Background of Women

- ❖ At the conclusion of the pre-piloting phase, 97 women completed a survey. This represented 64.7% of the goal of 150 women. The mean age of women completing the survey was 35.3 years of age (range 18-64).
- ❖ 40.2% of women had children under the age of 18 staying at the house with them.
- ❖ Women represented a variety of ethnic backgrounds with Aboriginal (43%) and Caucasian (33%) as the most frequently noted.
- ❖ 54.2% of women reported that they had worked outside the home in the last year. 59% of women had completed high school; 28% had some post-secondary training; and 16% had completed a college or university degree.
- ❖ Women noted that volunteer work, past work experience, education and workshops were the key activities that assisted them in gaining access to the labour force.

Mental Wellness and Substance Use Issues

- ❖ 40.2% (n=39) indicated that ‘yes’ they struggled with **substance use issues**; 18.6% (n=18) indicated that ‘sometimes’ they had struggles; and 41.2% (n=40) indicated that they had not had any struggles.
- ❖ In terms of struggles with **mental wellness concerns**, 54.6% (n=53) indicated ‘yes’; 42.3% (n=41) indicated that they had not had any struggles; and 3.1% (n=3) did not respond.
- ❖ 38.1% (n=37) indicated **both substance use and mental wellness** struggles.
- ❖ 27.8% (n=27) indicated that they had **neither substance use nor mental wellness concerns**.
- ❖ Among the primary mental wellness concerns were: dual struggles with depression and anxiety, bi-polar disorder and PTSD.

Accessing the Houses

- ❖ 70% (n=68) of women indicated that they had made **previous attempts** (e.g. leaving, trying to talk to someone) at getting help due to violence. The primary abusers identified by women were: spouses, boyfriends, ex-boyfriends, common law spouses and family members.
- ❖ 72.6% (n=69) of women had a **previous stay** in a transition, second, third stage house or a safe home.
- ❖ Women had found out about the house through various means. The most cited of these were: previous stay, police, family member, friend, counsellor, agency that operates the house, community agency and MCFD.
- ❖ 83% (n=87) of the women indicated that they found it easy to access the house.
- ❖ Overall, prior to entering the house, women had heard comments that indicated that the house would be a welcoming place.
- ❖ Women identified lack of transportation and financial resources as the top two barriers to coming to a transition house. In addition, other noted barriers included: lack of knowledge about services; isolation; low self-esteem and shame; lack of supportive professionals; lack of a support system; and drug and alcohol concerns.
- ❖ The main sources of past help that women found positive were all related to personal support that women received. These included support from: a counselling professional; family members; doctor; police and victim services; intake workers at transition houses and safe homes; friends; and co-workers.

Type of House and Length of Stay

- ❖ 83% (n=80) of women who completed a survey were from transition houses; 8% (n=8) were from safe homes; and 9% (n=9) were from second stage homes.
- ❖ The average stay for the safe home was 5.8 days (range of 1-20 days)
- ❖ The average stay for the transition house was 19.8 days (range of 1-102 days)
- ❖ The average stay for the second stage house was 161.1 days (range of 70-300 days)

Personal Well-Being Upon Entering the House

- ❖ Overall, women reported lower levels of life enjoyment and happiness with themselves and their body. They reported higher levels of depression and anxiety, as well as difficulties with focusing on the things that they needed to do in their lives. Women varied a great deal as to whether they felt that they had important things to do in their life.
- ❖ Women who 'sometimes' use AOD reported the overall highest levels of well-being, whereas overall women who indicated 'yes' to using AOD reported the lowest levels of well-being.
- ❖ With respect to mental wellness concerns and personal well-being, women who reported no mental wellness concerns reported higher levels of well-being, compared with women who reported mental wellness concerns.

Personal Well-Being Upon Exiting the House

- ❖ When compared at house entry, women who had stays of nine or fewer days (29 women) entered with higher self-reported well-being scores compared with women who had stays of ten or more days (61 women). However, after longer stays women reported overall higher mean scores at exit, compared with women who had shorter stays, indicating better overall levels of mental wellness. In addition, women who stayed longer than 10 days reported the greatest decreases in depression and anxiety.

Participation in Services at the House

- ❖ 70% (n=67) of women participated in services in the house. 73% (n =49) of these women found the services 'very helpful' while 25% (n=17) found the services 'somewhat helpful.' By far, the most accessed service was groups and meetings (note that a weekly meeting is mandatory in some houses), followed by individual counselling and informal conversations with staff.
- ❖ 54% (n=50) of women participated in services in the community. 73% (n=40) found the services 'very helpful.' The key services accessed were individual counselling, AA and NA meetings, support groups, parenting programs and substance use counselling.
- ❖ Among the women who had not accessed services, 6 women indicated that they would have liked to have been able to access individual counselling.

The Experience in the House

- ❖ Overall, women reported having a very good experience (e.g. feeling respected, safe, having someone to talk to) during their stay at the house.
- ❖ Women with children reported varying levels of help for their children while at the house.
- ❖ Less strong were the findings that only 65.6% of women felt strongly that they were ready to leave the house; 70.7% felt strongly that they had a safety plan in place; 74.2% felt strongly that things would be okay when they left the house.
- ❖ The three biggest sources of help at the house that women identified were: understanding and support from staff; knowing that they were not alone in their experience; and having a safe place to stay.

Needed Services Upon Leaving the House

- ❖ The top six services that women reported needing upon leaving the house were: counselling; substance use services; housing support; outreach programs; mental wellness support; and access to women's groups. The number of women reporting that they had secured this type of support is very low.

Overall Ratings of the Stay at the House

- ❖ 67% of all women reported being 'very satisfied' with their stay at the house, while 27% reported being 'pretty satisfied.'
- ❖ 69% of all women reported being 'very satisfied' with the staff at the house, while 26% reported being 'pretty satisfied.'
- ❖ 54 % of women reported being 'very satisfied' with the programs at the house, while 31% reported being 'pretty satisfied.'

Suggestions to Improve Services for Women

- ❖ The top four suggestions put forth by women were: more group sessions and activities; more individualized support that meets the needs of the woman; more addiction programs and information; and having a separate part of the house for women with children.

Key Findings from Service Recipients: Piloting

Background of Women

- ❖ At the conclusion of the piloting phase, 91 women completed a survey. This represented 60.6% of the goal of 150 women. The mean age of women completing the survey was 35.3 years of age (range 18-61).
- ❖ 37.3% of women had children under the age of 18 staying at the house with them.
- ❖ Women represented a variety of ethnic backgrounds with Aboriginal (45%) and Caucasian (42%) as the most frequently noted.
- ❖ 36.3% of women reported that they had worked outside the home in the last year. 47% of women had completed high school; 20% had some post-secondary training; and 10% had completed a college diploma or university degree.
- ❖ Women noted that volunteer work, past work experience, education and workshops were the key activities that assisted them in gaining access to the labour force.

Mental Wellness and Substance Use Concerns

- ❖ 38.5% (n=35) indicated that 'yes' they struggled with **substance use concerns**; 22% (n=20) indicated that 'sometimes' they had struggles; and 38.5% (n=35) indicated that they had not had any struggles.

- ❖ In terms of struggles with **mental wellness concerns**, 59.3% (n=54) indicated 'yes'; and 36.8% (n=33) indicated that they had not had any struggles.
- ❖ 41.8% (n=38) indicated **both substance use and mental wellness** struggles.
- ❖ 18.7% (n=17) indicated that they had **neither substance use nor mental wellness concerns**.
- ❖ Among the primary mental wellness concerns were: dual struggles with depression and anxiety, depression only, bi-polar disorder and PTSD.

Accessing the Houses

- ❖ 74.7% (n=68) of women indicated that they had made **previous attempts** (e.g. leaving, trying to talk to someone) at getting help due to violence. The primary abusers identified by women were: spouses, boyfriends, ex-boyfriends, common law spouses and family members.
- ❖ 64.8% (n=59) of women had a **previous stay** in a transition, second, third stage house or a safe home.
- ❖ Women had found out about the house through various means. The most cited of these were: through a friend, previous stay, family member, and another shelter.
- ❖ 86% (n=78) of the women indicated that they had found it easy to access the house.
- ❖ Overall, prior to entering the house, women had heard comments that indicated that the house would be a welcoming place.
- ❖ Women identified lack of transportation and financial resources as the top two barriers to coming to a transition house. In addition, other noted barriers included: lack of a support system; lack of knowledge about services; isolation by partner; drug and alcohol concerns; and low self-esteem and shame.
- ❖ The main sources of past help that women had found positive were all related to personal support that women had received. These included support from: a counselling professional; doctor; and police and victim services.

Type of House and Length of Stay

- ❖ 88% (n=80) of women who completed a survey were from transition houses, 4% (n=4) were from safe homes; 8% (n=7) were from second stage homes.
- ❖ The average stay for the safe home was 1.5 days (range of 1-3 days).
- ❖ The average stay for the transition house was 28.4 days (range of 1-365 days).
- ❖ The average stay for the second stage house was 278 days (range of 105-540 days).

Personal Well-Being Upon Entering the House

- ❖ Overall, women reported lower levels of life enjoyment and happiness with themselves and their body. They reported higher levels of depression and anxiety, as well as difficulties with focusing on the things that they needed to do in their life. Women varied a great deal as to whether they felt that they had important things to do in their life.
- ❖ Women who 'sometimes' use AOD reported the overall highest levels of well-being, whereas overall women who indicated 'no' to using AOD reported the lowest levels of well-being.

- ❖ With respect to mental wellness concerns and personal well-being, women who reported no mental wellness concerns reported higher levels of well-being, compared with women who reported mental wellness concerns.

Personal Well-Being Upon Exiting the House

- ❖ When compared at house entry, women who had stays of nine or fewer days (27 women) entered the house with overall higher self-reported well-being scores, compared with women who had stays of ten or more days (53 women). However, after longer stays, women reported overall higher mean scores at exit, compared with women who had shorter stays, indicating better overall levels of mental wellness. In addition, women who stayed longer than 10 days reported the greatest decreases in depression and anxiety.

Participation in Services at the House

- ❖ 76% (n=69) of women participated in services in the house. 74% (n =56) of these women found the services ‘very helpful’ while 24% (n=18) found the services ‘somewhat helpful.’ By far, the most accessed service was groups and meetings, followed by individual counselling and life skills and recreational activities.
- ❖ 48% (n=44) of women participated in services in the community. 63% (n=34) found the services ‘very helpful.’ The key services accessed were individual counselling, AA and NA meetings, and substance use counselling.

The Experience in the House

- ❖ Overall, women reported having a very good experience (e.g. feeling respected, safe, having someone to talk to) during their stay at the house.
- ❖ Women with children reported varying levels of help for their children while at the house.
- ❖ 73% of women felt strongly that they were ready to leave the house; 77.9% felt strongly that they had a safety plan in place; 80.4% felt strongly that things would be okay when they left the house.
- ❖ The three biggest sources of help at the house that women identified were: understanding and support from staff; knowing that they were not alone in their experience; and having a safe place to stay.
- ❖ For women who received support for mental wellness and/or substance use concerns, they found the most helpful support was having caring, compassionate, and non-judgmental staff to talk to during their stay.

Needed Services Upon Leaving the House

- ❖ The top services that women reported needing upon leaving the house were: counselling; general support; substance use services; and outreach programs. The number of women reporting that they had secured these supports was very low.

Overall Ratings of the Stay at the House

- ❖ 69% of all women reported being ‘very satisfied’ with their stay at the house, while 24% reported being ‘pretty satisfied.’
- ❖ 67% of all women reported being ‘very satisfied’ with the staff at the house, while 29% reported being ‘pretty satisfied.’
- ❖ 45% of women reported being ‘very satisfied’ with the programs at the house, while 42% reported being ‘pretty satisfied.’

Suggestions to Improve Services for Women

- ❖ The main suggestion put forth by women was increasing the boundaries with respect to resident behaviour. A secondary suggestion was the inclusion of a supportive recovery component in the transitional housing program.⁹

“I think the Transition House is an amazing place. I came here feeling beaten down again but in 3 weeks I feel amazing. So many dreams and goals to look forward to. The staff are incredible, compassionate, smart, funny, loving, gentle, encouraging, supportive. I can't say enough about this place and the staff, each one of the staff has taught me something or shared some knowledge and I will carry a piece of each one with me when I leave. Thank you so much this is an amazing safe place and I will miss you all.”

⁹ Note that two of the sites had supportive recovery beds.

At a Glance: A Comparison Between Pre-Piloting and Piloting Women

Area	Dimension	Pre-Piloting (97 women)	Piloting (91 women)
Background of Women	Age range of women	18-64	18-61
	Mean age	35.3	35.3
	Ethnicity	43% Aboriginal; 33% Caucasian; 24% other	45% Aboriginal; 42% Caucasian; 13% other
	Percentage of women who worked outside the home in the last year	54.2%	36.3%
	Percentage of women who had completed high school	59%	47%
	Percentage of women who had completed college or university	16%	10%
	Percentage of women who had children under the age of 18 at the house	40.2%	37.3%
Mental Wellness and Substance Use Concerns	Percentage of women who reported struggling with substance use	58.8%	60.5%
	Percentage of women who reported struggling with mental wellness concerns	54.6%	59.3%
	Percentage of women who reported struggling with mental wellness concerns and substance use	38.1%	41.8%
	Percentage of women who reported no struggles with mental wellness concerns and substance use	27.8%	18.7%
	Predominant mental wellness concerns	Depression, anxiety	Depression, anxiety
Transitional Housing Program Access	Percentage of women who made previous attempts to get help due to violence	70%	74.7%
	Percentage of women who had a prior stay in a transitional housing program	72.6%	64.8%
	Key sources of information about the transitional housing program	Previous stay; police; family member; friend; counsellor	Friend; previous stay; family member; another shelter
	Percentage of women who found it easy to access the house	83%	86%
	Key barriers to accessing help in the past	Transportation; lack of financial resources	Transportation; lack of financial resources
	Key sources of positive past help	Counsellor; family member; doctor; police; victim services	Counsellor; doctor; police; victim services

Area	Dimension	Pre-Piloting (97 women)	Piloting (91 women)
Type of House and Length of Stay	Type of House in which women stayed	8% safe house 83% transition house 9% second stage	4% safe house 88% transition house 8% second stage
	Average stay for safe home	5.8 days	1.5 day
	Average stay for transition house	19.8 days	28.4 days
	Average stay for second stage	161.1 days	278 days
Personal Well-Being at Entry	Percentage of women who indicated that they did 'not at all' enjoy life	31.6%	13.5%
	Percentage of women who indicated that they enjoyed life 'very much' or 'a lot'	20.6%	28.1%
	Percentage of women who indicated that they were 'not at all' able to focus on things that they needed to do	17.7%	9%
	Percentage of women who indicated that they were 'very much' or 'a lot' able to focus on things that they needed to do	31.3%	40.5%
	Percentage of women who indicated that they felt feelings such as depression or anxiety 'very much' or 'a lot'	53.1%	58%
Personal Well-Being at Entry by Substance Use	Group of women who reported highest level of life enjoyment	Women who 'sometimes' struggle with substance use	Women who actively struggle with substance use
	Group of women who reported highest level of being able to focus on life	Women who 'sometimes' struggle with substance use	Women who 'sometimes' struggle with substance use
	Group of women who reported highest level of being happy with themselves	Women who 'sometimes' struggle with substance use	Women who 'sometimes' struggle with substance use
	Group of women who reported highest level of depression and anxiety	Women who 'sometimes' struggle with substance use	Women who actively struggle with substance use
Personal Well-Being at Entry by Mental Wellness	Group of women who reported highest level of life enjoyment	Women who report no mental wellness struggles	Women who report no mental wellness struggles
	Group of women who reported highest level of being able to focus on life	Women who report no mental wellness struggles	Women who report mental wellness struggles
	Group of women who reported highest level of being happy with themselves	Women who report no mental wellness struggles	Women who report no mental wellness struggles
	Group of women who reported highest level of depression and anxiety	Women who report mental wellness struggles	Women who report mental wellness struggles
Personal Well-Being by Length of Stay	Group of women who reported highest level of life enjoyment at exit	Women who stayed 10 or more days	Women who stayed 10 or more days
	Group of women who reported highest level of being able to focus on life at exit	Women who stayed 10 or more days	Women who stayed 10 or more days
	Group of women who reported highest level of being happy with themselves at exit	Women who stayed 10 or more days	Women who stayed 10 or more days
	Group of women who reported highest level of depression and anxiety at exit	Women who stayed 10 or more days	Women who stayed 9 days or less

Area	Dimension	Pre-Piloting (97 women)	Piloting (91 women)
Participation in Services at the House and Community	Percentage of women who participated in services at the house	70%	76%
	Percentage of women who found the services at the house 'very helpful'	73%	74%
	Most accessed house service	Groups and meetings	Groups and meetings
	Percentage of women who participated in services in the community	54%	48%
	Percentage of women who found the community services 'very helpful'	73%	63%
	Most accessed community service	Individual counselling; NN/NA meetings; support groups	Individual counselling; NN/NA meetings; substance use counselling
The Experience in the House	Percentage of women who agreed strongly ('very much' or 'a lot') that they were treated as someone who is able to make good decisions	81.1%	83.1%
	Percentage of women who agreed strongly ('very much' or 'a lot') that they thought that the house rules were reasonable	85.9%	86.5%
	Percentage of women who agreed strongly ('very much' or 'a lot') that the staff helped them find community resources to leave the house	70.4%	78.2%
	Percentage of women who agreed strongly ('very much' or 'a lot') that they felt physically safe at the house	91.4%	93%
	Percentage of women who agreed strongly ('very much' or 'a lot') that they felt emotionally safe at the house	80.6%	83%
	Percentage of women who agreed strongly ('very much' or 'a lot') that they felt respected at the house	85.1%	86.5%
	Percentage of women who agreed strongly ('very much' or 'a lot') that they felt that the staff understood what they were going through	79.8%	80.9%
	Percentage of women who agreed strongly ('very much' or 'a lot') that they had a good experience at the house	86.1%	91%
	Percentage of women who agreed strongly ('very much' or 'a lot') that they were ready to leave the house	65.6%	73%
	Percentage of women who agreed strongly ('very much' or 'a lot') that they benefited from their stay at the house	86.2%	84.1%

Area	Dimension	Pre-Piloting (97 women)	Piloting (91 women)
Overall Ratings of the Stay at the House	Percentage of women who reported being 'very satisfied' with their stay at the house	67%	69%
	Percentage of women who reported being 'very satisfied' with the staff at the house	69%	67%
	Percentage of women who reported being 'very satisfied' with the programs at the house	54%	45%
Suggestions for the House	Key suggestions for improvements to the transitional housing program	<ol style="list-style-type: none"> 1. More group sessions 2. More individualized support 3. More substance use programs 	<ol style="list-style-type: none"> 1. Increased boundaries for resident behaviour 2. Inclusion of supportive recovery

Section Three: Service Provider Feedback

In order to follow the process of implementing a ‘reduced barrier’ approach, staff at the six sites across the province were invited to provide input at four time points throughout the project.

1. ‘Reducing Barriers’ training (November /December 2010)
2. Six week post-training (January 2011)
3. Midway through the piloting (April/May 2011)
4. Project end point (June 2011)

A summary of key findings from each of these time points followed by a discussion of the process is presented on the following pages.

1. Service Provider Training

From November 29th to December 3rd, 2010, service providers from the six pilot sites participated in the ‘Reducing Barriers’ Toolkit Training in Richmond, British Columbia.

The overall purpose of this training was to work with service providers in order that they have an opportunity to learn more about best practices to support women with varying levels of mental wellness and substance use. Prior to beginning the formal training, all women were asked to complete a pre-training survey. In total, 23 service providers completed a survey. In addition, at the conclusion of three of the four training days, participants reflected on the materials that they had encountered on that day.

Based on the feedback from service providers *before* they started the four-day training, working with women who have varying levels of substance use was an aspect of work with which they felt quite comfortable. What is difficult to discern was the level of involvement they had had in working with women with varying levels of substance use given that some of the transitional housing programs did not allow women who have active substance use issues to access services. Overall, service providers reported having a variety of opportunities to engage in training in the area of substance use but voiced a need for more training to better understand various drugs, effects and withdrawal. The predominant opinion was that women should be welcomed in the house as long as they can refrain from using substances while in the house.

The Needs of Service Providers

“I feel that I have very little knowledge and struggle to find adequate resources for a woman with varying levels of mental wellness.”

“I need to understand more about different mental illnesses and their risks - i.e. are they safe to be left alone in an unsupervised safe home.”

“How to deal with multiple issues together i.e. drugs and /or alcohol abuse with mental illnesses, woman's environment or living, poverty, homelessness, transient. “

“Harm reduction - withdrawal management - trauma informed - coping strategies. “

Less comfortable for service providers was working with women with varying levels of mental wellness. They indicated limited opportunities for training. Service providers welcomed training on several aspects of mental wellness such as diagnosis, treatment and medications. The key criteria for women who have varying levels of mental wellness was that they must be able to live independently in a communal setting in order to access services in the transitional housing program.

By being involved in the 'Reducing Barriers' project, almost 50% of service providers noted, during the pre-piloting phase, that they felt they had become more open-minded. A smaller number of service providers also felt that they shifted their approach in how they work with women knowing that the women were completing feedback surveys.

Based on the reflections at the end of three days of the training, service providers reported learning a great deal from the speakers. The key themes that emerged were the desire to adopt a more woman-centred approach, be more open-minded to harm reduction and examine ways to implement anti-oppressive policies, procedures and practices. One site noted that they were already very low barrier so dramatic changes were unlikely to occur within their program. The big questions that remained were around the actual implementation of policies, procedures and practices that could be characterized as woman-centred and non-oppressive.

Key Findings from Service Provider Training

Working with Women who Have Varying Levels of Substance Use

- ❖ Most service providers indicated that they felt 'quite' or 'very' comfortable working with women who have varying levels of substance use. They noted that they understand that this is part of the job, had previous personal or professional experience in the area of substance use and understood the link between violence and substance use.
- ❖ A smaller number of service providers indicated that they felt they needed more experience or support in this area.
- ❖ Most service providers reported that they had had a variety of training opportunities in the area of substance use in the past, whereas a small number reported limited opportunities. For the most part, training was in form of workshops or some instruction embedded in post-secondary education.
- ❖ While most service providers had had some training opportunities, they indicated a need for more training. Several training topics were mentioned. The most cited were: information on drugs and their side effects; how to assist with withdrawal and recovery; and how to know if someone is using alcohol and/or drugs.
- ❖ Most service providers agreed that women should be welcomed in the house as long as they can commit to not using while in the house. Approximately one third of service providers indicated that women should be welcome in the house even if they continue to use. A small number of

service providers felt that women who are using substances would be better served at an agency that specializes in substance use issues.

- ❖ When asked if their personal views were aligned with the agency views, 43.5% indicated that they were aligned; 43.5% indicated that they were ‘somewhat’ aligned; and 8.7% indicated that they were ‘not’ aligned.
- ❖ Among the 6 sites, up to 54 women were reported as leaving the house due to dissatisfaction with guidelines around substance use.

Working with Women who Have Varying Levels of Mental Wellness

- ❖ Service providers varied on how comfortable they felt in working with women who have varying levels of mental wellness. Approximately 20% indicated that they felt ‘very’ comfortable while 40% indicated that they felt ‘quite’ comfortable and 40% felt ‘somewhat’ comfortable. The primary concerns were the need for more knowledge, and concern for the safety of others when working with women who have varying levels of mental wellness.
- ❖ A need for more training was indicated by most of the service providers. Only a small number of service providers noted having a number of past training opportunities.
- ❖ Service providers indicated that they wanted training opportunities in the following areas: how to identify mental wellness issues; how to treat specific mental wellness concerns; how to handle dangerous situations; and information on medications. In addition, more knowledge of services and support for mental wellness were noted as needs.
- ❖ Most service providers agreed that women should be welcomed in the house as long as they can live independently. A small number of service providers felt that women should be welcomed in the house if their mental wellness concerns were not regarded as severe by the staff. Still, a handful of service providers felt that women should be welcomed in the house regardless of mental wellness concerns.
- ❖ When asked if their personal views about access to the house for women who have varying levels of mental wellness were aligned with the agency views, 65.2% indicated that they were aligned; 30.4% indicated that they were ‘somewhat’ aligned; and 4.3% indicated that they were ‘not’ aligned.
- ❖ Among the 6 sites, up to 15 women were reported as leaving the house due to dissatisfaction with guidelines around mental wellness.

Involvement in the ‘Reducing Barriers’ Pilot Project

- ❖ Service providers were asked whether they have changed their approach in any way as a result of becoming involved in the ‘Reducing Barriers’ project. 17.4% (n=4) indicated ‘Yes’; 30.4% (n=7) indicated ‘Somewhat’; 21.7% (n=5) indicated ‘No’; and 30.4% (n=7) did not respond. Specifically, most often noted was that the organization has become more open-minded.
- ❖ Service providers were asked whether they have changed their approach in any way as a result of knowing that the women were completing feedback surveys. 21.7% (n=5) indicated ‘Somewhat’; 56.5% (n=13) indicated ‘No’; and 21.7% (n=5) did not respond.

- ❖ Service providers were asked what changes they would like to see in the houses in an effort to improve overall services for women in the houses. The key themes noted were: providing more training for staff; increasing funding to increase resources in houses; and continuing to build upon and improve existing resources.

Key Findings from Service Provider Daily Reflections

- ❖ Over the course of the training sessions, service providers indicated learning a great deal from the speakers each day.
- ❖ Key themes of learning were: adopting a more woman-centred approach; being more open to harm reduction; and examining ways to implement anti-oppressive policies, procedures and practices.
- ❖ Questions at the end of the days remained with regards to details of actual implementation of woman-centred policies, practices and procedures.
- ❖ Almost all service providers saw themselves making changes in how they work with women as a result of the training sessions. These changes all reflected best practices that characterize a woman-centred approach. In undertaking this process, service providers acknowledged that they would need to increase their knowledge and understanding, as well as engage in an examination of current policies, practices and procedures at their agency.

2. Six Week Post Staff Training Feedback

In order to examine staff's post-training perceptions about the training and the approach presented, an online survey was distributed through the six agency managers at six weeks post-training. This represented the very beginning stages of working toward implementing the various aspects of the Toolkit.¹⁰ 11 of the 23 (48%) individuals¹¹ who attended the training completed an online survey.

Key Findings from Six Week Post Staff Training

- ❖ The importance of using specific language around substance use and mental wellness varied among the transitional housing staff members who completed the survey. Almost all agreed that 'substance use' is preferable to 'substance addiction/abuse'. There was slightly less agreement on the importance of using the language of 'person who uses substances' vs. 'addict', 'junkie', 'user' or 'alcoholic'.
- ❖ 50% of survey participants indicated that the language 'not using/cutting back' was preferable to 'clean' and 'person who injects drugs' was preferable to 'injection drug user'.

¹⁰ Note that among sites, there were varying levels of barriers in the transitional housing programs prior to participation in this project. Sites had varying goals for implementation of the Toolkit.

¹¹ In one case, two workers from the same organization completed a survey together.

- ❖ All survey participants agreed that the Toolkit clearly demonstrated the links between mental wellness, substance use, and violence. 70% of staff indicated that they had understood these links prior to the Toolkit training.
- ❖ The information in the Toolkit on mental wellness was new for 60% of survey participants.
- ❖ Survey participants clearly agreed that the Toolkit highlights the negative aspects of only focusing on a woman’s substance use and/or mental wellness without taking into account the violence that she has experienced in her relationship(s).
- ❖ All survey participants agreed that the Toolkit helps promote understanding that varying levels of mental wellness and substance use are a way in which women are trying to cope with their situation and that women who have varying levels of substance use and/or mental wellness face many barriers when attempting to access transitional housing programs.
- ❖ 70% of survey participants agreed that the Toolkit shifted their perspectives with regards to safety risks. They now saw safety risks as a complex issue that need to be addressed on a case-by-case basis.
- ❖ Six principles for working with women in transitional housing programs were outlined in the Toolkit. Overall, there were high levels of agreement that the principles are of importance.
- ❖ Overall, for four of the six principles, there were high levels of confidence that staff in the transitional housing programs would increasingly implement the principles. The two principles which staff saw as somewhat more challenging were ‘harm reduction’ and ‘flexibility’.
- ❖ The Toolkit was seen as ‘quite’ or ‘very’ useful by survey participants. Having the information articulated in one document was a key strength. They did suggest that the Toolkit could be enhanced with the inclusion of more concrete examples of policies, procedures, and practices.
- ❖ 80% of survey participants indicated that through the course of the Toolkit training, their questions were answered.

Service Providers comment on the Toolkit and Training

“The Toolkit is very non-judgemental of all women - it comes from a respectful place of understanding the "why" rather than the individual blame.”

“I feel when working with adults, it is always best to talk to them as such. Sometimes this language, while intended to sound nonjudgmental can sound condescending and phony. We do not walk on eggshells when we are discussing someone's threat to self-harm. I believe when we speak directly with a woman we show that we have some understanding. I think she would rather we discuss moving forward than using words that tend to "coat" what is going on.”

“I saw the link with substance use as a way of coping with trauma. To me, mental wellness was also seen as part of coping with trauma in how women are being diagnosed with having symptoms of low mental wellness and given numerous medications for depression, to help them sleep, for bipolar [disorder] etc.”

“I would like to see more policy and procedure changes suggested that are regionally relevant, meaning in my region there are more safe homes than transition houses. Most of the information available is delivered in the context of a Transition House and there aren't really considerations of how some things look differently in safe homes. There are different considerations ...typically the staff is a team of volunteers monitoring a cell phone, and again the safe home is not staffed once a woman has been accepted.

- ❖ Suggestions for improving the training included: having the training earlier in the project; having opportunities for participants to work on developing policies and procedures; having more time for small group discussion; and increased clarification as to the training format.
- ❖ The most valuable aspects of the training were having opportunities to learn and share with other organizations; receiving affirmation about the work that sites are currently doing; learning new information; and witnessing a commitment to change toward reduced barriers by all who attended the training.

3. Staff Piloting Feedback

Well into the piloting period, service providers from the six pilot sites were asked to complete a survey as to their experiences with regard to the Toolkit and implementing a reduced barrier approach. Survey completion took place in April and May 2011. In total, 43 staff members provided feedback. 48% (n=20) attended the ‘Reducing Barriers’ Toolkit training in December 2010.

Key Findings from the Staff Piloting Feedback Survey

- ❖ Most service providers who responded to the piloting survey had read all or most of the Toolkit.
- ❖ Predominately, they rated their overall knowledge as ‘very good’ or ‘good’.
- ❖ Almost all service providers thought that the Toolkit increased their understanding of the links between mental wellness, substance use, and violence.
- ❖ Almost all service providers thought that ‘Reducing Barriers’ increased their understanding of the downsides of focusing on mental health labels and/or substance use concerns for women.
- ❖ Almost all service providers thought that the ‘Reducing Barriers’ project increased the understanding that mental wellness and substance use are a means of coping among women fleeing violence.
- ❖ Over 70% of service providers shifted their view of women posing safety risks due to substance use or mental wellness (note that 15% had always held the

Piloting Successes

“I feel like we have been given more room to be flexible with residents, coming up with unique solutions instead of using cookie cutters for them.”

“We have always been low barrier for women with substance use but changing some of our house guidelines has made it easier on both staff and clients. Also it has really opened up the conversation around each woman's use. Way more honest which in turn makes it easier to support.”

“With reducing barriers more women disclose substance misuse and we can connect them with services whereas before they would not necessarily tell us this was an issue for them.”

“I feel like I'm connecting to the women much more so than before, feeling like they can be honest with me. I feel like we have frank discussions, rather than feeling like they are holding back fearing they will be asked to leave.”

“I try to set goals by identifying with the woman what her needs are and how we can support her.”

belief that women did not pose a safety risk due to substance use and/or mental wellness issues).

- ❖ The six key principles underlying the ‘Reducing Barriers’ approach were seen as very important by most service providers.
- ❖ A small number of service providers noted that they found it easier to connect women with mental wellness and substance use services but overall most experienced no changes. A small number found it has been more difficult. These difficulties resulted from a paucity of resources in the geographical region.
- ❖ 67% fully supported the reducing barriers approach while 23% ‘somewhat’ supported the approach. When asked about their colleagues, 39% indicated that their colleagues fully supported the approach and 39% indicated that their colleagues ‘somewhat’ supported the approach.
- ❖ This group of service providers experienced the success of ‘Reducing Barriers’ along a continuum of ‘not at all successful’ (21%) to ‘very successful’ (10%).
- ❖ Service providers noted several key changes in their everyday work since beginning the project. Most noted were: increased honest conversations with women; more acceptance and understanding toward women’s experiences; more work in helping women live communally; more openness of the program to accept women who have substance use and/or mental wellness issues; increased amount of time spent on conflict resolution; elimination of curfew monitoring; and allowing women to be under the influence of substances in the house.
- ❖ 78% of service providers felt strongly that transitional housing programs could work toward continuing to reduce barriers in the future.
- ❖ Key challenges during the pilot experienced by service providers included: difficulties in balancing diverse client needs in a communal setting; dealing with safety concerns; dealing with the use of and/or impact on staff and other residents of substance use in the house; inadequate staffing levels to work effectively with women; lack of clear structure and guidelines in the

Piloting Challenges

“We have found it hard to deal with some of the women with substance issues because of an issue with them living communally, respecting other residents, sobriety (worries about residents who are currently using triggering residents who are attempting to quit). It can be difficult with residents who have substance use concerns to be able to reach them sometimes, when they are still caught up in their addiction.”

“Lack of services out in the community. Huge wait list in the community for these services. Since lowering the barriers there’s been an increase of substance abuse in the house, not just using outside the house. Given there appears to be more clients being accepted with substance abuse it’s been difficult to get the correct services they are needing. It’s frustrating and feels [like] there’s not a lot we can do other than house them and give them shelter. It seems like the TH are expected to fill all the gaps that are lacking in the community. With little staff and funding there’s not much staff can get accomplished.”

“The project is very well put together and has opened staffs minds in general, even in my everyday life. I am interested in seeing more women centered approaches put into practice. However, I feel like staff needs to be more prepared to deal with issues that may arise rather than just jumping in with all the book knowledge. I feel like it could be a very effective method if more resources and training are in place, otherwise it will be easier for everyone to go back into old ways. I feel staff needs more support and guidance to be completely on board and see success.”

house; and lack of education and training in order to work effectively with women who have substance use and/or mental wellness issues.

- ❖ Key successes during the pilot experienced by service providers included: increased open and honest conversations; more acceptance and trust; serving women who have substance use and/or mental wellness issues; being able to provide support; and being more flexible with clients.
- ❖ From the perspective of service providers, in order for the reduced barriers approach to be successful, the following elements are critical: increased education and training; increased staffing levels; increased outside support and resources; and consistent and clear guidelines.

4. Post-Piloting Site Interviews

At the conclusion of the piloting period, telephone interviews were conducted with the manager of each transitional housing program that participated in the ‘Reducing Barriers’ project. Given that each site had several unique experiences with the project, a summary of experiences by site is included. Two key common themes across all sites were evident. First, there were increased conversations with regard to reducing barriers among staff – this included both successes and challenges for the approach as experienced at the site. Second, it was clear that reducing barriers for concerns regarding substance use dominated the project. While mental wellness is a daily part of the work in transitional housing programs and often is concurrent with substance use challenges, it appeared to be less of a challenge from the perspective of staff. While changes in the area of substance use were significant, only two changes occurred in the area of mental wellness at one site. First, women with a diagnosis of borderline personality disorder were allowed to enter the house (previously women with this diagnosis were not permitted entry) and second, there was the elimination of the requirement of women with mental wellness to be under the care of a doctor. The other sites did not have this requirement. All sites maintained and continue to maintain the criteria that women with mental wellness must be able to live communally. Representatives from each site had several suggestions for similar future projects. These included.

1. Include representatives from other community agencies (e.g. police, partner programs, medical personnel etc.) that will be impacted by a reduced barriers approach, in order to better align philosophies.
2. If possible, have on-site training in each pilot site.
3. Include more examples in the training and the Toolkit of policies that reflect a reduced barriers approach.
4. Make explicit, at the beginning of the training, that the way in which a program goes about reducing barriers will be very individualized. In this way, training participants will better appreciate that there is not a standardized method of implementing policies, procedures and practices.
5. Extend the length of time from training to piloting of a reduced barriers approach.

6. Include the Executive Director (ED) of the program in any training. In this way, the ED can be a champion of the Toolkit. Alternatively, if it is not possible for the ED to be involved, a highly invested board member could also act as a Toolkit Champion in order to increase the likelihood of a successful implementation.
7. Consider having the training as two separate training sessions rather than four days at once. This would allow for participants to integrate the material, go back to their site and reflect on changes. Then if the group came together again at a later date, more of the issues that cross all sites along with the key site-specific issues could be explored. Include discussion of the challenges that can emerge as a result of reducing barriers.

Key Findings from the Post Piloting Site Interviews

- ❖ Sites had very different experiences of the project in terms of overall success in implementing a reduced barriers approach. All sites were at very different points along the continuum with respect to barriers (from low barrier to high barrier).
- ❖ Due to the reduced barriers implementation, there were more conversations among staff. This included discussing the positive aspects of reducing barriers, as well as the challenges with reducing barriers.
- ❖ Most sites reported having more open and honest conversations with women about their substance use. In some cases, this has led to referrals to more appropriate services for women.
- ❖ Sites that were previously underutilized experienced an increase in resident intakes during the piloting.
- ❖ Training for staff who did not receive the December 2010 training varied a great deal – from discussion at a staff meeting to twenty hours of training in the reducing barriers approach.
- ❖ Not all staff are comfortable with the reduced barriers approach. Some question whether the approach is helping women who have significant substance use concerns.
- ❖ Changes in policies, procedures and practices focused primarily on substance use.
- ❖ Half of the sites experienced a noticeable increase in demands on staff time. In two sites, this led to significant decline in staff morale and an increase in service provider fatigue. Overall, there was an increase in management time as a result of implementing reduced barriers.
- ❖ Due to a paucity of services, there continues to be huge challenges in accessing community resources in the areas of mental wellness and substance use.
- ❖ In sites in which there are supportive recovery beds, deeper discussions are occurring as to how to balance the best interests of women accessing those beds versus women staying in the transitional housing beds.
- ❖ All sites indicated that they will continue to work to reduce barriers. The degree to which barriers will be reduced will depend on several factors such as: staff training; staffing levels; and balancing the needs of women in the house.

The Process of Reducing Barriers

Based on the feedback gathered from service providers over four time points, it was clear that the six sites reported varying experiences of the 'Reducing Barriers' project. On closer examination, two key themes emerged. The first and most predominant experience was overall support for the 'Reducing Barriers' pilot for women among those staff who had attended the training and among some staff who had not attended the training.¹² Staff agreed with the six guiding principles and felt that women were better served when they could be more open about substance use and mental wellness concerns. Through open communication with women, staff felt that they were more able to build trusting relationships with women and link them to resources and offer them supports in a way that was helpful. Staff understood the links among mental wellness, substance use, and violence and this helped guide them in their work. At the same time, they did acknowledge that implementing policies, procedures, and practices that reflected the six principles was challenging. They viewed changes to their program as an ongoing process that would require time and refinement.

The second experience among some staff in three of the six sites was one that was less than positive. This group of staff felt that the reduced barrier approach was not working given the current context of the program. They experienced a loss of house structure and an increase in safety concerns as detrimental to the staff, other residents and in some cases, the supportive recovery program. Specifically they indicated that they were too understaffed to adequately address the needs of women who had, in particular, substance use issues. This is an interesting finding as during the pre-piloting phase, staff reported few concerns about working with women who have substance use concerns during the piloting phase but higher levels of concerns in working with women who have mental wellness concerns. In the end, it was substance use concerns that posed the greatest challenges for staff. Staff experienced lower levels of effectiveness in their role and at times, did not feel that they were helping women. In some instances, they questioned whether reducing barriers to certain levels in the area of substance use created more challenges in women's lives and impeded them from making meaningful changes. This may reflect a limited level of comfort with a harm reduction approach as it relates to substance use. A closer examination of survey data indicated that staff who were more likely to have concerns with a reduced barrier approach were those staff who did not have an opportunity to attend the four-day training. One of the programs in particular was quite large and therefore most of the staff did not attend the training nor were there extensive opportunities to receive on-site training after the provincial training.

Overwhelmingly, the need for more training to implement a reduced barrier approach was clear. It was voiced among site managers that future trainings should include all staff at a site and ideally, community-based agency representatives who offer support to women. Given that 'Reducing Barriers' reflects a woman-centred approach, there was a move away from one set of house guidelines that are universally applied to all residents. Given the short timeline of the piloting, this proved to be stressful for some staff members and appeared to have led to approximately one fifth of staff who completed a

¹² Only a limited number of staff attended the provincial training. Trained staff returned to their sites with the material. The extent of training that took place onsite varied immensely among the six sites.

survey, feeling that the pilot was not successful. Interestingly however, most staff believed that transitional housing programs could reduce barriers if they had adequate resources, training, and agreement on the ways in which a reduced barrier approach would be implemented in their transitional housing program.

Section Four: The Reducing Barriers Toolkit

Benefits of the Toolkit: Perspectives of Pilot Sites

During the June 2011 interviews with each site, the benefits of the Toolkit were commented upon.

- ❖ The Toolkit is very helpful as are the practical tips on how to implement it. It is now required reading for practicum students and new hires.
- ❖ Having the written Toolkit has been an effective way to remind staff of the work that they are doing with the women who enter the house. The Toolkit has been very thoroughly discussed. The written document will be used as a refresher for staff who have been away and will return to work.
- ❖ The Toolkit assisted in solidifying knowledge and reinforced the current practice. Staff found it easy to navigate. They liked the quotes, stories, and references.
- ❖ The section on the effects of substance use is very helpful – understanding the body’s reaction to different substances. Many new staff do not know this information. The Toolkit is very helpful for practicum students in order that they can better understand this approach.
- ❖ The Toolkit was seen as beneficial as it offered a guiding philosophy in order to understand the rationale for reducing barriers. It is well-organized and has been a very good resource for staff.
- ❖ The Toolkit can be shared with other organizations. It also offers a starting point for sites to look at how they can adapt their program in order to reflect a reducing barriers approach.

On the Toolkit...

“I found the context to be very comprehensive about many complex issues.”

“It also entices a sense of curiosity to explore policies and practices in a non-judgmental fashion within organizations.”

“A good source on concurrent issues around domestic violence.”

“I liked the continued emphasis on not being necessary to have a lot of knowledge about specific mental illness diagnosis or mental wellness/substance use specifics, as the most important emphasis is ensuring that women feel they are respected and not judged regardless of their levels of functioning.”

“I like the focus on holistic and integrated services so this project can sustain and make changes past the initial training.”

Suggestions for changes to the Toolkit focused primarily on including more discussion on cultural awareness, substance use withdrawal, disordered eating, and self-care for service providers. Other suggestions were related to the layout of the document (e.g., text size, inclusion of graphics, and the format of the different sections).

Final Thoughts

One of the strongest elements that the 'Reducing Barriers' approach contributes to the field of women's services is the link among violence, mental wellness, and substance use. These links necessitate services and supports that demonstrate this understanding when working with women. By viewing each woman as unique in her life circumstances and her way of coping, staff who work with women will be better able to see life from the perspective of each woman which will lead to higher levels of compassion and greater levels of relational trust. Women are clear on their needs. They seek understanding, safety, and non-judgment. By not allowing women to freely reveal their struggles with mental wellness and/or substance use issues, we are asking them to deny parts of their experience which greatly decreases the likelihood of healing. By providing support and understanding that encompasses the complexity of women's lives, we hold out a hand that can ultimately lead to women reaching back.

Reaching toward someone who is struggling is not easy and the work can be slow. It requires adequate staffing, support and training so that those helping feel a high level of self-efficacy in their work as they work to develop trusting relationships characterised by non-judgment. The 'Reducing Barriers' project has demonstrated that women greatly appreciate the relational support and that staff do believe that barriers can be reduced under the right circumstances that reflect each transitional housing program's needs. It is promising to learn that all of the sites intend to continue to work toward reducing barriers within the context of their programs' resources. Over time, these processes of program changes will continue to be very valuable to transitional housing programs in B.C. and beyond.

For future projects, increasing service provider training and time to implement the project would be extremely beneficial in order to support cultural change at the program level. Given the complexity of the work, service providers need ample time to examine their own comfort levels, the overall benefits and challenges of a reduced barrier approach, and how it can be successfully implemented in a transitional housing program. Change takes time particularly when there is not an established blueprint. Women who have substance use and/or mental wellness concerns and who are fleeing domestic violence are in tremendous need of support in Canada.

Section Five: Recommendations

Based on the findings throughout this evaluation, the following recommendations are put forth for consideration.

1. Increase training opportunities for transitional housing staff in order to enhance overall understanding of the link between theory/philosophy and practice of reducing barriers when working with women fleeing violence who have substance use and/or mental wellness concerns. Ideally, all staff at a given site would be trained in order that they can work from the same core philosophical approach. Whole staff training increases the likelihood of high staff engagement with a reduced barriers approach for women.
2. Include all staff in the development of changes to policies, procedures, and practices that reflect a reduced barrier approach in order that there is agreement and commitment by all who work with women in the agency programs.
3. Increase dissemination of projects and community examples that highlight strong integrated services for women within B.C. and elsewhere that have resulted in better services and supports for women fleeing violence. Dissemination would ideally include the general public, through news articles and media appearances. By educating the general public as well as professionals who work in the field, a greater collective understanding of the needs of women will occur over time.
4. Examine ways in which there can be increases to relational supports for women in transitional housing programs. Increase in relational supports can occur through offering more training to staff and by increasing staff numbers.
5. Examine ways in which transition houses convey information about community resources (e.g., mental wellness, substance use, housing, food security, parenting resources) to women in order to determine the best format (e.g., all resources presented in a detailed booklet; individual pamphlets) and what is the best way to assist women with linking to these resources with the goal of increasing women's feelings of readiness to leave the house and feel supported.
6. Increase mental health literacy among staff and residents so that they better understand their own mental health and the health of others. All of us need a good understanding of mental health literacy. By increasing understanding, some of the false fears and stereotypes that staff may have can be addressed. In addition, it may assist staff in coming to see that no one is immune from experiencing lower levels of mental wellness.

7. Compile case studies of success stories in order to share those successes with transitional housing programs to demonstrate that a reduced barrier approach can have positive impacts on the lives of women. Incorporating case examples of women who have had a varying number of stays in transitional housing programs would be important to demonstrate that women who have varying levels of mental wellness and/or substance use need time to heal.
8. Continue to survey women and staff in each site in order to see change over time (after the end of the project) as sites continue to work toward developing a reduced barrier approach that fits their context. By hearing the voices of women and staff, sites can refine their programs and share learnings with other transitional housing programs.
9. Consider developing a community of practice for transitional housing program staff to learn practices that can reduce barriers among women accessing their programs.
10. Extend the timeline of projects in the future to allow for longer pre-piloting and piloting of program changes.