

**GOOD SHEPHERD NON-PROFIT HOMES INC.
ST. MARTIN'S MANOR
GRACE HAVEN**

***NEEDS ASSESSMENT: SUPPORTIVE HOUSING
FOR PARENTING TEENS
REPORT***

June 2003

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ACKNOWLEDGMENTS

We wish to extend our appreciation to all the teens who engaged in our focus groups and thank them for their forthrightness. We are also grateful to the many service providers who participated in our focus groups and to the locally-based and out-of-town professionals who acted as Key Informants to our project, for their time and substantial input, as well as their willingness to share their experiences and wisdom with us. The dream of the project sponsors - to develop a supportive housing program for teen mothers and their children in the community - is clearly shared by all of these groups.

Appreciation also goes to the project Advisory Committee whose members included:

- Loretta Hill-Finamore, Director of Supportive Housing, Good Shepherd Non-Profit Homes Inc., Hamilton
- Paula Forbes, Residence Director, St. Martin's Manor, Catholic Family Services of Hamilton
- Robin Cuff, Executive Director, Grace Haven, Salvation Army, Hamilton

Their deep commitment to the young teen mothers and their children of this community was the driving force behind this project.

To the credit of all respondents, this report offers a combination of recommendations, suggestions and cautions which are intended to guide future planning and development and which, it is hoped, will result in a strengthened vision of supportive housing for parenting teens and their children.

Anna Allevato and Jody Orr, Consultants

A. Allevato And Associates

Dundas, Ontario

June, 2003

EXECUTIVE SUMMARY

This Needs Assessment was a collaborative project involving three Hamilton agencies - Good Shepherd Non-Profit Homes Inc., St. Martin's Manor, and Grave Haven whose dream is the establishment of a supportive housing program for parenting teens and their children in Hamilton. Funding for the Needs Assessment was provided by Supporting Communities Partnership Initiative (SCPI). Consultants retained by the project sponsors to complete the Needs Assessment were A. Allevato And Associates.

The research objectives were to:

- quantify what is already known about this population, i.e. develop a profile
- inform the design of a housing initiative examining and making recommendations on best practices, models, evaluation strategy, service strategy, and general design that would provide the Sponsor with a blueprint for future development of supportive housing for parenting teens in Hamilton

In total, 12 recommendations are presented in this report. Most relate to fundamental principles and processes involved in planning and developing successful supportive housing.

Research methodology was multidimensional, employing multiple lines of inquiry matched with a number of appropriate analytical techniques. A focussed literature review, a number of Key Informant interviews, and a series of focus groups with consumers and service providers were conducted. Focus group participants included teen mothers only and no teen fathers. These results therefore pertain to teen mothers only. The extent to which they are relevant to teen fathers remains a question.

Our focus groups validated much of what is documented in the literature regarding client profile e.g.,

- most of the participants were poor with incomes below the poverty line
- their backgrounds and housing history were characterized by serious lack of stability and impoverishment
- in a significant number of cases, young mothers had, at one point or another, been homeless and living on the street
- many had dropped out of high school

Service providers also validated many of the concerns identified in the literature when asked what they thought were the greatest challenges experienced by young parenting mothers. These included:

- transiency
- lifestyle issues (substance use, peers, emotional instability, increased risks)
- lack of parenting skills
- financial insecurity
- kids are convinced they are ready to parent and will not listen (difficulty keeping them engaged in services and programs)

A review of Canadian and U.S. literature confirms supportive housing as a key component in a continuum of service. There is strong data on consumer preference and linkage between supportive housing programs and improved health and quality of life. Teen parents and their children as a group have been found to benefit from this intervention. The research literature confirms the importance of organizational partnerships in the development and operation of supportive housing provision. Although there are some innovative programs, comparative evaluative studies and published research in the areas of supportive housing, outcome effectiveness evaluation and best practices are limited. Local research and planning initiatives also confirm the need for supportive housing for this population.

The results of our consultations with consumers and service providers generated consistent results across respondent groups. Key themes emerged in the following six areas:

1. *privacy and independence*: the importance of housing as normal and regular (independent units/apartments) and homelike versus institutional (congregate; rule focussed)
2. *single site versus scattered sites*: while the notion of small “clusters” of units located around a centralized resource centre or serviced by a mobile team of professionals had some support, the dominant opinion rested with the concept of a single site model
3. *supervision, control and independence*: the need to balance necessary structure, supervision and monitoring with a) the teen mother’s desire (and need) for autonomy and control, and b) the goal of supportive housing programs which is to foster independence
4. *programming*: the need for a) an array of support services, easily accessible, and offered on- and off-site, and b) flexible, responsive, individualized supports which emphasize individual consumer needs and goals
5. *security*: while a high priority, security is also a significant challenge requiring a carefully considered risk management strategy
6. *establishing/nurturing relationships*: the trend for respondents was to seek information, advice or support in an emergency from primarily friends and relatives - the one significant exception was a willingness to seek out information, support and advice from a *trusted* professional

The report also provides an overview of best practices, collective wisdom and practical tips on effective supportive housing programs for teen mothers and their children. These concentrate primarily on the following elements: planning, models of supportive housing, site selection, evaluation, programing, general design, collaborations, staffing, use of volunteers, and advice from the supportive housing experts.

There are far more best practice considerations than what can be presented within the scope of the current project. The References section of this report includes excellent resources for additional detail on the design and operation of supportive housing programs. In particular, see the HomeBase publication entitled Transitional Housing: Best Practices in Program Design and Delivery, the publication by the Women’s Institute for Housing and Economic Development entitled More Than Shelter, and Reich and Kelly’s Starting a Second Chance Home: A Guide for Policymakers and Practitioners.

Also included in the report are apparent trends and obstacles with respect to accessing potential resources/financial support for supportive housing programs. Our findings continually point to the reality that these programs, in spite of their demonstrated efficacy, are a “hard sell” with funders and potential “donors”.

As a service delivery option, comprehensive supportive housing for teen mothers and their children can go a long way to breaking the cycle of poverty and reliance on welfare. Importantly, it can positively influence the health status and quality of life of *two* generations - teen mothers and their children. Planning and development is, however, a complex process. Those who create supportive housing have an obligation to ensure that it is well planned giving careful consideration to the organization’s abilities and capacities including legal, fiscal, and fundraising potential, as well as mission and long term goals. The recommendations and best practices offered in this report are intended to guide and inform planning decisions. It is suggested that implementation of the recommendations be developed through an ongoing community process to help ensure the adoption of the vision and guiding principles of supportive housing presented here.

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"We have it in our power to start the world over."
(Thomas Paine)

A. INTRODUCTION/BACKGROUND

Supportive housing¹ in its broadest definition is housing linked with social services tailored to the needs of the population being housed. (10:1) It has two major components: normalized (regular), affordable, independent housing, and accessible, flexible, responsive supports to help individuals with complex challenges meet their needs and goals. It is an intermediate or transitional step designed to help individuals who need some sustained assistance and support to live more stable, productive and independent lives. The housing is the context within which supports are provided.

The term 'supportive housing' encompasses a broad range of program typologies, from board and care homes to group homes and apartment units and complexes. Typically, supportive housing is considered at the far end of the housing graduation scale where housing is longer term (e.g., two years or more), and permanent or semi-permanent rather than of an emergency or shorter term nature. This report deals with longer term supportive housing.

¹ The terms supportive housing and transitional housing are used interchangeably in the literature. The former is used throughout this report.

Supportive housing for teen mothers² and their children is all about prevention. It allows teen moms to have an adequate, safe home, to learn and to make decisions and assume normal tenant responsibilities while being able to benefit from individualized support services that are intended to improve long term outcomes for mother and child such as job attainment and retention, academic completion, improved maternal capacity, healthy child development.(55:6) While not all factors affecting quality of life can be addressed through supportive housing, research shows that it can positively address those aspects where it *can* make a difference. (55: 24)

Needs Assessment

Through supportive housing “we have the power to change the world over.” Toward this end, three Hamilton agencies - Good Shepherd Non-Profit Homes Inc., St. Martin’s Manor, and Grave Haven (hereafter referred to as the “Sponsor”), whose dream is the establishment of a supportive housing program for parenting teens and their children in Hamilton, contracted the services of A. Allevato And Associates (hereafter referred to as the “Consultants”) to complete a needs assessment regarding supportive housing for parenting teens and their children. This is a collaborative project involving all three agencies. Funding for the Needs Assessment was provided by Supporting Communities Partnership Initiative (SCPI).

Research Objectives

The research objectives were to:

- quantify what is already known about this population, i.e. develop a profile
- inform the design of a housing initiative examining and making recommendations on best practices, models, evaluation strategy, service strategy, and general design that would provide the Sponsor with a blueprint for future development of supportive housing for parenting teens in Hamilton

Advisory Committee

The Consultants contracted with the designated ‘lead agency’, Good Shepherd Non-Profit Homes Inc., worked on a day-to-day basis with the Director of Supportive Housing from this agency, and reported project progress to her. The Consultants were accountable directly to the lead agency’s representative. An Advisory Committee was also established composed of one representative from each of the other partner agencies plus the designated representative from the lead agency. Direction from the Advisory Committee flowed exclusively through the lead agency representative to the Consultants.

² A note on language and methodology. We found no supportive housing programs for teen fathers and no research on the matter of supportive housing for this population; there is very little research on their special needs; further, all focus group participants were teen mothers. As a result, this project and its findings focus on teen mothers and their special needs in relation to supportive housing programs. To suggest that the needs of teen mothers are identical to those of teen fathers would be misleading until research is available on the topic. The language and references throughout this report are, therefore, not gender neutral but rather speak exclusively to teen mothers and their needs.

B. THE STRUCTURE OF THIS REPORT

This document reports the results of research conducted into several key components of supportive housing for parenting teens. The data collected through structured interviews, focus groups with various stakeholders, and an extensive literature review, generated a number of recommendations presented here for the consideration of the project sponsor.

All narrative and recommendations in the report address the two fundamental foci of the project: development of client profile and needs, and design of long term supportive housing for this population.

Narrative and Recommendations

In total, 12 recommendations are presented in this report. Some are of limited scope and, for example, specific to a particular aspect of supportive housing for this population such as programing. Other recommendations are broad in scope, related to fundamental principles and processes involved in planning and developing successful supportive housing.

A focussed literature review was conducted concentrating on supportive housing models, programing and service strategy, evaluation, and best practices. Key findings of the literature review are integrated with the analysis of stakeholder input versus appearing as a separate section. They are also integrated throughout the section on best practices.

Section A, Introduction, outlines the background and scope of the current project. This section also familiarizes the reader with the concept of “supportive housing.”

Information regarding the structure of the report is provided in Section B.

Section C, Methodology, outlines the data collection methodology and provides information on the respondent sample. A profile of the client population is also presented. Current status and demographics as well as factors affecting housing stability, the impact of same on young teen mothers and their children, and the need for supportive housing for this population are documented.

The findings of the research make up the bulk of the report. Section D, entitled “Research Findings”, and Section E, entitled “Key Themes” present critical themes which emerged from the stakeholder input process, pivotal findings arising from the literature review, and recommendations. This is followed by “Best Practices” in Section F.

Section G offers offers information on current trends as well as advice from the best practice literature and “experts” in the field regarding resources.

The last three sections include final comments, the master list of recommendations, and references and further readings.

Quotations

Wherever possible verbatim quotations excerpted from interview and focus groups appear throughout this report, indented from the left margin, in *Italics*. In order to protect the anonymity of respondents, however, some parts of some quotations have been omitted where full content might have made a respondent identifiable. Here’s an example:

“Supportive housing is very much needed.”

Where a blank line separates quotations, the quotations are from two different sources. Where no blank line appears between quotations, the same respondent is continuing to speak.

Text appearing within a quotation in square parentheses [such as this] has been added by the Consultants to provide necessary context or clarity.

Three dots placed before or within a respondent quote (*...they need to have their own apartment*) indicate that an extraneous portion of a quotation has been omitted.

Recommendations

Recommendations appear throughout the report. Every effort has been made to place each recommendation in close proximity to the narrative or research data pertaining to, or generating, it. Recommendations are easily discernable because they are bolded in a distinctive font as follows:

IT IS RECOMMENDED THAT ...

All recommendations are numbered, in sequence as they appear in the text. A full set of recommendations is located at the end of this report.

C. RESEARCH METHODOLOGY

In approaching this needs assessment, the Consultants employed multiple lines of inquiry matched with a number of appropriate analytical techniques.

1.0 Background Research and Document Review

The Consultants reviewed relevant background material from the partner agencies and elsewhere in the community e.g., planning reports, previous stakeholder input consultations, and other material pertinent to the project at hand e.g., data from funders on community needs, research on client population.

2.0 Development of Client Profile

The Consultants developed a profile of teenage parents in the Hamilton area using the following resources:

- Existing information from the project partners on client profile
- Existing research studies which focus on the population in question in Hamilton. Our work was guided by the project partners, other key service providers in the Hamilton area and supplemented by a number of internet searches.
- Existing demographic profiling from Statistics Canada for the Hamilton Census Metropolitan Area
- Data obtained from Key Informants about the broader population
- Some data obtained directly from teen parents themselves during focus groups

The development of a client profile, in addition to providing us with some sense of the potential size of the population of teenage parents, provided us with information such as age and gender of teenage parents, number of children, their current living arrangements, sources of income, etc.

3.0 Literature Review

The Consultants undertook a focussed review of the literature concentrating on “best practice”, preferred models, evaluation strategies, and service delivery systems as these relate to the ‘need’ in question - supportive housing for teenage parents.

The review involved an internet search plus a review of various studies, articles, manuals and other documents provided by the Sponsor or purchased for the purpose of this research. Over 60 documents were reviewed and a total of 38 were selected. The selected documents are available to the Sponsor in hard copy. Most can be found on the internet using the URLs provided. Three manuals were purchased outright with the permission of the Sponsor and will provide very useful information for future planning, development and implementation.

The content of the selected articles deals primarily with supportive housing models, programing, evaluation, best practices, supportive housing for parenting teens, special issues influencing design and programing. Partnerships in supportive housing provision and recognition of supportive housing as a key component in a continuum of care is stressed. Supportive housing with community support is considered part of a growing intervention trend based on networking and partnerships. It is generally recognized as a factor that positively influences the state of health and quality of life of marginalised persons, and teen parents and their children as a group have been found to benefit from it. Although there are some innovative programs, it is recognized that solid evaluative studies and published research in the area of *comparison* of supportive housing, outcome effectiveness evaluation and best practices are limited.

4.0 Focus Groups with Consumers and Providers of Service

In focus groups, participants were invited to share their opinions and perspectives in a rather free-flowing and synergistic group setting, bounded by pre-constructed questions and expanded by spontaneous probes and queries from the investigator. The real value of this approach is its ability to reflect a “group think” and to capture a richness and depth in information on an identified research question that other methods cannot yield. In this project, it allowed the Consultants to hear directly from both teen parents as well as service providers.

Typically, when undertaking projects like this one, we tape and transcribe the focus group sessions to allow us to capture the full depth and detail of respondent input. Due to budget constraints, we did not do this for every focus group session and, instead, some groups had careful notes taken by hand and 2 had notes transcribed from a tape.

The focus groups permitted us to receive input from both consumers and community agencies/service providers/related professionals and organizations regarding ‘what is now’, ‘what needs to be changed’ and ‘what could be.’ In addition to collecting this input, opportunities were taken to elicit input and suggestions on the other assessment areas under examination: best practice, service delivery systems, intervention models, and other needed supports besides housing.

Focus group instruments were developed by the Consultants in consultation with the Sponsors (copies of these can be found in Appendix A. The Sponsors were responsible for recruiting teen parents for four focus groups held at various sites in the city, and their selection process ensured a broad range of backgrounds would be represented in these focus groups. The Sponsors were also responsible for arranging for two focus groups for service providers after working with the Consultants to establish a list of key organizations and constituencies to be included. Scheduling was carried out by the Sponsors.

Despite the aim to assemble focus groups of ideal size (ideally seven to ten participants), there was actually a range in size of focus groups from 3 participants to 17 participants. In total, 38 consumers (teen parents or pregnant young women about to become teen parents) and 21 service providers participated in focus groups.

5.0 Structured Key Informant Interviews

The Consultants carried out a focussed inquiry with 6 Key Informants in 6 structured interviews. These Key Informants were carefully selected by the Consultants with input from the Sponsor.

Unlike the focus groups, the purpose of these interviews was, where possible, to collect more specific data on the broader population in question by examining the actual experience of selected service providers, client populations, organizational structures, service delivery systems, intervention models, and approaches to evaluation.

Key Informants included 3 out-of-town respondents and 3 local ones.

The out-of- town interviews consisted of an on-site visit to a Toronto based provider of supportive housing for teenage parents and a telephone interview of both a Waterloo and an Ottawa based supportive housing project.

Three local face-to-face Key Informant interviews took place with:

- a Public Health nurse working with parenting teens (many from off the street)
- the manager of the Learning Earning and Parenting (LEAP) program in Hamilton
- a manager from the Children’s Aid Society of Hamilton (CAS)

In two cases (Public Health and CAS), interviewees had in turn invited colleagues to sit in on their interview, turning these into structured group interviews.

Similar to the focus group sessions, these Key Informants were invited to share their opinions and perspectives in a one-on-one, free-flowing discussion, bounded by some pre-constructed questions and expanded by spontaneous probes and queries from the investigator. Copies of the interview protocols are included in Appendix B.

6.0 Data Analysis

Using multiple lines of inquiry resulted in a rich array of data and information which was analysed and used in various ways.

Information from focus groups underwent a comprehensive thematic analysis. This type of analysis facilitates a useful “clustering” of data and opinion within and across groups and provides a helpful way of identifying significant points of divergence among participants. The themes which emerged and which are reported below reflect themes which ran across both consumer and service provider focus groups. Some of these themes are reflected below in the client profile; other themes are reflected in the “visioning” which focus group participants undertook in relation to what a supportive housing facility might look like and encompass.

The data from the three interviews with local Key Informants were also analysed thematically and have served primarily to augment and add dimension to the themes which emerged from focus groups.

The three Key Informant interviews with supportive housing providers from other communities were also analysed thematically and used to inform the Consultants’ analysis and presentation of “best practices” and learnings from other sources.

D. RESEARCH FINDINGS

1.0 Client Profile: Parenting Teens in Hamilton

Through a combination of focus groups, Key Informant interviews, literature review and review of existing studies and statistical profiles, the Consultants undertook to develop a profile of parenting teens in the Hamilton area which could be used to assist in documenting need and informing design and service delivery issues for a supportive housing project. It is significant to note that there is, in fact, little information available on parenting teens in Hamilton and much of what the Consultants have had to draw on is material focused on teen parents more generally. This makes the profile no less valuable.

1.1 How Large is the Population of Parenting Teens in Hamilton?

Since 1992, the teen pregnancy rate in Hamilton has steadily increased and, by 1997, the last year for which Ontario statistics are available, it was considerably higher than the provincial average of 42 pregnancies per 1,000 teens. In Hamilton the figure stood at 52.9 pregnancies per 1,000 teens. Each year, about 780 Hamilton teenagers become pregnant. (37: 3)

Statistics Canada reports that, for teenagers who become pregnant, the number of live births have decreased as the abortion rate has increased (although it has begun to stabilize). Nationally, approximately 45% of pregnancies among teenagers end in abortion. (52) Applied to estimated teen pregnancies in the Hamilton area, this translates into 55% of an estimated 780 pregnancies among teens in a year, or approximately 429 live births to teens every year.

1.2 Who is the Parenting Teen?

Although there have not been studies specific to Hamilton, there is research available which allows us to provide a profile of what the general background of parenting teens is likely to be.

A 1995 brief to the Minister of Community of Social Services by ONTCHILD noted typical characteristics of a teen mother served by Young Parent Resource Centres (at that time still known as maternity homes). These are listed below. She is:

- in her late teens
- among the poorest of the poor with an annual income 33% below the poverty line
- many have a history with the children's services system and many have been in care
- many fathers are uninvolved (40)

A profile of clients in Young Parent Resource Centres provided to the Consultants in a paper by Loretta Hill-Finamore added the following:

- while the typical resident is 17 or 18 [years old], the range is from 12 (20) to 30
- many women are dealing with additional issues including homelessness, mental health issues, depression and aggressive behaviours
- many women have had previous involvement with child welfare, probation and other children's and adolescent services
- they tend to have a long history of poverty and hardship

Typically, young mothers have:

- either been abused during pregnancy or have been abused by their current partner
- been sexually assaulted
- been physically and/or sexually abused as a child (20)

In 1997, Terrance Henry prepared a Risk and Capacity Profile for the Hamilton Area Office of the Ministry of Community and Social Services. (19) He noted in the profile that “teenage pregnancy is correlated with many risk factors for both parent and child, including: poverty, unemployment, lack of social supports, low birth weight, low maternal education and poor infant health.”

What is critical to remember about the profile above is that it reflects the background and experience of young women who are receiving service in Young Parent Resource Centres. However, we know that there are significant numbers of young parents who are receiving little or no service simply because Young Parent Resource Centres (formerly referred to as Maternity Homes) are not reaching them, are unable to house them or, in some cases, because young women will not access them. Service providers associated with the two Young Parent Resource Centres estimated during a focus group discussion that the two centres “...probably service about 10% to 15% of teen moms in the city.” The fact that only a percentage of young parents receive the support available through services such as these Centres led to the following dialogue between service providers in one of the focus groups:

“...but we’ve got this gap, and it’s quite a big gap, of teens that aren’t involved with anybody...They need everything, like supports around budgeting, around life skills, around cooking. You know. Some of us grew up with learning to do that at home. That doesn’t happen for the majority of girls that we see. So, to assume that they can cook for themselves or their baby is a big assumption....”

“...I would say the needs [of the group not receiving services] are identical [to those at the Centres] but more magnified....”

“....because of that....and how they must feel with their self esteem, they try to hide that and they don’t share that information with anybody, so they don’t want to let you know that maybe they can’t read the landlord letter, or they don’t know what they’re signing, but they’re going to pretend that they do. Because they don’t want anybody to pick that up. And that’s the unfortunate part because we’re fighting trying to get them into school....Where they think they can do Grade 11 or Grade 12, and then they do the assessment and even prior to that when they’re on Ontario Works and they have to do the literacy test which is very simple. It’s not a really intimidating one, but for some of these clients it is. And they’ll say they didn’t pass. And it’s very unfortunate....”

Our focus groups with parenting teens, while they did not explore participants’ backgrounds, invited enough information about their situations to validate much of what was documented in the 1995 ONTCHILD brief. Most of our participants, for example, indicated that they were in receipt of Ontario Works or participants in the Learning, Earning and Parenting program (LEAP) which would put them below the Statistics Canada Low Income Cut Off Point (often referred to as the poverty line). Many young women described backgrounds and a housing history characterized by serious lack of stability (moving from inadequate place to inadequate place, dropping out of school) and in a significant number of cases, young moms had, at one point or another, been homeless and living on the street. Many were in school (Section 19 classes) indicating that many of them had, in fact, dropped out of high school.

Local Key Informants validated many of the concerns identified by ONTCHILD some 8 years ago. When asked what they thought were the greatest challenges experienced by young parenting teens, Key Informants noted the following:

- transiency
- lifestyle issues (substance use, peers, emotional instability, increased risks)
- lack of parenting skills
- financial insecurity
- kids are convinced they are ready to parent and will not listen

Service providers emphasized the difficulties they experience keeping this population engaged in services and programs. While not a problem with many agencies, particularly those that focus on youth, it is worth noting that service providers identified the lack of youth-friendliness in many agencies as a critical systems issue.

A look at the breakdown of young parents involved in the LEAP program (City of Hamilton) provides some interesting insights into young parents. LEAP offers additional supports (instrumental and financial) to recipients on Ontario Works. The Home Management LEAP Case Coordinators working with LEAP recipients, for example, are an important resource to parenting teens in the Hamilton area. Nevertheless, LEAP recipients are still living under the poverty line and are highly vulnerable to the issues confronting all parenting teens.

Since LEAP began in 1999, some 672 young parents have participated in the program. This total includes:

- 33 couples
- 9 single fathers
- 59 graduates from the program
- 173 participants from the two Young Parent Resource Centres in Hamilton

These data provide some interesting insights into the Hamilton population of young parents: in a number of cases, there is an active couple and there are, in fact a small number of single fathers. Well less than one-third of the LEAP participants have been involved with the Young Parent Resource Centres, suggesting a large population of parenting teens exists who do not have contact with the Centres, a factor to be kept in mind when estimating potential usage of a supportive housing project.

1.3 What are the Risks for Children of Parenting Teens?

In its 1995 brief, ONTCHILD was clear that Young Parent Resource Centres see their role as “specifically targeting the needs of two generations - teen mothers and their children” (40). This is because children of teen parents are at higher risk than other children in a number of areas. In its Application for Homelessness Funding 2001/2002, the Children’s Aid Society of Hamilton-Wentworth and its network of community partners documented some of these challenges with reference to a series of studies, including “Kids Having Kids: A Special report on the Costs of Adolescent Childbearing” (28) and “The Early Years Study” (30) by Dr. Fraser Mustard. The challenges identified in these studies included such things as:

- teenage mothers end up in poverty and their children are vulnerable to severely adverse social and economic disadvantages
- children of teenaged mothers are more likely to have health and cognitive disadvantages
- children of teenaged mothers are more likely to be neglected or abused

Interventions which can reduce the likelihood and/or impact of long term poverty and enhance parenting skills can therefore not only benefit teen parents, but can have a profound impact on the outlook for their children.

1.4 Social Determinants of Health: Poverty and Housing

Much work has been done over the last few years focusing on the critically important role that structural issues play in the determination of individual health outcomes. These “social determinants of health” include a wide variety of factors, notably, income and housing.

Poverty plays a key mediating role in the lives of parenting teens and their children. We know that teenaged parents are more likely to be poor than women who become parents at a later stage in their lives. We know, for example, that many of the young parents who participated in our focus groups were already living in poverty with their children (given their income source as Ontario Works or LEAP).

This holds out a particular challenge in the area of housing. It is well understood amongst those concerned with social determinants of health that housing - housing that is both appropriate and stable - is a key factor in promoting more positive health outcomes. It is critical, therefore, when looking at young teens who are parenting, to be aware that they are confronting major challenges in finding and securing appropriate, stable housing. This is due to both their low incomes as well as to the crisis which exists in the Hamilton community (as elsewhere) with regard to the lack of affordable housing. Not only is there little in the way of affordable housing, but young parenting teens have little in the way of income to be able to afford that which might be available.

1.4.1 The Affordable Housing Crisis in Hamilton

The lack of affordable housing has been a longstanding issue in Hamilton and in many other communities. Despite an infusion of homelessness funding in the last several years, the crisis in affordable housing still continues and in many ways gets worse.

For example, the housing market in Hamilton has changed dramatically since 1998. Average rents have increased 13% since 1998 and vacancy rates in the CMA (Census Metropolitan Area) have plunged from 3.2% to 1.3%. (57) For those on social assistance, such as parenting teens, the situation is grim: “Social assistance rates, particularly for Ontario Works benefits, are extremely inadequate and leaving people at risk of homelessness. The shelter portion of the allowance falls seriously short of average rents, while the costs for basic necessities such as food, shelter, and clothing exceed the maximum benefit levels.” (57) Waiting lists for social housing have average waits up to 5 years. Clearly, the situation is grim for those on limited incomes and without access to affordable housing when it is required, teen parents and their children are at risk for the consequences of unstable, inappropriate housing and, over time, at high risk for homelessness.

1.4.2 The Experience of Teenaged Parents in Their Search for Housing

The focus group participants with whom the Consultants met painted a generally bleak picture about their search for suitable housing for themselves and their children. When we asked what kind of problems they

encountered in looking for housing or about problems they had with their current living arrangements, the following issues emerged (many of these issues were repeated over and over):

- too expensive (even when the apartment is described as a “dump”)/lack of affordable units

“...affordability is a critical issue – I only get \$511 a month for housing”

- in bad repair and landlord wouldn't/won't fix things (some of these problems posed significant health issues such as uncapped windows which let in wind and cold, mice, cockroaches, blood/garbage in the hallways which is not cleaned up quickly)

“I have a shumlord – I moved in May to Hamilton and found an apartment – it has ants, screws loose, mice – I'm moving”

“...I'd like it to be habitable – would like a shower...”

- the area where housing is currently located is unsuitable, e.g., second floor over a store on a main road; violence and drugs in the apartment complex/on the street; no easy or safe access to parks
- age discrimination when looking for housing

“I lived with my Mom but got kicked out – moved in with a friend – living situation was gross (there were cockroaches, etc.) – looked at 10 places – major age discrimination...”

- lack of income (first and last month's rent, etc.) (this sometimes leads young women to lie about their situation)

“...OK – you do what you do to get through things [had to lie about who her co-signers and references were]”

“I had to lie to get my apartment” [didn't have income for first and last month's rent]

These comments and concerns from young parents were echoed by the service providers with whom we talked, both in focus groups and in Key Informant interviews. When service providers were asked what they saw as the problems teenaged moms had finding housing, they listed many of the same concerns, although there were a few new issues noted as well:

- affordability
- age discrimination
- their own vulnerability
- inappropriate/unsuitable (safety issues, pressure to find a place to get Ontario Works, on the 3rd or 4th floor, lacks a private room for them, too expensive)
- geographic location (need to be close to school, daycare, close to Young Parent resource Centres)
- landlords scrutinize them/will they be responsible tenants?
- ability to manage money

The vulnerability of young single parents was not an issue the young parents themselves raised with the Consultants, but we heard stories of some of the situations that young moms have encountered in their search for housing, and in some there was a clear exploitative component (e.g. landlords refusing to fix

things and young mothers believing they had no right to expect that things should be fixed for them; landlords sexually exploiting teen mothers in exchange for repairing things).

Given the crisis in affordable housing in Hamilton and the challenges faced by parenting teens in securing appropriate housing, it is clear that additional housing for these young people is urgently needed, and where this housing can be linked to supports which will assist in enhancing opportunities for movement out of probable poverty (through education and job readiness) and improved parenting skills, both young parents and their children will benefit dramatically.

1.4.3 Support Networks

In the focus groups we conducted with both parenting teens and service providers, we asked who parenting teens call on for support, information and advice as well as who they call on in an emergency.

Young moms told us they depend on the following:

- friends
- relatives
- neighbours
- agency staff person that they trust (although for some there are limits on what they will share with staff)... these staff could be located in a maternity home, be a Parental Support Worker, and for some even a CAS/CCAS worker (other young moms said they would never go to the CAS/CCAS)

“...you don’t want them to judge you” (...others felt that if there was trust, staff could be like friends)

“...need to be able to trust service providers...”

- Doctor
- Telehealth / 911

Service providers validated this information and emphasized that, where parenting teens seek out professionals, it is typically with professionals with whom they have established a relationship of real trust:

“...teens come in for one thing, e.g., the meals, and then find a way to get to the staff person they really want to see and trust...”

Although a few young moms spoke positively about their Parental Support Worker from the Children’s Aid Society (CAS/CCAS), most young moms indicated they wouldn’t trust the CAS/CCAS for fear of losing their child(ren). In one focus group composed primarily of young women who had, at one point or another been on the street, the young women stated strongly up front prior to the group even stating that they would have nothing to do with the CAS/CCAS. And in at least two other cases during focus groups young moms indicated that their children either had just been seized or were about to be seized by the CAS/CCAS. It is important to stress that the concern expressed about the CAS/CCAS was directly related to the organizations’ child protection mandate and not any other problems.

The apparent dependence on informal networks for support (friends, neighbours, etc.), is not a problem in and of itself, since having informal support networks is a critical factor to successful integration into the community. However, where those networks are composed of other young moms, circles of friends or

even family who are as unstable as the young mom may be, the creation of accurate information and effective support services is critical.

In one service provider focus group, it was noted that there seems to be a three-month window after leaving the protected environment of a Young Parent Resource Centre in which professionals can work effectively with young single moms and expect a willingness to be involved with a professional. One of the Key Informant respondents who is a provider of supportive housing commented that the first 18 months are most critical in terms of setting a foundation for effecting change. While these comments are essentially anecdotal, others in the focus group agreed and supported the notion of supportive housing as a more independent point on a continuum of care which moves young parents towards full independence.

1.5 The Need for Supportive Housing

The data which the research team was able to gather with regard to teen parents in the Greater Hamilton area strongly supports the need for supportive housing for teens who are parenting.

We know that the rate of pregnancy for teen parents is higher in greater Hamilton than the provincial average. Teen parents are at high risk for poverty, unstable housing and a host of other challenges which can impact dramatically on both their own health and the health of their children. These issues are exacerbated by the affordable housing crisis in the Hamilton area, making it extremely challenging for young teen parents to fund suitable, safe housing which they can afford. Given this context and the size of the population, the provision of housing with supports which facilitate movement toward more effective parenting and healthier independent living is a critical mid-point along the continuum of care. The continuum stretches from the residential programming offered by Young Parent Resource Centres at one end and independent living at the other.

Analysis of the data from the six focus groups and all eight Key Informant interviews with local and outside professionals strongly confirmed the need for supportive housing.

“Certainly [our] staff have found that such a facility is really needed - they find this group [young moms] is much more likely to be taken advantage of...”

“What is being investigated is very much needed....”

There is strong support in the research literature for supportive housing based on community networking and partnerships as a key component of effective service intervention, and a strong factor that positively influences the state of health and quality of life of marginalised persons. (55: 10; 47; 48; 49; 21; 44; 6; 25; 51; 46) A very recent study of former clients of a supportive housing facility in Toronto found the majority of ‘older’ former clients were currently taking post-high school courses and the majority of recent former clients were still attending high school. There was a clear correlation between client’s progress through several phases of ‘graduated’ independent living settings, and better long term housing stability (7).

Currently, however, no supportive housing facilities exist in our community for young parenting teens. A recent strategic planning process looking at gaps in service, undertaken by St. Martin’s Manor, a Young Parent Resource Centre in Hamilton, identified the need for “continued support for teen mothers after leaving St. Martin’s Manor” as a key priority and supportive housing in particular was noted as a strategic action under this priority. (14: 25) The Supportive Housing Coordination Network, a committee of the

Hamilton District Health Council, composed of key housing and service providers in the community, recently identified both youth and families as a priority population in need of supportive housing, and in particular, those with mental health issues. (53)

- 1. IT IS RECOMMENDED THAT long term supportive housing for parenting teens and their children be established in the Hamilton community, such an investment being based on the following: a) recognition that supportive housing is a key component of a continuum of care approach to addressing the needs of this population b) lack of supportive housing for young mothers and their children in our community has been identified as a serious gap in our overall service delivery system c) strong evidence of broad community support (providers and consumers) for this service and d) the proven effectiveness of supportive housing in helping to create stability, foster responsibility, autonomy and self sufficiency, and promote positive social, cognitive and health outcomes in child and mother.**

E. KEY THEMES: DREAMING THE VISION

In our discussions in focus groups and selected Key Informant interviews, there were five critical themes which emerged in relation to a potential supportive housing option. These themes were:

1. Physical Design: Achieving balance between privacy/independent living on the one hand and providing for social interaction on the other hand
2. Model: Stand-alone (single site) versus living units dispersed across a larger geographic area (scattered sites)
3. Supervision, Control and Independence
4. Service Strategy/Programing
5. Security Issues
6. Establishing/Nurturing Trusting Relationships

These are discussed in detail below.

1.0 Physical Design: Balance Between Privacy and Independence & Social Interaction

a) Independent Living

There was a strong consensus across all focus groups and among all Key Informants that there is a pressing need for privacy for young teen moms. Further, there was an acknowledgment that if a supportive housing project is going to nurture independence, then the living arrangements have to support this goal and independent living units are the model that reflects these ends. Consequently, there was extremely broad support for the notion that young moms and their children should have their own apartments, complete with kitchen, bath, living and eating area and at least two bedrooms (so that the young parent

can have privacy). In some cases, where there might be several children, it was suggested that three bedroom models be made available.

Young moms repeatedly told us that for them to move into such a place it would have to be “cosy and homey” and that:

“....it needs to be independent....it needs to be private....”

In fact, many of the young women we spoke with in focus groups said if such a facility did not provide for independence and privacy, they would opt NOT to move into it. The degree to which this need for independence was deemed important was underlined by one young mom who talked wistfully about being able to have her own phone line. It was further underscored by one focus group of young women who had difficulty even imagining individual apartments: when asked to “dream” this facility, they described a shelter environment. It was not until they were specifically asked what they would think of individual apartments that they were able to even dream of the possibility.

This perspective was strongly supported by service providers who see young moms living in their own units as critical to their learning to become independent:

“....[they] need to have their own individual apartments – 2 to 3 bedrooms so they have privacy...”

The views of respondents from this research about supportive housing are supported in the literature. A review of 26 studies of consumer preferences in housing showed that the most desirable form of housing in every study was independent living in a house or apartment. (54:13) The most effective supportive housing designs were found to be those which give tenants their own separate housing units. Facilities that did not allow adequate privacy and independence tended to experience more problems. (21: 49) Units typically consist of one or two bedroom apartments or townhouses with complete kitchen, private bathroom, and living and eating area.

Research also strongly points to the fact that supportive housing should look like home - “normal” versus institutional. (44: 41)

b) *Social Interaction*

While there was consensus about the need for individual living units, there was also strong support across all focus groups for the notion of common spaces as well. In some cases, the concept of common space was linked to assumptions about programming which should be provided (programming and service strategies are discussed below).

Common spaces mentioned in focus groups included:

- Child care space
- Indoor and outdoor play area
- Some common recreation space/ meeting space / lounge / program room
- Party room which could be booked
- Community kitchen
- Separate inside smoking area
- Donations /exchange room
- Outside sitting area, e.g. patio

- Dedicated space for supervised access
- Storage areas
- Food bank
- Laundry facilities

The existence of shared common areas such as meeting/group rooms, children's play space, laundry facilities, are recommended in the literature and are typical of single site supportive housing. They can foster peer support, a sense of community, and encourage healthy "family" recreational time as well as interpersonal interactions and relations among tenants. They need to be well integrated. (51: 18 - 19) Cautions are also offered regarding common space. Unsupervised, out of the way spaces can become unsafe and poorly maintained and therefore prominent location of common space is recommended. Further, some single site supportive housing operators have found that common areas can tend to become too much of a focus for some tenants resulting in these tenants focusing more on others' lives than their own. (51)

It is worth noting that, to some extent, decisions about common areas will be driven by service strategy and design including programming and delivery e.g., on-site and/or off-site. Indeed, some research suggests that the decision about who will be served, the determination of client needs, the choice of program activities, and staffing will inform the design criteria of the supportive housing - and, ultimately, all three of these 'pieces' will inform space requirements. (51: 17) This is discussed in more detail below in the section entitled "Service Strategy."

c) Current Living Conditions and Site Management Issues

The need for good maintenance was mentioned several times by the teen moms. This would seem to reflect the unsuitable living situations that many of them were in at the time of the focus groups and the repeated difficulty that many of them have getting landlords to make even simple repairs.

These unsuitable conditions constitute one more factor that affects the housing stability of our young mothers and their children. One study (3) described many apartments as dirty and bug infested and added that they often lack security including fire alarms, fire escapes, lighting, and secured entrances. To some degree, these problems speak to "poorer" neighbourhoods and there is a large body of literature that links the quality of neighbourhood with child outcomes. One such study shows that the incidence of problems increases as the quality of neighbourhoods decline (16: 19). The Canadian Institute of Child's Health 1997 National Symposium reported that a child's development can be adversely affected by his or her physical surroundings.

With respect to supportive housing, regardless of model, site management is identified in the literature as critical to the success of any supportive housing facility. (51: 13) It should not be underestimated or simply "tacked" on to the duties of another position.

2.0 Model: Single Site or Scattered Site

In both service provider and consumer focus groups the relative merits of the stand-alone model (typically referred to as a single site model e.g., a small apartment complex with individual units) versus a project model with apartments dispersed across a larger geographic area (typically referred to as a scattered site model e.g., small apartment complexes across a neighbourhood or even single apartments across the city), was discussed.

Each model has benefits and limitations. For example, one service provider raised the issue of creating stigma through “ghettoization” if single moms all were living in one complex. Although this specific issue was not raised in any other group, members of other focus groups talked about the notion of small “clusters” of units located around a centralized resource centre, or small clusters which could be serviced by a mobile team of professionals offering support services and programming. While this notion of “clusters” did have some support, the dominant opinion rested with the concept of a single site model.

Our literature review included examination of numerous types of supportive housing projects in Canada and the United States, both single site and scattered models, of comparative research studies, and of best practices in supportive housing. Findings are highlighted below. Best practices are outlined in the Best Practices section.

Divergent Opinions

The research literature presents divergent points of view regarding what *form* supportive housing should take:

- a single site model (e.g., Massey Centre, Toronto) or a scattered site model (e.g., Youville Centre, Ottawa)
- a facility/building developed by one organization and turned over to another to operate and provide services, or one organization that both develops the housing and provides the support services
- units leased from the private market or a nonprofit organization, or purchased outright

Some research suggests that populations with high and complex needs require more structure and intensive services which are best coordinated and addressed by a single site model while scattered models are most effective with populations that have a higher ‘readiness’ for independent living. There is strong support for keeping sites small - often no more than 25 units - so that services may be individualized and of high quality - two essential components of successful supportive housing.

However, there are no definitive formulas or rules for determining the ‘right’ model. In fact, some research suggests that the various forms of supportive housing appear to “have more in common than they have differences.” (55: 3) For example, both models offer individual, private units and generally follow what appear to be essential principles or emerging “best practice” of supportive housing. For example, both models:

- represent only slightly varied points on a continuum of services to help individuals in need
- support a client-centred approach
- recognize that consumer preference is to live in regular, permanent, integrated housing and not in congregate care settings
- offer flexible, individualized support services
- allow tenants to access an array of support services to meet their special needs and help with the transition to independent living
- provide affordable housing as the environment in which families receive services
- demonstrate some degree of flexibility around length of stay
- encourage productive participation in community and society

While it can be argued that research findings are early, all forms or models of supportive housing appear to have proven successful in providing an effective way to assist people in transition (26: 2) (21: 29), and their ability to handle even traditionally difficult clientele, along with their record of accomplishment even when located in undesirable neighbourhoods is noteworthy. (26: 2)

The Relative Merits of Single and Scattered Site Models

Although there are many innovative housing programs, comparative evaluative studies of supportive housing (as well as best practices and outcome effectiveness evaluation) are rare, and most of the research is descriptive. (55:25) This is particularly true with respect to supportive housing programs for young teen mothers and their children compared to other populations such as people with mental illness, and people with disabilities. Further, most of the research focuses on single site models, perhaps because the scattered model is newer. Often studies report results based on mixed populations and mixed models so the reader must use caution in weighing the findings. (21: 25) Finally, there have been no long term outcome evaluations or cost comparisons done to measure the effectiveness of the scattered model (21: 29) although some research suggests higher costs associated with this model.

Pros and Cons/Issues and Considerations: Single Site Model

The literature that does exist suggests there are both pros and cons of each model and points to various factors that may influence decision-making about supportive housing development overall. Some of these are:

- ✓ single site design may be simpler to administer than scattered sites since everyone is at one site; staffing and service provision may be more easily coordinated; administrative and program office space can be located on premises resulting in lower costs for these line items
- ✓ concentration of clients in one location can make it easier to build a sense of community among clients
- ✓ risk of incurring other costs not necessarily incurred with scattered sites e.g., security, repair and facility maintenance (depending on the lease agreement however, the cost of repairs can be the responsibility of the agency in a scattered model)
- ✓ may be more opportunity for on-site learning through participation in resident councils and other committees which teach and foster a sense of community
- ✗ concentration of clients in one setting can result in separation from the broader community (service strategy that links and connects clients with broader community can counteract this risk)
- ✗ must meet complicated zoning requirements
- ✗ more likely to have to contend with neighbourhood opposition in the development

Pros and Cons/Issues and Considerations: Scattered Site

- ✓ less expensive maintenance costs (see possible exception noted above)
- ✓ may be easier to serve various (mixed) populations
- ✓ no need to undertake real estate development
- ✓ no need to gain community acceptance
- ✓ zoning is not an issue
- ✓ more automatically integrated into broader community
- ✗ more difficult to administer and provide services due to multiple sites
- ✗ early intervention may be more difficult due to less day to day supervision/monitoring
- ✗ staffing, transportation and service costs usually higher due to multiple sites; need for “mobile” staff
- ✗ clients have less of an immediate support network to rely on (which may be fine if level of need is not high)
- ✗ may be less opportunity for on-site learning through participation in resident councils and other committees which teach and foster a sense of community (51: 7)

Factors that Influence Decisions About Development of Supportive Housing Overall

- *availability of appropriately located land or buildings that are affordable and accessible* (21: 53)
- *needs of client population*: higher need clients may require more structure and more opportunities for learning before being ready to “graduate” to greater independent living. Client need will influence both model selection and service strategy.
- *design should facilitate desired outcome attainment*:(21: 49)
- *goals of agency*: does supportive housing fit with agency mission and vision? One of our Key Informants stressed that nonprofit service providers must very carefully weigh decisions about ‘getting into the business’ of supportive housing warning that it “can seriously drain your resources and distract you from your real mission” and advising
- *overall funding availability* - for capital and operating costs - and agency capacity

It is important to reiterate that all supportive housing is about prevention. Young teen mothers have been found to benefit from longer term supportive housing and the range of services it provides (21: 22) and, as one study points out, “given the stark realities of the housing crisis as well as the limitations of our social welfare system, the drawbacks of supportive housing are minor indeed.” (21:29)

2. IT IS RECOMMENDED THAT consideration be given to the development of a single site model of supportive housing with 24 hour on-site supervision, or, alternately, if feasible, a tiered system of supportive housing including a mix of small single site and scattered-site supportive housing. This recommendation is based on the following research findings:

- ▶ **Hamilton currently has no supportive housing for this at-risk population. It is reasonable, therefore, to expect that young teen parents who are referred for supportive housing will generally have a high level of need (e.g., we already know that a large population of parenting teens exists who do not have contact with Young Parent Resource Centres). The literature suggests that this population requires more supervision/structure and opportunity to learn and achieve some stability before graduating to more independent living. This is echoed by most of our Key Informant respondents who are providers of supportive housing for at-risk teen parents and their children. The single site model of supportive housing, according to some research, facilitates supervision and early intervention both of which are particularly important with this group.**
- ▶ **Young teen mothers with lower level needs, possibly ‘graduates’ from the single site, may be more ready for independent living offered through scattered sites.**
- ▶ **In any setting, individual privacy and freedom must be balanced with adequate structure that promotes individual and collective responsibility and moves individuals toward independence while ensuring the safety and security of all.**

3.0 Supervision, Control and Independence

There was a dynamic tension in the focus group discussions and Key Informant interviews between the need for supervision and on-site staff on the one hand and the need for independence and residents’ rights to come and go and have visitors on the other.

The three most critical reasons cited for on-site staff were:

- *security* and the role 24 hour staff can play in enhancing security (this became a critical issue in relation to questions about whether men should be permitted to stay overnight)
- *immediate response to emergency situations is facilitated*
- *liability and accountability issues* can be better managed

In contrast, a number of young women in our focus groups were very reluctant to have staff on-site. They indicated right from the outset that it was the degree to which they would be permitted to exercise their independence which would be a determining factor in whether or not they would use such a facility. When they offered this opinion, it was invariably tied up with a concern that on-site staff would necessarily translate into an invasion of residents rights to privacy and to make independent decisions. On-site staff were perceived by some participants as a guarantee of intrusiveness. In these cases, some indicated that their preference would be to have staff on-call but off-site.

There is also a clear distinction to be made between staff who might be on-site because of housing, security and tenancy issues and staff who might be on-site due to service delivery issues. The critical question from the perspective of the organization(s) looking to develop a supportive housing program would involve how to achieve a balance between managing risk and liability, and ensuring that the program effectively encourages movement towards independence.

One service provider put it this way:

“...[it is important to] strike a balance between support and independence...”

In sum, from service providers, then, we received the message that, yes, there needs to be some kind of staff on-site and while many young women agreed with this, there was a significant concern that a staff presence not be too intrusive.

There was a much stronger consensus around the participation of residents in setting the rules and being involved in the governance of a supportive housing project. Young moms and service providers were virtually unanimous in suggesting that young parents need to have some involvement in shaping the environment and operations of the facility in which they are going to live.

Research confirms that programs tend to be more successful when they involve consumers in the design. (55: 25) (42: 5) Participation in activities such as resident councils, committees and social activities can help to empower young teen mothers, teach them a sense of community, instill personal responsibility, and build self esteem and leadership skills.

The literature confirms the need to balance structure, supervision and monitoring with the young teen mother’s desire (and need) for autonomy and control. Supportive housing is, after all, a graduated step toward independent living and therefore the focus should be on creating an environment of personal responsibility rather than of rules and regulations (44: 41). A study conducted by Massey Centre in Toronto (50) which provides supportive housing to teen parents and their children confirms that a “prescriptive” orientation has not been found to be successful. Where there is too much structure, the teen mothers are reluctant to stay and forfeit their freedoms. This is further supported by a study which found the degree of staff control to be negatively correlated with resident satisfaction in relation to their privacy and personal empowerment. (54: 13)

While an institution-like setting focussed on rules and regulations is clearly not the recommended approach, some structure, including supervision, is necessary for the safety of residents and for the security of operations. Structure facilitates learning of personal responsibility and the establishment of trusting relationships (both of which are associated with housing stability and independence) and early intervention and prevention. An important study of consumer preferences in housing by Tanzman (quoted in 54: 13) confirms the need for, and importance of, supervision from the perspective of consumers. While living independently was the preferred choice - and the most effective supportive housing design, the most important need identified by consumers in terms of staff support was being able to access staff on a 24 hour basis to help deal with emotional upsets and crises. The second most important identified need was having staff available anytime of the day or night to come to their home/apartment if needed. Regular home visits were also identified as important.

Where opinions vary in the literature is on the question of ‘how much’ supervision/structure and whether it should be on-site or not. The range across programs is extensive and the available research is limited in helping inform decisions about this aspect of project design. What it does suggest however, is that the higher the client need the higher the degree of structure and supervision and some contend that young teen parents and their infants require 24 hour on-site supervision. (51: 15) Not only are their needs high, but the fact that they are young women makes them that much more vulnerable. It is suggested that the following three things be considered in any decision-making regarding supervision:

- the population being served and their needs
- the organization’s responsibility to this group
- the organization’s risk tolerance (this is discussed below in Section 5.0 “Security”)

3. IT IS RECOMMENDED THAT decisions about the degree of structure and supervision provided be informed by a) the level of client need b) the agency's moral and legal responsibility to ensure safety in operations, and c) known key elements of successful supportive housing: a client-centred, flexible, responsive, individualized approach; emphasis on 'normal housing', consumer choice, and appropriate supports including self help; a striving for consumer independence.

4.0 Service Strategy/Programing

In general, there was strong agreement among young women and service providers about the need for services to be provided to residents in the context of supportive housing. When asked about the kind of services which should be provided, young moms responded with the following suggestions:

- child care on-site
- programs for babies
- programs for moms to learn skills, e.g.,
 - school
 - home management/cooking
 - parenting classes

- training:
 - ▶ basic maintenance
 - ▶ mechanics
 - ▶ cooking
 - ▶ use peer teaching models
 - ▶ self defence

In general, service providers agreed with the suggestions made by young Moms in the focus groups, although they identified some programing possibilities, including:

- addictions
- relationships
- access to a health professional
- parental relief
- anger management

Virtually everyone we spoke to in our focus groups and Key Informant interviews agreed that parenting teens who were not living on-site should be able to access resources and programing which might be available on-site.

There was less consensus about the balance which should be struck between programs which are located and delivered on-site and those which residents might have to go elsewhere to access. While young Moms spoke happily about the ability to access programs “in-house”, some service providers talked about the need to ensure that young moms are using programs, resources and services in the wider community to assist them with the process of becoming integrated into the larger community.

Finally, given the centrality of the Children’s Aid Societies (CAS/CCAS) in the network of services which engage young moms, there was a strong suggestion from some service providers that the particular approach to programing in the context of supportive housing could go some way to assisting the prevention of children being taken into care and, if this has occurred, the return of children to their young parent. Specifically, the suggestion was made that if a case management approach to service provision was used, individual parenting goals could be set with residents of the project and their level of goal attainment could be monitored either by staff on-site and/or by case conferencing on a regular basis. Apprehension of children by the CAS/CCAS could be avoided and return of children to their homes speeded up.

It is also important to note that many (although certainly not all) of the young women who participated in the focus group, indicated that even the slightest hint of CAS/CCAS involvement would result in their refusing to live in a supportive housing project.

Support services are an integral and essential part of a supportive or transitional housing program. A U.S. study on transitional housing shows that a client’s chances of success increased by about 21% with each additional supportive service received. (21: 62) Early findings from Second Chance Homes projects in the U.S. also indicate positive outcomes including less child abuse, better maternal and child health, and reduced welfare dependency. (47: 2) Other studies show that without these programs, most individuals cycle back into instability, poverty and homelessness. (4: 2)

Effective programs offer an array of services designed to address the special needs of the client population and help move them toward healthy and more independent lives. For the population of young teen parents and their infants risk issues are many and varied, including:

- lack of parenting skills
- lack of stable income
- impoverished support networks (personal, including family, and formal)
- lack of adequate job training, education and/or experience to compete in the job market
- financial difficulties
- inadequate life skills such as money management and nutrition
- mental health issues (which, according to our Key Informant respondents, is a growing trend)

All of these contribute to housing instability. Risks faced by children of young teen mothers in relation to healthy child development are well documented in the literature.

Programing On-site or Off-site?

Second Chance Homes research in the U.S. report that the best “homes” don’t try to provide all the services that teen families need in-house. Support services are offered on-site *and* off-site by a combination of supportive housing provider staff and through agreements with other community-based providers. Other providers are brought in or in-house staff help teen families make connections with services in the community.

Programs should work to build and maintain linkages, partnerships and collaborations, both formal and informal, with other community resources, the benefits of which build capacity within agencies, families and communities (44: 38). Collaborative programs:

- enhance access to and broaden the menu of services available to their clients while keeping costs down
- ensure high quality services
- help clients become more familiar with the community and the range of resources available thereby encouraging community integration
- create a professional network of agencies that are familiar with the agency’s program and can attest to it

Establishment of partnerships and collaborations is also desirable among potential funders.

Whether on- or off-site, it is imperative that services be accessible - easily accessible.

Which Services to Offer?

Selecting the services to be provided and determining which services will be required/optional are key questions.

Development of a service plan would be useful in creating and coordinating the range of services to be offered. It should delineate all the services to be provided (on or off-site) which are mandatory for participation in the program, and provide an overview of the sequence and timing of the services offered. (21: 63)

Which services to offer depends on various factors (44: 40) including:

- funding availability - each comes with a price
- needs of the population
- the extent to which community partnerships and coordination with other providers are possible e.g., available resources, existing partnerships, leadership re: planning and development
- type of supportive housing model
- emerging best practice

“Core” and “Other” Services

Services generally considered to constitute “core” or essential programming are those which appear to be most linked to the desired outcomes of long term independence and stability. These are described below along with suggested best practice and considerations regarding on-site and off-site practices.

comprehensive case management

- involves coordination of professional interventions, care plans, case reviews, and referral to community resources; includes regular meetings with teen moms; facilitates positive involvement in the program through individualized, goal oriented client contracts. A national study of supportive housing in the U.S. found that case management is the factor most often cited by program directors as contributing to client success. (21: 65) Other research supports the need for case management for this population (11: 1)
- provided on-site by supportive housing staff

individual and group based parenting programs/child development:

- parenting classes that teach teens about infant health, child development, appropriate discipline, etc.
- can be provided by partner agencies e.g., Public Health, Early Years Centres on or off-site. Some supportive housing studies encourage on-site programs to ensure that teen mothers attend.
- ongoing one-to-one support and assistance in moving toward personal goals is often provided by supportive housing staff on-site

child care

- must include after hours and respite; strong emphasis on child care that supports the development of the child rather than offering only custodial care; considered essential because, as one Key Informant respondent put it, “*Without it, young mothers cannot pursue academic or employment related goals and opportunities.*”
- the decision to offer on or off-site child care depends on the facility structure, agency resources and other child care resources available in the community. Critical elements are high quality and easy access. Possible options include:
 - arrangements with an outside child care agency: benefits include possible lower costs, existing expertise and established relationships and networks; already integrated in the community
 - on-site child care run by single site models of supportive housing offer quality care that is very convenient and accessible
 - contracting with an outside provider/program to operate on-site child care at the supportive housing facility
 - cooperative child care programs that involve parent volunteers: while these programs have been found to be successful, they are not recommended for new supportive housing developments due to the complexity of this design

combined education and job readiness training

- education is a strong predictor of the long term well being of adolescent parents and their children (6: 1), and key to better family planning, more stable family structures and increased chances of escaping poverty (22: 8); job readiness training is also strongly linked with positive outcomes; types of services may include opportunities to complete high school, literacy programs, job counselling and placement, job specific training
- arrangements can be made with existing resources in the community to provide these services; some supportive housing studies encourage on-site programs to ensure that teen mothers attend; a large number of supportive housing programs offer these types of services on-site

Advocacy/permanent housing search assistance

- advocacy services include helping teens with legal issues e.g., landlord and tenant
- assistance with future planning re: permanent housing search including logistical help around finding permanent housing is critical to maintaining housing stability (43: 3)
- provided by supportive housing staff and/or community resources where available e.g., Housing Help Centre, legal clinics

Life skills

- important in developing and enhancing self-sufficiency, these services include, for example, budgeting, nutrition, assertiveness training, conflict resolution, communication, relationship dynamics
- can be provided by supportive housing staff and community partners on and/or off-site; some supportive housing studies encourage on-site programs to ensure that teen mothers attend.

Mental health support/counselling

- research indicates there is a growing need for therapeutic interventions to deal with mental health issues (e.g; depression, suicide ideation) that are typical consequences of some teen mother's previous experience e.g., sexual abuse, physical abuse, poor supports (7: 14-15)
- these services are provided often by supportive housing staff on-site; they include individual as well as group counselling/support and self help. However, due to funding constraints and shortfalls, many programs cannot recruit staff with the higher qualifications necessary to address the more serious mental health issues of some clients. In response, many programs contract the services of a professional (e.g., psychiatrist, M.S.W.) to assist with assessment, development of individual care plans and to provide consultation and support to supportive housing staff. Where necessary, clients are referred to community resources.

Health care

- programs should provide linkages to health care services and most programs provide services through referrals with off-site providers

Building support networks and linkages to the community

- involves encouraging and assisting clients to learn about and access services and supports from community agencies, including library, schools, community centres, etc. - a component of programing that is strongly associated with long term positive outcomes because of its role in facilitating integration in the broader community
- provided by supportive housing staff.

Outreach

- Effective programing includes making support services available to ‘graduates’ of supportive housing programs. Such long term support is essential to effecting permanent life changes. Providing follow up and ensuring ongoing support on an ‘as need’ basis is therefore critical to the long term success of teen mothers and to helping them avoid cycling back into unstable situations and poverty. (44: 50) For many this will be the only solid support they have and they are more likely to contact these trusted supports for help when needed. Services may include home visits, group counselling, parenting education. Some providers advocate follow-up services for two years or more. (44: 49)

Other Services

Other services which may be provided through supportive housing include:

- *drug and alcohol services*: generally offered off-site through other agencies
- *transportation*: may be more critical for teens using off-site services or where public transportation isn’t easily available; some help with transportation may be necessary to help teens meet their program goals
- *furniture and clothing*: to assist clients with, for example, transition to permanent housing and job interviews
- *recreation* e.g., including holiday celebrations and outings which promote healthy “family time” coordinated by supportive housing staff
- *“peer educator” or “peer mentor” programs*: These programs are based on evidence that adolescents relate well to people their own age who have similar interests and backgrounds. They can also promote leadership skills and help build self esteem. As with any volunteer program, training, coordination and support are required.
- *outreach to fathers*: There is a growing amount of research on the importance of father involvement and various opinions on how best to make that happen.

The Social Policy Action Network (U.S.) reports that father involvement is central to the emotional and financial well-being of children and that fathers, particularly when their children are young, are committed to being good parents; that they need education, skills-based training, and jobs; that they need to learn how to be nurturing parents who are actively involved in their children’s lives. (46: 2)

A Second Chance Homes study provides another perspective reporting mixed results on outreach programs: most fathers are not present, few have involvement with mothers and those who do usually visit but don’t participate in activities.

Youville Centre in Ottawa does not directly offer programs for fathers but instead refers them to a separate “fathers program” operated by Brighter Futures which is housed in the same building as the Centre’s support services programs to teen mothers and their children.

Optional and Mandatory Services

Services generally considered “mandatory” are case management, education (completion of high school), and employment/training/job readiness. This means that residency of teen mothers in the supportive housing facility is contingent on their participation in one or more of these programs. Two important points are noteworthy here:

1. Many supportive housing programs appear to either require participation beyond these mandatory services or have designed their programs in such a way as to ensure participation in a range of services. For example, Youville Centre, an innovative scattered model of supportive housing in Ottawa, houses all of its support services in one building which the Centre owns. Teen moms are required, as part of their lease agreement, to attend school. Various other support services such as parenting classes, and life skills are integrated into the teen’s daily curriculum thereby ensuring their participation.
2. Licensing, lease and operational agreements and/or legislation can restrict the extent to which organizations can mandate client participation. Careful study of terms and conditions of such agreements and legislation is recommended prior to confirming agreements.

One Final Note

While use of community resources to provide *some* support services may help to reduce some costs and make good management sense, it is important to stress that the coordination of such services requires a supportive infrastructure. *Effective* collaborations do not happen by spontaneous combustion! They require time and effort. Lines of responsibility between agencies must be clarified, expectations delineated, protocols and procedures established, policies clarified and developed. An appropriate application of time and money should be allocated to this task.

- 4. IT IS RECOMMENDED THAT the range of services provided include those which are associated with long term desired outcomes, and that emphasis be placed on partnering with other providers to help ensure availability of a comprehensive array of support services and on directing individuals towards wrap around services³ as much as possible.**
- 5. IT IS RECOMMENDED THAT the H.O.M.E.S. program be used as a model for delivering supportive housing to teen mothers and their children in recognition that it reflects many best practice principles in its service delivery and design.**

³ This concept engages multiple agencies and the wider community in providing effective services to difficult-to-serve client populations with multi needs or problems. Research has shown that this approach to organizing services may be more cost-effective. An excellent model in Hamilton is the Young Parent Wrap Program which aims to mitigate homelessness.

6. IT IS RECOMMENDED THAT the following principles which make for quality programing with high risk populations, inform service strategy and design as well as philosophy of service provision:

- **accessibility**
- **participation**
- **peer contact**
- **flexibility**
- **one to one contact**
- **empowerment**
- **longer term involvement**
- **follow up and re-entry if needed**
- **continuity**

5.0 Security Issues

Virtually all participants in the focus groups (young Moms and service providers alike) and Key Informants spoke in one way or another about security. Suggestions for security included the following:

- cameras – front doors
- keyed entry
- personal I.D.
- sign in sheets for visitors
- magnetic cards for entry to individual units

Clearly, security is an issue that such a project will have to address carefully. On-site staff issues outlined above are an important potential component of a security response.

Of far greater complexity was an issue with significant implications for security- the presence (or not) of males in the project, either as live-in partners or as overnight visitors.

We know from our research on the profile of teen moms that many young mothers (40% of LEAP clients, for example) have partners (who may not necessarily be the birth fathers). In the case of LEAP clients, a small proportion of their caseload is, indeed, made up of young single fathers.

Some professionals and some young mothers talked about the possibility of units/apartments being set aside for couples. Others were quite opposed to this suggestion, indicating that a round-the-clock presence of men would present significant safety concerns.

What we do know about the living situations for many young mothers is that while some relationships with partners may be benign, a very great many are not. They are instead characterized by abuse, brevity and victimization of young women by men. On the other hand, some young Moms were very clear that, in their way of thinking, it is critically important that they be able to choose their social relationships and that if they are truly to be treated as independent and capable of making their own choices, they need to be able to control who visits and even stays overnight with them.

Having noted that there is little consensus on the issue of whether men should be allowed to stay in the same facility or even stay overnight, there was strong consensus that young Moms' partners should be able to access programming and supports through outreach programs whether alone or with their partner.

One of the most significant challenges identified by our Key Informant respondents who provide supportive housing was security. They talked about various risk factors associated with working with this population that either compromised, or had the potential to seriously compromise, the safety and security of clients, staff, and operations, and that made risk management imperative. For example:

- male partners were considered a “big security risk”; respondents described “lots of fighting”, “spousal abuse” and “violence”
- “street life follows the teen mother” - e.g., pimps, gangs present safety and security risks

The fact that teen mothers and their children are a very vulnerable, at-risk populations whose needs are great and whose support networks are usually impoverished simply adds to the troubling mix of risk factors and the absolute need for providers to implement a risk management system. Further, the very fact that these are *young women* compounds the safety risks, and when concentrated in a single site supportive housing program, can be an easy target. A risk management system will not completely eliminate risks - that's just not possible - but it will help to manage it and address agency liability - its moral and legal responsibility to ensure safety in operations. For Massey Centre, for example, a single site model, the decision to take a more highly structured approach (e.g., 24 hour on-site staff, strict rules about no overnight stays unless approved by the Executive Director, freedom to access units under, for example, threats or concerns of violence, child abuse or neglect), is a risk management strategy they strongly believe necessary to minimize harm. This view was shared by another Key Informant respondent who provides supportive housing who echoed the sentiment: “*I wouldn't have it any other way.*” On the other hand, for Youville Centre, a scattered site model, 24 hour access only for property management issues is their primary risk strategy.

The research on supportive housing again is limited in informing decision-making in this area. It is the literature on risk management that may, however, be most useful. Providers of supportive housing must determine their “risk tolerance zone”⁴ (the risk an organization feels it can live with) and develop policies and protocols accordingly.

7. IT IS RECOMMENDED that the supportive housing provider develop a risk management system using “a rational and systematic approach to risk management that aims to prevent things from going wrong in the first place, minimizes the harm that accrues in the event that a risk materializes, and reduces the liability by reducing the likelihood of injury or loss and demonstrating due diligence.” (13: 21-22)

⁴ For more information about risk management, how to develop a risk management strategy, and what she refers to as the “risk tolerance zone”, see Linda L. Graff. 2003. Better Safe: Risk Management in Volunteer Programs and Community Service. Linda Graff And Associates Inc. Hamilton, Ontario.

6.0 Establishing/Nurturing Trusting Relationships

Over and over again in focus groups with young Moms, we discovered that it was friends and relatives that young Moms on their own tended to turn towards when they required information, advice or support in an emergency. The one significant exception to this trend was a willingness to seek out information, support and advice from a *trusted* professional (the emphasis is deliberate).

We know from some of the Key Informant interviews that this is also the experience of service providers. Where they believe they have established relationships of trust, they find young Moms seeking them out for help. Key Informant respondents who provide supportive housing talked about the difficulty of engaging this population, and this not surprising in light of their often traumatic histories of physical and sexual abuse, neglect, impoverished supports, etc. which is well documented in the literature.

The importance of trust-building in a supportive housing project is critical, because it suggests a need for the following:

- a service strategy which permits a resident young mom to continue to access a relationship with a trusted professional
- a service strategy which permits alumnae to continue to access a relationship with a trusted professional
- opportunities to build new relationships of trust with a professional/staff person

It is therefore critical that elements which promote trusting relationships between professionals and the people with whom they work be built into service strategies and program plans. This would include elements such as:

- continuity (seeing the same service deliverer, ‘worker’, counsellor, nurse) rather than a different one each time)
- being youth friendly (dress, vocabulary, times when available)
- treating confidentiality seriously and declaring limits to confidentiality up-front
- clear understanding of client-staff boundaries

F. BEST PRACTICES/COLLECTIVE WISDOM

What follows is a brief overview of best practices and collective wisdom on effective supportive housing for teen parents and their children. These best practices are intended to inform the design of supportive housing for this population.

It is important to highlight two things here. First, published research on outcome effectiveness of supportive housing is limited. Second, the planning, development and operation of supportive housing is a very complex process involving continual refinement. There are far more considerations than what we can present within the scope of the current project. Hence this overview is not “all-you-need-to-know” about providing effective supportive housing to teen parents and their children. We have culled from the research, literature and “hard won” wisdom of experts in the field, a layer of applicable wisdom and practical tips which concentrate primarily on the following selected elements identified by the Sponsor: models of supportive housing, evaluation strategy, service strategy/programming, and physical design. Written resources which address other key areas such as putting together a development team, building community acceptance, developing budget and soliciting funding, real estate development, architectural planning, site evaluation, site management etc. are included in the References section of the report.⁵

Two particularly outstanding publications are noteworthy: a HomeBase publication entitled “Transitional Housing: Best Practices in Program Design and Delivery”, and a publication by the Women’s Institute for Housing and Economic Development entitled “More Than Shelter: A Manual on Transitional Housing. These documents are the best resources we were able to locate on best practices and they offer very detailed information on the ‘how to’ of designing and operating supportive housing programs. They constitute an excellent road map for an organization interested in developing such a program. In fact, the HomeBase publication contains such an excellent overview of key themes, we obtained permission from the author to include their Overview in this report. It can be found as Appendix C. Details are not repeated here although major themes are reflected.

Finally, it is important to keep in mind that some of the best practices outlined here will apply to single site programs rather than scattered site models; others will apply to either model.

1.0 Planning

Program Goals

Develop a clearly articulated vision and goal statement, solicit input from a broad range of stakeholders and as much as possible identify desired outcomes. Examples of possible outcomes areas (58: 39) are listed below:

Access and Stability e.g.,

- increase in the rate of young/single parent families who are satisfied with their housing situation
- reduction in the rate of relocation for young/single parent families
- reduction in the rate of family breakdown in young/single parent families

⁵ In particular, see Sprague, J. F., D. Townsend, L. Peterson, A. Krapf, T. Greenberg. (Second Edition): 1986; HOMEBASE The Centre for Common Concerns:1998; and Reich, Kathy and Lisa M. Kelly: 2001. These can be found in the References section of the report.

Community Development e.g.,

- increase in reported sense of “belonging” and safety within their neighbourhoods among young/single parents and their children

Child Wellness e.g.,

- increase in the rate of wellness (emotional, physical, mental health) of children of young/single parents

Mental Health Protective Factors e.g.,

- increase in protective factors in children (38) which correlate with mental health

Development

Use of an interdisciplinary working group (development team) of specialists who bring various skills to the table, such as design, housing management, service delivery, fundraising, can greatly facilitate the planning and development process. (2: 2)

Essential Elements of Supportive Housing

- part of a continuum of services in the community to help individuals in need
- client-centred approach
- emphasis on privacy and independent living
- flexible, individualized and responsive support services
- case management approach
- comprehensive array of support services to meet special needs of clients and assist with the transition to independent living
- high quality service delivery
- degree of flexibility around length of stay
- productive participation in community and society as a priority
- environmentally healthy design e.g., sufficiently large units (one and 2 bedroom) durable enough to accommodate the impact of large numbers of children
- small, responsive, flexible rather than institutional and rules-focussed
- accessible design
- philosophy of service that brings a spirit of hope and compassion to clients

2.0 Model and Site Selection

Evaluation of the following factors will help determine the most appropriate facility design and help identify potential sites:

- the needs of the target population
- the goals of the agency and supportive housing program
- amount and capacity of agency resources
- funding requirements for the supportive housing program
- availability of appropriately located land or buildings that are affordable and accessible

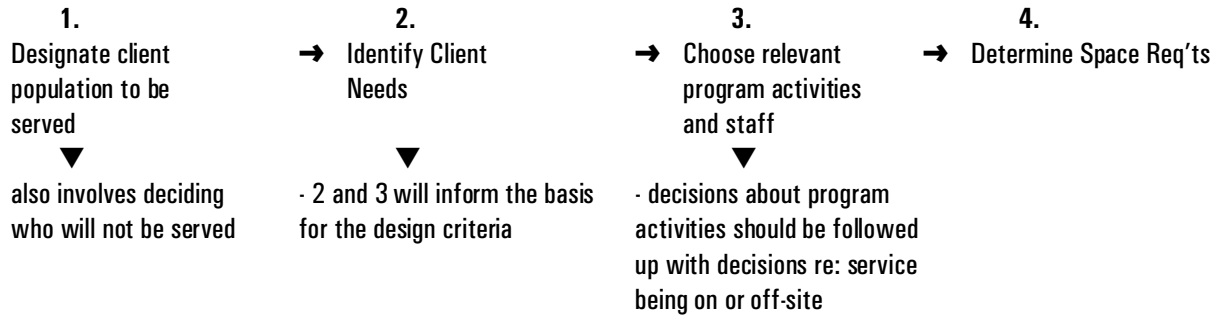
(51: 39)

The most successful service models involve a “graduation” of housing from more highly structured and supervised to greater independent living with case management. (50)

3.0 General Design

Determining Space Requirements

Program needs and skilful management must be supported by the physical environment. The methodology for translating program needs into space requirements requires a step by step process:



(Source: 21)

Needs of Children

Programs should be designed with the needs of children in mind e.g. include areas for supervised play and sufficient common space for programing such as recreational. (15: 15; 51: 16)

Individual Units

Units must be private with a kitchen, living space, bedrooms (1-2), and bath.

Kitchens are best designed in an open L-shaped plan or with a pass through to the eating area. This design makes preparation of meals and supervision of children easier. (51: 21)

Bedroom size is usually influenced by the amount of adjacent living space available - the greater the living space the smaller the bedroom, and whether the bedroom will be shared by mom and child or whether unit will have 2 bedrooms. (51: 21)

Common Areas

Common areas are important. They accommodate programing, foster peer support and a sense of community, but they must be separated from private space (51: 20) and prominently located.

Offices and Program Activity Spaces and Child Care

These largely will depend on the extent to which services are on or off-site. Private space is required for individual meetings between clients and staff and for administrative requirements. Client files should be housed separately from where staff have individual meetings with clients.

Security

For security reasons, avoid hidden corners, ensure good interior and exterior lighting, control access from outside e.g. locked door with intercom and office near the door.

4.0 Programing

Developing Linkages

Develop linkages with the Housing Authority and with private landlords in order to better assist clients in locating permanent housing.

Re-Integration

Helping teen moms rebuild support networks and connections with the community is a central goal of supportive housing. Decisions that affect this goal include:

- How the common space e.g., meeting rooms, lounges and children's play space is organized
- How components of the facility which are open to the surrounding community are structured

These decisions should be evaluated in light of the programs objectives related to:

- ensuring privacy and security for clients
- facilitating the development of healthy social support networks among clients
- providing opportunities for constructive interaction between clients and other community members
- being a "good neighbour" by serving the needs of the broader community (21: 50)

Which Services To Offer?

Which services to offer will depend on funding availability, needs of the population and the extent to which community partnerships are possible with other community-based providers. Generally, programs should provide services that:

- foster creative supportive environments
- teach teens to be good parents
- teach teens to live independently
- prepare teens for employment

A successful service strategy:

- ★ includes a range of support services that meet the differing needs of teen mothers
- ★ is flexible and responsive e.g., can be tailored to each individual so that needs are met and resources are not misused
- ★ includes a case management approach that requires teen mothers to meet with staff on a regular schedule
- ★ involves key 'partners' at pivotal points in the service delivery process:
 - at the intake phase to complete comprehensive and appropriate (individualized and responsive to individual needs) assessment and care plans (road maps for the core staff team)
 - at the goal review phase (which includes discussion of next steps including continued stay or not)
 - at the discharge phase (which includes ensuring follow up, identifying needed services)
- ★ involves partnerships and collaborations with other community-based service providers

5.0 Effective Collaborations

Effective collaborations require time and effort. Responsibility for coordination of services must be clearly determined up front, lines of responsibility between agencies must be clarified, expectations delineated, protocols and procedures established, policies clarified and developed. An appropriate amount of time and money should be allocated to this task. Written agreements between agencies are recommended outlining terms.

6.0 Length of Stay

Generally the length of stay is up to two years. However, some degree of flexibility is considered essential. Goal attainment will vary from individual to individual depending on level of need. The research literature supports the views of our Key Informant respondents who stressed that everyone progresses at different rates so while a stay of 6 months may suffice for some, for others, a forced move at this stage could derail gains made. They were equally clear about the fact that flexibility does not mean ‘stay at all costs’.

Clear eligibility criteria, codes of conduct, expectations regarding participation in services, mindful case management and service planning, carefully planned assessments and case review are essential. It may also be useful to establish “readiness criteria” against which progress can be measured and decisions regarding “discharge” can be facilitated.

7.0 Staffing

The importance of continuity of staff in relation to engendering trust and engaging clients cannot be overly-stressed.

Both educational background and capacity to deal with this hard-to-serve population including strong commitment and great patience are essential. With respect to qualifications, our Key Informant respondents who are providers of supportive housing programs employ child and youth workers or social service workers as front line staff. Ensuring professional back-up for front line staff e.g., mental health professional such as a psychiatrist or M.S.W., and access to supervisory back-up is imperative.

Regular staff training on issues such as including mental health, client-staff boundaries, and understanding cultural diversity (56), is essential to maintaining high quality services. Measures such as staff training, professional development and solid professional back-up and support can also enhance employee retention and satisfaction.

8.0 Use of Community Volunteers

The literature raises some cautions around how volunteers might be involved. While some programs feel volunteers can provide teen mothers with a role model and , friendship-oriented “mentoring” relationships, other programs feel that volunteers should be involved only in non-direct client services such as fundraising, planning and development. It should be kept in mind, however, that with careful consideration of the kinds of roles volunteers can play in an organization, appropriate training, and a supportive infrastructure for a volunteer program, volunteers can effectively fill any number of roles in an organization.

9.0 Evaluation

Evaluation is critical to ensuring organizational accountability. It helps organizations do a better job of accomplishing their missions. It informs and underpins planning. The basic connection between planning and evaluation is that we must know how well we are doing in the present in order to plan well for the future. Planning and evaluation are therefore tightly tied together in a loop that begins at planning, moves through implementation and then evaluation, and begins again with new planning and revised implementation. The ultimate aim of all of these activities is always to deliver the best possible service to the people being served.

While a process approach to planning and evaluation which focuses on activities and specific actions is important, solely tracking numbers is insufficient. Outcome evaluation moves beyond “activity thinking” to include “outcomes” - the benefits or desired results/changes for individuals or populations during or after their involvement with the program or service. Simply put, outcome evaluation is about the *difference* our actions will make to the recipient or community.

The agency that measures and reports on its *outcomes* is, by definition, a mission- focussed agency. The very process of developing an outcome evaluation program compels an organization to identify, with much greater precision, exactly what it is trying to achieve. When designed properly, an outcome evaluation program will demonstrate the actual, measurable results produced by the organization and therein lies the greatest value of this type of evaluation program.

10.0 Advice from the Supportive Housing Experts

What follows is a brief summary of “offerings” from Key Informant respondents who are providers of supportive housing.

- build in as many child proof/safety guards as possible e.g., limit how far windows can open; do not use alarm cords which pose a safety risk to young children
- attend to health and safety considerations e.g., cement construction between floors
- attend to garbage collection and maintenance - “endless problems”
- acknowledge when a teen mom is not capable of parenting and take appropriate action (requires that comprehensive assessment and screening procedures and policy are in place)
- need positive staff - they will engender trust
- provide recreational opportunities - the teen moms need to have fun too - this compliments the parenting education piece
- a drop-in resource is essential - to eat, drink, have somebody to talk to who will listen
- day care is absolutely, unequivocally a necessity
- partner with providers/resources in the community to provide the programing and educational supports e.g., parenting groups, drop-in support, etc.
- involve a lawyer who has expertise in the housing area to advise on any licensing, leasing, or operating agreements with third parties such as Ministry of Housing, municipality, etc. including advice on management of liability issues
- ensure access to professional mental health services e.g., contract services of a psychiatrist or M.S.W. to provide mental health assessments; to work with front line staff to develop care plans; to provide support to staff
- attend to security issues to ensure safety of residents, staff, and operations

8. IT IS RECOMMENDED THAT future planning, development and implementation of a supportive housing program in the community be consistent with the best practice guidelines outlined in this report.

9. IT IS RECOMMENDED THAT a 'lead' agency take responsibility for coordination of services and of case management.

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10. **IT IS RECOMMENDED THAT a supportive housing program integrate a well developed outcome evaluation program that will not only benefit the local program itself but significantly contribute to the wider body of knowledge about supportive housing programs. Existing research strongly supports this need.**

G. ACCESSING FINANCIAL SUPPORT: IT'S A HARD SELL

While the population of young teen mothers and their children has been proven to benefit from longer term supportive housing, while studies have shown that supportive housing prevents such vulnerable populations from cycling back into homelessness and poverty, while housing stability is increasingly recognized as a determinant of health for mother and child, while studies have shown that property values actually *increase* in neighborhoods where supportive housing has been developed and that neighbours and neighbouring businesses have overwhelmingly said neighbourhoods looked *better* (4: 1), property values do not decrease (1), and so on and so on, our findings continually point to the reality that these programs are a “hard sell” to funders and potential “donors”.

Trends

Our Key Informant respondents who are providers of supportive housing identified lack of government funding, particularly for operations, as one of the most significant challenges facing them. Further, they identify an apparent trend on the part of this traditional funding source to tighten and cut back funding for such services. They report that deep funding cuts in operational budgets and changes in contract agreements over the last five to seven years have increased agency liability and created serious budget shortfalls.

Traditional funding bodies seem to be emphasizing partnerships, collaborations, amalgamations, rationalization of services, and initiatives that build independence from public funding.

Both of the above trends are echoed in a recent planning document prepared for St. Martin’s Manor, a Young Parent Resource Centre in Hamilton.

The suggestions of a recent study done by the Caledon Institute which looks at supportive housing, also echoes the sentiments of the many service providers with whom we spoke. It suggests “there is a need to harmonize social policies in the areas of housing, health and social services, and active work must take place to propose a redefinition of how health and social services including housing programs for individuals in need will be financed, produced and delivered in the years to come.” (55: 25)

Stigma

While much has changed since the pregnant young teen was “quietly sent away” to protect the family from public scorn, the study conducted by Massey Centre (7) documents the fact that we continue to battle societal perceptions that the primary barrier to economic independence of single mothers is individual deficit. It offers that “part of the difficulty lies with conflicting beliefs about the causes of poverty, what is necessary to achieve self sufficiency, and the degree to which individuals are responsible for their own circumstances.” This continued stigma can make fundraising with corporate and private sectors difficult.

Raising funds and garnering support as well as obtaining voluntary contributions of needed skills and expertise e.g., architectural, and in-kind contributions such as furniture, for a supportive housing development requires a significant commitment of time as well as talent and expertise. For this reason the responsibility might best be delegated to a separate task force. Some of the literature even suggests that organizations establish a Foundation for this purpose and for the purpose of ongoing fund raising and development needed to sustain the program rather than risk detracting efforts of staff from service.

Second Chance Homes research reports programs generally find it less expensive to own their own facility rather than rent units from others, and many have obtained facilities through donations or capital campaigns. One of our Key Informant respondents who provides supportive housing talked about undertaking a capital campaign that managed to obtain “donated” or pro bono services from contractors, to architects, to engineers, to designers etc.

- 11. IT IS RECOMMENDED THAT funding for the supportive housing program be solicited from public and private sources.**

- 12. IT IS RECOMMENDED THAT implementation of recommendations in this report be developed through an ongoing community process to help ensure the vision and guiding principles of supportive housing presented here are adopted.**

H. CLOSING REMARKS

It is widely acknowledged that teen mothers and their children represent two generations at risk. The need for action is stressed by The National Council of Welfare in its report “The Cost of Poverty” (36: 16) which says its is imperative that we change our approach to poverty and welfare needs and identifies, as a priority starting point, families with young children. We also know what can make a difference:

As a service delivery option, comprehensive supportive housing for this population can go a long way to breaking the cycle of instability, poverty and reliance on welfare and positively influencing the state of health and quality of life of this group, by offering stable housing with supportive services that provide teens with the skills and knowledge necessary to become more effective parents and lead productive and independent lives (50: 1)

Part of a growing intervention trend based on networking and partnering (55: 3), supportive housing is an investment in two generations, helping teen mothers to “start their world over” and helping to ensure a positive start and future for their - our - children.

Creating a comprehensive supportive housing facility will require financial commitment from the public and private sectors. Meeting the needs of young teen parents and their children through supportive housing is expensive given the needs associated with this population. However, doing nothing will generate far higher costs with less satisfactory results. (15: 25)

A nonprofit organization that decides to develop supportive housing must address a wide range of issues. The recommendations and best practices offered in this report are intended to guide and inform these decisions. Ultimately, organizations must think carefully about their abilities including legal and fiscal, fundraising potential, as well as their mission and long term goals. “Those who create supportive housing have an obligation to ensure that it is thoughtful, well planned, and that it creates its own sense of community.” (10: 3)

I. RECOMMENDATIONS SUMMARY

1. IT IS RECOMMENDED THAT long term supportive housing for parenting teens and their children be established in the Hamilton community, such an investment being based on the following: a) recognition that supportive housing is a key component of a continuum of care approach to addressing the needs of this population b) lack of supportive housing for young mothers and their children in our community has been identified as a serious gap in our overall service delivery system c) strong evidence of broad community support (providers and consumers) for this service and d) the proven effectiveness of supportive housing in helping to create stability, foster responsibility, autonomy and self sufficiency, and promote positive social, cognitive and health outcomes in child and mother.
2. IT IS RECOMMENDED THAT consideration be given to the development of a single site model of supportive housing with 24 hour supervision, 7 days per week; supervision to be delivered by program staff during the day e.g., 8 a.m. to 9 p.m. and by a building superintendent/site manager "after hours" e.g., 9 p.m. to 8 a.m. Alternately, if feasible, a tiered system of supportive housing including a mix of small single site and scattered-site supportive housing is recommended with a similar supervision structure.

This recommendation is based on the following research findings:

- ▶ Hamilton currently has no supportive housing for this at-risk population. It is reasonable, therefore, to expect that young teen parents who are referred for supportive housing will generally have a high level of need (e.g., we already know that a large population of parenting teens exists who do not have contact with Young Parent Resource Centres). The literature suggests that this population requires more supervision/structure and opportunity to learn and achieve some stability before graduating to more independent living. This is echoed by most of our Key Informant respondents who are providers of supportive housing for at-risk teen parents and their children. The single site model of supportive housing, according to some research, facilitates supervision and early intervention both of which are particularly important with this group.
- ▶ Young teen mothers with lower level needs, possibly 'graduates' from the single site, may be more ready for independent living offered through scattered sites.
- ▶ In any setting, individual privacy and freedom must be balanced with adequate structure that promotes individual and collective responsibility and moves individuals toward independence while ensuring the safety and security of all.

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3. IT IS RECOMMENDED THAT decisions about the degree of structure and supervision provided be informed by a) the level of client need b) the agency's moral and legal responsibility to ensure safety in operations, and c) known key elements of successful supportive housing: a client-centred, flexible, responsive, individualized approach; emphasis on 'normal housing', consumer choice, and appropriate supports including self help; a striving for consumer independence.
 4. IT IS RECOMMENDED THAT the range of services provided include those which are associated with long term desired outcomes, and that emphasis be placed on partnering with other providers to help ensure availability of a comprehensive array of support services and on directing individuals towards wrap around services⁶ as much as possible.
 5. IT IS RECOMMENDED THAT the H.O.M.E.S. program be used as a model for delivering supportive housing to teen mothers and their children in recognition that it reflects many best practice principles in its service delivery and design.
 6. IT IS RECOMMENDED THAT the following principles which make for quality programming with high risk populations, inform service strategy and design as well as philosophy of service provision:
 - accessibility
 - participation
 - peer contact
 - flexibility
 - one to one contact
 - empowerment
 - longer term involvement
 - follow up and re-entry if needed
 - continuity
 7. IT IS RECOMMENDED that the supportive housing provider develop a risk management system using "a rational and systematic approach to risk management that aims to prevent things from going wrong in the first place, minimizes the harm that accrues in the event that a risk materializes, and reduces the liability by reducing the likelihood of injury or loss and demonstrating due diligence." (13: 21-22)

⁶ This concept engages multiple agencies and the wider community in providing effective services to difficult-to-serve client populations with multi needs or problems. Research has shown that this approach to organizing services may be more cost-effective. An excellent model in Hamilton is the Young Parent Wrap Program which aims to mitigate homelessness.

8. IT IS RECOMMENDED THAT future planning, development and implementation of a supportive housing program in the community be consistent with the best practice guidelines outlined in this report.
9. IT IS RECOMMENDED THAT a 'lead' agency take responsibility for coordination of services and of case management.
10. IT IS RECOMMENDED THAT a supportive housing program integrate a well developed outcome evaluation program that will not only benefit the local program itself but significantly contribute to the wider body of knowledge about supportive housing programs. Existing research strongly supports this need.
11. IT IS RECOMMENDED THAT funding for the supportive housing program be solicited from public and private sources.
12. IT IS RECOMMENDED THAT implementation of recommendations in this report be developed through an ongoing community process to help ensure the vision and guiding principles of supportive housing presented here are adopted.

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APPENDICES

APPENDIX A
FOCUS GROUP INSTRUMENTS

APPENDIX B
KEY INFORMANT PROTOCOLS

APPENDIX C

EXCERPT* FROM:
TRANSITIONAL HOUSING: BEST
PRACTICES IN PROGRAM DESIGN AND DELIVERY
HOMEBASE:1998

* Permission granted from HOMEBASE to include excerpt for the purposes of this Report