

**Does Data Matter? Exploring how nonprofits working with abuse victims in Edmonton
utilize data to inform service delivery**

by

Solomiya Draga

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Abstract

This study explores data collection and utilization at four non-profit service organizations in Edmonton, Alberta. Participating organizations work with female victims of violence, abuse and exploitation. Through in-depth, semi-structured interviews, I explore the types of data collected at each organization, the reasons behind data collection, and how information is utilized in decision-making. I also analyze organizations' client paperwork, data management software, and annual reports. Finally, I supplement this study by conducting a statistical analysis of a quantitative dataset obtained from one of the participating organizations. The results of this study are contextualized via Resource Dependence and Rational Choice Theories. The findings suggest that non-profit organizations in Edmonton allocate significant resources to collecting, documenting, analyzing and storing client data. This includes demographic information, information about service provision, qualitative feedback, wellness assessments, and historical narratives. Data is collected to help organizations manage daily activities, inform their practice, satisfy funder requirements and obtain additional funding. However, I argue that organizations face significant barriers to collecting and managing their data. Organizations lack the financial and human resources required to effectively manage client data. As a result, organizations are restricted in their ability to utilize client data in decision-making. Therefore, organizations predominantly rely on easily-accessible sources of information such as staff observations, client feedback, and anecdotal evidence. They are largely unable to make full use of their quantitative data. Yet quantitative data can be greatly beneficial to organizations' decision-making practices. This research suggests several solutions to addressing organizations' current barriers related to incorporating quantitative data into decision-making.

Preface

This thesis is an original work by Solomiya Draga. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “Does data matter? Exploring how nonprofits working with abuse victims in Edmonton use data to inform service delivery,” No. Pro00068593, December 20, 2016.

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Chapter 1: Introduction

1.1 Introduction

The non-profit service sector offers vital services to “special interest” and marginalized groups in Canada (Beres, Crow & Gotell, 2009; Wathen, Harris, Ford-Gilboe & Hansen, 2015). This sector includes immigrant supports, drug rehabilitation programs, domestic and sexual violence support programs, programs for women, low-income counseling services, and others. The state relies on non-profit organizations to provide community services. However, there have been increasing scrutiny about the effectiveness of these interventions. In recent years, funders have been progressively focusing on promoting evidence-based practice, and often demand “evidence” that their funds are effectively used (Wathen et al., 2015).

As a result of this change in focus, social service organizations started to adopt strategies to satisfy funder’s requirements. For instance, organizations working with victims of violence and abuse started to collect comprehensive data from their clients. Increased data collection, however, does not imply better data use (Wathen et al., 2015). Despite extensive data collection, many organizations do not have the resources, funding, or expertise to effectively work with their data. Data remains underutilized and does not play a significant role in informing policies and programming. Thus, many service-oriented nonprofit organizations are not equipped to follow an evidence-based model when implementing programming. In many cases, organizations implement programming without knowing the consequences to their clients and the community at large. Because of the current emphasis on evidence-based practice (EBP), this also places them at a disadvantage in their ability to influence policy or gain access to funds (Laforest & Orsini, 2005).

Opponents of EBP argue that social work cannot be objectively measured and that quantitative data cannot describe the complexities of individual cases. Statistics cannot replace human judgment and expertise in the voluntary sector (Humphries, 2003; Van de Luitgaarden, 2009). However, there are also many benefits to using EBP in social programming. Even elementary data analyses can help organizations optimally utilize their funds and meet their objectives. Data can also be utilized to track improvements in programs over time by examining parameters such as client satisfaction or a client's ability to meet their goals. Furthermore, data analysis can be used to pinpoint lacking resources, grant organizations greater legitimacy and credibility in the eyes of the state, generate further resources, and influence policy (Laforest & Orsini, 2005). Finally, data analyses can highlight areas that may require further investigation by organizations.

Using a series of interviews conducted with staff at four prominent women's organizations in Edmonton, this thesis explores these issues by examining how data is collected, utilized, and disseminated at organizations that work with victims of abuse and exploitation. To supplement data obtained from semi-structured qualitative interviews, this thesis draws on the documentation produced by participating organizations as well as a quantitative dataset obtained from one of the participating agencies. This thesis demonstrates that nonprofit organizations collect large volumes of both quantitative and qualitative client data. The data satisfy funders and allow organizations to obtain resources that are necessary to their survival (Pfeffer & Salancik, 2003). Unfortunately, organizations lack the resources to utilize all of this information to inform, or to assess different possible outcomes of, their practice (Walsh, 2013). Rather, organizations rely on easily-accessible sources of information, such as direct feedback and staff experience. In so doing, organizations neglect a rich source of information that could help them understand

trends, pinpoint best practices, and identify areas for future improvement. This limits their ability to make evidence-based choices about service provision (Friedman & Hechter, 1988).

Chapter 2 presents the project's theoretical framework and research methodology. The primary findings are documented in Chapters 3 through 5. Chapter 3 demonstrates that nonprofit organizations working with marginalized women in Edmonton collect and document a large amount of valuable client data (and undergo substantial efforts to document and manage it). While this data is useful for satisfying funder requirements and demonstrating accountability, it has limited utility for informing organizational practices. Chapter 4 explores the barriers to data collection and analyses at nonprofit organizations. In particular, it demonstrates that there is a lack of financial and human resources at nonprofit organizations. This barrier significantly limits their ability to work with their data. Chapter 5 investigates the types of data currently utilized to inform decision-making at nonprofit organizations. This section argues that organizations primarily rely on qualitative sources of information in decision-making. Additionally, it presents a sample analysis of a quantitative dataset obtained from one of the participating organizations. This analysis demonstrates the potential value of using quantitative data to help inform decision-making at nonprofit organizations. Finally, Chapter 6 explores strategies for greater quantitative data use within nonprofit organizations. I argue that to effectively incorporate quantitative data into decision-making, organizations must obtain additional resources and change their decision-making culture.

1.2 Research Questions

This project addresses the following question: How do non-profit organizations providing services to abused women in Edmonton utilize data to inform service delivery? What barriers do

they face? I argue that while social service organizations collect substantial amounts of data, they do not allocate sufficient resources to work with data. This is due to a lack of financial and human resources. I argue that this data is valuable. Even elementary analyses may allow organizations to gain substantial insights into both the strengths and weaknesses of their programming. Therefore, I assert that organizations should strive towards incorporating data analytics into praxis.

There is limited scholarship on data collection among nonprofit organizations and how they use data to inform programming. This is particularly the case for women's organizations in Canada. This research contributes to this dearth of scholarship by providing an in-depth exploration of data collection and use at women's nonprofit organizations in Edmonton. This research project also highlights the current problems with "evidence-based" programming and policy. Furthermore, it suggests ways for more effective data use at nonprofit organizations. Finally, women's service organizations in Edmonton and their activities are prevalent in news media¹. They have also participated in and funded scholarship about marginalized women². However, there is very little scholarship on these organizations and their activities in Edmonton³. One of the contributions of this study, therefore, is to fill this gap in knowledge by presenting research on the current state of women's nonprofit services in Edmonton.

¹ For example, see Juris (2018), Claire (2016), Metro (2016), Leibrecht (2009) and others.

² For example, see LoVerso (2001). This book was funded by the University of Alberta Sexual Assault Centre.

³ I was able to locate a limited number of articles referring to women's services in Edmonton, Alberta. See Aujla (2013), Mill, Singh & Taylor (2012), Richter & Chaw-Kant (2008), Lambert (2006) and Helmers (1973).

1.3 Studies on the Nonprofit Sector and Evidence-Based Practice

Feminist Organizations in Alberta

Since the 1970s, the “women’s movement was established as a force in Canadian society” (Adamson, Briskin & McPhail, 1988, p. 53). Inspired by feminist activism across the country, Alberta women’s groups rose to “challenge their social and economic subordination within society” (Harder, 2003, p. 20). Unfortunately, many women’s organizations struggled to obtain sufficient funding from the province because their operations were deemed both “unnecessary” and overtly political. Some organizations were forced to turn to federal funding or to significantly limit their operations (Harder, 2003). In the 1970s and 1980s, the Canadian federal government provided operational funds to a variety of women’s organizations including grassroots services and advocacy work (Beres et al., 2009). In a single decade, federal funding of the Women’s Program expanded from \$200,000 to over twelve million dollars (Masson, 2012). However, despite this growth at the federal level, “public compensation for social and economic inequality was not a significant objective on the [Alberta government’s] agenda” (Harder, 2003, p. 20). The provincial government insisted that “formal equality, as enshrined in provincial human rights legislation, should be sufficient recognition of women’s political legitimacy” (Harder, 2003, p. 20). Therefore, while the province’s economic boom caused rapid population growth and subsequent social issues, little funding was allocated to social supports. And yet, as Lois Harder argues, Alberta had “Canada’s highest rates of suicide, divorce, abortion, and teenage pregnancy” (2003, p. 22).

The election of a federal Progressive Conservative government in the 1980s and the economic recession caused by the worldwide plummet of oil price changed the state’s policy

agenda. Substantial cuts were made to both social programs and funding initiatives that had provided resources to community and women's organizations (such as the federal Women's Program) (Masson, 2012). Furthermore, there was a shift away from long-term core funding of women's organizations (Rodgers & Knight, 2011). Only funding for short-term projects remained available (Masson, 2012). Meanwhile, for the Alberta government, "it was apparent that the rules of political engagement that prevailed during the oil boom were unsuitable to the new economic and social conditions" (Harder, 2003, p. 79). With the fall of oil prices to less than 10 dollars a barrel, and the rise of unemployment to over 10 per cent, "the demands on social services . . . were intensifying" (Harder, 2003, p. 80). However, as the provincial government adopted budget-reducing strategies, women's organizations felt "disproportionate effects" of the funding cuts (Harder, 2003, p. 80). Furthermore, a federal shift to a project-based funding structure led to the development of many small "issue-specific" organizations (Harder, 2003, p. 117).

Ralph Klein's election as Premier in the early 1990s led to further cuts to social spending, thereby dealing "a series of mortal blows to women's organizing in Alberta" (Harder, 2003, p.120). With the exception of women's shelters, most organizations that survived the Klein era were "time-limited, single-focus projects, often involving broad-based coalitions and not identifiably feminist in their approach or their demands" (Harder, 2003, p. 120). Women's groups increasingly found that "their access to funding, whether from the province, the federal government, or other granting agencies was dependent on service provision or the development of specific projects" (Harder, 2003, p. 122). Funding was mostly unavailable to political or advocacy groups. The issue of family violence in Alberta, though, has been "remarkably resilient" (Harder, 2003, p. 128). Alberta was unique in that its shelter movement was not

brought about by feminist activism. Instead, it was the work of “the wives of wealthy oilmen” (Harder, 2003, p. 128) and traditional women’s groups. The resulting organizations were concerned solely with operating shelters for victims of domestic violence. These “conservative roots and history of apoliticism contributed to the shelter movement’s strength” (Harder, 2003, p. 128), and its resiliency made it a “feminist champion” (Harder, 2003, p. 128) when other women’s groups disbanded. Women’s shelters have become accepted as part of Alberta’s social service provision, and receive half of their operating budget from the province (Harder, 2003).

The re-allocation of funding from advocacy to service-oriented projects and the requirement of specific, time-bound results caused a significant shift in the structure and operations of many women’s organizations in Alberta and across Canada. Some organizations were able to survive these cuts in funding by transforming their mandate, focusing on service provision and allocating less of their resources to advocacy (Harder, 2003; Rodgers & Knight, 2011; Masson, 2012). This allowed them to market themselves as project-based, outcome-focused organizations while maintaining the basic principles of the organization (Rodgers & Knight, 2011). Unsurprisingly, many women’s organizations in Edmonton today identify themselves as service-based organizations.

Evidence-Based Practice

Evidence-based practice (EBP) is “an integrative decision-making process aimed at improving client outcomes and effectiveness in social work practice” (Drisko & Grady, 2015, p. 274). EPB is the byproduct of the increasing interest in applying scientific knowledge and finding out what interventions are most effective in praxis. The principle of evidence-based practice in social work has been a topic of contention for many years (Humphries, 2003). EBP was first

developed in medicine. The goal of EBP was to encourage medical doctors to increase their use of innovative scientific developments in their practice (McLaughlin, Rothery, Babins-Wagner & Schleifer, 2010). It was also a systemic method of appraising the validity and effectiveness of interventions to help mitigate human error in clinical decision-making (Archer-Kuhn, Bouchard & Greco, 2014). Because early conceptualizations of “evidence” were limited to traditional experiments, EBP could not necessarily be used in other fields. However, with time the definition of EBP became more flexible. Proponents of “evidence-based” practice argue for good research practices but also recognize more “subtle” aspects of disciplines. This includes the interplay between the best available research evidence, professional judgment, and the unique circumstances and values of each client (McLaughlin et al., 2010; Archer-Kuhn et al., 2014). EBP quickly spread to other fields, including nursing, education, psychology, and social work. Increasingly, social work organizations are pressured to utilize evidence-based practice in their work to provide more effective, empirically evaluated, interventions (McLaughlin et al., 2010).

The Canadian government’s growing desire to root policies in evidence drove the movement towards evidence-based practice in the voluntary sector. This “has become the driving force in the search for more efficient policies and programs” (Laforest & Orsini, 2005, p. 485). The state increasingly valued the voluntary sector for its expertise and for its ability to act as an intermediary between the state and the public. As such, the state desired to include the sector in policymaking. Promoting evidence-based practice at social service organizations was therefore seen as a way to ensure both accountability and transparency in policymaking (Laforest & Orsini, 2005). The discovery that many social service providers do not consult research when delivering services was also a driving factor towards a focus on evidence-based practices (Archer-Kuhn et al., 2014). Many organizations rely on anecdotal evidence and experience when making

operational decisions. Finally, an economic downturn caused both severe funding cuts to the social service sector and the concurrent rise in demand for social services. The resulting competition between social service providers justified more stringent selection in the distribution of operational funds (Keenan & Grady, 2014).

Arguments for Evidence-Based Practice

There are many arguments for the inclusion of evidence-based practice at social service originations. EBP obtains better outcomes for clients (Drisko & Grady, 2015). Ogden argues that the use of EBP must be “central to the profession of social work,” (2016, p. 23). It promotes professional identity, competency, accountability (Ogden, 2016) and credibility amongst social workers (Diaz & Drewery, 2016). Furthermore, social workers “require evidence . . . to help them make informed decisions in relation to . . . what services are most likely to be effective for a particular service user” (Diaz & Drewery, 2016, p. 427). Lack of EBP produces variations in practice and does not allow organizations to stop services that harm users in favor of services that work (Diaz & Drewery, 2016). Archer-Kuhn et al. argue that underutilizing research evidence has allowed social workers to “self-deceive.” In so doing, social workers deliver poor quality services while continuing to believe that their programs are highly effective (Archer-Kuhn et al., 2014) without testing their assumptions (Keenan & Grady, 2014). Keenan & Grady state that “many [practitioners] bristle at the word research as they believe it is synonymous with ignoring their . . . expertise and respond by ignoring research” (2014, p. 195). Therefore, “even when there is evidence available most social workers are unaware of it” (Diaz & Drewery, 2016, p. 427).

One prominent example that showcases the importance of utilizing data and evidence-based practice is that of the Drug Abuse Resistance Program (DARE). DARE was created in Los

Angeles in 1983 by the L.A. police department. The intention of the program was to teach drug use prevention to elementary, middle, and high school students (Ennett, Tobler, Ringwalt & Flewelling, 1994; Shamblen et al., 2014). Since its inception, the program spread widely across the United States and became one of the most commonly used drug programs in the country (Kochis, 1993; Shamblen et. al 2014; Wysong & Wright, 1995). By the mid-1990s, it was estimated that the program was reaching 25 million US students with program expenditures of \$750 million dollars (Wysong & Wright, 1995). The program has also made its way into 44 other countries (Rosenbaum & Hanson, 1998) including Canada (Wysong & Wright, 1995). DARE received extensive public support. The core curriculum of the program included lessons taught by law enforcement officers and aimed to teach youth how to recognize and resist social pressure to use drugs. The curriculum was designed to provide students with information about drugs, teach them decision-making skills, and build self-esteem (Ennett et al., 1994). Furthermore, it meant to “generate reinforcements or changes in knowledge, attitudes, values and skills . . . to help reduce the future substance abuse and youth violence” (Shamblen et al., 2014, p. 112). By the mid-1990s, several members of the U.S. Congress proclaimed that DARE was the “most effective drug-use prevention education program in the United States” (Congressional Record 1994a, as quoted in Wysong & Wright, 1995).

Despite widespread support for the program, there was limited evidence regarding whether DARE actually achieved successful results with youth. This was problematic. Two decades of research has since concluded that DARE’s curriculum had inconsistent impacts on adolescents’ drug and alcohol use (Ennett et al., 1994; Shamblen et al., 2014; Wysong & Wright, 1995). Several studies suggested that the effect of DARE on youth is statistically insignificant, especially when long-term effects are considered (Ennett et al., 1994; Lynam et al., 1999;

Rosenbaum & Hanson, 1998; Shamblen et al., 2014; West & O’neal, 2004; Wyson & Wright, 1995). Furthermore, Lynam et al. (1999) found that while taking part in the DARE program had no impact on cigarette, alcohol, marijuana, or illicit drug use, students who participated in DARE had lower levels of self-esteem ten years later. They concluded that “there appear to be no reliable short-term, long-term, early adolescent, or young adult positive outcomes associated with receiving the DARE intervention” (p. 592). In their study, Rosenbaum & Hanson (1998) even suggested that students who had participated in DARE had higher rates of drug use than their non-DARE counterparts.

DARE was a well-funded program that came to reach millions of students across many countries. However, research indicated that not only was the program likely to be ineffective, there was a possibility that it had a detrimental effect on its pupils. This case exemplifies the importance of utilizing data in program evaluation. It also demonstrates the dangers inherent in making assumptions about the usefulness of a particular intervention.

Arguments Against Evidence-Based Practice

Humphries, among others, argues that the “collection of evidence is a complex social activity, and is influenced by competing interests” (2003, p. 82) and that an “evidence-based” approach is ideological, supporting values that reflect “dominant cultural paradigms that define how . . . society interact[s]” (Laforest & Orsini, 2005, p. 482). What is researched and how it is researched is a result of political decisions. Research itself is not a neutral activity (Humphries, 2003). Humphries suggests that social workers are not just “technicians” applying procedures that have been set out by research findings. She states that consequently, the evidence-based approach is incompatible with the delivery of social services. Humphries argues that “what

becomes lost in all of this is an acknowledgement that social work is also a moral, social and political activity, one in which discretion and judgment cannot be discounted” (Humphries, 2003, p. 82). She suggests that research and evaluation ignore the subtleties and context of individual situations. Furthermore, she argues that experiences change across “geographical, cultural, class and racial boundaries” (Humphries, 2003, p. 82). Solutions that are helpful in one context do not necessarily work in others. As such, well-meaning interventions based in “evidence” can sometimes do more harm than good (Humphries, 2003).

Nonprofit Organizations as Service Providers

The voluntary sector in Canada is made up of a “rich array of organizations, institutions and associations” (Laforest, 2011, p. 4) including charities, community organizations, social service and health providers, research organizations, and many others: in total, over 180,000 distinct organizations. In the early 1990s, the relationship between the state and the voluntary sector “was at an all-time low. The federal government was reducing core funding . . . [while] offloading significant responsibility to them in areas of service provision” (Laforest, 2011, p. 1). However, within the span of several years this relationship drastically changed. In 2000, \$95 million dollars was dedicated to the strengthening of the voluntary sector to provide critical public services. The community service sector was suddenly the government’s priority (Laforest, 2011). Community service organizations provide welfare services to citizens that are not otherwise provided by the state. As such, they are often service “gap-fillers.” Nonprofit organizations are seen as epistemic communities that are more knowledgeable about the populations they work with than the state. As such, they are “extensions” of the state’s social

service provision in so far as they receive funding from the state to provide state services (Brown & Jagadananda 2007; Hasmath & Hsu, 2008).

The current emphasis on project-based funding (rather than core operational funding) (Beres et al., 2009) results in a number of challenges for social service providers. The first of these challenges is that organizations are required to continuously justify the existence and effectiveness of their programming. Furthermore, there is a greater emphasis on data collection and reporting. The second challenge is that while “projects” may receive funding, administrative and operational aspects of programs do not receive the same financial support. Therefore, the additional manpower required to fulfill the reporting required by funders places significant constraints on the already limited resources of non-profit organizations (Beres et al., 2009). This pressure on non-profit service providers has several implications. First and foremost, organizations are collecting more and more data on their clients. Despite this, many organizations have limited resources to work with this data. Because of a focus on project-based funding (Beres et al., 2009), many organizations are unable to hire a specialized staff member to work with data. Other organizations cannot afford to hire someone with expertise in data management or statistical analyses. Organizations are also unable to afford software that allows for effective data collection and comprehensive data analyses. These constraints result in modest data analyses, both for reporting and in-house evaluative purposes.

1.4 Project Objectives

This project has a number of objectives. Firstly, it aims to address gaps in scholarship surrounding the collection and use of client data at nonprofit organizations. Information collected at nonprofit service organizations is valuable. Many nonprofit organizations, particularly

women's shelters, work with marginalized communities. Women accessing such services are more likely to come from impoverished areas, have a limited support network, have lower levels of education and poorer financial security. They also have greater rates of abuse-related trauma as well as both physical and mental health issues. Furthermore, a large proportion of women accessing services like WIN House and WINGS of Providence are Indigenous. Therefore, nonprofit organizations are a precious resource for understanding the challenges faced by marginalized groups in Canada.

Secondly, this project contributes to scholarship on the women's movement. There is limited research available on women's organizations in Edmonton. For this project, I selected some of the oldest and most established nonprofit organizations in Edmonton. These organizations not only provide a critical public service but were in many cases pioneers for establishing women's support programs in the city. I also included ACT Alberta, an organization that works to combat human trafficking in Alberta. Although young, this organization is one of the only organizations of its kind in the province and is an innovator in their field. These organizations offer a unique perspective on Edmonton's nonprofit sector. They have experienced first-hand the impacts of social and legislative changes relating to feminist organizing in the province.

Finally, this project highlights current issues with "evidence-based" practice and policy at nonprofit organizations. Many nonprofit organizations strive, or are pressured, to follow an evidence-based approach to service delivery. Unfortunately, many organizations lack the resources to utilize all of the data available to them. While some types of data (such as experience, anecdotal evidence, and qualitative feedback) are accessible and incorporated into practice, other types (such as quantitative data) require technology and skills that organizations

cannot afford. As a consequence, organizations are unable to utilize their quantitative data to make judgements about the effectiveness of their programming. This research project identifies this issue as problematic and suggests ways that this could be resolved. Utilizing all of the data available to them in decision-making would allow organizations to ensure that they are providing the highest quality of services to their clients.

Chapter 2: Theoretical Framework and Methodology

2.1 Theoretical Framework

In this chapter, I argue that Rational Choice and Resource Dependence Theories provide a useful way of contextualizing the current struggles faced by nonprofit organizations in Edmonton. Rational Choice Theory is valuable for understanding decision making and evidence-based practice at nonprofit organizations. This framework argues that there are numerous constraints that may inhibit rational decision-making, including scarcity of resources and the normative culture of an organization. I argue that nonprofit organizations are unable to address these constraints. Consequently, they make “non-rational” decisions with greater levels of uncertainty regarding their outcomes. Resource Dependence Theory frames organizations as reliant on their environment for resources that are vital to their survival. This means that organizations are not autonomous, and that their actions are influenced by external agencies. Nonprofit organizations, in particular, rely almost exclusively on their external environment for financial resources. I argue that as a result, their behavior is heavily influenced by the desires and demands of their funders. This is a useful way of understanding the pressure that organizations face to collect and manage large volumes of client data.

Rational Choice Theory

Program evaluation and evidence-based practice rely on a Rational Choice model of decision-making (Van de Luitgaarden, 2009; Carman, 2011). Rational Choice Theory is based on the premise that human beings, unlike animals, use reason to guide their actions instead of relying entirely on instinct (Walsh, 2013). Actors are intentional, “have given preferences, values or utilities” (Friedman & Hechter, 1988, p. 202), and act to achieve ends that line up with their

goals and preferences (Friedman & Hechter, 1988). These actors are aware of having different options (Walsh, 2013) and “make reasoned choices about the desirability of adopting different courses of action” (Dunn, 1981, p. 226; quoted in Carman, 2011, p. 351).

Situations involving choice include numerous stakeholders, consequences, and uncertainty (Dunn, 2016). Friedman & Hechter argue that choice is limited by two major constraints. The first is scarcity of resources, which impacts what individuals are reasonably capable of attaining. Friedman & Hechter call this limitation “*opportunity costs*,” that is, the “costs associated with foregoing the next most attractive course of action” (Friedman & Hechter, 1988, p. 203). Actors do not always select the course of action that fits best with their preferences. Instead, they select opportunities that grant them maximum benefit. The second constraint is *institutional*: the actor is limited by the rules, laws, social norms, and policies of their organization. Therefore, “variations in outcomes can be due logically to variations in preferences, in opportunity costs, and/or institutional constraints” (Friedman & Hechter, 1988, p. 202). Finally, the availability of information is an important element of Rational Choice Theory. The quantity and quality of available information impacts an actor’s choices, and “has become [an] increasingly key variable in studies of contracting, bargaining, and organization” (Friedman & Hechter, 1988, p. 215). Hirshleifer & Riley state that in a Rational Choice model of decision making, there are two types of actions. The first type is a *terminal action*. In a *terminal action*, the actor makes a decision based on the information that is readily available to them, taking into account the fact that they may not have all of the necessary information at hand (1979). In a terminal decision, the actor faces a level of uncertainty, which complicates their understanding of their situation and of the constraints they are facing (Friedman & Hechter, 1988). The actor balances the likelihood of making a wrong decision on the basis of the evidence that is available

to them, and makes the best one possible (Hirshleifer & Riley, 1979). The second type of action is an *information action*. In an *information action*, the decision is deferred while the actor seeks new information that reduces their uncertainty. Hirshleifer & Riley explain that this involves “decisions as to new data to be collected” (Hirshleifer & Riley, 1979, p. 1378). Once additional information is collected, the actor makes a more informed choice. However, people often do not have the necessary time and resources to gather all of the information about their different options, or to assess different possible outcomes (Walsh, 2013). Under these conditions of uncertainty, “actors are robbed of the implements [information] necessary to make a rational decision” (Friedman & Hechter, 1988, p. 211.) As a consequence, Walsh (2013) argues that people are often unable to make rational choices. Instead, they choose actions that, in their experience, result in acceptable outcomes (Walsh, 2013). Alternatively, actors are “motivated to seek the advice and counsel of their fellows” (Friedman & Hechter, 1988, p. 211). This type of uncertainty provides “a special kind of impetus for collective behavior that can be marshalled into collective action” (Friedman, 1987, as cited in in Friedman & Hechter, 1988, p. 211).

Rational Choice Theory is a useful framework for assessing program evaluation and evidence-based practice at nonprofit organizations. It argues that rational decision-making may be inhibited by a number of factors. These factors include scarcity of resources and the limiting cultural norms of an organization. I argue that these two factors significantly impact nonprofit organizations’ ability to utilize data to inform their programming decisions. Due to resource limitations, these organizations cannot behave as they would in an ideal, resource-rich environment. They are limited in their ability to purchase appropriate technology, expertise, and human resources to help manage client data. Furthermore, organizations are limited by their norms, culture, and established rules. Many nonprofit organizations do not have a culture that is

conducive to utilizing all of their client data during decision-making. Social service organizations primarily rely on qualitative sources of information when making programming decisions.

Although organizations collect a substantial amount of quantitative data, this type of data is more difficult to use and is viewed as an inappropriate way of interpreting clients' experiences. To facilitate the utilization of all information collected at nonprofit organizations, a cultural change may be required.

This concept of data utilization is also related to organizations' ability to carry out terminal and information actions. I argue that nonprofit organizations predominantly carry out terminal actions. Not only do they rely on information that is readily available to them (and already exists within their organization), they also predominantly rely on information that is easily accessible (such as expertise, anecdotal evidence, and other qualitative findings). Although organizations often recognize that they would benefit from additional research, they do not have the financial or human resources to conduct such research on their own. Organizations also do not have the resources to analyze all of the data that is available to them. Consequently, they cannot carry out information actions. This means that although they make the best decisions possible given their knowledge (or decisions that, in their experience, result in acceptable outcomes), their choices are not necessarily "rational." The uncertainty that comes with this inability to make rational choices results in motivation for collective behavior (Friedman, 1987, as cited in Friedman & Hechter, 1988) and the sharing of "best practices" within the sector. This type of collective behavior is seen throughout the nonprofit sector. In this sample, for instance, collective action is carried out through collaboration with other agencies and through the work of

umbrella organizations⁴ such as ACWS⁵ and AASAS⁶. As such, Rational Choice Theory is a valuable framework for understanding decision-making at nonprofit organizations.

Resource Dependence Theory

Resource Dependence Theory argues that organizations are unable to internally generate all of the resources they require to function (Aldrich & Pfeffer, 1976). Therefore, organizations' survival depends on their ability to acquire external resources (Pfeffer & Salancik, 2003). Leaders and administrators at organizations seek out the resources required to sustain their organization. In so doing, they create inter-organizational relationships and interdependencies with external agencies (Aldrich & Pfeffer, 1976). These relationships and dependencies impact an organization's ability to succeed and to achieve their goals (Pfeffer & Salancik, 2003). Therefore, organizations are not autonomous (Pfeffer, 1987) self-contained, or self-sufficient (Pfeffer & Salancik, 2003). This is particularly the case for nonprofit organizations, which are almost

⁴ Umbrella organizations are defined as non-profit associations whose members are other non-profit organizations (Young, 2001). Umbrella organizations have "multiple, administratively-separate organizations under the umbrella of one governing board" (Bushouse, 2005, p. 35). They can range from loose associations of subsidiary organizations to having corporate-like structures (Young, 2001).

⁵ ACWS (Alberta Council of Women's Shelters) is the umbrella organization for WIN House and WINGS of Providence. ACWS is "an ambassador for women's shelters in Alberta," with a membership of 41 organizations across Alberta. The organization provides both support and leadership to subsidiary organizations "to leverage the collective knowledge." The organization focuses on promoting collective action, advocating for change in policy surrounding violence and abuse, and increasing public awareness about violence against women and girls (Alberta Council of Women's Shelters, n.d. (a)).

⁶ Founded in 1993, AASAS (Association of Alberta Sexual Assault Services) is a provincial organization that supports a "more collaborative, coordinated approach to sexual violence service delivery in Alberta." The organization is an intermediary organization, offering leadership and support to the sexual violence sector in Alberta (Association of Alberta Sexual Assault Services, n.d.).

entirely dependent on externally-obtained resources. Interdependencies with other organizations are not inherently problematic. When the supply of a vital resource is steady and abundant, organizations are secure. However, the supply of resources is not necessarily assured or continually available. Nonprofit organizations in particular have a history of being impacted by politically and ideologically-motivated changes in funding policy. This instability, and inability to depend on their environment, results in organizational vulnerability (Pfeffer & Salancik, 2003). Therefore, interdependencies with other agencies lead organizations to feel uncertain about their survival (Pfeffer, 1987). Furthermore, external groups may demand something in return for providing organizations with the resources they require to continue to function. Organizations' survival depends on their ability to manage these demands (Pfeffer & Salancik, 2003). Due to their dependence on external resources, organizations' actions are not solely the result of their internal structure, processes, and preferences. When the environment changes, the organization has to change their activities in response. Their dependence on the external environment also makes them vulnerable to influence. Consequentially, it is "almost inevitable" that their actions and decisions become constrained by their interdependencies with other agencies. This is particularly the case when the external agency controls a resource that is vital to an organization's survival (Pfeffer & Salancik, 2003). For instance, women's nonprofit organizations in Alberta have a long history of modifying their focus or mandate in order to obtain vital funding. This includes shifting away from political agendas and focusing on issue-specific services. Other organizations adopt strategic approaches to continue benefitting from strict funding regulations. One women's shelter in Edmonton, for instance, used to market itself as both a shelter and "an ongoing project." Speculatively, this allowed the organization to remain competitive in a project-based funding climate.

Organizations facing uncertainty about their survival take action to manage their interdependencies and lower their risk (Pfeffer, 1987). For instance, they may find another way of obtaining a vital resource (Pfeffer & Salancik, 2003). Women's organizations may choose to diversify their sources of funding or to create partnerships with other community organizations. This lowers their financial reliance on a single source. In other cases, they may choose to reject certain streams of funding and replace them with a different source. However, this can create new uncertainties for organizations (Pfeffer & Salancik, 2003) and may create new power dynamics between organizations. These factors, in turn, continue to influence an organization's behavior (Pfeffer, 1987). Finally, Resource Dependence Theory explains that legitimacy plays an important role in understanding organization's relationships with other agencies. Organizations compete to obtain finite resources that could be utilized elsewhere. Therefore, organizations are continuously being assessed for whether their activities are appropriate, legitimate, and result in useful outcomes (Parsons, 1956). Organizational legitimacy, therefore, is necessary for their continued survival. Nonprofit organizations are constantly striving to maintain their legitimacy by practicing transparency of spending, reporting to their funders, and maintaining a level of trust within their communities.

Resource Dependence Theory frames organizations as active, capable of responding to and affecting their environment (Aldrich and Pfeffer, 1976; Pfeffer & Salancik, 2003). It also posits that organizations rely on their environment for resources vital to their survival. Although this framework was developed to explain the behavior of all types of organizations, I argue that it fits particularly well with the nonprofit sector. Nonprofit organizations almost exclusively rely on external funding for their continued existence. This means that their actions and behaviors are heavily influenced by their funders. One such influence is seen in organizations' current efforts to

collect, manage, and document large volumes of client data. Despite taking up significant resources, collecting data allows organizations to satisfy their funders and to continue receiving funds for their operations. It also increases their legitimacy in their community, allows them to promote their activities, and allows them to “secure [additional] financial, political, or other types of resources” (Carman, 2011, p. 354). These efforts, however, are themselves limited. Due to the current funding climate, many organizations struggle to obtain funding for administrative equipment and human resources. These are vital to the effective management and utilization of their data. This is partially due to Alberta’s current focus on project-based, rather than flexible “core” funding. Project-based funding supports short-term projects that have “clear” goals and “measureable” outcomes. It does not fund organizations’ core operations and needs. Consequently, organizations have to diversify their funding and develop unique solutions to continue managing the data that is vital to their survival.

2.2 Research Methods

This theoretical framework provides a useful set of questions to guide any examination of how nonprofits collect and use client data in providing services. For instance, how do organizations manage their funders’ demands and expectations? How can they maximize data use to ensure that they’re making rational, evidence-driven decisions? What kind of support do they still require? I examined several organizations that play a key role in the women’s service sector in Edmonton. I also spoke with multiple participants who had a deep understanding of the organization’s work in the community and the challenges facing nonprofit organizations.

Case Studies

The research for this study is based on four organizations that provide services for women in Edmonton. I scheduled a meeting with leaders at two of the participating organizations to discuss the requirements and expectations of participation, as well as to recruit additional participants. Two organizations omitted this step. Instead, these details were discussed over email or phone. People at each organization recommended potential participants who were knowledgeable about data collection and would be best suited to answer my questions. In the end, participants recruited from each organization were either leaders, responsible for managing programs or making decisions, or involved in some aspect of the organization's data entry, collection, or reporting. A total of twelve participants were recruited across four organizations.

Background Research: Study Sample

I conducted background research on each organization's history, structure, and goals. I examined the organization's online presence, including their website, social media, and any mention in news articles or online promotional materials. I also examined the literature published by or about these groups. I asked each organization to provide documents that they distribute to the public (e.g. brochures, information pamphlets), as well as their most recent Annual Reports. Finally, I examined the reporting requirements of each organization's major grant or funding agencies. These sources provided information on each organization's agenda, services, organizational structure, reporting requirements, and role in the community. Each of the four organizations is a registered charity, is prominent in the community, and works with marginalized or abused women in the city. Each organization has a different focus and specialization. Organizations also differed in size, budget, and how long they had been operating

in the community. This diversity offers a multifaceted understanding of data use within nonprofit organizations in Edmonton.

Edmonton Women's Shelter (WIN House): In 1968, a group of 28 organizations met to discuss the growing number of homeless women in Edmonton. They formed an action committee and later opened a storefront where transient women could receive support and referrals to social service programs in the city. In 1970, this group succeeded in opening an emergency women's shelter in the basement of All Saints Cathedral. This shelter had one staff person. Clients slept on mats on the floor. As the shelter was unable to offer meals, women had to access other community resources for this basic need.

The shelter allowed the action committee to gain a better understanding of their clients' circumstances. They found that a large portion of women accessing shelter were fleeing abuse. Therefore, the committee adopted a mandate to support women and children fleeing violence and abuse. In 1973, Edmonton Women's Shelter was incorporated as a charity. With increasing funds, in 1978 they opened the doors of WIN House 1. This shelter was capable of housing, feeding and supporting six families at a time. In 1982, a second location opened – WIN House 2. This shelter was able to accommodate eight additional families, totaling 14 families or 51 people. Finally, in 2010 the organization opened their third shelter – WIN House 3 (later renamed Carol's House). This shelter was opened specifically to meet the needs of immigrant, refugee, and trafficked women. All three shelters are highly secure and located at undisclosed locations in the city (WIN House, n.d.).

WIN House offers a variety of services. They offer a 24-hour helpline, as well as an Intense Case Counseling Program (one-on-one work in the community). Women who gain access

to shelter can stay up to 21 days. In shelter, they are offered crisis intervention, child support, healthcare, donations of clothing and basic necessities, as well as support with finding housing and planning their future. Clients who depart from the program continue to receive support from the organization's Outreach program, as well as donations of household goods (WIN House, n.d.). Every year, the organization supports almost 300 women and 400 children. Furthermore, the organization offers free public education to the community about domestic violence. In the 2016-2017 fiscal year, WIN House received 18 per cent of their funding from community donations, 6 per cent from fundraising and interest, and 76 per cent from grants⁷ (WIN House, 2017a).

Vision: *Women and children are safe and free from abuse in their environments and relationships.*

Mission: *WIN House exists to further non-violent relationships and environments for women with or without children.*

The Sexual Assault Centre of Edmonton (SACE): SACE “exists to support people impacted by sexual violence and engage communities to promote respect and uphold a culture of consent” (Sacetalks, 2017). The organization, initially called the Rape Crisis Centre, opened in

⁷ WIN House received \$3,263,022 in grants in the 2016-2017 fiscal year. Eighty-two per cent of this funding was obtained from the Alberta Ministry of Human Services. Twelve per cent was obtained from Homeward Trust. The remaining six per cent came from the Childcare Grant, Shelter Enhancement Initiative, Stollery Nursing Grant, and Community Grants (WIN House, 2017b). The Ministry of Human Services supports programs such as community supports in a variety of areas, including homelessness and family violence prevention. Partnering with Status of Women Canada, they also support programs to prevent sexual violence of both adult women and children. They support emergency and second-stage women's shelters as well as outreach, case management, and child supports for women and children experiencing domestic violence. In the 2016-2017 fiscal year, they allocated \$3.5 million dollars to family violence initiatives in Alberta. The Ministry of Human Services was dissolved in January 2017. It was replaced with the Ministry of Community and Social Services (Government of Alberta, 2017).

1976 in response to Edmontonians' concern about sexual violence in their community. Initially the organization only offered a Crisis Line, which was coordinated and managed by one part-time staff member and a group of volunteers. In 1983, the term "sexual assault" replaced "rape" in the Criminal Code of Canada. To reflect this change in legislation, the organization changed their name accordingly (Sexual Assault Centre of Edmonton, n.d.(b)).

SACE describes itself as "a feminist-based not-for-profit charitable organization that supports children, adolescents, and adults who have experienced sexual abuse or assault, and educates the public about sexual violence" (Sexual Assault Centre of Edmonton, n.d.(a)). Despite offering their services to clients of both genders, 86 per cent of their clients are women (Sexual Assault Centre of Edmonton, 2016). SACE provides their community with a number of diverse services. They offer public education, a 24-hour Sexual Assault Crisis Line, individual and group counseling for all genders over the age of three, an outreach program, crisis intervention, and court support. The organization empowers their community by increasing education about sexual violence and by providing victims with a wide range of supports. Each year, SACE provides thousands of hours of counseling to survivors of sexual violence. Many of the clients are marginalized or high-risk. Many also come from impoverished communities. The majority of their clients would not be able to afford this support otherwise (Sacetalks, 2017). SACE obtains their funding from a variety of sources. Their core funders include Alberta Community and Social Services, Alberta Health, Alberta Justice and Solicitor General, Status of Women Alberta, United Way of the Alberta Capital Region, and the City of Edmonton Family and Community Support Services (Sexual Assault Centre of Edmonton, 2016).

Vision: *A world free of sexual violence.*

Mission: *The Sexual Assault Centre of Edmonton (SACE) exists to empower individuals affected by sexual abuse and assault, and empower communities to take action against sexual violence.*

Action Coalition on Human Trafficking (ACT) Alberta: ACT Alberta was established in 2010 in response to cases of human trafficking discovered in Alberta and in Canada (ACT Alberta, n.d.(e)). ACT Alberta works with law enforcement, government, and non-governmental community organizations to both identify victims of human trafficking and to offer them supports and services (ACT Alberta, n.d.(d)). They also work to prevent human trafficking and support the prosecution of traffickers. They serve the needs of both internationally and internally trafficked people, including men, women, and children. These people come from a variety of backgrounds, including trafficking for labor exploitation, sexual exploitation, and organ trafficking. ACT Alberta's operations include coordinating services for victims of human trafficking, managing Victims Assistance Funds, training and educating service providers, as well as educating the public. ACT Alberta also conducts research on human trafficking, and participates in the development of provincial and national human trafficking policy (ACT Alberta, n.d.(f)). They are a leader in Alberta's response to human trafficking. In 2017, ACT Alberta delivered 75 educational presentations to almost 3,000 Albertans, hosted multiple Human Trafficking workshops, and worked with healthcare professionals to help them identify and assist potential victims of trafficking. Furthermore, they supported 50 persons who were victims of trafficking, and collaborated with as many as 60 different community programs and services to meet the needs of their clients (ACT Alberta, n.d.(a)).

For the purposes of this project, ACT Alberta is being considered a "women's organization" due to their extensive work on sex trafficking in Edmonton, their partnership with

Status of Women Canada (ACT Alberta, n.d.(b)) and their widespread collaboration with other women's organizations in the city. Approximately 70 per cent of all victims of human trafficking assisted by ACT Alberta are female. Furthermore, approximately 55 per cent of victims of human trafficking assisted by the organization are exploited for sex. All of these victims have been female (ACT Alberta, personal communication, 2018). Federally, ACT Alberta is funded through the Justice Canada's Victims Fund and Status of Women Canada. Provincially, the organization obtains funding through the Alberta Justice and Solicitor General's Victims of Crime fund, and Human Services' Family and Community Safety Program. ACT Alberta also receives funding from the City of Calgary's Crime Prevention Investment Plan fund (H. Vancil, personal communication, 2017). Finally, the organization relies on donations (ACT Alberta, n.d.(c)). ACT Alberta is a registered charity in Canada.

Vision: *An Alberta free from Human Trafficking.*

Mission: *We will increase our knowledge and awareness on human trafficking, advocate for effective rights-based responses, build capacity of all involved stakeholders, and lead and foster collaboration for joint action against human trafficking.*

WINGS of Providence: WINGS of Providence was established to address the need for long-term housing for women and children fleeing family violence. WINGS, or Women in Need Growing Stronger, was registered as a charity in 1986. It opened its doors to families in 1987. In 2001, the organization was able to expand their housing quarters. They obtained funding for 20 new apartment units and the expansion of their services. These units were built in a quiet community near schools, parks, and shopping. In 2003, they were ready for habitation. Less than a decade later in 2012, the organization expanded once more by opening an affordable housing

complex for women and children “to promote continued healing and independence” (WINGS of Providence, n.d. (b)).

WINGS is a second-stage shelter. It offers clients long-term, affordable housing. Families accepted to WINGS stay for up to six months. During this time, the organization works to address the social, psychological, and physical health issues of women and children. WINGS supports clients of all cultural and religious backgrounds, offers a secure living environment, and provides daycare for the children of employed clients. Furthermore, they offer an Outreach program for clients who leave to re-integrate into the community (WINGS of Providence, n.d. (c)). In the 2015-2016 fiscal year, WINGS served 58 women and 135 children. To date, the organization has housed over 1,100 women and over 2,500 children within their facilities (WINGS of Providence, 2016). WINGS obtains 41 per cent of their funding from the provincial branch of Children’s Services, 23 per cent from fundraising, and 13 per cent from donations and membership fees. The remaining 23 per cent are obtained from rental income, income from their daycare program (Rocky Forest Daycare), and interest (WINGS of Providence, personal communication, 2018).

Vision: *Women and children are empowered to live safe independent lives within a supportive community that has zero tolerance for family violence.*

Mission: *To provide comprehensive transitional programs and independent living in a safe, secure, supportive, and healthy environment for women with children who have experienced family violence.*

Data Collection and Analysis

Semi-Structured Interviews

Research for this study included in-depth semi-structured qualitative interviews that addressed the following question: “how do non-profit organizations providing services to victims of abuse in Edmonton use data and inform service delivery?” Qualitative interviews allow for the exploration of opinions, experiences and multiple perspectives of participants. Furthermore, they allow the researcher to investigate “complex, contradictory, or counterintuitive matters” (Rubin & Rubin, 2012, p. 4). Rubin & Rubin argue that this approach to data collection allows researchers to see an issue from all perspectives and to account for its complexities. This is particularly useful when researching new territory or under-researched topics (2012). Participants were asked to answer three main categories of questions⁸. The first category addressed how and why information is collected, and how information is utilized at organizations. The second category of questions ascertained whether data is seen as something of value, both in program evaluation and service provision. The third asked participants about their concerns over sharing anonymized data with external researchers or agencies for the purpose of analysis. I structured interview questions in such a way as to avoid response bias from the participants. Furthermore, I tailored the interview guide to every participant, taking into account their role within the organization and their areas of expertise. I further tailored the questions and topics of discussion during the interview process (Rubin & Rubin, 2012). Most of the interviews were conducted in-person in a private space. I held one interview in a coffee shop at the request of the participant; I conducted another interview via telephone. In total, I conducted 12 interviews with staff members at four organizations. The average length of the interviews was 43 minutes, with a minimum time of 23 minutes and a maximum time of 1 hour and 40 minutes.

⁸ A Sample Interview Guide may be viewed in Appendix A.

I audio-recorded and each interview. I then transcribed them verbatim (Whiting, 2008). I completed this while data collection was underway to address emerging issues in subsequent interviews and to remain responsive. I then thematically analyzed and coded each interview to fulfill the three aims of thematic analysis: investigating the commonalities, dissimilarities, and connections between variables (Harding, 2015). My coding style included numbers, abbreviations, and phrases to help organize the data. I first sorted the codes into four apriori coding categories: data collection, data analysis, data utilization/views, and data sharing. I defined these categories prior to data collection. These categories helped guide the data collection process. I then sorted the codes into empirical coding categories. I derived empirical categories after data collection by examining important commonalities in the data (Harding, 2015). A breakdown of the major (apriori) categories and (empirical) sub-categories is presented in Table 1.

Table 1. Major coding categories: Data use at nonprofit organizations

Major Category	Associated Concepts/Sub-Categories
Data collection	Types of data collected, purpose behind data collection, how data collection changed with time, process of data collection, barriers to collecting reliable data
Data analysis	Types of analyses conducted, purpose behind analyzing data, process of analyzing data, barriers to data analyses
Data utilization and views about data	Perceived importance of data, data utilization in programming decisions, evidence-based practice, measurement tools, barriers
Data sharing	Types of data shared, opportunities to share data, perceived benefits and concerns to data sharing, privacy and confidentiality, barriers to data sharing, data-sharing policies within organizations

Software and Documentation

I also examined the documentation and data tracking software that each organization utilizes to document and manage their data. I obtained blank copies of documents utilized to collect data from organizations' clients. Using these forms, I analyzed the types of information collected at each organization. I asked organizations to establish which data points are collected as a direct result of funding requirements. Furthermore, I investigated the purpose of collecting any supplementary data. I also examined the software currently utilized at each organization, as well as the types of analyses conducted using said software. Finally, I requested access to organizations' most recent Annual Reports, as well as any materials they distributed to the public. Examining these materials was a useful way of gaining additional information about the operational capacity of each organization. It also allowed me to gauge how organizations present their internally-collected data to the public.

Quantitative Dataset

I gained access to a unique and valuable dataset from one of the participating shelters, WIN House. This dataset includes client demographic and service data from the previous three years, encompassing approximately 1,000 women and 2,000 children. This data contains clients' backgrounds, demographic information, abuse histories, legal histories, assessed levels of danger, and outcomes post departure. It also includes information about the length of time a client stayed in shelter, as well as details about the types of services that clients received. This information allowed me to better understand the nature of the data collected by nonprofit organizations.

Furthermore, it allowed me to critically analyze how organizations could utilize their data to inform their programming.

There are many questions that could be addressed by this data. For instance, how do the services and referrals obtained by a client impact her outcomes post departure? Are clients who are financially stable more likely to obtain independent housing after leaving shelter? How does a client's age or relationship status with the abuser impact the likelihood that she will return to him? These questions are informed, in part, by outcomes identified as "desirable" by both literature and women's organizations: specifically, stability of housing and freedom from abuse⁹. To answer these questions, I carried out a series of analyses. This included descriptive statistics, cross-tabulation, bivariate correlation, independent sample t-test, and logistic regression. By analyzing relationships between variables, I was able to make a set of recommendations regarding service provision at the organization. In doing so, I demonstrate that these types of analyses can be valuable to organizations. Specifically, they can help identify clients' needs, validate existing services, and highlight possible areas of improvement.

Ethical Considerations

This project followed the SSHRC Tri-Council guidelines for ethical practice. It posed minimal risk to its participants. Prior to participation, I informed participants of the details of the project and asked them to sign a consent form¹⁰. All participants had the capacity to give free, informed consent. I collected the name of each participant. I kept this information confidential and assigned each participant a pseudonym for anonymity. I also collected participants' email

⁹ For more information, see Section 4.4, subsection "Positive Outcomes"

¹⁰ A Research Consent Form may be viewed in Appendix B.

addresses, later utilized to send each participant a final transcript of their interview (if they wished to see it). I asked participants for formal consent to be audio-recorded during the interview. This consent was voluntary; I informed participants that I would take notes by hand if they were uncomfortable with being recorded. I utilized the audio recording of each interview only for transcription. Upon completion of a transcript, I destroyed the corresponding audio recording. I also informed participants that upon request, any information would be removed from the record at any time during or after the interview sessions. Additionally, participants could withdraw at any time during or after the research study. I avoided compromising quotations or information in my final report to preserve the integrity of the participating individuals and organizations. While I anonymized the identities of participants, I asked participating organizations for their consent to be identified in the final research project. I kept all electronic data (including documents, files, or interview transcripts) on my computer, which is secure and protected by a secure password. I kept audio recordings of the interviews on a secure device and destroyed them shortly after transcription. I secured any hard copies of documents in a cabinet in my home. As per University of Alberta's policy, the data will be kept for five years following the completion of the study. I will destroy the data after five years.

Researcher's Perspective

Accounting for the researcher's perspective is important. A researcher may be biased in their interpretation of their research due to their background, experiences, values and expectations (Hand, 2003). My research has been influenced by my experience in the nonprofit service sector, as well as my interest in marginalized populations and topics surrounding abuse and exploitation. In 2014, I obtained a position as Data Administrator at WIN House, a women's

shelter in Edmonton. My duties had two components. I was responsible for completing basic secretarial tasks, such as taking meeting minutes, printing off paperwork, answering calls and greeting office visitors. I was also responsible for maintaining the database used to track client data, reporting to the government on a monthly, quarterly, and annual basis, and pulling basic aggregate reports for use on social media and funding applications. As my interest in data management at the organization grew, my duties expanded. By the time I left the organization two years later, I had spoken extensively to front-line staff regarding their difficulties with data collection and database use. Furthermore, I had customized both the database and the paperwork used to track client data at the organization. I also spent a significant amount of time training staff on the database and educated staff about the value of the data that they were collecting. Finally, I created multiple reporting frameworks, migrated most data collection to a single database, created reports that pulled valuable information on clients, and advocated for the use of client data in decision-making.

My time in this position allowed me to experience first-hand the barriers currently faced by nonprofit organizations operating in Edmonton. These experiences and observations helped form the research question addressed by this thesis. They also influenced the types of organizations I recruited for participation in this project, the questions I asked during interviews, and the supplementary data I collected and later analyzed. By having prior insights into the sector, I was able to prompt participants into in-depth discussions about data management, collection, and decision-making at their agencies. My experience working with the databases at WIN House (Outcome Tracker and Efforts to Outcomes) also allowed me to make unique insights into how data management software serves nonprofit organizations. Furthermore, because three of the four participating organizations utilize Outcome Tracker, I was able to refer

to my expertise with the database to compare how it is utilized at different agencies. This allowed me to gain a deeper understanding of whether database-related issues stem primarily from software quality, or from a lack of human resources and expertise. Finally, my experience in the field helped guide my final analyses. It guided my focus during the interpretation of my qualitative data, and helped me identify valuable insights into data management in the sector. My knowledge of domestic violence in Edmonton also helped guide my quantitative analysis, make meaningful interpretations of my results, and offer practical suggestions for utilizing the findings.

Chapter 3: Data Collection at Nonprofit Organizations

3.1 Introduction

Most non-profit organizations collect data. They administer surveys, create focus groups or collect self-reported client information and statistics (Valenti, Mihalo, Strickler, Trunzo & Triplett, 2017). Data allows them to keep track of their operations and to measure their impact on their communities. This information also enables them to improve their services (Nonprofit Technology Network, 2012; Valenti et al., 2017). However, organizations have varying capacity for collecting and using this information (Valenti et al., 2017). As such, each organization is unique with respect to what data they collect, how much data they collect, and how this data is utilized.

One survey conducted on 398 American nonprofit organizations in 2012 aimed to discover the types of data they collected. Approximately 99 per cent of the surveyed organizations tracked some type of data metrics. The majority of participating organizations collected financial and operational data, such as expenses, income, and volunteer hours. Organizations also measured information about the programs that they offered to clients, including simple counts (e.g. the number of client cases per social worker, attendance and client demographic data) and resource expenditures (e.g. the time spent offering a service). Finally, they collected outcome data, which attempted to measure the impact of their services (e.g. client satisfaction surveys and the number of clients who return to the program in the future) (Nonprofit Technology Network, 2012). Program and client outcome data is “is one of the best ways to articulate what [organizations] are delivering” (Nonprofit Technology Network, 2012, p.8). This data is used for monitoring client outcomes, evaluating the effectiveness of programs, improving

the quality of services, and identifying problem areas. One study found that approximately 83 per cent of nonprofit organizations collected some type of outcome data (Morley, Vinson & Hatry, 2001). Human service funders are increasingly expecting organizations to develop data management systems and to conduct outcome evaluation (Poole, Davis, Reisman & Nelson, 2001; Morley et al., 2001). Therefore, tracking this data is vital to an organization's ability to prove their impact and accountability to funders (Valenti et al., 2017; Poole et al., 2001). Data collection at nonprofit organizations is largely driven by funder requirements (Nonprofit Technology Network, 2012).

This chapter is divided into four sections. In section 3.2 I argue that nonprofit organizations in Edmonton collect and store a substantial amount of data on their clients. In section 3.3, I demonstrate that organizations also allocate significant resources to documenting this data. Data is initially documented using complex paperwork. It is later entered into data management software. Some organizations even utilize multiple software platforms to track their client data. In section 3.4, I show how organizations analyze their data using observational and software analyses. I argue that, despite the resources allocated to collecting and managing data, organizations are only capable of producing elementary analyses. These include basic counts and percentage breakdowns (see Tables 2 through 4). Finally, in section 3.5, I argue that one of the main reasons that organizations collect this data is to satisfy funder requirements. Funders are the most significant external influence on organizations' data-related practices. Organizations also collect data to inform their practice and tailor their programming. However, for some, this is a secondary aim. I argue that this organizational data is valuable. It can provide insights on the effectiveness of organization's services. However, given their limited ability to conduct analyses, the utility of this data is ultimately limited.

3.2 Types of Data Collected

There are several types of data collected by each organization:

- 1) Demographic data that allows them to track and identify their clients.
- 2) Data that allows them to inform their practice and help guide service provision (such as client feedback surveys, self-identified client needs and goals).
- 3) Data that builds a narrative about a given client (such as the client's background, personal experiences, comments, and story). This allows all staff to be equally informed about each client. This information also allows the organization to inform funders and the community about their client's experiences and garner additional support.
- 4) Auxiliary data that is required by funders or umbrella organizations (such as the client's cultural background, economic background, and location immediately prior to admission into the program).

Some information that is commonly collected across organizations includes:

- Client's full name (and names of dependents, if any)
- Birth date and age of client (and ages of dependents, if any)
- Classification of client (e.g. victim of abuse, victim of human trafficking, victim of sexual assault, woman in need, etc.)
- Permanent address
- Gender
- Marital status
- Employment information
- Cultural background (and Aboriginal Status, if relevant)
- Source of income
- Medical history
- Recent injuries
- Addictions, if any

- Mental health issues, if any
- Types of abuse experienced
- Police involvement/charges laid against assailant
- Prior partner's/abuser's/assailant's name, date of birth, address
- Abuse history

While there is some overlap in the types of data collected at each participating organization, each organization is primarily concerned with data that is relevant to its mandate. For instance, one participant from ACT Alberta explained, “we collect as much as we can, [including] where [clients] were trafficked to and from, whether there were many transit points in their trafficking experience, who their trafficker was . . . we try to collect as much data [as we can] about the trafficking experience. (H. Vancil, personal communication, 2017). Similarly, the two women’s shelters (WINGS of Providence and WIN House) focus on collecting client data related to domestic violence. They collect information about the woman’s abuser, including his name, birthdate, the circumstances of the abusive behavior, and whether he poses an immediate threat to their client. They use this information to determine whether their client is in danger and whether additional security measures are needed to ensure a client’s safety. At WIN House, the name of the abuser is also used to determine whether there are multiple clients in a shelter fleeing the same person (which would pose a safety risk), or if the abuser is related to a staff member (which would pose a conflict of interest). In the case of lesbian partners, the abuser’s name also allows staff to ensure that an abuser is not admitted into shelter at the same time as their victim. SACE, on the other hand, collects extensive information about the type of sexual violence that their client experienced. They collect data on prior incidents of assault (including sexual assault in childhood), the number of times a client had been assaulted, the number of offenders, as well as

details about the specific episode that led the client to seek their services. They also collect information about the circumstances that led to the assault. This may include drug and alcohol use, “grooming,” or luring over the internet. SACE also collects detailed information about clients’ abusers.

On average, organizations collect 51 unique data points on their clients during intake alone. By the end of a client’s stay, the number of data points is almost four times in size. This information is usually collected by asking clients oral questions and documenting their response. In some cases, this information is gathered from other agencies¹¹. Organizations also keep detailed case notes on their interactions with clients. Multiple organizations supplement these notes with a detailed “interview-style” narrative. This involves holding a session with a client where the client tells their story in as much detail as they are comfortable with. This interview is recorded and placed alongside the rest of their documentation. Finally, several organizations distribute evaluation forms in which they request feedback from clients regarding the quality of services received. These evaluations often take the shape of Likert-Scale questionnaires (with scales ranging from “strongly disagree” to “strongly agree”) that ask about the client’s satisfaction and feelings of safety and wellbeing while in the program. They also allow for

¹¹ WIN House documents the majority of their data by asking clients oral questions and documenting their response. In exceptional cases (for instance, the referral or transfer of a client from a different shelter), staff may receive information about a client from another organization. WINGS of Providence operates similarly. SACE practices a mixed-methods approach with data collection. While some of their forms are completed directly by staff, other forms (such as subjective wellbeing assessments) are completed by clients. This allows staff to evaluate a client’s progress through counselling. ACT Alberta also collects information directly from their clients. However, due to their area of work they also obtain information about their clients from referring agencies (e.g. law enforcement). Some organizations also practice flexible data collection. This means they modify their approach depending on their client’s situation, preference or level of distress.

unstructured feedback from clients¹². These forms are completed directly by the client and feedback remains confidential.

3.3 Data Documentation and Storage

Documentation

There are two main methods commonly utilized to collect client data. The first method is pen and paper. Organizations create a file for each client, and front-line staff utilize intake forms to collect data. The one exception to this is at ACT Alberta. At ACT Alberta, client data is sometimes collected by the agency that refers the client, such as a law enforcement agency. In all other cases, data is collected in-house. Organizations complete both structured forms and unstructured case notes about clients. At WIN House, for instance, staff document everything that happens in shelter. This includes clients' plans and activities throughout the day, as well as any significant interactions between a client and staff. These notes inform other staff about the events of the day. Furthermore, they allow staff to keep track of a client's progress in the program. While some organizations rely solely on internally-created documentation, others also utilize documentation that is externally produced. SACE, for instance, utilizes a Client Statistics Form¹³ that was created by their umbrella organization, the Association of Alberta Sexual Assault Services (AASAS).

Paper documentation allows staff to quickly and easily share information (as compared to trying to locate a client's profile on a database). Using paper also ensures that organizations have

¹² A copy of a Client Evaluation form may be viewed in Appendix E.

¹³ A sample Client Statistics Form may be viewed in Appendix C.

“hard” backup copies of their data. Furthermore, it allows organizations to circumnavigate the difficulties that some staff encounter using computers and software. While clients may refuse to have their information entered into an organization’s database, much of the information collected by staff is deemed vital in understanding and taking care of the client’s needs. To ensure that clients are informed about the collection of their data, WIN House, for instance, asks clients to read and sign an “Informed Client Consent” upon admission into shelter¹⁴.

It is worth noting that it is common for organizations to keep client files for a significant period of time. Women’s shelters in Alberta, for example, keep their data for ten years after a client’s most recent departure. Currently, WIN House stores over 3,000 files on roughly 9,000 women and children who accessed their services in the prior ten years. According to SACE’s regulations, they also have to keep their files for at least ten years. However, one participant stated that they have been “trying to keep [client files] indefinitely, at this point” (N. McKinley, personal communication, 2017). There is no statute of limitations on crimes such as sexual assault. Therefore, the organization wants to ensure that they are able to support their clients at any point in the future, should they choose to go to court (N. McKinley, personal communication, 2017).

Data Management Software

The second method – and the next step in the data collection process for many organizations – is entering information into a database. Carrilio (2005) states that organizations have two options. They may either adapt an existing product, or create a customized product to

¹⁴ A copy of this consent form may be located within the WIN House Client Admission Form (Appendix D).

meet their needs. Adapting existing software is a more cost-effective option, as it requires significantly less steps to create a functional system. Unsurprisingly, the majority of the organizations in this sample utilize an adapted piece of software. Three organizations utilize a database called Outcome Tracker to track their data, as do all women's shelters and sexual assault centers in the province. However, some organizations' needs cannot be met by generic software (Carrilio, 2005). One of these organizations supplements Outcome Tracker by a database called Efforts to Outcomes. Another organization supplements Outcome Tracker by Titanium Schedule. Customizable products, on the other hand, are able to address the specific needs of an organization. ACT Alberta, for instance, purchased a custom-developed Access database to meet their needs. But developing a custom database may take up too many resources, and the result may be similar to existing systems. Therefore, ideally "it should be possible to develop management information systems for social service organizations which combine generic and specific elements" (Carrilio, 2005, p. 57).

Many organizations have to rely on multiple pieces of software to manage their client data. However, databases are often developed to meet the needs of all organizations in a specific sector. Consequently, they are not perfectly tailored for any one organization's needs. Furthermore, it is vital that software for social services is both sophisticated enough to connect data in complex ways and straightforward to the user. Even sophisticated applications will be seen as difficult to use from the view of social workers (Carrilio, 2005). Unfortunately, given organizations' resource limitations, many use software that is outdated, not intuitive, and difficult to use.

Outcome Tracker

Outcome Tracker is a cloud-based piece of software developed by Vistashare. It is intended for use at both stand-alone agencies and nonprofit organizations. It is used by a variety of organizations and businesses, including housing programs, community financial institutions, economic development programs, child savings account programs, and social services. Each of these types of organizations receives a version of Outcome Tracker that is tailored for their sector. For social services, Outcome Tracker allows organizations to track client records, access program data, and track and report on program outcomes. It allows organizations to create a profile for each client, and track client data by completing forms. Data from these forms is then pulled into queries and summarized in tables. Finally, Outcome Tracker allows organizations to create charts and graphs with their data, and to create custom reports (Vistashare, n.d.).

Over time (and with the guidance of umbrella organizations like the Alberta Council of Women's Shelters (ACWS) and AASAS), every women's shelter and sexual assault service in Alberta adopted Outcome Tracker. Currently, it is the primary software that these organizations use to create reports for their stakeholders, umbrella organizations and funders. Outcome Tracker is utilized at WIN House and WINGS of Providence. These organizations use this software to track all of their client data, as well as data from Helplines and community/outreach programs. SACE also utilizes Outcome Tracker to track client data. However, at SACE this database is utilized exclusively to send reports to their umbrella organization and funders. Unlike at WIN House and WINGS of Providence, all information entered into this database at SACE is rarely referred to by staff. Furthermore, although Outcome Tracker allows users to make substantial modifications to its interface, many organizations find it difficult to tailor the software to their needs. Organizations often cannot afford to hire the expertise necessary to make these changes. While umbrella organizations like ACWS and AASAS do their best to support their subsidiaries,

they do not have the staff resources to make the necessary changes for each organization individually.

Efforts to Outcomes

Efforts to Outcomes (ETO) is a performance management software program developed by Social Solutions. They “provide easy-to-use software for nonprofits to track data, manage cases, and measure outcomes” (Social Solutions, n.d.). It is designed for use at large social service organizations, government agencies, and community organizations. ETO is a cloud-based system hosted on Amazon Web Services. It offers users features such as the ability to manage their caseloads, build forms, measure outcomes, share data and demonstrate their impact with reporting (Social Solutions, n.d.). Efforts to Outcomes is the primary piece of software currently used at Carol’s House, WIN House’s third shelter dedicated to refugee and trafficked women. This database was introduced to Carol’s House by the shelter’s funder, Homeward Trust¹⁵. Entering data on Efforts to Outcomes is mandated as part of Carol’s House’s funding contract and allows Homeward Trust to access their data. Efforts to Outcomes also offers organizations the ability to make substantial modifications to the database. However, Homeward Trust has specific preferences for the database’s layout and structure. Therefore, Carol’s House is unable to make changes to tailor this software to their needs.

¹⁵ While the rest of WIN House’s operations are primarily funded by the Ministry of Human Services, Carol’s House is funded by Homeward Trust. Homeward Trust is a “management body responsible for implementing local and provincial Plans to End Homelessness.” The organization administers public funding to housing organizations on behalf on three orders of government. Furthermore, it works to provide safe, affordable housing to Edmontonians who are at high risk for homelessness (Homeward Trust, n.d.(a)). Since 2001, Homeward Trust has provided \$159 million to fund 98 housing projects (Homeward Trust, n.d.(b)).

Titanium Schedule

Titanium Schedule is “the leader in college counseling EMR [electronic medical record] software” (Titanium Schedule, n.d.). Developed for university and college counseling centers, this software program allows organizations to track their clients and manage both appointments and schedules. Titanium boasts high customizability. Furthermore, it allows users to generate rich case notes and reports. It also allows users to create unique forms and export raw data into software programs such as Excel. Finally, organizations can utilize this software to manage their billing and revenue reports. This database is currently used at SACE to manage their counselling appointments and counselling data.

Titanium is a Windows program that has to be installed directly onto an organization’s server. While the Titanium Schedule Support Team offers some guidance during this process, they recommend that an organization hires a third-party IT company to support them through the installation. Furthermore, while the software is customizable to an organization’s specific needs, Titanium does not complete these changes for their users. Instead, the organization’s center director or manager is encouraged to customize the database to fit their organization’s needs. To facilitate this process, Titanium provides new customers with a “step-by-step” guide to configuring the database (Titanium Schedule, n.d.). While SACE was able to modify this software to fit many of their needs, they were only able to do so once they hired someone with prior Titanium expertise. Furthermore, given the unique structure of the program, SACE had to come up with creative workarounds to make the software functional at their organization.

Microsoft Access

Microsoft Access is an SQL-based tool offered by Microsoft that allows organizations to create a database to suit their needs. Organizations have the option of creating their own database, or working with a pre-made template. Once created, the database allows users to create queries and run reports on their data, as well as display data in tables. Advanced users can manipulate the data even further (Microsoft Access, n.d.). While Access is highly customizable and the software itself is low-cost, organizations may spend significant resources to have a database developed for them. Furthermore, additional costs may be incurred to train staff, update the software, create new queries and manage the data. ACT Alberta happens to have in-house expert who offers them this support. However, the organization would likely be unable to replace her should she leave the organization.

3.4 Data Analyses

Observational Analyses

Data at participating organizations is analyzed in two ways. The first method of data analysis is observational. Staff survey their paperwork to find information and trends that they view as consequential to their work. Managerial staff often review information disclosed by clients on a case-by-case basis. They make decisions based on their observations. For instance, at WIN House, at the end of every month managerial staff read the feedback forms collected from departing clients¹⁶. This allows them to address common difficulties, as well as follow up on any complaints. A similar process is followed at WINGS of Providence, where management regularly surveys clients' feedback. J. Mason noted that this type of information allows her to learn

¹⁶ A copy of the Client Evaluation (feedback) Form may be found in Appendix E.

whether clients “find the group work that we do helpful [as well as] what kinds of things . . . they didn’t see enough of” (personal communication, 2017). This information allows her and her colleagues to gauge how well their program addresses client needs, and informs her that “[we’re] on the right track” (J. Mason, personal communication, 2017). While some organizations choose to review client feedback forms one by one, others chose to take a slightly more structured approach. One participant stated that for her program, she systematically reviews client feedback forms and does a “a very informal coding” (N. Mckinley, personal communication, 2017). This allows her to look for basic trends within the data.

Software Analyses

The second method of data analysis is completed via organizations’ data tracking software. I obtained copies of the reports completed at participating organizations, and analyzed them for similarities and differences. I found that organizations utilize a variety of “reports” on their databases to run analytics on client data. For instance, they may view summaries of data from different programs or reports that present specific information (such as a client’s abuse history). The general format of reports is similar across platforms and organizations. These reports present their viewer with a list of demographic variables. Additionally, they offer a numeric and percentage breakdown of each category in the form of a frequency table. Table 2 is a representation of a primary client report produced using Outcome Tracker. Table 3 is a representation of a primary client report obtained from Titanium Schedule. These reports can be filtered by selecting a particular date range or a specific client category (for instance, an adult client vs. a child client).

Table 2. Sample Outcome Tracker occupancy report

Gender	Count	% Col Count
Male	0	0.00%
Female	58	100.00%
Total	58	100.00%
Age	Count	% Col Count
0-3	0	0.00%
4-5	0	0.00%
6-12	3	5.17%
13-17	4	6.90%
18-24	12	20.69%
25-40	9	15.52%
41-59	24	41.38%
60 or older	6	10.34%
Total	58	100.00%

This report summarizes the number and age ranges of clients admitted into a program within a particular time period. Data has been fabricated.

Table 3. Sample Titanium Schedule client statistics report

Where client comes from	No. of Forms	% of Forms	No. of people	% of People
City of Edmonton	14	63.6	14	63.6
St. Albert/Sturgeon County	5	22.7	5	22.7
Leduc/Leduc County	2	9.0	2	9.0
Stony Plain, Spruce Grove, Parkland County	1	4.5	1	4.5
Total	22		22	
Does the client self-harm?	No. of Forms	% of Forms	No. of people	% of People
Yes	5	22.7	5	22.7
No	16	72.7	16	72.7
Unsure	1	4.5	1	4.5
Total	22		22	

This report summarizes where clients accessing services at the organization came from, and whether or not they practice self-harm. Data has been fabricated.

Other reports allow organizations to track administrative information, such as the number of calls they receive on their 24-hour Helplines. These reports summarize the amount of staff

time spent on services, as well as the types of services that were requested most frequently by callers. An example of such a report can be seen in Table 4.

Table 4. Sample Outcome Tracker administrative report

Type of Request	# of Calls	Time Spent on Call (Min)	% of Total Calls
Admission Request	52	1230	1.62%
Information Request	2430	11456	75.82%
Crisis Support	143	1340	4.46%
Client-related call	22	200	0.68%
Other	555	340	17.32%
None	3	6	0.09%
Total	3205	14,572	100.00%

This is an example of an administrative Helpline report obtained from Outcome Tracker. This report summarizes the types of calls received at an organization and the time spent supporting clients over the phone. Data has been fabricated.

Many of these reports are created by umbrella organizations for use by their membership. These reports often fulfill a pre-determined purpose (such as satisfying specific reporting requirements). WIN House and WINGS of Providence, for instance, heavily rely on reports created by ACWS for shelters across the province. Similarly, SACE utilizes many reports created for them by AASAS. ACT Alberta, on the other hand, utilizes Access reports created for them at the inception of their database by an external contractor. Pre-created reports allow organizations to complete vital reporting with minimal resource expenditure. Outside of pre-created reports, organizations are also able to create their own queries and reports. This is particularly useful given that each organization has unique programs that might not be captured in generic reports. There are also incidences of organizations going beyond the analyses offered to them through their database. One participant stated that she once ran a report on the number of people who had accessed her small, long-term housing program. She noticed that the numbers were inflated. She

had assumed that the majority of her clients stayed for several months; however, if this were true the number would not have been inflated. According to her review, the average length of stay for clients was just over three weeks – substantially lower than expected. This was a significant finding, as it meant that a large proportion of clients were leaving sooner than the allotted stay time (K. Padmore, personal communication, 2017). Outside of these types of reports, organizations may also create simple line graphs or pie charts summarizing a particular variable. However, they do not currently produce more complex statistical analyses. As one participant noted, “most of us [in the nonprofit sector] don’t have the capacity yet to really analyze the data” (C. Farewell, personal communication, 2017).

3.5 Purpose of data collection and analyses

Informing Practice

Tailoring programs to fit client needs

One of the reasons that organizations collect data is so that they are fully informed about their clients’ needs and barriers. Having sufficient client information allows organizations to ensure that clients are safe, that their goals are clear, and that the program is able to meet their needs. Organizations like WIN House utilize this data to tailor the services that they offer to their clients. Furthermore, it allows them to adapt the guidance and referrals that they provide to clients. These aims fall within the scope of the general desire to be “client-centered:” that is, to operate in a way that is most supportive of an organization’s clientele. Data collection allows organizations to “provide as high a quality of services as we know how to do . . . [our] base intake [allows us to] gather relevant information and provide direct services, [and determine] how

the family thinks we might be able to assist them. So it's just a guide for us [to be client-centered]" (C. Farewell, personal communication, 2017).

In addition to improving their experience in the program, client data enables organizations to follow a client's progress and prepare to serve them again in the future. This is particularly important for organizations supporting victims of domestic violence. It is estimated that half of all attempts to leave an abusive relationship result in the woman returning to her abuser (Strube, 1988). Women often leave the same abuser multiple times before leaving for good (McFarlane, Nava, Gilroy & Maddoux, 2015; Yamawaki, Ochoa-Shipp, Pulsipher, Harlos & Swindler, 2012). One participant stated, "if [a client had] come to us before, we want to be able to know that. We want to be able to tailor our services based on [her] experience [and] to be victim-centered" (H. Vancil, personal communication, 2017). Having information about a client's past experience with the program, therefore, allows organizations to better support the client and her needs.

Data collection also allows organizations to advocate on the behalf of a client. This may include advocacy within financial support agencies, legal advocacy groups, and other community resources. Furthermore, client data allows organizations to determine whether they have the capacity to meet the client's needs, or whether the client would be better served by another agency. ACT Alberta, for instance, often receives referrals for women who do not fit within their mandate. Collecting data on clients enables ACT Alberta to redirect women who return (but are not considered "trafficked") to other services. Similarly, WIN House often receives requests for help from women who are homeless but not fleeing abuse, or women seeking to relocate to Edmonton. Knowing these clients' circumstances allows staff to determine whether they are an appropriate fit for the program.

Evaluating impact and programming

Collecting client data also allows organizations to evaluate their efforts, update policy, and improve service delivery. It allows organizations to tailor their services to meet client needs, as well as to ensure that they are reaching a varied population. B. Downsland stated that client data “lets us know who it is that we’re serving and who it is that we’re underserving. It also lets us see, you know, what our growth is, what our needs are” (Personal communication, 2017). Similarly, another participant noted that it is “very helpful for us to know who we are reaching and who we are not, and what is successful, and what isn’t” (N. McKinley, personal communication, 2017). Finally, one participant who worked at a particularly data-oriented organization explained that “as an organization we really value the importance of using [client] data to guide our decisions moving forward. Because we want to make sure what we’re doing is actually effective. [Otherwise,] you’re not getting anywhere. [You might] be making *some* dent [in your mandate] . . . but is it even measureable?” (H. Vancil, personal communication, 2017).

Funding

Fulfilling funding requirements

Nonprofit organizations are funded through a variety of sources. Many nonprofit organizations rely on private donations from community members. Others receive funding through foundations, community groups, and local, provincial and federal levels of government (Nonprofit Technology Network, 2012). This is particularly the case for organizations that “fill a service gap” otherwise unfilled by governmental agencies. WIN House, for instance, obtains 76 per cent of their annual funding from external granting bodies (WIN House, 2017a), such as

Alberta Human Services and Homeward Trust (WIN House, 2017b). The remaining 24 per cent is obtained from fundraising and private donations (WIN House, 2017a). Nonprofit organizations are facing increasing pressures to demonstrate accountability for their funding, and to provide evidence that they are making an impact in their communities (Valenti et al., 2017; Poole et al., 2001). Furthermore, organizations are expected to conduct or support objective, reliable research. This ensures accountability, transparency, and fostering public trust. This is especially the case for organizations that contribute to the development of public policy. Furthermore, it ensures that organizations are competent in their areas of expertise and are capable of applying their knowledge in an appropriate way. Laforest & Orsini argue that “in focusing on evidence-based policy, voluntary organizations are expected . . . to make informed, reasoned decisions” (2005, p.486). Therefore, by promoting evidence-based practice the government guarantees the quality of information and advice that comes from these organizations (Laforest & Orsini, 2005).

Funders are one of the “biggest external forces that affect data collection and analyses” (Nonprofit Technology Network, 2012, p.20). Therefore, it is unsurprising that the most frequently cited reason for data collection relates to organizations’ obligations to their funders. As one participant noted, “it is important for us to be accountable for the funding we are given” (M. Mckinley, personal communication, 2017). Collecting and reporting data to funders also allows organizations to gain legitimacy and to rally additional support. One participant noted that data has “helped build a case for government in terms of funding for shelters . . . [and] build a united front” (J. Mason, personal communication, 2017). These types of accountability requirements are satisfied through regular reports that summarize organizations’ operations in the community. Organizations vary in how much data they collect at the direct request of funders. Some organizations collect the majority of their data for funders. Others also collect data for

internal purposes or data requested by their umbrella organizations. This depends on many factors, including the organization's mandate (i.e. whether they are research-oriented or not), operations, and individual funders' demands. One participant stated that "all of our data [that we collect] at this point is [what is] requested [by funders]. There's a little bit extra . . . that is beyond what our funders need. But other than that, we have data forms that we need to fill out, and that's what we track" (B. Dowsland, personal communication, 2017). Each of the organizations send regular reports to their funding bodies. For the majority of organizations, their continued funding relies on their ability to report to their funders; as such, they take this task seriously.

Nevertheless, some organizations struggle to fulfil these expectations. For instance, one of the organizations submits a quarterly report to the Victim's Services division of Government of Alberta's Community Based Services. This report asks the organization to provide information about the number and types of clients it served, the types of supports provided to new and ongoing clients, and the number of hours spent on activities (such as court room support, public education, or administrative duties). The report also requests information about the organization's staff. The organization found this report to be overly detailed and difficult to complete¹⁷.

Funders often request onerous reports and large amounts of data that organizations would not otherwise collect from their clients. This may be because the data is unimportant for understanding client needs, or because the information is sensitive in nature. One participant from SACE noted that there are entire documents that have to be completed for the purposes of monthly reporting, but that play no part in understanding the client or her needs (L. Curtis, personal communication, 2017). One example of this is a form provided to the organization by AASAS. This form asks largely demographic questions (such as the client's gender, marital

¹⁷ A copy of the Victims Services report may be viewed in Appendix F.

status, and sexual orientation) and is completed without input from the client for reporting purposes¹⁸.

Obtaining additional funding

While funders request data that showcases how their funds were utilized, organizational data is also “a kind of a precursor to consider [offering] funding” (C. Farewell, personal communication, 2017). That is, data is used as both proof of accountability for existing funders and as a tool to help attract new funding. One participant stated, “when we are applying for grants, because it is somebody else’s money, we do want to show that we are going to do something worthwhile with it . . . and present a case for support. [We] utilize data to demonstrate that” (C. Farewell, personal communication, 2017). This allows organizations to demonstrate who their clients are, what their needs are, and that their clients are positively impacted by the organization’s services. This, in turn, allows organizations to build an argument for additional funds and to be competitive for both governmental and private grants. Certain types of data are specifically collected for writing grant proposals. One participant, who was in charge of the fundraising department at her organization, explained that “depending on [what grant] I’m applying for, it [impacts] what statistics I choose to use . . . I generally pull the stats or the data based on how I can best articulate why we need funding for a particular area” (I. Dunlop, personal communication, 2017). For instance, if the organization is looking for additional funding for their Helpline, they might include statistics about the number of callers or the amount of time staff spent supporting clients over the phone. This offers funders a snapshot of the organization’s efforts in the community and highlights the organization’s need. Finally, client

¹⁸ A copy of this form may be viewed in Appendix C.

data allows organizations to “more effectively tell the story of the impact that [we’re] having” (J. Rhode, personal communication, 2017). That is, data allows organizations to effectively tell the story behind their impact and their everyday efforts. This type of communication allows organizations to attract new support and resources from funders and the larger community.

3.6 Discussion

In this chapter, I argued that nonprofit organizations collect a significant amount of information about their clients. This information ranges from detailed notes about clients’ experiences and activities while in the program, to information collected via paperwork and questionnaires. Organizations spend significant staff time and resources on properly documenting and storing this data. Furthermore, many organizations keep their data for a significant period of time. Women’s shelters, for instance, keep data for a minimum of ten years. SACE, on the other hand, keeps their data indefinitely. This allows the organization to have records on hand in case a client seeks legal recourse against their abuser in the future.

A major part of documenting data is entering it into the organization’s database. There are a variety of databases utilized in the social service sector. Organizations part of a larger collective often utilize similar pieces of technology. WIN House and WINGS of Providence, for instance, are both part of the Alberta Council of Women’s Shelters. As such, they utilize a database called Outcome Tracker. This database was developed by Vistashare and tailored by ACWS to meet the needs of shelters across the province. SACE (like all sexual assault centers across Alberta) also relies on Outcome Tracker for their data management. Unfortunately, organizations frequently find that their primary database does not meet all of their data-related needs. As such, they frequently turn to supplementary pieces of software. This means that organizations use multiple

pieces of software to track client data. This takes up time, money, and in some cases means that staff are completing the same work multiple times. Although organizations can purchase bespoke software that meets their exact requirements, this is costly. It is also particularly difficult for organizations like WIN House and SACE, which are part of a larger collective that uses an agreed-upon software program.

Organizations spend resources collecting data for two main reasons. Specifically, data allows them inform their practice and to satisfy funders' requirements. In fact, funders are suggested to be the main reason why many nonprofits collect data. Funders request information such as the number of clients served at the organization, their operations, and client outcomes. Organizations' ability to satisfy these requests impacts whether they continue receiving funding in the future. While organizations also utilize this data to inform their programming and services, for some organizations this is of secondary importance. This is unfortunate, given that the data is already collected and is valuable. Nonprofit service organizations often work with high-risk, marginalized clients that are otherwise very difficult to research. Researchers attempting to study these populations may encounter issues surrounding ethics, as well as privacy, confidentiality, and access. This is particularly the case when attempting to research peoples' experiences at the peak of their crises. As such, many of the studies conducted on these groups are retrospective, which may result in a different interpretation of their experiences. Nonprofit organizations, on the other hand, actively document their clients' experiences. Furthermore, they have an established level of trust in the community. Consequently, they may be more successful than researchers in collecting accurate, reliable data from their clients. Therefore, nonprofit organizations' client data is unique, detailed, and extremely valuable.

Organizations are currently capable of conducting only elementary analyses on their data. Firstly, they use observational analyses: staff survey paperwork and reflect on their experiences with clients. Managerial staff review both staff and client feedback, and change programs based on their observations. Secondly, organizations conduct software analyses using their databases. These are simple reports that summarize counts of clients, service provision, and demographic variables. While they paint a valuable portrait of organizations' clients and their services, the analyses themselves are unsophisticated. They do not utilize the data to its fullest potential. Given the limitations of these analyses, the utility of the data itself is also limited. Consequently, organizations are forced to omit a valuable source of information during decision-making. This is unfortunate, especially given that organizations spend significant resources on collecting and managing client data.

Chapter 4: Barriers to Data Collection and Analyses

4.1 Introduction

Organizations face significant barriers to collecting, analyzing, and utilizing their data. Organizations often lack the necessary technical skills, capacity (Laforest & Orsini, 2005; Poole et al., 2001), and appropriate technology. This may cause difficulties with evaluating programs and services (Nonprofit Technology Network, 2012; Poole et al., 2001). One survey found that one third of nonprofit organizations had difficulties collecting program data due to lack of technology or knowledge. Furthermore, organizations did not have staff time to collect and analyze data, and lacked knowledge about what to collect and how to do it (Nonprofit Technology Network, 2012). Another survey found that 48 per cent of nonprofit organizations said that limited staff knowledge, skills, and tools form huge barriers to data evaluation (Innovation Network, 2016). Taylor & Sumariwalla argue that the single greatest barrier to implementing outcome evaluation at nonprofit organizations is a lack of financial resources (1993, as cited in Poole et al., 2001). Similarly, the Nonprofit Technology Network suggests that 61 per cent of organizations say that a lack of resources is the primary difficulty in collecting and using data (2016). Women's shelters in Alberta, for example, have operated under the provincially-determined Core Staffing Model of funding since 1985. Although this model funds basic operations, it does not include funding for an IT program, professional development, equipment, or supplies (Alberta Council of Women's Shelters, 2005).

This chapter is divided into two sections. In section 4.2, I argue that organizations have been facing increasing pressures to collect and manage client data. Organizations' ability to track client data impacts their ability to maintain their operations. Furthermore, it impacts their ability

to influence public policy and to obtain additional funding. However, I argue that formalized data collection at nonprofit organizations is a relatively new phenomenon. As such, many organizations are still determining how to effectively manage their data. In section 4.3, I argue that one of the major barriers that organizations still face is a lack of resources. In particular, they lack funding. This makes it difficult to afford software and hardware that is vital to documenting and managing client data. More importantly, they lack human resources. Human resources would enable them to tailor their databases to their needs, guide data collection, conduct analyses, and help them incorporate findings into practice.

4.2 Evolution of Data Collection and Analyses

The nonprofit sector is still adjusting to the recent increase in demands for data management and outcome evaluation (Poole et al., 2001). Therefore, the process of data collection and analysis has been changing at many nonprofit organizations. Although women's shelters have a long history of collecting client data, formalized data collection practices are a recent development for many organizations. Utilizing technology to track client data is an even newer phenomenon. One participant had worked with multiple organizations in Edmonton to help them track client data. She explained that organizations are "really in the early stages of learning how to . . . track the work that they're doing and to tell the story of what they're doing using data . . . this stuff is very new to us" (J. Rhode, personal communication, 2017).

One of the reasons for the increased demand for data management is the increased emphasis on transparency and accountability within nonprofit organizations (Moxham, 2009). Demonstrable quality of programming "has become a fundamental factor of survival in the market, of profitability and of an overall development" (Milka Ivanovic, 2011 p. 99). This is due

to increasing competition for resources and funding. Funders are the most significant source of pressure for organizations to collect and analyze data (Nonprofit Technology Network, 2012). Satisfying funding requirements was the most frequently cited reason for data collection by participants in this research. One participant noted that “particularly in the last 15 years or so [funders] are paying more attention to the data, to the accountability, to the outcome measures and performance evaluations” (C. Farewell, personal communication, 2017). Organizations that collect data and follow program evaluation practices are therefore more competitive and are more likely to survive (Carman, 2011). Consequently, nonprofit organizations strive to fulfill these requirements (C. Farewell, personal communication, 2017). Client data allows organizations to prove that they are making an impact in their communities. It also allows them to communicate more effectively with funders and stakeholders, and continue to obtain the funds necessary to maintain their programs. ACT Alberta, for instance, completes reporting requirements for all five of their major granting bodies (H. Vancil, personal communication, 2017), as do WIN House and WINGS of Providence. One staff at SACE noted that “all of our data [that is collected] at this point is what is requested [by funders] (B. Downsland, personal communication, 2017).

The improvement of data collection has also been encouraged by umbrella organizations such as ACWS. Umbrella organizations rely on their subsidiaries for data. This data is later used in legislative advocacy, public awareness, and recruiting financial resources. Women’s shelters in Alberta, for instance, continue to be encouraged by ACWS to improve their data tracking and management. One participant stated that data collection at her organization was initiated by ACWS. She noted that the shelter, the umbrella, and their government funder formed a committee that allowed them to establish the types of data that the shelter would collect, store, and share with both external agencies (J. Mason, personal communication, 2017). ACWS has

utilized shelter data for awareness campaigns such as the Global Shelter Data Count¹⁹ and the Silent Witness exhibit²⁰. Furthermore, they utilize data to increase the profile of women's shelters and to maintain their relationship with key stakeholders (such as funders, provincial ministers, the Solicitor General, and the RCMP). ACWS regularly publishes documents such as the Compendium of Shelter Services, clients' danger assessments throughout the province, and recommendations regarding administrative and funding reforms directed at both provincial and federal governments²¹ (Alberta Council of Women's Shelters, 2012).

Development of Data Collection Practices at Participating Organizations

Formalized data collection at nonprofit organizations is a new phenomenon. Many organizations are still undergoing changes in tracking, documenting, and managing their data. Although organizations obtain some guidance from their sector and their umbrella, data collection is largely an iterative process that depends on the unique needs of each organization. Furthermore, organizations' decisions are heavily impacted by the resources that are available to them. For instance, one participant from WIN House stated that "up until several years ago," there was little focus regarding data collection at the organization. In fact, it was only in the

¹⁹ The Global Shelter Data Count examines the number of women and children supported by emergency shelters on one day and is "a compelling tool for public education" (Alberta Council of Women's Shelters, n.d.(b)). In partnership with the Global Network of Women's Shelters, ACWS coordinates data gathering from women's shelters across the globe. In 2012, this Global Count represented data collected from 121 organizations across 44 countries (Ness, Shortreed, Hanewich & Henshaw, 2012).

²⁰ The Silent Witness exhibit travels around the province of Alberta throughout the year. The exhibit features life-sized red human shapes that display the stories of victims who lost their lives to domestic violence (Alberta Council of Women's Shelters, n.d. (b)).

²¹ More information about the recommendations published by ACWS can be accessed at <https://acws.ca/position-statements>

previous few years that the organization established clear procedures for data tracking (I. Dunlop, personal communication, 2017). WIN House had collected data on an Access-based database called “Homes” for several years as a way of reporting data to their funders. In 2011, with support from ACWS they transitioned to Outcome Tracker. This new database allows them to document significantly more data on their clientele. Furthermore, WIN House only had a part-time staff member working with data entry and management into the late 2000’s. As the organization saw the value of the work, they were able to obtain the funding to make the position full-time. This decreased the data-related workload for management and front-line staff, and increased the ease with which staff could access statistics and data (e.g. for fundraising and reporting purposes). However, due to financial limitations the organization was unable to hire staff with experience in data management. It was up to the staff member to learn about data management and to incorporate that knowledge into their daily work. With transitioning staff members, the role oscillated in how much support it provided the organization. Nevertheless, over the years, staff in this position were able to update the data collection paperwork and improve the usability of the database. Over time, this allowed client data collection to become increasingly streamlined at the organization.

Similarly, ACT Alberta went through a significant change in data management in a short period of time. As recently as 2013, there was almost no data management at the organization. One participant said that “there were just documents where people were storing case notes . . . but even [in] those case notes, no one was really tracking demographic information, and there was a lack of clarity around whether it was appropriate, at times, to even ask for [clients’] names” (H. Vancil, personal communication, 2017). At the time, staff were documenting only a couple of paragraphs about how the organization helped a client. When she started at the organization, H.

Vancil took the initiative to create a simple Excel database. She then transferred all of the organization's existing data into this new format. This became the beginning of formalized data tracking at the organization. Even then, ACT Alberta struggled to keep track of their clientele because they did not collect sufficient client information. H. Vancil stated that sometimes, "we would have clients in our spreadsheet . . . two or three times because we couldn't cross-reference their names or dates of birth, because we didn't collect [that] information" (Personal communication, 2017). Finally, in 2016 ACT Alberta had spare funding that allowed them to further advance their data management. They contracted J. Rhode to create an Access-based database for their client data. J. Rhode analyzed the organization's reporting requirements, their goals and what they were trying to achieve through data collection. She stated that "I was able to work backwards from there [and] suggest certain information that needed to be collected and proposed a way in which they collect that information. But then also, building on the system that they already had" (J. Rhode, personal communication, 2017). By expanding on their existing data tracking mechanisms, ACT Alberta was able to track a significantly larger amount of client data. Nevertheless, the organization is still going through a transition, "from being an 'excel spreadsheet-type' of organization to a 'database-type' of organization" (H. Vancil, personal communication, 2017). J. Rhode was later hired at ACT Alberta within an unrelated administrative role. However, she continues to improve the organization's data and knowledge management processes. H. Vancil stated,

[She is a] resource [that we] can rely on. If I didn't have her, then I would be a lot more nervous [about running queries and statistics from the database]. I think we're lucky as an organization that we have somebody with that in-house knowledge to rely on. I don't think that a lot of very small nonprofits that are of a similar size to us would have that kind of expertise (Personal communication, 2017).

Unfortunately, J. Rhode's expertise and knowledge surrounding data management will be lost if she chooses to leave the organization. Due to financial limitations, ACT Alberta would not be able to replace her with someone equally knowledgeable.

At SACE, the evolution of data collection took a slightly different course. SACE had been utilizing a single database to track their data: Outcome Tracker. Initially implemented by the organization's umbrella AASAS, this tool was developed to meet the needs of all sexual assault organizations in Alberta. However, Outcome Tracker lacked the ability to track the organization's client appointments and counseling data. Therefore, SACE supplemented this database with a binder where staff tracked their appointments with clients. However, this system was outdated and did not meet all of the organization's needs (L. Curtis, personal communication, 2017). Furthermore, although Outcome Tracker allowed the organization to track demographic data, it did not allow SACE to keep track of clients' participation in their programs and services. As a consequence, each client had separate physical folders for the individual programs they participated in. This made it much more difficult to track an individual's progress throughout the program.

SACE was unable to modify Outcome Tracker to fill these needs. Instead in 2016, SACE introduced a second database (Titanium Schedule) to help fill some of these gaps. Titanium Schedule helps them track their day-to-day operations (e.g. client appointments, counseling data, and case notes), streamline their data collection, and keep most of their client information in one place. One participant stated, "[now], we [don't] have to dig through different filing cabinets to try to collect all of the information on one client" (L. Curtis, personal communication, 2017). This new database also allows the organization to track information that they had never been able to track in the past, as well as generate reports on that data. However, Titanium is unable to

generate the monthly reports that SACE needs to send to their funders and their umbrella. Consequently, every month there is some duplication of work as staff enter the same client data into both Titanium Schedule and Outcome Tracker.

4.3 Barriers to Data Collection and Analyses

Each of the organizations participating in this research is still in the process of figuring out how to effectively manage their data. Their journeys are constrained by significant barriers. One of the largest barriers is a lack of resources. The availability of funding significantly shapes many aspects of how data is collected at non-profit service agencies and what challenges organizations face when working with data. Funding of women's organizations in Canada is largely project-based (Beres et al., 2009). This means that funders provide organizations with financing for services and activities (Boucher & McWhinney, 2015) as well as short-term, "innovative" projects that will yield measureable results in under a year (I. Dunlop, personal communication, 2017; J. Rhode, personal communication, 2017). However, they do not provide organizations with core funding, which includes funding for administrative and operational costs. This type of funding model results in complications for organizations. It limits organizations' stability, flexibility, and freedom to choose how to deliver their services and how to spend their funds (Boucher & McWhinney, 2015). Furthermore, it allows funders to overlook costs such as hiring administrative staff, training, and the purchase of hardware and software. One participant stated,

funders just aren't necessarily providing the resources that people need to actually effectively track data within their small non-profits . . . I think funders just don't give a lot of money for even being able to pay your electricity bill or your admin assistant. So I would lump [data tracking] into a similar type of administration cost, that's just assumed that we are able to take care of magically (J. Rhode, personal communication, 2017).

Therefore, although funders often require organizations to complete onerous reporting, they do not account for the possibility that this may be outside of an organization's capacity (J. Rhode, personal communication, 2017).

Software Limitations

One participant described the current state of resource provision for data management as “ridiculous.” She said that “there’s funders who have an incredibly difficult report, [and they are] asking a little nonprofit to provide something really intelligent. And they don’t provide any kind of software or anything sophisticated for them to pull this information” (J. Rhode, personal communication, 2017). Each participating organization echoed frustration about inappropriate data management software. Participants complained that software is expensive, difficult to use, and frequently malfunctions. Furthermore, it is often not tailored to their needs. WIN House²², for instance, utilizes Outcome Tracker to track data at all three of their shelters. When ACWS initially arranged for the implementation of Outcome Tracker, they developed the database with the “majority in mind” – that is, to suit the needs of all shelters across the province. However, as one participant explained, “we all do things a little bit differently” (M. Locke, personal communication, 2017). Therefore, when Outcome Tracker was initially introduced at WIN House it was not tailored to their needs. Furthermore, staff encounter significant problems with the software itself. One participant stated that when one of the forms on the database started malfunctioning, both she and ACWS were at a loss at how to fix it. Consequentially, “we [had] to delete the whole thing and start from scratch” (M. Carpenter, personal communication, 2017).

²² Software used at WIN House: Outcome Tracker, Efforts to Outcomes, Microsoft Excel.

One benefit of Outcome Tracker is that staff have back-end access to the database. This allows them to make changes and tailor the software to their needs. However, this is not a fast or intuitive process and requires a certain level of expertise. Staff also noted significant issues with Efforts to Outcomes (ETO), the second database used specifically at Carol's House. While Outcome Tracker allows staff to record demographic and service data in a way that mirrors their paperwork, Efforts to Outcomes was originally tailored to track client interactions within homelessness outreach programs. As a consequence, this database requests unfeasibly large amounts of details about each interaction with a client. Furthermore, staff felt that the questions asked by the database are not suited to the needs of the women and children fleeing violence or trafficking. K. Padmore stated, "there's a lot of [questions] that I think the women wouldn't relate to . . . the questions just don't relate to where they are in their life" (personal communication, 2017). Unlike with Outcome Tracker, staff at WIN House do not have back-end access to Efforts to Outcomes. However, this seems to be due to limitations placed on Carol's House by their funder Homeward Trust, rather than limitations of the software itself. While Homeward Trust is able to tailor the software, their needs for data seem to be incompatible with those of Carol's House. I asked a program manager whether she thinks that the data captured on ETO accurately reflects her program. She laughed: "Nope! I don't. I don't! I said that from the beginning . . . I don't think it captures a full picture of what [clients] are going through" (K. Padmore, personal communication, 2017).

For SACE²³, Outcome Tracker meets few operational needs. For instance, while AASAS created a set of basic reports for their subsidiaries, SACE had to fill many reporting gaps on their own. Additionally, Outcome Tracker lacks many features that the organization needs to manage

²³ Software used at SACE: Outcome Tracker, Titanium Schedule, Microsoft Excel.

their daily operations. This includes the ability to track clients' participation in programs and schedule counseling appointments. Furthermore, staff at SACE find this software to be stagnant and difficult to work with. In 2016 SACE purchased a second database, Titanium Schedule. This database fills some of the needs that Outcome Tracker is unable to address. However, it took almost a year after purchase for the organization to start utilizing this database. The software was originally developed for counseling programs at universities. As such, it needed to be tailored to the organization's needs prior to being functional. However, the organization did not have the capacity to determine the necessary "workarounds" at the time of purchase. At the end of 2016, SACE hired a new Client Care Specialist. This new staff member had experience with the database from prior employment. She was able to customize the database and make it functional. However, Titanium is still not suited to account for different programs offered at SACE, such as public education, their diverse counseling programs, or their 24-hour Helpline. One staff stated that "in terms of scheduling, they have things like, you can't [schedule after] midnight . . . But we have a 24-hour crisis call [line], so we [had] to figure out a workaround" (L. Curtis, personal communication, 2017). Additionally, Titanium Schedule does not have the capacity to document the information that SACE needs in their day-to-day operations. For instance, Titanium does not allow the organization to properly record client evaluations and measurements of wellbeing. One participant stated that "we [were] trying really hard . . . to start using Titanium. And then [we realized] that Titanium isn't going to work for us, because it doesn't compare two different [evaluation] forms. So now we have to go back to Outcome Tracker. [A]part from reporting, it's been working pretty fantastic . . . but in terms of data, it's definitely a problem" (L. Curtis, personal communication, 2017). Unlike other organizations in the sample, ACT Alberta's²⁴

²⁴ Software used at ACT Alberta: Microsoft Access.

Access database was developed specifically for them. As such, the database is capable of effectively tracking all of their data. However, some staff still find it difficult to work with. Many of these difficulties are addressed by J. Rhode, a staff who has expertise in data management and had originally created the database. Therefore, the organization's success with their software could be allocated to their unique position of having a full-time expert in data management, rather than the quality of the software itself.

Software quality plays an important role in organizations' ability to track and manage their data. It is equally important that software is flexible, and allows organizations to tailor it to their needs. Unfortunately, software quality and flexibility are not sufficient. The most important aspect of effective data management at nonprofit organizations is having access to human resources and expertise in data management. However, obtaining such resources is a struggle. For instance, all of ACT Alberta's major funding sources are project-based (H. Vancil, personal communication, 2017). This limits their ability to allocate resources to IT or administrative purposes. In the 2017-2018 fiscal year, WINGS of Providence spent 11 per cent of their budget on administrative costs (WINGS of Providence, 2018). However, these costs did not include IT support²⁵. In the 2016-2017 fiscal year, WIN House allocated 4 per cent of their budget to administrative costs (WIN House, 2017b). But given their large administrative team, it is unlikely that a substantial amount of this funding was available for additional IT support. Furthermore,

²⁵ Administrative costs for the 2017-2018 fiscal year at WINGS of Providence included the following: advertising, association dues, bank charges, labour and benefits, printing, postage, and stationary, professional fees, recruitment and training, small furniture repairs, telephone and communications, volunteer expense, and "other" (WINGS of Providence, 2018). Administrative staff at WINGS of Providence also do not manage their database. Rather, this work is completed by one of the organization's Program Coordinators.

women's shelters in Alberta operate under the Core Funding Program²⁶. Under this program, organizations cannot spend government-allocated funds on IT-related expenditures. Regardless of size, organizations are also allowed only one administrative assistant. Although the province met with shelters to discuss evolving budgetary needs in the past, this practice was abolished in the 1980s. Consequently, shelters "no longer had the opportunity to discuss new and/or increasing costs related to shelter operation" (Alberta Council of Women's shelters, 2005, p. 2). This included administrative needs and needs that arose from funders' increasing focus on accountability and reporting. ACWS, therefore, states that "the administrative component of core funding is seriously under-funded (telephone costs, paper, board and staff development) and does not recognize modern telecommunications and IT support" (Alberta Council of Women's shelters, 2005, p. 4). Shelters in Alberta obtained a 15-million-dollar increase in funding in 2015. This increased their annual guaranteed provincial funding from 34 to 49 million dollars (Sinnema, 2015). This funding includes core funding for second-stage shelters, operational increases for emergency shelters²⁷, increased funding for on-reserve shelters and funds for specialized staff and child trauma counselors (Alberta Council of Women's Shelters, 2015; Alberta Human Services, 2015; Government of Alberta, 2015). This funding is primarily directed

²⁶ Women's shelters in Alberta operate under the Core Staffing Model implemented by the Provincial government in 1985. This funding covers basic emergency services including crisis intervention, case planning, referrals to community resources, child support, food, and shelter. However, the funding *does not* include the following: crisis lines, follow-up with clients, parenting programs, housing search programs, children's groups, fundraising campaigns, volunteer coordination, safe visitation programs, transportation programs, outreach programs, court accompaniment, public education, professional development programs, support groups, building and ground maintenance, equipment and supplies, replacement reserve, or an IT program (Alberta Council of Women's Shelters, 2005).

²⁷ Operational funding covers expenses such as food costs, transportation costs, and utilities (Alberta Human Services, 2015).

toward enhancing supports and allowing shelters to offer a broader array of services. A portion of the funding is also aimed toward “enhancing data collection, research and training” (Government of Alberta, 2015). This portion is administered to ACWS “to support training opportunities and consistent data collection and reporting” (Alberta Human Services, 2015). However, this funding does not address the IT or administrative needs of ground-level organizations.

Lack of Capacity and Expertise

Expertise on Data Management

Many organizations lack in-house expertise in data management. As previously demonstrated, this includes expertise on the organization’s database. This prevents organizations from tailoring a database to their needs, thereby improving its functionality. For instance, WIN House has back-end access to their database. This theoretically allows them to modify the database to fit their needs. However, such modifications require human resources, time, and knowledge about the database. Unlike other participating organizations, WIN House has a full-time staff member dedicated to managing data. Consequentially, WIN House has access to the human resources required to make such changes. Nevertheless, historically staff in this role have had limited prior experience with data management. Therefore, staff may require time, training and support to bring up their level of expertise such that they can make modifications to the database. SACE has a part-time staff member who enters data and pulls reports from Outcome Tracker two days a week. Despite her experience working with the software, she has limited time to make changes to the database. This suggests the need for additional support. For managing their second database (Titanium Schedule) SACE relies on a member of their counselling team who has experience with the software from prior employment. However, managing the database

is not her primary role. Furthermore, the organization will likely be unable to replace her if she leaves. At the remaining two organizations, duties surrounding data management are folded into job descriptions of existing staff. H. Vancil is one such staff. She noted that ACT Alberta's internal capacity is a significant barrier to managing their data. She explained,

I don't necessarily have the expertise, in terms of data analysis. Like, I'm learning how to use Access. I don't even know how to run a query. And so it takes a lot of time for me to bring my level of expertise up enough to be able to use the database . . . we're all overworked, and I've got a lot of things on my plate. So for me, to be able to carve out the time that I need and bring up my own professional development to the level that it needs to be at can be challenging (H. Vancil, personal communication, 2017).

H. Vancil relies on a coworker for help with the organization's software. J. Rhode has significant prior experience with information management, and had developed ACT Alberta's Access database several years prior. However, J. Rhode's primary role at the organization is unrelated to data management. She explained that "we don't have analysts working, technically. I mean this is something that I do, but it just happens to be my background . . . so if I leave, a lot of that knowledge leaves with me (J. Rhode, personal communication, 2017).

At WINGS of Providence, the majority of data entry is completed by front-line staff. B. Ronen is left in charge of managing the data collection and reporting requirements. However, she lacks expertise in data management and frequently encounters issues with the database that she cannot resolve. She also struggles with creating and running reports. She noted that "I've been to some training about how to do reports and my eyes glaze over . . . [and] I have made a couple of simple ones . . . but I needed a lot of help to do it. [I] just think, that this is part of needing someone trained to do some of this. You need somebody with a certain skillset" (B. Ronen, personal communication, 2017). One example of this was creating a report that captured information from client satisfaction surveys. B. Ronen was eventually able to develop this report. However, this took significant time, effort and collaboration with ACWS. Furthermore,

managing the database takes time away from her primary role at the organization. Therefore, limited in-house expertise in data management software is problematic for organizations. If organizations cannot optimally utilize their software, they cannot work with their data to its full capacity.

Expertise on Data Collection and Analyses

Many organizations feel that the data that they collect does not capture the complexity of what they do. Participants stated that they are unsure whether the data they collect is meaningful, or whether they are collecting the “right” data. However, they do not have the expertise necessary to know what data they should be collecting. One participant explained that “in all shelters, we do a lot of work, all the time, on many many things. What shows that? What is it that says, this is really what we’re doing with the people? How much time it takes, how complex it is, that’s the difficulty . . . I don’t know what [shows] the efficacy of what we are doing here” (B. Ronen, personal communication, 2017). Staff felt that the information they collect about clients is too vague, misses the complexities of their daily work, and as a consequence is “unusable” (B. Ronen, personal communication, 2017). Another participant shared her frustration about her organization’s Likert-scale client feedback forms. She noted, “I find that most people [say that the services were helpful]. Well, that doesn’t really help me pitch any sort of argument [about our services] . . . an overall [high] satisfaction is generally not useful” (I. Dunlop, personal communication, 2017). Unfortunately, she was unsure how the survey could be improved. Finally, organizations lack expertise on quantitative data analyses. Organizations are able to run elementary data reports via their data management software (for example, see Tables 2 through 4). However, none of the participating organizations have access to someone experienced in

conducting statistical analyses. Therefore, organizations are only capable of producing basic analyses on their data.

Application of Data

Even if an organization has data and analyses at their disposal, staff are unsure how to incorporate these findings into praxis. One participant explained that her organization does not know how to interpret quantitative findings or statistics. Therefore, it is difficult to turn them into something “tangible” that can be incorporated into the knowledge structure of the organization. Another participant said that “in an ideal world [we] would use all of the information at hand [to make decisions]. But in the real world of limited resources, unfortunately we don’t always have the ability to do that . . . how do you find the time, and the resources to actually take what is known, and incorporate it into your own organization? (H. Vancil, personal communication, 2017). H. Vancil had spent the prior several months conducting an extensive research project for her organization. This project included interviews, focus groups, and a review of the existing literature in the field. She also collaborated with other institutions working in a related sector. She said that as a consequence, “we have this report, and it’s sitting on someone’s desk [at our organization]. There [are] recommendations in it, but everyone is working at breakneck speed. So how do you take those recommendations and use them to guide your own programming? And I mean, that’s a report we wrote ourselves!” (H. Vancil, personal communication). Other participants echoed this frustration. One mentioned that “I think people don’t know what to do with [the data they collect]” (M. Carpenter, personal communication, 2017). Another participant had developed databases for several women’s organizations in the city. She said that even as somebody who is a “really strong believer” in utilizing data and evidence, she does not know

how to communicate the impact of these programs (J. Rhode, personal communication, 2017).

One participant noted that sometimes, her organization's funders hold training sessions on using organizational data. However, these sessions are designed for all of the agencies that the funders support. Therefore, the sessions are generalized and often not helpful (M. McKinley, personal communication, 2017). In the meantime, she said, "I don't think we are optimally using the information that we get [from clients]" (M. McKinley, personal communication, 2017).

Consequently, organizations struggle with knowing how to utilize research and internal findings to improve their programming. This is an additional barrier to data utilization.

Lack of Staff Training

Due to a lack of resources, staff training is a significant challenge for organizations. Even if an organization is able to come up with strategies for improving their services, staff are not always trained to support these practices (C. Farewell, personal communication, 2017). C. Farewell explained that women's shelters have grassroots origins. Historically, these organizations were run by volunteers or staff without training or technical skills. Therefore, it is difficult to ensure that all staff have equal training. While younger staff may have undergone rigorous training and entered the field with a degree in Social Work, many older staff never received formal education in the field (Personal communication, 2017). For an organization with limited resources, it is therefore difficult to ensure that all staff receive sufficient training. This is further complicated by the fact that organizations have different capacities for compensating their staff. Although some organizations are able to pay their staff a competitive wage, others are unable to sufficiently compensate their workers. For example, shelter workers in Alberta earn 20 per cent less, on average, than comparable workers in government or in other non-profit

organizations (Alberta Council of Women's Shelters, 2005). One participant said, "[while] we're learning a great deal, it takes time [and energy] to disseminate . . . information to the staff, and it takes a lot of willingness on the part of the staff" (C. Farewell, personal communication, 2017). Staff who are over-worked, under-trained, and insufficiently compensated are much less likely to be receptive to direction from management. Women's service organizations also face significant burnout. Turnover rates at women's shelters average around 59 per cent (Alberta Council of Women's Shelters, 2005). The inability to train and compensate staff appropriately, therefore, is a significant barrier to getting evidence-based approaches to the front line (C. Farewell, personal communication, 2017).

Some organizations also rely on front-line staff to complete the majority of their data entry onto their databases. WIN House, for instance, relies on approximately 60 front-line workers to accurately collect client data and enter it into the database. While some staff need only minor training to utilize the database, other staff have low levels of computer literacy. Therefore, they require a lot of support. Although umbrella organizations such as ACWS hold training sessions for their members, very few front-line staff can attend these sessions. The remainder of the training has to be done in-house. But as one participant put it, "who has the capacity to take that on?" (N. McKinley, personal communication, 2017). Even WIN House (the only participating organization with a full-time staff member dedicated to data management and training) has difficulty ensuring that all staff are sufficiently trained to enter data on Outcome Tracker. As a consequence, client data may not be properly documented. One participant remarked that "we had an incident recently when [staff were documenting client calls as an incorrect "program type" on the database]. Which meant that for a *huge* length of time, we had inaccurate numbers" (B. Ronen, personal communication, 2017). Incorrect data entry and

unreliable data is a key concern at nonprofit organizations. Referring to a client caseload report, one participant stated “when this report is pulled from Outcome Tracker, we have [the number of clients we served. However,] it has never to my knowledge been the same number as the total caseload that [we know] we have here” (L. Curtis, personal communication, 2017). Therefore, insufficient training is a significant barrier for nonprofit organizations.

4.4 Discussion

In this chapter I argued that organizations have been increasingly pressured to collect and effectively manage client data. Although this pressure comes predominantly from funders, organizations are also encouraged to collect data by umbrella agencies (who rely on their membership for data that is later used in advocacy and public education). Many organizations are still in the early stages of learning how to track, manage and utilize their data. Despite funders’ growing expectations regarding their data-related abilities, organizations are limited by the type and amount of funding they receive. Project-based funding does not allow them to cover core expenses. This includes hardware, software, IT support, human resources and other administrative costs. Consequently, organizations encounter many difficulties when collecting and storing their data. Organizations’ software is often outdated, prone to errors, and difficult to use. Furthermore, organizations lack the time and expertise to tailor software to their needs. Even more problematic is the fact that despite exerting significant effort to track client data, organizations lack the knowledge about what to collect. Additionally, they lack the expertise in data analyses, and struggle to incorporate findings into practice. Finally, organizations are limited in their ability to train their staff. This stems from a combination of factors, including lack of training resources and an inability to sufficiently compensate staff. Training impacts staffs’

ability to carry out evidence-based strategies with clients, as well as tracking data. This results in errors in data collection. Unfortunately, most organizations do not have the human resources to retroactively identify and correct these errors. As such, reports and analyses are rarely viewed as a reliable source of information. Therefore, I argue that a lack of human resources and expertise is one of the greatest barriers that organizations face in their effort to effectively manage client data.

Furthermore, organizations are limited by their mandate. Few nonprofit service organizations include “research” within their mandate or goals. Of the four organizations that participated in this research project, only ACT Alberta includes “research” in their operational mandate. One participant noted that while there are always the “dreams” of running her organization in a certain way, in reality they have a mandate and a scope that limits what they are able to take on. To expand that mandate to incorporate research would require significant effort. It would necessitate the support of their board of directors and funding body. Using quantitative data would also require significant financial and human resources. Although this was one of the largest organizations in the sample, C. Farewell stated that given their current size and scope of operations she could not justify seeking out these resources (Personal communication, 2017). Many of these issues stem from the fact that social service organizations have only recently started tracking their data. Therefore, data management and research are not viewed as part of an organization’s core activities. Furthermore, they are often viewed as external to the organization’s mandate and mission. For an agency to make the transition to utilizing data, the workers and stakeholders “must come to terms with the new mandate” (Poole et al., 2001, p. 406). Therefore, it may not be enough to offer organizations training or financial resources to

resolve their data-related barriers. Organizations may also need guidance to allow them to incorporate research and data management into their operational goals.

Chapter 5: Decision Making at Nonprofit Organizations

5.1 Introduction

Evidence-based practice (EBP) is increasingly encouraged at social service organizations. Current funding models are moving toward supporting organizations that utilize research evidence in their practice (Wike et al., 2014). To prosper, organizations have to demonstrate that they operate with an EBP model. Most of the participants in this study felt that it is vital to base their practice in evidence. However, organizations face significant barriers to data utilization. Therefore, it is unclear whether they utilize all of the evidence at their disposal in decision-making.

This chapter is divided into three sections. In section 5.2, I argue that nonprofit organizations support evidence-based practice. Many participants felt that their organization practices evidence-based service provision. Furthermore, participants worked hard to stay informed about best practices in their sector. In section 5.3, I delve into current decision-making practices at each organization. I argue that, despite having positive views towards EBP, organizations do not utilize all of the evidence at their disposal in decision-making. Organizations primarily rely on tacit data, such as anecdotes, expertise, and qualitative feedback. Conversely, they rarely utilize quantitative information to evaluate services. Quantitative data is deemed to be an inappropriate way of measuring clients' experiences. To demonstrate that quantitative data can be valuable, in section 5.4 I present a sample analysis of a quantitative dataset. I obtained the dataset for this analysis from WIN House. I argue that there are multiple ways that this data can be utilized to improve WIN House's services.

5.2 Views Surrounding Evidence-Based Practice

Participants showed overwhelming support for the utility evidence-based practice in social work. Furthermore, participants (particularly leaders of organizations), felt that their organization follows an evidence-based approach to service delivery. One executive claimed that “I definitely am aware of promising and best practices in the literature, and [that’s] really crucial for me, to be informed about . . . the social issue, and the impact not only on individuals and families, but on our community. [A] lot of our policies and protocols are based on what we’ve learned, some of it anecdotal, but a lot of it . . . is certainly within the realm of [evidence-based practice]” (C. Farewell, personal communication, 2017). Similarly, another participant noted that “I find data collection, statistics, and analysis of those statistics *really* important in driving the changes to your programming, and even developing a case for support for [funding] . . . people’s instincts and opinions aren’t enough to show the real need and the real impact on society (I. Dunlop, personal communication, 2017). Participants’ opinions about evidence-based practice also depended on their personal definitions of “evidence.” One program manager stated that minor policies and procedures are always adapted at her organization based on the needs of her clients. She was uncertain whether this type client-informed practice is equivalent to evidence-informed practice, though, since these decisions are not based on research (K. Padmore, personal communication, 2017). Another participant said, “I think [evidence-based practice could] structure a way of how things [could] work, but it doesn’t always work out so well. So just having a strong team to come up with gaps and solutions [is] best practice for organizations” (K. Padmore, personal communication, 2017). As such, even participants who were uncertain about the term “evidence-based practice” placed great value in observational data and staff expertise in decision making.

5.3 Decision-Making at Social Service Organizations: Current Practices

While organizations that prioritize measuring program success are more likely to collect client data, data collection itself does not necessarily correlate with strategic decision-making. Furthermore, different organizations utilize data in vastly different ways. Influencing factors include budget, funder requirements, organizational mandates, and internal limitations (Nonprofit Technology Network, 2012). Participating organizations claimed that they rely on both internal and external data sources of information to guide their decision-making. Externally, they look to literature and research, as well as their communities of expertise for common or best practices. Internally, there are several types of information that are available to organizations and could be useful for informing practice. Namely, organizations have access to both qualitative and quantitative information about their clients.

Use of Qualitative Data

Organizations frequently rely on qualitative metrics during decision making. This includes staff observations, anecdotal evidence, and client feedback. Organizations rely on the diversity of expertise within their staff and their leaders to guide their decisions. One Executive stated, “[I rely] on my expertise from 30 years of working in the field . . . what I learned as a social worker, [as well as] life, personal experience, all those things combined” (C. Farewell, personal communication, 2017). Management at organizations also relies on front-line staff to make observations about gaps and shortcomings in programs. Managers frequently hold meetings where staff may discuss possible strategies for service improvement. Organizations also value client feedback. One participant explained, “one of the most important pieces of information is the . . . feedback that we collect from the service recipients themselves” (C. Farewell, personal

communication, 2017). Other participants agreed that feedback forms are a useful tool. They allow organizations to reflect on what is working and what areas need improvement. The majority of feedback is collected from clients as they depart the organization. Some organizations, however, also utilize evaluation forms that track clients' progress during service provision. One participant explained that at her organization "there are forms that counselors use at the beginning, middle and end of their sessions . . . taking a snapshot of how this person is feeling" (M. Locke, personal communication, 2017). This captures how a client is progressing, whether there were areas where she needs greater support and whether she is meeting her goals. This allows staff to tailor their approach to best suit a client's needs. One executive summarized,

I like to pay attention to the exit surveys, certainly the feedback via the managers and the staff . . . directly from the clients as well. And you know, when there's an incident or when things aren't going so well, we learn a lot from those moments. But definitely, even though we don't have the capacity to really do some high-end analysis of the data, I'm always paying attention to that feedback and have over the years (C. Farewell, personal communication, 2017).

At her organization, she relies on both formal (documented) and informal client feedback, as well as staff expertise and anecdotal evidence in decision-making.

Use of Quantitative Data

Organizations utilize quantitative analyses much less frequently during decision-making. One participant frequently works with her organization's database. She admitted that quantitative reports from the database are rarely used within the organization. Rather, she extracts these reports "mostly for outside" sources, such as funders (M. Locke, personal communication, 2017). A coworker confirmed that the organization's funders probably do more with their data than they do internally. One participant said that "a lot of the stats that we do are on a quarterly basis . . . and usually has to do with the funding itself. [We] go through and analyze some of the data

[quarterly for that purpose]” (A. Adler, personal communication, 2017). A participant who worked directly with her organization’s database stated that the only other time she extracts reports is if someone asks for statistics for a meeting, or someone calls the agency seeking statistics. She said, “that’s when I might run a query to find that specific piece of information, [such as] demographic type stats, and the odd time . . . how clients are progressing through [their] sessions (M. Locke, personal communication, 2017).

The reason that quantitative data is used less frequently in decision making is that it is viewed as less valuable than qualitative data. One staff explained that “everyone is unique. So you really have to treat each client individually, meet them where they’re at and treat them that way. So using numbers to do that . . . devalues that person’s experience. [Numbers can] misinterpret and misrepresent their experience” (M. Locke, personal communication, 2017). M. Locke felt that breaking clients’ experiences down into statistics is inappropriate, since numbers are open to interpretation. She stated, “I don’t know if there’s a way of [breaking down quantitative measures] that would help people understand what the numbers mean” (M. Locke, personal communication, 2017). Other participants agreed with this sentiment. One participant stated that her organization has been trying to accompany their statistics with anonymous statements from clients. She said, “numbers – it’s really difficult to interpret them without some sort of story to go along with them” (A. Adler, personal communication, 2017). The idea that statistics are too complicated and do not provide a useful account of client experiences is common. Nonprofit staff are inclined towards working with people rather than working with numbers. Staff fear using numbers to describe their work or clients (Nonprofit Technology Network, 2012). Unsurprisingly, many participants felt that quantitative data is best used to support what the organization already “knows.” One participant said that when it comes to

decision making, her organization looks to “staff input, and then . . . maybe stats to back that up, [but] definitely . . . staff input first, and understanding those program needs [before data]” (L. Curtis, personal communication, 2017). Another participant mentioned that her organization had looked into statistics from one of their programs after noticing significant burnout from staff. They saw that the number of clients in the program had drastically increased. This was validating and “was a definite instance where the numbers could back up what we felt we needed . . . and then we could make the case for [hiring a new staff member] (B. Downsland, personal communication, 2017). As such, quantitative metrics are used to provide affirmation of previously-observed phenomena. Even this, however, does not seem to be a significant priority. One participant noted that she does not often see the organization’s statistics. However, she stated “I feel like, at this point, there’s not a large discrepancy between what we know and understand, like program needs, versus [what] the data [says]” (L. Curtis, personal communication, 2017). One participant, who was particularly appreciative of using quantitative data to inform practice, explained that “service providing organizations [and] organizations in general, I don’t think we put a lot of value on using [quantitative] evidence” (H. Vancil, personal communication, 2017). She noted that in her sector in particular there was limited desire to use quantitative data to inform services. Instead, she argued that the main purpose of this data is to rally support from the larger community. She said that “a *lot* of organizations . . . are *not* evidence-based, they have no interest in what is actually happening, they just want to make people gasp [with over-sensationalized statistics]” (H. Vancil, personal communication, 2017).

5.4 Sample Analysis: Potential Practices²⁸

Quantitative data is a valuable source of information for organizations. The following section presents potential models of analysis that can be used to analyze organizational data. These types of analyses can help organizations inform practice, improve services, and discover areas for future exploration. Consequently, they can be beneficial to both organizations and their clients. There is some disagreement about what services have the greatest impact on clients (Miller Clevenger & Roe-Sepowitz, 2009) both in terms of their short-term and long-term outcomes (McFarlane et al., 2014). This makes it challenging to improve programming at such organizations (Macy et al., 2013). Therefore, it is useful to utilize organizations' existing data to describe their impact and identify areas for future improvement.

I obtained the dataset utilized for this study from WIN House. Data was collected from WIN House clients between October 2012 and December 2015. A total of 719 clients accessed WIN House's shelters within this timeframe. Front-line staff collected data from clients via the organization's paperwork, throughout the client's stay in shelter²⁹. Although admission paperwork is normally completed with the client, in some cases discharge paperwork is completed without them (e.g. if the client leaves without informing staff). Each client signed a release form upon admission, agreeing that their data may be used for analyses at the organization's discretion³⁰. Clients were guaranteed privacy and anonymity. Upon data

²⁸ This analysis was completed under the supervision of Dr. John Parkins and Dr. Matthew Johnson (Faculty of Agricultural, Life and Environmental Sciences, University of Alberta) as part of a graduate course in statistical techniques in Sociology.

²⁹ A copy of WIN House's Admission paperwork may be found in Appendix D.

³⁰ A copy of the release form may be found within the WIN House Client Admission Form (Appendix D).

collection, front-line staff entered the data into Outcome Tracker. An administrative staff member then checked each entry for errors. To obtain the data for this research, the administrative staff member extracted a “summary report” from the database. This report included three years’ worth of client data. She then anonymized the database by removing any identifying client information. Upon obtaining this dataset, I transferred it to IBM’s SPSS Version 13.0. Next, I cleaned the data and corrected errors. Categorical variables of interest were re-named and re-coded into binary code. Variables and their codes may be viewed in Appendix G (Table 1).

Missing values are a common problem in social sciences (Rubin, 1996). There were three major types of missing values in this dataset. The first resulted from changes in data collection. Although some variables had been collected for a significant period of time, other variables were added to the organization’s documentation more recently. As a result, they had smaller sample sizes. The second type of missing value was related to data unavailability. Some clients refuse to answer specific questions, or leave the organization before completing paperwork. Finally, it is reasonable to presume that some missing data was related to error. It was not possible to distinguish which of these factors were responsible for a missing value, or whether data was missing completely at random. Consequently, it was difficult to tell whether analyses would yield biased parameter estimates (Graham, 2009). It is common practice to remove cases with missing data (also known as listwise deletion) (Singleton & Straits, 2010). However, this approach may also yield biased parameter estimates, as groups with complete data may be different from those with missing data (Graham, 2009). This approach is utilized when there are relatively few missing cases (Singleton & Straits, 2010). This dataset had a substantial amount of missing data. Therefore, removing all cases with missing values would have resulted in a small, biased sample (Singleton & Straits, 2010) and decreased the power of the analysis (Graham, 2009). Missing

values were defined as “missing” in SPSS. Thereby, they were not included in analyses. For the purpose of this sample analysis, missing values were presumed not to bias findings. Future analyses should account for missing values via methods such as multiple imputation, where missing values are replaced with a “typical” value calculated from the non-missing data (Singleton & Straits, 2010; also see Rubin, 1996). This is a valid tool for “real-world” data with missing values (Rubin, 1996, p. 473).

I performed a series of statistical analyses with the data, including a bivariate correlation with all variables, cross-tabulations, independent samples t-tests, and binary logistic regression. These analyses can help establish whether services offered to victims of domestic violence during their stay in shelter help victims gain positive outcomes. I defined positive outcomes as establishing a safe environment (leaving the abuser) and finding stable housing (Johnson, 2014). This analysis tested whether services (supports provided directly to clients in the shelter) and referrals (recommendations for supports outside of the shelter) impact client outcomes following their departure. Specifically, it asked whether the *quantity* and *diversity* of services offered to shelter residents impacts their post-shelter living outcomes. To increase the confidence in the findings, the analyses incorporated control variables identified as major risk factors for abuse victims seeking independence from their abuser: economic dependence (Aguirre, 1985; Herbert, Silver & Ellard, 1991; Martin et. al, 2000; Sanders, 2014), commitment to the abuser (Martin et al., 2000; McFarlane et al., 2015), age, severity of abuse (McFarlane et al., 2015), length of stay in shelter (Schutte, Malouff & Doyle, 1987; MacFarlane et al., 2014) and addiction issues.

Positive Outcomes

There is debate in scholarship regarding which outcomes are “desirable” for victims of domestic violence. Furthermore, different nonprofit organizations may have different objectives, aims, and goals for their clients. Clients themselves may have different goals when accessing community services for domestic violence victims. Therefore, it is difficult to establish the appropriate measures of “success” for victims fleeing domestic violence. For the purpose of this analysis, I utilized two major outcomes commonly cited in literature: stability of housing upon departure, and returning to the abuser. These two outcomes are considered to be two of the main predictors of a woman’s long-term stability and freedom from continued abuse.

Stable Housing

Domestic violence violates the basic human right to housing. This includes living securely with peace and dignity (Paglione, 2006). It is the leading cause for individual and family homelessness (Baker, Billhardt, Warren, Rollins & Glass, 2010; Johnson, 2014; Netto, Pawson & Sharp, 2009; Long, 2015) and housing instability (Baker et al., 2010). According to Johnson (2014), 92 per cent of homeless women in Massachusetts experienced physical or sexual violence. Long (2015) further suggested that 38 per cent of women who leave their abusers become homeless. Many victims of domestic violence face barriers, such as insufficient income, limited availability of housing, and discrimination when looking for stable housing. Not being able to find or afford stable housing leaves them looking for temporary housing solutions, with the hope of obtaining stable housing in the future (Baker et al., 2010). While some rely on family and friends, others choose to return to their abuser as an alternative to homelessness or to access a domestic violence shelter (Long, 2015).

Evidence shows that stable housing is an optimal way of achieving an abuse-free environment. Following a sample of women after they had found stable housing, Long (2015) found that almost none had been re-victimized by domestic violence. However, although it has been suggested that women require substantial supports to be successful in finding housing, it is unclear whether shelters are providing these supports, due to a general dearth of literature on the topic.

Returning to Abuser

Many women are motivated to leave their abuser but struggle doing so. Despite the services and supports they may receive at an emergency shelter, approximately 50 per cent of women return to their abuser after departing (Martin et al., 2000; McFarlane et al., 2015; Yamawaki et al., 2012). Women often leave the same abuser multiple times before leaving for good (McFarlane et al., 2015; Yamawaki et al., 2012) due to harassment, guilt, attachment, and familial pressure (McFarlane et al., 2015). This lack of success is partially due to a systematic failure to provide victims with sufficient resources that would allow them to gain their independence (Sanders, 2014). One of the most important barriers faced by victims may be economic dependence on their abuser (Aguirre, 1985; Herbert, Silver & Ellard, 1991; Martin et al., 2000; Sanders, 2014). Factors such as the duration and intensity of a relationship also impact the likelihood that a victim will return to an abusive relationship, as well as whether or not the victim had attempted to leave the abuser in the past (Martin et al., 2000; McFarlane et al., 2015), and how long they stay in shelter (Schutte, Malouff & Doyle, 1987; MacFarlane et al., 2014). Additional predictors include age and abuse-related health issues (McFarlane et al., 2015).

There are conflicting views among researchers regarding whether or not leaving an abusive situation should be the perceived “goal” for abuse victims. However, women who leave their abusers experience lower levels of violence compared to those who return, as well as better mental health outcomes and cognitive functioning. Forty-three per cent of women who return to their abuser report re-abuse 6 months later (McFarlane et al., 2015). Furthermore, women who return to their abuser after staying in shelter are at higher risk of lethality compared to those who do not (McFarlane et al., 2015; Stork, 2008).

Measures

Consequently, I analyzed two dependent variables: “return to abuser at discharge” and “unstable housing at discharge.” These variables were dichotomous. The two independent variables, “number of services provided” and “number of referrals provided” were continuous. “Services” included amenities that were provided to women directly by front-line shelter staff³¹. “Referrals” were defined as advocacy on behalf of clients, or information about external resources such as legal aid, government subsidy programs and counselling organizations.

Control variables included indicators of economic dependence, severity of abuse, and level of commitment to the abuser. Indicators of economic constraints were unemployment, whether the client had a vehicle, income dependence, and whether they had been financially abused. Indicators of the severity of abuse were whether the client had been choked or strangled, whether

³¹ Services provided to women at WIN House include: advocacy, basic needs, child care, culturally-specific programming (such as aboriginal or immigrant programming), financial support, information provision, intake assessment, case planning, programming for adults (such as individual or group counselling), programming for children, parents and families, preparation for outreach services, referrals, safety planning, services provided in partnership with another agency (such as health services, legal services, pet boarding or housing), transportation, nursing care, donations, and outreach services (WIN House, personal communication, 2018).

they had been hospitalized as a result of the abuse, whether they had received a physical injury as a result of the abuse, their level of danger, and the number of abuse types they had experienced. The level of danger was based on a dichotomized score from the Danger Assessment created at John Hopkins University³² where “Low” and “Variable” danger levels were coded into “0 = Not in danger” and “Increased” and “Extreme” danger levels were coded into “1 = In danger.” Indicators of commitment to the abuser included the client’s relationship status with the abuser (boyfriend/girlfriend, common-law or spouse) as well as whether the client was pregnant. All of these variables, save for “Number of Abuse Types Experienced,” were dichotomous. Additional control variables that were included were the age of the client (included as both a continuous and categorical variable), whether they had addiction issues (dichotomous) and the length of stay in shelter (continuous). A list and summary of all the variables can be found in Table 1 (Appendix G).

Findings

Descriptive Statistics

Descriptive statistics are concerned with organizing and summarizing data to make it more comprehensible (Singleton & Straits 2010). Descriptive statistics were run on the dependent, independent, and control variables (see Table 1, Appendix G). The sample size for each variable was between 318 (Danger Assessment) to 719 (Length of Stay). The percentage of women who had returned to their abuser after shelter stay was 4.6 per cent, which was surprisingly low. The per cent of women who left for unstable housing (e.g. another shelter, couch surfing) after

³² A copy of the Danger Assessment may be found within the WIN House Client Admission Form (Appendix D).

discharge was 62.6 per cent, which suggests that there were multiple barriers for women to obtain housing. On average, each woman received 6.62 services while she was in shelter ($s=3.308$) and 2.98 referrals ($s=2.379$).

Variables meant to indicate the level of economic stability showed that 10.9 per cent of women coming into shelter were employed and 16.1 per cent had their own vehicle. More than half of the women had been financially abused by their partner (54.1 per cent). Thus, women were likely to face many economic barriers in finding stable housing. While only 8 per cent of women reported being hospitalized as a result of their abuse, 36.6 per cent reported experiencing being choked or strangled, and 38.1 per cent had received physical injuries as a result of their abuse. On a measurement scale establishing her risk of lethality, 61.6 per cent of women scored “increased” or “extreme danger.” When looking at levels of commitment to abusive partners, results showed that the majority of women were in common-law relationships with their abuser (58.9 per cent). Approximately 16 per cent of clients were also pregnant upon admission. This suggested that many women had significant emotional or romantic attachment to their abuser. The mean age of clients was 31 years. The average length of stay was approximately 15 days, indicating that most women chose to leave shelter before the 21-day maximum. Only 32 per cent of clients stayed 21 days or longer³³.

Cross-tabulation

A cross-tabulation was run to assess the relationship between the dependent variables (nominal) and a demographic variable (ordinal) (Table 2, Appendix G). Specifically, this sample

³³ In exceptional cases, clients may be allowed to stay in shelter for longer than the allotted 21 days.

analysis allowed me to determine whether a relationship exists between “age,” “return to abuser at discharge,” and “unstable housing at discharge”. It also determined the strength of the relationship. The Chi-square test was done to compare the observed cell frequencies with the expected cell frequencies (Singleton & Straits, 2010). This test showed that the older the age group, the more frequently they returned to their abuser. This was a strong, significant relationship ($X^2 = 13.195$, $p < 0.05$). It suggested that with age, clients faced additional barriers to leaving their abuser, such as less opportunities to form romantic attachments or to gain a steady income. No correlation was found between the age of the client and the likelihood of her finding stable housing upon discharge; all age groups had similar success rates.

Bivariate Correlation

I ran a bivariate correlation to determine the strength and direction of existing relationships between all of the variables (Table 3, Appendix G). Returning to the abuser at discharge was negatively correlated with the number of services provided ($r = -0.105$, $p < 0.05$) and the number of referrals provided ($r = -0.140$, $p < 0.01$) suggesting that increased services and referrals helped women gain independence from their abuser. However, the relationships were not very strong, and their levels of significance were low. Nevertheless, this provided evidence to support the importance of services for favorable post-shelter outcomes for clients.

Returning to the abuser was also negatively correlated with not having a vehicle ($r = -0.109$, $p < 0.05$) and with fleeing a boyfriend or girlfriend ($r = -0.100$, $p < 0.05$) as opposed to fleeing a spouse from a marriage ($r = 0.109$, $p < 0.05$), suggesting that greater emotional and legal attachment increased the chances for return. As shown in the previous analysis, returning to the abuser was positively correlated with age ($r = 0.146$, $p < 0.01$) and negatively correlated with length of stay ($r =$

0.166, $p < 0.001$), further suggesting that increasing the level of support decreased the chances of victims returning to their abuser.

Instability of housing upon discharge was negatively correlated with experiencing financial abuse ($r = -0.086$, $p < 0.05$) and positively correlated with being hospitalized due to abuse ($r = 0.107$, $p < 0.05$). Interestingly, it was also strongly positively correlated with not having a vehicle ($r = 0.178$, $p < 0.001$), suggesting that women who have a vehicle have a greater chance of obtaining stable housing³⁴. However, no correlation was seen between instability of housing and services and referrals. It was interesting that this went directly against the findings seen in “Return to Abuser,” suggesting that supports provided at the shelter have no meaningful impact on the client’s ability to find stable housing.

Independent Sample T-Test

I ran an Independent Sample T-Test to determine whether clients who returned to their abuser received the same number of services and referrals as clients who did not (Table 4, Appendix G). I supplemented this analysis by including variable “length of stay,” to see whether this control variable had an impact on client outcomes. The results confirmed that the number of services provided to the client were associated with whether or not they returned to the abuser. On average, clients who returned received 1.64 fewer services than clients who did not ($p < 0.01$). Similarly, clients who returned received 1.56 fewer referrals than those who did not ($p < 0.001$). A more notable difference was seen in the length of stay of the client. Clients who returned stayed, on average, 9.2 days less than those who did not return to their abuser ($p < 0.001$). Furthermore, I

³⁴ It is possible that this relationship is influenced by a confounding variable, such as the financial well-being of a client. Consequently, this may be a spurious correlation.

ran a second Independent Sample T-Test to examine the relationship between services and referrals received, and housing outcomes post departure (Table 5, Appendix G). The results demonstrated that the number of services or referrals provided to clients did not have a meaningful impact on clients' ability to obtain stable housing post departure. The relationship between these variables was not significant.

Logistic Regression

Binary Logistic Regression is utilized to predict a categorical variable from predictor variables when the predictor variables are a mix of continuous and categorical variables (Wuensch, 2014). I conducted a binary logistic regression in order to predict dependent variable "unstable housing upon discharge" from two sets of variables. The first set included only independent variables, "number of services" and "number of referrals" (Table 6, Appendix G). The variables were not significantly associated with whether a woman found stable housing upon discharge. The second set included both the independent variables and a majority of the control variables (Table 7, Appendix G). Due to small sample sizes, variables "hospitalization due to abuse" and "assessed danger" had to be removed from the second analysis. The remaining variables' sample sizes ranged from 503 to 719. One variable was significantly associated with whether a woman found stable housing upon discharge: not having a vehicle ($b=1.355$, $P<0.001$). The analysis suggested that the odds of leaving for unstable housing are 3.8 times higher for clients without a vehicle. This could suggest that transportation has a significant impact on a woman's housing options. The added control variables did not have a meaningful impact on the effect that services and referrals had on client's housing outcomes.

Interpretation

The findings derived from the data collected at WIN House suggest that obtaining a greater number of services and referrals while in shelter is correlated with a decreased risk for returning to the abuser. Referrals provided to outside organizations have a stronger impact on client outcomes than internally-provided services. There is, however, no significant relationship between stability of housing upon discharge and receiving more services and referrals. These findings suggest that, while shelters strive to offer services and provide opportunities for long-term stability (Baker et al., 2010; Miller Clevenger & Roe-Sepowitz, 2009), their success may be limited. Another finding is that women who have a vehicle are significantly more likely to find stable housing than women who do not, which is unsurprising when considered in the context of the city that the shelter is located in. Edmonton has significant urban sprawl, low residential vacancy rates, and poor public transit. Although clients receive two bus tickets each day they are in shelter, relying on public transit means that they are likely unable to view more than one housing option per day. This mode of transportation also takes significant time and effort. This is especially the case for clients with children.

These types of analyses can help inform WIN House about the types of people that they're serving and their unique needs. They can also help staff identify those services, such as referrals, that are particularly helpful (and where to direct their resources). This would allow them to better serve their clients. In this sample analysis, receiving referrals to external organizations had a greater impact on women's outcomes than receiving services. WIN House could work with their umbrella, ACWS, to raise additional private or public funding that would allow them to expand their role as "community liaisons." This would allow them to allocate additional resources to connecting women with vital services in the community and helping them reach their goals. The analysis also showed that women with access to a vehicle were substantially more likely to find

stable housing. Therefore, WIN House could conduct further inquiry into clients' transportation-related barriers. Allocating money to a shuttle system, or providing additional transportation support could result in more clients reaching their housing goals. The analysis also suggested that clients who had a high score on the organization's Danger Assessment were more likely to have been choked, strangled, or physically abused prior to accessing shelter. The organization could make the Danger Assessment more accessible for women in high-risk relationships by providing an online assessment on their website. This would put them in a position to inform women of the risks associated with receiving a high score on this assessment.

It is also worth noting that less than 5 per cent of WIN House's clients disclosed that they were returning to their abuser post-discharge. Scholarship about domestic violence shelters suggests that 50 per cent of women return to their abuser after departing shelter (Martin et al., 2000; McFarlane et al., 2015; Yamawaki et al., 2012). It is possible that clients are dishonest with staff about their plans after leaving shelter. It may be preferable to collect this information from clients via the organization's anonymous feedback survey. This may result in more accurate data. It is also possible that clients return to their abuser at some point in the future due to inability to find stable housing (as opposed to immediately after departing shelter). Therefore, it may be helpful to follow up with clients several months after departure. Clients who return to their abuser are more likely to obtain stable housing post-departure³⁵. It is possible that the desire to return to a stable home motivates clients to return to their abusive partner. If this is the case, WIN House should allocate greater resources to helping clients find housing options that separate them from their abuser.

³⁵ "Stable housing" includes moving to a rented or owned home, subsidized housing, or permanent stay with friends or family. Given the organization's method of documentation, "stability of housing" is unrelated from whether a client returns to her abuser.

These findings can also inform WIN House's advocacy in the community. For instance, WIN House could become involved in campaigns for low-income or subsidized housing for women and children. The organization could also partner with provincial ministries that promote employment, employment agencies, or local businesses. In this way, they could help women secure employment while in shelter. This would lower their economic dependence on their abuser, and increase their likelihood of gaining independence. Finally, 37 per cent of women accessing WIN House had been choked or strangled. Strangulation results in reduced blood flow to the brain, injury to the neck, breathing difficulty, loss of memory, pain, as well as increased risk of lethality (Mcquown et al., 2016). However, only 50 per cent of victims show visible signs of damage (Hawley, McClane and Strack, 2001) and few victims seek immediate medical attention. Due to the high prevalence of strangulation in the community, WIN House might seek to educate the public about the risks associated with strangulation and encourage them to seek medical attention. These findings demonstrate the value that quantitative data analytics could have for nonprofit organizations in the city.

Limitations

The sample analysis had a number of limitations. Firstly, I did not control or monitor the collection of the data. Therefore, it is possible that the data had issues with validity and reliability due to the organization's struggles to accurately collect and document data. Discrepancies between the data and the literature could be an indicator of inaccurate data collection or error at the level of the organization. These discrepancies could also be explained by missing data. Although many of the variables in the dataset had minimal missing data, some variables had a substantial amount of missing data. For instance, the "Assessed Danger" variable was based on

Jacquelyn C. Campbell's Danger Assessment. For several years, staff at WIN House completed this assessment only for "high-risk" clients (rather than all clients). Additionally, they did not document this score on the organization's database until recently. This explains the relatively small sample size of this variable. Furthermore, it is possible that the way the data was initially coded had an impact on final analyses. For instance, the way that "housing" is documented may not accurately reflect clients' outcomes post-departure. This is because this variable documents clients' housing *location* (i.e. whether she departs to subsidized housing, owned home, or second-stage shelter), rather than her housing *situation* (i.e. whether the home is safe, stable, or long-term). A client who departs to live with her abuser will almost always be documented as departing to "stable housing," since she is likely returning to a rented or owned home. Therefore, there is a strong negative correlation ($p < 0.001$) between returning to the abuser and returning to unstable housing. This demonstrates a problem with the way the data is currently collected, since it results in contradicting outcomes for clients. Therefore, the shelter's data may not be suitable for this type of statistical analysis without improved consistency of data collection, validity, and method of documentation.

Secondly, these findings could be limited by my focus on the sum of services and referrals offered to each client, rather than the impact of individual services and referrals. It is possible that certain services have a much greater impact on a client's outcomes than others. Therefore, it would be more effective to evaluate the impact of each service individually. This could also be impacted by staff's differing understanding about what a "service" and "referral" is. For instance, telling a client about a local organization and calling the organization to advocate on behalf of a client could have different effects on client outcomes, but would be documented in the same way.

Thirdly, while this research focused on what it identified as “key” outcomes for clients, these outcomes do not necessarily reflect the individual goals of clients. It could be useful to take into account individual clients’ goals in future research, as well as considering a greater diversity of outcomes (such as increased awareness about domestic violence, levels of emotional and psychological health, and increased levels of support in the community). Finally, due to a lack of a “control” group of domestic violence victims, it is impossible to account for the impact of the “core” service of the shelter – that is, safe, short-term housing that allows for the physical separation of the client and her abuser.

5.5 Discussion

Evidence-based practice is increasingly encouraged at social service organizations. However, there is debate regarding the applicability of EBP in social work. Nevertheless, most of the participants in this project recognized the utility of using evidence in their decision-making. Furthermore, they felt that their organization works hard to follow an evidence-based approach in service delivery. In this chapter, I argued that despite positive views towards EBP, organizations do not utilize all of the evidence at their disposal. They rely on qualitative information such as anecdotal evidence, feedback, and expertise. Quantitative data and analyses remain underutilized. This is problematic. Organizations carry out terminal (rather than information) actions during decision-making (Hirshleifer & Riley, 1979), and are therefore at risk of making uninformed decisions about programming (Friedman & Hechter, 1988).

Organizations’ data use is influenced by many different factors, including their mandates, internal limitations, and funder’s requirements. One reason for quantitative data underutilization, in particular, is a lack of resources. Organizations lack the staff time, expertise, and tools to

effectively analyze their data. They do not have access to staff trained in statistical analyses, and lack the knowledge on how to incorporate statistical findings into practice. Furthermore, due to organizations' struggles with data collection, organizations are concerned that their quantitative data is unreliable. Indeed, the analysis presented in this chapter showed that missing values, issues with coding, and inconsistencies in the data could negatively impact the utility of organizations' quantitative data. This underutilization may also stem from a cultural barrier. Different types of information may be assigned different values at different organizations. Participants in this study suggested that qualitative information (such as anecdotal evidence and expertise) is a vital source of information. On the other hand, they considered quantitative data to be inapplicable, unreliable, and inappropriate for guiding services and programming. Participants felt that this data would not tell them anything they did not already know. In effect, using "numbers" did not accurately reflect the experiences and needs of their clients.

I argue that this is not the case. Although quantitative data cannot replace their knowledge and expertise, quantitative analyses are a valuable source of information. The sample analysis provided a series of potential models for data utilization at nonprofit organizations. These types of analyses can provide organizations with unique insights into the needs of their clientele. They can show trends, common difficulties, and highlight areas of potential growth. They can help organizations ask the right questions about their clients and services, and allow them to make a greater impact in their communities. Furthermore, organizations already commit significant resources to collecting, documenting, storing and analyzing this data. I argue that it is therefore wasteful to not also utilize this data to inform programming. Additionally, with increased data utilization, the validity and reliability of data would likely improve. This is because data analyses

can help organizations pinpoint problems with their data collection and create additional value for accurately tracking data.

Finally, it is possible that the discrepancies between the findings in this analysis and the literature reflect the fact that academics do not have access to the same volume and diversity of data that nonprofit service organizations currently do. Researchers often cannot recruit large samples of domestic violence victims, sexual assault survivors, or victims of human trafficking for the purposes of their research. Therefore, conducting these types of analyses on nonprofit organizations' data could offer a valuable contribution to current gaps in literature about female victims of abuse and exploitation. This further highlights the value of this type of data.

Chapter 6: Conclusion

6.1 Introduction

This study examined how data is collected, utilized, and disseminated at organizations that work with victims of violence and exploitation in Edmonton. My research demonstrated that nonprofit organizations collect and store a substantial amount of data on their clients. However, organizations face barriers to effectively utilizing all of the data at their disposal in decision-making. This is especially true of quantitative data. Instead, organizations continue to primarily rely on their expertise, intuition, and qualitative findings during decision-making. Incorporating quantitative data analyses into this process would allow organizations to gain additional insights into their operations and clients. Furthermore, it would allow them to provide more effective interventions. Therefore, it is important to address the barriers they currently face. Effective solutions to organizations' barriers to data collection and analysis would allow nonprofits to utilize all of their data to inform their practice and improve service delivery without adding undue stress to the organization. But there are few studies that demonstrate how EBP can be incorporated into organizational practices (Archer-Kuhn et. al, 2014). What is clear is that it is vital to create an organizational context that is supportive of EBP and encourages organizations to critically reflect on their services (Carrilio, 2008). Key components of this type of organizational context include 1) access to easy-to-use software that collects useful information, 2) staff training and continued support (Despont-Gros, Mueller & Lovis, 2005; Carillio, 2008), 3) maintaining data collection systems to ensure that they keep up with changes in technology, needs, and external expectations (Carrilio 2008), and 4) organizational support and positive attitudes towards utilizing data (Despont-Gros et al., 2005).

In this chapter, I argue that these components fall into one of two major categories: resource availability and cultural receptivity. The first three components are related to resource availability. The fourth component is cultural. In section 6.2, I argue that both resource limitations and organizational culture have to be changed in order to see an improvement in data utilization at nonprofit organizations. In section 6.3, I suggest that one way of achieving this is through partnerships with external organizations, such as universities. Universities are perfectly positioned to provide organizations with the resources, expertise and education they would not otherwise be able to obtain. These types of partnerships are not yet widespread in the nonprofit sector. However, funders, policy-makers, and universities have recently shown increased interest in exploring these types of collaborations. Additionally, all of the participating organizations were open to the possibility of collaborating with researchers. Some organizations had even participated in university-driven research initiatives in the past. Therefore, these types of collaborations are a practical way of addressing nonprofit organizations' current barriers to data utilization.

6.2 Areas for Improvement

Additional Resource Allocation

Organizations' resource barriers limit their ability to collect and use data. Providing organizations with additional resources is therefore a logical step towards resolving this issue. Finn, Maher and Forster (2006) found that budget size at nonprofit organizations was positively correlated with data-related training and the adoption of information management systems. Similarly, Hackler & Saxton (2007) found that the size of an organization's budget influenced the sophistication of their data management systems. Additional funding allocated towards

administrative costs would allow organizations to update their equipment, hardware, and software necessary to work with and analyze their data. More importantly, it would allow organizations to hire expertise in data management, as “lack of staff, familiarity and time can be the most significant barriers to the effective utilization of [information technology]” (Hackler & Saxton, 2007, p. 482). This in-house expertise would allow organizations to effectively track data and conduct data analyses. It would also allow them to ensure that they are collecting useful information, help them incorporate findings into practice, and train staff. Carrilio argues that available expertise, as well as the sense that data produced at an organization is helpful is even more important to data utilization than worker attitudes towards data use (2008). Finally, this additional support would allow organizations to tailor existing databases to their needs or develop bespoke data management systems. This type of support would increase the likelihood of data utilization at the organization (Carrilio, 2008).

There are two ways that resources could be administered to allow for these changes. The first method is for funders to offer flexible operational funding. Organizations could utilize this funding without restrictions in areas of need. It is uncertain, however, whether this funding would be allocated to data-related initiatives. Although staff at nonprofit organizations value following evidence-based practice, many also view quantitative data as an inappropriate way of describing the experiences of their clients. Therefore, it is possible that additional flexible resources would be utilized to fund projects other than data management. The second method of administering additional funding would address this issue. Funders could provide organizations administrative funding allocated specifically to data management. This funding could therefore only be allocated to data-related training, tools, and expertise. It is likely that organizations would embrace additional funding for the improvement of data management. However, it is unclear whether

financial resources alone are sufficient for organizations to start incorporating quantitative findings into practice. Johnson & Austin (2006) argue that social service organizations have not yet embraced research and evidence-based decision making into their organizational culture. This makes it challenging to introduce research evidence into organizations. Unfortunately, if data is not utilized to make better decisions, an increase in an organization's analytical ability will not result in better decision-making. In such cases, a cultural change may be required (Dutton, 2014).

Cultural Change

Nonprofit organizations do not have a culture conducive to including data analytics in their decision-making (Dutton, 2014). Herzlinger argues that this is the most significant factor in the failure of information management at these organizations (1977). An organization that does not have effective systems for managing their data will not automatically be able to do so after purchasing hardware and software for data collection (Schoech, 1995, as cited in Carrilio, 2005; Herzlinger, 1977). Consequently, data and information management systems are often underutilized (Carrilio, 2008). Furthermore, it has been suggested that some organizations adopt data management technologies for symbolic purposes. This increases their legitimacy in the community, but does not actually improve their operations (Noir & Walsham, 2007).

Carrilio argues that "in order to effectively manage and evaluate program and client level interventions it is important to develop an organizational context that supports self-reflective practice" (2008, p.143). For organizations to reframe their practice and incorporate the use of client and outcome data requires change at both personal and organizational levels (Carrilio, 2008). This culture shift requires convincing upper-level management and directors of organizations to make changes in how they make decisions and to rely more on their data

(Young, 2015). Organizations with leaders who support this type of innovation are more likely to adopt new technologies and processes (Schoech, 1995). It is equally vital that leaders communicate the value of this analytical approach to the rest of the organization and front-line staff (Young, 2015; Giacumo & Breman, 2016) and convince staff that the data is there to help their work, rather than monitor them (Carrilio, 2005).

This can be challenging. Herzlinger (1977) suggests that “some managers of nonprofits view their lack of quantitative skills as a rather endearing imperfection” (p. 84). Many nonprofit leaders were initially professionals, carry an “institutional aversion to measurement” (p. 85) and lack technical skills. Furthermore, information systems are often unintuitive and difficult to use. There is also concern that poor outcomes may impact an organization’s ability to obtain funding (Carrilio, 2005). Leaders at organizations must therefore be persuaded that the use of their data is in both their, and their organization’s best interest (Hasenfeld & Patti, 1992, as cited in Carrilio, 2005). Bellamy et al. (2008) state that demystifying EBP and demonstrating the utility of quantitative data is the first step towards breaking down the barriers to EBP implementation. Consequently, it is important to consider an educational approach to facilitate this cultural change. This could include education about the ways that quantitative data can help organizations improve their services, effectively allocate resources and gain additional resources or legitimacy in their community. As a result, organizations would have increased buy-in regarding the utility of managing and analyzing their data.

Although this type of cultural change may seem cumbersome, it can also be an exciting and enlightening experience for staff. It can also encourage staffs’ confidence in their work. Furthermore, even a minor cultural shift can result in meaningful changes. Staff at social service

organizations have been shown to readily absorb this way of thinking if it is presented in a non-threatening way (Archer-Kuhn et al., 2014).

6.3 Practical Solution: Collaboration

An efficient method of both addressing resource barriers and facilitating cultural change could be through collaboration with external research organizations. In fact, collaboration with external organizations might be the strongest predictor of successful implementation of EBP at organizations. These types of partnerships help mitigate the barriers for organizations, such as lack of resources, time, and expertise (Johnson & Austin, 2006). There has been increased interest in exploring connections between universities and community issues (Austin et al., 2008) as well as collaboration between universities and community agencies³⁶ (Johnson and Austin, 2006). Hackney argues that universities have a moral obligation to work to address social issues prevalent in their communities (1986). Austin et al. (2008) state that “as universities have begun to recognize their responsibilities to their society and tax-payers/donors supporting them, there has emerged . . . a new interest in community involvement” (p. 90). This interest is echoed by governmental agencies and funders, who are starting to recognize the value of these types of collaborations (Austin et al., 2008).

³⁶ Umbrella organizations already mitigate some of the barriers faced by nonprofit organizations. However, umbrellas themselves are also nonprofit organizations and face similar resource and cultural limitations. Furthermore, many umbrella organizations have a political mandate that focuses on advocacy, policy change, and public awareness campaigns. This means that they cannot register as charities. Charities “must devote substantially all of their resources to charitable causes” (Devlin, 2017, p. 367), strictly defined as goods and services that benefit the public (Devlin, 2017). A lack of charitable status limits the type and amount of funding that umbrella organizations are able to obtain, further limiting the resources they are able to allocate to their individual subsidiaries. Furthermore, while they conduct some analyses on subsidiaries’ data, these rely on aggregate data and do not present an image of what organizations are experiencing individually.

Universities also have substantial resources and expertise that could benefit nonprofit organizations. Faculty researchers could “acquire anonymized data streams to analyze, cocreate new systems, technology, and mentor [partnering organizations] to apply new methods [and] investigate [new] models [of practice]” (Giacumo & Breman, 2016, p. 31). They could also support organizations with training as well as consult on policy and funding decisions (Austin et al., 2008). Furthermore, university students could collaborate with organizations in service learning, defined as experiential education where students provide a service while gaining practical experience (Jacoby, 1996, as cited in Bushouse, 2005).

A relationship between a nonprofit organization and a university is mutually beneficial. Partnerships with the community serve the interests of universities. Specifically, these partnerships 1) advance knowledge, teaching, and human welfare through community service, 2) generate increased support for universities (both public and private), and 3) facilitate faculty and student recruitment by promoting the health of the community they exist in (Harkavy & Puckett, 1994). Furthermore, these types of collaborations offer researchers the opportunity to address real life problems (Ramaley, 1995), and provide them with the ability to test theoretical frameworks (Young, 1995). As part of this type of collaboration, researchers also gain access to large volumes of valuable data. This grants them the opportunity to share their results in academic publications (Giacumo & Breman, 2016). As a result, they fill gaps in literature about marginalized groups in Canada, thereby helping social service organizations to “move us forward in our knowledge base” (Archer-Kuhn et al., 2014, p. 11) about these groups.

Current Practices

These types of collaborative relationships are not a novel concept. However, it is rare for nonprofit organizations to share data with university researchers. One reason for this is that organizations have concerns surrounding the safety of their clients. Therefore, they fear giving researchers unrestricted access to their data (J. Rhode, personal communication, 2017; H. Vancil, personal communication 2017). However, all of the participating organizations in this study were open to the possibility of sharing anonymized data with researchers. Participants viewed this as an efficient method of ensuring that their data is utilized to a greater extent. One executive stated that while conducting analyses in-house is beyond her organization's capacity, sharing data fits within their capabilities (C. Farewell, personal communication, 2017). If someone else does the work, the organization is happy to oblige. Nevertheless, participants noted that it is rare to gain opportunities to collaborate with a researcher. One participant said that "we don't typically share directly with a researcher . . . [but] I guess [it is because] they don't come by" (J. Mason, personal communication, 2017). Participants were at a loss for why there were such limited opportunities for collaboration. One participant felt that it is simply because the social issue addressed at her organization has been "pretty much taboo . . . up until the last few years. People are just now starting to talk about it" (M. Locke, personal communication, 2017). Other reasons, however, could be a lack of knowledge about the magnitude of valuable data collected at these organizations, as well as their willingness to collaborate with researchers.

Some organizations had a history of participating in research projects. One participant noted that several years ago, WINGS of Providence had participated in a study carried out by a partnership of several colleges and universities. Participation included administering client questionnaires, as well as meeting regularly with the principal investigators of the project (J. Mason, personal communication, 2017). At WIN House, the executive director allows

participation in research projects on a case by case basis. One participant stated that “depending on what it is, we’ve shared data and we will continue to do so” (C. Farewell, personal communication, 2017). ACT Alberta also makes an effort to create partnerships with external agencies relevant to their operations. One participant noted that they recently created a partnership with law enforcement, as well as crime analysts from various agencies in Alberta. This is a mutually beneficial relationship. One participant explained that “we’ve been meeting with them to try and share information – they’ll give us information, we will give them information back as well” (H. Vancil, personal communication, 2017). Creating these partnerships also strengthens the organization’s resolve to have high-quality data. One participant said that “we want to make sure that the information that we’re giving, in order to strengthen relationships, is solid” (H. Vancil, personal communication, 2017). Therefore, creating partnerships with external research agencies is not only a mutually beneficial pursuit, it is feasible. Given the opportunity, it is likely that many nonprofit organizations would be open to the possibility of sharing their data and collaborating with researchers. Furthermore, these types of partnerships would help organizations offset some of the costs and efforts related to data management and analytics.

6.3 Discussion

Improving quantitative data management and use at nonprofit organizations is a complicated pursuit. Not only do organizations face resource barriers that limit their ability to work with data, they also face cultural barriers. Additional resources are a vital part of improving organizational capacity to incorporate data into practice. However, this is not sufficient. Financial

resources must be accompanied by education and support. This would allow organizations to develop an organizational context that is conducive to using quantitative data in decision making. Creating partnerships between nonprofit organizations and local research institutions is an elegant, mutually beneficial solution to this problem. Universities house expertise, knowledge and technology that would be greatly beneficial to nonprofit organizations. Through partnerships with these institutions, organizations would receive the support and services that they would not otherwise be able to afford. Likewise, universities would gain access to valuable knowledge about marginalized groups that they would otherwise struggle to obtain. Furthermore, universities would gain the opportunity to support their communities, raise their public profile, and attract additional resources.

Researchers' potential ability to gain access to data through collaboration with community organizations is significant. There is limited literature available on marginalized women in Canada (such as domestic violence, sexual assault, or human trafficking victims). Even less literature is available on provincial or local populations. What little literature exists is often based on small sample sizes. This is due to ethical and access-related limitations related to conducting research on marginalized women. As a consequence, results of such studies are rarely generalizable. This limits researchers' ability to study the efficacy of social programming and interventions. Having access to organizational data, on the other hand, would allow them to make meaningful contributions to the field. Furthermore, it is likely that as relationships between universities and nonprofit service providers develop, the quality of data collected at organizations would improve. This would result from increased support, education and desire to offer high-quality outputs, and further strengthen these relationships.

There is limited literature on successful models of these types of non-profit – university partnerships (Austin et al., 2008). However, successful partnerships have existed in the past (for instance, see Archer-Kuhn et al., 2014 or Bushouse, 2005). WINGS of Providence, WIN House, and ACT Alberta also have a history of successfully collaborating with external researchers. These organizations are willing to participate in such projects in the future. Successful partnerships are tailored to both the needs of the organization and the partnering university (Harkavy & Puckett, 1991). They also allow both partners to have an equal voice in the research. This permits both sides to identify their interests, their objectives, and recognize a clear purpose for their collaboration (Austin et al 2008). Having clear expectations and a clear voice in the research makes organizations feel positive about interactions with researchers, and make them feel like they did not waste valuable resources on the collaboration (Bushouse, 2005).

One challenge is that despite the fact that collaboration grants organizations access to resources they would not otherwise have access to, it also takes up resources within the organization. This creates an economic risk, because staff shift away from their core activities (Bushouse, 2005). Staff must take the time to participate in research projects, learn new information, communicate with the lead researchers, and potentially work to change their practice. Therefore “the challenge for advancing university/community relationships . . . is to effectively address the resource constraints that lead to high opportunity cost participation” (Bushouse, 2005, p. 32). The benefits of participation must outweigh the risks and the resource expenditures. Otherwise, organizations are less likely to be willing to participate (Bushouse, 2005). For instance, Bushouse found that all of the organizations in her study sample were satisfied with their collaborations, and were interested in cooperating in research projects in the future. However, due to resource constraints they preferred to maintain project-specific

relationships over deeper relationships. Complex relationships with outside institutions require greater staff resources, and carry greater economic risk (2005). These limitations, however, may be easily ameliorated by providing organizations with additional resources focused on advancing their collaboration and partnerships with external agencies.

There is limited research on data collection and use at nonprofit organizations. This is particularly the case for women's organizations in Canada. This research contributed to this gap in knowledge by undergoing in-depth exploration of data collection, storage, and use at women's nonprofit organizations in Edmonton, Alberta. It also highlighted current problems with "evidence-based" programming and policy and suggested ways for more effective data use both within organizations and the larger community. This study also contributed to literature by explaining nonprofit organizational behavior through Resource Dependence and Rational Choice perspectives. Furthermore, this research has provided an account of the current state of the nonprofit feminist sector in Edmonton. Although there is a substantial amount of literature on feminist organizing in Alberta, there is limited research on women's organizations operating in Edmonton. This research therefore contributes to this gap in literature. The analyses offered in this thesis may also offer organizations the opportunity to gain further insight into their sector, and compare their barriers, practices, and successes with other actors in their community. Finally, this research can offer funders and government agencies insight into the barriers faced by nonprofit organizations.

Summary

Nonprofit organizations have been facing increasing pressure to effectively manage client data. Effective data management impacts their ability to obtain funding and continue their operations. Consequently, organizations in Edmonton spend significant time and resources collecting, tracking, and analyzing client data. However, formalized data processes are a recent phenomenon for many organizations. Many organizations are still trying to establish effective data management practices. One major barrier that organizations face is resource limitations. A lack of funding limits organizations' access to appropriate software and expertise in data management. This restricts their ability to tailor their database, know what data to collect, how to analyze it, and how to apply analyses into praxis. Additionally, although nonprofit organizations strive to follow an evidence-based model of practice, they do not utilize all of their data during decision-making. Instead, organizations rely on information with low accessibility barriers. This includes qualitative information, client feedback surveys, and staff expertise. On the other hand, they underutilize their quantitative information. Organizations are capable of only elementary analyses of their quantitative data, such as simple counts and percentage breakdowns. This makes it difficult to utilize this data to its full capacity. Relying on partial evidence limits organizations' ability to make evidence-based decisions. Utilizing all of their data, on the other hand, could help organizations better support their clients. Therefore, organizations should strive to incorporate more complex data analytics into praxis. To do so, organizations need to obtain additional resources and change their organizational culture. A practical solution to these barriers is to establish collaborative relationships with external organizations such as universities, who have both the resources and expertise that nonprofit organizations lack. These types of partnerships are

gaining increasing support from universities and funders in Canada, and would be beneficial to universities, individual agencies, and the nonprofit sector as a whole.

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APPENDIX A: SAMPLE INTERVIEW GUIDE

Sample Interview Guide

Participant background

- What is your position at this organization?
- How would you describe your main duties?
- How long have you worked at this organization?
- What is your career background?
- What is your educational background?
- Have you volunteered/worked at non-profit organizations in the past?

Type of data collected and utilized, and with what goal

- Do you collect data on your clients?
 - What type of data do you collect?
 - How do you collect it?
 - How do you record it?
 - How do you store it?
- Why do you collect data?
- Do you think collecting data on clients is important?
- What happens with the data after it is collected?
- What kind of work do you do with data?
 - Do you use it in grant applications, marketing materials, programming decisions, etc.?
- Are there any problems that you encounter with collecting data?

Whether data is seen as important or valuable

- What kind of information do you take into account when you make operational decisions at this organization?
- Are there types of information that are more important than others?
- Do you look at client data when making administrative decisions?
- Is important to use client data when making programming decisions?
- How much staff time and effort is spent on data collection vs. direct support of clients?

Willingness to share data

- Do you share your data with any external organizations or individuals?
 - Why/why not?
- Would you do so in the future, if this were beneficial to you?
- What would be “beneficial”?
- What kind of support would you be looking for?
- Do you have any policies in place regarding data exiting your organization?
- What kind of data would you share?

Evidence-based practice

- How would you define evidence-based practice?
- Do you think that your organization uses evidence-based practice?
- Do you think that evidence-based practice is appropriate for social service organizations?

APPENDIX B: RESEARCH CONSENT FORM

Research Consent Form

You are invited to participate in a study titled **Does data matter? Exploring how nonprofits working with abuse victims in Edmonton use data to inform service delivery** that is being conducted by Miya Draga as part of her Master's Thesis. Draga is a student in the Department of Sociology at the University of Alberta and you may contact her by email (draga@ualberta.ca), phone (780-246-5958) or mail (Department of Sociology, University of Alberta, 5-21 Tory Building, Edmonton, AB, T6G 2H4).

Purpose, Objectives and Importance of this Research

This research project looks at data collection and use at non-profit service organizations in Edmonton that serve victims of abuse and violence. The overall objective of this study is to investigate how organizations currently view and use their data, and to determine whether there are barriers in using data to help make decisions about client services and programs.

What is involved

You are being asked to participate in this study because of your experience in women's service organizations in Edmonton, Alberta. Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw from the interview at any time without any consequences or explanation. If you withdraw from the study, your data will only be used with your consent at the time of withdrawal. You may also skip any question during the interview without having to provide an explanation. There are no known or anticipated risks to you by participating in this research. The interview will be recorded (audio) and you may be contacted in the future for a follow-up interview or questions. This material may also be used for future analysis.

Documents

Any documents provided by you for this project will not be distributed or disseminated without your consent in a separate form. The names of any individuals referred to in any documents provided for this research project will be kept anonymous using the same guidelines for anonymity described below.

Anonymity

The recording of this interview will be kept on a secure, password-protected device until such time that it is transcribed. Then, the recording will be promptly deleted. All transcripts and other materials will be kept in a secure location.

If you wish to remain anonymous, please check the YES box below. To protect anonymity, your name will be replaced with a pseudonym and no information which may identify you will be used in the dissemination of this work.

Anonymous: Yes: ☐ No: ☐

Dissemination of Results

It is anticipated that the results of this study will be shared with others through the publication of articles in scholarly journals, conferences, and presentations at city forums.

Contacts

APPENDIX B: RESEARCH CONSENT FORM

Individuals that may be contacted regarding this study include Miya Draga (see above for contact information). In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Research Ethics Office at the University of Alberta (780-492-0459) or at reoffice@ualberta.ca

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

_____ <i>Name of Participant</i>	_____ <i>Signature</i>	_____ <i>Date</i>
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A copy of this consent will be left with you, and a copy will be taken by the researcher.

“The plan for this study has been reviewed for its adherence to ethical guidelines and approved by Research Ethics Board 1 at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.”

APPENDIX C: SAMPLE COUNSELLING CLIENT STATISTICS FORM

Date of Intake:
Counsellor:

Association of Alberta Sexual Assault Services: Counselling Client Statistics

Client Gender ☐ Female ☐ Male ☐ Transgender ☐ Unknown

Client Age at Intake
☐ Child (0-5) ☐ Child (6-12) ☐ Adolescent (13 – 17) ☐ Young Adult (18-24)
☐ Adult (25 – 64) ☐ Adult Senior (65+) ☐ Unknown

Client Marital Status
☐ Single ☐ Married ☐ Widowed
☐ Divorced ☐ Separated ☐ Common-law / Living together

Client Cultural Background:
☐ First Nations ☐ Inuit ☐ Refugee ☐ Metis
☐ Visible Minority ☐ New Immigrant (<10 yrs in Canada)
☐ Caucasian ☐ Other ☐ Unknown

Client Sexual Orientation
☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning ☐ Unknown ☐ Didn't answer

Client Disability
☐ No disability ☐ Physical Disability ☐ Cognitive Disability
☐ Vision Impairment ☐ Hearing Impairment ☐ Other Significant Disability ☐ Unknown

Where client comes from:
☐ City of Edmonton ☐ St. Albert/Sturgeon County ☐ City of Fort Saskatchewan
☐ Sherwood Park/Strathcona ☐ Leduc/Leduc County ☐ Stony Plain, Spruce Grove, Parkland County
☐ Other (please specify) _____

Children's Services Involvement
☐ Open File ☐ Family Enhancement File ☐ Previous Children's Services Involvement
☐ No involvement ☐ Unknown ☐ N/A

Does the client identify a misuse of another coping strategy? ☐ Yes ☐ No ☐ Unsure ☐ Unable to assess
 Does the client identify using self-harm? ☐ Yes ☐ No ☐ Unsure ☐ Unable to assess
 Does the client identify being diagnosed with a mental health issue? ☐ Yes ☐ No ☐ Unsure ☐ Unable to assess
 Does the client identify a misuse of alcohol? ☐ Yes ☐ No ☐ Unsure ☐ Unable to assess
 Does the client identify a misuse of gambling? ☐ Yes ☐ No ☐ Unsure ☐ Unable to assess
 Does the client identify a misuse of drugs? ☐ Yes ☐ No ☐ Unsure ☐ Unable to assess

Client Type: I am a...
☐ Survivor/Victim ☐ Support Person ☐ Survivor and Support Person
☐ Unknown ☐ Other (please specify) _____

THIS SECTION REFERS TO THE MAIN REASON FOR ACCESSING SERVICES AT THIS TIME
 Reason for current therapy involves a
☐ A past incident ☐ A recent incident (less than 1 year) ☐ Both recent and past incidents ☐ Other: _____

Main issue for client....
☐ Childhood Sexual Abuse ☐ Sexual Assault ☐ Sexual Harassment/Stalking
☐ Suspected Sexual Assault/Abuse ☐ Other (please explain)

APPENDIX C: SAMPLE COUNSELLING CLIENT STATISTICS FORM

The following questions relate to the incident client is seeking counselling/support for:

Survivor's age at the time of this abuse/assault incident

- ☐ Child (0-5) ☐ Child (6-12) ☐ Adolescent (13 – 17) ☐ Young Adult (18-24)
☐ Adult (25 – 64) ☐ Adult Senior (65+) ☐ Unknown

The number of times or length of time this abuse/assault occurred

- ☐ One incident ☐ More than one incident ☐ Recurring ☐ Unknown

The number of offenders – *report this for the incident that brought client in*

- ☐ One offender ☐ More than one offender

Was this abuse/assault reported?

- ☐ Yes ☐ No ☐ Unknown

Who was abuse/assault reported to?

- ☐ Police ☐ Children's Services ☐ Other (specify) _____ ☐ Unknown

Do you suspect alcohol was used in this abuse/assault?

- ☐ Yes ☐ No ☐ Unknown

Do you suspect drugs were used in this abuse/assault?

- ☐ Yes ☐ No ☐ Unknown

Did the abuse/assault involve internet luring?

- ☐ Yes ☐ No ☐ Unknown

Did the abuse/assault involve production or distribution of child pornography?

- ☐ Yes ☐ No ☐ Unknown

FOR EACH OFFENDER for the assault that brought the client in, PLEASE ANSWER THE FOLLOWING:

The person(s) who committed this abuse/assault is/are....

- ☐ Male ☐ Female ☐ Both male and female ☐ Trans identified ☐ Unknown

Age of the person who committed this abuse/assault (*at time of abuse/assault*)

- ☐ Child (0-5) ☐ Child (6-12) ☐ Adolescent (13 – 17) ☐ Young Adult (18-24)
☐ Adult (25 – 64) ☐ Adult Senior (65+) ☐ Unknown

Person who committed abuse/assault, relationship to survivor (*at time of abuse/assault*)

- ☐ Acquaintance ☐ Babysitter ☐ Childcare Worker ☐ Clergy ☐ Coach
☐ Coworker ☐ Dating ☐ Friend ☐ Foster parent ☐ Grandparent
☐ Group home staff ☐ John ☐ Medical Professional ☐ Neighbour ☐ Parent
☐ Partner – current ☐ Partner – former ☐ Pimp ☐ Relative – other ☐ Sibling
☐ Step-parent ☐ Stranger ☐ Supervisor ☐ Teacher ☐ Therapist
☐ Unknown ☐ Other _____

At the time of the abuse/assault, did the offender live with the survivor?

- ☐ Yes ☐ No ☐ Unknown

Is the survivor a parent? ☐ Yes ☐ No If yes, number of children over 18 _____ under 18 _____

Has this survivor experienced other incidents of sexual assault/abuse?

- ☐ Yes ☐ No ☐ Unknown ☐ N/A

APPENDIX C: SAMPLE COUNSELLING CLIENT STATISTICS FORM

Number of sexual assault/abuse incidents experienced by this survivor: _____

For child and adolescent clients, marital status of parents:

☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Common law

Additional or Historical Assault Information (complete one for each instance of assault)

Age at which this instance of assault/abuse occurred

☐ Child (0-5) ☐ Child (6-12) ☐ Adolescent (13 – 17) ☐ Young Adult (18-24)
☐ Adult (25 – 64) ☐ Adult Senior (65+) ☐ Unknown

Abuse continued over what period of time

☐ one incident ☐ less than 1 year ☐ 1-2 years ☐ 3-4 years ☐ 5-6 years ☐ 7 or more years

The number of offenders –for the first instance of abuse/assault

☐ One offender ☐ More than one offender

Was this abuse/assault reported during the period when it occurred?

☐ Yes ☐ No ☐ Unknown

Who was abuse/assault reported to?

☐ Police ☐ Children's Services ☐ Other (specify)

Gender of person(s) who committed the abuse/assault

☐ Male ☐ Female ☐ Both Male and Female Offenders ☐ Trans identified ☐ Unknown

Age of the person who committed this abuse/assault (at time of abuse/assault)

☐ Child (0-5) ☐ Child (6-12) ☐ Adolescent (13 – 17) ☐ Young Adult (18-24)
☐ Adult (25 – 64) ☐ Adult Senior (65+) ☐ Unknown

Person who committed abuse/assault, relationship to survivor (at time of abuse/assault) *Check all that apply

☐ Acquaintance ☐ Babysitter ☐ Childcare Worker ☐ Clergy ☐ Coach
☐ Coworker ☐ Dating ☐ Friend ☐ Foster parent ☐ Grandparent
☐ Group home staff ☐ John ☐ Medical Professional ☐ Neighbour ☐ Parent
☐ Partner – current ☐ Partner – former ☐ Pimp ☐ Relative – other ☐ Sibling
☐ Step-parent ☐ Stranger ☐ Supervisor ☐ Teacher ☐ Therapist
☐ Unknown ☐ Other _____

At the time of the abuse/assault, did the offender live with the survivor?

☐ Yes ☐ No ☐ Unknown

Did the abuse/assault involved production or distribution of child pornography? ☐ Yes ☐ No ☐ Unknown

Do you suspect alcohol was used in this abuse/assault? ☐ Yes ☐ No ☐ Unknown

Do you suspect drugs were used in this abuse/assault? ☐ Yes ☐ No ☐ Unknown

Did the abuse/assault involve internet luring? ☐ Yes ☐ No ☐ Unknown

Last updated April 6/16

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

TIER 1 Admission Information: pp. 3-13		COMPLETED BY: _____ PLEASE PRINT DATE (MM/DD): _____												
1.0 Admission														
<div style="text-align: right; margin-bottom: 10px;">Admission Date (mm/dd/yyyy): _____</div> <div> a) Personal Information Full Legal Name: _____ First _____ Middle _____ Last _____ Date of Birth (mm/dd/yyyy): _____ Other Name/Alias: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other Does Client have ID? <input type="checkbox"/> YES <input type="checkbox"/> NO Health Card Number: _____ Health Card Province: _____ Phone: _____ Does it have GPS? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, was GPS turned off? <input type="checkbox"/> YES <input type="checkbox"/> NO </div>														
b) Location Immediately Prior to Admission What region was the client residing in prior to admission? <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> R1 – Southwestern Alberta</td> <td><input type="checkbox"/> R5 – East Central Alberta</td> <td><input type="checkbox"/> R9 – Northeast Alberta</td> </tr> <tr> <td><input type="checkbox"/> R2 – Southeast Alberta</td> <td><input type="checkbox"/> R6 – Edmonton and Area</td> <td><input type="checkbox"/> R10 – Metis Settlement</td> </tr> <tr> <td><input type="checkbox"/> R3 – Calgary and Area</td> <td><input type="checkbox"/> R7 – North Central Alberta</td> <td></td> </tr> <tr> <td><input type="checkbox"/> R4 – Central Alberta</td> <td><input type="checkbox"/> R8 – Northwest Alberta</td> <td><input type="checkbox"/> N/A</td> </tr> </table> Address: _____ City/Town: _____ Province: _____			<input type="checkbox"/> R1 – Southwestern Alberta	<input type="checkbox"/> R5 – East Central Alberta	<input type="checkbox"/> R9 – Northeast Alberta	<input type="checkbox"/> R2 – Southeast Alberta	<input type="checkbox"/> R6 – Edmonton and Area	<input type="checkbox"/> R10 – Metis Settlement	<input type="checkbox"/> R3 – Calgary and Area	<input type="checkbox"/> R7 – North Central Alberta		<input type="checkbox"/> R4 – Central Alberta	<input type="checkbox"/> R8 – Northwest Alberta	<input type="checkbox"/> N/A
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c) Type of Housing Immediately Prior to Admission <i>Note: On Outcome Tracker, "Type of Housing..." refers to options in black, and "Type of Housing... – detail" refers to options in grey.</i> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Stable Housing <input type="checkbox"/> Owned Residence <input type="checkbox"/> Rental Market Housing <input type="checkbox"/> Shared Accommodation <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Transitional/Temporary Housing <input type="checkbox"/> Student Residence <input type="checkbox"/> Second Stage DV Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Third Stage Housing </td> <td style="vertical-align: top;"> <input type="checkbox"/> Short Term Housing/Shelters/Homeless <input type="checkbox"/> Couch Surfing (i.e. temporary stay with friends/family) <input type="checkbox"/> Emergency DV Shelter <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Motel or Hotel <input type="checkbox"/> Shelter not meant for habitation (e.g. vehicle, unsafe building, tent) <input type="checkbox"/> Sleeping rough (i.e. on the streets) <input type="checkbox"/> Facilities <input type="checkbox"/> Hospital <input type="checkbox"/> Incarceration Facility <input type="checkbox"/> Residential addiction treatment facility, including detox </td> </tr> </table> <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> UNK			<input type="checkbox"/> Stable Housing <input type="checkbox"/> Owned Residence <input type="checkbox"/> Rental Market Housing <input type="checkbox"/> Shared Accommodation <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Transitional/Temporary Housing <input type="checkbox"/> Student Residence <input type="checkbox"/> Second Stage DV Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Third Stage Housing	<input type="checkbox"/> Short Term Housing/Shelters/Homeless <input type="checkbox"/> Couch Surfing (i.e. temporary stay with friends/family) <input type="checkbox"/> Emergency DV Shelter <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Motel or Hotel <input type="checkbox"/> Shelter not meant for habitation (e.g. vehicle, unsafe building, tent) <input type="checkbox"/> Sleeping rough (i.e. on the streets) <input type="checkbox"/> Facilities <input type="checkbox"/> Hospital <input type="checkbox"/> Incarceration Facility <input type="checkbox"/> Residential addiction treatment facility, including detox										
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d) Living Arrangements Immediately Prior to Admission Who was the client living with? <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> On their own (with children)</td> <td><input type="checkbox"/> With the abuser (with children)</td> <td><input type="checkbox"/> With family (not including abuser)</td> </tr> <tr> <td><input type="checkbox"/> On their own (without children)</td> <td><input type="checkbox"/> With the abuser (without children)</td> <td><input type="checkbox"/> With a friend or friends</td> </tr> <tr> <td><input type="checkbox"/> Other (specify): _____</td> <td><input type="checkbox"/> With a new partner</td> <td><input type="checkbox"/> UNK</td> </tr> </table>			<input type="checkbox"/> On their own (with children)	<input type="checkbox"/> With the abuser (with children)	<input type="checkbox"/> With family (not including abuser)	<input type="checkbox"/> On their own (without children)	<input type="checkbox"/> With the abuser (without children)	<input type="checkbox"/> With a friend or friends	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> With a new partner	<input type="checkbox"/> UNK			
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<input type="checkbox"/> On their own (without children)	<input type="checkbox"/> With the abuser (without children)	<input type="checkbox"/> With a friend or friends												
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> With a new partner	<input type="checkbox"/> UNK												

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

e) Employment Information
 Employment status: ☐ Employed ☐ Unemployed
 Place of Employment: _____ Employment Phone: _____

f) Vehicle Information
 License: _____ Does it have GPS? ☐ YES ☐ NO If YES, was GPS turned off? ☐ YES ☐ NO
 Make: _____ Model: _____ Colour: _____ Registered Owner: _____

g) Family Composition
☐ Single client (no admitted dependents)
☐ Family (one adult with at least one admitted dependent)

h) Transportation to Shelter
☐ Shelter-assisted transportation (Taxi) ☐ Police/Victim Services
☐ Client drove self ☐ Other (specify): _____

1.1 Abuse History

a) Type of Client
☐ Victim of Domestic Violence (intimate partner/family member) ☐ Victim of Non-Domestic Violence (e.g. landlord) ☐ Victim of Human Trafficking
☐ In need of housing ☐ In other crisis (specify): _____

b) What type of abuser is the client fleeing?
☐ Intimate Partner (Current or Past Partner, Spouse, etc.) ☐ Other (Landlord, Gang Member, Employer, etc.)
☐ Family Member (Parent, Child, Sibling, Parent-in-Law, etc.) ☐ Client is not fleeing an abuser of any kind

c) Relationship to Abuser (leading to admission)

If Intimate Partner	If Family	If Other
<input type="checkbox"/> Boyfriend/Girlfriend	<input type="checkbox"/> Child	<input type="checkbox"/> Employer
<input type="checkbox"/> Ex-Boyfriend/Girlfriend	<input type="checkbox"/> Parent	<input type="checkbox"/> Friend
<input type="checkbox"/> Common-Law Partner	<input type="checkbox"/> Parent in Law	<input type="checkbox"/> Gang(s)
<input type="checkbox"/> Ex-Common-Law Partner	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Immigrant Sponsor
<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relative or Family (specify below)	<input type="checkbox"/> Landlord
<input type="checkbox"/> Ex-Spouse		<input type="checkbox"/> Pimp
<input type="checkbox"/> Other (specify): _____		

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

1.2 Admitted & Non-Admitted Dependents and Admitted Adult Family Members							
Admit/Non-Admit Dependents (under 18 y.o.)	Gender	Admitted? (A/NA)	D.O.B (mm/dd/yy)	Age	Grade	Alberta Health Care #	Father
Admitted Adult Family Members (18 y.o. and over)	Client #	D.O.B. (mm/dd/yy)	Instructions for Admittance				
			Please ensure that you complete the Multi-Adult Family Tracking Form.				

1.3 IF APPLICABLE: Dependent Information

a) Child Welfare Worker's Name: _____ Contact Number: _____

b) Care of non-admitted dependents: ☐ TGO ☐ PGO ☐ Other (specify): _____
☐ UNK

1.4 Language Issues

a) Preferred Language: _____
☐ English – Proceed to 1.5 ☐ Other (specify): _____

b) Is an interpretation/translation service required? ☐ YES ☐ NO

1.5 Emergency Contact

First Name: _____ Last Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ City/Town: _____ Prov: _____

Does contact know you are in shelter? ☐ YES ☐ NO If NO, will you be telling them? ☐ YES ☐ NO

CLIENT SAFETY CONCERNS (1.6-1.8)

1.6 Allergies (Client and Dependent(s))

Name	Allergy	Reaction(s)	Required Medication(s)	Does Client Have These Medication(s)?

Severe Allergy Alert Procedure:

- ☐ Ensure client has the required medication(s). Refer to PINN or, if necessary, to physician (i.e. to obtain Epipen).
- ☐ Highlight "SEVERE ALLERGY ALERT" on the client card in the Client Mailbox. Specify allergen in space provided.
- ☐ In dry-erase marker, write allergen on the "Allergy Alert" signs, and post in high-traffic areas of the shelter.
- ☐ Highlight the appropriate "Allergy Alert" box on the Update checklist.
- ☐ Notify other clients and staff not to bring anything into shelter in relation to the allergy.
- ☐ Notify Housekeeping Coordinator.

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

1.7 Security Questions	
Please pose the following questions to the client, and check off questions answered YES: Note: Several questions will be repeated in the D.A. (as specified in left-hand column)	
DA	Does the abuser have a history of domestic abuse? <input checked="" type="checkbox"/>
#9	Has the abuse increased over time?
#15	Does the abuser have any mental health issues?
#19	Has the abuser ever tried to stalk or find you?
#19	Has the abuser ever been violent with you in public?
#19	Do you have a fear that the abuser will kill you?
#14	Has the abuser ever threatened to harm or kill you or your children?
	If YES, specify: <input type="checkbox"/>
#5	Has the abuser ever used or threatened to use weapons or objects to harm you or your children?
	If applicable, has the abuser ever breached the conditions of a court order?
	Does the abuser know, or have a way of finding out, the location of this shelter?
Did Client respond YES to ALL of the above? <input type="checkbox"/> YES – Process Security Alert <input type="checkbox"/> NO	
1.8 Safety Plan	
Please encourage Safety Planning as soon as possible. Use discretion to decide when it should be completed for optimal safety of the client.	
a)	Has the client been taught the Safety Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO – Proceed to b)
b)	Safety Planning scheduled for (mm/dd/yyyy): _____ Initial when completed: _____

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

MANDATORY FOR ALL CLIENTS IN ALL SITUATIONS (complete one for EACH abuser, if more than one): ABUSER PROFILE PRINT ON VIOLET PAPER					
Ab.1 Personal Information of Abuser					
Full Legal Name _____					
First _____ Middle _____ Last _____ Other Names/Aliases: _____					
Date of Birth (mm/dd/yyyy): _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other					
Address _____ City/Town: _____ Prov: _____					
Relationship to Client: _____					
Ab.2 Abuser Employment Information					
a) Employment Status : <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed – Proceed to Ab.3					
b) Indicate if the abuser is employed with any of the following:					
<input type="checkbox"/> Emergency Services (Fire, Police, Ambulance)		<input type="checkbox"/> CO-OP Taxi		<input type="checkbox"/> BFI Garbage	
<input type="checkbox"/> TELUS		<input type="checkbox"/> NETTWORK		<input type="checkbox"/> Canadian Linen	
<input type="checkbox"/> EPCOR		<input type="checkbox"/> Direct Energy		<input type="checkbox"/> Complete Communications	
<input type="checkbox"/> TELSCO		<input type="checkbox"/> Weathermakers		<input type="checkbox"/> SHAW	
* If client indicated YES to ANY of the above, <u>Process Security Alert</u> <input type="checkbox"/> NONE ARE APPLICABLE					
c) Place of Employment: _____					
Ab.3 Physical Description and Vehicle Description					
a) Physical Description:					
Height:		Weight:		Glasses:	
Hair Color:		Hair Style:		Clothing:	
Facial Hair Color:		Facial Hair Style:		Speech patterns:	
Skin Color:		Eye Color:		Other Features:	
b) Vehicle Description (make, color, year, license plate number, markings, etc.): _____					
c) Is the abuser the registered owner? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
Ab.4 Cultural Background of Abuser					
<input type="checkbox"/> English Canadian <input type="checkbox"/> Asian: _____ <input type="checkbox"/> French Canadian <input type="checkbox"/> Australian <input type="checkbox"/> Aboriginal <input type="checkbox"/> Caribbean <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations </div> <div> <input type="checkbox"/> East Indian <input type="checkbox"/> European: _____ <input type="checkbox"/> Latin American: _____ </div> </div> <input type="checkbox"/> African: _____ <input type="checkbox"/> Middle Eastern <input type="checkbox"/> American <input type="checkbox"/> New Zealander <input type="checkbox"/> Other (specify): _____ Band Name (if applicable): _____					
Ab.5 Security Concerns					
a) Are there any stalking/harassment concerns? <input type="checkbox"/> YES (specify): _____ <input type="checkbox"/> NO					
b) Was the abuser aware that you were planning to leave? <input type="checkbox"/> YES <input type="checkbox"/> NO					
c) Weapons accessible by the abuser, if any: _____					

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

Ab.6 Abuser Legal History			
a) Has the abuser ever been charged for domestic violence?			
<input type="checkbox"/> YES (specify): _____	Date: _____	<input type="checkbox"/> NO	<input type="checkbox"/> UNK
b) Does the abuser have a criminal record?			
<input type="checkbox"/> YES (specify): _____	Date: _____	<input type="checkbox"/> NO	<input type="checkbox"/> UNK
c) Leading up to the client's admission, was the abuser arrested?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> UNK
d) What charges were laid, if any?			
<input type="checkbox"/> Assault/bodily injury		<input type="checkbox"/> Property offences	
<input type="checkbox"/> Drug offences		<input type="checkbox"/> Weapons	
<input type="checkbox"/> Other(specify): _____		<input type="checkbox"/> NONE	
e) Was the abuser in jail at the time of victim's admission?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> UNK
Ab.7 Police Services			
a) In the events leading up to the client's stay in shelter, were the police services contacted?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> Unk
b) If YES: Officer's Name: _____ Badge Number : _____ File Number: _____			
Ab.8 Security Alert			
Should a Security Alert be processed for client?			
YES (check all that apply and proceed below):		<input type="checkbox"/> NO	
<input type="checkbox"/> The client answered "YES" to all Security Questions in 1.8			
<input type="checkbox"/> The client answered "YES" to the Employment Question in Ab.2 b)			
<input type="checkbox"/> Other (specify): _____			
SECURITY ALERT - MANDATORY INFORMATION:			
Client File #:	House:	Date (mm/dd/yyyy):	Staff Initial:
_____	<input type="checkbox"/> WIN I <input type="checkbox"/> WIN II <input type="checkbox"/> C/H	_____	_____
SECURITY ALERT – PROCESSING INSTRUCTIONS:			
1) Make sure all questions asked in the Abuser Profile (pp. 5-6) are completed.			
2) Detach Abuser Profile (pp. 5-6) from the Admission Package, and fax both pages to the Business Office.			
3) Return pages to their original location in the Admission Package.			
Ab.9 Additional Comments:			
MANDATORY IF INCOMPLETE: WHY?			

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

** MANDATORY: **			
DANGER ASSESSMENT			
Adapted from the Danger Assessment by Jacquelyn C. Campbell, PhD, RN, FAAN; © 2004 Johns Hopkins University, School of Nursing			
DA1. Complete the Danger Assessment (MANDATORY; NO EXCEPTIONS):			
NO ✓	YES ✓	SCORE	QUESTION
		5	1. Does your abuser own a gun?
		4	2. Is your abuser unemployed?
		4	3. Have you left your abuser after living together during the past year?
		-3	a. If you have never lived with your abuser, check "YES"
		3	4. Does your abuser threaten to kill you?
		3	5. Has your abuser ever used a weapon against you or threatened you with a lethal weapon?
			a. If yes, was the weapon a gun?
		3	6. Has your abuser avoided being arrested for domestic violence?
		2	7. Has your abuser ever forced you to have sex when you did not wish to do so?
		2	8. Do you have a child that is not your abuser's?
		1	9. Has the physical violence increased in severity or frequency over the past year?
		1	10. Does your abuser ever try to choke you?
		1	11. Does your abuser control most or all of your daily activities? For instance: do they tell you what you can be friends with, when you can see your family, how much money you can use, when you can take the car?
			a. If they try, but you do not let them, check "YES"
		1	12. Is your abuser violently and constantly jealous of you? For instance, do they say "If I can't have you, no one can"?
		1	13. Have you ever been beaten by your abuser while you were pregnant?
			a. If you have never been pregnant by them, check "YES"
		1	14. Does your abuser threaten to harm your children?
		1	15. Does your abuser follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want them to?
		1	16. Does your abuser use illegal drugs? By drugs, I mean, "uppers," or amphetamines, speed, angel dust, cocaine, "crack," street drugs or mixtures.
		1	17. Is your abuser an alcoholic or a problem drinker?
		1	18. Has your abuser ever threatened or tried to commit suicide?
		1	19. Do you believe your abuser is capable of killing you?
			20. Have you ever threatened or tried to commit suicide?
		TOTAL SCORE (note: if client has never lived with the abuser (3 a.) don't forget to subtract 3 from the total score)	
1.9 DANGER ASSESSMENT SCORE (check one only):			
<input type="checkbox"/> Less than 8: Variable Danger	<input type="checkbox"/> 8 – 13: Increased Danger	<input type="checkbox"/> 14 – 17: Severe Danger	<input type="checkbox"/> 18 or more: Extreme Danger
Level of danger is unpredictable.	Level of risk is higher.	Level of risk is higher.	Level of risk is extreme.
Start Safety Planning; watch for signs of increased danger.	Complete assertive Safety Planning.	Complete assertive Safety Planning.	Client is at risk of lethality. Complete assertive Safety Planning.
MANDATORY IF INCOMPLETE: WHY?			

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

DANGER ASSESSMENT ACTION PLAN	
<p>1. Does your spouse own a gun?</p> <p>2. Is your spouse unemployed?</p> <p>3. Have you left your spouse after living together during the past year?</p> <p>4. If you have never lived with your spouse, check "YES"</p> <p>5. Does your spouse threaten to kill you?</p> <p>6. Has your spouse ever used a weapon against you or threatened you with a lethal weapon?</p> <p>7. If yes, was the weapon a gun?</p> <p>8. Has your spouse ever been arrested for domestic violence?</p> <p>9. Has your spouse ever forced you to have sex when you did not wish to do so?</p> <p>10. Do you have a child that is not your spouse's?</p> <p>11. Has the physical relationship between you and your spouse ever been violent?</p> <p>12. Does your spouse ever try to choke you?</p> <p>13. Does your spouse threaten to kill or hurt you, or threaten to harm you or your family?</p> <p>14. When you can be friends with, when you can see your family, how much money you can use, when you can take the car?</p> <p>15. If they try, but you do not let them, check "YES"</p> <p>16. Is your spouse violent and threatening to harm you or your family?</p> <p>17. Have you ever been beaten by your spouse, while you were pregnant?</p> <p>18. If you have never been pregnant by them, check "YES"</p> <p>19. Does your spouse threaten to harm your children?</p> <p>20. Does your spouse follow or spy on you, leave threatening notes or messages or answering machine, or call you when you don't want them to?</p> <p>21. Does your spouse use illegal drugs, or drugs, "uppers," or amphetamines, speed, anger, and cocaine, crack, street drugs or mixtures?</p> <p>22. Is your spouse an alcoholic or a problem drinker?</p> <p>23. Has your spouse ever threatened or tried to commit suicide?</p> <p>24. Do you believe your spouse is capable of killing you?</p> <p>25. Have you ever threatened or tried to commit suicide?</p>	
<p>Completing Staff Initials: _____</p>	

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

CLIENT HEALTH CONCERNS (1.10-1.14)	
1.10 Injuries	
a)	Did client sustain any physical injuries as a result of the abuse? (i.e. bruising, cuts, sprains, etc.) <input type="checkbox"/> YES – Proceed to b) and c) <input type="checkbox"/> NO <input type="checkbox"/> UNK
b)	If YES, what kind of physical injuries did the client sustain? _____
c)	If YES, did client consult with a health professional regarding these physical injuries? <input type="checkbox"/> YES <input type="checkbox"/> NO – Please see PINN <input type="checkbox"/> UNK
1.11 Substance Abuse	
a)	Does the client have any self-reported substance abuse/addiction concerns at time of admission? <input type="checkbox"/> YES <input type="checkbox"/> NO – Proceed to 1.12 <input type="checkbox"/> UNK
b)	Substance abused/addictive behavior: _____
c)	Is the client currently receiving assistance/support for these concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
d)	Is the client part of a monitored Methadone Maintenance Program? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
e)	What kind of support, if any, does the client need from WIN House to address these concerns? _____
1.12 Choking/Strangulation	
a)	Does the client report any incidents of choking/strangulation within the last 48 hours ? <input type="checkbox"/> YES (specify): _____ <input type="checkbox"/> NO <input type="checkbox"/> UNK
IF YES – SEEK IMMEDIATE MEDICAL ATTENTION	
What was done for the client? _____ Staff initial: _____	
b)	Does the client report any incidents of choking/strangulation occurring more than 48 hours ago , and is NOT displaying any symptoms of urgent concern? <input type="checkbox"/> YES (specify): _____ <input type="checkbox"/> NO <input type="checkbox"/> UNK
IF YES – SEE PINN Staff Initial: _____	
1.13 Pregnancy	
a)	Is the client pregnant? <input type="checkbox"/> YES – Proceed to b) and c) <input type="checkbox"/> NO – Proceed to 1.14 <input type="checkbox"/> UNK
b)	Expected due date (mm/dd/yyyy): _____
c)	MANDATORY: Complete a birth plan. Staff Initials: _____
1.14 Doctor's Information and Prescribed Medication	
a)	Where are the client's medical records held? _____ with Dr. _____
b)	Is the client currently prescribed any medication? <input type="checkbox"/> YES (specify): _____ <input type="checkbox"/> NO <input type="checkbox"/> UNK
c)	IF APPLICABLE: Is the child currently prescribed any medication? <input type="checkbox"/> YES (specify): _____ <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> N/A

[illegible]

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

IMMIGRATION INFORMATION (1.17-1.19)	
1.18 Immigration Information	
a) Was the client born in Canada? <input type="checkbox"/> YES – Proceed to 1.19 <input type="checkbox"/> NO <input type="checkbox"/> UNK	
b) If NO, what country did the client immigrate from? _____	
c) Immigration Number: _____	d) Date of arrival in Canada (mm/dd/yyyy): _____
d) Length of time in Canada (check one): <input type="checkbox"/> Less than 1 year <input type="checkbox"/> Between 1 and 2 years <input type="checkbox"/> Between 2 and 3 years <input type="checkbox"/> Between 3 and 5 years <input type="checkbox"/> Over 5 years	
1.19 Immigration Status	
Note: On Outcome Tracker, "Immigration Status" refers to options in black, and "Immigration Status–detail" refers to options in grey.	
a) Immigration Status (check one):	
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Refugee
<input type="checkbox"/> Permanent Resident/Landed Immigrant	<input type="checkbox"/> Temporary Resident Visa
<input type="checkbox"/> Humanitarian/Compassionate	<input type="checkbox"/> Refugee Status
<input type="checkbox"/> Family Class	<input type="checkbox"/> Work Visa/Temporary Foreign Worker
<input type="checkbox"/> Sponsored	<input type="checkbox"/> Student Visa
<input type="checkbox"/> Independent	<input type="checkbox"/> Visitor Visa
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> No Status/Undeclared
1.20 Immigration Issues Requiring Legal Support	
a) Immigration Issues Requiring Legal Support (check all that apply):	
<input type="checkbox"/> No permanent Resident Status -	<input type="checkbox"/> Humanitarian and Compassionate application
<input type="checkbox"/> Has "inland spousal sponsorship" application in place	<input type="checkbox"/> Refugee or Refugee claimant
<input type="checkbox"/> Refugee Claimant	<input type="checkbox"/> Sponsorship Breakdown
<input type="checkbox"/> Live-in caregiver	
<input type="checkbox"/> Temporary Foreign Worker	
<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> None	

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

DISCLAIMERS AND AGREEMENTS		
Waiver		
<p>I, _____, in consideration of Edmonton Women's Shelter Ltd., acknowledge and agree on behalf of myself and my child/children that EWS Ltd., its staff or its members shall not be responsible for:</p> <ul style="list-style-type: none"> Any loss of/damage to my property, or the property of my child/children Any personal injuries sustained by me or my child/children occurring either: <ul style="list-style-type: none"> On the premises of the EWS Ltd., OR While my child/children are in the care/control of EWS Ltd., its staff or its members outside of the premises. <p>I agree that EWS Ltd., its staff or its members shall not be responsible for these points regardless of how such loss/damage to property or personal injury may be caused, including if it occurs due to negligence of EWS Ltd., its staff or members, or others using the premises.</p> <p>Client's Signature _____ Staff Signature _____ Date _____</p>		
Informed Client Consent		
<p><i>Clients have a right to know how and why their personal information is collected, used and disposed of when they are admitted to shelter. The following statements provide the context to ensure that clients provide informed consent.</i></p> <p>The information gathered as part of your client file is collected in the following manner and for the following purposes:</p> <ul style="list-style-type: none"> The protection of personal information and confidentiality of clients is of utmost importance to the women's shelter program. Personal information will be collected and stored on the Outcome Tracker Monitoring and Evaluation System. This web-based data application is a common tool used by all contracted women's shelters across the province. The Outcome Tracker system has built-in security features to secure the data and protect your personal information. Only those shelter staff with approved access will be viewing and recording information on Outcome Tracker. The information is used for data analysis and to inform program development and program management purposes at shelters. Only non-identifying information is shared with Human Services on a monthly basis to support provincial program development, funding of shelters, and analyses of provincial data. Human Services is bound by the rules and regulations stated under the Freedom of Information and Protection of Privacy Act. <p>I consent to the collection, storage, and use of the information provided at the time of admission and during my stay at shelter.</p> <p>Client's Signature _____ Staff Signature _____ Date _____</p>		
Confidentiality Disclaimer		
<p>I understand that WIN House will not give out my personal information without my permission and that all residents, volunteers and staff sign the Oath of Confidentiality.</p> <p style="text-align: right;">Client Initial _____</p> <p>I acknowledge that if police call, WIN House staff will tell them that I am safe. If Child Welfare calls, I understand and acknowledge that WIN House is legally obligated to tell them that I am at WIN House.</p> <p style="text-align: right;">Client Initial _____</p>		

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

Client Oath of Confidentiality and House Guidelines Agreement																					
<p>I understand that any and all of the following information is strictly confidential:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The identity, activities, and circumstances of the women and children who come to WIN House. <input type="checkbox"/> The address and location of WIN House. No one, including family and friends, is allowed to pick up or drop off a resident directly from shelter without staff authorization. <input type="checkbox"/> The names and activities of the staff, students, and volunteers who work at WIN House. <p>I also understand that for these reasons, the use of cell phone cameras is not allowed on the premises.</p> <p>I agree that I will not release any of the above information to anyone.</p> <p>I understand that any breach of confidentiality may result in increased danger to staff and/or clients and their children. It may also result in me being discharged from WIN House and could affect re-admissions in the future.</p> <p>I agree to follow the house guidelines as outlined in "Welcome to WIN" and "WIN House Health and Safety Procedures."</p> <p>I understand that WIN House is a safe place with zero tolerance for abuse including physical, emotional and verbal abuse.</p> <p>Client's Signature _____ Staff Signature _____ Date: _____ <div style="text-align: right; margin-right: 100px;">mm/dd/yyyy</div></p>																					
FINAL STEPS																					
Familiarizing the Client with WIN House																					
<table border="1" style="width: 100%; border-collapse: collapse; margin: 0 auto;"> <thead> <tr> <th style="width: 70%;">Procedure</th> <th style="width: 30%;">Staff Initial</th> </tr> </thead> <tbody> <tr><td>House Tour</td><td></td></tr> <tr><td>Fire and Safety Tour</td><td></td></tr> <tr><td>"Welcome to WIN" Provided and Explained</td><td></td></tr> <tr><td>Chore list and menu explained</td><td></td></tr> <tr><td>Sanitizer instructions explained</td><td></td></tr> <tr><td>Room and Laundry Code Given</td><td></td></tr> <tr><td>WIN School Explained</td><td></td></tr> <tr><td>Bed Bug Procedure</td><td></td></tr> <tr><td>Housekeeping Coordinator emailed re: special food needs</td><td></td></tr> </tbody> </table>		Procedure	Staff Initial	House Tour		Fire and Safety Tour		"Welcome to WIN" Provided and Explained		Chore list and menu explained		Sanitizer instructions explained		Room and Laundry Code Given		WIN School Explained		Bed Bug Procedure		Housekeeping Coordinator emailed re: special food needs	
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<p>END OF TIER 1</p>																					

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

TIER 2 Admission Information: pp. 14 – 16		COMPLETED BY: _____ <small>PLEASE PRINT</small> DATE (MM/DD): _____
2.1 Primary/Secondary Referral Sources		
a) Primary referral source: _____ b) Secondary referral source (if applicable): _____		
2.2 Source of Income		
a) Please select all of client's sources of income: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Assured Income for Severely Handicapped (AISH)</div> <div style="width: 33%;"><input type="checkbox"/> Parent or Parents</div> <div style="width: 33%;"><input type="checkbox"/> Spouse/Partner</div> <div style="width: 33%;"><input type="checkbox"/> Employment</div> <div style="width: 33%;"><input type="checkbox"/> Other family or friends</div> <div style="width: 33%;"><input type="checkbox"/> Student Funding</div> <div style="width: 33%;"><input type="checkbox"/> Pension (CPP, OAS, Private)</div> <div style="width: 33%;"><input type="checkbox"/> Student Funding through First Nations or INAC</div> <div style="width: 33%;"><input type="checkbox"/> Employment Insurance</div> <div style="width: 33%;"><input type="checkbox"/> Social Assistance – Alberta Works</div> <div style="width: 33%;"><input type="checkbox"/> No Income</div> <div style="width: 33%;"><input type="checkbox"/> Child Tax Credit</div> <div style="width: 33%;"><input type="checkbox"/> Social Assistance through First Nations or INAC</div> <div style="width: 33%;"><input type="checkbox"/> Disability Pension (not including AISH)</div> </div> <input type="checkbox"/> Other (specify): _____		
b) Does client have a Financial Worker? <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> YES – Proceed to 2.2 c) <input type="checkbox"/> NO <input type="checkbox"/> UNK </div>		
c) Financial Worker's name: _____ Contact number: _____ District Office: _____		
LEGAL HISTORY		
2.3 Protection Orders		
a) In place at intake: _____ b) Client is seeking to obtain: _____ c) IF APPLICABLE: Do any of the Protection Orders currently in place apply to client's child(ren)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK If YES, specify: _____		
HEALTH INFORMATION (2.4 – 2.7)		
2.4 Immediate Health Concerns		
Does client have any of the following immediate health concerns? <i>Check all that apply and provide details below:</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Medical Concerns</div> <div style="width: 33%;"><input type="checkbox"/> Communicable Disease/Infestation</div> <div style="width: 33%;"><input type="checkbox"/> Mental Health/Wellness Concerns</div> <div style="width: 33%;"><input type="checkbox"/> Cognitive Challenges</div> <div style="width: 33%;"><input type="checkbox"/> Physical Impairment</div> <div style="width: 33%;"><input type="checkbox"/> Dietary Requirements</div> </div> Details: _____		

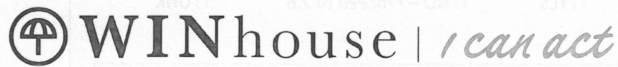
APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

2.5 Physical Health Concerns					
a) Are there any physical health concerns, unrelated to the abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO – Proceed to 2.6 <input type="checkbox"/> UNK					
b) Physical health concerns (check all that apply):					
<input type="checkbox"/> Acid Reflux	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastro-intestinal issues	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Pregnancy – high risk
<input type="checkbox"/> Allergies	<input type="checkbox"/> Cancer	<input type="checkbox"/> Eczema	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Irritable Bowel Syndrome	<input type="checkbox"/> Renal Failure
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Hep B	<input type="checkbox"/> Lupus	<input type="checkbox"/> Seizures
<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic Fatigue	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hep C	<input type="checkbox"/> Multiple Sclerosis	
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Cold/Flu	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Mobility Impairment	
<input type="checkbox"/> Other (specify): _____					
c) Is the client receiving any assistance/support to address these concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
d) If YES, where/with whom? _____					
e) Is there any way we can support the client with these physical health concerns?					
2.6 Mental Health/Wellness Concerns					
a) Are there any mental health/wellness concerns? <input type="checkbox"/> YES (specify): _____ <input type="checkbox"/> NO <input type="checkbox"/> UNK					
b) If YES, is the client receiving any assistance/support to address these concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
c) If YES, where/with whom? _____					
d) Is there any way we can support the client with these mental health/wellness concerns?					
2.7 Self-Harm and Suicide Ideation/Risk:					
a) Is the client currently exhibiting the following behaviours, or has the client done so in the past?					
			Suicide ✓	Self-Harm ✓	
Current ideation					
Current behaviour(s) or attempt(s)					
Past ideation, behaviour(s), or attempt(s)					
No past, recent or current ideation, behaviour(s), or attempt(s)					
Unknown					
b) If applicable, specify the date and type of harm inflicted: _____					
c) If applicable, how did the client cope in the past? _____					
d) Does client need further risk assessment for self-harm or suicide? <input type="checkbox"/> YES – Completed (mm/dd/yyyy) _____ <input type="checkbox"/> NO					
e) Is the client interested in scheduling a session with the psychologist? <input type="checkbox"/> YES <input type="checkbox"/> NO					

END OF TIER 2

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APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM



Intake

TIER 3

Presenting Situation (include information from crisis call).

Ask the following questions:

1. What was the event that led you into shelter?
2. Has this happened before or was this the first time it happened?

If this has happened before-

3. Have you ever left?
4. Have you noticed a pattern (of abuse/ interactions/ returning to the person)?
5. What have you done in the past to cope?
6. What was different this time?

Client Strengths

7. What are your strengths?
8. What are your current supports? (FILL OUT SUPPORT NETWORK)
9. What would you like your goals to be during your stay in shelter?
10. Let's put a plan together for your stay in shelter.

The Cycle of Violence

- a) Has anyone ever taught you about **the Cycle of Violence**?
☐ YES – Proceed to b) ☐ NO – Proceed to c) ☐ UNK
- b) How has knowing about the Cycle of Violence impacted how you coped with an abusive relationship?
- c) If NO – Please personalize and teach the Cycle of Violence to the client.

Initial when complete _____

The Power and Control Wheel

- a) Has anyone ever taught you about **the Power and Control Wheel**?
☐ YES – Proceed to b) ☐ NO – Proceed to c) ☐ UNK
- b) How has the Power and Control Wheel impacted how you coped with an abusive relationship?
- c) If NO – Please personalize and teach the Power and Control Wheel to the client.

Initial when complete _____

APPENDIX D: WIN HOUSE CLIENT ADMISSION FORM

TIER 3 Continued: Admission Information (pp. 19-22)		COMPLETED BY: _____ <small>PLEASE PRINT</small>																																									
		DATE (MM/DD): _____																																									
3.1 Type(s) of Abuse Experienced (leading to admission)																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">a)</td> <td style="width: 10%; text-align: center; padding: 2px;">√</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center; padding: 2px;">√</td> </tr> <tr><td style="padding: 2px;">Emotional/Psychological/Verbal Abuse</td><td></td><td style="padding: 2px;">Cultural Abuse</td><td></td></tr> <tr><td style="padding: 2px;">Physical Abuse</td><td></td><td style="padding: 2px;">Harm or Cruelty to Animals</td><td></td></tr> <tr><td style="padding: 2px;">Financial Abuse</td><td></td><td style="padding: 2px;">Trafficking</td><td></td></tr> <tr><td style="padding: 2px;">Property Destruction</td><td></td><td style="padding: 2px;">Neglect</td><td></td></tr> <tr><td style="padding: 2px;">Abuse to Family Members</td><td></td><td style="padding: 2px;">Unlawful Confinement</td><td></td></tr> <tr><td style="padding: 2px;">Sexual Abuse/Assault</td><td></td><td style="padding: 2px;">UNK</td><td></td></tr> <tr><td style="padding: 2px;">Non-Electronic Stalking and Harassment</td><td></td><td style="padding: 2px;">None</td><td></td></tr> <tr><td style="padding: 2px;">Electronic Stalking and Harassment</td><td></td><td style="padding: 2px;">Other (specify):</td><td></td></tr> <tr><td style="padding: 2px;">Spiritual Abuse</td><td></td><td></td><td></td></tr> </table>	a)	√		√	Emotional/Psychological/Verbal Abuse		Cultural Abuse		Physical Abuse		Harm or Cruelty to Animals		Financial Abuse		Trafficking		Property Destruction		Neglect		Abuse to Family Members		Unlawful Confinement		Sexual Abuse/Assault		UNK		Non-Electronic Stalking and Harassment		None		Electronic Stalking and Harassment		Other (specify):		Spiritual Abuse				b) Was client hospitalized as a result of this abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
a)	√		√																																								
Emotional/Psychological/Verbal Abuse		Cultural Abuse																																									
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Spiritual Abuse																																											
3.2 Past Stays at Shelters																																											
a) Has client stayed in a shelter in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO – <i>Proceed to 3.3</i> <input type="checkbox"/> UNK																																											
b) If yes, did client return to the same relationship? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK																																											
c) If yes, did client return to the abuser because of (check all that apply): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;">√</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;">√</td> </tr> <tr><td style="padding: 2px;">Lack of Affordable Housing</td><td></td><td style="padding: 2px;">Still had hope for the relationship</td><td></td></tr> <tr><td style="padding: 2px;">Family</td><td></td><td style="padding: 2px;">Lack of money</td><td></td></tr> <tr><td style="padding: 2px;">Lack of Long-term Housing</td><td></td><td style="padding: 2px;">Fear</td><td></td></tr> </table>					√		√	Lack of Affordable Housing		Still had hope for the relationship		Family		Lack of money		Lack of Long-term Housing		Fear																									
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<input type="checkbox"/> Other (specify): _____																																											
3.3 Human Trafficking																																											
Is there a possibility that this client is a victim of human trafficking? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please inform ICMs/CM ASAP. Staff Initial: _____																																											
Client Evaluation Completion Agreement																																											
<p>As part of our program, we ask clients to fill out a voluntary evaluation near the end of their stay, where they can tell us about the quality of their experiences in shelter. It is very short and takes only a few minutes to complete.</p> <p>Your feedback is very important to us, and lets us know what is working well and what we can improve on in the future. Please initial if you agree to complete this short survey before your departure from WIN House.</p> <p style="text-align: center;"><i>“YES! I agree to help WIN House better help future clients/families by completing this short survey.”</i></p> <p style="text-align: right;">Client Initial _____</p>																																											
END OF TIER 3																																											

APPENDIX E: CLIENT EVALUATION FORM

STAFF USE ONLY			
Date (mm/dd/yy): _____	Shelter: <input type="checkbox"/> Win I <input type="checkbox"/> Win II	Type of Program: <input type="checkbox"/> Residential <input type="checkbox"/> Outreach	
Number of days in shelter: _____	Survey completed: <input type="checkbox"/> Mid-stay <input type="checkbox"/> Upon Departure		
Number of times client met with Outreach worker:			
<input type="checkbox"/> 0-5 times	<input type="checkbox"/> 6-10 times	<input type="checkbox"/> More than 10 times	<input type="checkbox"/> Not Applicable
Was the survey given to the client for completion? <input type="checkbox"/> YES <input type="checkbox"/> NO – *Why not? _____			



WINhouse
i can act

WIN House Client Evaluation Are we helping? Please tell us!

This is a voluntary, anonymous survey – you can choose to complete it or to leave it blank. It is **only two pages long**, and takes only a few minutes! Your answers will not impact your ability to access our services in the future.

If you choose to complete this survey – **thank you!** Please answer the questions to the best of your ability. Your input will let us know what's working well and what we can improve on in the future.

Please do not include any identifying information – this is meant to be anonymous! If you need help, please seek out any staff member.

1.	✓	✓	✓
a) Did you feel safe inside the shelter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Does not apply to me
b) Did the services at the shelter meet your basic living needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Does not apply to me
c) Did the services help you better understand the choices available to you in your situation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Does not apply to me
d) Did the services help you better understand what other services are available to you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Does not apply to me
e) Did the services help you better understand the danger to yourself?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Does not apply to me
f) Did the services meet you unique cultural needs? (i.e., Aboriginal, cultural minority)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Does not apply to me
g) Did the services help you gain access to other services in the community (i.e. referrals, child care, legal supports?)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Does not apply to me
2.	✓	✓	✓
Did you have children with you at the shelter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO – proceed to Question 3	
a) Did the services at the shelter meet your child(ren)'s basic needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Does not apply to me
b) Did the services help you better understand the dangers to your children?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Does not apply to me
c) How well did the services meet the needs of your children?	<input type="checkbox"/> All of my children's needs were met <input type="checkbox"/> Most of my children's needs were met <input type="checkbox"/> Some of my children's needs were met <input type="checkbox"/> None of my children's needs were met		
3. How helpful was the service to you?			
<input type="checkbox"/> It was extremely helpful <input type="checkbox"/> It was mostly helpful <input type="checkbox"/> It wasn't that helpful <input type="checkbox"/> It wasn't helpful at all			
If so, how?			

APPENDIX E: CLIENT EVALUATION FORM

4. Is your life better now because you received this help?
<input type="checkbox"/> It is much better <input type="checkbox"/> It is a little bit better <input type="checkbox"/> It isn't much better <input type="checkbox"/> It isn't better at all If so, how?
5. How well did the service meet your needs?
<input type="checkbox"/> All of my needs were met <input type="checkbox"/> Most of my needs were met <input type="checkbox"/> Some of my needs were met <input type="checkbox"/> None of my needs were met If so, how?
6. Did you come to this shelter to leave an abusive situation?
<input type="checkbox"/> YES <input type="checkbox"/> NO
7. As a result of my shelter stay, and I more able to keep myself (and, if applicable, the children in my care) safer from abuse.
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree If so, how?
8. What were the most helpful services you received?
9. If you met with the P.I.N.N. (People in Need Nurse) nurse, did you find the services helpful? Were all your health needs met?
10. What could we have done better to help you and/or your children?
11. What services or supports do you feel you still need?
12. Do you have any other comments or suggestions?

Thank you for taking the time to complete this survey!
 Please place in envelope, seal, and return to any staff member.

O:\Administrative\WIN Forms\Shelter Forms\Client Files Updated 8.27.14
 Print double sided, in colour, on green.

PLEASE COMPLETE BOTH SIDES

APPENDIX F: VICTIMS SERVICES QUARTERLY REPORT

**Government
of Alberta** ■

Victims Services Quarterly Report Community Based Programs

Victims Services

Please read instructions prior to completing this form.

Created April 1, 2010

Year:	Quarter: <input type="checkbox"/> J-F-M <input type="checkbox"/> A-M-J <input type="checkbox"/> J-A-S <input type="checkbox"/> O-N-D
Organization Name:	Program Name:
Telephone Number (include area code)	Agency Code:

Table 1 - New Cases Referred and New Persons Assisted

Type of Incident (i.e., most serious crime)	New Cases	Referral Source (one per case)		New Persons Assisted	
		Police Referral	Other Referral Source	Adult	Child (under 18)
A - Criminal Code - Violent					
B - Criminal Code - Non-Violent					
C - Offence - Non-Criminal					
D - Assistance Provided Where an Offence has not Occurred					
Total					
Comments					

Table 2 - Caseload Totals

	Caseload Count	Number of Cases	Number of Adults	Number of Children
Caseload	New cases opened this quarter			
	Ongoing cases from previous quarter +			
	Cases closed this quarter -			
	Total Caseload =			
Potential Clients	Number of Clients who received information but for whom no file was opened	n/a		

APPENDIX F: VICTIMS SERVICES QUARTERLY REPORT

Table 3 - New and Ongoing Cases: Units of Service Provided

Type of Support Provided	New and Ongoing Cases Assisted			
	New cases this quarter	Ongoing Cases from previous quarters	Other case type this quarter	Total Services Provided
Client Contacts				
Collateral Contacts on behalf of clients				
Information Provided				
Referrals to other agencies				
Emotional Support				
Assistance with form completion				
Court Orientation				
Court Preparation				
Court Accompaniment				
Emergency Protection Orders				
Safety Planning				
Risk Assessments				
Other (please specify) _____				
Total	0	0	0	0
Comments:				

Table 4 - New and Ongoing Cases: Type of Activity and Hours Contributed

Type of Activity	Volunteer Hours	Paid Hours (optional)
General Assistance Provided Directly to Victims (information/intervention/referrals)		
Court Room Support		
Training Received by Volunteers		
Community Awareness/Public Education		
Community Development/Relationship Building		
Fundraising		
Administrative Duties		
Travel		
Board Meetings		
Volunteer Meetings		
Other (please specify) _____		
Total	0	0

APPENDIX F: VICTIMS SERVICES QUARTERLY REPORT

Table 5 - Volunteer and Staffing Resources

	Type of Position	Number of Persons	Part-time	Full-time
Paid Staff	Coordinator(s)			
	Program Staff			
	Administrative Support			
	Manager/Supervisory Position(s)			
	Other (please specify) _____			
Volunteers	SGPS Certified Advocates		n/a	n/a
	Service Delivery Volunteers		n/a	n/a
	Administrative Volunteers		n/a	n/a
	Board Members		n/a	n/a
	Other (please specify) _____		n/a	n/a

Table 6 - Professional Development/Training Taken by Program Staff

Staff Name and Position	Training Topic	Agency, Organization or Institution Providing Training	Number of Hours Completed

Table 7 - Professional Development/Training Taken by Program Volunteers

Volunteer Position	Training Topic	Agency, Organization or Institution Providing Training	Number of Hours Completed

Table 8 - Public Education/Awareness or Training Provided by Your Program

Topic	Agency Organization or Institution Receiving Training	Number of Hours of Presentation	Number of Persons in Attendance

APPENDIX F: VICTIMS SERVICES QUARTERLY REPORT

Table 9 - Victim Information Statistics

Type of Form	Number Distributed	Forwarded to Police	Forwarded to Crown or Court Clerk	Specify type of crime for cases where VIS was Utilized
Request for Restitution	n/a	n/a	n/a	n/a
A - Criminal Code - Violent				n/a
B - Criminal Code - Non-violent				n/a
C - Other				n/a
Victim Impact Statement		n/a		
Financial Benefit Applications		n/a	n/a	n/a
Victims of Crime Protocol		n/a	n/a	n/a

General Trends: (use this space to identify trends or changes you may be experiencing in you community - optional)

The personal information collected in this Quarterly Report is for the administration of the Victims of Crime Fund. The information you provide may be subject to release, under the *Freedom of Information and Protection of Privacy Act*. If you have any questions, please call 780-427-3460 (toll-free by dialing 310-0000 before the number).

By signing below, I attest that the information contained in this report is accurate to the best of my knowledge.

Name of person responsible for the program: *(manager/coordinator)* _____

Telephone Number: *(include area code)* _____

Signature: _____ Date: *(mm/dd/yyyy)* _____

Please submit only one copy of this form by the 15th of the month following the end of the quarter, by mail:

Victims Services
Public Security Division
Alberta Solicitor General and Public Security
John E. Brownlee Building
10th floor, 10365 - 97 Street NW
Edmonton Alberta T5J 3W7

or, by fax: 780-422-4213

or, by email: victims.programs@gov.ab.ca

APPENDIX G: STATISTICAL ANALYSES

Table 1

Client living outcomes after discharge, provided services and referrals, and client demographic variables: Descriptive Statistics

Variable	Codes	Descriptive Statistics		
		% (N)	Mean	SD
Dependent				
Return to Abuser at Discharge	Did not return = 0 Returned = 1	95.4 (480) 4.6 (23)	.05	.209
Unstable Housing at Discharge*	Stable = 0 Unstable = 1	37.40 (253) 62.6 (423)	.63	.484
Independent			6.6	3.31
Number of Services	Continuous	(716)		
Number of Referrals	Continuous	(708)	3.0	2.38
Control				
<i>Economic Constraints</i>				
Unemployment	Employed = 0 Unemployed = 1	10.9 (69) 89.1 (562)	.89	.312
No Vehicle	Has vehicle = 0 Does not have vehicle = 1	16.1 (110) 83.9 (572)	.84	.368
Income Dependence**	Independent income = 0 Dependent income = 1	10.4 (66) 89.6 (570)	.10	.305
Financial Abuse	Not abused = 0 Financially abused = 1	45.9 (315) 54.1 (372)	.54	.499
<i>Severity of Abuse</i>				
Choking/ Strangulation	Not choked/strangled = 0 Choked/strangled = 1	63.4 (417) 36.6 (241)	.37	.482
Hospitalization due to Abuse	Not hospitalized = 0 Hospitalized = 1	92.0 (335) 8.0 (29)	.08	.271
Physical Injury due to Abuse	No physical injury = 0 Physical injury = 1	61.9 (415) 38.1 (255)	.38	.486
Number of Abuse Types	Continuous	(688)	4.3	2.66

APPENDIX G: STATISTICAL ANALYSES

Table 1
Continued

Variable	Codes	Descriptive Statistics		
		% (N)	Mean	SD
<i>Severity of Abuse (Continued)</i>				
Assessed Danger	Not in danger = 0	38.4 (122)	.62	.487
	In danger = 1	61.6 (196)		
<i>Commitment to Abuser</i>				
Boyfriend/Girlfriend Relationship Status	No = 0	75.4 (453)	.25	.431
	Yes = 1	24.6 (148)		
Common Law Relationship Status	No = 0	41.1 (246)	.59	.492
	Yes = 1	58.9 (352)		
Married Relationship Status	No = 0	83.1 (497)	.17	.375
	Yes = 1	16.9 (101)		
Pregnancy	Not Pregnant = 0	84.0 (511)	.16	.366
	Pregnant = 1	16.0 (97)		
<i>Other</i>				
Age	Continuous	(716)	32	8.49
Age Range	Under 20 = 1	4.1 (29)	2.7	.879
	21-30 = 2	45.5 (326)		
	31-40 = 3	35.2 (252)		
	41-50 = 4	11.9 (85)		
	51-60 = 5	2.9 (21)		
	61 and Over = 6	0.4 (3)		
Length of Stay	Continuous	(719)	15	21.4
Addiction	No addiction issues = 0	91.5 (622)	.09	.280
	Addiction issues = 1	8.5 (58)		

***Unstable housing** includes the following: transitional or temporary housing (student residence, second stage shelter, third stage housing, and other transitional housing), short-term housing (couch surfing, emergency or homeless shelter, hotel or motel and homelessness), and facilities (hospital, incarceration facility, or addiction center). **Stable housing** includes moving to a rented or owned home, subsidized housing, or permanent stay with friends or family. Due to the way that this data is documented at WIN House, “stability of housing” refers strictly to type of housing, and is **unrelated from returning to the abuser**.

****Independent income** includes income and subsidies through social services; independence is lost if there is reliance on partner for financial support.

APPENDIX G: STATISTICAL ANALYSES

Table 2

Client living outcomes after discharge and client age: Cross-tabulation

	Under 20	21-30	31-40	%(N) 41-50	51-60	61 and Over	X²
Returned to Abuser	0.0 (0)	3.0 (7)	5.6 (10)	7.1 (4)	7.7 (1)	50.0 (1)	
Did not Return to Abuser	100.0 (18)	97.0 (227)	94.4 (168)	92.9 (52)	92.3 (12)	50.0 (1)	13.195*
Unstable Housing after Discharge	65.5 (19)	61.2 (191)	64.3 (151)	64.5 (49)	63.2 (12)	0.0 (0)	
Stable Housing after Discharge	34.5 (10)	38.8 (121)	35.7 (84)	35.5 (27)	36.8 (7)	100.0 (2)	4.101

*p<0.05

As the age goes up, the likelihood that the woman returns to her abuser goes up as well. At $X^2 = 13.195$ (df = 5, p = 0.022) this is a statistically significant relationship.

Age range and a woman's ability to obtain stable housing post departure do not have a statistically significant relationship.

APPENDIX G: STATISTICAL ANALYSES

Table 3

Client living outcomes after discharge, services and referrals, and client demographic variables: Bivariate correlations

Variables	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. Return to Abuser AD	-									
2. Instability of Housing AD	-.181***	-								
3. # Services Provided	-.105*	-.061	-							
4. # Referrals Provided	-.140**	-.013	.623***	-						
5. Unemployment	-.085	.055	.125**	.103*	-					
6. No Vehicle	-.103*	.178***	.051	.006	.186***	-				
7. Income Dependence	.075	.000	-.063	-.094*	.103*	.055	-			
8. Financial Abuse	-.009	-.086*	.191***	.152***	.042	-.069	.024	-		
9. Choking/Strangulation	-.049	.062	.068	.047	.068	.080*	-.049	.061	-	
10. Hospitalization DTA	.036	.107*	-.050	-.004	.003	.052	.216***	.018	.064	-
11. Physical Injury DTA	-.036	.045	.018	.036	.089*	.080*	.047	.092*	.240***	.255***
12. # Abuse Types	-.064	-.043	.206***	.142***	.006	-.034	.043	.606***	.172***	.088
13. Assessed Danger	-.003	.111	.106	-.019	.099	.104	.017	.017	.250***	.065
14. Addiction	.017	.062	-.076*	-.028	-.013	.008	.017	.092*	.096*	.060
15. "Boyfriend/Girlfriend"	-.100*	.018	-.103*	-.101*	.047	-.012	-.026	-.159***	.024	.052
16. "Common Law"	-.002	.008	.119**	.110**	.048	.107**	-.014	.106*	.073	-.066
17. "Married"	.109*	-.038	-.033	-.017	-.114**	-.123**	.057	.046	-.135**	.018
18. Pregnancy	-.050	.019	-.009	-.054	.050	.124**	.028	-.097*	.009	.086
19. Age	.146**	.021	-.051	-.018	-.109**	-.169***	-.005	.032	-.048	.062
20. Age range	.116**	.003	-.052	-.017	-.109**	-.157***	-.004	.033	-.045	.087
21. Length of stay	-.166***	-.012	.242***	.333***	.065	.045	.003	.161***	-.017	-.061

APPENDIX G: STATISTICAL ANALYSES

Table 3

Continued

Variables	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
12. # Abuse Types	.202***	-								
13. Assessed Danger	.211***	.159***	-							
14. Addiction	.097*	.054	.121*	-						
15. "Boyfriend/Girlfriend"	.090*	-.119**	.071	.018	-					
16. "Common Law"	.008	.148***	.095	.068	-.677***	-				
17. "Married"	-.126**	-.061	-.247***	-.115**	-.255***	-.539***	-			
18. Pregnancy	.032	-.026	.068	.047	.046	.006	-0.58	-		
19. Age	-.054	.034	-.055	.006	-.166***	-.078	.283***	-.186***	-	
20. Age range	-.053	.028	-.054	.015	-.163***	-.063	.261***	-.185***	.945***	-
21. Length of stay	-.001	.079*	-.113	-.060	-.086*	.033	.059	-.046	.045	.042

***Correlation is significant at the 0.001 level (2-tailed)

**Correlation is significant at the 0.01 level (2-tailed)

*Correlation is significant at the 0.05 level (2-tailed)

Notes:

AD – After Departure; DTA – Due to Abuse

The statistically significant negative relationship between returning to abuser post discharge and instability of housing post discharge can be explained by the initial documentation of these variables. Instability of housing refers strictly to the space a client will live in, rather than her living situation (i.e. whether she lives with her abuser). For more details about these two variables, see Appendix F, Table 1.

APPENDIX G: STATISTICAL ANALYSES

Table 4

Services, referrals, and length of stay of women who returned and did not return to their abuser:
Independent Sample T-Test

	Returned to Abuser (N)	Did not Return to Abuser (N)	t (df)	p
# of Services	5.61	7.25	2.991 (25.705)	0.006**
# of Referrals	1.74	3.30	5.261 (29.282)	0.000***
Length of Stay	6.61	15.87	5.925 (28.142)	0.000***

APPENDIX G: STATISTICAL ANALYSES

Table 5

Services, referrals, and length of stay of women who obtained and did not obtain stable housing upon discharge: Independent Sample T-Test

	Unstable Housing (N)	Stable Housing (N)	t (df)	p
# of Services	6.58	7.00	1.630 (557.673)	0.104
# of Referrals	2.99	3.05	0.328 (537.462)	0.743
Length of Stay	14.09	14.56	0.362 (672.844)	0.718

APPENDIX G: STATISTICAL ANALYSES

Table 6

Results from Logistic Regression Analysis predicting whether a client moved into unstable housing upon discharge (N=666)

Predictor	B	SE B	e^B
Number of Referrals	0.033	0.043	1.034
Number of Services	-0.053	0.031	0.949
Constant			
df		2	
χ^2		3.015	

APPENDIX G: STATISTICAL ANALYSES

Table 7

Results from Logistic Regression Analysis predicting whether a client moved into unstable housing upon discharge, including control variables (N=430)

Predictor	B	SE B	e^B
Addiction	0.652	0.444	1.918
Age	0.026	0.013	1.026
Choking/Strangulation	0.410	0.233	1.507
Unemployment	0.025	0.357	1.026
Financial Abuse	-0.214	0.259	0.807
No Vehicle	1.355***	0.308	3.878
Income Dependence	0.205	0.335	1.228
Length of Stay	-0.002	0.013	0.998
Number of Different Types of Abuse	-0.013	0.048	0.987
Physical Injuries	-0.095	0.222	0.909
Pregnant	-0.178	0.282	0.837
Number of Referrals	0.052	0.057	1.053
Number of Services	-0.17	0.044	0.983
Constant			
df		13	
χ^2		31.536**	

* $p < .05$. ** $p < .01$. *** $p < .001$

“Hospitalization due to abuse” and “Assessed Danger” were removed due to small sample size.

e^B = exponentiated B