



**Young Parents Resource Centre &
Supportive Housing
Program Design Charrette**

SUMMARY REPORT

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May 6, 2010

"I wish the building was open now. There are 16 year olds with no place to live and they are going to have their children taken away from them. If they had a place like this to go, they would be able to keep their child."

(Young parent)

"It's hard when other people think they know what is best for your child just because you are a young mother..."

(Young parent)

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List of Abbreviations

Abbreviation	Description
ABE	Adult Basic Education
CEN	Community Education Network
CFY	Choices for Youth
CMHC	Canada Mortgage and Housing Corporation
CYFS	Child Youth and Family Services
DEEDFRI	Daybreak East End Downtown Family Resource Initiative
ECEs	Early Childhood Educators
FASD	Fetal Alcohol Spectrum Disorder
FRC	Family Resource Centre
GED	General Educational Development
HBC	Healthy Baby Club
HPS	Homelessness Partnering Strategy
HRLE	Human Resources, Labor and Employment
MOUs	Memorandums of Understanding
SPAN	Single Parent Association of Newfoundland
WISE	Women Interested in Successful Employment

1.0 INTRODUCTION

This summary report is in completion of an agreement with Choices for Youth (CFY) to plan for, facilitate and report on a Young Parents Resource Centre and Supportive Housing Program Design Charrette held on February 23-24, 2010 at the Battery Hotel in St. John's. The intent of this charrette was to discuss and inform a program model for this Resource Centre which is anticipated to include a continuum of supports and services including housing, child-care and educational programs. Specifically the objectives included:

- To inform stakeholders about the Young Parents Resource Centre & Supportive Housing Initiative
- To learn about and from existing programs in other jurisdictions
- To engage stakeholders' support for the project
- To identify the full range of key partners for the project and foster collaboration to improve coordination and access to services
- To delineate a program model that is comprehensive in nature and scope, and responsive across the diversity continuum
- To inform a staffing model for the project

This report provides the background and context for the Young Parents Resource Centre and Supportive Housing Program Design Charrette (hereafter referred to as the Program Charrette), as well as a summary of the proceedings and discussions emanating from the two-day session. The power point presentations given during the Program Charrette are referenced throughout this report but provided for ease of viewing in a separate document hereafter referred to as the "companion document".

The Program Charrette/planning process was undertaken with the support of the Homelessness Partnering Strategy (HPS), Canada Mortgage and Housing Corporation (CMHC) and Eastern Health.

The invitation to and agenda for the Program Charrette are found in Appendix "A".

2.0 BACKGROUND

In their many years working with youth and young mothers, Daybreak Parent Child Centre, CFY and other community partners have observed a steady flow of young women at risk of homelessness who become pregnant. The complex needs and challenges of this young parent population are vast and without adequate supports and a reasonable opportunity to be supported to effectively parent, many of these young mothers have their children taken into the care of the Director of Child Youth and Family Services (CYFS).

Recognizing the needs for housing and supports for pregnant and parenting youth and their children, a collaborative of community and government stakeholder groups has been

working in recent years to identify responsive options for them. To that end, in 2008, this collaborative (which includes representatives of CFY, CYFS, Daybreak Parent Child Centre, Stella Burry Community Services, and Newfoundland and Labrador Housing) hired a consultant to undertake a profile of and needs assessment for this youth population, identify existing programs and effective practices to respond to these needs and make recommendations on staffing models for requisite supportive housing and services. The resulting research *Getting Life Together: Building a Comprehensive Model of Services and Housing that Breaks Negative Cycles and Creates a Circle of Promise for Pregnant and Parenting Young Women and their Babies* (Melody Morton-Ninomiya & Bobbie Boland, 2008) served as the foundation of a proposal to HPS for funding to develop a supportive housing model for young mothers and their babies.

Funding in the amount of \$41,000 was received for this proposal (\$40,000 – HPS; \$1000.00 – CMHC) which has three phases.

- In phase one, members of the collaborative visited similar existing programs in the greater Toronto area to view first hand their physical designs and layouts, learn about program delivery, and facilitate critical partnerships with organizations and individuals who were willing to share their expertise on an on-going basis as the Young Parents Resource Centre & Supportive Housing Initiative proceeds.
- Phase two and three are to be focused around a charrette process. Used frequently in architectural design, this process involves a collaborative planning method that harnesses the talents and energies of interested parties to develop a feasible program and physical site design plan.

This report provides a summary of proceedings from the phase two Program Charrette. Between 90 and 100 key stakeholders from a variety of community agencies, government departments and divisions attended the Program Charrette, along with a delegation of pregnant and parenting youth - some of whom shared their knowledge and perspectives in a panel presentation and all of whom provided an informed perspective in small group discussions. Presenters from four similar programs/centres in the Toronto area also were brought in to share their experiences and inspire attendees at the Program Charrette as they worked together to identify the programming, service and staffing models for the initiative.

The phase three charrette, scheduled for later in 2010, will be similar in scope and focus to the event held by CFY in 2007, used when designing the physical layout for their Lilly Building Project. This second charrette will bring together architects and key stakeholders for two days to discuss and plan the physical layout and design of this initiative. With the recommended program model in hand, the stakeholders, with the knowledge and support of professional architects, can work together to envision a physical building design that would respond to this program model.¹

¹ Funding application to HPS for the Young Parents Resource Centre and Supportive Housing Initiative. 2009.

2.1 The target population

Of note, as the planning for the initial Program Charrette moved forward, the project committee determined that the focus should move from only pregnant and parenting young moms to a more encompassing focus on pregnant and parenting moms and dads, recognizing that it is critical from the outset to support both parents.

To that end, it was determined that ultimately the program would house pregnant and parenting moms from 16 – 24 (as the entry ages). They will be able to stay in the supportive housing component up to the time their child is three years of age - after which they will be assisted to transition to other housing. It is anticipated that there will be 12 - 16 units available through the supportive housing component.

All youth – both those living on-site as well as those accessing programs through drop-in/outreach will be eligible to receive services until they are 29 - in recognition of the fact some of these young parents are much younger developmentally because of the many and significant challenges they have faced in their lives.

2.1.1 *In their own words...*

In advance of the Program Charrette, focus groups were held with both pregnant and parenting youth in an effort to get a glimpse into their world and further evidence the critical nature of the Young Parents Resource Centre and Supportive Housing Initiative. In these focus groups youth were asked what would a “place with supports” look like, what would the staff be like, components of drop-in, outreach and education programs, their three top important things for such a place and as well their building “wish list”.

A summary of the discussions held in these focus groups was presented early on day one of the Program Charrette. This power point presentation² was preceded by a panel of four youth (one dad and three moms) who talked openly and honestly about their experiences – the hardships, the gaps in service, and as well supports which reduced their stress and contributed to their effective parenting skills and overall daily stability.

The following are some of their many challenges detailed in the focus groups, by the youth panel and as well as by the presenters from existing programs in Ontario who work with the target group on a daily basis.

In general, these youth are living on low income/Income Support and do not have sufficient funds to adequately meet their basic needs for food, appropriate shelter, transportation, and infant/toddler supplies (e.g. diapers, and child care). In particular, in relation to housing, it was identified that youth are often discriminated against when they are seeking housing and this search is even more constrained when some landlords learn there are infants and small children involved. Another significant gap is in relation to access to basic health care for parents and children. In general, youth express feelings of being marginalized, stigmatized and to some degree overlooked.

² This power point presentation summarizing findings from the youth focus groups is found in section 1 of the companion document.

A significant issue faced by pregnant and parenting youth is a lack of sufficient and effective support systems. In some cases, they have no family support either due to long standing issues and/or being “shut out” over impending parenthood. Youth identify not always knowing what supports and services are available and noting that even if they have learned about services - often there are long wait times. Further, it was felt that service providers do not always acknowledge the opinions of pregnant and parenting youth or consider their needs.

Youth in the focus group also spoke of concerns emanating from CYFS – noting significant stress associated with CYFS’s involvement or potential involvement in their lives and that of their children – in particular when apprehension of children from the home occurred. As well, they noted they struggle with unresponsive school systems – which create barriers to staying in school while pregnant/parenting.

On an individual level pregnant and parenting youth are personally struggling with sleep deprivation, lack of self care, mental health issues, tenuous relationships with their partners, and/or lack of confidence in their own parenting abilities and in tandem with that feeling judged by adults over perceived inadequacies in their skills therein. Young fathers in a pre-charrette focus group expressed concerns with:

- ✓ Not knowing how to wear the title of being a father
- ✓ Not knowing whether they would make a good father – “scary”
- ✓ Worrying about baby’s well-being

3.0 EXISTING PROGRAMS

As referenced earlier in section 2.0, presenters from four programs in the Toronto area were invited to the Program Charrette to share their experiences and inform the program and staffing models for the Young Parents Resource Centre and Supportive Housing Initiative. The following provides a brief overview of each of the presenters’ Centres/programs and /or a summary of the information found in their power point presentations in the companion document.

3.1 Grace Haven - Young Parent Resource Centre (Hamilton, Ontario)

Presenter: Joanne Rochon - Program Manager, The Salvation Army - Grace Haven

The Salvation Army - Grace Haven Young Parent Resource Centre assists and supports young pregnant and parenting youth between the ages of 14 to 21 years. Their goal is to provide the opportunity for young parents to parent their infants. Opportunities include education on site, advocacy and collaboration with child welfare, child minding, child development and attachment in a residential setting. The young parent also receives support in daily practical life skills to assist her when she resides independently.

The Grace Haven residential program provides an opportunity for a young woman to bring her infant home from the hospital thus alleviating separation of mother and baby. There are times when the infant may go into care – however, the goal is to support the mother in having her baby come into residence, thus providing the opportunity to parent and nurture her baby. Grace Haven works together with the mom and child welfare to achieve success – providing a holistic approach. As well, they work with other professionals from the community to ensure that the mother’s psychosocial and emotional needs are met. Overall, collaboration in the community and within the agency is important to achieve success in providing the best service.

Young parents who reside in the community also receive the same services on a daily basis Monday thru Friday. They would receive financial support from Ontario Works and the LEAP program (Learning, Earning and Parenting – see section 9.2.5).

It is important to always include youth in evaluation of services provided.

Note: J. Rochon’s power point presentation is found in section 2 of the companion document.

3.2 Rosalie Hall - Day Client/Student Care and Treatment Program (Scarborough, Ontario)

Presenter: Heather Hunt - former Day Client / Student Care and Treatment Counselor, Rosalie Hall (Currently - Career Counselor, WISE)

Rosalie Hall, a Young Parent Resource Centre in Toronto, Ontario, provides a fully accredited secondary educational program as part of a wide range of programs and services to young mothers and their children. Care and treatment components of the program are designed to assist pre and post natal mothers between the ages of 14 to 21 years, transition to parenting. Individual counseling, and care and treatment supports assist to meet needs that cannot be met in a regular school setting.

Academic and essential level courses are offered on a full time and part time basis. Enrolment is ongoing throughout the entire school year, with the option of summer school. This program is made possible with the collaboration of the Toronto District School Board and the Toronto Catholic District School Board, as well as many agency partners.

The Care and Treatment components of this program are delivered by way of a multi – disciplinary team consisting of social workers, child and youth workers, teachers, and Early Childhood Educators (ECEs). The program is further augmented by support from residential counselors (i.e. for students who reside in the on site residential program), volunteers (i.e. tutors), peer mentors, and by a psychiatrist, a psychologist, and an addictions counselor who partner with Rosalie Hall.

There is a Child Development Centre on site, which provides full-day specialized and licensed care for infants, toddlers, and preschoolers. This is a teaching daycare, as the ECEs form part of the multi-disciplinary care and treatment team to provide parenting groups and child development education.

The short and long term objectives of the program are for participants:

- ✓ To demonstrate increased use of relevant strategies for success and move successfully to a community high school
- ✓ To establish and achieve goals as documented in standardized goal sheets that they develop with their designated Day Client counselor
- ✓ To reduce risk factors and increase quality of life as measured by standardized assessment scores at the time of admission and demission
- ✓ To obtain credits
- ✓ To graduate from high school with plans for post secondary education or entry into an employment program, or to begin work

Lessons Learned

Registration Procedure – Registration was changed from a one-day event that took two and a half to three hours, to a three-day activity, breaking the various components into portions that would not overwhelm students and staff. In addition, on the third day, the new or returning student would meet with her designated Day Client team prior to the commencement of classes, and have an opportunity to talk about any concerns and receive support, with plans put in place to address issues/needs.

Part-Time Courses – Young mothers are experiencing more success with this option, especially those who are residing in the residential component of Rosalie Hall as well as those who have to travel a long distance to the centre; and those experiencing health complications with pregnancy, parenting more than one child, and/or who have been out of school for several years.

As a part time student, young mothers are attending two classes, five days a week. There also is an option for mothers in residence to take one parenting classroom course, which is delivered in the residence five days per week.

3.2.1 Housing Units Access Project

The Housing Units Access Project provides ongoing support to young parents and children to enter designated affordable housing units in partnership with the Toronto

Housing Corporation and coordinated with a broad range of organizations through the “Young Parents No Fixed Address”³ coalition.

Lessons Learned

This project has strong, positive outcomes for young mothers when two, three or four participants are living in close proximity, as they develop a support system. However, when young mothers and their children are placed in housing units outside of their communities, it can be very stressful and they feel isolated. Should this occur, it is imperative that their support person makes regular home visits, and arranges to accompany them to resources in their new communities to make connections and build supports.

3.2.2 Conclusion

The programs and services Rosalie Hall provides for young parents are carefully modeled on research, which has shown the potential for positive outcomes for young families. These programs have been successful: they have resulted in a significant reduction of conditions of risk for the participants. As such, Rosalie Hall continues to reach its goals of reducing teen pregnancy rates, impacting infant and child development, providing parents with enhanced skills, enabling higher education and employment opportunities, providing access to affordable housing, reducing child welfare costs, and increasing intact families.

3.3 The Jean Tweed Centre for Women and their Families -The Pathways to Healthy Families Program (Toronto, Ontario)

Presenter: Tammy MacKenzie – Manager, Pathways to Healthy Families, Jean Tweed Centre

The Pathways to Healthy Families is an outreach program in Toronto for women with substance use issues who are pregnant or parenting young children (0-6 years of age). The program began as a five-year pilot project, with support from the Province of Ontario’s *Early Years Initiative*. The program is currently in its seventh year and is one of 17 similar projects operating across Ontario.

3.3.1 Program Development Process

Developing the Pathways to Healthy Families program began with a consultation and needs assessment process. Program developers spoke with multiple service providers and stakeholders across the following sectors: Child Welfare, education, housing, children’s services, and health care services (including mental health, public health, addictions and

³ Young Parents No Fixed Address is comprised of a coalition of agencies who serve young, homeless parents in Toronto. Rosalie Hall is one of the founding members of this coalition.

hospital services). Consultation with Child Welfare, in particular, was a very important aspect of the assessment.

Consulting widely was essential. The target group - pregnant and parenting women who use substances - cuts across geography, sector and populations. Many are marginalized and difficult to reach. They are not necessarily identified as having (and are not asked about) substance use problems. They may have low or no income, inadequate housing, and lack basic health care and childcare. They also experience stigma. All of these barriers have to be reduced in order to get services to them.

3.3.2 Context

In the Greater Toronto Area (GTA), there are many agencies providing a broad range of services to this population. For a variety of reasons, i.e. mandate or resources, they often did not identify pregnant or parenting women with substance use problems; or, if they did, they were at a loss as to how best to serve and/or refer them. Although Toronto is a large, diverse urban community in which multiple services (with various mandates) are trying to serve “at risk” women and children, there was a lack of capacity (knowledge, understanding, resources) to identify and engage with women using substances. Sadly, women were often on their own in their efforts to manoeuvre through overlapping and sometimes conflicting service mandates.

A collaborative response was clearly needed. It was also necessary to go outside of traditional “on site” service design to develop a broader systems response, defined by population, geography and service type.

3.3.3 Purpose

The purpose of the Pathways program was to develop capacity in the community to identify the clients, engage them, and bring communities together to create a service system for this population of women.

3.3.4 Concept

The Pathways concept was used to guide the development of an interconnecting service network across the City of Toronto to address barriers to services. Some of the agencies that became involved had been part of the initial needs assessment, and the program had developed a shared vision and goals with them. These relationships became the foundation for building on existing services and increasing the capacity to provide outreach services (direct and indirect) for pregnant women and mothers with children (0-6 years).

Jean Tweed’s theory was that if they increased system capacity this would result in more appropriate services for mothers resulting in healthier mothers with improved parenting skills. The thought is that mothers with improved parenting skills in turn result in healthier babies with optimal development.

The Jean Tweed Centre, as the lead agency, entered into formal partnership agreements with partner agencies that represent Young Parent Resource Centres, Community Health Centres, Family Shelters, Aboriginal services and the Child Welfare System. These partnerships were selected to reflect high need areas, sectors and populations.

3.3.5 Approach

The Pathways program is an outreach model. Whether in their community development work or direct service, a combination of harm reduction, active care and advocacy principles guide the work of Pathways staff. A harm reduction approach recognizes the complex choices that women must make and encourages a non-judgmental response. Counsellors work with women to reduce the harm in their lives. This is a pragmatic model that does not assume that abstinence is the client's goal.

Pathways staff make every effort to respond to women as quickly as possible. "Assertive outreach" means connecting with the women in their own environments and linking them to needed services within days. The team has developed strong networks with the health care system and may accompany women to appointments. When pre-natal care is required, the team assesses the woman's immediate needs and acts immediately.

At the same time, counsellors play an advocacy role, offering a bridge between the client and Child Welfare services. The team encourages women to engage in dialogue with Child Welfare as early as possible and supports them through the process. The team maintains close relationships with Child Welfare agencies, and they hold regular consultation meetings and joint training sessions to forge this strong partnership. In addition, the team's work involves advocacy with health care, housing, justice and other areas.

In addition, child development services play an essential role in the Pathways program. ECEs are also trained in substance abuse and consult with the Pathways team on a regular basis. This integrated model allows mothers to access child development services in an environment where they are understood and supported. Some of the services offered through the Centre's licensed therapeutic Child Development Centre include:

- Parenting consultation for new clients.
- Child development screening with opportunities for attachment intervention.
- Use of the Child Development Centre for Child Welfare access visits creating a child friendly atmosphere where mothers can get support before and after the visit
- Child Development Consultants will make home visits to assist in child care activity, or possibly to help prepare the environment for a child that is being returned to the parent(s) care. Mothers also know that they can contact the Centre with their parenting questions on an ongoing basis.
- A modified day treatment program called Mom & Kids Too that better meets the needs of mothers with young children, i.e. a shorter day (10:00 – 3:30) three times per week as opposed to the more traditional and structured five-day (9:00 – 5:00)

program. A seven-week cycle allows mothers to receive core substance use programming as well as, for example, parenting skills, mother and child playtime, attachment intervention and family support.

3.3.6 Evaluation Highlights

After four years, a comprehensive evaluation of the Province's *Early Years Addiction Initiative*⁴ has been completed. The Pathways evaluation is detailed in that report. The following are highlights from the Pathways data that are specific to this program:

- Information and education on pregnancy, parenting, children, services and resources was provided to more than 300 (and now closer to 400) agencies, representing a huge service delivery network;
- Counseling and support were provided to more than 200 (and now closer to 300) women;
- 60 births were registered, of which 2/3 (and closer to 3/4 now) were full term (full term births are not common with this population); and
- Child development services were provided to more than 150 children and their families.

Within the client population, there are fewer premature births and improvements in birth weights are noted. Women are voluntarily engaging in plans of care with Child Welfare services. This is a more collaborative approach in which those involved connect and establish mutual goals and are less likely to be in a more adversarial setting, i.e. court. Women engaged in counselling are also reducing their substance use (type and frequency).

Although the numbers are impressive, there is still much more to be done. The earlier young women engage in the process, the more likely they are to get the supports and services they need to parent their child/ren in a safe, healthy and nurturing environment.

Collaboration is key to community receptivity. Counsellors contribute to this through their community development and advocacy efforts. As an example, Pathways counsellors joined with Child Welfare workers to deliver training on Child Welfare's new practice guidelines. Both addiction service agencies and Child Welfare agencies were trained with each sector increasing their knowledge and competency in how to work more effectively with this population. Equally important was the relationship building that resulted from this training. Pathways staff also engage other sectors including medical, legal (training workshops with judges and crown attorneys), education and housing. There are also partnerships with Fetal Alcohol Spectrum Disorder (FASD) networks and collaborative research in child development.

⁴ This report is available from <http://www.jeantweed.com/documents/FinalECDReportAugust28.pdf>.

3.3.7 Challenges

The program's ongoing priorities and challenges include:

- To maintain and foster positive partnerships
- To respond to the growth in the demand for service without additional funding
- To influence the formal education system ensuring that best practices are part of academic curricula and continuing education curricula for physicians, social workers, etc.
- To contribute to ongoing research and evaluation to demonstrate what works
- To advocate for policy changes that promote a vision of shared responsibility, and leadership
- The ongoing balance of the needs of the mothers and children
- Bridging program philosophies and mandates

At this point the Jean Tweed Centre now has annualized program funding. They are hopeful they will be able to continue to evaluate this important service. Of note, building community capacity is challenging to measure and, without evaluation, the question remains "How will we know what is enough?"

Note: T. MacKenzie's power point presentation is found in section 3 of the companion document.

3.4 June Callwood Centre for Women & Families (Toronto, Ontario)

Presenter: Heather Bergen - Housing Access Counsellor, June Callwood Centre for Women and Families

The June Callwood Centre for Women and Families was established in 1982 as Jessie's Centre for Teenagers. It is a comprehensive resource centre for pregnant youth, young parents and their children that provides services for women 18 years and under at intake - with services offered until they reach their 20th birthday. This Centre offers a continuum of services including counseling, labour support, a nursery, community education program, respite, a "swap shop", as well as provision of emergency supplies and an emergency fund.

Labour Support Program

The June Callwood Centre offers a labour support program to young women who are pregnant. There are usually two labour support volunteers who meet several times with the young woman and form a relationship with her. She calls them when she goes into labour. One or both of them, depending on their availability, stay with her during the entire labour and delivery process. The Centre runs an intensive volunteer training session once a year for the labour support program. Further information on this program is found in Appendix "B".

3.4.1 Jessie's Principles of Service

Jessie's service culture is comprised of seven principles as follows:

- Jessie's supports participants in making their own decisions.
- Jessie's supports participants in learning how to address discrimination.
- Jessie's models a respectful, supportive environment for teenagers.
- The young woman is the initial client at Jessie's. Balancing and supporting the needs of the mother-child dyad is critical.
- Jessie's articulates and responds to the voice of the child.
- Jessie's takes an integrated view of participants' needs.
- Jessie's has an accessible service delivery model.

Note: H. Bergen's power point presentation is found in section 4 of the companion document.

Young Parents Resource Centre and Supportive Housing Initiative

Discussion at the two day Program Charrette resulted in identification of the following elements for the Young Parents Resource Centre and Supportive Housing Initiative (hereafter referred to as "the Centre").

The term "participants" is used throughout to refer to those who attended the Program Charrette and engaged in large and small group discussions.

4.0 LOCATION AND DESIGN

Participants clearly identified the need for the Centre to be located close to services/amenities, on bus routes, away from high traffic areas, near greenspace with play equipment, but not downtown. Further, it was stated there is a need to consider the Centre's proximity to neighbours with sufficient space to ensure both parties their privacy. Participants suggested that depending on the location/zoning requirements/proximity to neighbours there might be a need to hold pre-construction public community meetings to explain the initiative including its rationale, target population, and range of on-site staffing supports.

The Centre should radiate a warmth and welcome: it should be inviting. It must not in any way exude an institutional feel or look. Youth should feel secure in knowing that all who come through the door are included and accepted and will be supported to flourish in a positive and stimulating environment. The Centre should be of universal design to ensure access to participants, staff and visitors with disabilities as well as parents with, for example, strollers and carriages.

4.1 The physical space

There is a need to balance private spaces (as some participants noted moms and dads want “lots of” privacy) with common areas for socializing, peer support, sharing and learning. In terms of program space, it will depend on the type of program (e.g. literacy versus family resource programs), as well as anticipated number of participants/staff. There could be a quiet room, a space for supervised visits and/or for example a community kitchen. Participants also said there should be storage space available to youth who have been displaced from their housing.

Space should have inherent flexibility (e.g. sliding doors) to enable multipurpose uses and be adaptable to a range of activities. A key consideration will be the capacity to have adequate physical space to grow and expand program offerings.

In terms of amenities, participants felt the Centre should be bathed in natural light with numerous windows. They also felt security cameras should be placed throughout the building in all program and public areas – and, in particular, throughout the housing component. As well, it was identified by young pregnant and parenting women that each housing unit must have its own bathroom.

There should be space outside for recreation, as well as a community garden.

Of note, both the internal and exterior design of the Centre will be further explored in the phase three design charrette.

5.0 FUNDING/RESOURCES

Participants agreed that the Centre must have sustainable core operational/program funding (indexed for the cost of living) secured from the many provincial government departments which would be mandated to service/oversee the target population. This would include, for example, Human Resources, Labor and Employment (HRLE), Health and Community Services, CYFS and Education.

While there was a suggestion that corporate sponsorship could assist in start up costs, and while fundraising was suggested for small one-time projects and outings, for example, neither was considered appropriate to cover core operational needs. It was acknowledged that through partnerships with government and community agencies and a focus on coordination of services, there should be cost efficiencies realized.

6.0 OVERALL APPROACH TO SERVICE DELIVERY

Participants identified the following approaches as integral to defining the Centre’s responsiveness to the target population: it must

- Be framed by practical policies and founded on guiding principles
- Be client-centered/directed with services beginning “where the young person is”
- Provide/enable seamless delivery of holistic wrap around services
- Embrace harm reduction (see section 3.3.5 for an explanation)

Model a respectful, supportive environment for youth

- Facilitate rapid response to youths’ identified needs – with youth provided all options and engaged in decision making
- Hold realistic expectations for all youth who engage – change is a process
- Respond to the voice of the child

6.1 Governance

This Centre must be one in which the views of youth are sought, considered and reflected in all of its programs, services and operations. The overarching philosophy for the Centre must be “we do it with you, not to you.” Youth must be viewed and respected as part of the “team” which will plan, implement and operate the Centre. They must have positions on any and all governance bodies. As well, mechanisms must be put in place for gathering ongoing feedback from all youth participants through, for example, regular focus groups, comment boards, program feedback forms, as well as more informal discussions with staff.

7.0 STAFFING

There will need to be different staffing structures and models for each of the Centre’s programs and services depending on what is being delivered, numbers anticipated, etc. Participants did clearly identify the need for 24/7 staff support to the housing component and as a minimum always double staffing. Further, they highlighted the need for 24/7 on-call phone support to be accessible to those availing of the Centre’s services through drop-in and outreach.

The staff complement must be multi-disciplinary with a range of front line workers/professionals who are able to respond to the continuum of youths’ and children’s needs. This would likely include social workers, public health nurses, addiction counsellors, and ECEs. Where possible staff should include youth/young adults. It was noted that to provide individualized support and programming, there would need to be high staff to participant ratios. This staff structure will enable the consistency of contact and depth of relationship which are so critical for engaging youth.

7.1 Key characteristics and skill sets

Participants identified a number of key and desirable characteristics for Centre staff with the overarching description being they must be “quality” staff who truly value young people. Other critical attributes included:

- Excellent communication skills and an understanding of how youth communicate
- Warm and welcoming demeanour – kind, compassionate, considerate
- Respectful, non-judgemental and accepting of youth and their experiences
- Flexible and patient – easily adapting to youths’ changing circumstances

In terms of their skill base, staff should have a number of core competencies including crisis intervention, motivational interviewing⁵, servicing youth with special needs such as developmental disabilities and FASD, as well as sensitivity to cross-cultural/Aboriginal/disability issues. Of note, youth in particular felt the staff should be parents themselves.

A number of participants cited the need to pay an appropriate and “decent” wage to staff in order to attract quality and qualified workers, as well as to engender long term commitment and retention.

7.2 Staff approaches

In terms of staff approaches, the following were considered integral to supporting the target population:

- Able to “think outside the box”
- Able to work with a team to provide hands-on holistic support
- Able to work from a strengths based focus
- Able to respond to individual needs and circumstances
- Able to be a constant in youths’ lives
- Knowledgeable about the many government and community based resources available to the youth/their children to enable appropriate and responsive referrals

Staff should have an advocacy function in relation to supporting youth. As requested and required by youth, they must support them to navigate and negotiate systems, accompany them to appointments, support them in meetings and more generally be an “extra ear” during particularly stressful periods.

⁵ **Motivational interviewing** (MI) is a client-centered, semi-directive method of engaging intrinsic motivation to change behavior. Motivational interviewing recognizes and accepts the fact that clients who need to make changes in their lives approach counseling at different levels of readiness to change their behavior. It is non-judgmental, non-confrontational and non-adversarial. The approach attempts to increase the client's awareness of the potential problems caused, consequences experienced, and risks faced as a result of the behavior in question. Alternately, therapists help clients envisage a better future, and become increasingly motivated to achieve it. Either way, the strategy seeks to help clients think differently about their behavior and ultimately to consider what might be gained through change. Further information is available from http://en.wikipedia.org/wiki/Motivational_interviewing.

Overall there will be a need for creating a balance between empowerment, support and dependence.

7.3 Supporting staff

There must be ongoing support for staff including job mentoring for new staff/existing staff moving within the organization; on-going opportunities for training (including in-house staff sharing skills/experiences with each other) and professional development; team building; and formalized in-house mechanisms for supporting staff emotionally. This could include reflective circles, wellness programs, formalized and on-going debriefing mechanisms, consistent and transparent evaluations, as well as an available EAP resource. As an overarching framework, the Centre should model a respectful workplace.

8.0 VOLUNTEERS

Volunteers will be integral to the Centre's operations as they could support programs and services and the youth/children in many and diverse ways. Examples of the roles volunteers could play include:

- Providing child care on-site
- Providing overnight parental respite
- Tutoring
- "Staffing" the donation room
- Providing transportation
- Acting as "Surrogate grandparents" –playing roles historically played by grandparents

Depending on the staffing model employed at the Centre, as well as its range of programs and services, consideration might be given to hiring a Volunteer Coordinator. Volunteer screening will be a requirement to ensure those coming forward fully understand the individualized, non judgemental approaches employed at the Centre, respect the importance of boundaries and embrace the focus on privacy and confidentiality.

There also should be a focus on engaging peer volunteers/facilitating peer mentoring – youth who can support youth living in /availing of the resources. In particular it was suggested that youth who have "graduated" from the Centre's programs and services be recruited to support those still participating.

9.0 PROGRAMS & SERVICES

There were a number of specific programs/services identified for discussion at the Program Charrette including education/training, outreach and drop in. Over the course of the discussion participants also suggested other potential programs/services which are detailed herein. Of note, this is not presented as the final list of programs and services as there will likely be many others identified in the Centre's planning and implementation stages – in response to the pregnant and parenting youths' changing needs and related trends.

It is respectfully suggested each of the Centre's programs be developed within a consistent and focused framework of accountability which should at a minimum answer the following questions:

- What is the vision for this program?
- What are the program goals?
- Who will fund it? Is this sustainable?
- Who is the target group?
- Who are the critical partners?
- What principles will frame the program?
- What are desirable outcomes for program participants?
- How will the program be evaluated?
- What will success look like?

9.1 Parenting and child development

9.1.1 On-site licensed child care

The Centre should explore the possibility of having on-site licensed child care (including infant care) staffed by ECEs. It would provide full-day specialized and licensed care for infants, toddlers, and preschoolers. As demonstrated by Rosalie Hall's Child Development Centre, this could be a teaching daycare with the ECEs forming part of the multi-disciplinary care and treatment team providing parenting groups and child development education. The Centre also could partner with post secondary institutions providing ECE training to facilitate on-site student placements - thus building the capacity of future ECEs to better respond to the needs of the target population.

9.1.2 Parental respite

Having a child care centre on-site also would allow for daytime parental respite – i.e. youth could leave their children for scheduled periods of time so they could, for example, have some “alone” time and/or engage in other programs/services. This could be supplemented by an on-site evening/overnight respite program, which would provide parents an extended break from their children.

Other models also could be considered including an off-site parental respite program. For example, the Centre could engage volunteer grandparents in such a program – which clearly would need well defined parameters in terms of determining the safety and appropriateness of potential respite homes.

A model to review in this regard would be the Respite Care Program delivered at the June Callwood Centre for Women and Families. This program is designed to provide temporary overnight breaks for young parents as they care for their infants and toddlers. The average respite placement is three to five days. However, placements can be arranged for longer when needed. Young parents can utilize this service every three months.

All of the providers for this program are volunteers and are awarded a nominal fee for respite placements. Each provider and her family members are rigorously screened and this includes:

- Checking references, including police and two personal references
- Fulfilling Public Health immunization requirements mandated for day care staff – for each family member
- Obtaining liability of \$1 million for home and auto insurance for each provider
- Having a home inspection conducted by the Respite Care Coordinator
- Delivering Respite Care orientation for all family members

Training for respite providers includes CPR and Infant CPR, as well as Public Health Requirements for working with infants. June Callwood Centre’s staff also educate providers on basic Attachment Theory, especially on issues such as the effect of separation and reunification on young children.⁶

9.1.3 Access to Family Resource Centre programs

A supplementary resource would be gained through partnership with a local Family Resource Centre (FRC) which would provide pregnant and parenting youth (moms and dads) and their children access to a range of relevant programs either on-site or at the FRC including:

- Baby/infant groups
- Play groups
- “Learning begins”
- “Me, My Baby and World”
- Mother Goose Programs

It was suggested that in addition to the various family oriented programs, there could be for example a “Dad’s Group” where young fathers could share their fears, concerns, as

⁶ Further information on the Respite Program is available from http://www.jessiescentre.org/whats_new/pdf/RespiteCare_2007.pdf.

well as successes; a “Dad’s Playgroup” for fathers and their children; a private space for dads and babies to play – with the capacity for supervised access if this is stipulated.

9.1.4 Healthy Baby Club

In particular, the Centre should endeavour to provide access to a Healthy Baby Club (HBC) for young pregnant moms – partnering with an existing provider such as the Daybreak East End Downtown Family Resource Initiative (DEEDFRI) or Brighter Futures. The HBC is a flexible, continuous-entry program that provides nurturing and guidance to pregnant mothers. The pregnant mother generally is supported by a volunteer Resource Mother who guides her throughout her pregnancy, a Public Health Nurse who works within the community, a Nutritionist from Health & Community Services, and staff of the site where the program is offered.

Each participant completes an individualized nutritional assessment and receives a weekly food supplement of milk, eggs and oranges. Cooking sessions, hospital tours, pregnancy support, and Breastfeeding Support are also part of Healthy Baby Club.⁷

9.1.5 Information sessions

Information sessions on a range of relevant topics would be critical for supporting the pregnant and parenting youth. These sessions would be designed to support their physical and emotional health and stability, as well as their attachment to and age appropriate care of their infants/children.

Information session topics would include

- Prenatal care
- Post-natal care (moms and babies)
- Attachment and bonding
- Child development
- Creating child friendly environments/child safety
- The importance of play
- Age appropriate toys

These topics could be covered through a series of information sessions offered as noted earlier by on-site ECE staff and/or in concert with for example local health care professionals, Family Resource Centres and Daybreak Parent Child Centre/DEEDFRI. Alternatively these could be incorporated into the education/training component.

⁷ About Brighter Futures/Programs. Available from <http://www.brighter-futures.net/programs.html>.

9.1.6 Labour and delivery support

Doulas

Another resource which the Centre should consider accessing for its young pregnant moms is a doula - a trained professional who provides continual labour support for birthing mothers and their partners.

A birth doula will...

- Give physical and emotional support during birth
- Support the mother's birth choices
- Work with the father/partner to support the mother
- Stay with the labouring mother throughout her entire labour
- Meet with the mother before the birth to discuss birth plans and fears
- Provide information, not advice
- Respect privacy of clients
- Respect the sexual orientations and identifications of all clients
- Respect each clients' background and life experience

A postpartum doula will...

- Assist with newborn care
- Help with family adjustment
- Help to establish breastfeeding
- Offer non-judgemental support

A doula does *not* play a medical role, make decisions for the mother or replace a father/partner.⁸ There is a Doula Collective of Newfoundland and Labrador with whom discussions could be held to further explore this partnership opportunity - doulacollectivenl.ca/brochure.pdf.

Midwives

Another potential resource for the young pregnant moms is a midwife - a professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance, and the carrying out of emergency measures. A midwife may practise in any setting including the home, community, hospitals, clinics, or health units.⁹

⁸ Doula Collective of Newfoundland & Labrador. Further information is available at <http://doulacollectivenl.ca/>.

⁹ International Definition of a Midwife. Available from <http://www.ucs.mun.ca/~pherbert/number1.html>.

There is an Association of Midwives of Newfoundland and Labrador with whom further discussions could be held to explore partnership possibilities – information can be found at <http://www.ucs.mun.ca/~pherbert/>.

9.2 Education and training

It was acknowledged by participants that the traditional education system often is inflexible and thus unresponsive to the learning styles and life issues faced by pregnant and parenting youth, resulting in their disengagement from this system. It will be essential for the Centre to have a significant focus on re-engaging youth in learning so as to provide them the skills and assets needed to achieve financial stability and self sufficiency. The Centre should have an on-site comprehensive education and training component and partner with established government and community based providers.

9.2.1 Assessment

In some cases, youth might have had long periods out of school and thus both their capacity to focus and attend to learning could be weak. They also likely are facing overwhelming (but not insurmountable) literacy challenges, and may have undiagnosed learning disabilities and as noted earlier be experiencing significant personal challenges.

Strengths based assessment (not “labelling”) will be crucial in determining the foundation – skill and knowledge base - from which youth will grow, for identifying and implementing instructional methods responsive to this continuum of needs, in determining any required accommodations for learning (e.g. oral learning/testing; materials in alternate format) as well as the range of supports needed to facilitate their academic and personal development. Individual learning plans must be developed to ensure realistic goals are set and clear measurable steps delineated to facilitate achievement therein.

9.2.2 The approach

Flexibility will be the hallmark of the education and training component in recognition of youths’ diverse learning needs and styles - including the time to complete tasks/courses and level of support required. Instruction should be strengths based with a parallel focus on personal development designed to build youths’ self esteem and confidence and support them to discover their own skills and areas in which they can excel.

Youth who participate in education and training should have a choice of re-entering the mainstream systems or attending classes/courses at the Centre. In relation to the latter setting, there will be a need to allow for youth to start/finish their learning sessions at different times of the day /evening, facilitate access to tutors, on-line learning and correspondence courses, and allow for part time as well as full time attendance. While learning should be technology based to facilitate youth becoming competent in this regard, this should not come at the expense of developing basic skills – i.e. reading and writing.

Some participants specifically commented on the importance of having low student /teacher ratios to facilitate as much individualized attention as possible within this component. Further, there must be both individual as well as group learning opportunities – in particular the latter can be a “safe” environment in which youth can become comfortable in social settings and participate. Space for the education/training component must be able to accommodate both of these learning settings, and perhaps a resource room amenable to quiet study.

Consideration should be given to providing incentives to youth who choose to participate in the education and training component.

9.2.3 The offerings

The education/training focus should include academic and non-academic components to facilitate both personal and academic development.

Academics

In terms of academic offerings, participants cited the need to focus on developing strong basic (essential) skills including reading, numeracy, as well as written and oral communication. There should be an opportunity for youth to complete their Adult Basic Education (ABE) or General Educational Development (GED) as required.

Participants said the Centre should partner with the Eastern School District/Department of Education to ensure that the Centre’s on-site curriculum offerings are in concert with that offered in the regular public system. This will guarantee youth can acquire equivalent high school credits to enable transition back into this level and/or on to post secondary opportunities. As well, it was suggested that these partners could support the Centre’s acquisition of required resources such as books and computers.

Participants also noted the importance of partnering with organizations which have a particular expertise in addressing specific learning/language challenges include the Learning Disabilities Association of NL and the Association of New Canadians (English as a Second Language - Adult Training Centre).

Life skills

An essential focus for the education/training component will be life skills designed to assist the pregnant and parenting youth to enhance their day to day stability and quality of life including:

- Cooking/nutrition/grocery shopping
- Safety and emergency training (including baby First Aid and CPR)
- Banking/bank fees
- Financial planning – including budgeting, money management

- “Financial literacy” – e.g. understanding cell phone plans/charges)

It was suggested by some that it would be beneficial to have a life skills coach on-site and/or on-call. Further it was identified that there are a number of existing life skills programming including those offered through/by Iris Kirby House/Naomi Centre/CFY from which lessons could be learned.

Personal development

There should be a significant focus on personal development to include sessions on:

- Effective communication
- Developing coping skills
- Stress/time management
- Healthy relationships
- Building trust
- Organizational skills
- Self care workshops

Arts and recreation

Participants stressed the importance of also appealing to youths’ artistic natures by linking them with existing programs such as the Anna Templeton Centre and For the Love of Learning and/or linking them with mentors in their arts/cultural area of interest. In terms of recreation, opportunities that enable physical fitness, skill building and healthy living should be explored. Discussions in this regard could be held, for example, with the City of St. John’s, the NL Sports Centre and the Aquarena. Lower impact fitness programs such as yoga could be explored for an on-site offering at the Centre, as could the possibility of outfitting a fitness room.

9.2.4 Employment and training related

This component should allow participants access to a range of training and employment programs and supports designed to facilitate their career choice, requisite training and access to employment. This would include career counselling and referrals to community based programs such as that run by Women Interested in Successful Employment (WISE) and the Single Parent Association of Newfoundland (SPAN), government funded programs such as Linkages, Student Employment Program and Skills Link and/or post secondary training institutions. In addition, opportunities should be identified for youth to job shadow, gain on the job work experience and be mentored in the career of their choice. The Centre might consider engaging a job broker to facilitate finding optimal work placements for youth participants.

9.2.5 Existing models

There were other existing models of education and training delivery which participants felt should be examined as the Centre designs its own such programming including the following:

→Community Education Network (CEN) – Southwestern Newfoundland Inc.
(Information was gathered from <http://cen.awardspace.com/index.html>)

Based in Stephenville, the Community Education Network (CEN) is an umbrella organization comprised of three associate organizations - one of which is Communities in Schools. Its mission is to mobilize a caring community within schools throughout Southwestern Newfoundland - to ensure the well being of every child and youth through peer support and effective community partnerships and alliances. Their beliefs are that every child and youth deserves:

- A personal, one-on-one relationship with a caring adult
- A safe place to learn and grow
- A marketable skill to use upon graduation
- A chance to give back to peers & community
- A healthy start in life

More generally CEN is guided by community education principles. Its mission is to create a learning culture through a lifelong learning process which promotes personal enrichment and healthy, sustainable communities. Its principles include capacity building, self-determination, self-help, inclusion and participatory practices.

→Learning Earning and Parenting Program (LEAP) - Ontario Works
(Information available from www.peelregion.ca/ow/receiving/leap.htm)

Eligibility criteria

LEAP is available to youth who are 24 or under, have not graduated from high school and are eligible for Ontario Works assistance. A young woman also might be eligible to participate in LEAP if she is at least six months pregnant, but only under special conditions.

Components

1. Learning

Learning will provide youth with all the support needed to complete your high school education. Learning will take place in one of three settings: a traditional high school setting; a school board program that supports the unique needs of young parents; or an approved alternative learning program.

2. Earning

Earning will help youth discover the employment skills needed to be successful in today's job market. Information is provided about work experience programs such as school co-op programs, employment assessment, career counselling, job search workshops and community participation (volunteering).

3. Parenting

Parenting will give youth the support needed to enhance their parenting skills. This includes participating in parenting/child development activities that are linked to a school program or a community program. Benefits and supports available to support this component include:

- School related costs
- Child care
- Individualized service plan and support
- Transportation
- Job skills program
- Parenting program
- \$500 Incentive (available when youth receive their High School Diploma)

9.3 Drop-in programming

Participants thought that youth availing of the drop-in component should have access to the same or a similar continuum of programs and services as offered to those living on-site in the supportive housing - in particular that which would support their parenting efforts such as the on-site day care centre, parental relief/respice, and parenting programs/information sessions. It was identified by some, however, that there would be a need at the outset to determine whether some of the in-house programs will be “closed/private” with youth who “drop in” accessing a parallel stream of programs.

There must be a mixture of both scheduled drop in programs (e.g. regularly scheduled weekly offerings) as well as times youth can just “drop in” to avail of a range of formal and informal supports including for example to talk to staff about their parenting issues, access emergency supplies from the donation room, have a meal, and/or avail of a drop in medical clinic.

9.3.1 Challenges

A number of challenges were raised in relation to the drop-in component including always being aware of who is entering and in the Centre to ensure safety of all concerned; transportation to/from the Centre from those living off-site; and building trusting relationships with staff when contact and time spent together will likely be limited.

9.3.2 Existing models

Participants cited a number of existing drop in models from which lessons could be learned including:

- Family Resource Centres
- Daybreak Parent Child Centre
- CFY
- New Hope Community Centre (Salvation Army)

9.4 Outreach programming

A continuum of services and programs must be available to youth who connect to the Centre through its outreach program. The ultimate goal will be to first engage youth who are in the community and then support them to achieve stability in all aspects of their lives including personal, financial, parental and housing.

9.4.1 The offerings

Services most often mentioned as being critical for outreach include those related to pregnancy, parenting and child care such as labour and delivery support, pre/post natal care, attachment, breastfeeding support, child proofing the home and planned respite so parents can have a needed break from their infant/children. Another core area of support cited is for activities of daily living including time and stress management; keeping up a home/cleanliness; and nutritional support which could include for example “meals on wheels” as well as development of cooking skills. Additionally, participants stressed the importance of helping youth to address any addiction and mental health issues – which necessitates access to a range of professionals who are either willing to do home visits or available through referrals and unencumbered access to existing services.

9.4.2 The approach

As with all other Centre programs, there will need to be flexibility in both approach to and delivery of outreach services. In addition to providing services to past participants for extended periods of time, staff will be tasked to identify other youth who also need support and to so do they will need to be where youth are – for example, at the malls, fast food restaurants, and more generally in the downtown core. They will have to establish a presence and provide opportunities to engage and develop relationships. The approach should be founded on just “being present” rather than always having an agenda. As well and as described in section 3.3.5, staff should be engaged in “assertive” outreach.

It will take time and patience to engage youth in trusting relationships which allow them the freedom and safety to reach out for assistance. To that end, outreach workers have to be walking “411 resources” who know about all the services/programs and can be a conduit for youth to link with these services.

When workers visit youth in their homes/apartments, it will be important for them to recognize the different levels of comfort youth might have with staff entering their “safe haven” and so they have to be respectful of privacy and space. In all outreach activities, the focus must be on experiential learning through “doing with” youth not “doing for” them, as well as modeling appropriate behaviors, interactions, etc.

Outreach hours should be flexible. While there should be staff available over the course of the day – it was noted by participants that evening hours (supper time and bed time) are critical times which can be challenging for new parents. As stated in section 7.0 there should be 24/7 on-call phone support available to respond to pregnant and parenting youth accessing Centre services via outreach.

9.4.3 Challenges

A number of challenges were cited in relation to outreach not the least of which is the size of the region in which this activity will be undertaken. A further complication is the fact the target population is often “on the move” and so might be difficult to connect with on a regular basis.

Ensuring safety of outreach staff will be of paramount concern. It will be important to define protocols in relation to always knowing where staff are, double staffing when needed, carrying pagers/cell phones, etc.

9.4.4 Existing models

Participants identified a number of existing outreach models which could inform the development/delivery of the Centre’s outreach component including for example that delivered through the Native Friendship Centre, Street Reach, Stella Burry Community Services - New Beginnings and the Tommy Sexton Centre.

9.5 Nutritional programs

The Centre must have a capacity to support participants’ nutritional needs and it was felt this should include provision of at least one meal a day – perhaps in a cafeteria type setting. This will serve as a draw for youth not living in the on-site housing and perhaps a first step to engaging them in the Centres’ programs and services.

Funding and partners should be sought to run a community kitchen program out of the Centre. Community kitchens offer the opportunity to share skills, socialize and reduce costs by purchasing collectively. Kitchens are as diverse in their purpose and organization as the people who participate in them — some groups only prepare enough food to sit down and eat one meal together. Others prepare several meals in large portions to take home to their families. There are vegetarian kitchens, kitchens for new moms, kitchens that cater primarily to psychiatric consumer/survivors. There are no hard and

fast rules about how to organize a community kitchen¹⁰ – these can be as diverse as those who participate depending on their needs, interests and circumstances.

Another potential cost effective program which could be considered is the Level Best Club. This program is a bulk food buying initiative which involves families paying \$15 a month to be matched by a sponsor. The program which was conceptualized by a local child care advocate and organic farmer, Melba Rabinowitz, focuses on education on nutrition issues and food value.

9.6 Health related services

Participants said there should be medical services readily available to the Centre's participants and on a regularly scheduled basis available on-site. It was suggested there be a physician identified who would agree to be a resource to the Centre for consultations/ medical appointments/and on-site drop-in clinics. Another suggestion was that a partnership be developed with MUN's School of Medicine to designate the Centre as a community based training setting – for example, pediatric residents could hold clinics at the Centre, and provide an on-call service.

Other desired medical resources cited include consistent access to a Public Health Nurse for supporting pre-natal and post natal maternal care (e.g. breastfeeding), as well as immunizations and pre-school health checks for their children; a psychiatric nurse to assist youth with their mental health issues/stressors; and a nurse practitioner to undertake clinics on a range of topics such as sexual health. It was suggested the Centre could partner with the Centre for Nursing Studies to facilitate access to these resources.

A third critical health related resource would be timely access to a range of on-site as well as external counselling services. These would include services amenable and responsive to individuals as well as families, with a particular focus on mental health.

Further there will be a need to attend to any developmental concerns which arise for the infants/children and connect the young parents with the appropriate resources. This might include speech pathologists, developmental/behavioural psychologists, and referral to Daybreak Parent Child Centre.

9.7 Donation room

Several of the presenters working in existing centres spoke to the need to have a **large** space available to accommodate donations. This “donation room” could include baby supplies and furniture; household furniture; a toy and book lending library; a clothing bank/exchange for infants, children and their parents; and a range of emergency supplies in the event a youth has run out of basic household/infant supplies. It was suggested that the Centre should try and establish a partnership with a local trucking company to secure a mechanism for picking up and transporting larger donations.

¹⁰ Food share kitchens. Available from <http://www.foodshare.net/kitchen07.htm>.

9.8 Celebrations

It also was raised during the Program Charrette and reinforced by presenters that it is important to celebrate the important moments in the youths' lives - to have baby showers, do belly casting, have baby/family photos taken and celebrate birthdays.

9.9 Access to transportation

Access to transportation will be critical. It must be provided for those on site who have to avail of external resources and as well be available to those living off site who wish to participate in the Centre's programs and services. This could be provided through a vehicle/bus owned by the Centre and designated for this purpose, partnership with a local taxi company along with provision of taxi vouchers to participants as required; and/or through volunteer drivers. Bus passes could be made available to participants necessitating of course that the Centre be located on a main bus route.

10.0 PARTNERSHIPS

Depending on the program/service area in question, the list of potential partners for the Centre is endless – and so a first step must be identification and engagement of critical partners for each activity. Core partners for this initiative identified to date (including those leading the initiative) are:

- CFY
- Daybreak Parent Child Centre
- CYFS
- Eastern Health
- HRLE
- Family Resource Centres

A central message to all partners is they must commit to the Centre's goal and vision and embrace the primary focus on enabling what is in the best interest of the youth and their children. In particular for those government agencies providing supportive services, this must be done within a "circle of care and understanding" – i.e. in concert with the Centre staff, the youth and all relevant stakeholders.

It was clear from participants that government partners must be a consistent and engaged presence during the planning, implementation and program delivery stages. It was suggested that there would be a need for strong harmonized policies and protocols between and among the Centre and all its partners, in particular in respect to confidentiality which must be balanced with information sharing and reporting.

One consideration put forward for core partners (anticipated to be at a minimum funders and/or CYFS and HRLE) is that there be formalized written Memorandums of Understanding (MOUs) to ensure all stakeholders are aware of their roles and responsibilities within a framework of accountability. Such clarity will offset any tendency towards duplication of effort and/or working at cross-purposes. Further it was suggested that it might be prudent to develop a series of principles to which all partners could adhere in their interactions with the youth and their children.

Further to this, participants specifically highlighted the need to ensure strong and positive partnerships with CYFS which should translate into supportive nonjudgmental relationships with youth. The relationship cannot just be crisis driven. Participants in the youth focus groups particularly referenced their concerns with CYFS noting that where possible they would like to deal with one worker with whom trust could be built –with an option to change workers if a relationship cannot be built. They also stated that workers with whom they liaise should be parents themselves, as then they would have a point of commonality and reference.

It was suggested that the Centre could provide training opportunities for new front line government staff (e.g. HRLE, Justice) which would serve to both educate them on the realities of the youths' lives and as well begin to build relationships with youth which would facilitate access to required services. It also was felt that similar opportunities could exist for students in the “helping” professions – e.g. social workers, ECEs.

As an example, the Jean Tweed Centre offers training, education and consultation focused on:

- Substance use as it relates to pregnant and parenting women
- Screening, early identification and options for referrals
- Building capacity to support this population
- Harm Reduction
- Fetal Alcohol Spectrum Disorder
- Coaching, mentoring and consultation services on the above topics

11.0 OVERARCHING CHALLENGES

Participants identified a number of overarching challenges which must be addressed as the Centre initiative evolves including:

- Identifying and securing sustainable funding
- Recruiting and retaining quality staff – providing appropriate supports and remuneration
- Engaging youth and securing their trust
- Eliminating barriers to youths' participationBalancing the needs of pregnant and parenting youth and their childrenBalancing support to youth and their empowerment

- Enabling a manageable caseload – who is prioritized for service?
- Ensuring safety of all staff and participants
- Engaging partners and bridging differing philosophies and mandates
- Avoiding duplication of service
- Ensuring sufficient and adequate space with flexibility to expand

12.0 EVALUATION AND ACCOUNTABILITY

As this is a new initiative the importance of evaluation cannot be understated. Program evaluation should begin at implementation with a mid point assessment and final evaluation after two to three years. Sufficient funds must be allocated for this process.

Program evaluation would enable reflection of lessons learned and an opportunity to ensure responsive holistic programming focused on the pregnant teens, young moms, dads and their children. Further, this due diligence ensures accountabilities to funders/partners who are provided evidence of both the range and scope of short and long-term outcomes.

13.0 CONCLUSION

The world of pregnant and parenting youth is complex – laden with fear for their futures and that of their children, and instability on a range of fronts including financial and in relation to accessing required supports and services including stable housing. This Program Charrette provided a glimpse into the youths’ world and allowed caring and committed stakeholders and/or potential partners to work with them to create a program model responsive to their diverse needs. Information garnered from the Program Charrette will now be used to inform the physical layout and design of the Young Parents Resource Centre and Supportive Housing Initiative in the follow up physical design charrette.

The end result of all the various project processes will be a supportive housing and program model for young parents and their babies that will reduce housing instability and homelessness, reduce the numbers of babies that need to be placed in foster care and improve outcomes for young mothers and their babies.¹¹ This model should ensure there are many fewer young parents who find themselves alone, unsupported and missing their children...

I still don't have a place I call home.... I have two children out there but I don't get to see them very often and when I do, I feel so bad and want to change my whole life so I can be their mom but I don't know how to do it all. Someday, I

¹¹ Funding application to HPS for the Young Parents Resource Centre and Supportive Housing Initiative. 2009. Pg. 5

*hope I'll get them back. I want them to know that I care about them. I want to get my life together for them.*¹²

In the long term, the benefits of this Young Parents Resource Centre and Supportive Housing Initiative will not only be fiscal but also will realize life long assets for the pregnant and parenting youth and their children. It should interrupt intergenerational cycles of homelessness for the youth involved and their children – and allow them the opportunity to be a family and all that includes.¹³

¹² Bobbie Boland and Melody Morton Ninomiya. *Getting Life Together: Building a comprehensive model of services and housing that breaks negative cycles and creates a circle of promise for pregnant and parenting young women and their babies*. December 2008. Pgs. 23-24.

¹³ Funding application to HPS for the Young Parents Resource Centre and Supportive Housing Initiative.2009. Pg.5

APPENDIX “A”- Program Design Charrette invitation and agenda



invitation

Choices for Youth, Daybreak,

Eastern Health and Service Canada

invite you to participate in a *program charrette* to help develop a

Young Parents Supportive Housing Project

for young women who are pregnant and parenting that will offer supports and services including housing, child-care services, support programs and education.

As a key stakeholder in this new initiative, we invite you to bring your expertise to the two-day planning session on

February 23rd & 24th, 2010

9:00 a.m. to 4:00 p.m.

Main Dining Room

Battery Hotel

Come learn from experienced individuals from similar programs in Ontario :

- **Jo-Anne Rochon, Grace Haven**
- **Tammy Mackenzie, Jean Tweed Centre**
- **Heather Bergen, June Callwood Centre**
- **Heather Hunt, formally of Rosalie Hall**

***Please RSVP by February 11 to
Erin Molloy emolloy@choicesforyouth.ca***

***** Please note: this is a closed invitation. If you are unable to attend but would like to send someone on your behalf, please contact Erin with details***



Young Parents Resource Centre & Supportive Housing

Program Design Charrette

**Battery Hotel
Feb 23-24, 2010**

Agenda

Objectives:

- To inform stakeholders about the Young Parents Resource Centre & Supportive Housing Project
- To learn about and from existing programs in other jurisdictions
- To engage stakeholders' support for the project
- To identify the full range of key partners for the project and foster collaboration to improve coordination and access to services
- To delineate a program model that is comprehensive in nature and scope, and responsive across the diversity continuum
- To inform a staffing model for the project

Day 1 – Tuesday, February 23 2010

8:30 – 9:00 Registration & coffee

9:00 – 9:30 Official opening

- Welcome/introduction
- Overview of the agenda/objectives

9:30 – 9:45 History of the project

9:45 – 10:30 Young parents' panel

10:30 – 10:45 Nutrition break

10:45 – 11:30 Overall program considerations

Presenter: Jo-Anne Rochon - Program Manager, The Salvation Army - Grace Haven, Hamilton

11:30 – 11:45 Questions & discussion

11:45 – 12:30 Small group discussion

12:30 – 1:15 Lunch

1:15 – 2:00 Education/Learning considerations

Presenter: Heather Hunt - former Day Client / Student Care and Treatment Counselor, Rosalie Hall, Scarborough (Currently - Career Counselor, WISE)

2:00 – 2:15 Questions & discussion

2:15 – 2:30 Nutrition break

2:30 – 3:30 Small group discussion

3:30 – 3:45 Report back

3:45 Wrap up

DAY 2 - Wednesday, February 24 2010

9:00-9:15 **Welcome and review of yesterday**

9:15–10:00 **Drop-in programs**

Presenter: Heather Bergen - Housing Program Coordinator, June Callwood Centre for Women and Families, Toronto

10:00 -10:15 **Questions & discussion**

10:15 – 10:30 **Nutrition break**

10:30 – 11:30 **Small group discussions**

11:30 – 11:45 **Report back**

11:45 – 12:00 **Overarching considerations**

12:00 – 1:00 **Lunch**

1:00 – 1:45 **Outreach programs**

Presenter: Tammy MacKenzie – Manager, Pathways to Healthy Families, Jean Tweed Centre, Toronto

1:45 – 2:00 **Questions & discussion**

2:00 – 3:00 **Small group discussion**

3:00 – 3:15 **Report back**

3:15 – 3:30 **Did we forget anything?**

3:30 **Wrap up and evaluation**
Where to from here?

**APPENDIX “B” – Labour Support Program, June Callwood
Centre for Women & Families**

Labour Support at June's Centre



What can we do for you?

Who Are We?

We are a group of women volunteers from diverse backgrounds who are dedicated to supporting women in having a **positive birth experience.**

Why Do We Do This?

We believe that birth is a normal and healthy experience that can open the door to self-knowledge and personal growth.

How Can We Help You?

- We offer friendly, non-judgemental and reliable support. We can help guide you through the challenges of pregnancy and childbirth.
- We can meet with you regularly in an unhurried, relaxing environment. We are able to give you time: **time** to ask questions, discuss your fears and hopes, make choices and develop a trusting relationship.
- We can accompany you to prenatal classes, doctor's or midwife's appointments and hospital tours.
- We can accompany you throughout your entire labour to provide emotional and physical comfort.
- We will be available after the birth to help with breast-feeding and newborn concerns.
- We will support **your** decisions. We want to help you give birth with confidence and dignity.

Did You Know?

- Labour Support is not meant to take the place of family and friends. In fact, we can help support others as they support you.
- Research shows that the use of Labour Support significantly reduces the length of labour, as well as decreases medical interventions such as cesareans and forceps (Klaus, Kennel and Klaus, *Mothering the Mother*, 1993)
- The use of Labour Support has been strongly linked with mothers having a satisfying and successful breastfeeding relationship with their babies; which provides long-term benefits for mother and baby.