

EXECUTIVE DIRECTOR'S ANNUAL REPORT

JUNE 25TH 2019

(This report covers the period from April 1 2018 to March 31 2019)

Preamble:

In July, 2018, we welcomed Felicia Boutilier and Alex Wolf as new clinical staff members to the team. We received funding from the Department of Justice to add these additional 1.6 full time equivalent positions. We also welcomed Marcy Garland in September through this funding as the Team Support Coordinator. In September, 2018, we welcomed James Maynard and Maher Masalmeh as clinicians through additional funding from the Department of Community Services. These two clinical positions have been able to help address the Child Protection waitlist we had been accruing. The Team Support Coordinator has been able to free up clinicians to provide more counselling sessions as the responsibility of intake, scheduling and file management has been taken over by Marcy.

As the Domestic Violence Court is now underway, all referrals are equitably shared with all clinicians. These positions equate to 5.2 FTEs. Our priority clients are Child Protection, Domestic Violence Court and High Risk Protocol. Twice a year we offer a sixteen- week therapeutic group for men who may be referred through Probation Services. Group typically starts with 12 men.

The transformation of the practice at New Start is remarkable. All clinicians are credentialed at the Master level of their profession and all clinicians are licensed and regulated through their professional colleges. Clinical supervision on an individual, weekly group and monthly group basis has been rich and rewarding for staff who have been able to enhance their practice thinking and skills to provide an optimum level of service through Jane Donovan's leadership. As we develop our specialization in responding to domestic violence, it is becoming more apparent how important it is to collaborate with like-minded organizations to share with each other our sense of purpose, knowledge and skills. Being a not for profit organization invites creativity and innovation. However, a caution here. We still need to have thoughtful conversations as professionals to ask the questions: What are we still missing? How can we live by our values? How can we demonstrate that the work we do is effective, restorative and helpful to people affected by domestic violence?

Staff Engagement:

The "Healing Narratives" programme received an additional year's funding from DCS until the DoH takes on this responsibility. This has enabled thirty men who are survivors of sexual abuse to receive therapy from our clinicians.

A small grant from the Community Health Boards provided funding for "Moved Through Music", a therapeutic men's group using drumming in a clinical setting.

Two sixteen week men's groups were held with two clinical therapists and an intern facilitating these programmes.

A small number of “Individual Plus” sessions were held to help couples reestablish their relationships in a restorative way. Several parents have been asking for help in co-parenting and we are investigating this further to see if it is an intervention we can offer.

We have been able to hold evening appointments this year which provides an opportunity for clients to attend after their work hours.

James Maynard has been attending the Domestic Violence Court “A” team with the Executive Director to help prepare and be proactive regarding reporting between staff and the court.

For the first time we have been able to provide therapeutic counselling in Arabic. Maher Masalmeh has made a strong link with ISANS and newcomers who are Arabic speaking can feel safe and comfortable working with him.

Domestic Violence Court:

Victim Engagement in the DV Court process has been problematic. The intent of the DV Court was to make it victim centred, this being one of the many principles of the DV Court. A meeting of victim service providers, including Jane Donovan and Felicia Boutilier from New Start, was held with DoJ to think through what this means. It seems that the DV Court is offender based and that the voice, wants and needs of the victim are secondary. The moratorium on using the Restorative Justice Societies to not work with gendered violence adult cases remains in place. To be truly restorative in nature the DV Court may wish to consider a pilot that moves the restorative clinical environment in to a restorative court room.

For those service providers who have been engaged in restorative conversations over the last couple of years, we feel there must be meaningful input with meaningful outcomes for the victims and their families. The work that has been done through the Metro Inter Agency Committee on Family Violence includes position papers from The Transition House Association of Nova scotia, Women’s Centres Connect and the Metro conversation table on Restorative Principles which would boldly inform the much welcomed conversations that both government and community need to have to change the outcomes for people affected by domestic violence.

Our work at New Start with the Domestic Violence Court is both challenging and encouraging. We have entered into a new relationship with government and one that is still being understood and respected. Of note is the high motivation we have seen with offenders to make the changes they need to make. Our work with them in addressing taking responsibility, repairing and healing the harm and developing relapse prevention plans to interrupt the violence is unique to this court. We look forward to participating in the evaluation as we move forward.

Statistics:

During this reporting period we received 307 new referrals and had an active caseload of 535 clients. Referrals came as follows:

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| Domestic Violence Court | 105 (including High Risk) | Self | 34 |
| Child Protection Services | 94 (including High Risk) | Other | 28 |
| Probation Services | 46 (including High Risk) | | |

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| Sessions provided (each session is an hour) | 2,258 |
| DV Court sessions | 1,026 |
| Wait time from intake to first appointment | 15 business days |
| No Show rate | 7.8% |
| % of partners engaged | 49% |

Closing Comments:

As we move into almost four decades of providing services we need to be able to celebrate the transformation through which we have come. Clinicians who are credentialed and licensed to practice advance the standards of our work and bring a professional lens to this very important but complex field of practice. We have seen the value of providing therapeutic counselling, whether on an individual level or at the group level. Being invited to participate at various conversation tables to address domestic violence lends credibility to our organization yet still prompts us to remain sensitive about how deeply entrenched domestic violence is in people's lives.

One of the best ways of examining our work would be to create a research framework. We believe that what we are doing is effective but we are open to having our practice evaluated and evidenced so that we know we are actually making a difference in people's lives.

At the end of group the participants complete an evaluation. When asked: What have you started doing that is most helpful in healing and repairing the effects of abuse on your partner? A client responded:

"Communicating in a respectful manner with my child's mother".

When asked: What do you wish you had known when you were beginning the group? A client responded:

"That a group of guys can talk, share and grow together".

Although our offices have million dollar views, we are not a million dollar organization. The wealth of our organization is in the passion and commitment of staff who come to work each day, to listen and hear from people who have traumas, challenging relationships and lives that need to be turned around. This is the work we do, this is one of the million dollar solutions to ending domestic violence.

My thanks to a great team of staff, a supportive Board of Directors and a community of colleagues and friends who join us in this monumental task.

Respectfully submitted by,

Wendy Keen MSW RSW
Executive Director

