

TABLE OF CONTENTS

PART ONE- Page 2

VIP'S NEEDS ASSESSMENT-GETTING STARTED

Purpose

Needs assessment defined

Objectives

PART TWO- Page 3

DESIGNING AND CARRYING OUT NEEDS ASSESSMENT

Data collection tools

List of agencies within Estevan/Weyburn that will be targeted

List of targeted communities, and identified key stakeholders

Needs assessment questions

Organizing and carrying out data collection

PART THREE- Page 77

ANALYZING INFORMATION COLLECTED

DESIGN FACTORS

Purpose

Needs Assessment Defined

Objectives

DESIGNING THE NEEDS ASSESSMENT

DATA REDUCTION AND DISPLAY

IDENTIFYING BARRIERS

PREPARING FOR STRATEGIC PLANNING

Identify possible growth opportunities

CONCLUSION

PART ONE

V.I.P.'S NEEDS ASSESSMENT- GETTING STARTED

PURPOSE

The purpose of conducting V.I.P.'s needs assessment is to provide insight into the strategic planning question, "Does V.I.P. want to expand or enhance their current services and programs?"

NEEDS ASSESSMENT DEFINED

Needs assessments can demonstrate and document a known community need or needs and has the added benefit of involving the public in problem solving and goal setting. Conducting V.I.P.'s needs assessment allows for a way to gauge opinions, assumptions, needs, key issues, and or assets within a defined community.

OBJECTIVES

V.I.P.'s needs assessment will provide valuable information that could be used in a variety of ways such as identifying specific needs within different communities, promoting collaboration among agencies and businesses, and ultimately providing information that will be useful in V.I.P.'s strategic plan towards program development. In identifying a community's needs, different community priorities will be examined within the targeted geographical area. Familiarity with V.I.P.'s services within these targeted communities will be examined, and existing services within each community will be evaluated. In doing this process gaps in services will be identified. Ideas on ways in which V.I.P could expand or possibly how V.I.P could partner with other community agencies to address the issue of abuse will also be addressed. The results of a V.I.P.'s needs assessment can provide good information about what services are needed in the Estevan/Weyburn and surrounding rural areas.

PART TWO

DESIGNING AND CARRYING OUT NEEDS ASSESSMENT

DATA COLLECTION TOOLS

INTERVIEWS

Interviews will be conducted with key individuals within each community to help identify unique characteristics of the community as well as potential needs or where gaps in services may be occurring. Individuals that will be interviewed include staff of facilities, members of organizations, community leaders, health professionals, child and family service workers, police and so on.

FOCUS GROUPS

If time permits, focus groups will be conducted in addition to the interviews. Focus groups can provide greater insights into the key issues which the interviews identified. They can provide an opportunity to learn more about the specific needs of a community, gaps in services, and barriers to accessing services by talking to key people knowledgeable about the issues.

TARGETED AGENCIES WITHIN ESTEVAN

- 1) R.C.M.P.
- 2) Salvation Army
- 3) Health Promotions
- 4) Mental Health
- 5) Addiction Services
- 6) Home Care
- 7) CAFÉ
- 8) Estevan Housing Authority
- 9) Primary Health
- 10) Comp Family Liaison
- 11) Holy Catholic School Division
- 12) Public Health
- 13) Victim Services
- 14) Southeast Regional Library
- 15) Young Offenders/Corrections and Public Safety
- 16) Estevan Family Resource Centre
- 17) Adult Probation
- 18) Parenting Skills Coordinator
- 19) Career and Employment Services
- 20) Smile Services Inc.
- 21) Service Canada
- 22) Estevan City Police
- 23) Estevan Alternative School
- 24) Pastoral Care St. Joseph's Hospital

TARGETED AGENCIES WITHIN WEYBURN

- 1) Big Brothers and Big Sisters
- 2) Alternatives to Violence
- 3) Public Health
- 4) TOP (Youth Employment Services) – Tammie Jack
- 5) Southeast Cornerstone School Division
- 6) ECIP
- 7) Adult Probation
- 8) The Family Place
- 9) Mental Health
- 10) Salvation Army

- 11) Service Canada
- 12) R.C.M.P.
- 13) WCS Bridge School
- 14) Weyburn Housing
- 15) Addiction Services
- 16) WASES
- 17) Weyburn City Police
- 18) Sunrise Infant Toddler Care Centre
- 19) Career and Employment Services
- 20) Health Promotions
- 21) Student Services Counsellor/Family Liaison Counsellor
- 22) Southeast Regional
- 23) Weyburn General Hospital Social Workers
- 24) Corrections and Public Safety Young Offenders

 **RURAL TARGETED COMMUNITIES AND
CORRESPONDING STAKEHOLDERS THAT WERE
INTERVIEWED**

- 1) Gordon F. Kells High School (Carlyle)
- 2) Psychiatrist – (Carlyle) Dr. Macrae
- 3) Mental Health
- 4) Public Health
- 5) Saskatchewan Justice
- 6) RCMP – (Carlyle and surrounding area)
- 7) Kids First Regional Community Developer
- 8) Addictions
- 9) Home Care
- 10) Community Health Resource
- 11) Student Counselling Service - (White Bear)
- 12) Indian and Child Family
- 13) Post Secondary Coordinator
- 14) Bethlehem Lutheran Church
- 15) Midale School – (Midale) Lloyd Morrison
- 16) Lampman School
- 17) Stoughton Central School
- 18) New Hope Pioneer Lodge
- 19) Home Care

- 20) Mental Health Nurse
- 21) Carnduff Medical Clinic
- 22) Galloway Health Centre
- 23) Oxbow Prairie Heights School
- 24) Expressway Family Centre
- 25) Family/School Liaison Worker/Student Services Counsellor
- 26) Disability Management Coordinator (SCHR)
- 27) Student Service Counsellor – (Oxbow, Carnduff, Redvers, and Gainsborough)
- 28) RCMP – (Carnduff and surrounding area)
- 29) United Church
- 30) Stoughton Police
- 31) United Church – (Stoughton)
- 32) Ocean Man Education Center
- 33) Ocean Man Band Office
- 34) United Church – (Gainsborough, Carievale)
- 35) Community Health Services – (Gainsborough)
- 36) Home Care – (Midale, Halbrite, Macoun and Estevan)
- 37) Health Promotions – (Estevan north including Lampman and Benson)
- 38) Radville Marian Health Centre
- 39) Radville High School United Church
- 40) School 33 Central
- 41) RCMP – (Fillmore, Radville, Sedley down to the border)
- 42) Family Liaison Worker Cornerstone School Division – (Estevan rural – Macoun, Lampman, Bienfait, Frobisher and Stoughton)
- 43) Family Liaison Worker Cornerstone School Division – (Weyburn and Yellowgrass)
- 44) United Church – (Yellowgrass, Pangman, Weyburn and surrounding area)

NEEDS ASSESSMENT QUESTIONS

QUESTION # 1: After our discussion (explain V.I.P.'s programming and services) how would you rate your level of awareness of our services and programming using a scale from 1 to 5. 5 being 100% aware of V.I.P.'s programming/services and 1 meaning very little or having no awareness.

1	2	3	4	5
No awareness	a little awareness	somewhat aware	aware	very aware

- 1) #5 – very aware
- 2) #4 – aware
- 3) Between a 3 and a 4
- 4) #5 – very aware
- 5) #3 – somewhat aware
- 6) #5 – very aware
- 7) #5 – very aware
- 8) #5 – very aware
- 9) #5 – very aware
- 10) #5 – very aware
- 11) Ranged from a 3 to a 5 (varied amongst the different staff members)
- 12) #5 – very aware
- 13) #4 – aware
- 14) In between #3 and #4 – so somewhat aware to aware
- 15) #5 – very aware
- 16) #5 – very aware
- 17) In between #3 and #4 – so somewhat aware to aware
- 18) #5 – very aware
- 19) #4 – aware
- 20) #5 – very aware
- 21) Ranged from a #2 to in between #3 and #4 to #5 (varied amongst the different staff members)
- 22) #5 – very aware
- 23) #4 – aware
- 24) #4 – aware
- 25) #5 – very aware
- 26) #4 – aware
- 27) #4 – aware
- 28) #5 – very aware
- 29) #4 – aware
- 30) #5 – very aware
- 31) #4 – aware
- 32) #5 – very aware
- 33) #4 – aware
- 34) #3 – somewhat aware
- 35) #4 – aware
- 36) #1 – no awareness
- 37) #4 – aware
- 38) #2 – little awareness

- 39) #4 – aware
- 40) In between #2 and #3 – a little awareness to somewhat aware
- 41) #1 – no awareness
- 42) #5 – very aware
- 43) #1 – no awareness (4 people indicated this)
#2 – a little awareness
- 44) #4 – aware
- 45) #1 – no awareness
- 46) #2 – a little awareness
- 47) #4 – aware
- 48) #5 – very aware
- 49) #5 – very aware
- 50) #4 – aware
- 51) #5 – very aware
- 52) #4 – aware
- 53) #4 – aware
- 54) #5 – very aware
- 55) #4 – aware
- 56) #3 – somewhat aware
- 57) #2 – a little awareness
- 58) #5 - very aware
- 59) #4 – aware
- 60) In between #3 and #4 – so somewhat aware to aware (for two interviewee's)
#2 – a little awareness
- 61) #2 – a little awareness
- 62) #4 – aware
- 63) In between #3 and #4 – so somewhat aware to aware
- 64) #1 – no awareness
- 65) #1 – no awareness
- 66) #2 – a little awareness
- 67) #5 – very aware
- 68) #3 – somewhat aware
- 69) #4 – aware
- 70) #2 (x4) – a little awareness
- 71) In between #4 and #5 – aware to very aware
- 72) #2 (x2) – a little awareness
- 73) #1 – no awareness
- 74) #1 (x2) – no awareness
- 75) #4 – aware
- 76) #2 – a little awareness
- 77) #3 – somewhat aware
- 78) #1 – no awareness
- 79) In between #3 and #4 – so somewhat aware to aware
- 80) #4 – aware
- 81) #1 – no awareness
- 82) #4 – aware
- 83) #5 – very aware
- 84) #4 – aware
- 85) #3 (x2) – somewhat aware
#5 – very aware
- 86) #3 – somewhat aware
- 87) #5 – very aware
- 88) In between #4 and #5 – aware to very aware

QUESTION # 2: Presently what does your organization or community offer individuals who have experienced abuse? If you serve more than one community is there a difference amongst the communities?

- 1) Interviewee stated that they offer some advice, as well as make referrals to the Victim Services program. Apply “band – aid solutions due to time constraints”. Also partner with Mental Health in terms of referrals. Stated that there is no difference amongst the communities served. The communities served are predominately Caucasian communities, and interviewee commented on the correlation between this and the shame association. Interviewee stated that within the last year there has been “very few true domestic violence cases (3), due to the violence being under-reported within the communities served.
- 2) Organization helps predominantly with an individual’s physical needs, rather than their emotional needs. They do referrals to agencies that provide counselling such as VIP, Mental Health and the Ministerial Association. Stated they direct people to get the help that they need. As a service though, interviewee’s stated that they do provide support to their client’s on an emotional level. Part of this includes explaining the dynamics of abuse.
- 3) Interviewee stated they provide referrals to such agencies as VIP, Mental Health, and Victim Services. Stated she provides resource materials and does referrals in terms of counselling services. A service that is provided by this agency is respite care.
- 4) Organization offers the ATV and Sex Offenders Program. Counselors provide individual counselling as well as crisis intervention services (especially in the rural areas). Often will do referrals to VIP.
- 5) Interviewee stated they provide referrals to Mental Health, ATV program, Alanon, R.C.M.P., and Social Services. Individuals who are 1st Nations, they provide referrals to addiction services (NADAP) on the individual’s reserve.
- 6) Interviewee stated that their main referral source is VIP. Interviewee’s organization does provide an educational component on abuse to their volunteers who mentor.
- 7) Interviewee listed the following as resources to individuals who have experienced abuse: hospitals, Adult Community Services, Addiction Services and Child and Youth Services.
- 8) Interviewee relayed that they provide referrals to VIP. Interviewee also commented that the smaller rural communities obviously have fewer services for individuals who are experiencing abuse.
- 9) Organization provides referrals to VIP. Also, interviewee stated that they currently are accessing VIP services by having staff presentations on various topics at their location.
- 10) Interviewee stated their organization refers to VIP, Mental Health and Social Services.
- 11) Staff within this agency stated they make referrals to Social Services, Mental Health and the Police. Relayed that their intake process identifies barriers individuals may be facing, and they work with clients on their needs. If the barriers include any form of abuse then they make the appropriate referrals. In the past, staff within this agency relayed that they have sent their clients to the Assertiveness training offered by VIP.

- 12)** Organization offers a Social Worker within the system to do individual counselling sessions with the population it is serving. Interviewee also relayed that referrals are made to VIP.
- 13)** Individual relayed that there is crisis services offered through line support (1-800 #), and in addition there is emergency services at the hospital. Ongoing counselling services are offered through Mental Health as well as VIP.
- 14)** Interviewee relayed that “contact with victims is minimal”, but in cases when dealing with an individual who has experienced abuse, referrals are made to VIP.
- 15)** Interviewee stated that clients, whose personal safety is comprised by being in an abusive relationship, will receive priority status in terms of immediate housing. This organization also does do referrals to VIP and CR. Interviewee also relayed that they are currently in the process of initiating a program which focuses on empowerment (Steps grant) and the providing of monies to their clientele to help improve their individual lives.
- 16)** Interviewee commented that the following services are available: VIP (organization makes referrals), ATV program as well as Victim Services.
- 17)** Community/organization offers some crisis intervention, referrals to VIP, individual counselling, ATV program, and referrals to the sexual assault line in Regina.
- 18)** Organization offers Mental Health services for individual counselling. Interviewee mentioned that doctors are doing more patient counselling, as well as the nurses/nurse practitioners in the rural areas.
- 19)** Interviewee stated that they do referrals to VIP, Mental Health, and CanSk. Referral for counselling services are also made to Weyburn for those individuals who are not comfortable accessing services in Estevan. With regard to pregnancy terminations, referrals are made to Regina. Interviewee stated that their organization also provides information relating to the issue of abuse and how to deal with it. Individual counselling is also provided.
- 20)** This organization provides access to individual counselling services. Within this system there is a Family Liaison Worker who not only works with the youth who are experiencing abuse, but also with the family unit as a whole. This worker assists parents in accessing appropriate services and resources. Staff within this organization also receive training in critical incident situations as well as overall stress management. Staff have access to “care kits”, that contain information on the prevention of sexual abuse. Referrals are also made to the parish priest for individual/couples counselling. Partnerships with the Red Cross currently exist in the delivery of a Respect Ed. program.
- 21)** Staff within this organization relayed that they predominantly do referrals to VIP, for individuals who are experiencing abuse.
- 22)** Interviewee stated that their organization offers pastoral/spiritual counselling, as well as referrals to VIP.
- 23)** Interviewee relayed that they do referrals to a variety of places: VIP, City Police, Community Resources, Mental Health, Legal Aid, Community Mental Health Centre and the

Family Place. Interviewee stated that within their organization there is access to a private space that clients can access to phone the above mentioned places.

24) Interviewee commented that their members often lend “a listening ear”, but predominantly referrals are made to outside agencies such as Victim Services and VIP.

25) Service this organization provides to victims of abuse is information on their police file. Interviewee also provides support and accompaniment to clients who have to make court appearances.

26) This organization has books and pamphlets pertaining to the issues surrounding abuse. Interviewee also makes referrals to agencies within the Estevan area.

27) Interviewee commented that they will offer support to their clients, but they predominantly refer to Mental Health and VIP.

28) Interviewee listed the following services: access to counselling services (VIP, private, Mental Health, pastoral), safe house, workshops and access to resources pertaining to abuse.

29) The following services were suggested by the interviewee: access to counselling services via Mental Health, Addiction Services and VIP.

30) Interviewee stated that the service that their organization offers is that in terms of housing priority is given to individuals who are in abusive situations.

31) Interviewee relayed that their organization offers counselling services as well as an educational component. They also do referrals to VIP.

32) Interviewee stated that they predominantly do referrals to VIP.

33) Services listed were referrals to VIP as well as Victim Services. Interviewee stated that they do provide some general information to victims.

34) Interviewee relayed that they make referrals to VIP.

35) Interviewee stated they make referrals to VIP.

36) Interviewee relayed that they have access to student counselling services. Also, within the school system they are looking to a model which focuses on restorative justice when dealing of issues of abuse within the school. Other community services listed included: Social Services and Crime stoppers.

37) Interviewee stated that healing circles are often used which allows for victim/offender mediation. Other services listed included: Victim Services as well as a restorative justice system. Interviewee also relayed that they are working with key individuals on the reserve who are interested in working on the violence in their own community. This group then does cultural teachings (e.g. Aboriginal Healing Foundation).

38) Interviewee stated there is Addiction Services.

39) Interviewee relayed that within her role she offers support and stabilization in the time of crisis, as well as individual counselling. Referrals to appropriate services (e.g. VIP, ATV, psychiatrist) were also mentioned.

40) Interviewee listed the following services: Victim Services and the Child Abuse Coalition. It was also mentioned that at one point the local Friendship Centre was used as a safe shelter.

41) Interviewee commented that one on one counselling/support is offered. Other services included the RCMP, churches, elders and a mental health therapist.

42) Interviewee listed Victim Services as well as ministerial support as the services offered.

43) Interviewees listed the following services/resources: transportation to a safe shelter, Addiction Services, Mental Health Services, inner healing workshops, Aboriginal Healing Foundation, and referrals to Prairie Haven. Support is also offered in both the Women's and Men's groups which are held bi-monthly on the reserve.

44) Interviewee stated that referrals are made to appropriate agencies.

45) Interviewee listed the following services: Mental Health, Gambling/Alcohol and Drug Addiction Services, healing through ancient teachings, abuse help lines in the phone book, and finally Life Skills training.

46) Interviewee related that she provides one on one support counselling, and also makes referrals to appropriate agencies.

47) The following services were listed: the availability of an in-school counselor as well as a school/community liaison worker.

48) Interviewee commented that her organization provides support with regards to day to day living issues for their clients. She also stated that with regard to individuals in abusive situations referrals are made to VIP, and information presented at VIP is the affirmed by this organization when working with the same client.

49) Interviewee listed the following service providers which they make referrals to: VIP, Mental Health, Victim Services and Addiction Services.

50) Services which are provided by this organization include an education component which focuses on parents and how to create healthy relationships in their lives. Also, at these parent education nights general information is provided regarding VIP's services and programming. Interviewee stated referrals are also made to VIP.

51) Interviewee stated that their organization offers a Community Works Program which offers individuals who are in a disadvantaged situation a chance at employment.

52) Interviewee stated that referrals are made to VIP as well as Mental Health.

53) Interviewee related that that their organization offers the following programming: Dare program which targets youth (gr. 6 and 7) and it focuses on making healthy choices, Lion's Quest program which builds social skills in youth, and the Second Step program which focuses on life skills. Interviewee stated that they also do individual counselling.

- 54)** Interviewee commented that within their community there are not any services available for adults. With regard to students, there is a counsellor as well as a family liaison worker who visits the school once a week.
- 55)** The services that are available include a social worker within the school division, as well as a family liaison worker. Doctoring services were also mentioned.
- 56)** Interviewee stated that she provides ministerial counselling.
- 57)** Interviewee relayed that within their community there is a mental health nurse, as well as access to Community Resources.
- 58)** Interviewee stated the services provided by social workers are available for those individuals in abusive situations.
- 59)** Interviewee stated that referrals are made to appropriate agencies, including VIP.
- 60)** Interviewee's stated that within their organization they currently have a practicum student with a counselling background that they can access with their students for support services. They also make referrals to VIP and Mental Health.
- 61)** Interviewee's listed the following services: referrals to Victim Services, Community Resources, Salvation Army and Mental Health, a threat assessment team in schools, as well as mediation services offered by members within the organization.
- 62)** Interviewee relayed that they provide one on one counselling, and they make referrals to VIP.
- 63)** Interviewee stated that they offer some crisis intervention, and also make referrals to VIP and Mental Health.
- 64)** Services that were listed by this interviewee included the community doctor and the RCMP.
- 65)** Interviewee stated that referrals are made to the community doctor and to the Employee Family Assistance Plan for individual counselling.
- 66)** Interviewee listed the following services: RCMP, Student Service Worker, Adolescent Mental Health Worker, and the Health Centre (doctors).
- 67)** Interviewee relayed that she provides individual support/information to the youth she works with. Interviewee also makes referrals to VIP.
- 68)** Interviewee listed the following resources that their organization offers: referrals to VIP, EFAP, one on one counselling, and monetary assistance is offered to individuals who are in abusive situations to help them acquire alternate accommodations.
- 69)** Interviewee listed individual counselling, Mental Health Services, Victim Services, and ECIP as resources for the community.
- 70)** Interviewee relayed Victim Services, Mental Health and the RCMP as offered services.

- 71) Services offered within the community included: local doctor, RCMP as well as one on one counselling.
- 72) Interviewee listed the following available services: Victim Services, RCMP and referrals are made to transition houses.
- 73) Interviewee relayed that there is access to a Mental Health therapist, educational psychological testing, and a “Keep Safe” program if offered within the school.
- 74) Interviewee’s listed a Mental Health therapist and a NADAP worker as resources.
- 75) Interviewee relayed that she provides individual support/information to the youth she works with. Interviewee also makes referrals to other agencies within the community.
- 76) Interviewee relayed that she offers the ministerial message of a zero tolerance for any form of abuse.
- 77) Interviewee stated that there are no services offered in her community.
- 78) Interviewee listed Mental Health services and referrals to VIP.
- 79) Interviewee relayed that there is access to a community health nurse once a month. Stated that referrals are also made to VIP.
- 80) Services offered within the community include Mental Health as well as ministerial.
- 81) Interviewee’s stated that within their community there is access to doctor’s services, and there is also a school counsellor for the youth.
- 82) Interviewee stated that within their community there is the Innovation Center, where individuals can access counselling services. There is also a student service counsellor that visits the school once a week.
- 83) Services available included ministerial counselling/spiritual guidance, referrals to VIP and the doctor, and finally access to a guidance counsellor within the school system.
- 84) Services offered within the community included the RCMP as well as Victim Services.
- 85) Interviewee relayed that there is access to a school counsellor and the health nurse.
- 86) Interviewee stated that counselling services are available through the Student Services Counsellor and the Family/School Liaison Worker. Referrals are then made to either VIP or Mental Health. Family/School Liaison Worker continue to be involved after the referral, as there are usually multiple issues in the families.
- 87) Interviewee listed ministerial contacts and Family Liaison Workers as available resources.
- 88) Interviewee commented that short term intervention is made available through ministerial type counselling.

QUESTION # 3: Are there any services you would suggest to assist individuals who are dealing with abuse issues in the community you serve?

- 1) The service suggested was **VIP program promotion** via television. Interviewee commented that Lampman has a local channel, and could benefit from VIP program promotion. Also suggested **school based programming** within the Lampman community.
- 2) The service suggested was more **support groups**.
- 3) Interviewee suggested increased **education** component connected with **outreach**. Stressed importance lies in being preventative by **raising public awareness**.
- 4) Interviewee suggested **expanding services to rural areas** (with emphasis placed on the communities to the East of Estevan – Carnduff). **Education to the rural public** as well as community partners. Provide **assistance with transportation** to appointments and groups. Some ideas were volunteer drivers. To possibly have a gas fund for these clients especially in the Carlyle area. Another suggestion was the possibility of **telephone counselling** to clients who are house bound. Staff identified a **need for a shelter** in the area.
- 5) **Marital/Relationship counselling** was suggested, as well as more **services for men**.
- 6) Interviewee suggested the possibility of establishing a **shelter**.
- 7) The service suggested was **school based presentations**, with particular attention paid to the **rural** districts including surrounding reserves. Interviewee would like to see more **education provided to the police** re domestic violence issues, and the adoption of a system that would require **uniform crime reporting**. Interviewee felt that this would increase the number of charges actually being laid in relation to domestic violence issues.
- 8) Interviewee suggested the possibility of doing **preventative work with youth**. This could include some **school based programming**. For example, to do a series of sessions on healthy relationships within the school.
- 9) The service suggested was VIP doing **home visits** to individuals who are in abusive situations, or possibly meeting in a **neutral location**. Another suggestion was to establish a place (**shelter**) for **homeless children** who are being abused within their own homes.
- 10) The service suggested was to have social workers who **assist the elderly** who are **experiencing marital breakdown or abuse**. Secondly, to also provide the elderly with skills to help them deal with children who are financially abusing them.
- 11) Staff within this agency had the following suggestions: a) to offer **services to parents** who are dealing **with abusive teens** b) to offer more **services to men** c) to offer **services to individuals with disabilities** d) “**unique**” **school based presentations** (possible topics – bullying) e) more **culturally sensitive services for 1st Nations** individuals or new **immigrants** f) to have a **shelter** g) to create more **public awareness** (possible suggestions – education on abuse issues to oilfield employees, education on EIOs, harassment in the workplace, etc.) h) **support for children** (e.g. Child who Witness Violence group).

12) Services suggested were **program promotion** and **program awareness**. Interviewee would like to see **working relationships** between Victim Services, Community Resources and VIP **strengthened**. Within the police force, interviewee stated that it would be beneficial to have members who believe in VIP's program pair with those members who do not.

13) Interviewee did not have any services to suggest.

14) Interviewee stated that he would suggest the possibility of offering an **anger management program** that is victim orientated. Stated that the current ATV program is predominantly targeted towards a male population. Interviewee suggested a similar program **targeted exclusively towards women**.

15) Service suggested were **quicker access to appointments through Mental Health**, the establishment of a safe **shelter** and **increased programming** offered and targeted towards **men**.

16) Interviewee suggested increased amount of **in home service** (e.g. parent mentoring), that would target those individuals that were having a variety of difficulties.

17) Service suggested was **program awareness**.

18) Interviewee suggested the development of **self management volunteer based workshops**. Also relayed that there is an increased need **to provide support to families**. The program would adhere to a **preventative philosophy**, and would provide services to those targeted families prior to any contact with Community Resources.

19) Services suggested included the development of both a safe **shelter for women** and a safe **shelter for youth**. Both services could be provided in one building. Another suggestion was **increased programming for youth** (e.g. To have individuals speak who have been in similar situations and are on the healing path. Youth relate to this far more, and the impact is much more significant.) The **targeted age group** for this programming would be **14 – 16 year olds**.

20) Service suggested was **program awareness**. This would include creating an awareness of all the services that are available in the Estevan area that would assist individuals who are experiencing abuse. Another component would include creating an **awareness of abuse**.

21) Services suggested included the following: **working with youth** in the junior high schools on social issues pertaining to them (e.g. bullying), doing **presentations in high schools** on healthy relationships (high schools in Oxbow, Carnduff, Carlyle, Midale, etc.), and **program promotion/awareness** through a radio spot. Program awareness would include explaining VIP's services and programming to new physicians as well as to new employees within the health related field. Final service suggested was to offer workshops in the rural areas.

22) Interviewee suggested possibly having an **increased amount of follow up** with individuals who actual leave the abusive situation, and have relocated. Another suggestion was to provide more **education** to people on the issues surrounding abuse and the reality of its occurrence within individual's own communities.

24) Interviewee could not comment.

25) Interviewee suggested **marital/couple counselling**. They would like to see more work being done with the family unit as a whole. They would also like to see more **education** surrounding the issue of abuse.

26) Service that was suggested was **programming for youth**.

27) Suggestion included **working with youth** both male and female, targeting the age group 13-16 years of age on a preventative level. This would also include **addressing** the issue of **bullying** in the schools.

28) Interviewee would like to see more **education surrounding the issue of abuse**. Another suggestion was the incorporation of an **education** component to parents **on child safety**. Child safety defined in terms of leaving a child with a partner/significant other who may be under the influence of a substance. Suggestion included creating an **awareness** re: this issue before a referral has to be made to Community Resources.

29) Interviewee suggested **education/awareness of the issues surrounding abuse**, a **shelter** for abused women and the establishment of a **safe place for pets** for those women who do access shelter space.

30) Suggestion included a **homeless shelter** for both men and women.

31) Interviewee would like to see an increased **work** done **with youth** (individual counselling).

32) Service suggested was to establish **increased parental support for those** who have abusive children. Other services included: a **survivor group for men**, a **homeless shelter** (respite program) and a **women's shelter**.

33) Service suggested was **outreach in the rural** areas, particularly on White Bear reserve. To bring **awareness/program promotion** to the community through the establishment of a group for women and their daughters, and a separate group for men and their sons.

34) Interviewee suggested the following services: **programming for youth** (support group) and for pre-school children, **homeless shelter**, increased access to **necessities for those who leave**, and finally the establishment of a **respite crisis nursery** that is not connected to Community Resources.

35) Interviewee's would like to see the development of a **woman's shelter**, and **public transportation** within the city.

36) Interviewee would like to see the establishment of a **community justice committee**. Interviewee would also like to see a **student body that focuses on leadership** to aid those individuals who are dealing with violence. This would include **peer on peer mentorship** which could incorporate an educational component on VIP's programming and services. Interviewee also suggested **programming** related to the **active parenting of teens**.

37) Interviewees would like to see support from band members when establishing **support groups** as well as support workers on the **reserve**. Also commented on increased **education/information** in the rural areas.

38) Interviewee suggested **one on one counselling**.

39) Interviewee would like to see **program promotion/awareness**, as well as **services** offered to families around the effects of **children witnessing violence**. Interviewee also suggested **rapidly accessible support**, advice and information for public and professionals during a crisis. Also, **transportation assistance** to access VIP's services was mentioned.

40) Interviewee's suggested the possibility of having VIP offer **clinic hours in Carlyle**. Also suggested was increased **program promotion/awareness**. This would include information supplied to both the public and professionals.

41) Interviewee would like to see the establishment of a **safe house on the reserve**. Another service suggested was the **offering of training/trades** directly on the reserve as well.

42) Interviewee suggested **counselling services**.

43) Interviewee's suggested the following services: the establishment of a **safe house**, **increased services for men**, **crisis housing options**, **one on one counselling**, and **education on the issues surrounding abuse** targeting particularly teenage boys.

44) Interviewee would like to see **education on the nature of violence** as well as the **different types of abuse**. Interviewee also suggested **counselling/support services**, establishment of a **shelter**, and **parenting education/sessions** regarding a child's needs and a parent's responsibilities.

45) Interviewee listed the following services: **follow up (outreach)** when providing counselling/support to individuals who are in abusive situations, **support groups**, and **increased work with youth** (e.g. Home Alone Program).

46) Interviewee would like to see the following services available: establishment of a **shelter** as well as a **community crisis intervention team**, and **follow-up services** for individuals who do relocate when leaving an abusive situation.

47) Service suggested was **outreach in the rural areas** which would include **classroom presentations** as well as **VIP program promotion/awareness**.

48) Interviewee suggested the following services: **increased services for men**, **school based presentations** and more **outreach** done by VIP.

49) Interviewee commented that what is needed is a **shelter** as well as **follow up services** for those individuals who do leave the abusive relationship and relocate.

50) Interviewee suggested an increased amount of **education** surrounding the issues of abuse targeting older teens as well as teen parents.

51) Interviewee did not comment in this section.

52) Interviewee suggested **supportive services** for those individuals who are in abusive relationships.

53) Interviewee's suggested the following services: the establishment of an older **teen/men's group**, **shelter**, **advocacy for additional services** for those individuals who are in abusive relationships, and finally **education/awareness** surrounding the issues of abuse.

54) Interviewee stated that the main priority would include promoting **awareness** re the issues pertaining to abuse.

55) The service suggested was **program promotion/awareness** which would include public education.

56) The service suggested was **program promotion/awareness**.

57) Interviewee suggested **individual counselling**, and also stated that availability of services is important.

58) Service suggested included the **establishment of a shelter**, and **increased services for men**.

59) Interviewee suggested **supportive services** (someone to talk to) for those individuals who are in abusive relationships.

60) Interviewee's suggested the service of a "**life coach/personal supporter**" for those individuals particularly that "fall through the cracks". This would include some **in home service** that would operate on a preventative level.

61) Interviewee's suggested the following services: a **shelter**, readily **available** access to a **psychiatrist** for individual's with mental health issues, **VIP program promotion/awareness**, establishment of a "**referral agency**" that could direct individuals to the appropriate agencies, **follow up services**, **collaborative approach** amongst like agencies, the offering of **justice related classes** (e.g. Parenting After Separation and Divorce) and finally **mediation services** that operate on the preventative level before programming is court mandated. Another suggestion was to establish a **Domestic Violence Program** (similar to the AA program with regard to sponsorship part of the program).

62) Services suggested included the following: **increased services for teenagers (support groups)**, **increased education in the schools**, **marital/adult/family counselling**, and **education to the police**.

63) Interviewee suggested that **timely access to individual appointments** is important, as well as specified **services for seniors** (e.g. empowerment group for seniors).

64) Interviewee suggested **supportive services** (immediate contact with someone) for those individuals who are in abusive relationships.

65) Interviewee suggested the need for **awareness** surrounding the issues of abuse.

66) Interviewee's would like to see **increased intervention** (e.g. education component on dating violence), **increased support groups** and **one on one counselling**.

67) Interviewee suggested **increased education targeting youth**, particularly high school students.

68) Interviewee suggested an **increased awareness regarding abuse** (e.g. types of abuse – abuse defined).

69) Interviewee suggested the establishment of a **support group targeting teens**, increased amount and availability of **visual services**, and increased **education** pertaining to the issues of abuse.

70) Interviewee suggested having **one on one counselling services** available in the **rural** areas. The other suggestion included **program promotion/awareness**.

71) Interviewee listed **better police response**, and the establishment of a **shelter** as suggested services.

72) Interviewee's listed the following services: **education on what abuse is** through a community forum, **education in the schools**, and an overall **awareness** re: the nature of abuse.

73) Suggested services included: **counselling** and **life skills teaching** (e.g. defining a healthy relationship).

74) Interviewee's would like to see increased **education/awareness on the types of abuse** and other related topics (e.g. self esteem). Another suggestion included **programming for youth**.

75) Interviewee suggested the following services: **empowering individuals** by teaching them about healthy relationships, **education/preventative work in schools** occurring on a monthly basis, and the **promotion of self help groups**.

76) Services suggested included **increased program awareness/promotion**, and the establishment of a **shelter**.

77) Interviewee listed the following services: **one on one counselling** offered in the **rural** areas as well as a **support group** and increased **education relating to the issues of abuse**.

78) Interviewee stated that one on one counselling is the suggested service.

79) Interviewee listed the following services: to have available a **neutral person** that individuals could **talk to** – someone that would also serve as an **advocate** to that individual. The establishment of a **shelter** was also mentioned.

80) Interviewee listed **increased outreach services** by VIP.

81) Interviewee suggested **one on one counselling**.

82) Services suggested included VIP **program promotion**, **abuse hotlines** and **internet counselling**.

83) Interviewee suggested **increased awareness/education** pertaining to the issues of abuse, and the establishment of a **mentorship program** within the community. This would involve an outreach worker training some individuals within each community to act as mentors to individuals who are in abusive situations and are reaching out for help.

84) Interviewee stated that offering **counselling services in the rural areas** would be helpful.

85) Interviewee's stated that **program awareness** that focuses on the preventative level would be a suggested service.

86) Interviewee suggested having an **outreach team** that goes out to **rural** communities.

87) Interviewee suggested the following services: program promotion, to have VIP provide **information/education**, and to have a **place** where individuals can come **to just ask questions**.

88) Suggested services included: having a counsellor available to **meet one on one** with individuals particularly in the rural areas, to **supply resources to ministerial people**, the establishment of a **mentoring program** for abused individuals, and to have informational sessions.

QUESTION # 4: Now that you have identified the services which you need in your community, could you please list them in order of priority? One being the most important, two being 2nd most important and so on.

#1	#2	#3
1) Program Promotion/Awareness	School based programming	
2) Program Promotion/Awareness	More groups	Sheltering (Housing)
3) Ed. to young people	Program Promotion (eg. through youth groups, distribution of pamphlets)	
4) Was difficult to prioritize as each area had different priorities. Carlyle and Estevan rural staff identified the need to transportation to appointments and groups . Estevan rural identified expanded rural services East of Estevan, education to rural public/consumers, and the possibility of having a shelter in the South East.		
5) Marital/Relationship Counseling	Increased services for men	
6) Establish a shelter		
7) Establishment of a Domestic Violence Court		
8) Work with youth on a preventative level		
9) Establishment of a shelter for high risk youth	Doing home visits	
10) Offer more services to the elderly who are being financially abused		
11) Inter-active, peer on peer school based presentations	Offer more services to parents with abusive teens	Offer specialized services to vulnerable members of the community
12) Strengthened relationship with Victim Services	Program Promotion	
13) Interviewee did not comment on this section		

#1	#2	#3
14) Anger Management Program for women		
15) Shelter (Safe House)	Increased Programming for men	Quicker access to appts. (Mental H.)
16) Outreach Worker in the schools – public education	Increased in – home service	
17) Program awareness		
18) Self management programs	Support with families	
19) Woman’s safe shelter	Youth shelter	Programming for youth
20) Education surrounding issue of abuse	Program awareness	
21) Working with youth/families experiencing violence	Program awareness	Presentations on healthy relationships
22) Public education	Follow up for survivors who have relocated	
23) Lipstick cases containing information on abuse		
24) No comment		
25) Marital/Couples counselling	Education (surrounding the issue of abuse)	
26) Programming for youth		
27) Working with youth on a preventative level		
28) Education for adults surrounding the issue of abuse		
29) Education surrounding the issues of abuse		
30) Homeless shelter for men and women		

#1	#2	#3
31) Working with youth		
32) Programs specific to individuals with cognitive disabilities		
33) Program awareness/promotion		
34) Programming for youth	Respite crisis nursery	Homeless shelter
35) Women's shelter	Public transportation	
36) Program awareness/promotion	Community Justice Committee	Parental Ed.
37) Support workers on the reserve	Education/Information	
38) Counselling services		
39) Transportation assistance	Crisis support	Services for families
40) Program awareness/promotion	Carlyle clinic	Education to public/professionals
41) Shelter on reserve	Trades training	
42) Counselling services		
43) Shelter	Counselling services	Education to Youth
44) Education on abuse issues	Shelter	Counselling
45) Program awareness/promotion	Parental education	Community justice Committee
46) Community crisis intervention team	Shelter	Follow – up services
47) Program awareness/promotion		
48) School based presentations	Increased services for men	Increase outreach work
49) Shelter	Follow – up services	

#1	#2	#3
50) Education for teens surrounding the issue of abuse		
51) Interviewee did not comment in this section.		
52) Support services		
53) Older teen/men's support	Shelter	Advocacy by professionals for services for abused individuals
54) Program awareness		
55) Public education/program promotion/awareness		
56) Program awareness		
57) Individual counselling		
58) Shelter	Increased services for men	
59) Support services (someone to talk to)		
60) Life coach		
61) Interviewee did not comment in this section.		
62) Services for youth	Support groups for youth	Marital/Adult/Family Counselling
63) Timely access for counselling appts.	Increased services for seniors	
64) Support services (someone to talk to)		
65) Education on abuse issues		
66) Education to youth	Increased amt. of support groups	Individual counselling
67) Education to youth		
68) Education on abuse issues		

#1	#2	#3
69) Increased amount of visual services	Education	Teen support group
70) Program Promotion/Awareness	Counseling services in rural areas	
71) Shelter	Better police response	
72) School based presentations	Education on abuse issues	Program awareness/nature of abuse
73) Life skill education	Counselling services	
74) Education/awareness of	Programming for youth self-esteem related issues	Working with individuals on abuse issues
75) Empowerment group	Education/preventative work with youth	Promotion of self help groups
76) Shelter	Program awareness/promotion	
77) Education/awareness of abuse issues	Counselling	Support group (rural)
78) Access to Counselling		
79) Counselling	Shelter	
80) Outreach services		
81) Counselling		
82) Abuse hotline	Internet counselling	Program promotion
83) Education/awareness of abuse issues	Mentoring program	
84) Counselling services in rural areas		
85) Program awareness		
86) Outreach team in rural		

#1

87) Information/education

88) Mentoring program

#2

Program promotion

#3

Place to come and ask
questions

QUESTION # 5: If more services/programs were offered by V.I.P. in this community, would they be utilized? Why or why not? Can you think of a program in the past that was well received? (It was decided to delete this question from the assessment)

- 1) Interviewee commented that “it is difficult to predict the future” with regard to this issue.
- 2) Interviewee’s could not comment on this.
- 3) Interviewee’s could not comment on this.
- 4) Rural staff noted that Carnduff is half way between Estevan and the Manitoba border. Possibly if a clinic was established in Carnduff, would that provide better accessibility for additional clients? Stated that a major issue in rural areas is confidentiality.

QUESTION # 7: There are five main barriers that communities often have to face when dealing with violence.

Lack of resources _____

Accessibility _____

Attitudes/values _____

Education (knowledge surrounding issue of abuse) _____

Confidentiality _____

Please rate the above barriers from 1 to 5, with one representing the biggest barrier and 5 being the smallest.

Please list any additional factors you can think of that are barriers to accessing services within your community.

	Lack of resources	Accessibility	Attitudes/values	Ed.	Confidentiality
#1)	4	5	2	3	1
#2)	1	3	4	2	5
#3)	3	5	1	2	4
#4)	3	2	5	4	1
#5)	4	2	1	3	5
#6)	4	3	2	1	5
#7)	2	1	3	4	5
#8)	4	5	2	3	1
#9)	2	3	1	4	5
#10)	4	2	1	3	5
#11)	4	4	1	2	3
#12)	2	3/4	1	3/4	5
#13)	5	2	3	4	1
#14)	4	2	1	5	3
#15)	2	3	4	5	1
#16)	5	3	1	2	4
#17)	2	3	1	4	2
#18)	3	4	1	1	2
#19)	3	2	4	5	1
#20)	5	2	3	4	1
R	4	3	1	2	4
#21)	4	2	3	5	1
#22)	5	4	1	2	3

	Lack of resources	Accessibility	Attitudes/values	Ed.	Confidentiality
#23)	2	4	3	1	5
#24)	2	2	3	2	1
#25)	4	1	3	2	5
#26)	5	3	1	2	4
#27)	4	3	1	5	2
#28)	5	4	2	1	3
#29)	4	5	3	2	1
#30)	5	4	2	3	1
#31)	5	4	1	3	2
#32)	2	5	4	1	3
#33)	4	1	3	2	5
	4	2	3	5	1
#34)	5	3	2	4	1
#35)	5	4	1	3	2
#36)	3	4	1	2	5
#37)	3	2	4	5	1
#38)	4	3	2	1	5
#39)	5	1	3	4	2
#40)	3	3	3	1	2
#41)	3	4	1	3	2
#42)	1	2	5	3	4
#43)	3	5	4	2	1
	1	3	4	2	5
	4	5	3	2	1
	1	5	2	3	4
#44)	Interviewee did not want to fill out.				
#45)	5	3	1	4	2
#46) R	1	2	5	3	4
#47) R	3	1	4	5	2
#48)	5	4	2	1	3
R	2	5	4	1	3
#49)	1	4	2	3	3
#50)	5	3	4	2	1
#51)	4	5	2	1	3
#52)	5	4	1	2	3
#53) R	2	1	3	4	5
#54) R	4	3	2	1	5
#55) R	4	4	1	2	3
#56) R	4	3	5	1	2
#57) R	5	4	1	2	3
#58) R	4	3	1	5	2
#59)	5	4	1	2	3
#60)	4	3	2	4	1
#61)	2	1	3	1	4
#62)	5	2	1	3	4
#63)	3	2	5	1	4

	Lack of resources	Accessibility	Attitudes/values	Ed.	Confidentiality
#64) R	3	2	5	4	1
#65) R	3	1	4	2	5
#66) R	3	4	2	1	5
#67) R	3	1	4	2	5
#68) R	3	4	1	2	1
#69) R	3	2	1	4	5
#70) R	3	2	1	4	4
#71) R	4	5	1	3	2
#72) R	4	2	1	3	5
#73) R	5	1	3	2	4
#74) R	4	3	2	1	1
#75) R	4	3	2	1	5
#76) R	4	3	2	5	1
#77) R	2	2	3	1	3
#78)	2	3	4	1	5
#79) R	3	2	4	3	1
#80) R	5	4	1	3	2
#81) R	5	3	2	4	1
#82) R	4	3	1	5	2
#83) R	5	1	2	4	3
#84) R	4	1	2	5	3
#85) R	2	1	3	4	5
#86) R	1	5	2	3	4
#87) R	1	5	3	2	4
#88) R	3	2	4	5	1

Any answer that had the letter R beside it was representative of the rural areas.

Additional factors that are barriers to accessing services:

- 1) Shame in conjunction with confidentiality.
- 2) Individuals not recognizing there is an abuse issue, to admit that it is happening to them and then to actually seek help for their issues is also considered barriers.
- 3) In the rural area the barrier mentioned was transportation. Another barrier would be “fear of the unknown”. Meaning individuals may have some familiarity with VIP’s name, but have a lack of knowledge of what services are offered by the agency. Third barrier mentioned was religious beliefs. Interviewee commented, individuals in abusive situations “don’t want to expose their partners” and the abuse that is occurring within their own homes. It was described by this interviewee as “opening up a can of worms” and sometimes individuals faced with an abusive situation are “not prepared to take that step”.
- 4) Interviewee stated clients do not have money or a vehicle to travel to appointments or to groups.
- 5) Barrier mentioned was transportation in the rural areas, and the second barrier listed was safety issues for women who are in abusive relationships especially in the rural areas.
- 6) Interviewee did not list any additional barriers.
- 7) Barriers relayed were transportation in the rural areas (e.g. clients do not have a valid driver’s license or a vehicle), lack of communication between agencies that deal with clients experiencing abuse, and finally lack of telephone service (e.g. clients do not have a phone, or if they have a phone they may not have access to long distance calling).
- 8) Interviewee felt that the biggest barrier was a lack of communication between agencies that work with individuals being abused. Interviewee felt that VIP needs to be more visible within the communities they serve – to have an increased public profile.
- 9) Barriers mentioned was personal safety of the individual accessing services, transportation within the city (especially the winter months), and shame.
- 10) Interviewee stated that a barrier is that clients may express a concern about the abuse, but choose not to act on the concern.
- 11) Barriers listed were as follows: shame, individuals perception of the abuse and the fear of “their world falling apart”, the abuse becomes a “comfort zone and it is all the individuals know”, and fear of the abuser knowing that the woman is planning to leave. Staff within this agency stated that socio-economically, Estevan and Weyburn are affluent societies, and when women have to make a decision on whether or not to leave they may face financial barriers. Some women may feel they can’t support themselves and their children independent from their partners. There is the fear that they may not be able to maintain the lifestyle they have become accustomed to.
- 12) Interviewee did not list any additional barriers.

- 13) Barrier mentioned was lack of program awareness. Another barrier suggested was that women “may not want to rock the boat” when they are in abusive situation for fear that if they do speak out “no one will be there to protect” them.
- 14) Barrier relayed is any programs that are attached to the government can be seen as a barrier to those accessing services. This is associated with the stigma that is attached to most government programs. Another barrier that was suggested was financial.
- 15) Individual relayed that VIP’s name could be seen as a barrier to some – individuals assume that they have to be in a violent relationship to access VIP’s services and programming. Second barrier relayed is that for some individuals they may not have an awareness of what type of services and programming VIP has to offer. Interviewee also felt that the police may serve as a barrier, focusing on those members who do not believe in the programming. In addition, interviewee felt that a barrier existed between partnering agencies (e.g. Community Resources familiarity with VIP’s services).
- 16) Barrier suggested was individual’s unwillingness to change (e.g. their lifestyle, situation, etc.).
- 17) Interviewee did not list any additional barriers.
- 20) Rural areas are unaware of VIP’s programming/services. Interviewee stated that often individual’s “tune out the availability of all the existing resources until they are in conflict”. The experience of daily abuse becomes “normalized”.
- 21) Additional barriers listed were language/cultural barriers that may exist.
- 22) Fear was relayed as a barrier – fear of leaving the family home, fear of relocating with the children and “up heaving the family.” Fear that no one will believe the abused individual’s story. Shame was also mentioned as a secondary barrier. A final barrier was a community’s unwillingness to get involved. Interviewee stated that it may be the general opinion that the public may have – that abuse is non-existent within their community.
- 23) A particular barrier noted with youth is low self-esteem. Individuals who are new to the community may not be aware of all the services that are available to them. In combination with this point, if these individuals are new immigrants there may also be a language barrier.
- 24) Interviewee relayed that additional barriers may include fear, and a lowered sense of self-esteem.
- 25) Interviewee felt that the criminal justice system acts as a barrier with regard to the sentencing not coinciding with the nature of the crime. Another barrier mentioned was related to trust issues.
- 26) The first barrier that was mentioned was the name of the program (VIP). Individuals may not access services offered by VIP, because they are under the misconception that they have to be in a physically violent relationship. Individual may conceptualize a mental picture of a “swat team” when they think of VIP. With regard to the influx of new immigrants into the region, linguistic and social isolation may be listed as additional barriers. Interviewee commented that often imperative social issues disrupt a

community's ambience; therefore the community may be reluctant to acknowledge these issues.

- 27) Additional barriers that were listed were denial, as well as financial barriers. Individuals who are in abusive situations may stay with their partner to keep the family united. A fear of loss of income/way of life was also mentioned as a barrier.
- 28) Interviewee relayed that the stigma that is attached to violence creates a barrier. In combination with this, an individual's lowered self esteem is also an influencing factor. Individuals in abusive situations may not be aware of the problems they are facing.
- 29) The additional barrier listed was trust.
- 30) Interviewee's did not list any additional barriers.
- 31) Interviewee did not list any additional barriers.
- 32) Interviewee's stated that often communities ignore that the abuse is actually occurring.
- 33) Interviewee's listed cultural sensitivity as a barrier, and people's resistance to change. Fear, threats, intimidation from family members and the community were also mentioned, as well as political interference from the band.
- 34) Barriers that were listed were safety, individuals not wanting to displace their children, and the ability of accessing services without the abusive partner knowing.
- 35) Suggested barriers were as follows: stigma that is attached to the agency itself, fear of experiencing an increase in the abuse if individual seeks help, isolation, fear of Child Protection service involvement, and the lack of awareness of the available resources.
- 36) Interviewee did not list any additional barriers.
- 37) Additional barriers interviewee listed included the fear of being isolated from one's culture/community once an individual leaves their reserve. Interviewee stated that violence in our society is becoming normalized.
- 38) Interviewee commented that individuals do not acknowledge the violence in their lives (denial), or some see abuse even where there is none. Additional barriers listed were shame and fear.
- 39) Barrier suggested was that individual's are not aware of VIP's programming and services.
- 40) Interviewee suggested that VIP's name serves as a barrier, because people do not understand the philosophy the program represents. Interviewee also commented that many individuals are not even aware that VIP exists or they often confuse it with the ATV program.
- 41) Interviewee's stated that an additional barrier is individual's unwillingness to talk about their problems as well as the ramifications associated with confiding in someone. Another barrier was long waits (up to 3 hours) for policing on the reserve. The idea of

displacement was mentioned – individuals do not know where to go when they leave an abusive situation. A final barrier was financial.

- 42) Additional barriers included: fear, lowered sense of self – esteem as well as financial barriers.
- 43) Interviewee's stated that an additional barrier is shame, specifically men not wanting to charge a woman who is abusive. Other barriers included fear, poverty, isolation and people's hesitancy to help others who are in abusive situations for fear of familial retaliation. Interviewee also commented that lateral violence within a community causes violence to become normalized.
- 44) The following additional barriers were suggested: the idea of displacement, and trust issues.
- 45) Interviewee suggested these additional barriers: pride, political interference, fear, and lack of community support for programming.
- 46) Additional barriers to accessing services listed included: fear, financial barriers, shame, isolation, and individual's not being aware or have an understanding of VIP's services.
- 47) Stigma attached to the name of the program was listed as a barrier. Also included were shame and ridicule.
- 48) Interviewee did not list any additional barriers.
- 49) Interviewee stated that the stigma associated with mental health acts as a barrier.
- 50) Suggested barriers were as follows: fear of seeking help/counseling, the stigma that is associated with the name of the program, and finally trust issues.
- 51) The stigma that is generally attached to violence was listed as a barrier, as well as people's unwillingness to change. Fear, particularly with elders, of being alone if the abuse is reported was also mentioned. Additional barriers included a lowered sense of self esteem and shame.
- 52) Additional barrier listed was isolation.
- 53) Barriers suggested included the following: geographical barriers (individuals who live in isolated areas, it may be difficult for them to find out what person is (associated with what service), the stigma associated with accessing counseling (seen as a sign of weakness), fear (alienation from the community), and finally the normalization of violence in our society.
- 54) Interviewee did not list any additional barriers.
- 55) Interviewee did not list any additional barriers.
- 56) Interviewee stated that often individuals who are in abusive situations don't want to admit they have a problem (denial).
- 57) Additional barrier listed was fear.

- 58) Interviewee relayed that an additional barrier would include the stigma and shame that is attached to men accessing services. Another barrier listed was fear/danger experienced by the person leaving. Interviewee also felt that the services which these individuals access sometimes serve as a barrier themselves.
- 59) Interviewee listed fear as an additional barrier.
- 60) Additional barriers included cultural/language barriers as well as fear.
- 61) Interviewee stated that denial, lowered sense of self esteem and fear were all additional barriers.
- 62) Interviewee's listed financial barriers as well as the stigma that is associated with the name of the program.
- 63) Interviewee commented that the stigma that is associated with the name of the program acts as a barrier, along with guilt, and shame. Some buildings where services are offered may not be wheelchair accessible, so this may act as a physical barrier.
- 64) Interviewee listed the following additional barriers: religious, psychiatric and social stresses.
- 65) Interviewee relayed that many individuals have a lack of knowledge with regard to VIP's programming and services.
- 66) Interviewee listed the following additional barriers: financial, shame, denial, and a lack of knowledge regarding VIP's services and programming.
- 67) Interviewee did not list any additional barriers.
- 68) Interviewee listed fear (of setting up their own) as an additional barrier.
- 69) Interviewees stated that an additional barrier is that some individuals aren't even aware that they are in an abusive situation (denial). There is also the fear of what could happen if an individual leaves an abusive situation, accompanied by a feeling that an individual can't change things – inability or not wanting to leave their "comfort zone". Additional barriers also included financial barriers, and the name of the program.
- 70) Interviewees listed the following additional barriers: displacement (no where to go), stigma of reporting the abuse to the police and accessing any other services, both individuals and professionals lack awareness of VIP's programming and services, and finally financial barriers. "Individuals are accustomed to living a certain lifestyle".
- 71) The following barriers were listed: shame, fear, and naivety.
- 72) Interviewee's relayed that there is a de-sensitization to violence accompanied with denial. Another barrier is that "communities do not value their youth". Fear and lack to awareness of VIP's programming and services were also mentioned.
- 73) Interviewee listed fear, shame, lowered self esteem and normalization of violence as additional barriers.

- 74) Interviewee's listed the following additional barriers: shame, guilt (particularly with the elders), if abuse is reported the individual can be ostracized from the community, lack of communication, lowered self esteem, the stigma that is attached to "mental health", lack of accessible phone service, fear of retaliation, political barriers, lack of trust and finally denial.
- 75) Interviewee listed fear/personal safety issues as an additional barrier.
- 76) Interviewee listed the following additional barriers: shame, isolation (both emotional and physical) and fear.
- 77) Additional barriers included the stigma which can be attached to accessing services, especially in the rural areas. Denial, lack of awareness of VIP's programming and services and lowered self esteem were also mentioned.
- 78) Individuals "lack of readiness" to address problems, embarrassment, fear (of further escalating the abuse if it is reported), and lack of awareness and ability of how to access the appropriate services were listed as additional barriers.
- 79) Lack of awareness of VIP's programming and services was the only additional barrier suggested.
- 80) Interviewee listed the following additional barriers: stigma attached to getting help (seen as a weakness), being ostracized from their community if the abuse is reported, normalization of violence, alcohol/drug abuse (violent behavior is blamed on the substance abuse), and finally when individuals chose to access services, service providers fail them.
- 81) The following additional barriers were suggested: shame, guilt, humiliation, lack of awareness of VIP's program, isolation, stigma that is attached to victims (that they were the cause of the abuse, and not being ready to access services for fear of "opening up a can of worms" and then following through.
- 82) Interviewee stated additional barriers included the stigma that is attached to accessing help, denial and the normalization of violence.
- 83) Shame, lack of knowledge of how to access services, normalization of violence, history of church faith practices (eg. "marriages are meant to work at all costs), and finally safety issues.
- 84) Interviewee listed the following additional barriers: denial, individual's not knowing where to go, as well as people's reluctance to have faith in the program.
- 85) Interviewee listed shame as the only additional barrier.
- 86) The normalization of violence was listed as an additional barrier.
- 87) Interviewee suggested that the name of the program could be seen as a barrier.
- 88) The following additional barriers were listed: financial barriers, lack of freedom to make choices, denial/minimization, fear of change, lack of affordable, appropriate in - community housing, and shame.

PART THREE

ANALYZING INFORMATION COLLECTED

DESIGN FACTORS PURPOSE

The purpose of conducting V.I.P.'s needs assessment is to provide insight into the strategic planning question, "Does V.I.P. want to expand or enhance their current services and programs?"

NEEDS ASSESSMENT DEFINED

Needs assessments can demonstrate and document a known community need or needs and has the added benefit of involving the public in problem solving and goal setting. Conducting V.I.P.'s needs assessment allows for a way to gauge opinions, assumptions, needs, key issues, and or assets within a defined community.

OBJECTIVES

V.I.P.'s needs assessment will provide valuable information that could be used in a variety of ways such as identifying specific needs within different communities, promoting collaboration among agencies and businesses, and ultimately providing information that will be useful in V.I.P.'s strategic plan towards program development. In identifying a community's needs, different community priorities will be examined within the targeted geographical area. Familiarity with V.I.P.'s services within these targeted communities will be examined, and existing services within each community will be evaluated. In doing this process gaps in services will be identified. Ideas on ways in which V.I.P could expand or possibly how V.I.P could partner with other community agencies to address the issue of abuse will also be addressed. The results of a V.I.P.'s needs assessment can provide good information about what services are needed in the Estevan/Weyburn and surrounding rural areas.

DESIGNING THE NEEDS ASSESSMENT

Ten interview questions were designed to reflect the above stated objectives. The questions were developed to obtain both qualitative and quantitative data. Qualitative data is defined as data presented in narrative form that generally cannot be expressed numerically (e.g. questions 2, 3, 4, 5, 7, 8 of the need assessment). Comparatively, quantitative data is that which can be presented in numerical terms (e.g. questions 1 and 6 of the need assessment).

All data was collected through either a key informant interviews or focus groups. With regard to procedures followed in the interviews, there was little flexibility in the wording or order of questions. Responses were open-ended. Qualitative interviewing techniques are useful for reducing bias when several interviewers are involved, when interviewers are less experienced or knowledgeable, or when it is important to be able to compare the responses of different respondents. Qualitative modes of data analysis provide ways of discerning, examining, comparing and contrasting, and interpreting meaningful patterns or themes. Meaningfulness is determined by the particular goals and objectives of the project at hand.

Interviews conducted with key individuals within each community were used to help identify unique characteristics of the community as well as potential needs or where gaps in services may be occurring. Individuals that were interviewed included staff of facilities, members of organizations, community leaders, health professionals, child and family service workers, police and so on. In addition, focus groups were conducted. These groups were defined for the purpose of this assessment as being three or more individuals.

For this assessment, a total of 133 people were interviewed. In Estevan 41 people were spoken to – out of that total 17 interviews were conducted along with 4 focus groups. In Weyburn out of the 30 people that were spoken to 21 interviews took place and 2 focus groups. Rural – 62 people were interviewed. Out of that total 39 were interviews, 5 were focus groups.

Table 1
Methods Used in 88 Needs Assessments

Method	Number of Assessments that use this method
Key Informant Interviews	77
Focus groups	11

From 88 assessments, 44 were considered urban areas, and 44 were considered rural areas. Wide variability existed with regard to population of targeted communities. Populations ranged from 231 to 10242 per centre.

DATA REDUCTION AND DATA DISPLAY

After the completion of all the interviews and focus groups, the data was organized and meaningfully reduced or reconfigured. Data reduction refers to the process of selecting, focusing, simplifying, abstracting, and transforming the data. Data was condensed for the sake

of manageability, so it could be made intelligible in terms of the issues being addressed. Data was then displayed to provide an organized, compressed assembly of information that permits conclusion drawing.

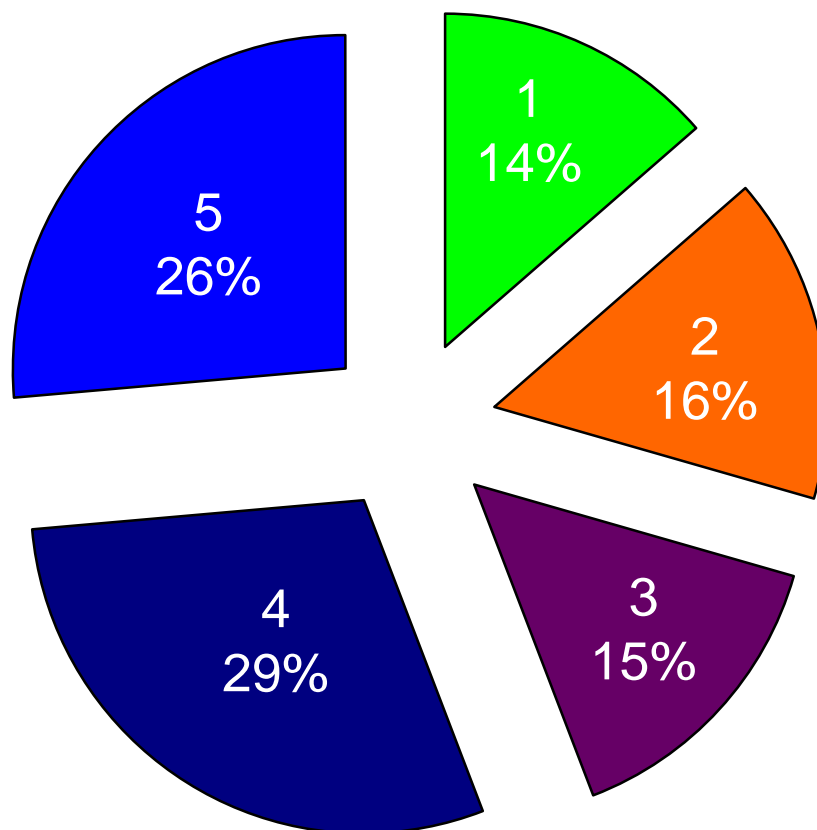
At the display stage, additional, higher order categories or themes emerged from the data that will be discussed in the next following pages.

To begin with, the first question of the need assessment pertained to respondent's awareness of VIP's programming and services. If there was more than one individual being interviewed, individual responses were recorded if the responses were different. For groups where there was consensus, one answer was recorded.

Table 2 – Awareness of VIP's Programming

1 no awareness	2 a little awareness	3 somewhat aware	4 aware	5 very aware	Total
14	16	15	30	27	102
14 %	16 %	15 %	29 %	26 %	100 %

**Chart 1 - Awareness of VIP's
Programming**



Results showed that the majority (29%) of all the individuals interviewed were aware of VIP's programming and services, followed by 26 % of the respondents who were very aware, 16 % had a little awareness, 15 % were somewhat aware down to 14 % who had no awareness of VIP's programming and services.

Results were then further categorized into urban and rural respondent answers with relation to awareness of VIP's programming and services. Chart number two illustrates the rural responses. It was noted that the categories of aware, a little awareness and no awareness of VIP's programming and services equally received the same number of responses (24% for each). This was followed by sixteen percent of rural respondents who stated that they were very aware of VIP's services and twelve percent who were somewhat aware. When further analysis was to correlated a particular geographical area with the respondents who stated that they had no awareness of VIP's services, Carlyle, White Bear First Nation, Ocean Man First Nation, Gainsborough and surrounding areas were highlighted.

Table 3 – Awareness of VIP's Programming (Rural)

1 no awareness	2 a little awareness	3 somewhat aware	4 aware	5 very aware	Total
13	13	7	13	9	55
24 %	24 %	12 %	24 %	16 %	100 %

Chart 2 - Awareness of VIP's Programming Rural

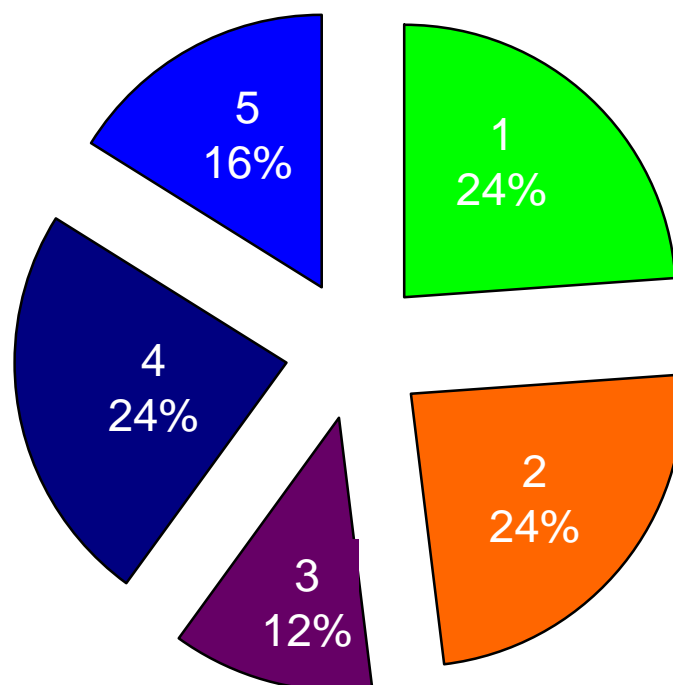


Table 4 – Awareness of VIP’s Programming (Urban)

1 no awareness	2 a little awareness	3 somewhat aware	4 aware	5 very aware	Total
1	3	8	17	18	47
2 %	6 %	17 %	36 %	38 %	100 %

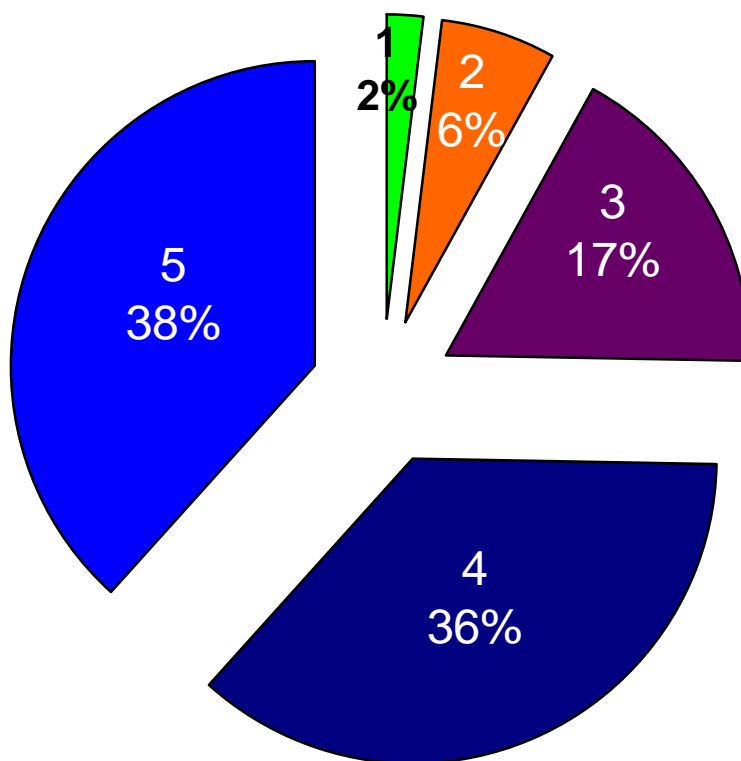
Chart 3 - Awareness of VIP's Programming Urban

Chart three corresponds to urban respondents pertaining to their awareness of VIP’s programming and services. It can be noted that the majority of the respondents in the urban areas were very aware of VIP’s services (38 %), followed by 36 % who were aware, 17% were somewhat aware, 6% were a little aware down to 2 % of the urban respondents who had no awareness of VIP’s services and programming.

Question number two of the need assessment asked respondents re: services that are available within their own organization or community for individuals who have experienced abuse. This question was designed to assess what services were already existing, and for informational purposes as well. The top five responses in this category were as follows:

Table 5 – Available Services within Targeted Communities

	1 Referrals to VIP	2 Counselling Services	3 Referrals to Mental Health	4 Referrals to Victim Services	5 Medical Professional Services
Number of responses	42	33	30	15	13

To further clarify, counselling services included private counselling, counselling done in the school systems involving the Student Services Counsellor and the Family Liaison Workers as well as counselling services offered by different agencies or organizations. It was noted that in rural areas access to adult counselling services was limited within the community and hence the high number for referrals to organizations that exist in more urban areas. Most rural areas did have access to a mental health worker that would visit the community once a week or bi-monthly. In addition, medical professional services were defined as doctors, nurses and hospital services.

Question number three of the need assessment asked respondents if there was any services within their own community that they would suggest to assist individuals who are dealing with abuse. It was relayed to the interviewee's that these services may or may not be currently in existence. Five top categories or themes that emerged from this data were as follows: public education, need for a shelter, school based programming, program promotion/awareness and rural outreach services. Of all individuals interviewed, majority of the individuals suggested public education to assist those individuals dealing with abuse issues. The second largest response involved the need for a shelter, followed by school based programming, program promotion/awareness, and finally rural outreach services.

Table 6 – Suggested Services to Assist Individuals in Abusive Situations

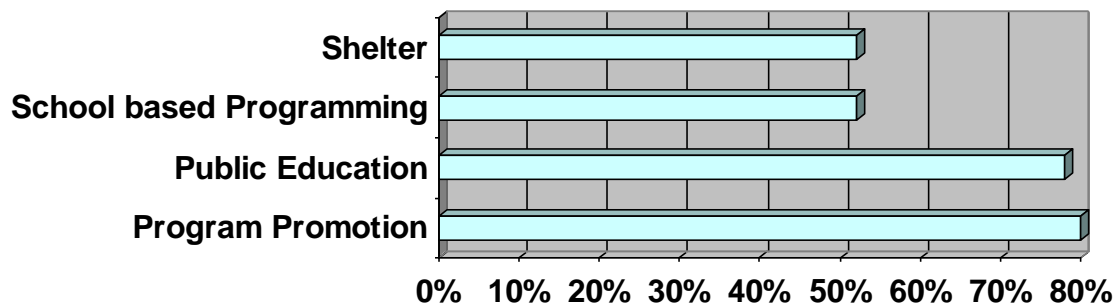
	Public Education	Shelter	School based Programming	Program Promotion/Awareness	Rural Outreach Services
Number of Responses	26	25	21	20	14

Additional services suggested that were less in number in terms of responses included the following: one on one counselling, increased services for men, support groups (particularly the establishment of a support group in the rural areas), home visits (in home support for families), and support and services offered for special interest groups (e.g. elderly who are financially abused, parents with abusive teens, rural families, culturally sensitive services for First Nations people/new immigrants, and individuals with intellectual and cognitive disabilities). Other suggestions included the establishment of a "Safe Places for Pets"

program when an individual does go into shelter. This program is currently in existence at the Regina Humane Society. Additionally, for those individual's who do access shelter space a service that was suggested was the establishment of a respite crisis nursery.

Question number four was developed as a follow up to question number three. Once respondents listed the services which they thought would be helpful in assisting individuals in abusive situations, they were then asked to prioritize those services which they would like to see in their own communities. With regard to the top five themes/categories which emerged in question three, the top four categories were examined pertaining to the number one priority that individuals would like to see in their community. These results can be illustrated in the following graph.

Chart 4
Service that is the Number One Priority Suggested



Percentages were tabulated by figuring the number of times each category was suggested as the number one priority, and then dividing that number by the total number of responses that each category received by respondents in question three. According to the above illustration, eighty percent of individuals who suggested program promotion as a service which could assist individuals who are experiencing abuse, ranked it as their number one priority. Seventy eight percent of respondents who listed public education relayed that it was their number one priority. Fifty two percent of respondents that suggested school based programming and a shelter as a service equally ranked these services as their number one priority.

In the need assessment, the next question asked respondents to choose a community which in their opinion was most in need of VIP's programming and services. Interviewee's could also choose to not comment in this section if they felt they were unable to provide an answer. The following table provides specific numbers:

Table 7
Community Most in Need Of VIP's Services and Programming

Community in need of VIP's services	Number of Responses
Interviewee could not comment	23
Reserves	17
All rural communities	14
Carlyle	9
All communities equal	9
Weyburn/Estevan	4
Carnduff	4
Midale	4
Oxbow	4
Lampman	3
Radville	3
Bienfait	2
Manor	1
Roche Percee	1
Creelman/Tyvan	1
Carievale	1
Stoughton	1
Sedley	1
Alida	1
Glen Ewen	1
Total	100

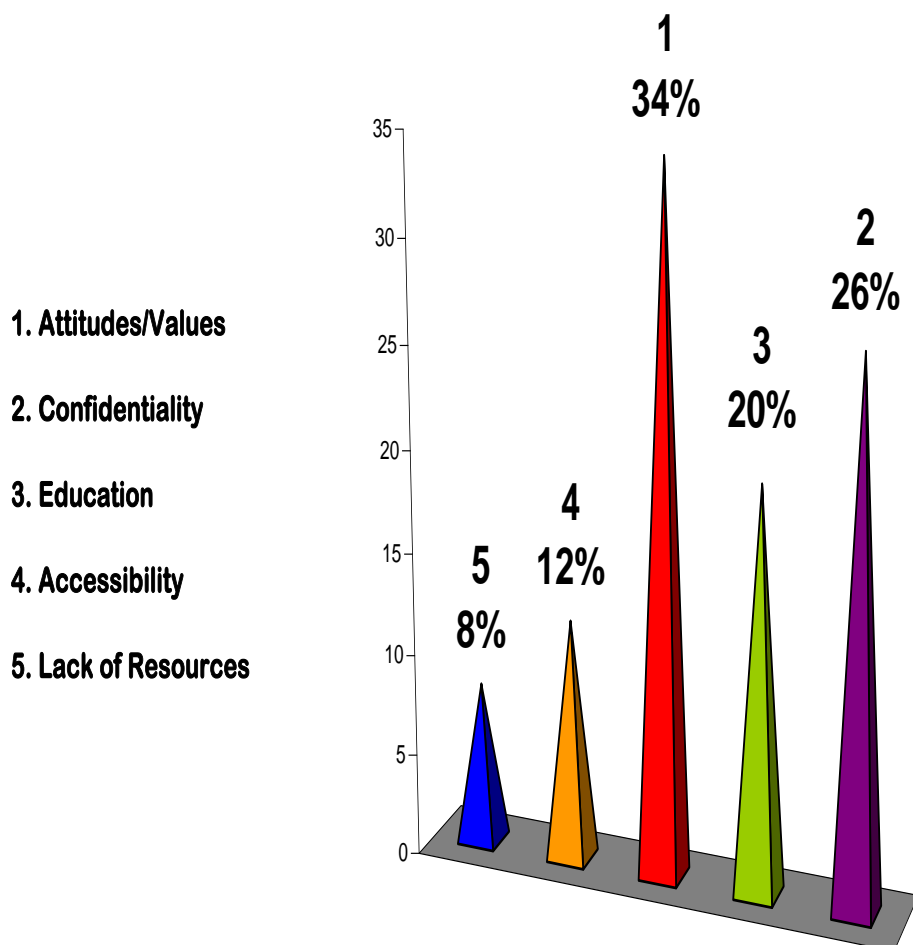
Of those individuals who did provide an answer, the highest number of responses was pertaining to rural areas in general, when an individual takes into account the additional number of responses that are associated with the specific rural communities listed. Following rural communities was the surrounding reserves (White Bear, Pheasant Rump, and Ocean Man) in this area. The next two largest responses were equal in number. This included Carlyle, and all communities within the health region.

IDENTIFYING BARRIERS

Question six was designed to have respondents assess five barriers that communities often face when dealing with violence, and then to rank them on a scale from one to five – with one representing the largest barrier down to five which would be the smallest. The following results were obtained:

Chart 5

Number One Barrier Communities Face When Dealing With Violence - 2007



Looking at the above illustrated graph, it can be noted that over all Attitudes/Values accounted for the number one barrier. Twenty six percent of all the respondents felt that Confidentiality was the number one barrier; twenty percent felt Education was the number one barrier, thirteen percent felt Accessibility and eight percent felt that Lack of Resources was the number one barrier. In terms of the smallest barrier, thirty percent listed Confidentiality, twenty eight percent listed Lack of Resources, seventeen percent list both Accessibility and Education equally, and eight percent listed Attitudes and Values as the smallest barrier. These results included both rural and urban respondent's answers. Results were further categorized into rural recorded responses and urban recorded responses. The above stated categories are illustrated in the charts below with regard to the number one barrier communities face when dealing with violence.

Chart 6
Number One Barrier Rural Communities Face When Dealing With Violence

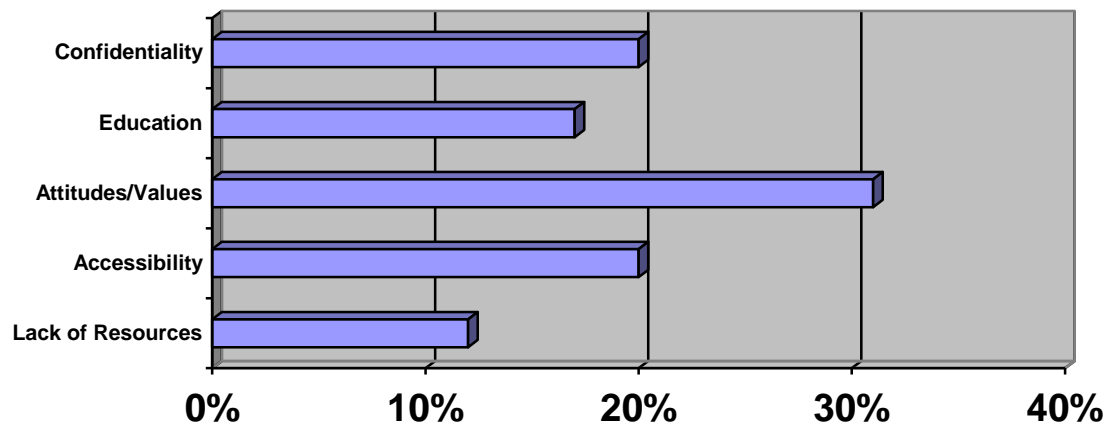
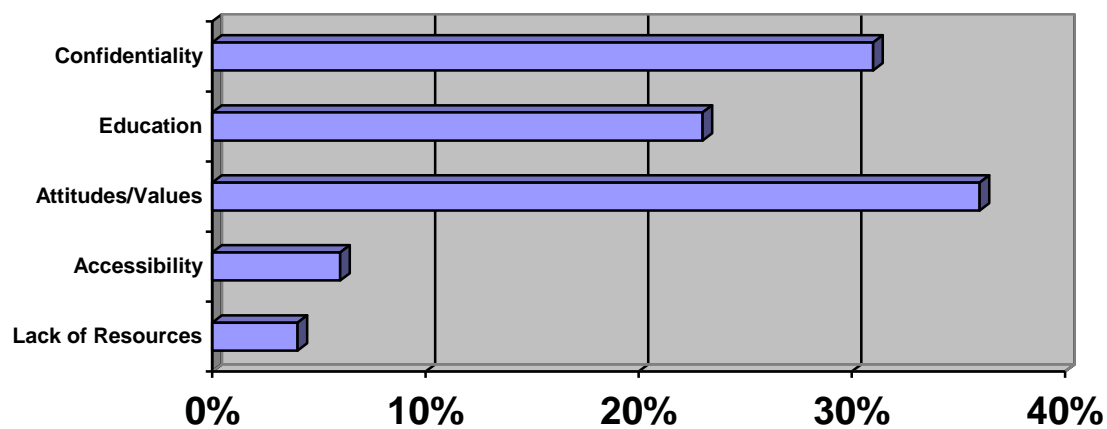


Chart 7
Number One Barrier Urban Communities Face When Dealing With Violence



Some similarities can be made when drawing comparisons amongst Charts 5, 6, and Chart 7. Attitudes and Values is consistently the number one barrier noted in all the charts. Specifically, with regard to Chart 6 the majority of the respondents interviewed in the rural areas felt that Attitudes/Values (31%) was the number one barrier, 20 percent equally felt that Accessibility and Confidentiality was the number one barrier, Education (17%), and Lack of Resources (12%). Comparatively, of the responses collected from individuals in the urban areas thirty six percent felt that Attitudes/Values was also the number one barrier. In addition, the second largest response pertaining to the number one barrier for the urban areas also was Confidentiality (31%). Education accounted for twenty three percent of the responses, Accessibility six percent and Lack of Resources four percent.

Respondents were then asked to list any additional barriers that they felt may prevent an individual who is in an abusive situation from accessing services. The top ten additional barriers are as follows:

Table 8
Top Ten Additional Barriers

Additional Barriers	Number of Responses
Fear	33
Shame	19
Lack of knowledge of VIP's Services	18
Denial	15
Financial Issues	12
VIP's Name	11
Normalization of Violence	8
Stigma Associated with Accessing Services	8
Isolation	7
Low Self Esteem	7

To clarify, some categories need further explanation. With regard to fear, it was noted that this category included the following: repercussions for the individual in the abusive situation after admitting that they are experiencing violence, intimidation that the individual could experience from family and their own community once the abuse is reported, as well as personal safety issues. In addition, with regard to the above table, lack of knowledge of VIP's services also included not knowing how to access VIP's programming and services. With regard to the stigma associated with accessing services, this category included the stigma that is attached to the agency (VIP) itself, the stigma associated with "mental health" in general, as well as the stigma that is attached to being labeled as a "victim".

Of particular interest to VIP as an organization with regard to the additional barriers which respondents listed, it can be noted that lack of knowledge of VIP's services was ranked as the third largest additional barrier in terms of the number of responses. In addition, VIP's name was deemed the sixth largest additional barrier in relation to why someone in an abusive situation would not access services. Some comments regarding VIP's name included the fact that clients may feel that they have to be in a physically violent situation to access VIP's services. Also, it was mentioned a couple of times in the rural communities that sometimes VIP's program is confused with Victim Services.

Other additional barriers that were suggested included: transportation from rural areas (6), language/cultural barriers (5), trust (5), political interference (4), lack of communication between agencies that work with individuals being abused (4), lack of telephone service (2), lack of community support (2) – communities unwillingness to get involved, addictions (1), service providers failing those who do finally access services (1), history of church faith practices (1) – e.g. "marriages are meant to work at all costs", lack of affordable, appropriate in - community housing (1), and finally lack of freedom to make choices (1).

PREPARING FOR STRATEGIC PLANNING

Identifying possible Growth Opportunities

The preceding questions formed the foundation for the next question to be asked which focused on the main objective for conducting the need assessment. Respondents were asked if they had any suggestions on how VIP could possibly expand or enhance their services. Results were organized into two categories: enhance or expand, and then the total number of responses received for each category was tabulated. Forty four responses pertained to how VIP could expand their services, while fifty two responses were directed towards how VIP could enhance their services. To further clarify, expansion for the purpose of this need assessment was defined not only in geographical terms, but also the definition included the expansion of VIP's programming and services. That is programming and services which VIP is not currently doing. Enhancement pertained to those services which VIP has been and is connected with, with possibly some suggestions on how to deepen those services within Estevan and Weyburn where both offices are currently located.

In addition, twenty nine responses were directly pertaining to VIP program promotion/awareness. This theme which emerged was neither put solely into the enhance or the expand category, but rather into both equally. These results are illustrated in Table 9.

Table 9
Responses obtained Pertaining to Enhancing or Expanding VIP's Services/Programming

	Expand VIP's Services	Enhance VIP's Services
Number of Responses	44	52
VIP Program Awareness/Promotion	29	29
Total	73	81

CONCLUSION

In summary, one can ascertain from the findings of this need assessment that although urban respondents were aware to very aware of VIP's services and programming, this awareness diminished significantly amongst rural respondents. This finding correlates to rural communities in general being identified as being in need of VIP's services and programming. Therefore, a recommendation would be to focus on the rural communities when developing a strategic plan. Particularly Carlyle, Gainsborough and surrounding reserves could be a starting point for program promotion and awareness, as these geographical areas accounted for the majority of the responses where service providers had no awareness of VIP's services and programming.

Furthermore, consistently what was seen was that both program promotion and public education predominantly accounted for the majority of responses collected pertaining to suggested services for individuals in abusive situations, and how VIP could expand or enhance their programming. As stated previously, the majority of the respondents felt that VIP program promotion/awareness should precede any other suggestion for either program expansion or enhancement. Therefore, a final recommendation would be to offer increased outreach services to respond to the identified need of VIP program promotion and awareness.