Re-Centering:

Mobile Advocacy Evaluation Report

ICADV
Indiana Coalition *Against* Domestic Violence
Prevention • Awareness • Advocacy
Until the Violence Ends.

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Introduction

Indiana domestic violence (DV) programs have engaged in community-based, outreach services with DV survivors for decades. For many agencies, these programs supplemented shelter-based services, and were provided through satellite offices used to expand the reach of services across the large geographic areas served by many Indiana DV programs. Beginning in 2019, many Indiana programs began to explore strategies for increasing their mobile advocacy services. Some programs designated funds to expand their mobile services as a supplement to their shelter-based services; some programs made the decision, based on assessments of community need, to discontinue their shelter-based services and to transition to a fully mobile service model.

Though there is significant variability in mobile program structures, there are common features in mobile advocacy services. Mobile advocacy services typically include some combination of advocacy, safety planning, housing assistance, community collaboration, legal advocacy, and flex funding. Local domestic violence programs have developed their mobile services in ways that make the most sense for their agencies, and for the survivors and communities they serve. For some, this means operating satellite offices, some share space with partner agencies and meet with survivors in those locations, and some use mobile vehicles and technologies to meet with clients at a range of safe locations in the community.

For Indiana DV programs, the exploration of mobile advocacy was driven both by issues of scarcity and by the desire to provide survivor-centered services. Issues related to scarcity have included reductions in state and federal funding in support of DV shelters, and recognition that the prevalence of the problem, and number of survivors needing support frequently exceeds shelters' capacities to serve. Advocates, nationally, have recognized that we need additional service methods to reach and support more survivors. Additionally, the mobile model offers greater flexibility to meet with survivors in the places that feel safe for them, and to provide supports that fit their needs.

The need to reduce the density of shelter populations during the height of the COVID-19 pandemic added unexpected urgency to the need to find new ways for supporting survivors' safety outside of the shelter setting. In the midst of this 'necessity is the mother of invention' moment, most shelter-based programs took the opportunity to practice new service models including providing hotel-based sheltering, offering single-family safe house placements, and increasing their investments in housing services.

In the spring of 2021, Indiana Coalition Against Domestic Violence (ICADV) invited member programs to join a mobile advocacy learning community to share resources, experiential wisdom, and peer support as they worked to implement a range of mobile advocacy services. Agencies engaged in this learning cohort have lead the work to identify their training and technical assistance needs, and to determine our evaluation priorities. ICADV extends deep appreciation to the agencies and advocates who made space to build out, implement, evaluate, and to help share the stories of this service strategy.

Thanks To:

- A Better Way
- Alternatives, Inc.
- Center for Nonviolence
- Center for Women and Families
- Hands of Hope
- Hope Springs
- Sheltering Wings
- St. Jude House

With support from the learning cohort, ICADV undertook a comprehensive evaluation of mobile domestic violence services under way in Indiana to help inform future service and funding priorities. The evaluation includes surveys from survivors who have participated in mobile services, expert opinions from mobile advocates working in the field, and perspectives from program directors about their experiences in offering mobile services at the organizational level. Evaluation methodologies used included surveys with survivors, advocates, and directors; a listening session with program directors; and content analysis of notes from the mobile advocacy learning community meetings.

For any questions about the processes or findings in this report, please contact Colleen Yeakle at cyeakle@icadvinc.org.

Appreciation & Acknowledgement

As ICADV began to explore mobile advocacy practices, we relied deeply on the experience and wisdom of our colleagues, nationally, and in Indiana. Our understanding of best practices in mobile advocacy programs were guided by the Washington State Coalition Against Domestic Violence's Domestic Violence Housing First Project.

As we began to engage our member DV programs in this conversation in December, 2020, we invited our colleagues from the Iowa Coalition Against Domestic Violence to meet with our programs to discuss the challenges and benefits that they experienced as the state of Iowa transitioned to a statewide, regional shelter model supported by mobile advocacy. Laurie Schipper, former Executive Director of the Iowa Coalition Against Domestic Violence provided the state level perspective on planning, funding, training and technical assistance for supporting programs in shifting to a regional shelter model. Mary Ingham, the Executive Director of Crisis Intervention Service in Mason City Iowa, provided a local perspective in talking us through her program's experiences in transitioning from a shelter-based model to a mobile model.

Additionally, we learned so much from our early mobile advocacy adopter program, The Center for Women and Families of Southern Indiana. The Center for Women and Families made the transition from shelter-based to fully mobile services in 2018. Their staff have participated in the mobile advocacy learning community to share lessons learned; they provided model job descriptions, training protocols and staffing policies; and they generously shared their time to provide trainings and technical assistance to Indiana colleagues working to build out mobile services.

Finally, we celebrate Indiana's domestic violence advocates. With this evaluation, survivors took so much time and space to tell us how much your service helped them. We hope that you find yourselves in this feedback and feel how much your support means to the families you serve. We thank you for supporting this effort and for all of the ways that you stretch and innovate to provide survivor-centered services. You are the best!

Definition & Terminology

The focus of this report is on the provision of mobile advocacy services defined as supports provided for survivors living in the community. These services typically include a combination of flexible domestic violence advocacy services offered to survivors through a combination of secure technologies and in-person meetings in safe community locations.

To accommodate survivors who need a safe place to go as they separate from an abusive relationship, mobile programs offer a combination of temporary hotel stays, safe house placements and longer-term housing supports. Additionally, they collaborate with domestic violence shelters in their regions to relocate the small percentage of survivors who are facing high levels of lethality and need the higher level of security provided by an emergency shelter.

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Most programs support survivors in working to secure their basic needs; some are able to provide flex funds to assist survivors with basic needs like housing, utilities, transportation, repairs, security-related expenses, childcare costs and nutrition assistance. Some programs are also able to provide housing services ranging from transitional housing to domestic violence rapid rehousing. We use the term mobile advocacy to describe these community-based services; in describing the work, program directors and advocates sometimes use the terms, "non-residential services" or "outreach services" interchangeably to describe these services.

Limitations

Participation in this evaluation for all stakeholders—survivors, advocates and directors—was completely voluntary. Advocates who completed the survey were entered into a drawing for a $40.00 grocery gift card. The participation of survivors and directors in the evaluation was not incentivized. Because participation was voluntary, it is possible that those who opted into the evaluation did so because they had a particularly favorable experience with the mobile advocacy program. Though participants did describe challenges related to their experiences with mobile advocacy, the overall findings could skew to the favorable due to self-selection bias.

The Need

"And part of the decision was also because in shelter so much of the focus is on DV and homelessness because you're coming to us because you don't have somewhere else to go. Like, if you had another option, you would go to another option and not go to a shelter. And so, so much of our focus was on, let's find you housing...I noticed that not much of our work was focused on core domestic violence work. We weren't doing a lot of protective orders and going to court with people and navigating the basics of advocacy so I felt like the clients living in our shelter weren't getting much of that. So we decided to change the department structure so that consistent service was happening regardless of how and when you entered into our program."

– DV program director

Programs' Needs

Emergency shelters were adopted as part of the solution to DV in communities across the country and Indiana beginning in the 1970s. Shelters were created for the primary purpose of providing a safe haven for survivors facing high danger as they separated from an abusive relationship. Many provided legal advocacy services as well as emotional and logistical support as survivors determined what they needed to do next to safely re-establish themselves in the community.

Increasingly, over the past decades, advocates have observed that a relatively small percentage of the survivors they serve are seeking shelter because they are fearful for their safety. Most are there because of poverty—if they had another place to go, or the ability to secure independent housing, they would not have chosen shelter. Because issues related to poverty and economic stability are these survivors' primary concern, advocates' work with them is often focused on issues related to debt, financial stability and housing, with less time to focus on recovery from domestic abuse.

The protections of emergency shelter are valuable for survivors who are facing high lethality, but for those who do not share these safety needs, inhabiting communal living space with other survivors and children who are all recovering from experiences of trauma is quite challenging.

In addition to poverty, advocates report that the survivors they serve in shelter are often managing challenges related to mental health and addiction; these needs further exacerbate the difficulty of relationships within the shelter environment. With mobile services, advocates seek to eliminate the challenges of the community living environment of shelter while reimagining the benefits that shelters have provided through community-based services.

Survivors' Needs

Historically, only a small percentage of people experiencing domestic abuse access DV agency services. Though it's difficult to know the population that don't engage in a service, national estimates report that less than 10% of people experiencing domestic abuse use agency services. The Indiana Coalition Against Domestic Violence conducted interviews with survivors who did not use domestic violence program services to ask why they did not choose to utilize that support. Survivors told us that they didn't use agency services because of some combination of these elements: they didn't know that the services existed; the stigma and judgment surrounding the issue made it very difficult to reach out for support; and/or they didn't believe that the services offered by local agencies were a good fit for their needs.

Traditionally, social service providers have relied on people in need to find them, get to them, and to utilize services from a pre-set menu of options. The mobile advocacy approach reverses that traditional service model by meeting with survivors in the safe community locations of their choosing and building service plans around their priorities and needs. The goal of the mobile advocacy program is to expand the reach of services by reducing both logistical and emotional barriers that make it difficult for survivors to seek assistance.

By actively working and engaging with survivors in the community, agency visibility and awareness of services is increased. Additionally, survivors are offered services that center their needs, in the spaces that feel accessible and safe for them, according to their schedules. This approach reduces logistical barriers related to transportation, childcare, and scheduling and also emotional barriers related to uncertainty about services and fears of judgment.

Survivors' Experience

The mobile advocacy learning cohort's top evaluation priority was to assess survivors' experiences with mobile services. Cohort members and ICADV collaborated to develop the evaluation questions. Rather than asking about engagement in specific services or resources (these questions are typically asked and documented in service files), they chose to ask survivors about the accessibility of services, and how those services made them feel—about themselves, their children and their sense of hopefulness about their futures.

ICADV created a google form to collect and aggregate survivor surveys from the agencies participating in the learning cohort. Participating programs invited survivors who had engaged with their mobile services to complete the survey. They developed methods to allow survivors to anonymously complete the survey, and made it available for them to complete on paper, through a web-based link offered on devices (laptops and i-pads) in their offices, and through the use of a QR code that enabled survivors to complete the survey on their cellphone. The survey was made available in English and Spanish.

The following findings represent data collected from 113 survivors in the 14-month period from 5/24/2022-8/24/2023. The surveys were conducted by five of the learning cohort agencies; these programs are diversely representative in regions of the state, community size and service models.

To facilitate survey completion and to minimize the burden on survivors, the survey was limited to eight, Likert-scale questions, though each question included an open comment field where survivors could elaborate more about their experiences in each area. Because survey respondents typically neglect open comment fields, we were very surprised by the number of comments that we received. Many survivors provided additional feedback

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in response to multiple questions. In addition to responding to the Likert-scale questions, survivors provided 114 comments to tell us more about their experiences, and particularly to thank the advocates who served them.

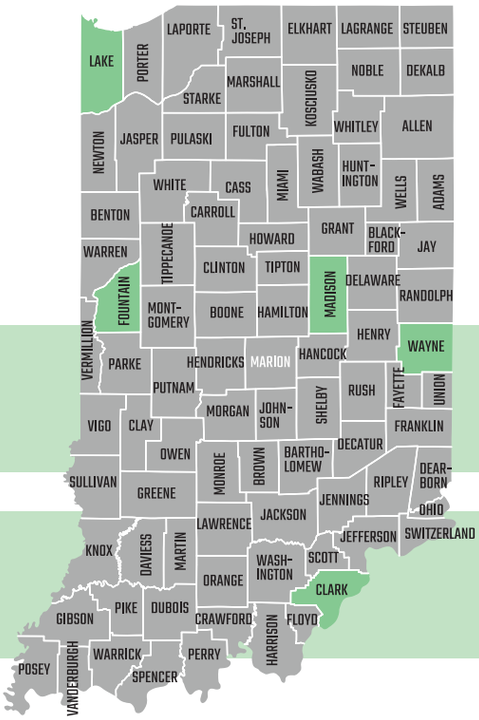
The feedback that survivors reported about their experiences with mobile services, both with scaled questions and comments were overwhelmingly positive. They reported how the services fit with their lives, affirmed their value, provided critical connections, and fostered their hope in the future.

They said:

"Advocacy is always consistent and of a caring nature. It can be in the form of a phone call, in person, or email which is very flexible for me and my children."

"Thank you and keep doing what you are doing. You gave me hope and because of that, I will keep going. I thought I was alone until I contacted you."

Figure 1: DV programs conducting mobile advocacy evaluation with survivors.



Service Accessibility

Survivors reported that accessing mobile services—contacting the agency, scheduling services and meeting with an advocate was very easy. In the sample, 98 survivors (87%) indicated that accessing services was very easy and 14 (12%) described their experiences as somewhat easy. Only one respondent (1%) reported that it was somewhat difficult to access services. Comments included:

"Having an urgent need, they were there, no hassle."

"Fueron muy accessible escuchando mis necesidades—sus servicios son excelentes." ("They were very accessible listening to my needs, their services are excellent.")

Service Flexibility

Survivors were asked about the flexibility of the services offered, and if those services felt like a good match for their needs. Overwhelmingly, survivors reported that the mobile services they were offered centered their needs and were flexible to accommodate their schedules. These findings feel particularly important where survivors frequently report that the measures that they have to take to navigate and respond to their experiences of abuse (things like engaging in services, applying for benefits, seeking healthcare and legal appointments) make it very difficult for them to maintain responsibilities like work and school that contribute to their economic stability. In the sample 104 survivors (92%) described services as very flexible; 7 (6%) described them as somewhat flexible and two survivors (2%) said that they were not sure about the flexibility of services. Comments included:

"Always extremely accommodating and attentive to my needs, my schedule, my wants and my beliefs."

"Always able to work around my school schedule."

"My work is crazy and they were able to work it to meet my crisis."

Safety

Nearly all of the survivors who engaged in mobile services reported that those services helped them to feel safer. 111 survivors (98%) reported an increased sense of safety; 2 respondents (2%) indicated that they weren't sure if they felt safer. In the comments area, survivors described feelings of physical safety from abuse and emotional safety. They also described feeling safer because they were getting assistance with their family's basic needs. They said:

"Marisela made me feel very safe and made sure that I was aware of my options."

"They understood the danger that I was facing, and helped me to feel totally safe."

"They helped me get into housing and helped me have legal aid as well."

"I feel heard."

Self-confidence

Because a hopeful outlook is strongly related to overall wellness, and the ability to remain separated from an abusive relationship, survivors were asked to report how engagement in services affected their sense of self and hope for the future. 104 survivors (92%) affirmed that engaging in services helped to increase their self-confidence; nine survivors (8%) reported that they weren't sure whether services had yet increased their confidence, but two of these respondents indicated in the comments section that they were in the process of developing their confidence. Survivors said:

"Yes, I'm feeling confident about building a life on a strong foundation and knowing I am worthy."

"I'm in the process of gaining my confidence back."

Hope for the Future

Survivors were asked to report how engagement in services affected their hope about their future. Those who had children, or other dependents involved in services were also asked how services affected their feelings of hope for their children's future. Overwhelmingly, survivors who engaged in services reported that those services increased their feelings of hopefulness—both for themselves, and for their children.

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- 110 survivors (97%) reported that services increased their sense of hope for their future; 3 survivors (3%) indicated that they were unsure whether their feelings of hope had increased.
- Among survivors who had children or other dependents in services, 75 (96%) reported increased hopefulness about their children's future; 2 (3%) said that they were unsure; and 1 respondent (1%) said that they didn't have increased hope for their child's future.

In comments describing how programs helped to facilitate their hope for the future, survivors discussed both supports for their self-confidence and assistance in accessing the resources that they would need to rebuild safe and stable lives. In discussing supports for their children, survivors praised the relationships staff built with their children, the activities provided, and connections to services for youth. They said:

"I am hoping for it, and putting in the actions to create it."

"I really didn't even think that I had a right to expect a future."

"Always supportive of my education."

"Resources for housing and counseling for mental health were provided with no judgment."

"Always so loving towards my son. He loves their playroom and all of the staff."

Social Connections

Social connections are critical for helping survivors to meet their basic needs (help with things like rides, childcare and resources), and for repairing the social isolation that most survivors experience within their abusive relationship. Focusing on case management and activities that can foster connections is a particular need in mobile services because survivors served with this model are not living in the communal space of shelter where they have the opportunity to form relationships with other survivors. Though the mobile service model increases families' privacy and subtracts the problems of conflict among survivors sharing communal living environments, we are conscious that it also reduces social interactions, and opportunities for positive relationship formation among survivors.

Survivors were asked whether their engagement in mobile services helped them to connect with others. Among the survivors who reported that fostering social connections was a part of the services that they received, 97% (98 survivors) reported that services had helped them to make new connections for services and social support; 3% (3 survivors) said that they were unsure if they had been able to make new connections. They said:

"I have been able to rebuild five of my family's relationships."

"Genesis A Better Way of Richmond has showed me that not all "shelters" are what they are made out to be. Coming to Genesis has provided me with so many connections and help!"

Reflections

Finally, survivors were invited to share anything else that they wanted the program to know about their experience with mobile services. They expressed volumes of appreciation for the services that they received, and the flexibility of those services, but most particularly for the patient, personal, compassionate and warm support that they received from the advocates who served them. They said:

"Loving and supportive people I couldn't have done without. They offered hope, and so much more."

"Heather came to meet with me today, shortly after I arrived at the hotel. She made me feel at ease, she really listened to me share how I am feeling, my fears, she was totally present with me, her attention never wavered...She reassured me that St. Jude House would suggest ways for me to move forward through this horrible time, suggest ways for me to get my life back on track. I am still feared with fear of the unknown, but after meeting with Heather, I don't feel hopelessly alone. I am grateful for her."

"It helps me a lot that my A Better Way advocate came to my house. I am not as stressed with my schedule."

"I finally felt as if someone understood me and really took the time to listen. Many thanks to Lisa and to all that share a passion in ending domestic violence!"

"Very excellent outreach source for safety and wellbeing. They really care about you as a person and your individual needs."

"I couldn't be more grateful, and I feel better knowing that St. Jude House will be there for me through this rocky ride. Especially Marisela."

"Everyone is very kind and understanding of trauma triggers. The advocates are the perfect combination of professional and personable."

"Since you guys came into my life, I've been better. I feel safe. I feel like I'm going forward in life instead of backwards. I love group. It gives me confidence and helps me understand the things in my life I'm dealing with."

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Directors' Perspectives

A combination of methods was used to seek directors' feedback about their organizations' experiences in providing mobile services. A survey was issued to all program directors engaging in mobile services in September, 2023; a follow-up listening session was conducted with program directors in October, 2023; and questions were sent to individual directors in January 2024 to help fill in data gaps and to clarify remaining questions. Twelve directors, serving in nine programs, participated in the evaluation. They discussed how mobile services affected the reach and nature of their survivor services, staffing and morale, and their bottom lines.

Among the programs that participated in these evaluation efforts:

- Three programs (33%) are solely providing mobile-based services;
- Two programs (22%) reported that the majority of their services are mobile—constituting 75% or more of their work;
- Two programs (22%) reported that their services are about equally divided between shelter advocacy and mobile advocacy;
- Two programs (22%) reported that most of their resources are invested in shelter-based services, but that about 25% of their services are provided through mobile advocacy.

Benefits & Observations

Though implementing mobile services created unique challenges and learning curves for programs, directors who participated in the evaluation affirmed their commitment and support for the service model. Many observed that mobile services enabled them to connect with and support survivors who never would have considered shelter. They reported adopting more flexible practices and new technologies that helped to expand their reach. Many observed that where they were less consumed with challenges related to shelter staffing, shelter maintenance and navigating conflicts among clients, they were better able to re-center their focus on the "big picture" of domestic violence prevention and programming. They said:

> ***"When we are so heavily shelter focused at least for me I had tunnel vision and found myself working to keep staff covering shifts and not thinking big picture."***

> ***"Another huge piece I believe is how many victims stated when we were shelter-based they thought they could only reach out if they needed safe shelter."***

> *"And part of the decision was also because in shelter so much of the focus is on DV and homelessness because you're coming to us because you don't have somewhere else to go. Like, if you had another option, you would go to another option and not go to a shelter. And so, so much of our focus was on, let's find you housing...I noticed that not much of our work was focused on core domestic violence work. We weren't doing a lot of protective orders and going to court with people and navigating the basics of advocacy so I felt like the clients living in our shelter weren't getting much of that. So we decided to change the department structure so that consistent service was happening regardless of how and when you entered into our program."*

"The biggest impact we've seen, mostly being COVID forced, is being more mobile has allowed our nonresidential staff the flexibility to meet clients at more convenient places and times. It's less formal than their offices and clients are more comfortable. We are also using more apps and mobile technology to be able to reach clients with safety in mind. This also allows clients to reach staff quicker."

Efficiency: Costs, Reach & Services

Costs

Directors generally observed that costs related to mobile advocacy were both lower, and more flexible than expenses related to serving survivors in shelter. Inflexible shelter-related expenses included the costs of 24/7 staffing and the ongoing, and often unpredictable expenses related to building maintenance and repair.

In an uncertain funding environment, they observed that it is easier to expand and contract mobile advocacy budgets according to the availability of funds than it is to modify shelter costs. The number of mobile advocates on staff is adjustable; the number of shelter beds, and bottom-line costs of maintaining the shelter building is much more difficult to change. They said:

"We haven't taken the time to break out the budget for a specific cost, but I am 100% confident that our community advocacy costs much less than our residential advocacy."

"There is a lot of cost savings with mobile advocacy, with non-residential. Our advocates serve survivors both in the shelter and in the community, but in the time that they spend on five clients in the shelter, they can provide services to 15-20 survivors in the community and that's not even counting that in the shelter we need 24/7 staff. So, besides the advocate, there is also staff working all throughout the day, the cost of food, utilities, linens, just all sorts of extra costs that go into running a shelter. Those kinds of costs don't exist with non-residential services so it definitely feels like a lot more of the money is being spent on the advocacy that we're providing versus the other things that come with providing the services in a shelter setting. Plumbing costs! My goodness, what we spend on plumbing..."

"When Hands of Hope was shelter based, there were times in the overnight and weekend hours where a staff person was literally being paid to sit in an empty building waiting for a client to return or the phone to ring."

"We're continuing to see more survivors in our non-residential services and there's more room for that to grow. Even if we eventually need to add more advocates to meet that need, having to add one more advocate to serve more people in the coming year through non-res versus, if you need to add more shelter beds, you need more square footage, you need more 24-hour staff, you need more food, like, there's a bunch of extra costs to serve more people in shelter. And even if we do that, we still realize that the level of service that we're providing is that emergency level of services versus the community-based advocacy that can be more holistic."

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Fund Expansion

Many directors reported that with the creation or expansion of services offered through mobile advocacy, and the increased reach of services (particularly in outlying counties), they were able to cultivate new funding streams and relationships. They reported that stakeholders felt enthusiastic about the new support options, and that they felt better able to raise funds in their outlying counties because they had a more consistent and active presence in those counties. They said:

"Yes, there are less and less grant funds for shelters. Less funding to fund a residential shelter and more money for other types of DV services. As we've thought about other ways of filling gaps for clients like with having emergency assistance available, and getting more involved with longer term housing, doing coordinated entry and helping people navigate various vouchers to get them more stability. There's more room to grow in those kinds of things and moving away from the emergency shelter type of model."

"What I think it's done in terms of development...is to allow us to teach the community that with mobile advocacy, we have this capacity to serve in another way. Development folks call this a 'giving handle'. It's been 6 months since we've been fully operational so that when were doing a year-end appeal, we can definitely speak to it, and we'll actually have some measurable outcomes or mission moments to share with other funders that will want to help us keep this sustainable."

"Through this process of focusing on mobile advocacy and survivor-centered services, we've been able to make better connections with funders who are willing to do the flex funding. It's been awesome to see our community foundations get behind that."

"I think that the huge shift for us, too, is like when I started our pitch was, 'help us keep the doors open'; that's where we were at. Now the shift I see, when people have the capacity to help us, their eyes do light up more, and their hearts, when we talk about what we are doing for survivors, It's a huge shift like, talking about transitional housing and giving stories, like real stories, about mobile advocacy throughout all of these communities, people want to invest in that."

"We cover a six-county service area, and with non-residential services, we can truly serve those counties that we're not physically located in...When it comes to conversations with funders, like any of our county-specific United Ways, community foundations or other foundations, they want to fund programs that actually serve their communities, not a shelter located in another community. So, I think that's one way to shift where some of those funds are going and appealing to the community that you really are serving."

Fund Redirection

Directors described services that they were able to create or expand by shifting funds into community-focused needs. Some programs did this by shifting part or all of their sheltering resources into mobile services; others expanded their existing budgets with the addition of mobile services, and some chose to designate portions of their existing budgets for community based supports. They said:

"There is so much more to think about than just number of clients served – the increase in our ability to provide financial assistance and logistical pieces like security cameras and doorbell cameras. Some of that is just shifting the mindset from focusing so heavily on shelter and some of it is because we were able to move resources to do the additional financial support."

"The closing of the emergency shelter in mid-grant contracts gave us the ability to shift some of the resources/money for staffing of the facility to awareness campaigns. The ability to have some money to promote how our services changed and to increase our reach to non-traditional locations was invaluable."

"Yes, we have been able to focus more on other client needs — we have a small DVRRH (domestic violence rapid rehousing) program in both Grant and Wabash counties, which we would not have been able to do if we were still shelter based. We have also increased the amount of one-time financial assistance funds we have requested from ICJI (Indiana Criminal Justice Institute) through DVPT (Domestic Violence Prevention and Treatment—funding stream).

Reach

Directors generally observed that with mobile services they were able to serve more survivors. For many this was because they were able to redirect funds to expand the size of their advocacy team and/or presence in their outlying counties.

The chart below shows service numbers from Hands of Hope, a Division of Radiant Health, serving survivors in Grant and Wabash Counties. Hands of Hope was a shelter-based program in Grant County for decades, but supplemented that program with outreach services in both Grant and Wabash counties. In September, 2021, Hands of Hope transitioned their program to a fully mobile service model.

Year	County	Residential survivors & children served	Non-residential survivors served	Total Served
2019	Grant	170 survivors 107 children	84	439
	Wabash		78	
2020*	Grant	89 survivors 72 children	47	293
	Wabash		85	
2021	Grant	55 survivors 50 children	151	330
	Wabash	74	74	
2022	Grant		306	417
	Wabash		111	
2023	Grant		393	492
	Wabash		99	

**2020 isn't a representative year for data comparison purposes; shelter and service numbers were greatly reduced due to the COVID-19 pandemic.*

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Though shifts in programming and the outlier COVID year of 2020 complicate direct comparisons, we observe that the total number of clients served by Hands of Hope in 2023 is 11% higher than the baseline served in 2019. Additionally, the number of clients reached through outreach services in 2023 increased more than three times over the baseline from 2019 (152 in 2019; 492 in 2023). It is also worth noting that the outreach service numbers do not include children because these minors and other dependents were no longer housed in the building; this does not mean that they were not included in, and benefiting from the mobile services.

Directors' responses were mixed about the relative amounts of time needed to serve survivors in shelter versus serving those in the community. Some directors reported that serving clients with the mobile advocacy model required less of advocates' time (less time required for managing conflicts and other dynamics among survivors living in the shelter setting), enabling them to maintain a larger mobile caseload. Others indicated that though the time investment related to navigating shelter dynamics was subtracted, the survivors they served through mobile advocacy often had greater needs and challenges, requiring more advocacy time. They said:

"When it comes to caseload size, we also see that Advocates can effectively serve 15-20 community clients for every 5 residential clients they have. The residential clients involve more time commitment from advocates due to level of need, behavior issues, and residential roommate conflict to navigate."

"So every year we have 300-some adults that are in our shelter, not counting their respective children. Versus, with our non-res services, um we've seen since 2017 exponential growth in the number we serve every year. In the past couple of years we've been in the upper 400s, and I predict, this year, before we're at the end of the year, we'll hit 500 non-residential clients that we're serving."

Regional Reach in Outlying Counties

In addition to increasing the number of clients reached through mobile services, directors also observed that their increased investment in non-residential services enabled them to increase their presence and number of survivors served in the outreach counties within their service areas. These survivors, frequently living in rural areas of the state, have historically been an underserved population.

"We cover a six-county service area, and with non-residential services, we can truly serve those counties that we're not physically located in. Because, I think, if you're talking about just our shelter, it predominantly serves people living in that county. Because you're not going to go an hour away to shelter when you have work and school and things like that to navigate. Whereas our community-based advocacy truly does serve our whole six-county service area, and advocates are spending time in the counties that people live in."

"I'll be interested to see the data that we continue to get. At 8 months, I believe that we've had 75 meetings. All of ours have been in Lake and Porter Counties. Again, without us having mobile advocacy, we wouldn't have served outside of Lake County. We've done non-res services for years, but again, they had to come to shelter. And we see the barriers around transportation. Even 8 months in, people are still learning what it is. I will be very curious where a year from now, where we will be."

Depth & Duration of Services

In addition to reach, an important consideration is the depth and duration of services offered to survivors. Both directors and advocates observed that with the mobile model, they were able to serve survivors beyond the crisis period of separation into the more prolonged process of recovery from an abusive relationship. One director observed that it felt easier to address the emotional dynamics of recovering from an abusive relationship through mobile advocacy services because shelter advocates were primarily pushed to focus on finding housing and other basic needs that survivors must secure in order to re-establish lives in the community. One director reported that they made the intentional decision to serve fewer survivors, but to offer a greater depth and duration of services to those they reached.

"I think about what advocacy looks like for our residential versus non-res and I feel like with shelter, you are very much focused on a moment in time when someone is fleeing a situation, and it makes advocacy services very brief and point-in-time specific. Whereas community-based advocacy, I feel like you are able to do a lot more of the healing work where you are working with them for months or years on end. Navigating the divorce, the custody, the co-parenting, the getting them into therapy. Like, all of these different pieces where you're really able to walk alongside them for the whole journey, and all of the ups and downs along the way. Most shelters are emergency shelters so they come when they've just left a situation that's just occurred, and you're really focused on trying to find them housing because you know that you can't house them forever. And you're not really able to do much of the work on all of the trauma that led to them being there. So, I've often said that our shelter is an essential service that we need to provide, but that the healing happens in our community advocacy. It's not shelter. Shelter is not where you're seeing a lot of that dramatic change happening."

Needs & Recommendations

As the directors reflected on their experiences in adopting mobile services, they identified challenges that they encountered with implementation, and offered recommendations for strategies that others could use to help navigate these challenges. A key takeaway was the fundamental need to invest time to educate the community about the benefits of mobile services to foster the community support and trust essential for successful service delivery. Most reported that where they invested in relationship development, they were able to secure support for needs like safe places to meet with clients, service referrals, and critical partnerships for addressing survivors' basic needs.

Community Support & Trust

Since the initial development of the DV shelter system in the late 1970s, service providers have been championing that resource as the solution for survivors' safety needs. Our movement has trained our communities to understand safety in that framework, so it is understandable that stakeholders would be troubled when we introduce the idea of shifting resources from the shelter-based model to the mobile service model. It makes sense, that absent understanding of survivors' current needs, they would assume that the transition means that our programs are struggling financially, or that we are failing to protect victims.

With that, directors' strongest recommendation was that programs working to make this transition invest significant advance time to educate their communities about survivors' current needs, how the mobile model works to support both their immediate safety needs and their longer-term stability, and that you have safety plans for the small percentage of clients facing high levels of danger or lethality.

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Where programs have felt successful in educating their communities about the "what and why" of mobile services, they report that they have received support and renewed enthusiasm from the community for their work. Programs who made faster transitions, without advance time to secure community understanding and support, have reported that they continue to struggle to explain and justify their program.

"I wanted to make sure and speak to the fact of how important it would be to make sure that there were many, many conversations with key stakeholders in the community and the community in general before a move to close the shelter would occur. I remember one of our board members stating how when she came into the presentation, she was completely against closing the shelter and planned to stand her ground and state that, and by the time we were finished with the presentation she was completely behind the closure."

"Especially if a program has traditionally been a shelter, they'll need to put a lot of energy into that outreach, awareness raising marketing. Because, man, when people know you're a shelter, they know you're a shelter, and they just can't get that out of their minds. Because we've been doing community-based advocacy for decades, and people still know us as a shelter. It just takes a lot of work. Even though we serve hundreds of people in the community. To break that thought process—that we do more than shelter, and there are other ways to help, besides that. I'm not sure if people always think about the effort that needs to go into that."

"The biggest challenge was sharing the change with the community and obtaining community buy-in to A Better Way and mobile advocacy services as it challenges many years/decades of shelter model."

"We were told by multiple people in the community that, "you do nothing, because you don't do shelter". Within the first three months that I was in office, I had a community member come in and tell me that. Absolutely, it is a challenge to transition and having those conversations with community partners is just huge. I wouldn't change the fact that we did it."

"It is so important for the community to understand we aren't putting victims at risk and clearly stating how few victims really wanted shelter in a communal living facility and how many were more chronically homeless who did stay. And letting the community know that there was a plan if it was high risk and they needed immediate safe shelter."

Community presence

In addition to securing up-front community understanding and support for the mobile advocacy service model, directors emphasized the importance of an ongoing investment of energy in partner relationships and community awareness of their program's services. This ongoing, visible presence among community advocates helps to facilitate program trust, referrals and partnerships.

"I've overseen our advocacy services for a lot of years, and I feel like when I'm giving a lot of energy to one county, then this county over here, gets a little lonely. And then I have to put more energy over here, and then that one starts to fall short. I don't mean to say that's a bad thing, I mean that you have to put work into it. When the work is put in, the referrals keep coming, and connection to services, but when you don't put the work in, then no one knows you exist and no one connects with you."

"It can be challenging to get rural communities to understand that you serve their community, even though you don't have a building there. That is why it is important to constantly go to various networks, interagency meetings, taskforces, and so on, to make sure you are making your presence in the community known. Many people default to thinking shelter is the only option to help survivors, so breaking that thought process is a constant issue."

Partnerships

Directors described how community partnerships were critical for the success of their mobile advocacy services. The support of community partners enabled everything from warm referrals to their agency, community spaces to meet with clients, and connections to critical resources and services to help survivors meet basic needs like housing, healthcare, nutrition assistance and transportation. They discussed new partnerships that they had formed through the adoption of mobile services, and the intentionality and energy that they invested in maintaining those relationships.

"We collaborate in local county domestic violence taskforces in 6 counties, have partnerships with nonprofits, counseling organizations, food banks, schools, shelters, law enforcement, prosecutors office, addiction programs, and so many more. For Mobile advocacy to work you have to be actively involved in networking meetings in the community on a regular basis."

"The number of partnerships we have built since implementing mobile advocacy is so large! I would estimate over 100."

"We created a plethora of partnerships. First off, we brought in partners for other needs—substance use, food pantries, paramedicine program, attending needle exchanges, the hospital, schools around the county...We also created huge partnerships with programs where we could be at on a regular basis, including partnerships with even banks."

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"Now that we have more staff and we are mobile, I have been having many conversations with businesses, schools, medical professionals etc. stressing how productive it would be for them to contact us and for us to go out and meet with a victim right when the disclosure was made as opposed to giving the victim a Hands of Hope helpline card or brochure."

Places to Meet

Community spaces where advocates could safely and confidentially meet with clients was consistently identified as a need by both advocates and directors. The ability to meet with clients in the community while protecting their confidentiality was identified as a particular concern in small communities where many people are known to one another. Programs discussed some of their safe meeting locations, and the outreach they engaged in to designate locations for client meetings. Programs reported that through their community partnerships they were often offered the free use of organizations' extra space—with a broad range including service agencies, healthcare providers, libraries and businesses.

"Since we are a small agency in a small, rural community, we're finding it difficult for individuals wanting to meet with us. Most people are afraid someone who knows them will see them."

"Safety is always at the forefront of concerns for clients and staff. Meeting in the community has its benefits and struggles."

"More places to meet where everyone doesn't know everyone and their situation."

"Yes, places to go. The two places that I looked to find that information were the chamber list and the resource guide for the county. That's where I started, and it took off from there. Those resources really helped us to create those lists. Where could advocates meet, who do we need to have conversations with about mobile advocacy and what we're doing, and can an advocate set up at your location on a monthly or weekly basis. One of our counties has a hub where many service providers are located, so it just made sense for us to have a presence there."

"Since we're mobile and we're not there day in day out, we're looking at once a week...and they have the space, so they've just said, "come on!"

Staffing

Morale

Both directors and advocates reported high rates of job satisfaction among mobile advocates. Though directors reported that hiring and retention have been very challenging for their agencies over the past several years, they observed that morale tended to be high among their mobile advocates.

"Morale, I think, is high. Because we're mobile, it allows for a little more flexibility."

"I believe morale is better — I have a good team who support each other and can bounce ideas off each other to problem solve. Before staff turnover for the PT positions at shelter were constant."

Qualification Recommendations

The directors observed that their mobile advocates are often serving survivors with serious, complex needs. In addition to navigating the dynamics of an abusive relationship, many are also navigating long histories of trauma, poverty and challenges related to mental health and addiction. Mobile advocates are often serving these survivors on their own, with less access to the broader direct service team for case consultations than shelter-based advocates typically have. With this, directors said that it is very important for mobile advocate hires to be strong professionals with independent skills and deep understanding of community systems and services. They said:

"One thing that I have heard, though, in thinking about challenges, is that staff, in general, have a feeling that through mobile advocacy, were dealing with more severe situations, more complex situations, and more unique situations in many clients' needs. And that's what staff have brought up a lot. There's just a lot more complexity that they're trying to navigate.

"When hiring a community-based advocate, you really do need a pretty-high performing professional because they're going to be spending so much time by themselves, independently, out in the community. Whereas staff members who are working in our shelter are always going to have other people around, so if they don't know how to do something, hopefully someone else will. Versus, for the community advocates, well of course they can always call their supervisor and staff it, but they're going to have to make a whole lot more independent in the moment decisions without someone right there because they're going to be out and about throughout the day."

"The concern is finding people self-motivated enough to perform the job and with a strong case management background."

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Interestingly, for many it didn't feel successful to transition shelter-based advocates into mobile roles. They said that in their experience, it was easier to orient a new colleague to the mobile advocacy responsibilities than it was to redirect a residential advocate to operate outside of the expectations and responsibilities of shelter-based advocacy.

> *"People who have traditionally worked in our shelter, are very tied to the shelter, and you cannot get them to leave the building."*

Structuring Caseloads

In the evaluation undertaken with advocates, they reported an average mobile caseload of about ten families at a time. Directors discussed factors that they considered in decisions about assigning families to create balanced caseloads for their mobile advocates. They considered factors related to survivors' levels of needs, assessments of danger, and stages of recovery to help ensure that the emotional and logistical demands that advocates faced were balanced and manageable.

Many programs that were providing both shelter-based and mobile services designated distinct roles for their advocates—shelter-based advocates and mobile advocates. Notably, the YWCA of Northeast Indiana uses a family-centered advocacy model, where the same advocate supports a family, in and out of shelter. Survivors who initially engage with their program through mobile services are connected with that same advocate if they choose to go into shelter. This model reduces the barrier of the "unknown" that many survivors face in making decisions about going to shelter. Similarly, survivors who begin services with a shelter stay continue to work with the same advocate after they move from shelter and are re-established in the community.

They report that this approach facilitates longer term relationships with survivors because they don't have to "start over" in sharing information and building trust with a new advocate. The model also helps to balance the advocates' caseloads because with families in shelter they are often addressing basic needs in the immediacy of crisis, and with families who have moved out to the community, they can provide support for longer-term emotional recovery. Directors said:

> *"In balancing out the caseload, I look at lethality score and Family Development Matrix score. So my advocates have a wide range because of that. If a client does end up going into shelter, they continue on with them."*

We used to be structured to where we had shelter advocates, and non-residential advocates, and they were separate. Right before the pandemic we switched to advocacy serves people across the spectrum so they have some families in shelter and some in the community. That way, one advocate can follow the same person, as long as they are in services. That was the intention behind it. Because we saw clients who started off in shelter, and then left shelter, they rarely engaged in community advocacy because they didn't want to start over with a new person because they were like, "I don't know you." So it, was a way to have more continuality.

There were a variety of factors that contributed to us choosing this model. One was just observation of continually seeing that clients weren't engaging in services past shelter. But knowing that when they leave our shelter that life doesn't just become sunshine and rainbows and everything is figured out. So we felt like we were failing to provide them with the support that they really need to be successful. And then, a month later, they end up back in shelter again... and that happens still, but we felt like, man if we could have kept on working with them, things might have been different.

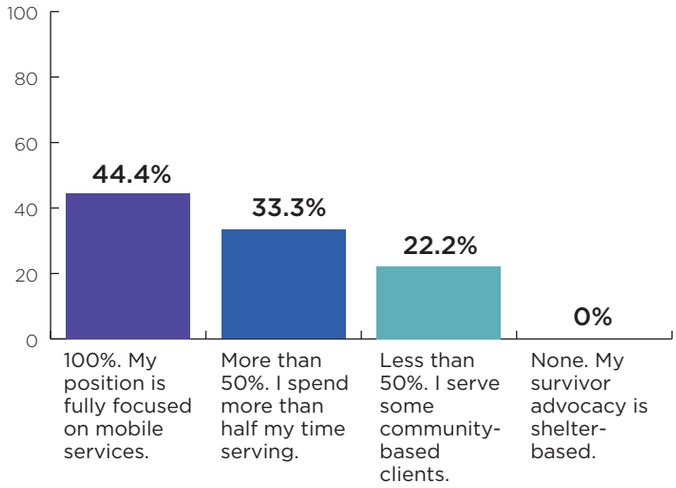
Advocates' Experience

This report provides summary findings from a mobile advocacy survey conducted with advocates. ICADV distributed an invitation to participate in a mobile advocacy evaluation survey to advocates in May of 2023. Fifty-four advocates who provide mobile advocacy services either part or full-time, representing 23 domestic violence programs, completed the survey. The survey invited advocates to provide feedback about their experiences through a combination of Likert-scale questions and open comment fields that gave them the opportunity to provide more information about their answers. The following report provides information about advocates engaged in this work, the nature of their work, and their perspectives about strengths and challenges with the mobile service model.

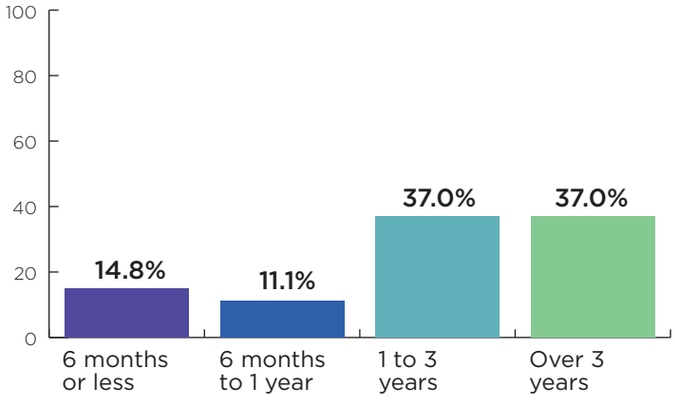
Who we heard from

Most of the 54 advocates who participated in the mobile advocacy service have significant experience in serving survivors through this model. 78% of respondents reported that more than half of their time was designated for mobile services, and most respondents (74%) reported they had been providing mobile services for more than a year.

Q1 About how much of your position/advocacy hours are designated for mobile client services?



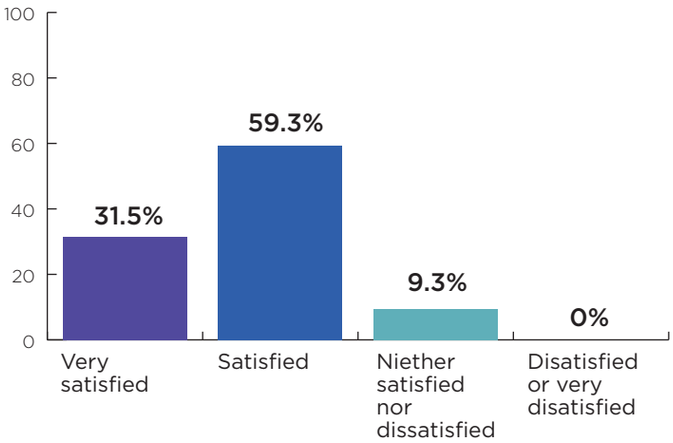
Q2 About how long have you been providing mobile advocacy services?



Job satisfaction

The mobile advocates who responded to the survey reported high levels of satisfaction. Above 90% percent described themselves as either very satisified, or satisfied; none described themselves as either dissatified or very dissatified with their work. In the comments, advocates described satisfaction related to survivors' experiences with the service model. They told us the survivors they serve appreciate the mobile option and that it creates access to services for those who are unable to get to their offices.

How would you rate your feelings of job satisfaction with the mobile services that you provide?



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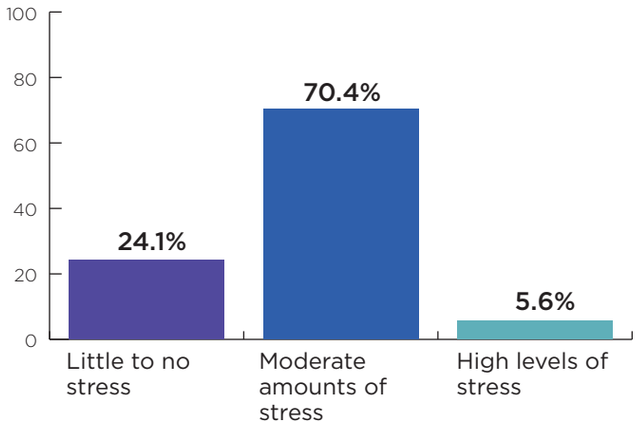
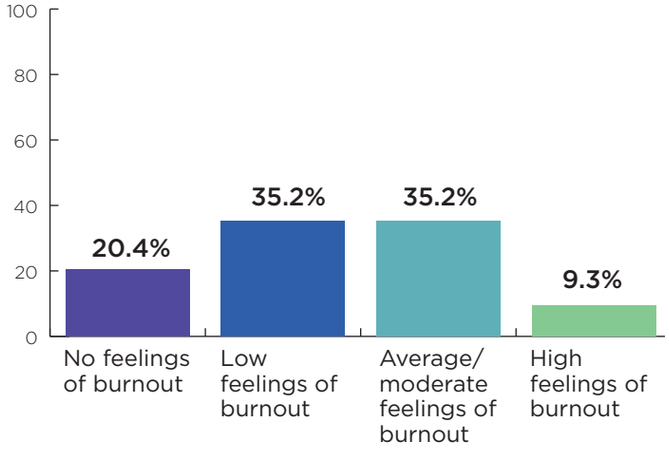
Job-related Stress & Burnout

How would you rate your feelings of job stress related to the mobile services that you provide?



About how long have you been providing mobile advocacy services?



Advocates reported low to moderate rates of stress and burnout related to their work. Less than ten percent of mobile advocates reported high levels of work-related stress (6%) and burnout (9%). In the comments, advocates reported factors that caused their feelings of stress and burnout, and those that minimized them.

- Factors that minimized stress and burnout included supportive organizational leadership with a workplace culture that prioritizes a healthy work/life balance.

> *"Thankfully, our director is great about encouraging us to use our PTO, and our organization gives us ample time off."*

> *"I take good care of myself and appreciate the good things that can happen with connection versus the bad."*

- Factors that exacerbated stress and burnout included organizational challenges, the scarcity of community resources, and challenges in serving survivors with this model.
  - The organizational challenges described were mainly focused on issues related to staffing and workload. Stress was manageable when they were staffed up, but they reported being pulled out of the community and pulled into shelter-based advocacy services when staffing was low.

> *"Trying to balance feeling effective in mobile advocacy services and serving clients in shelter."*

> *"Works if I am able to stay in the community I serve. Stressful when short handed and pulled from my area."*

  - Advocates reported that it is difficult to feel successful in supporting mobile clients when the community doesn't have resources to help meet their basic needs.

"The lack of control can be stressful—not having the ability to provide safe shelter for a client, or feeling 'helpless' as they struggle with rent/utility and bills, etc."

"Our program does the best that we can, but we still struggle with systemic issues."

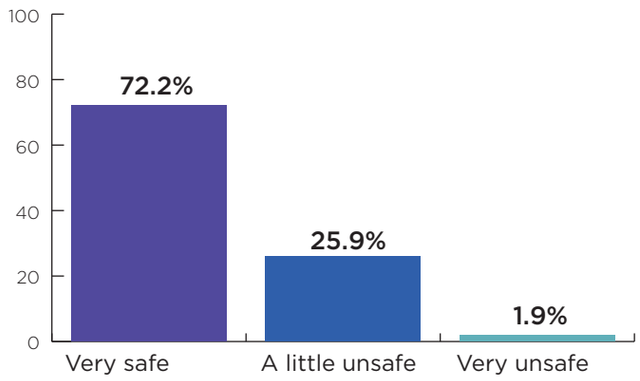
– Advocates reported that it could be more difficult to establish consistent schedules and casemanagement continuity with mobile clients.

"Harder to pin clients down so that I can meet their needs for service."

Safety needs

The majority of advocates reported that they usually feel safe in providing advocacy services in the community (72%). The primary safety concern reported was uncertainty about the whereabouts or behavior of the survivor's abusive partner (17). A few advocates reported safety concerns about unknowns related to survivors' behaviors including navigating mental health challenges, survivors who were actively using substances, the presence of unknown guests in the home during a visit, and unsanitary household conditions were noted (3).

How safe do you feel in providing mobile advocacy services?



"I have had a client tell me that her abuser told her he would hurt me if she came back to me for help. This adds some feelings of being unsafe, but just made me more vigilant around the times that I helped that survivor."

"Many times clients would have company or new relationship partners arrive. There have been several times I feared safety due to a client's mental health. Concerns of uncleanly homes/contracting bed bugs."

Several advocates reported negotiating their safety needs with their clients. If the survivor wanted to meet in a location that felt unsecure, the offered them alternative options, and collaborated to determine a meeting location that felt safe for both the advocate and the survivor. Additionally, several advocates reported that their organizational policies, practices and team members helped them to feel safe. Advocates said that their policies provided clarity around safety protocols for community meetings. Some reported that they only met with clients in public locations. Other advocates reported that they worked in pairs when they were meeting with a new client, or meeting with them in a non-public location.

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"We have specific policies about meeting in public spaces instead of in secluded spaces for safety of both client and staff."

"The only time I would feel unsafe would be if there was no mobile advocacy safety plan in place for the situation that I was walking into. Each mobile advocacy response needs a safety plan."

Caseloads

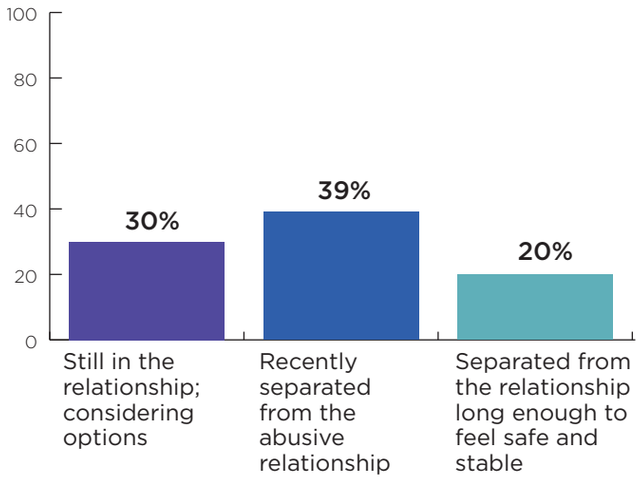
There was significant variability in advocates' reports of the average number of clients they serve in a week ranging from a low caseload of three, to a high of about 45 clients. Though this variability is probably a result of different organizational practices and the varying volume of service requests, we believe that it was also probably due to the fact that the nature of services provided was poorly defined in the survey question ("We know that service requests can vary greatly, but on average, about how many clients do you serve in a week?").

We intended to get a sense of the average "caseload", meaning the number of clients an advocate provides services for over time, in a somewhat structured way, as opposed to one-time or brief contacts. Across the sample, the overall average number of clients served per week was 9.6.

Mobile Services & Relationship Stages

A perceived benefit of the mobile service model is that it invites survivor engagement across a broader timeframe — from early efforts to evaluate the health of their relationship through follow up supports for those who have separated from an abusive relationship. Because shelter services are primarily designed to provide safety and stability for survivors who have just separated from an abusive relationship, many survivors report not knowing that programs can offer them support while they are still in the relationship, and in the later stages of recovery after they have separated. Additionally, with the levels of staffing required to serve survivors in shelter, many shelter-based programs report limited capacity to offer robust early and after care supports for survivors.

In thinking about the clients that you serve in a regular week, what percentage of them are:



Survey participants were invited to enter the percentage of their time that is spent with survivors in each category: those still in the relationship, those who had recently separated and those who had been separated long enough to feel safe and stable, but still sought emotional support.[1] As the chart below shows, mobile advocates are able to spend half of their time in early assessment and aftercare services. They report that they use about 30 percent of their time supporting survivors who are in the early stages of relationship assessment and safety planning, and 20 percent with survivors in the later stages of recovery from an abusive relationship.

1 Because not all advocates' self-reported use of service time across these phases added up to 100%, the aggregate chart doesn't add up to 100%.

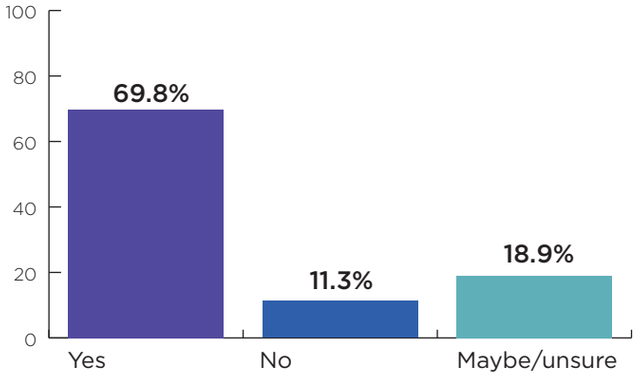
Complex Needs

Advocates were asked to report what percentage of clients served through the mobile advocacy model have complex needs, and whether they think that this service model is a good fit for those clients. With the survey, we defined survivors with complex needs as those who are experiencing domestic violence in addition to other serious life challenges like chronic homelessness, challenges related to mental health and addictions, and other serious health concerns. Advocates reported that, on average, 74% of the mobile clients they serve have complex needs (low=2%; high=100%; mode 75%).

As the chart below depicts, 70% of advocates (37) believe that mobile advocacy is a good fit for survivors with complex needs; 19% were unsure about the appropriateness of the model (10) and 11% did not think that mobile services were a good fit for survivors with complex needs (6).

Several advocates commented that they believed that mobile services were a good fit where their agencies had strong community partnerships that enabled them to collaborate to address victims' needs in a comprehensive way.

Do you think that the mobile advocacy service model is a good fit for survivors with complex needs like those described above?



"It depends on what other supports are available in the area. We serve several counties, with an array of services available. Mobile advocacy works much better in our counties with more resources than it does in counties where people have to travel 20+ minutes to get the care they need for their complex needs."

"Mobile advocacy requires much better partnerships with other local organizations than my organization currently has for clients with complex needs."

Advocates appreciated the fact that the mobile service model reduced many of the barriers that make it difficult for survivors with complex needs to access services. They valued the ways that the model could expand their reach, but also noted that the more distant connections that they have with survivors in the community (compared with the reliability of regularly seeing clients who are receiving shelter-based services) makes it more difficult to establish regular service relationships and routines.

"This model allows us to assist clients who may not meet the stringent "high lethality" criteria that they would need to enter an emergency DV shelter, but that still have a wide range of issues needing support and resources."

"Many times it is safer and breaks down barriers to access of services. Resources are easier to explain and to offer."

"Yes because the need is there especially with the additional barriers, however, the complex needs does occasionally make it harder for follow through and being able to meet with the client consistently."

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Challenges & Barriers

Advocates were asked to describe some of the regular challenges and barriers that they experience in providing mobile services. Many of the challenges described here reaffirm those discussed in the stress, burnout and complex needs sections of the survey. Advocates identified challenges related to assisting survivors with basic needs, navigating community-related challenges, client issues and organizational limitations. One point to note is that the survey did not ask advocates to compare barriers experienced between the sheltering service model and the mobile model. Many of the challenges described are present in both service models, and a few are distinct or amplified through the mobile service model.

Basic Needs (44)	Community Challenges (10)	Client Issues (7)	Organizational limitations (4)
• Housing (15) • Transportation (11) • Financial assistance flex funding (9) • Mental health services (8) • Legal services (5) • Childcare (4) • Addiction services (2)	• Inadequate shelter beds (4) • Maintaining confidentiality (2) • Safe meeting space (2) • Insufficient partnerships • Insufficient community engagement and support	• Inconsistent participation (4) • Abuser issues (3)	• Capacity issues (3) • Translation services

The primary challenges described were related to clients' economic instability, and the shortage of resources to support their basic needs in the community—things like housing and transportation. We know that the challenge around establishing stability in basic needs for survivors in the community is not unique to the mobile service model, it is also a primary challenge for survivors served through the shelter model.

"A challenge would be that a majority of our clients need financial help that we cannot provide, and if we do send over outside resources, they can get denied, or those resources do not have any funding, either."

"Transportation, isolation with little to no support system, affordable housing."

"Lack of employment and housing options, low or no income, no personal transportation, no public transport available in the area, no childcare."

Advocates also identified barriers that are distinct for the mobile model including community challenges, client-related issues and organizational limitations. Community challenges included insufficient partnerships and community support for the work, the difficulty of maintaining confidentiality with community-based services, and the struggle to find safe places to meet. Additionally, advocates noted insufficient emergency shelter space when that was a service that mobile clients needed.

"Finding the right, safe place to meet."

"Confidentiality"

"Limited availability in emergency shelters in the area."

Challenges related to survivor services included the difficulty in establishing consistency in client meetings and heightened concerns about safety when meeting in the community. Safety issues described included concerns about the behavior of the abusive person, and also concerns about unpredictable survivor behaviors.

"Consistency with some clients, being in the middle of trauma and living with abuser makes it hard to meet regularly and follow through."

"Another barrier is clients may stop regular counseling or medication, negatively impacting mental health."

Organizational capacity concerns referenced included the need for more staff and more time to meet survivors' needs. This appeared to be particularly pronounced for programs that serve multiple counties in rural areas.

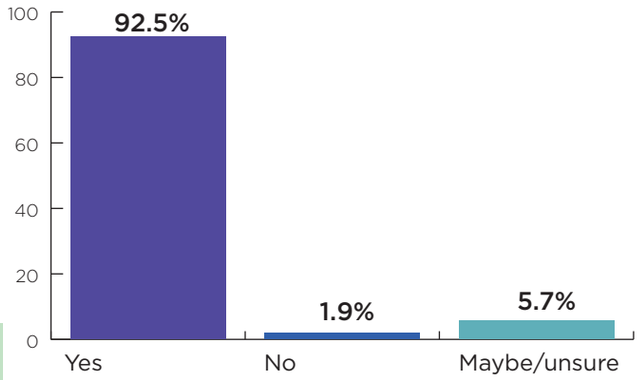
"We serve three counties, and have three staff who do mobile advocacy. Time is a big factor."

"Time. I wish I had more."

Client-centered Services

Finally, advocates were asked whether they believed that the mobile advocacy model was an effective one for providing client-centered services. Overwhelmingly, advocates affirmed that the model is a good fit for survivor centered services — 92 percent of advocates (49) said that the model was an effective one; 6 percent of advocates (3) said that they were unsure, and 2 percent (1) said that they didn't believe that the mobile model was an effective one for providing client-centered services.

Based on your experiences as a mobile advocate, do you think that this service model is an effective strategy for providing client-centered domestic violence services?



"Most of our clients would not seek shelter services as an option. Mobile advocacy allows us to offer services to these individuals."

"It's great for crisis response and stabilization because you can meet clients where they are, but ongoing support and casemanagement is difficult."

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"I believe the mobile advocacy services are a great support to the shelter, the shelter plays a key role in the impact we make with our mobile advocacy work."

Recommendations

Mobile Services — Implementation & Investment

With these evaluation findings from survivors, advocates, and program directors, we conclude that the mobile advocacy service model is a best practice for providing efficient, client-centered services for the significant majority of survivors who are not facing high danger of retributive violence after separating from an abusive relationship.

- Survivors reported that the service model met their needs, accommodated their schedules, helped them to feel safe, and increased their feelings of hope for the future.
- Directors reported that morale was high among the advocates providing mobile services and that the model helped them to recenter in the "big picture" of domestic violence services.
- Advocates reported that the model better enabled them to reach survivors who wouldn't have considered shelter, to serve them across the full period of recovery from an abusive relationship, was often a good match for survivors with complex needs, and was an effective strategy for providing survivor-centered services.

ICADV encourages member programs to initiate, or to increase their investment in mobile services. Going forward, ICADV will work with member programs and funders to revisit the feasibility of adopting a regional shelter model where a limited number of programs provide emergency shelter for survivors facing high lethality, supported by a network of mobile programs in each region of the state.

Social Connectedness Strategies

Survivors & Their Minor Children

The mobile service model eliminates the conflicts and collective trauma of the communal living environment of shelter, but it also reduces the positive benefit of social connections among survivors that are often naturally formed in that setting. The reduction in social support opportunities for survivors is also true for their children. Most residential programs offer a range of structured supports for children in shelter—ranging from play areas, to activities, mentoring, tutoring and therapeutic support. **Programs providing mobile advocacy services are strongly encouraged to adopt activities and supportive space as part of those programs to promote social connections and engagement among survivors and their minor children.** More information about innovative strategies Indiana programs are adopting to offer social support for survivors living in the community can be found on ICADV's website.

Mobile Advocates

In addition to adopting programs to foster social support among survivors and their children, programs providing mobile services are encouraged to implement mechanisms for supporting the advocates who provide those services. Because mobile advocates often work in relative isolation, without the regular contact with colleagues that is typically available for residential staff, they have fewer opportunities to ask questions, troubleshoot challenges, and to process their feelings about their service. Programs are encouraged to adopt regular touchpoints with mobile advocates to help prevent feelings of isolation and burnout by creating intentional space where they can connect with one another, and the broader program team.

Partnerships

Advocates and directors observed that strong community partnerships were critical for the success of their mobile advocacy programs. They relied on these partnerships for community trust and client referrals. Most fundamentally, partnerships were critical for connecting survivors to resources to support basic needs like housing, healthcare, transportation and childcare. Additionally, community partners were able to offer community advocates safe spaces to meet with survivors. Working with partners to identify meeting spaces within "neutral" community settings like businesses, health care providers, gyms, churches, libraries, etc. can help to protect survivors' privacy as they seek services. Programs engaging in mobile advocacy services are encouraged to foster strong, multi-sectoral partnership to support survivors' stability and safety needs.

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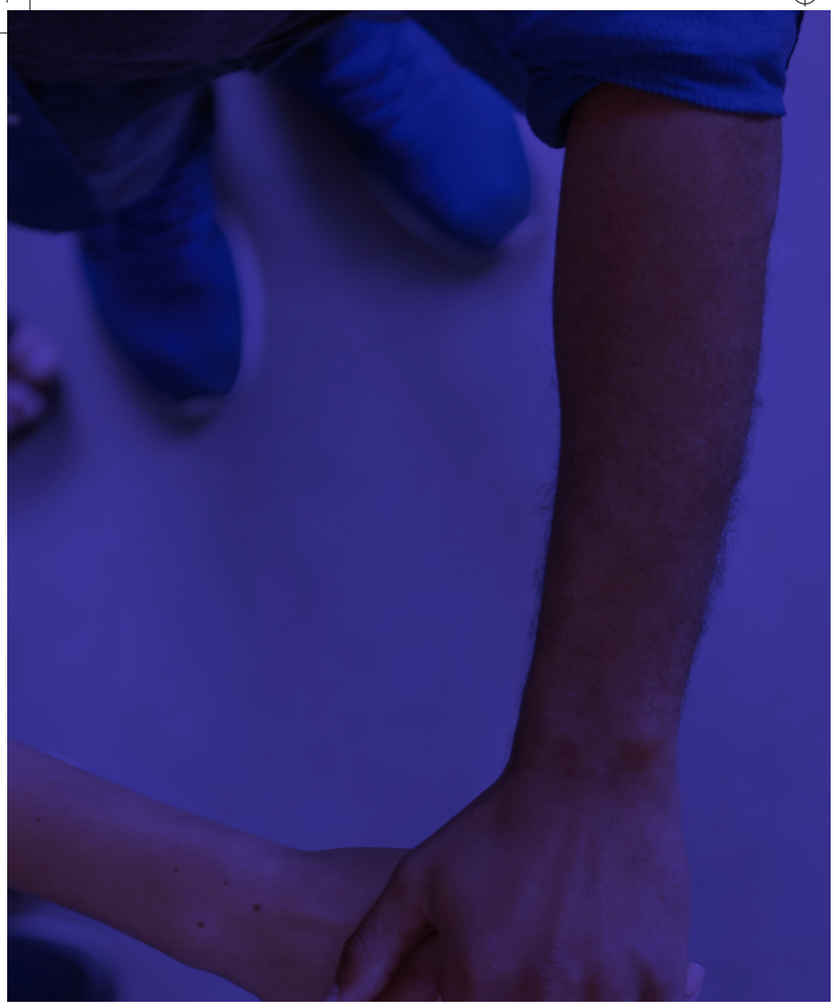
Notes



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Prevention • Awareness • Advocacy
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