HCP-C

STABILIZING PATHWAYS OUT OF HOMELESSNESS FOR YOUTH

A PRACTICE GUIDE

PREFACE

BACKGROUND AND PURPOSE

The problem of youth homelessness affects millions internationally and has major impacts from societal to individual levels. Youth struggle tremendously while homeless, being exposed to extreme violence, deprivation, and marginalization. Due to longstanding impacts of colonialism, Indigenous youth in Canada are at risk for early experiences of poverty and care involvement putting them at an increased risk for homelessness. The outcomes of these challenges are clear in the high rates of distress, declining health, and loss of life among homeless youth populations. Youth homelessness is a complex problem that has defied simple solutions.

Supporting youth during the crisis of homelessness alone is not sufficient. Providing housing in and of itself is not sufficient. There is increasing recognition of the need for well-timed, sequenced, and combined interventions – with a focus on preventing pathways into homelessness and supporting sustained exits from homelessness. Furthermore, there is also a need to develop interventions that address the diversity of youth experiencing homelessness and the over-representation therein of stigmatized groups such as young Indigenous Peoples.

The focus of this guide is on one important part of the challenge of ending youth homelessness – reducing and eliminating cycles back into homelessness after having overcome the enormous challenge of obtaining stable housing.

The months following the transition out of homelessness are very difficult. Adequate supports are scarce, social isolation and compounding mental health and addictions challenges arise, and youth face an array of challenges – financial, landlords, criminal justice, re-engaging employment and education systems, among others. Even after having obtained stable housing, this transitional period is one in which many end up homeless again and the majority do not flourish as they'd hoped to.

This guide was designed to provide information about the kinds of integrated supports that are needed in this critical period in a young person's life to reduce the loss of housing and enable gains in important life domains. The information provided here is grounded in the best available evidence in this area from carefully developed and well-tested models. It is work that grew out of deep collaborations between sectors, organizations, providers, youth, and researchers.

These guidelines are intended for service providers - offering both information and a workbook for direct service staff and service leadership to carefully assess local needs and implement the best possible models of transitional supports. We have sought to strike a balance between attending to fulsomely tested intervention components that have demonstrated good outcomes with the need to flex to local needs, resources, and conditions.

This work is a part of the larger effort underway to end youth homelessness – providing guidance on the tertiary prevention end of an effort that requires similar efforts applied to enhanced primary and secondary prevention and other tertiary prevention supports (e.g., Housing First for Youth, supported employment and education programs). This guide also grew out of a joint southern, urban and northern Indigenous collaboration – with practice implications for multiple contexts.

HOW TO USE THIS GUIDE

We fully appreciate that a given system will have unique cultural, geographic, service and policy related considerations. As such, this guide is designed on the front end as a broad description– providing prompts and some structure to inform local efforts – helping services and systems do some tailoring to bring their work better in line with approaches that have been found effective to date. Linked out from these broad descriptions are what could be considered "deeper dives" into content areas – providing more step-by-step resources and worksheets that get much more specific. Topically this guide moves from leadership, needs assessment, and coordination domains through to specific service domains.

To access the guide online, visit the Homeless Hub:
www.homelesshub.ca/StabilizingPathwaysGuide

PROCESS OF DEVELOPING THIS GUIDE

Developing these guidelines involved several steps. The core understanding of the needs of young people transitioning out of homelessness into housing and the model for an effective set of services at this critical time grew out of extensive research, consultation with multiple stakeholders, and practice-based experience. Furthermore, in person and online consultations were conducted with practice leaders in the field to increase the relevance of the information provided and its format. Content generation sessions followed by building upon the northern Indigenous and southern collaboration, with the core authorship with guidance from the implementation literature as well as from the Canadian Observatory on Homelessness and the National Learning Community on Youth Homelessness.

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REFERENCES

Away Home Canada.
http://awayhome.ca/

Canadian Observatory on Homelessness. About the Canadian Observatory on Homelessness.
https://www.homelesshub.ca/about-us/about-the-coh

Homeless Hub. About Homelessness: Youth.
https://www.homelesshub.ca/about-homelessness/population-specific/youth

National Learning Community on Youth Homelessness.
http://learningcommunity.ca/

The Exiting Street Life Study.
https://www.homelesshub.ca/resource/exiting-street-life-study

ACKNOWLEDGMENTS AND TEAM MEMBERS

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Pauline — "Wa sa yan Ko tog Equators" "Sun comes out from Thunder Cloud and Lightning hits it" She is the HOP-C North-Youth Coordinator. She is from Eabametoong First Nation. She is a graduate from Native Family Child Care Worker Program and has worked front line for 27 years. She held a number of positions in her Social work career working directly with the Youth. Pauline continues to work diligently with the youth and provides support for the youth she works with.

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Phyllis is the Founding Artistic Director of SKETCH Working Arts, a 23-year award-winning community arts enterprise for youth living homeless and on the margins, based in Toronto engaging youth, 16-29, from across the country. Phyllis, a theatre graduate who started arts programs in the early 90's at Yonge Street Mission's Evergreen is a Fellow of the Inaugural Toronto Cultural Leaders Lab and Masters Candidate at York University, in the Faculty of Environmental Studies. Phyllis consults with and trains emerging arts initiatives locally and provincially on building Theories of Change and Evaluation for arts and culture/arts for social change projects.

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Kamika is a multi-disciplinary community artist. They are interested in their co-existence with oppressive social constructs. Some sites of their exploration are SKETCH Working Arts, ILL NANA Diversecity Dance Company, and the Krafty Queers' Drag Musical. Unconditional housing, access to clinical therapy, cultural activities within non-clinical community spaces, and intergenerational mentorship are some of the ways they believe allyship for community as a whole can happen.

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Nina is a Clinical and Forensic Psychologist at the Centre for Addiction and Mental Health in Toronto. Clinically, she works with clients across the lifespan, with a particular focus on emerging adulthood. Her research focuses on understanding the impact of trauma on the lives and mental health of marginalized youth, and its implications for treatment design and implementation across homelessness, health care, and youth justice sectors.

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Skyler Patayash

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Skyler or Gwa-ge-ka-bow, Turn Around of Weagamow First Nation, is a 23 year old male and the Cultural Youth Peer Leader for By-Youth-For-Youth (BYFY). Originally couch surfing he is now housed and working to self-independence. He is working on his high school credit with WAHSA Distance Education and was a former student of Dennis Franklin Cromartie. His work with the BYFY North Project has built upon his cultural/professional life and has developed his artistic abilities.

Bethany Koostachin

Peer Expert, Art Lead, Dilico Anishinabek Family Care

Bethany is a peer mentor who worked on the By Youth For Youth project with the HOP-C North team. She worked as the artistic lead, contributing various pieces of artwork to the project.

Shaniah Morales

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Shaniah worked as a case manager with the Housing Outreach Collaborative (HOP-C) since the program's launch in 2015. In addition to her role with HOP-C, she has been working with LOFT Community Support Services to support transitional aged youth with complex mental health issues work towards wellness. Shaniah provides community-based support, service coordination, systems navigation and advocacy to connect youth with resources and services.

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Sue Cohen

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Sue is a painter, environmental artist, lead program coordinator and co-founder at SKETCH Working Arts in Toronto. Sue has led various community-engaged arts initiatives, most recently the Weave and Mend Installation turning a traffic median into a medicine garden recognizing the impacts of violence on Indigenous female and nonbinary young people. Sue integrates research-creation and health and has worked with Triluma and the Bloorview MacMillan Rehabilitation Centre.

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Carol McDonald

Youth Worker, Covenant House

Carol began her career working with homeless youth at Covenant House in 2000 and it was at Covenant House that her passion for working with youth living with mental illness was established. Carol is credited for developing and facilitating the Arts & Minds program at Covenant House, a life-skills based day program for youth living with various mental health & addiction-related concerns.

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Desiree Towedo

Peer Expert Lead, Dilico Anishinabek Family Care

Desiree is an Indigenous woman from Long Lake #58 First Nation. She recently graduated from the Child and Youth Care program at Confederation College. She plans on continuing her education at Lakehead University in the new year and has a deep desire to create change within her community for this generation along with generations to come.

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Gloria Wesley

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Gloria (Woman of the South) ~ Shaawanoong Ikwe Is a member of Missanabie Cree First Nations and the Bear Clan. She is a Cultural Wellness Mentor, with Dilico Anishnabek Family Care and in her practice she utilizes teachings of the Medicine Wheel and Seven Grandfathers Teachings. She is passionate about working with our youths as they are our future. Introducing them to our 4 medicines which is used in smudging and for guiding us in our ceremonies is the pathway to healing.

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Hugette Dale-Carty

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Hugette has a background in Social Services with a minor in Addictions Services providing support to high-risk youth, transitional-aged youth and the homeless population. With over 15 years of working in direct-client care in relation to housing, Hugette serves on many committees with a focus on collaborative work to end chronic homelessness.

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Leysa Cerswell

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Leysa is a faculty member at the Centre for Mindfulness Studies, where she facilitates mindfulness-based therapy groups and trains health care practitioners and educators in mindfulness based programs. Leysa has taught and worked in North America, Southeast Asia, and East Africa. She is completing her PhD in Clinical Psychology, with her research focus on mental health care for underserved and marginalized populations.

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HOP-C / By Youth For Youth Logo Description

Logo designed by Bethany Koostachin

The sweetgrass braid represents the importance of having a safe space for Anishinaabe youth, eliminating any negative energy and only inviting kindness into our circles. The braid represents us as a community and how strong we can be working together rather than individually. The Medicine Wheel hides in the back, but serves as a gentle reminder for us to live by our sacred teachings and how we must honour ourselves by taking care of our emotional, mental, physical and spiritual well-being. The hands symbolize how life-saving it is to reach out and ask for help when we are struggling. Desiree Towedo, our Peer Coordinator, has a great sense of wisdom and courage, making her the first person to reach out and lend a hand. Her help comes from a place of shared resiliency and love for others. The sage that rests behind the hands represents our Cultural Lead, Skyler Patayash, who is always the first to start our circles off with a smudge - cleansing us of energies we no longer need to carry. Skyler is a reminder to humble ourselves and to walk forward in truth. We honour ourselves best by doing so. The little stars in the background represent how our ancestors are always with us, watching over us, protecting us, and guiding us forward in our lives. Bethany Koostachin, our Peer Art Lead, firmly believes this, and wishes to remind us one thing: we are our Ancestors prayers in flesh; everything they fought for and hoped we would become, we are. We should view ourselves as divine, sacred beings deserving of love, because we have been and always will be.

Artwork by:

Skyler Patayash (Gwa-ge-ka-bow)
Weagamow First Nation

Bethany Koostachin (Wabinoongikwe)
Fort Severn First Nation

Desiree Towedo
Long Lake #58 First Nation

Leah Ooshag
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Dakota Bird
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HCP-C

MODULE 1

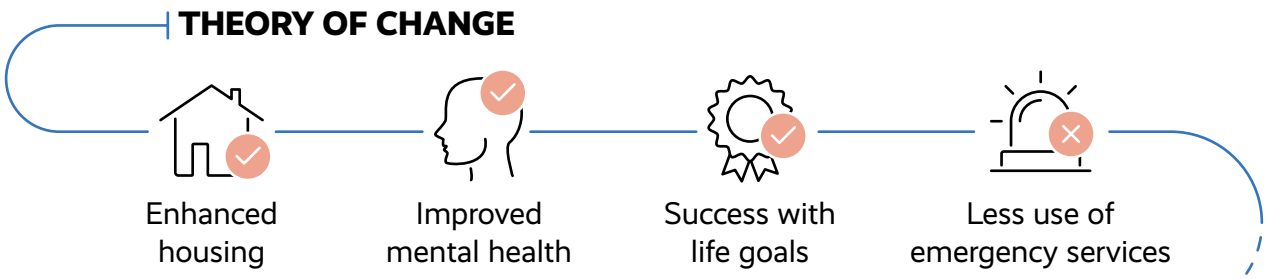
Overview of Housing Stabilization and Tertiary Prevention

OVERVIEW

There is extensive evidence from Canada and abroad that demonstrates that, while housing stability is *necessary* for most youth experiencing homelessness to improve their health and life circumstances, it is not *sufficient* in and of itself to do so. For most, without additional wrap-around supports, there is a high risk of re-entering homelessness, sustained mental and physical health challenges, social isolation, and limited success in improving quality of life in a range of areas such as employment, education, and community engagement. Interventions at the time of the transition to housing, out of homelessness, can be considered either "housing stabilization" or "tertiary prevention" – they are preventative in that they are designed to prevent a return to homelessness. The interventions needed in this transitional period typically need to cover several needs. These needs include mental health needs that are often complex, needs with respect to navigating a range of independent living challenges along with justice, employment, education and housing systems, and needs for social engagement and the support of peers. There is also a cultural overlay to the specific needs of youth from stigmatized and marginalized communities. For youth of Indigenous origin, specific considerations include access to cultural supports including elders and staff who share in Indigenous value systems, an emphasis in culturally-based language used in the provision of all wrap-around supports, as well as staff recognition that many Indigenous youth have developed distrust in service providers through difficult childhood experiences in care.

Providing this range of supports in an integrated and cohesive way usually requires a team that includes multiple disciplines and usually will require a multi-organization collaboration to deliver effectively. Ideally this work is largely done in the community and in spaces that are otherwise not homeless youth service spaces. Such interventions are not meant to replace other services – they are meant to be time-limited: serving as a bridge to other resources. If this isn't managed effectively the stabilization service will quickly fill up and close to many who need it.

The intended impacts of this model of intervention include: (1) Enhanced housing quality and tenure, (2) improved mental health and overall well-being, (3) success with life goals including employment, education, and decreased reliance on support services and systems, (4) less use of emergency services and reduced justice system engagement.



CONTENTS

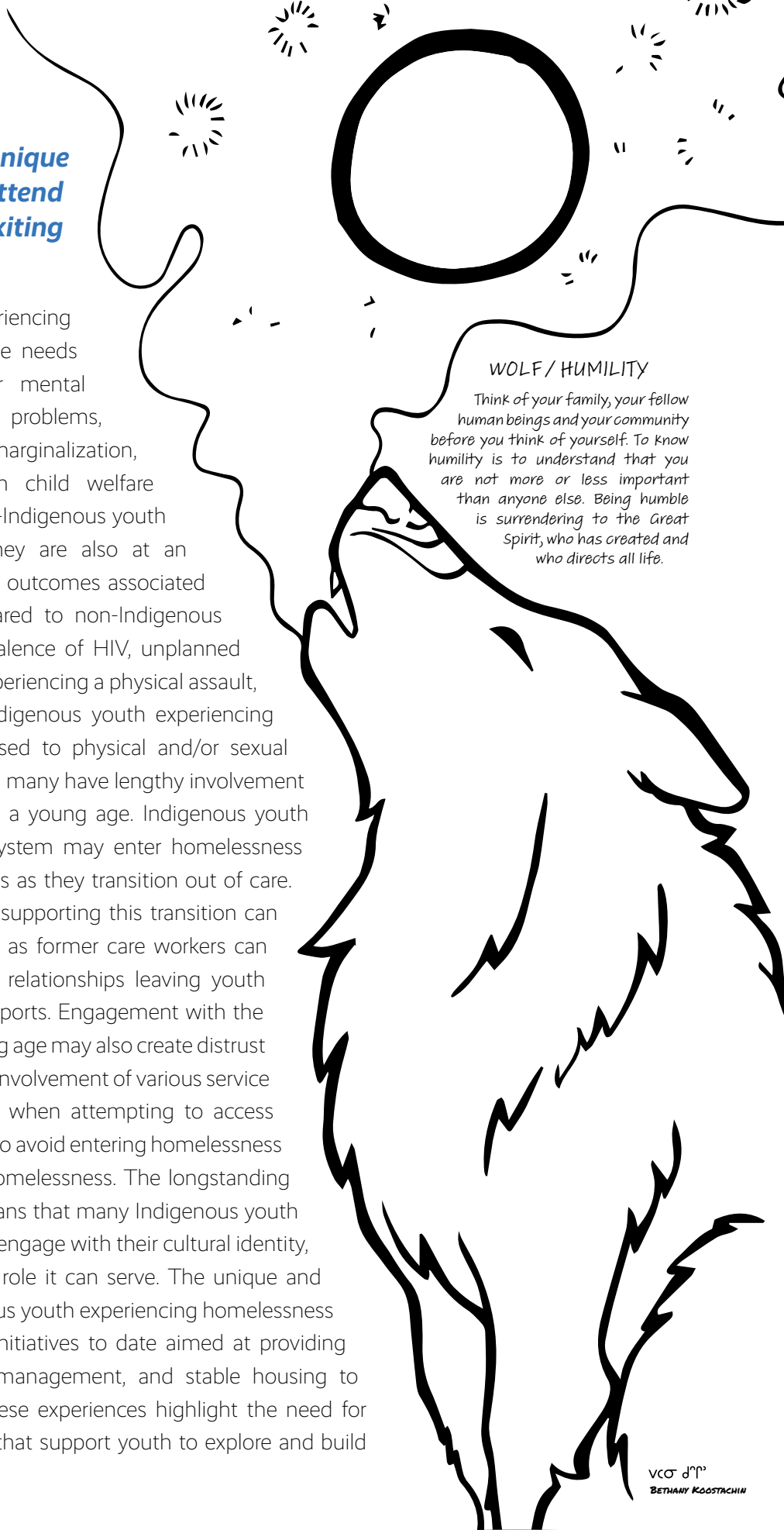
1. What are the issues and challenges that youth face in the process of exiting homelessness and why isn't housing enough in and of itself?

While there is a limited body of evidence that describes the paths of young people take after they have exited homelessness, what is available suggests that progress in terms of community integration, quality of life, and mental health are challenged for the majority in the period after housing is obtained. For most progress in these areas are variable, with declines common, in study periods of one to two years after housing has been secured. Youth routinely reported having been told that their lives would be better once housed. In contrast, most struggle for extended periods in the effort to build a meaningful life while dealing with the physical and mental health fallout of major adversity through childhood and adolescence. The finding that these young people are not flourishing likely reflects service sectors emphasizing crisis response in which few resources are available to support youth after they have succeeded in the challenging task of finding housing and stability. Some work has suggested **a stage model for the experiences of youth who have exited homelessness**.

- The first stage, '**marginal stability',** refers to a tenuous hold on some form of housing stability with continued high levels of adversity and connection with street activities and a cycling back into homelessness. In this stage youth face both individual level (e.g., addictions, continued engagement with street social networks and activities) and structural (e.g., challenges obtaining benefits, identification, uncertainty about how to engage education and employment resources) barriers that can readily undermine efforts.
- The second stage, **'stable but stuck'**, refers to youth having obtained a basic level of stability and the risks of homelessness are less immediate. However, most feel stalled at this stage with respect to having the ability to find success with larger life goals such as engagement in employment and education.
- The third stage is referred to as, **'gaining momentum'**, where youth are experiencing some tangible successes in larger life goals. In this stage hope begins to strengthen, though street-related challenges continue to hamper progress such as criminal records and the expense and difficulty of getting them expunged. Resonating through all of these stages is the trauma of homelessness and related mental health impacts that attend pre-street adversity, violence and victimization on the streets, and the isolation and disappointments that attend exiting homelessness.

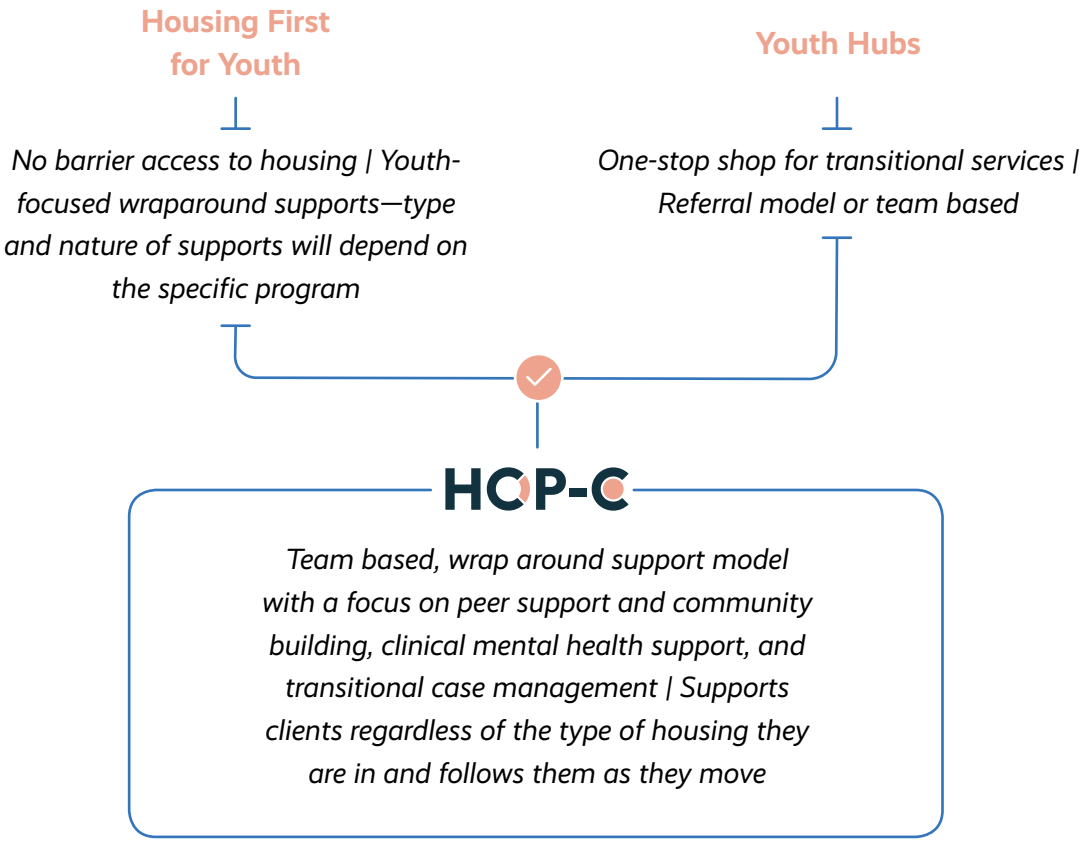
2. What are the unique considerations that attend Indigenous youth exiting homelessness?

Indigenous youth experiencing homelessness often face unique needs due to an increased risk for mental health and substance use problems, significant experiences of marginalization, and increased engagement in child welfare services when compared to non-Indigenous youth experiencing homelessness. They are also at an increased risk for other negative outcomes associated with street involvement compared to non-Indigenous youth, including increased prevalence of HIV, unplanned pregnancies, criminal activity, experiencing a physical assault, and suicide attempts. Many Indigenous youth experiencing homelessness have been exposed to physical and/or sexual abuse prior to homelessness and many have lengthy involvement with child welfare services from a young age. Indigenous youth engaged in the child welfare system may enter homelessness as a result of inadequate services as they transition out of care. Specifically, the lack of services supporting this transition can result in reduced access to care as former care workers can no longer provide services and relationships leaving youth without access to necessary supports. Engagement with the child welfare system from a young age may also create distrust and apprehension regarding the involvement of various service providers, thus creating barriers when attempting to access necessary support services both to avoid entering homelessness as well as to successfully exit homelessness. The longstanding effects of colonization often means that many Indigenous youth have not had the opportunity to engage with their cultural identity, nor benefit from the protective role it can serve. The unique and compounded needs of Indigenous youth experiencing homelessness likely influence the success of initiatives to date aimed at providing mental health supports, case management, and stable housing to Indigenous youth. Moreover, these experiences highlight the need for culturally relevant interventions that support youth to explore and build their identities.



3. What do the terms tertiary prevention and housing stabilization mean as they relate to youth who have experienced homelessness?

There are different types of tertiary interventions. This practice guide has been built primarily around the HOP-C approach but the information and worksheets will be valuable for practitioners engaged in any collaborative housing stabilization intervention. The graphic below outlines how HOP-C compares to two other prominent models – Housing First for Youth (HF4Y) and Youth Hubs.



Tertiary prevention refers to the prevention of a problem or condition *re-occurring* after it has been resolved. In this case, tertiary prevention refers to preventing youth from becoming homeless once again after they have been successfully and stably housed. Housing stabilization is another term used in this area – referring to providing supports that are necessary to stabilizing core housing and reducing the risk of housing loss.

4. What does the evidence and expert opinion suggest are needed for youth – above and beyond housing – to facilitate permanent exits from homelessness and extreme marginality?

It is clear that housing alone is an insufficient intervention for most youth experiencing homelessness. Complex forms of individual and systemic adversity need to be addressed and this is a population with both diverse needs and resources. Interventions at this critical juncture need to be **flexible**, **multicomponent**, and **leveraged**. Leverage is necessary for two reasons. First, youth homelessness is a problem with many layers. Complex, systemic problems such as youth homelessness require a focus on applying interventions at points in the system where pressure (in the positive sense) shifts many intersecting issues in the right direction. Second, funding in this sector is very limited. Hence, in essence, the 'biggest bang for the buck' is needed – intervening in a way that the effort put in produces the largest impact possible.

The approach advocated for in this guide addresses leverage in two ways. First, intervening when young people have overcome the major hurdle of obtaining housing allows for capitalizing upon an important degree of momentum – helping to ensure at this critical time that the momentum is not lost. Second, the approach advocated for here addresses the key needs of youth in transition – needs that we have spent a great deal of time coming to understand. The three youth need domains that we address here are:

1. **Transitional case management** – supporting youth in important life domains such as independent living skill development, employment, education while offsetting risks such as those posed by criminal justice engagement and challenges with an array of bureaucratic barriers – in housing among other areas.
2. **Mental health supports** – providing youth with both wellness-oriented group supports that concentrate on wellness-skill development (and don't feel like the many group interventions this population often cycles through) and individual interventions for more serious challenges such as complex trauma – provided by adequately trained and qualified professionals.
3. **Peer support** – providing youth with guidance and mentorship by young people who have successfully transitioned out of homelessness. Peer support in the frame described here is applied in a rigorous and comprehensive framework – one necessary for the desired impacts and for the well-being of the peers involved

Procedural elements that we also address include:

1. Providing the above supports through multi-service/agency collaborations.
2. Employing arts-based engagement in peer programming and using non-service-orientated spaces.
3. Using tailored approaches to engagement – attending closely to engagement methods that reflect transparency and genuineness, are reflexive to youth needs, and are culturally relevant.

CASE STUDY

The Housing Outreach Project – Collaboration (HOP-C)

HOP-C was initially developed in Toronto after a thorough study of the relevant systems gap and service requirements that youth transitioning into housing needed locally. **In our research on the topic several needs were highlighted, including**:

1. the need for flexible mental health supports with a trauma emphasis,
2. the need for services to be provided in non-homeless service spaces and through outreach,
3. the need for peer support, and
4. the need for outreach transitional case management.

Supports needed to be readily tailored to diverse youth in both demographics and life circumstances. Meeting all of these needs could not be readily done by a single organization, nor was it ideal to do so given the many spin off benefits of collaborative efforts. Hence, we looked at a multi-agency/multi-discipline approach – assembling a team that could support transitional case management, mental health intervention, and peer support. Further, the collaboration would provide outreach-oriented services in non-homeless service spaces.

To establish effectiveness and use evidence to support sustainability, research expertise was needed. For HOP-C, this translated into a partnership between organizations that had experience with transitional case management, an academic health sciences centre, and an arts organization for marginalized youth. Additionally, the arts organization afforded non-service oriented space for programs.

Finally, our collaboration required a 'backbone' organization that managed operations, finance and administration. Key organizations were identified to review the initial plan

for feasibility and partnerships established prior to implementation. A HOP-C advisory board, consisting of research, clinical experts, and youth with lived experience was also assembled.

HOP-C began to operate in 2015, providing multiple levels of support, including practical support navigating systems (e.g., financial supports, criminal justice, housing), social support with the aim of reducing isolation, as well as mental health support within the critical transition time of the first year of transition from homelessness.

The multi-disciplinary collaborative team included:

1. access to a transition-focused case manager who assisted in areas ranging from general support and encouragement to assistance in navigating relevant systems;
2. access to peer support involving individual contact via phone, text/email or in person, hosted drop-in style events/workshops involving art, music, or video/board games, as well as social outings (i.e. movies, museums, board game evenings). Towards the later stages of the project, the peers led a collective group of participants in designing and producing both hardcopy and digitized versions of a "Survival Guide" for young people in transition; and
3. access to mental health support by a clinical psychologist via a weekly group intervention developed to offer real-world strengths-based coping skills in, as well as access to individual therapy. Outcomes were assessed by a research assistant – attending to youth outcomes and staff experiences.

5. What are the core, cross-cutting, components of this work?

- Rigour in development (determining needs, identifying partners, developing the implementation plan).
- Employing intensive youth engagement at all stages and levels.
- Using a collaborative approach to leadership and implementation – similar to a collective impact framework.
- Carefully attending to equity and cultural relevance.
- Having a multi-layered communications and supervision process.
- Frequently revisiting the mission, plan, and iterating based on review.
- Evaluating all aspects.
- Cultivating a strong team – spending time on relationship development, carefully attending to well-being, having fun together.
- Attending to the power dynamics – as a function of organization, discipline, role on the team, etc.

6. Why is youth engagement at all levels and at all stages essential to success in this effort?

The importance of youth engagement is two-fold: young people are culture brokers and exposure to different levels of the program development process can build trust in the system while promoting an alternative vision of the future.

Youth engagement is necessary at all levels and stages because youth culture is constantly changing. Culture is shifting faster than the system can accommodate it, and the people shifting the culture are young people themselves. As ambassadors, creators and stakeholders, youth hold the key to their own engagement. However, young people are also at the beginning of the transition to adulthood in its fullest sense (owning assets, pursuing employment, etc.) and experience challenges to their identity as they go through this process. The effect of this transition to adulthood, especially within the context of chronic youth homelessness, can generate a high level of self-doubt, influence self-esteem and impact motivation to engage with mainstream society.

Youth engagement at all levels and stages is an opportunity to diversify our previous approaches to intervention and build off of what youth actually want and respond to. The opportunity to diversify also impacts young people because it exposes them to the process of program development from the ground up and builds trust and understanding with the system. When a young person is led by a young person, their response is tremendously different. This interaction allows for an alternative vision of possibility within difficult situations while building individual capacity and transferable soft skills (teamwork, communication, reliability, etc.) that can also affect outcomes in domains outside of homelessness.

Lastly, youth engagement at all levels is necessary for success within collaborations targeted at youth wellness because top-down approaches (as opposed to grassroots, horizontal engagement) do not take into account the 'youth voice' or actual youth experiences within systems which cannot be corrected unless they are identified by affected stakeholders.

7. What are the impacts that one wants to see as a result of this work and what is the evidence?

This work is intended to have multiple impacts. **For service recipients, the anticipated impacts are:**

- Better success with sustaining stable housing. Supported housing in and of itself can help achieve this, particularly Housing First approaches, and well-designed housing stabilization supports such as those addressed in this resource assist further.
- Better success with making tangible gains in areas of employment and education once housing has been secured.
- Better enablement for youth to achieve 1 & 2 above despite mental health challenges – with those challenges becoming less impactful as coping strategies improve.
- An experience of services that are well-coordinated, individually-tailored, comprehensive, and provided in community spaces that are conducive to growth and recovery.

For services and systems:

- Direct service providers experience interventions and processes as well-organized and impactful, experience professional growth through collaboration and professional development opportunities, and feel well in the workplace through excellent communications and support by colleagues.
- Systems see indirect benefits of cross collaborations for youth not directly participating in the intervention – through augmented staff skills as a function of partnership and better communication and flow of youth between agencies as a function of a better awareness of one another's supports.
- Systems can also benefit from fewer numbers of youth cycling back into crisis services in the healthcare and homelessness sectors, less cycling back into the justice system, and youth moving on to life situations wherein they can better contribute to broader social and economic advancement.

REFERENCES

Gaetz, Stephen. (2017). THIS is Housing First for Youth: A Program Model Guide. Toronto: Canadian Observatory on Homelessness Press.
https://www.homelesshub.ca/HF4Y

Goff-Dupont, S. (2019). Work Life: How to Run Effective Meetings
https://www.atlassian.com/blog/teamwork/how-to-run-effective-meetings

Kidd, S. A., Vitopoulos, N., Frederick, T., Leon, S., Karabanow, J., & McKenzie, K. (2019). More Than Four Walls and a Roof Needed: A Complex Tertiary Prevention Approach for Recently Homeless Youth. American Journal of Orthopsychiatry, 89(2), 248-257. doi:10.1037/ort0000335.
https://psycnet.apa.org/record/2018-53815-001?doi=1

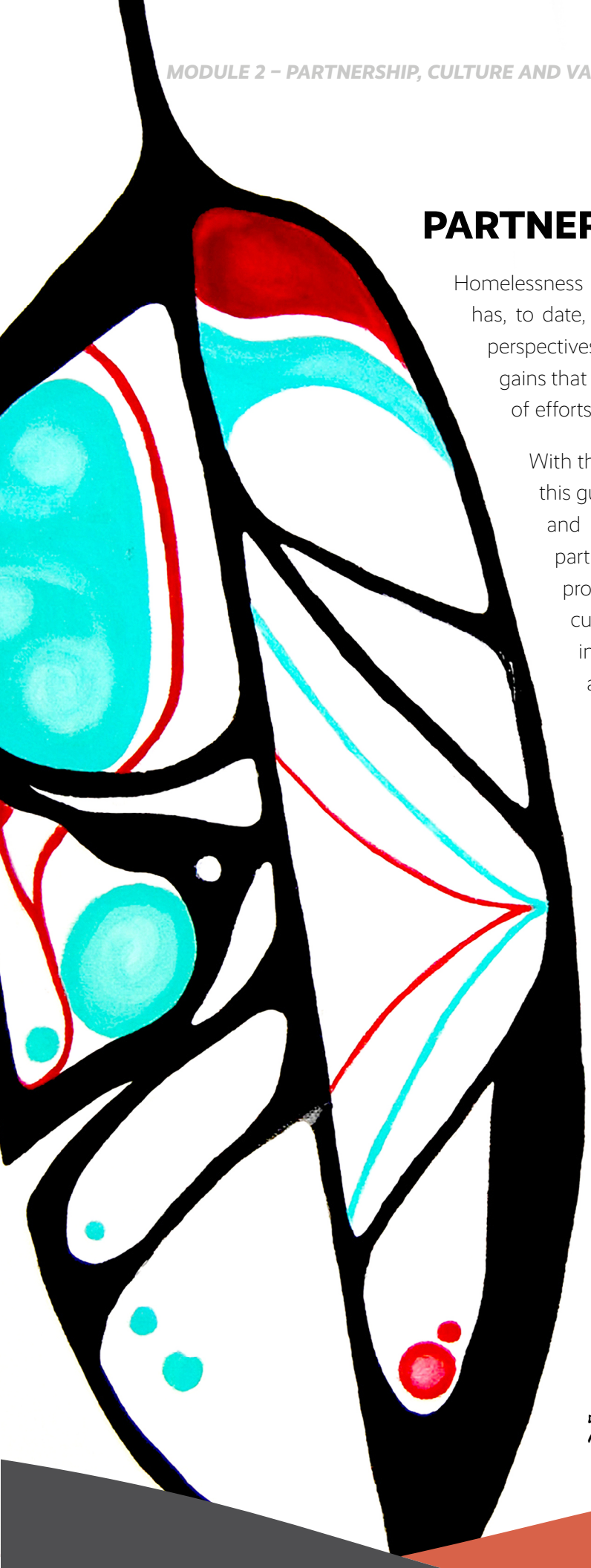
Slesnick, N., Dashora, P., Letcher, A., Erdem, G., & Serovich, J. *A review of services and interventions for runaway and homeless youth: Moving forward.* Children and Youth Services Review, 31(7), 732-742.
https://www.sciencedirect.com/science/article/pii/S0190740909000371

The Exiting Street Life Study.
https://www.homelesshub.ca/resource/exiting-street-life-study

HCP-C

MODULE 2

Partnership, Culture and Values, Meeting the Opportunity of Diversity



PARTNERSHIP

Homelessness as it relates to youth is a systemic problem that has, to date, largely been addressed by siloed, individual-level perspectives and interventions. This likely explains the limited gains that we have seen at a population level despite decades of efforts.

With the development of HOP-C specifically and through this guide we emphasize the importance of partnerships and shared values. Here we are speaking about partnerships across disciplines and stakeholders, service providing organizations, and across geographic and cultural domains. These partnerships are grounded in the shared values of equity, youth empowerment, and tailoring collaborative approaches to individual youth goals, needs, and interests. Partnerships across disciplines and stakeholder groups cultivates the strengths of multiple perspectives and integrated responses to the very complex challenges being faced by youth transitioning out of homelessness. Partnering across organizations allows interventions to wrap around youth and remain available to youth as they move through a given service system – transcending numerous problematic gaps and barriers that attend siloed service systems. Partnering across geographic and cultural domains increases the relevance of the approach to many different populations in different places. More importantly, cultural-level collaborations, when done well, cultivates a growth in perspective of all of the participating groups that enhances work at local levels and greatly increases the momentum of collaborative, systems-level responses.

Dakota Bird
Mishkeegogamang First Nation

Culture, Values, and Partnership within HOP-C

Dilico Anishinabek Family Care

Dilico Anishinabek Family Care's mission is to promote healing and well-being in Anishinabek people using an integrated holistic approach in a way that honours values, culture, and traditions. As a means of accomplishing this mission, the organization is guided by seven core values: client centered services based upon teamwork; quality service delivery that is ethical, caring, compassionate, and sensitive; partnerships that advance the well-being of the Anishinabek; role models who demonstrate positive leadership; an environment that creates positive morale; effective and accountable management, and; long-range strategic planning. In partnering with HOP-C, the model and collaborative fit was evident. HOP-C aspires to produce innovate ways in which supports and services can engage the youth they serve in a manner that keeps their needs and preferences in focus. These overarching shared values serve as orienting principles that continually remind the team of the importance of engaging in a good way.

Biimaadiziwin Wiidookaagewin

Bimaadiziwin Wiidookaagewin CULTURAL PROGRAM

After selecting a team that will provide all the wrap around supports involved in your program, consider what training or educational activities may be helpful to increase cultural safety. Providing your staff with the tools to understand the histories of the youth they are working with will help them be most effective in their roles. Below you will find an outline of the type of training used in an Indigenous setting. The first part is education around cultural concepts and a comprehensive overview of the history of Indigenous Peoples, including the influence of colonialism. The second part speaks to the specific cultural supports built into the program that staff can access for the youth they are working with.

Part 1: Cultural Concepts

- Ojibwe Creation Story
- Knowledge and the Medicine Wheel
- Myths and Assumptions
- Pre & Post Contact – Indian Act, Residential Schools, Treaties
- Walk-A-Mile Film – Legacy of Struggle
- Colonialism – Impacts, Sixties Scoop, Resiliency, TRC

Part 2: Cultural Program within the Organization

- What we Offer Client and Non-Client Related
- Cultural Program, Cultural Referral Form
- Common Cultural Interventions
- Our Cultural Team

Why Do We Smudge?

- We cleanse our eyes so that they will see the truth, beauty and gifts of the Creator.
- We cleanse our mouths so that all we speak will be in a truthful, empowering and positive way.
- We cleanse our ears so that we will hear spiritual truths given to us by the Creator and Grandfathers.
- We cleanse our hearts so our hearts will feel the truth, harmony and compassion for others.
- We cleanse our feet so that our feet will seek to walk the true path, seek balance and love.

Cultural Safety

- Moves us beyond cultural awareness, the acknowledgement of differences between cultures;
- Transcends cultural sensitivity, which recognizes the importance of respecting differences;
- Helps us understand the limitations of cultural competence, which focuses on the skills, knowledge, and attitudes of workers;
- Begins with the worker rather than the client (child, youth, family);
- It is a way for our clients to determine if the service is safe for them; gives power to the client; the more safe the more they will engage.
- Cultural awareness/sensitivity/competence is about "me" the worker. Cultural safety is about the other person – they decide what is culturally safe. Instead of learning about them, "I" we learn from them.
- When a worker and the agency can establish cultural safety, according to the family, the family will trust more and be less resistant to the worker trying to help them on their healing journey.
- Cultural safety means creating an environment where we (staff/agency) make it safe for people spiritually, socially, emotionally and physically safe.
- It is about shared respect, respecting people accessing services for who they are and what they need.
- The person receiving the services from the agency/worker determines whether or not it is culturally safe.

HOP-C North Example

1) Case management

Case management not only includes connecting youth to the services needed to support their transition into housing, but it is also sometimes meant to accompany them to meetings. In Thunder Bay, many Indigenous youth have experienced various forms of discrimination when entering establishments and engaging with providers. For example, one youth was apprehensive about going to the bank to get a new bank card based on previous experiences, and so the case manager went with the youth to provide support through this process.

Take away: case management duties needed to be flexible to meet the needs of the youth.

At HOP-C North, having a cultural mentor within the program was very important to the program and it removed many barriers for the case managers. Instead of having to wait on a referral to provide the youth with access to cultural services, the case managers were able to easily connect the youth to a mentor as needed, who was very much part of the team and was flexible to the youth's cultural needs and the extent to which they were prepared to engage with their culture.

Take away: in-team cultural supports reduced barriers to care.

2) Mental health support

At HOP-C North, the main mental health support is provided by a clinical social worker. She immersed herself in the HOP-C program, including attending cultural programming and other forms of programming offered to youth outside of mental health groups. This allowed the youth to get to know her, become more comfortable with her, and it gave them the opportunity to build trust before deciding to engage in mental health services. As she did this, it coincided with youth beginning to seek out appointments with her as needed, and eventually youth sought full 12 session protocols for treating various mental health difficulties.

Take away: mental health care became accessible to youth through sustained efforts to build trust and therapeutic alliance.

Another important take away from the HOP-C North program relates to how mental health and cultural programming were delivered. The mental health provider attended many non-mental health-related groups, including cultural teachings and other programming. She understood the mental health difficulties the youth faced by gaining an understanding of the historical trauma and the social context the youth were facing. This allowed her to integrate culture into therapy sessions. For example, exposure-based activities incorporated land-based activities. Similarly, cognitive behavioural therapy sessions would at times

incorporate the 7 grandfather teachings to complement the psychoeducation involved in CBT. This also included understanding the way in which cultural identity helped individuals engage and overcome mental health difficulties. In this way, cultural groups and mental health groups were not viewed as separate, distinct supports offered but worked together and built off each other.

Take away: Mental health supports and cultural programming were integrated.

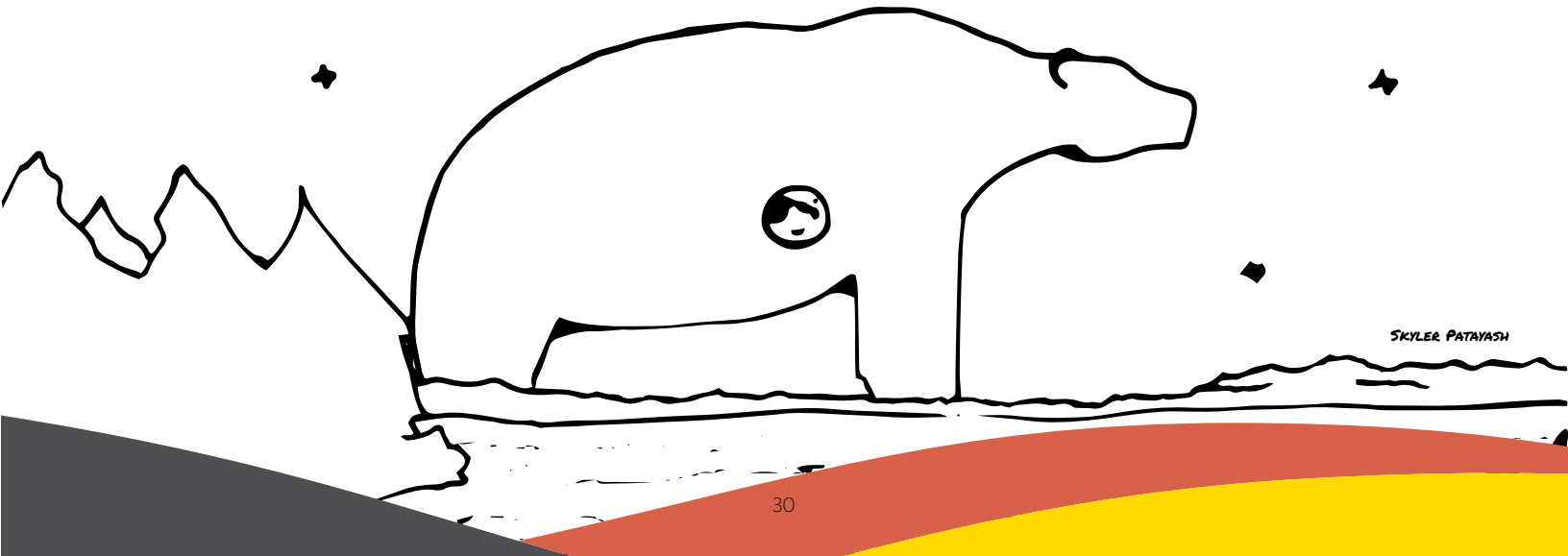
3) Peer mentorship

At HOP-C North the approach to peer mentorship was somewhat different than other models. Many Indigenous youth engaging in the HOP-C North programming have never had opportunities to have their opinions valued or honoured, nor were they used to being in a leadership role. Because of this, how youth stepped into peer mentor roles was fluid. Youth were met where they were at in terms of the level of leadership they were willing to take on.

Take away: Peer leaders were met where they were at and their strengths were valued as they stepped into their leadership role.

Peer mentors at HOP-C North were given their spirit names which reflected the steps they were taking as they became leaders. This also supported the development of their confidence and independence as peer mentors, which helped support them as they continued to grow as leaders. They worked to create the By Youth for Youth Guide. This guide was created to provide Indigenous youth in the Thunder Bay community as well as in Northwestern Ontario at large with practical information on navigating resources as well as to help foster skills to support mental health and engagement in culture. The guide was built through a cultural lens, incorporating many teachings and using a framework based on Indigenous ways of knowing.

Take away: Meaningful and culturally relevant experiences can help support the autonomy and confidence of peer leaders.



WORKSHEET 1

Below are some questions to help you reflect on how best to incorporate culture within your program.

1. Based on the diversity of the youth you are working with, what kind of cultural supports might be beneficial to be built into your programming?
2. What are some specific barriers the youth in your community face when accessing mental health supports? What steps might you take to minimize these barriers?
3. What sort of experiences can you offer peer leaders to help support the development of their cultural identity and/or their autonomy?

REFERENCES

Kidd, S. (2012). Invited Commentary: Seeking a Coherent Strategy in our Response to Homeless and Street-Involved Youth: A Historical Review and Suggested Future Directions. *Journal of Youth and Adolescence*, 41(5), 533-543.
https://link.springer.com/article/10.1007/s10964-012-9743-1

HCP-C

MODULE 3

Planning, Partnering and Leadership

CONTENTS

Worksheets

OVERVIEW

This module concentrates on the front end work that needs to happen to successfully build and implement a housing stabilization strategy that is the most likely to be effective for your context. The idea of providing integrated mental health supports, case management, and peer support through processes and in spaces that optimize engagement might seem fairly straight forward on the surface. In our experience, however, getting it right requires a good deal of care and foresight in establishing the leadership and partnership models, communications, and other process pieces that are essential to (i) fulfilling the goal of each program element informing and supporting the others, and (ii) ensuring a healthy and sustainable work environment in which everyone's contribution is maximized.

If we might take an example from research into psychotherapy, the "common factors" such as forming a good working alliance, alignment on goals, effective communications, etc. can have as much as or even more of an impact on outcomes as the specific therapy provided (e.g., CBT).

This module is designed to help you establish the common factors of your housing stabilization effort. After having worked through this module with your collaborators you should have built the foundation for your housing stabilization strategy and be ready to start hiring staff and getting going in earnest.

The key takeaways from this section are:

1. **Clearly identifying and defining the local service gap that your housing stabilization approach will address**. This requires good knowledge of youth needs, sector knowledge, and practice knowledge and may take some care to ensure that in this early stage you have the right people engaged and enough information on hand. If mistakes are made here there is a risk of wasting resources, misaligned services, and missing key partners.
2. Once the service gap is understood and the right people are working with you, you can move on to **further articulating the specific problem that you hope to solve and the specific group(s) of youth for whom the problem needs addressing**. This will flow into some early drafting of the intervention components and collaborations that will be needed to address the transitioning challenge that is the focus. This work will form the rough outline of a proposal that would be brought to your stakeholders.
3. **Holding stakeholder engagement sessions that bring together people from across your sector in a variety of roles**, including youth and policy maker involvement.
4. **Identifying and developing the collaboration that will deliver the stabilization intervention**. This work will include articulating roles and processes, developing relationships, and coming to consensus on your collective theory of change for this work.
5. **Providing your team with the necessary teachings and tools needed to engage with the targeted youth and their particular needs.** For instance, supporting service

providers with a cultural framework and the historical context needed to successfully engage with Indigenous youth, including an understanding of how these youth may engage with the services offered to them based on past experiences.

6. While necessary throughout this process, it is at this stage that your group will be in the ideal position to **engage in resource generation as very clearly articulated approaches for specific challenges**, grounded in a well-organized collaboration, are far more likely to be funded.
7. This is also the stage where it is **helpful to engage in a systematic analysis for blind spots in the plan and under-representation in your group**.
8. Other tools that we provide here include a structure for generating the rigorous communications strategy (Worksheet 7) and role articulation (Worksheet 6) that is essential to support complex interventions with multiple collaborators. We also provide here a tool that can assist with plotting out key activities over time (Worksheet 8).

1. Identifying the Gap in Service

This task is less one that is done at the beginning and the box is ticked – it is more about starting a process of continuous exploration and evaluation. While it can be generally agreed in nearly all systems that youth require some additional supports in major life domains after securing housing, there is a lot of variability in terms of the specifics. This variability can include:

- Specific youth needs which can vary with, for example, geographic and cultural considerations.
- A range of possible collaborators – varying in collaborator type and possible number.
- Positioning in a given system which will be unique in terms of strengths and weaknesses.

Most endeavors, of course, start without everyone at the table who will ultimately need to be there. Usually an individual or small group of individuals and organizations start a conversation about a gap in services and the opportunity to do better as a system that strives to support young people exiting homelessness permanently. Below we map out a process to help guide those engaged in this pre-planning stage – helping with the process of preparing to reach out to possible collaborators and funders. We hope to leave you better prepared to engage and reduce the risk of potential partners and funders walking away due to a lack of clarity and time wasted on 'blue sky' meetings and conversations that are having a hard time becoming focused.

2. Planning the Partnership

Having completed the important work of drafting the tertiary prevention/housing stabilization model with the input from your community partners, you are ready to begin to identify your collaborators. Again, this is likely not a single step – more the start of a process that might see you gaining and losing partners over time.

Likely the best starting point is to think through possible collaborators as they line up with the intervention components/interventions that are needed. In our experience, these components are likely to include attention to mental health, case management, and peer support domains among others. As well, continued thought is needed as to who the lead or backbone organization is going to be. We are not proposing a hierarchical model here, but even in collaborations wherein power is distributed equally, one group or organization probably needs to organize – even if this responsibility rotates.

Finally, space and geographic considerations will be important. Youth who have exited homelessness generally don't want to receive services in homeless-serving spaces. The geographic dispersion of services is another consideration. Staff and youth leaders need to meet, in person, regularly, and do outreach effectively. Highly dispersed collaborating organizations may pose a challenge, as might challenges such as youth having to move through dangerous parts of cities to access services.

For each intervention component, the following template might be helpful:

- Component area to be addressed
- Organization name
- Contact(s) in leadership roles
- Expertise in component area (track record of experience and success, knowledge and skill base)
- Capacity to deliver (human resources, in kind support, facilities and infrastructure, ability to sustain collaborative involvement over time)
- Potential to build capacity (prominence in the field, connections with decision makers, success with funding)
- Quality of collaboration (history of past collaborations – successes and challenges):
- Potential risks re: collaborating with this organization
- Potential risks of not collaborating with this organization

Once the group of prospective collaborating organizations have been identified, it will be a helpful exercise to look at them all, against the youth needs that you identified as they relate to transitions out of homelessness, to see if there remain any gaps that any one organization or the collaboration as a whole cannot address. This might lead to considering other possible partners. As well, you might consider more than one collaborating organization for a single function. This can reduce the burden on any one organization (and mitigate the problem of one organization having to back out), increase the pool and diversity of the youth engaged, and lead to capitalizing on the strength of different perspectives on a particular facet of the work. Thinking this through, though, will require thought given to staging and scale – some questions that might not yet have answers. Some considerations too will be political. When in doubt it may prove easiest to start with a smaller group and, as more information is gathered, consider bringing on additional collaborators.

It is also important to note that all parts of the collaboration might not necessarily be organizations. For example, youth leaders/peers may need to be brought on – and may come through several organizations or may need an organization to create the platform to support their involvement (see Module 6 – Peer Support). Many if not all collaborations will benefit from having one or more elders participate in the planning and leadership process – individuals who may or may not be engaged with a partnering organization. The same might be said for decision maker partners. Indeed, some planning processes might approach this from a levels of involvement perspective – with a layer of core collaborators, and layers of more distant collaborators and advisors who support the work but are not directly involved in day-to-day service provision.

3. Needs Brainstorming

In this sub-section you are being asked to reflect as a group on what you think are the main needs/barriers of the individuals being targeted through this intervention. Remember, this should be done with people who have thorough knowledge of the target group based on life and work experience. Below we provide a checklist to help with brainstorming, but note the list is not comprehensive by any means. Star the needs/barriers that are anticipated to be most relevant to the target group.

For each item on the list – particularly those with a star – discuss as a group how those needs are being supported through the components of the intervention and identify gaps.

Need	Priority
☐ Mental health disability	
☐ Physical disability	
☐ Developmental, cognitive, learning disabilities	
☐ Inadequate resources to cover monthly expenses	
☐ Food insecurity	
☐ Life skills gaps	
☐ Criminal records/criminal justice involvement	
☐ Social barriers/Anxiety	
☐ Clothing	
☐ Transportation	
☐ Lack of basic furniture/home supplies	
☐ Inadequate/unsafe housing	
☐ Violence/victimization/fear	
☐ Cultural disconnection	
☐ Other:	

WORKSHEET 1

Identifying the Gap

This worksheet helps in making sure you have who you need on the early planning working group.

Before moving on to begin the early stage planning and scoping, it is helpful to have a short review of who is working on these beginning pieces. That is best done by looking at requirements before considering people who might fulfil them. This early stage will require:

- ☑ A good knowledge of the needs and experiences of youth homelessness in your sector.
- ☑ A good knowledge of the sector itself – who is providing what and who has respect and influence in the sector.
- ☑ The ability to effectively find out information both within the service sector and in the broader field and literature – to help fill in the gaps.

At this early stage ask yourself and your group if you have these three areas covered. This step is not about establishing the collaboration – try to be clear about that. This is about establishing the group that will establish the collaboration. It is likely best kept small initially so that people don't feel like an actual collaboration has started that they haven't been invited to.

As a small group have a conversation about this step:

1. *Do we have a good knowledge of the needs and experiences of youth homelessness in our sector?*
   Yes, and Person 1 and Person 2 are on point for it.
   No, we need more experience here and Person 1 and Person 2 can help.
2. *Do we have a good knowledge of the sector itself – who is providing what and who has respect and influence in the sector?*
   Yes, and Person 1 and Person 2 are on point for it.
   No, we need more experience here and Person 1 and Person 2 can help.
3. *The ability to effectively find out information both within the service sector and in the broader field and literature – to help fill in the gaps.*
   Yes, and Person 1 and Person 2 are on point for it.
   No, we need more experience here and Person 1 and Person 2 can help.
4. *Is one or more of the above a young person with lived experience?*
   If not, you better figure that out!

Next, it can be helpful to think through what you hope to achieve at the end of this initial stage. We suggest that you might want to think about starting to articulate objectives like:

- ☑ Clearly articulating the problem that you want to solve. There is evidence that the more focused, specific, and clear you are in articulating the problem, the more likely your effort will be to succeed.
- ☑ Defining the specific group or groups of young people that will be the focus of this effort. Again, specificity is very important. One approach cannot be effective for all marginalized youth. Lack of clarity here will likewise cause many problems down the road.
- ☑ Determining what are the existing resources that address the specific problem for the youth that are the focus. Every effort must be made in this resource-starved context to **avoid duplication**. Resources can include specific interventions (e.g., mental health, case management, etc.) and, common factor considerations such as existing networks, collaborations, other interventions already being done in a related area onto which your effort might be added. Again, efficiency is everything in the effort to engage collaborators and funders, keep the approach clear for the youth and families who engage, and to not unnecessarily take resource out of a sector where it might otherwise have been deployed in a non-redundant area.
- ☑ Determining, based on points 1-3 above, what the components (e.g., mental health, case management, peer support) of your housing stabilization approach will be – what you will need to provide as a new resource and what can be provided by a collaborator working with you (at least a first draft).
- ☑ Determining the specific interventions that address the components in point 4 – attending carefully to the available evidence, cultural relevance, feasibility (can it be done?) and viability (can it be sustained?) in your system.
- ☑ Beginning to articulate possible funding routes for net new activities and what might be covered in kind by partnering organizations – this taps point 3 above.

Now that you have some draft objectives in mind, you can start to think through how those objectives will be best met in your service system. First, as a small group, there might be some benefit in starting to generate a draft working document that captures your own ideas regarding the above points – perhaps framing those objectives as questions to yourselves. Second, there can be a good deal of benefit to organizing a scoping meeting/event to pose those questions to your stakeholders. This second step has many benefits, including:

- Getting good information from multiple perspectives.
- Leaving other stakeholders in your system feeling respected and engaged.
- Starting the process of early identification of possible collaborators.
- Starting the process of thinking through staging and resourcing.

WORKSHEET 2

Identifying Stakeholder Groups

What stakeholder groups in our community need to attend?

- ☐ Policy makers
- ☐ Service leadership
- ☐ Direct service providers
- ☐ Youth currently or formerly experiencing homelessness
- ☐ Family
- ☐ Cultural leaders
- ☐ Academics
- ☐ Other:

Next, a list can be generated for who, locally, will be invited from each group. Some considerations that will be relevant for this stage include:

1. **Crafting the invitations** – thinking about how you will identify yourselves, this initiative, and its objectives.
2. **Finding a space conducive to comfort and engagement** – ideally one that readily allows for breakout sessions/conversations.
3. **Drafting an agenda**. This will ideally involve some youth co-facilitation, a land acknowledgement, and possibly some introductory remarks by a leader in the field and/or policy maker.
4. **Planning to ensure that youth who take part in the meeting can do so safely and effectively.** Considerations should include inviting as a small group rather than just one or two, some pre-meeting orientation to the goals of the meeting, the agenda, and brainstorming about how they can safely and effectively participate and be heard, attending to meaningful participation through the agenda (see below), fidget items at tables (things to draw on and play with), and financial compensation for their time.
5. There are many ways to run effective meetings like this – ways that need to **address local context and cultures**. Key considerations could include, after some preliminary orientation, a series of breakouts and large group discussions that attend to the objectives outlined earlier. Thought needs to be given to diversity in breakouts by stakeholder groups or having groups meet with their peers – there are pros and cons to each approach. Likely at least one youth-specific breakout is needed. In advance, the best way for youth to report back should be discussed with the youth participants – gauging format and comfort level.
6. **Make good use of multiple note takers and evaluate the event** – allowing for additional comments on evaluation forms.

Hopefully this meeting served the goals of gathering excellent information, seeding the beginnings of relationships that might turn into collaborations, and leaving all of the relevant stakeholders feeling involved and respected.

As a planning group, your next task is to take all of this information and draft out the following document:

1. What is the problem that we need to solve?
2. Who are the young people who will be the focus of this effort?
3. What are the existing resources that address the specific problem for the youth that are the focus?
4. What are the components of the housing stabilization approach that we need to build?
5. What specific interventions address each component?
6. What new and in-kind resources are needed?

WORKSHEET 3 & 4

Visualizing the Collaboration and Resource Planning

The next step will involve bringing the identified collaborators together to begin the process of drafting out a plan to get started. Examples of objectives for these initial meetings are listed below along with possible methods for exploring each area.

Full group introduction: Sharing all of the work done to date with the group and getting feedback on the planning process.

Collaborators are each asked to prepare a mini-presentation for the whole group

For each collaborator, articulating (in draft format) organizational and individual objectives for participating, degree and type of interest in participating, and fine tuning roles. This will no doubt have to be a dynamic process of representatives going back to home organizations for internal discussions to be sure that what they are representing align with staff, leadership, and board understandings of how they might participate.

Small group work with homework assigned

Identifying where further connection and information is needed. This may involve searches of the practice and academic literatures, reaching out to coalitions (e.g., A Way Home Canada), bringing on additional advisors and collaborators.

Breakouts for logic model section exploration and whole group to finalize

Engaging in a logic modelling or theory of change exercise that helps to break out short, medium and long term goals and activities. There are many sources of support on how to develop logic models. As an activity it is a useful tool to focus planning discussions and stage activities – indeed many funders require or otherwise like to see logic models within proposals. Appended below is the HOP-C logic model – this may be helpful for a point of reference.

Whole group

Developing a clear work plan with objectives and timeframes broken out – including specifics about the work that each individual and organization will contribute (at this stage focused largely on resourcing and planning). Formalizing meetings with minutes distributed can be very helpful with this process.

Breakouts

Coming up with a name (as with all names, ones with pithy and memorable acronyms help!). Youth leadership in this area will likely land on a more engaging and creative idea.

Whole group: Developing at least three versions of implementation – one very low cost, one middle, and one fully resourced. This will help with contingency planning and you will then be ready with versions that can suit specific audiences and opportunities. This will require doing some math – considering the numbers of youth engaged, the types and frequency of programming, and staff needs.

Whole group with homework

Clearly articulating the resource question. This will involve, for each of the implementation versions (low, medium, and large), resource models that include in-kind and cash (new resource) contributions.

Breakouts with review by the whole group

Developing messaging for various target groups (e.g., public, boards, funders, bureaucrats, decision makers) that clearly and succinctly identifies the collaboration and the problem to be solved, why this work is both feasible, viable, and important, and what is innovative. Lessons taken from successful organizations elsewhere suggest that there is great value in informing the media about the initiative and developing public (and by proxy government) awareness about the collaboration. See this example of public facing messaging in the form of a press release.

Ongoing

Relationship building. Given the depth of collaboration that is necessary for the success of this work, and the importance of effective youth engagement, through leisure and team building activities and meeting formats, time must be spent cultivating and testing relationships. This process may lead to some participants leaving and some new needs being identified as participants come to understand the relationship work that this type of collaboration will require.

Ongoing

Planning, writing and submitting grant proposals to support the work. This will involve research into potential funders, mapping out the feasibility of each prospect in terms of alignment, and noting deadlines/ timeframes. Planning collective efforts to engage in advocacy to secure funding – through engagement of decision makers, boards, the public, and philanthropists. From early on this effort must include a good deal of care taken on how the work is identified.

WORKSHEET 5

Inventory for Blind spots, Underrepresentation and Needs

By this stage a plan is starting to emerge and it's time to think about representation and expertise on the team. These questions are designed to help the team think through blind spots and areas of underrepresentation.

What is the anticipated profile of the young people in the intervention?

1. Cultural/racial/ethnic/Indigenous backgrounds?
2. Gender identity?
3. Sexuality?
4. Age?
5. Socio-economic background?
6. Geography/neighbourhoods?
7. Ability?
8. Key elements of lived experience (substance abuse, experience with child protection, criminal justice involvement, etc.)?

HOP-C North

When implementing HOPC in Northwestern Ontario, considerations were needed in order to best support the unique needs of Indigenous youth experiencing homelessness. This included considering how cultural teachings and access to Elders would coincide with the other wrap-around supports. The staff chosen to work in case management and mental health were those who identified as Indigenous and/or those who had a strong understanding of the various ways the effects of colonization and intergenerational trauma may be associated with the homelessness and mental health difficulties the youth are facing.

How does this profile match with the composition of the team and the structure of the program?

- Team:
- Structure of the program:

Ideally, the participant profiles should be reflected in the programming and the team, but we know that's not always possible.

What gaps do you see? Here are some strategies to consider as you reflect on any gaps:

Team

If there is hiring to be done, how can you use that as an opportunity to address gaps in representation? This might require advertising the position differently, reaching out to specific agencies in the community, adjusting hiring criteria, or writing a job ad that explicitly invites people with certain types of lived/work experience. Also think about volunteers, workshop leaders, mentors, guest speakers, and community artists that could be brought in.

Structure of the program

Brainstorm events, outings, workshop topics, food choices, and programming ideas that could help honour/reflect the anticipated profiles of the participants. Aim for multiple touchpoints for each profile, even if small. What are ways that you can explore, celebrate, and discuss the strength of your diverse backgrounds and experiences as a group? Who can you bring in to facilitate those discussions?

WORKSHEET 6

Planning for Roles, Infrastructure and Integration

The purpose of this worksheet is to provide an opportunity for the group to identify and describe the specific roles within the intervention. There will be opportunities within later modules in this guide to develop each role in more detail.

Role Name	Component	Home Agency	Role Description	Manager/ Person Supporting the Role	Infrastructure*	Hours per week	Funding Source	Hiring Required?
Peer specialist role	Peer component	LOFT Community Services	Peer contact, lead programs and socials	Julia	Cellphone with text and call plan, access to a printer	20	Grant LOFT	Yes

*Infrastructure refers to what that person will need to do their job. e.g., cellphone plan, transit pass, access to a vehicle, access to supplies, wellness/ self-care plan, office space, private meeting room, etc.

Component Integration

Beyond the meetings established in Worksheets 3 & 4, it is also important to think of the more routine ways in which the components of the intervention will work together and communicate with each other. This is an opportunity to identify potential silos and find ways to build better integration. Wherever possible, the various components of the integration should be working together to offer programming and services.

Under each heading list the people/role involved and answer the applicable questions.

Programming Integration

What opportunities are there to plan/deliver services together?

1. *Service/Activity 1:* Mental health group

What components will be involved? Peers; Psychologist

Notes for when, where, how? Weekly meetings –every Tuesday...

2. *Service/Activity 2:*

Case Conferencing

What opportunities are there to work together and coordinate on individual client plans and troubleshooting?

1. *Case conference 1:* Case management

What components will be involved? Case managers; psychologist

Notes for when, where, how? Monthly: 2nd Tuesday of every month; alternating locations

What is our process for getting client consent? Consent form at intake

2. *Case conference 2:*

Leadership and Planning

1. *What opportunities are there to work together on leadership and planning?*

What components will be involved? All components

Notes for when, where, how? Weekly meetings; Quarterly review meetings

WORKSHEET 7

Internal Communications Strategy

In our experience, a solid communication strategy is key to a complex intervention running smoothly because it keeps the components working together and helps identify and address potential issues as early as possible. The goal of this worksheet is to help the team develop such a strategy. Select the type of meetings you want to have and then fill out the corresponding details.

Regular Program Meetings

1. *Team Meetings*

How often? [we strongly recommend weekly]
Who is expected to attend?
Location?
Meeting lead?
Agenda?

2. *Component 1:* Mental Health

How often? [we recommend bi-weekly or monthly]
Who is expected to attend?
Location?
Meeting lead?
Agenda?

3. *Component 2:* Case Management

How often? [we recommend bi-weekly or monthly]
Who is expected to attend?
Location?
Meeting lead?
Agenda?

4. *Component 3:* Peer

How often? [we recommend bi-weekly or monthly]
Who is expected to attend?
Location?
Meeting lead?
Agenda?

Ad-hoc/Occasional Meetings

1. *Team building/socials*

How often? [we recommend bi-weekly or monthly]
Who is expected to attend?
Location?
Meeting lead?

2. *Review and planning*

How often? [we recommend quarterly]
Who is expected to attend?
Location?
Meeting lead?
Agenda?

3. *Stakeholder/Steering committee*

How often?
Who is expected to attend?
Location?
Meeting lead?
Agenda?

4. *Other:*

How often?
Who is expected to attend?
Location?
Meeting lead?
Agenda?

WORKSHEET 8

Timeline Planning

This is an opportunity as a group to map out the timelines for the planning stage. Within each category write into the box goals, milestones, events, and meetings.

Yearly timetable by month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Identifying the gaps												
Building partnerships												
Mapping the intervention												
Grant applications and funding												
Development and implementation												
Hiring												
Training												
Review/Check-in												

WORKSHEET 9

Agenda Planning for Team Meetings

Team meetings are an important part of any collaborative intervention, but it is also important that these meetings are focused and efficient. Here we provide a template for building your own team meeting agenda.

1. *Updates from component 1: Leadership*
   - Summary of recent activities
   - Upcoming plans
   - Feedback on impact/uptake/progress
2. *Updates from component 2: Case management*
   - Summary of recent activities
   - Upcoming plans
   - Feedback on impact/uptake/progress
3. *Updates from component 3:*
   - Summary of recent activities
   - Upcoming plans
   - Feedback on impact/uptake/progress
4. *Upcoming events/announcements*
5. *Any approaching deadlines?*
6. *Other business*
7. *Quick review (Stop/Start/Continue):*
   - Stop: Any activities we want to stop doing or do differently?
   - Start: Any activities we want to start doing?
   - Continue: Any activities we feel are working well and want to be sure to continue?
8. *Action items*
   - Action item 1:
     - Lead:
   - Action item 2:
     - Lead:
   - Action item 3:
     - Lead:
   - Action item 4:
     - Lead:

REFERENCES

Ontario Agency for Health Protection and Promotion (Public Health Ontario) Abdi S., Mensah, G. (2016). Focus On: Logic models-a planning and evaluation tool. Toronto, ON: Queen's Printer for Ontario; 2016.
https://www.publichealthontario.ca/-/media/documents/focus-on-logic-model.pdf?la=en

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MODULE 4

Case Management

CASE STUDY

HOP-C Case Management Example

HOP-C case management was delivered through a psychosocial rehabilitation model and rooted in a strengths-based approach. This type of approach requires relational work and is structured as a partnership between the participant and the case manager that focuses on personal strengths and goal attainment. It requires a great deal of relational work that is culturally sensitive, trauma sensitive and trauma informed. HOP-C had two case-managers from two organizations, LOFT Community Services and Covenant House Toronto, that worked together in a team-based model with the clinical psychologist and the peer team. Its key components include care coordination, life skills assessments, crisis intervention or prevention and advocacy in various settings.

HOP-C North Case Management Example

HOPC-C North case management prioritized relationship building with each youth first, and case management second. This was reflected in the language used, as case managers were called "Youth Coordinators" to ensure that each youth felt autonomous in their decision-making. This autonomy was also reinforced through the adaptive nature of the youth coordinators' roles. Their job description remained fluid as a means to best support the needs and services required of each individual youth. For example, many Indigenous youth fear accessing community services due to chronic experiences of racism in such environments. As such, not only did youth coordinators support youth to connect to the necessary services, they also provided a protective role within this service engagement. The youth coordinators maintained their prioritization for relationship building by continuing to engage with youth regardless of the need for service access or typical case management services. As many Indigenous youth have had dozens of different workers involved in aspects of their care since early childhood, the HOP-C North youth coordinators aimed to demonstrated consistency, nurturance, patience, and respect to each youth they worked with. This allowed youth to navigate their daily lives knowing they could reach out to access the support of a youth coordinator, without feeling any sort of obligation. Each youth coordinator also met the youth where they were at in terms of their cultural engagement. This included providing the opportunity for access to cultural services and access to an Elder whenever needed. Youth had the choice of how and when they would engage with the cultural programming available.

VALUES AND PRINCIPLES

Case management is a key component of a collaborative intervention and in many ways, case managers are the glue that hold the whole intervention together. Good quality, client-driven case management is so important for a few reasons:

1. Case managers are often the first point of contact for an intervention and play an important role in client engagement.
2. Case managers help the client navigate the various components of the intervention and thereby integrate and connect the elements of the intervention together.
3. Case managers are well positioned to reflect on how successful the intervention is in helping clients reach their goals and therefore play an important role in design, implementation, and evaluation.

The style and approach may differ depending on the home agency, but we recommend a case management approach that is:

1. Goal oriented and client-centered , and flexible: This means helping clients to develop a list of their own goals and supporting them in achieving those goals, and incorporating flexibility in approach to meet individual needs
2. Wraparound: This means a case management approach that is proactive and mobile, and that aims to create a circle of support around the individual.
3. Integrated team delivery: No one can do it alone – by creating and fostering a strong team environment case managers should have other team members to approach for troubleshooting client challenges or responding to crises.
4. Case management delivery is consistent as a means to provide a source of stability to clients who may be otherwise used to inconsistent engagement with past services.

WORKSHEET 1

Identifying a Case Management Philosophy and Approach

This worksheet should be filled out by all members of the case management team and discussed as a means of identifying strategies and approaches. Also consider discussing the worksheet at a team meeting in order to clarify the role within the broader team. The goal is not necessarily to ensure all case management is being delivered in exactly the same way but that the approaches within the team are compatible and align with the goals and values of the intervention.

1. *Is there a particular model that informs your approach?*
2. *Check what values/objectives are most important to your role*

- ☐ Structure and Accountability
- ☐ Goal setting
- ☐ Anti-oppressive practice
- ☐ Life skills development
- ☐ Empathy and compassion
- ☐ Emotional support
- ☐ Systems navigation
- ☐ Referral
- ☐ Mentorship
- ☐ Friendship
- ☐ Community connection
- ☐ Coordination of services
- ☐ Fostering independence
- ☐ Housing stability
- ☐ Ensuring basic needs are met
- ☐ Advocacy
- ☐ Counselling/Psychotherapy
- ☐ Crisis support
- ☐ Consistency
- ☐ Supporting cultural/spiritual needs

3. *Now pick your top 5 values/objectives from the list above and do your best to rank them starting with the most essential.*

Most essential:
2nd:
3rd:
4th:
5th:

4. *In an ideal situation do you see case management as an indefinite or time limited? Discuss the rationale behind your answer.*
    1. What goals do you expect to achieve with case management? How does your time frame influence your ability to achieve these goals?
    2. If the preferred approach is time limited, discuss the ideal end point to a client relationship. How does that ideal end point align with the structure and timelines of the proposed intervention?
    3. If time-limited, what is the plan for hand-off and transitioning out: [We recommend starting these conversations 1 month in advance]
5. *What is your plan for engaging/contacting low/non-engagers?*
6. *What are the agreed upon targets for the program (if any)?*
    1. The expected number of face to face interactions, level and type of contact?
    2. Discuss strategies to maximize engagement and establish realistic expectations for participation and engagement for the population involved with the program.

WORKSHEET 2

Integration and Communication

List the components within the intervention and discuss what role the case managers will play in the delivery of that component

Component 1: Mental Health Component

Role played by Case Management Team:

Case managers will make referrals and provide warm introductions for any clients looking for mental health support; case managers will promote and advertise the mental health group; case managers and psychologist will case conference together around client needs and troubleshooting.

Component 2: Peer Component

Role played by Case Management Team:

Case managers will invite peers to welcome meeting; continue to make warm transfers. Supporting peers in ongoing connections and work with clients.

Component 3: Agenda Planning for Case Conferencing Meetings

Role played by Case Management Team:

Consider these prompts when case conferencing with other components

- Status on Housing: updates regarding housing/landlord issues/rent increase
- Mental Health: Medication changes, changes in mood or behaviour, interventions or tools used (e.g., crisis plans)
- Community Resources/Other Supports: updates regarding pre-existing community/clinical supports
- Presenting Issues: legal involvement, family dysfunction, etc.
- Engagement Level: Community or program engagement
- Goals: progress, challenges
- Client feedback: general comments about the program

WORKSHEET 3

Case Management Troubleshooting

With all members of the collaboration, review these common scenarios and make a plan for how you can plan ahead for these complex situations:

1. *Clients are calling/texting the case manager's phone in the middle of the night in crisis*
2. *A client is showing signs of psychosis*
3. *A client is clearly interested in the intervention and would benefit but seems reluctant to engage for unknown reasons*
4. *A client continues to need support beyond the intended time frame of the intervention*
5. *A client is expressing suicidal ideation*
6. *A client is doing things to trigger other clients in drop-in or group programming*
7. *A client and case manager are having trouble connecting and building rapport*
8. *A client is under the influence of drugs or alcohol when out in the community with the case manager and acting in disruptive ways*
9. *A client is expressing distrust in an organization*
10. *A client does not want to attend programming in certain locations or buildings*
11. *The case manager finds out the client is engaging in illegal activity*
12. *Clients within the intervention are having a conflict with each other that is affecting their ability and willingness to engage*
13. *A client does not meet criteria for joining the program. How does the team respond overall? What does the referral process look like? Are partners prepared to accommodate the individual elsewhere? (other programs offered)*
14. *A client has mobility issues that interfere with their ability to access aspects of the program – i.e. Participant is bedridden but interested in accessing psychotherapy?*
15. *A client has pre-existing supports but wants to engage, how do we integrate with those supports in a way that avoids duplication of service?*

For each scenario, consider:

1. *Safety for the client is a primary concern. What steps need to be taken to ensure they are safe and free from harm?*
2. *Safety and support for the case manager is equally important. Are there policies and self-care plans in place to protect the well-being of the case manager? Who is available for support in difficult or crisis situations?*
3. *Professional standards only require that case managers report criminal activity to the police in situations where there is a risk of immediate harm to self and others.*
4. *Think about basic needs. Are basic needs being met and how might concerns about basic needs be feeding into or complicating these scenarios?*
5. *How can we leverage the team to support in these situations and what supports might be available within the partner agencies' networks?*

HOP-C North

During a group event one evening while staff were facilitating a cultural based life-skills program; a youth noticed an altercation erupted outside between an unknown male and female in well-known high risk area of town. The male was pulling the female by her feet down the sidewalk. The youth alerted the group which all participants ran to the window to watch the altercation. A female youth began to cry while witnessing the event. What are important factors to consider in this scenario?

WORKSHEET 4

Goal Setting Tool

Goal Scaling

Goal Attainment Scaling Instructions

Please have each client complete goal attainment scaling for 3-5 specific goals. Help the client identify what achieving each goal would look like, what surpassing the goal would look like, and what not meeting the goal would look like in practical and concrete terms.

Here are a few examples:

In the next 6 months:

1. *Work: My goal is to work 20 hours a week*

   Not quite achieving my goal would look like:
   Working only occasional hours or not having stable employment

   Achieving my goal would look like:
   Having a stable part-time job where I am working 20 hours a week on a regular basis

   Surpassing my goal would look like:
   Working 25-40 hours a week on a regular basis; Working 20 hours a week on a regular basis in a job I really enjoy (e.g., Starbucks)

2. *Finances: I would like to repay $600 of debt in 6 months*

   Not quite achieving my goal would look like:
   Saving less than $50 per month or not being able to contribute to debt repayment

   Achieving my goal would look like:
   Saving $100 a month and using it for debt repayment

   Surpassing my goal would look like:
   Saving $120-$150 a month and using it for debt repayment

3. *Housing: I would like to maintain my current housing for the next 6 months*

   Not quite achieving my goal would look like:
   Losing my apartment without having a move out plan

   Achieving my goal would look like:
   Maintaining my current apartment for the next 6 months or if I need to move, having a concrete plan for changing housing

   Surpassing my goal would look like:
   Maintaining my housing and making my bedroom my own space

MY “TO DO LIST”: Master Goal Sheet

Home Life & Housing

- Details (Why / Challenges):
- Steps (Where & How):
- Timeframe (When):
- Worker Providing Support:

Not quite achieving my goal would look like:

Achieving my goal would look like:

Surpassing my goal would look like:

School

- Details (Why / Challenges):
- Steps (Where & How):
- Timeframe (When):
- Worker Providing Support:

Not quite achieving my goal would look like:

Achieving my goal would look like:

Surpassing my goal would look like:

Work

- Details (Why / Challenges):
- Steps (Where & How):
- Timeframe (When):
- Worker Providing Support:

Not quite achieving my goal would look like:

Achieving my goal would look like:

Surpassing my goal would look like:

Finances

- Details (Why / Challenges):
- Steps (Where & How):
- Timeframe (When):
- Worker Providing Support:

Not quite achieving my goal would look like:

Achieving my goal would look like:

Surpassing my goal would look like:

Health (Mental Health, Physical Health, Spiritual Health)

- Details (Why / Challenges):
- Steps (Where & How):
- Timeframe (When):
- Worker Providing Support:

Not quite achieving my goal would look like:

Achieving my goal would look like:

Surpassing my goal would look like:

Personal & Social

- Details (Why / Challenges):
- Steps (Where & How):
- Timeframe (When):
- Worker Providing Support:

Not quite achieving my goal would look like:

Achieving my goal would look like:

Surpassing my goal would look like:

HOP-C Program Goals

- Details (Why / Challenges):
- Steps (Where & How):
- Timeframe (When):
- Worker Providing Support:

Not quite achieving my goal would look like:

Achieving my goal would look like:

Surpassing my goal would look like:

My Team (Social and Professional Supports):

Date Reviewed (Mid-point Review):

Date Reviewed (End date):

Areas for improvement / What I excelled at:

WORKSHEET 5

List of External Incentives

We found that external incentives can be a valuable way to improve engagement with case managers, to demonstrate caring, and to support client needs. Here we provide an opportunity to brainstorm a list of incentives that might be available to the collaboration. To help the process we offer our own suggestions, as well as space to consider your own ideas. In generating this list and thinking about sourcing consider agency resources within the collaboration, resources outside the collaboration, local businesses, and charities that might be supportive.

Consider

1. Bringing incentives to the first meeting – consider crafting as a "Welcome Basket" composed of small items that might be helpful or appealing (e.g., small journals, pens, socks, grocery gift cards).
2. Think about small external incentives that can be offered at each subsequent meeting as a way of supporting the relationship.
3. Try to find out if there are incentives that are particularly meaningful for the participant. The goal setting tool can help in identifying potential incentives. E.g. "Learn how to cook a meal"- provide the participant with cookware or ingredients to complete their meal of choice.

List of Potential Incentives

1. Food bank items
2. Clothing (socks, etc.)
3. Household cleaning supplies
4. Furniture and décor
5. Self-care supplies (tea, journals, stationary, soaps, etc.)
6. Coffee and Snacks
7. Transit Tokens/Tickets
8. Movie tickets
9. Own ideas:

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MODULE 5

Mental Health Supports

OVERVIEW

This module focuses on organizational self-assessment and troubleshooting tools that can assist leadership, clinical and front-line staff in designing and implementing mental health and wellness focused programming, as well as in planning for and navigating challenges that commonly arise in this programming within the youth homelessness context. This work is based on the following assumptions:

1. **Youth experiencing homelessness are more likely than other youth their age to be experiencing serious and complex mental health challenges** (Hodgson, Shelton, van den Bree, & Los, 2013; Merscham et al., 2009)
2. **Despite this significant need, youth experiencing homelessness are also less likely to access mental health services**. This is due to difficulties navigating the health care system, few clinic sites, lack of coordination among providers, lack of identification and formal diagnoses, as well as challenges resulting from long wait lists and active substance use, among other barriers (Edidin, Ganim, Hunter, & Karnik, 2012; Gaetz, O'Grady, Kidd, & Schwan, 2016). Because of this gap between need and access to services, it is most often youth housing and homelessness support organizations and their front-line staff, such as case managers and shelter staff, who must navigate how best to meet the mental health needs of and coordinate care for youth.
3. **Challenges with service access become even more complex as youth navigate transitions from homelessness services (i.e., shelter, transitional housing) into independent or less supported/unsupported housing arrangements**. Dominant approaches to intervention with youth experiencing homelessness are mainly crisis responses, often in the form of general drop-in and emergency shelter services, where predominantly reactive approaches are focused on meeting basic needs and providing education, employment, and skills training. Traditionally these crisis-oriented services consider housing as an end goal, while youth often continue to experience or experience an increase in mental health symptoms as they transition into more stable and independent housing arrangements (Kidd, 2013). To this end, tertiary supports, including a strong focus on mental health, are critical in stabilizing the trajectories of youth out of homelessness and preventing the recurrence of homelessness.
4. **Culturally appropriate service delivery systems that are based on Indigenous views of health are often holistic in nature, such that they incorporate mental, physical, spiritual, and emotional aspects of wellbeing** (Health Canada, 2015). Interventions aimed to address the mental health needs of Indigenous youth experiencing homelessness should consider the role of historical trauma in their presenting difficulties. Interventions can be adapted to incorporate cultural engagement and traditional healing within Western evidence-based practices. Specific resources and supports can also be utilized to provide youth with the opportunity to engage with their cultural identity,

This module contains guiding documents to help collaborative ventures, organizations, and practitioners alike attend to key elements in the development of tertiary mental health supports across both individual and group service contexts. This approach aims to further stabilize young people who have attained a relative level of stability in meeting their housing and basic needs, and who may be beginning to transition from "survival mode" to navigating the compounded and distinct mental, physical, and social health challenges that can arise in the transition from homelessness.

This module is composed of considerations and guiding activities to be used in the planning, design and implementation of tertiary mental health supports for young people transitioning from homelessness.

Worksheet 1: Organizational Mental Health Needs Assessment aims to provide a thorough overview of common wellness and mental health needs that collaborations, organizations, and staff are likely to navigate with their clientele. The worksheet is designed to a) provide a definition of each common need and examples for how these can be met; and b) prompt consideration of what resources the collaboration/organization has in order to meet these needs as they arise.

Worksheet 2: Trauma-Informed Care for Working in Youth Homelessness offers an overview of key principles in trauma-informed care with links to resources relevant to the establishment of trauma-informed care programs and organizations in the youth homelessness context.

Worksheet 3: Build Your Own Wellness Group Assessment offers framing questions for the planning and design of a wellness-based mental health group in the youth homelessness context based on the development of the HOP-C Wellness and Mindfulness Group.

Worksheet 4: Trouble Shooting Examples for Mental Health Group Work Activity suggests common scenarios that could be experienced in mental health-based group service provision in the youth homelessness context. Framing questions are provided to provoke reflection on response to challenging scenarios.

Worksheet 5: Considerations for Individual Therapy Summary Sheet offers a summary of learnings from service delivery of individual therapy to young people exiting homelessness in the HOP-C program.

Worksheet 6: Mental Health Professionals and Evidence-Based Approaches provides examples of the mental health service provision structure within HOP-C and offers links to websites and toolkits in order to access more information on possibilities for these components, as well as a description of how HOP-C's mental health services were delivered.

Worksheet 7: Walking in Balance is a worksheet that can help service providers learn to engage with Indigenous approaches to wellbeing that include engaging with emotional, physical, mental, and spiritual needs. It can also be used to help providers reflect on aspects of their own wellbeing, including what actions they can take to achieve a balanced life.

WORKSHEET 1
Organizational Health and Wellness Needs Assessment

Step 1: Review the common wellness and mental health needs of clients listed below. Highlight those that are most relevant to your collaboration/organization/practice.

Step 2: For your highlighted needs, reflect on what resources your collaboration/organization/practice has in order to meet them.

Brainstorm and plan how these needs might be met in your context reflecting on how these needs can be met through one or more of the following:

- Existing Internal Capacity
- Hiring and/or Building Internal Capacity
- Partnership Creation
- External Referral

Common Wellness Needs

Self-Care

Strategies for taking an active role in protecting one's own well-being and happiness, in particular during periods of stress.

Examples:

- Art, exercise, and relaxation opportunities within the organization delivered in a group or offered to clients on an individual basis
- Wellness group inclusive of modules re: accumulating positive experiences, the basics of self-care
- Discussions of self-care actively incorporated into case management goal setting and planning

Healthy Relationships/Interpersonal Effectiveness

Strategies for building and maintaining positive and healthy relationships.

Examples:

- Models for conflict resolution within the organization
- Wellness group inclusive of modules including DBT interpersonal effectiveness strategies (GIVE skills; DEAR MAN skills; FAST skills)
- Psycho-education provided on healthy relationships and how to maintain them

Emotional Awareness and Regulation

Ability to recognise and make sense of your own and others' emotions. Ability to effectively manage and respond to emotional experience in both a spontaneous and socially acceptable way.

Example:

- CBT or DBT-based skills group
- Individual therapy focused on emotional awareness and coping
- Emotional regulation plan made with case manager (e.g., "When I am sad, I can...")

Managing Anger – Conflict Resolution

Ability to understand the message behind anger and express it in a healthy way without losing control. Ways for two or more parties to find a peaceful solution to a disagreement among them.

Example:

- CBT-based individual or group therapy focused on managing anger and building alternative strategies
- Emotional regulation plan made with case manager (e.g., "When I am angry, I can...")
- Models for conflict resolution within the organization

Managing Crisis – Distress Tolerance

In times of intense emotional intensity, strategies to get to a more manageable emotional place for crisis survival.

Example:

- DBT-based modules or skills group focused on crisis management skills (TIPP; Coping Ahead; Pros and Cons of acting on crisis urges)
- Individual therapy
- Individual crisis plans with clients and staff
- Organization-wide emergency safety plans and procedures
- Staff adequately supported in supporting clients in crisis (e.g., training, supervision, debriefing procedures)

Building Self-Esteem

Increasing overall sense of self-worth or personal value.

Examples:

- Group modules or workshops focused on self-esteem building
- Individual conversations highlighting strategies for increasing self-esteem/self-worth
- A strengths-based approach to case management/client care

Reducing Self-Stigma

Self-stigma refers to the internalization or absorption of negative attitudes towards a group (i.e. mental health consumers, homelessness). It also is linked with a greater tendency to catastrophize and with a reduced sense of personal control.

Examples:

- Group modules or workshops focused on self-stigma
- Building awareness and offering education on this phenomenon
- Individual therapy attending to the impact of self-stigma

Mindfulness and Relaxation Skills

Therapeutic techniques to focus one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations.

Examples:

- Ongoing skills-based group focused building mindfulness practice (can also be a portion of a more general group)
- Individual teaching of mindfulness and relaxation skills
- Availability of mindfulness-based resources (e.g, audio clips, a list of online mindfulness resources and apps) readily available
- Individual plans incorporating mindfulness and relaxation strategies

Goal Setting

Involves the development of an action plan designed to motivate and guide a person toward a goal.

Examples:

- Informal and formal individual conversations about goal setting
- Group module(s) or workshops focused on how to make SMART goals
- Availability of handouts, graphics, fillable sheets, apps for clients

Budgeting

Creating and troubleshooting plans to spend money.

Examples:

- Informal and formal individual conversations about budgeting
- Group module(s) or workshops focused on budgeting skills (interactive, dynamic activities)
- Availability of handouts, graphics, fillable sheets, apps for clients

Time Management

The ability to use one's time effectively or productively, especially balancing employment, education, self-care, and social obligations.

Examples:

- Informal and formal individual conversations about time management
- Group module(s) or workshops focused on time management
- Availability of handouts, graphics, fillable sheets, apps for clients

Common Wellness Needs

Note: the terms below refer to clinical diagnoses that clients report or may be found in client documents and/or in speaking with their mental health practitioners.

Complex Post-Traumatic Stress

Diagnoses related to the psychological impacts of (repeated) trauma including but not limited to prolonged feelings of terror, worthlessness, helplessness, and disruptions to one's identity and sense of self.

Examples:

- Individual or group trauma-focused therapy
- Psychiatric management
- Building safety and safety planning within the organization through trauma-informed practices and policies
- Ongoing staff education, awareness and support

Substance Use Disorders

When a person's use of alcohol or another substance (i.e. drugs) leads to health issues or problems at work, school, or home.

Examples:

- Individual or group substance use focused treatment
- Clear policies on substance use within the organization
- Support for staff and clients in implementing substance use policies; exploring flexibility and consistency.
- Safety and harm reduction plans developed with clients and staff
- Medical management and care
- Inpatient, Day Treatment Rehabilitation

Borderline Personality Disorder

Marked by an ongoing pattern of varying moods, self-image, and behaviour. These symptoms often result in impulsive actions and problems in relationships. May experience intense episodes of anger, depression, and anxiety that can last from a few hours to days.

Examples:

- Individual or Group-Based Dialectical Behaviour Therapy Treatment
- Staff education and awareness on how best to work with clients experiencing trauma, BPD, and other challenges to emotional regulation and interpersonal relationship
- Ensuring adequate staff support and supervision
- Emergency and safety planning (Client, Staff, Organization)

Depression

Causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function across settings.

Examples:

- Individual or Group-Based psychotherapeutic treatment
- Outpatient, Day Treatment, Inpatient Medical/Psychiatric Care
- Wellness groups focused on self-care, emotional regulation, and daily activity
- Case management oriented to daily goal setting and activity based behavioural activation strategies
- Ensuring adequate staff support and supervision
- Emergency and safety planning (Client, Staff, Organization)

Social Anxiety

Involves a fear or anxiety about being humiliated or scrutinized in social situations. This fear causes significant distress or impairment in day-to-day functioning.

Examples:

- Individual or Group-Based psychotherapeutic treatment
- Outpatient, Day Treatment, Inpatient Medical/Psychiatric Care
- Case management-based planning and goal setting focused on gradual exposure
- Ensuring adequate staff support and supervision

Psychosis

Used to describe conditions that affect the mind, in which people have trouble distinguishing between what is real and what is not. When this occurs, it is called a psychotic episode. A first episode of psychosis is often very frightening, confusing and distressing.

Examples:

- Inpatient, Day Treatment, Outpatient Medical/Psychiatric Care
- Access to assessment and treatment
- Ensuring adequate staff education, support and supervision
- Emergency and safety planning (Client, Staff, Organization)

Autism Spectrum Disorder

A developmental disorder that affects communication and behaviour. Traits include difficulty with communication and interaction with other people and restricted interests and repetitive behaviours that hurt the person's ability to function in school, work, and other areas of life.

Examples:

- Organization and staff awareness and education
- Access to occupational, behavioural, psychological supports specific to ASD
- Client case management planning attending to differences in client functioning. Requiring flexibility and consistency from staff and organization.
- Ensuring adequate staff education, support and supervision

Intellectual Disability

A group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviours such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18.

Examples:

- Organization and staff awareness and education
- Access to occupational, behavioural, psychological supports specific to intellectual disabilities
- Client case management planning attending to differences in client functioning. Requiring flexibility and consistency from staff and organization.
- Ensuring adequate staff education, support and supervision

Traumatic Brain Injury

A form of acquired brain injury when a sudden trauma causes physical damage to the brain. Symptoms can be mild, moderate, or severe. Symptoms include headache, confusion, light headedness, dizziness, blurred vision or tired eyes, ringing in the ears, bad taste in the mouth, fatigue or lethargy, a change in sleep patterns, behavioural or mood changes, and trouble with memory, concentration, attention, or thinking.

Examples:

- Organization and staff awareness and education
- Access to occupational, behavioural, psychological supports specific to traumatic brain injury
- Client case management planning attending to differences in client functioning. Requiring flexibility and consistency from staff and organization.
- Ensuring adequate staff education, support and supervision

WORKSHEET #2

Trauma-Informed Care

Guiding principles of the service provision of mental health to youth experiencing homelessness include:

1. *Services MUST BE trauma-informed:*
   - The potential impact of previous traumatic experiences on past and current behaviour must be understood by all organizations and staff at a broad level.
   - Indigenous youth may not only be impacted by individual past experiences of trauma, but intergenerational influences that impact their mental health, as well as the mental health of their family and community. Understanding the historical context of the trauma experienced among Indigenous communities is necessary to provide individual trauma-informed care.
   - Mental health care must be provided by clinicians with experience, training and ongoing support in the delivery of trauma-informed care.
   - Organizations must seek to limit the re-traumatization of young people in their care. The experiences of homelessness and for many service usage itself, can be unavoidably re-traumatizing. Organizations should work to limit these effects through staff training, ongoing staff support, and organizational practices that reduce exposure to re-traumatizing events and circumstances.
2. *Trust*
   - Youth voice and input on programming design and implementation builds trust within the community and improves services (see Module 6 - Peer Support for more details).
   - Youth must be given the opportunity to build trust in relationships to individual staff, a program, or an organization as a whole. Opportunities for low-stakes exposure to programming, clinical staff, and the physical environment assist in building trust and engaging youth.
   - Meet and greets, introductory videos, phone calls, and text messages are a means of building relationships over time.
   - Endorsement of new programs/service providers by already trusted service providers is often key to successful care transition and engagement.
3. *Accessible and Flexible*
   - Services must be flexible enough to accommodate youth as they navigate periods of unavoidable and necessary transition in their lives.
   - Youth benefit from and are responsive to both choice in determining what they want and need from service providers, as well as clear boundaries with services and service providers.
   - Service provision in non-clinical environments, support in transportation to and from appointments/sessions, out of the box communication between sessions, and short wait times can increase youth engagement in mental health services.

Trauma-informed care 101

- Trauma: Refers to experiences that cause **intense physical** and **psychological** stress reactions. Experiences can refer to **one event,** a **series** of events, or a **set of circumstances** that is experienced by an individual as physically or emotionally harmful and have **lasting adverse effects** on the individual's physical, social, emotional or spiritual well-being (Pearlman & Saakvitne, 1995).
- Many youth who experience homelessness have been exposed to **Adverse Childhood Events** (or ACEs) such as childhood abuse and neglect that have long-lasting effects on physical and mental health, relationships, and overall wellness.

Trauma and the Developing Brain

Trauma causes the brain to adapt in ways that contributed to survival
(i.e. constant fight/flight/freeze)

These adaptations can look like behaviour problems in "normal" contexts

When triggered, the "reptilian" brain dominates the "thinking" brain

The normal developmental process is interrupted, and young people may exhibit internalizing or externalizing symptoms and behaviours that interfere with their daily functioning and are barriers to them reaching their life goals.

What behaviours might we see?

- ☑ Physical symptoms
- ☑ Poor emotional control
- ☑ Blowing up/lashing out
- ☑ Confrontational/control battles
- ☑ Overly protective of personal space/ belongings
- ☑ Over- or underreacting to loud noises or sudden movements
- ☑ Difficulty with transitions
- ☑ Emotional response doesn't match situations
- ☑ Depression/withdrawal
- ☑ Anxiety/worry about safety of self and others
- ☑ Poor or changed school/work performance/attendance
- ☑ Avoidance behaviours
- ☑ Difficulty focusing, with attention, memory, thinking
- ☑ Increase in impulsive, risk-taking behaviours
- ☑ Repetitive thoughts or comments about death or dying
- ☑ Non-age appropriate behaviour

What might be triggers for these behaviours?

- Unpredictable situations or sudden changes. E.g., new room; new routine
- Transitions. E.g., moving; change of worker; leaving shelter
- Conflicts, disagreements or confrontation. E.g., perceived face changes, or yelling
- Sights, sounds, smells, or other senses that remind of the trauma
- Feelings of vulnerability, powerlessness, or loss of control
- Experiences of rejection. E.g., break-up, trouble for breaking the rules
- Sometimes praise, positive attention and intimacy

A note on trauma and substance abuse:

- Youth who had experienced physical or sexual abuse/assault were 3x more likely to report past or current substance abuse than those without a history of trauma (Kilpatrick, Saunders, & Smith, 2003)
- In surveys of adolescents receiving treatment for substance abuse, more than 70% of patients had a history of trauma exposure (Funk, McDermeit, Godley, & Adams, 2003).
- Trauma is a risk factor for substance abuse
- Substance abuse is a risk factor for trauma

Trauma-Informed Care is an approach that **acknowledges** the existence and significance **trauma** (past and present) plays in the health and recovery of our clients. The approach includes **ensuring safety of both client and provider**; using supportive practices and environments to **engage** client (s); being client focused through **collaboration and choice**; and **acknowledging the strength and resilience** of the individual.

Keys to Trauma-Informed Care:

- realizing how often trauma occurs.
- recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce.
- responding by putting this knowledge into practice.

> *"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."*
>
> *Rachel Naomi Remen, Kitchen Table Wisdom 1996*

A major challenge of youth homelessness service provision is the staff burn out and turnover. Trauma-informed care models must attend to this as a foundational aspect of implementation.

Compassion fatigue is the cumulative physical, emotional and psychological effect of exposure to traumatic stories or events when working in a helping capacity, combined with the strain and stress of everyday life (Cocker & Joss, 2016).

Burnout is about being 'worn out' and can affect any profession. The impacts of burnout emerge gradually over time and are easily identified to direct links and stressors within the working and personal life.

Integral to trauma-informed care is the implementation of organizational practices that attend to and reduce staff burn-out and compassion fatigue. A trauma-informed care model must include safety (both emotional and physical) for staff, as well as ongoing discussion, supervision and support in navigating challenges.

Further Reading

Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings:
https://www.homelesshub.ca/resource/shelter-storm-trauma-informed-care-homelessness-services-settings-free-access

Trauma-Informed Care for Street-Involved Youth:
https://www.homelesshub.ca/sites/default/files/attachments/Ch1-4-MentalHealthBook.pdf

An introduction to Dr. Sandra Bloom's Sanctuary Model for Trauma-Informed Care Implementation:
http://sanctuaryweb.com/

The TICOMETER is a tool that measures degree to which an organization is engaged in trauma-informed practices. It evaluates needs and progress in implementing trauma-informed care and ensuring its sustainability:
https://c4innovates.com/training-technical-assistance/trauma-informed-care/ticometer

Preventing Burnout Among Service Providers
https://www.homelesshub.ca/resource/31-preventing-burnout-among-service-providers

WORKSHEET #3

Building Your Wellness and Mental Health Group

Background

Main Goals of Group:

1.
2.
3.

Leader/Co-Leaders:

- Professional Background and Training Appropriate Fit for Population and Group Needs? (Y/N)

Setting:

- ☐ Accessible?
- ☐ Transportation support in place?
- ☐ Safety Considerations?
- ☐ Clinical vs. Non-Clinical Setting Options?

# of Sessions:

Length of Sessions:

Closed or Open Group:

- If closed, attendance requirement?

Structure of Sessions:

- Check-In
- Group Guidelines
- Main Learning
- Wrap Up
- Documentation Time

Engagement Plan

Recruitment/Advertising

Initial Plan:
Who?
How?
When?

Ongoing:
Who?
How?
When?

Topics Menu

For detailed examples and options, see: Developing a Trauma-Informed Mental Health Group Intervention for Youth Transitioning Out of Homelessness)

Top 10 Topics

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

The HOP-C South Wellness and Mental Health Group was created with the intention of providing youth transitioning from homelessness with non-intimidating, strengths-based, wellness and mental health support. This open group ran for 46 consecutive weeks in an arts-centric non-clinical organization. The two facilitators, a PhD level psychologist and a MA level Mindfulness Therapist, both came from trauma-informed and trauma-focused training backgrounds. The presence of two facilitators was an essential component of programming in order to be able to meet individual and group needs when particular challenges arose. The group was also attended by the HOP-C Peer Mentors who were participants in the group and were mentored in opportunities for co-facilitation.

Topics and rationale for inclusion can be found in **Developing a Trauma-Informed Mental Health Group Intervention for Youth Transitioning Out of Homelessness**

HOP-C North

The HOP-C North Mental Health support was provided by a MA level social worker with extensive experience working with Indigenous youth. Initially, she attended many non-mental health related groups as a means to build rapport and trust with the youth. The social worker provided both individual and group counselling to the youth. Individual sessions were conducted on an as-needed basis, allowing the youth to decide when and to what extent they accessed to support. Over time, the youth developed trust in the facilitator and began to seek interventions for specific mental health issues. She was flexible with her schedule which meant meeting youth at times and in locations that were accessible to them. Her understanding of Indigenous teachings was also an important component of the interventions she provided. For example, she utilized exposure tasks that were land-based, mindfulness exercises using smudging and drumming, and psychoeducation around cognitive behavioural strategies that incorporated the seven grandfather teachings.

WORKSHEET #4

Mental Health Group Trouble Shooting

Instructions: With all members of the clinical team, review at least three of these common scenarios and make a plan for how your team can plan ahead for these tricky situations: (Some of these situations may be more or less relevant to your particular context.)

1. A participant arrives to group heavily intoxicated, disrupting the flow and engagement of group.
2. A participant arrives to group very distressed, alluding to suicidal ideation, while checking in at the beginning of group.
3. A participant arrives to group heavily dysregulated, speaking quickly and constantly. They have difficulty pausing their speech for facilitators and other participants to speak. You notice that other participants are beginning to be frustrated and annoyed and the participant is not noticing this.
4. A participant in group has trouble following the content, you notice that they are becoming quietly frustrated as the group goes on.
5. A participant arrives too afraid to enter the group room alone and asks for their non-participating/ non-registered friend to sit in with them for the session.
6. There is a loss in the community, participants arrive to group upset and grieving this loss.
7. A participant arrives in group and informs you that they have lost their housing and do not have a place to stay tonight and don't know what they are going to do.
8. Two participants in the group have a conflict with each other outside of the group. When they arrive to your group one of the participants refuses to sit in the room with the other as they feel bullied and worried about interacting with the other participant.
9. The facilitators arrive to group and there is only one participant present, you notice that facilitators/ staff outnumber participants 4:1.
10. Unexpectedly, your group room is in use by another group or unable to be accessed. Your participants and facilitators are present.

For each, please consider:

- Define the main challenge of the situation
- Who's needs do you need to be aware of in this situation? (often multiple stakeholders)
- What are all the options for responding to this challenge?
- What are the pros and cons of each? Any rules or policies that must be considered?
- Who should be consulted when this arises?
- Who will implement the response and how?
- Considerations for documentation and follow-up?

HOP-C Example

A young woman, Alexa, with severe social anxiety arrives to group and requests that her sister be able to sit in on the HOP-C group this week. The group, while open to HOP-C participants, is closed to non-HOP-C participants to protect confidentiality. The young woman has struggled to get to programming and her appearance at group today is a significant step in service engagement for her.

1. *Define the main challenge of the situation*

   Wanting to support Alexa's step towards service engagement and wanting to set her up for success in the group. Concerns over breaking the rules/making exceptions around group confidentiality and the impact on maintaining rules in the future. Concerns over how other participants will feel about a non-HOP-C participant to sit in on group (i.e. more vulnerable, less comfortable). Potential for scarcity of resources (i.e. tokens for transportation, food, art supplies) and how that will be navigated with a non-HOP-C participant who we do not have the resource budget for.

2. *Who's needs do you need to be aware of in this situation? (often multiple stakeholders)*

   Alexa, HOP-C Participants, Alexa's sister, HOP-C Facilitators

3. *What are all the options for responding to this challenge?*
   - Make an exception in order to support Alexa, making it clear to Alexa that this is an exception and brainstorm other ways to support her in engaging in the group. Inform the group that a guest will be joining today.
   - Say no to Alexa's sister joining the group but offer alternatives such as going over group material with Alexa separately or setting her sister up with another activity nearby but outside the group room.
   - Allow Alexa's sister to join the group, not mentioning who or why she is there as to not disrupt the other participants.
   - Change design of weekly group to allow some sessions to include outside HOP-C guests, do not invite Alexa's sister in today but encourage Alexa and sister to return to one of these future groups. Ask participants for opinions on this and advertise the opportunity to everyone.

4. *What are the pros and cons of each? Any rules or policies that must be considered?*

Option 1:

PROS:

Allows Alexa to access group for the first time and engage in a way that she feels safe.

May result in Alexa gradually being able to attend the group on her own.

Other participants are given information and an understanding of why a guest is joining the group today.

CONS:

Client confidentiality comprised due to Alexa's sister attending group.

Other group members may feel vulnerable or uncomfortable with this arrangement.

Other group members may want to bring their own support people in the future to group; may be very difficult to make an exception for this group member and not others in the future.

Alexa may never return to group if her sister not allowed to attend future groups as well.

Option 2:

PROS:

Confidentiality and guidelines of group respected and remain consistent.

Alexa has the opportunity to benefit from group material without disrupting confidentiality of group.

CONS:

Alexa may be disappointed and frustrated given the effort it took to attempt to attend group today. She may not attempt to return to group in the future.

Alexa does not get to benefit from group support and the group does not get to benefit from her participation.

Option 3:

PROS:

Alexa will feel comfortable joining the group with her sister.

Both Alexa and her sister potentially benefit from attending the group.

Group members will assume Alexa's sister is part of HOP-C and won't question her attendance, will be seen as another participant.

CONS:

Alexa may be disappointed and frustrated given the effort it took to attempt to attend group today. She may not attempt to return to group in the future.

Alexa does not get to benefit from group support and the group does not get to benefit from her participation.

Option 4:

PROS:

Alexa will feel comfortable joining the group with her sister.

Both Alexa and her sister potentially benefit from attending the group.

Group members will assume Alexa's sister is part of HOP-C and won't question her attendance, will be seen as another participant.

CONS:

Alexa may be disappointed and frustrated given the effort it took to attempt to attend group today. She may not attempt to return to group in the future.

Alexa does not get to benefit from group support and the group does not get to benefit from her participation.

5. *Who should be consulted when this arises?*

   Group co-leaders, HOP-C participants, Larger Hop-C team at a later date

6. *Who will implement the response and how?*

   Group co-leaders will primarily be in charge of implementing the response. Having two co-leaders is very helpful in these scenarios as one leader can attend to the group, while the other helps to make Alexa feel welcome and takes time to explain the situation and course of action. Validation will be especially important in this interaction.

7. *Considerations for documentation and follow-up?*

   Following up with Alexa and her supports (i.e. case manager) later in the week. Should document group attendance, decisions made, and information shared.

WORKSHEET 5

Considerations for Individual Therapy Summary Sheet

Considerations for Individual Therapy in the youth homelessness context

Common needs:

- ☐ Complex Trauma
- ☐ Depression
- ☐ Anxiety
- ☐ Addictions
- ☐ Difficulty with emotional regulation
- ☐ Difficulties with relationships
- ☐ Challenges to self-care

Qualifications necessary:

- ☐ Well-trained therapist (Master's level counsellor, social worker or psychologist, PhD level Psychologist, Psychiatrist)
- ☐ Training in trauma therapy
- ☐ Engaged in clinical consultation individually or in a group as a means of reducing burn out, vicarious trauma, and managing the impact of engagement with complex and often high acuity clients
- ☐ Sensitivity and flexibility to work with highly marginalized populations

Clinicians must attend to:

- ☐ Boundaries in working with clients who may have difficulties preserving their own and others' boundaries. In addition to actively attending to the maintenance of boundaries, a consultative framework can assist the clinician in navigating challenging situations which may test their comfort level and interfere with therapeutic progress.
- ☐ Collaborative care that aims to integrate services and supports a client may already be accessing e.g., case manager, housing worker, psychiatrist, peer worker). With permission from the client, communication with these supports can meet further needs and can help to apply therapeutic work across contexts.
- ☐ Transparency and genuineness will allow for clients to connect and build trust over time. Many young people in the homelessness context have had failed relationships with systems of care (i.e. home, school, children's aid services, homelessness shelters). It is not uncommon for youth to react poorly to overly rigid/manualized modes of interaction that feel forced or false. Genuineness may often be understood as a marker of safety.
- ☐ Suicide risk assessment and crisis planning may be common needs in this work. Training, easily accessible materials, and a crisis communication plan within teams is an important element of clinical practice.

Modalities of treatment

- **A staged approached trauma-specific therapy** For many of the young people in the homelessness context, trauma therapy work will be limited to Stage 1 Trauma Therapy: Safety and Stabilization. Stage 1 Trauma Therapy is focused on the development of a sense of personal safety, cultivating a crucial self-care routine, and learning to regulate emotions and behaviours in a healthy and efficient way. The goal is to have these necessary skills become fully integrated into current daily life. For more information, see: Herman, J. (2015) Trauma and recovery. New York, NY: BasicBooks.
- **Dialectical Behaviour Therapy** (DBT) is a cognitive behavioural treatment that was originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder (BPD) and it is now recognized as the gold standard psychological treatment for this population. In addition, research has shown that it is effective in treating a wide range of other disorders such as substance dependence, depression, post-traumatic stress disorder (PTSD), and eating disorders. The four main modules composing a DBT curriculum include: Mindfulness, Distress Tolerance, Interpersonal Effectiveness, and Emotional Regulation. Much of this skills-based approach is relevant, applicable and effective with this population. For more information, see: Linehan, M. M. (2015). DBT Skills Training Handouts and Worksheets. New York: Guilford Press.; Miller, A. L., Rathus, J. H., & Linehan, M. (2007). Dialectical behaviour therapy with suicidal adolescents. New York: Guilford Press.
- **A concurrent focus on addictions treatment** is also relevant. For more information,, see: Najavits, L. (2002). Seeking safety: A treatment manual for PTSD and substance abuse. New York: Guilford Press.

Seeking Safety is an evidence-based model that can be used in group or individual counseling. It was specifically developed to help survivors with co-occurring trauma and SUD and, crucially, in a way that does not ask them to delve into emotionally distressing trauma narratives. Thus, "safety" is a deep concept with varied layers of meaning – safety of the client as they do the work; helping clients envision what safety would look and feel like in their lives; and helping them learn specific new ways of coping.

WORKSHEET #6

Summary Sheet of Mental Health Professionals and Evidence-Based Approaches

Who can provide mental health services and what can they provide?

The following websites provide accurate and detailed information on different mental health professions and the scope of their practices:

National Alliance on Mental Illness:
https://www.nami.org/Learn-More/Treatment/Types-of-Mental-Health-Professionals

Mental Health America:
https://www.mentalhealthamerica.net/types-mental-health-professionals

Evidence-based best practices in mental health care:

CAMH Best Practice Guidelines for Mental Health Promotion Programs for Children and Youth:
https://www.porticonetwork.ca/documents/81358/128451/Best+Practice+Guidelines+for+Mental+Health+Promotion+Programs+-+Children+and+Youth/b5edba6a-4a11-4197-8668-42d89908b606

Evidence Based Best Practices Databases:

Canadian Best Practices Portal:
http://cbpp-pcpe.phac-aspc.gc.ca/

SAMHSA:
https://www.samhsa.gov/ebp-resource-center

WHO DELIVERS MENTAL HEALTH SERVICES
The HOP-C South Example

Case Managers (Child and Youth Workers):
Provided regular check-ins in the community, assistance getting to and from appointments, help accessing both HOP-C specific resources (e.g., discussed opportunities to be involved in mental health and peer support with clients) and non-HOP-C resources (e.g., navigating referrals to an external furniture bank), and support as needed building skills (e.g., cooking with clients), navigating broader systems (e.g., mentoring communications with ODSP worker), or managing challenges of daily life. Close communication with the HOP-C psychologist facilitated case managers' provision of trauma-informed care and helped them to feel better supported when working with challenging or complex clients. Case managers and the psychologist were, with clients' permission, able to conference client needs and this allowed clients to have added support implementing coping strategies/considerations learned in individual or group therapy in their daily lives. Case managers could also flag and support clients to access specialized mental health services as the need arose, frequently providing an endorsement for the client beginning a relationship with mental health supports.

Peer Workers
Planned and hosted social community-based events, designed and implemented special skills-based projects for clients, and were available for individual meetings and phone check-ins with clients experiencing social isolation and loneliness. Peers established validating and hopeful relationships with clients in the community. Peers often provided active listening support, encouragement, and companionship in daily activities (e.g., studying in the library, walking to the subway together to get to an appointment). Close communication with HOP-C case managers psychologist enabled peers to navigate tricky situations as they arose and ensured quick access to further professional support as it became needed (e.g., when client reached out expressing suicidal ideation).

Post-Doctoral Fellow/PhD-level Psychologist
Co-led and designed weekly Trauma-Informed Wellness and Mindfulness Group and provided scheduled but flexible short-term and long-term trauma-informed and trauma-specific individual therapy to clients wanting to engage in these services. Ongoing and close communication with case managers and peers provided supervision and consultation on all HOP-C cases and allowed for wrap around care for clients engaged in mental health supports wherein goals and skills generated in therapy could be implemented in the community directly via client relationships with peers and case managers.

M.A.-level Mindfulness Therapist

Co-led and designed weekly Wellness and Mindfulness Group. Advised on ongoing client needs based on a mindfulness perspective and assisted in coordinating access to additional mindfulness-based events and resources for clients. Provided individual therapy to participants who completed the HOP-C program but could benefit from ongoing therapeutic intervention.

Project Lead/Supervising Psychologist

Supervision and support to all team members as needed and in weekly project meetings. Regular consultative and supervisory meetings with front-line psychologist in order to maintain and provide ongoing team-based approach to care.

Who Delivers Services: The HOP-C North Example

Youth Coordinators: Fostered nurturing and supportive relationships with each youth. They would help coordinate and attend appointments and pick them up and bring them to group sessions when needed. They would help youth navigate various services including attending related meetings when asked by the youth. They would regularly check in with the youth to see how they were doing and remained flexible with how they could best support them. The coordinators would also facilitate a monthly feast as means to check in with the youth. The coordinators understood the complexity of the issues facing the youth, including the difficulty they may have with engaging with services and with the coordinators themselves. When youth would be disruptive or antagonistic to the coordinators, they would remain consistent and patient in their support provided to the youth.

Peer Mentors: In HOP-C North, peer mentorship was not established at the onset but instead was a gradual process. Youth who engaged in the program eventually progressed into leadership roles at their own speed and as confidence in their own strengths emerged. HOP-C North provided youth the structure to explore their strengths (e.g., group leadership, cultural leadership, artistic mastery) and engage as peer mentors in ways they felt comfortable doing so. For instance, as one youth progressed through engagement with HOP-C, he began to engage with cultural practices regularly. He moved into a peer mentorship role which involved leading smudging at the beginning of each group and continuously immersed himself in cultural teachings.

Clinical M.A.-level Social Worker: Provided individual counselling sessions to youth on an as-needs basis and facilitated weekly group sessions. Individual sessions varied based on the needs of clients but included trauma-based therapy, Cognitive Behavioural Therapy (CBT) for anxiety, and Dialectical Behavioural Therapy (DBT) for difficulties with emotion regulation. Individual sessions also incorporated cultural teachings when possible. Group sessions involved DBT skills, CBT fundamentals, and psychoeducation on a variety of topics (i.e. self-esteem, sleep hygiene, assertive communication). Ongoing communication with youth coordinators occurred to best meet the needs of the youth. The provider also regularly attended non-mental health related groups to build and maintain rapport with the youth.

Project Lead/Assistant Director of Mental Health of facilitating organization: Provided support to each area of the team as needed. This included connecting resources and programs within the organization to the HOP-C North team. Also provided support in troubleshooting challenges that occurred at both the staff and organization level.

Project Lead/ Psychologist: Consultation and support to each area of the team was as needed. This included regular consultation meetings with the M.A. level Social Worker in order to help support the provision of mental health interventions.

HOP-C SOUTH CASE EXAMPLE

Mental Health Needs

Maria was a young woman who had experienced significant loss and trauma in her early life, including the death of her mother at a young age. She had previous diagnoses of Post-Traumatic Stress Disorder, depression, as well as non-verbal learning disability. Maria accessed HOP-C through the support of her case manager at one of HOP-C's partner agencies during the first month in which she moved from shelter to a low-support transitional housing program. Maria was experiencing difficulty motivating herself and balancing her life needs and daily schedule. She frequently reported feeling lonely and isolated in her new housing arrangement. Maria was introduced to and advised to engage in HOP-C group and individual mental health supports, as well as peer support, by her HOP-C case manager.

Over time, Maria established a close-knit net of support within HOP-C. In her individual mental health sessions work focused on managing emotional distress in high stress scenarios (i.e. grounding, coping with difficult situations), interpersonal effectiveness (i.e. how to approach people in ways that adequately met her social needs while also setting boundaries with those who might pull her into more negative scenarios), as well as goal setting and self-care in daily life. These skills were enhanced and supported by her regular attendance at the HOP-C Wellness and Mindfulness Group at which Maria became an active participant. Maria and her case manager quickly built a strong relationship and her case manager helped her navigate difficulties with her roommates as they arose (in close contact with her psychologist in order to help her implement interpersonal effectiveness strategies she was working on in therapy), as well as to navigate practical supports such as ODSP funding, school applications, and assistance with making a weekly budget.

Maria also developed a strong relationship with a HOP-C Peer. Maria asked the peer to study with her in order to help her stay motivated and engagd in her academic pursuits after generating this strategy in individual therapy. Maria found that the outings and supportive social contact with a caring and enthusiastic peer helped her feel less isolated and more engaged in her new community.

Staff (Case Manager, Peer and Psychologist) would regularly discuss Maria's engagement, goals, and progress in their weekly team meeting in order to maintain communication and wrap around care among the team.

HOP-C North Case Example

Jennifer was a young mother who resided in geared-to-income housing. She struggled with severe symptoms of social and generalized anxiety and found it difficult to attend public settings without becoming overwhelmed. She had previously been diagnosed with both anxiety and PTSD and had experienced a variety of abusive and unhealthy interpersonal relationships. The HOP-C team began to facilitate programming in Jennifer's building, and from here she was able to access the program with the support of the building's Program Coordinator. Although attending group programming was difficult for Jennifer, she pushed herself to attend on a weekly basis as she found the content of the program to be beneficial and enjoyable. The barrier-free nature of the program allowed for her to attend the program in the comfort of her building with her child present, which made it easier for her to attend.

Shortly after Jennifer joined the program, she was able to connect with the HOP-C Counsellor for weekly individual counselling sessions to address her anxiety. These sessions were exposure-based in nature and focused on treating symptoms of social anxiety, addressing negative core beliefs, and managing distorted thought patterns through cognitive restructuring. As time went on, Jennifer became increasingly comfortable with speaking up in the group. Eventually, she was willingly relating her own experiences to the program's subject matter with the group. Jennifer was approached by the HOP-C team and offered the position of Peer Mentor- she was to be compensated weekly for her contribution and engagement with the group. This opportunity allowed for Jennifer to offer valuable insight about her own experiences during weekly groups, and she served as a role model for other participants who had questions about the effectiveness and practicality of the skills and ideas discussed in group. As Jennifer settled into her role, she began to make a habit out of showing up early to prepare coffee and snacks for the group as well as assist the facilitators in preparing the materials for the program. She was able to offer insight as to which topics the participants would find beneficial and was able to speak on these topics from her own perspective in the group setting. Jennifer reported an increased sense of self-confidence and self-efficacy due to taking on the Peer Mentor role.

WORKSHEET 7

Walking in Balance

Purpose: The purpose of this worksheet is multi-dimensional. Primarily, it serves as a reminder to engage in proper self-care in order to live a balanced life. However, it can be used as an educational tool for individuals and service providers to reflect on as you learn about topics such as addiction, mental illness, or other wellness concerns.

It is said in Ojibwe teachings that there are four aspects of the self: mental, emotional, physical, and spiritual. Teachings say that in order to live "the good life", or "Bimaadzwin", we need to do our best to ensure we are taking care of each of these domains. When these domains are balanced, it is said that we are "walking the red road", or living a life of balance according to the teachings of the Creator. When we take time to self-reflect and look closely at each of these domains, we may find there are aspects of us that may have been put on the backburner due to the stresses of life, illness, or simply because we are too busy to notice. This activity allows us to check in and take a moment to reflect inward.

We can apply the 7 Grandfather teachings of *respect, love, humility, wisdom, honesty, bravery,* and *truth* to our daily lives by treating ourselves- and others- in a way that is in line with these teachings. When we take stock of how we are mentally, emotionally, physically, and spiritually functioning, we are embracing these very teachings. We are checking in on our wellness out of respect and love for ourselves. We are humble and honest with ourselves in understanding that we may need to make changes to our lives in order to improve each of these domains. We are exercising wisdom and bravery in understanding that we cannot function at our very best when we are feeling run-down or depleted in one or more domains. We live our truth when we choose to engage in fulfilling activities to restore our balance.

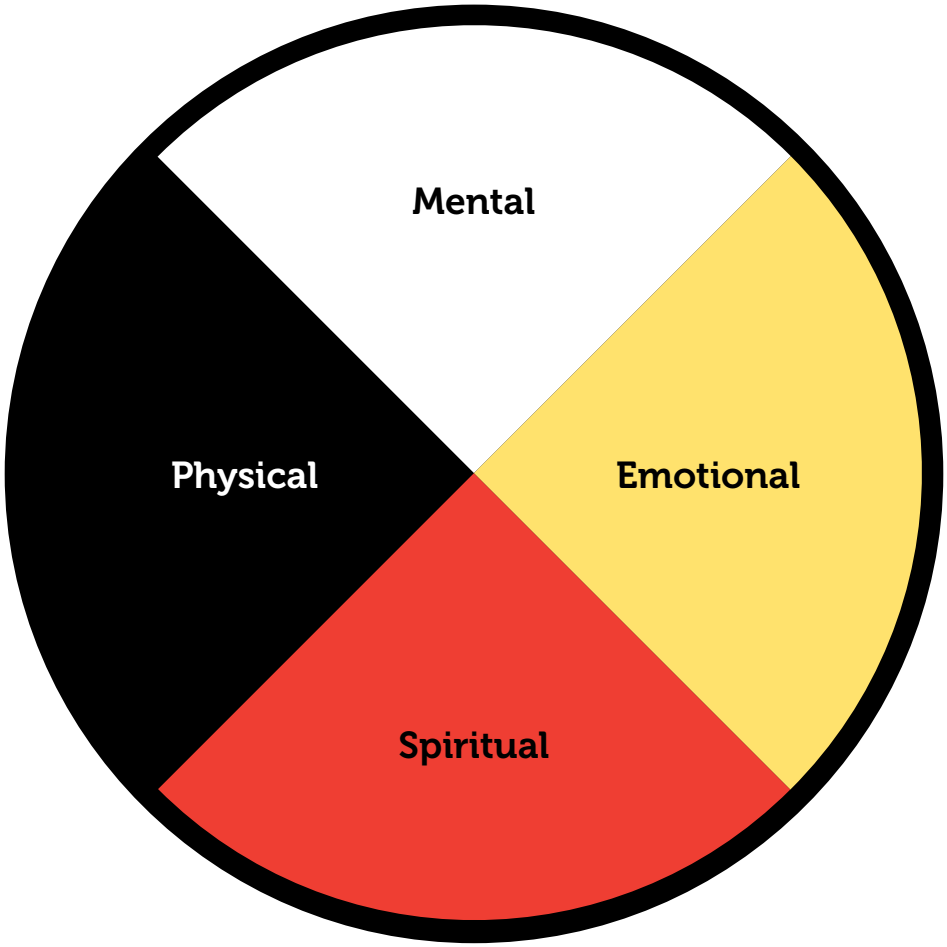
Instructions

This worksheet is designed to be as fluid as possible to ensure the teachings can be applied to a number of topics and situations.

When utilizing this worksheet to address self-care, take a moment to check-in with yourself and reflect on these domains. Be as honest as you possibly can, and ask yourself: am I living a balanced life right now? Utilize the attached worksheet to either write down where you are feeling depleted, or utilize the worksheet to brainstorm ways in which you can work on increasing your capacity in each domain.

Alternatively, the attached worksheet can be used in group discussions or individual counselling to reflect on educational topics pertaining to mental health. For example, how might homelessness impact the four aspects of the self? How might we utilize such a tool when discussing addictions recovery? How can we utilize such a tool to identify and foster individual strengths within each domain?

Walking in Balance



Mental	Emotional	Spiritual	Physical

REFERENCES

Braive. (2016). Fight Flight Freeze Response (FFF).
https://www.youtube.com/watch?v=jEHwB1PG_-Q

Centre for Addiction and Mental Health. Health Info: Trauma.
https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma

Centres for Disease Control and Prevention. Violence Prevention: Adverse Childhood Experiences (ACEs).
https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

Edidin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). The mental and physical health of homeless youth: A literature review. Child Psychiatry and Human Development, 43, 354–375.
http://dx.doi.org/10.1007/s10578-011-0270-1

Gaetz, S., O'Grady, B., Kidd, S., & Schwan, K. (2016). Without a Home: The National Youth Homelessness Survey. Toronto: Canadian Observatory on Homelessness Press.
https://homelesshub.ca/YouthWithoutHome)

Health Canada. (2015). First Nations Mental Wellness Continuum Framework (Health Canada Publication No. 140358). Retrieved from
https://thunderbirdpf.org/first-nations-mental-wellness-continuum-framework/

Hodgson, K. J., Shelton, K. S., van den Bree, M., & Los, F. J. (2013). Psychopathology in young people experiencing homelessness: A systematic review. American Journal of Public Health, e1–e14.
http://dx.doi.org/10.2105/AJPH.2013.301318

Homeless Hub. (2016). Infographic: Adverse Childhood Experiences and Adult Homelessness.
https://www.homelesshub.ca/blog/infographic-adverse-childhood-experiences-and-adult-homelessness

Kidd, S. A. (2013). Mental health and youth homelessness: A critical review. In S. Gaetz, B. O'Grady, K. Buccieri, J. Karabanow, & A. Marsolais (Eds.), Youth homelessness in Canada: Implications for policy and practice (pp. 217–227). Toronto, Ontario, Canada: Canadian Observatory on Homelessness Press.
https://homelesshub.ca/sites/default/files/attachments/YouthHomelessnessweb.pdf

Merscham, C., Van Leeuwen, J. M., & McGuire, M. (2009). Mental health and substance abuse indicators among homeless youth in Denver, CO. Child Welfare: Journal of Policy, Practice, and Program, 88, 93–110.

Together To Live. Toolkit for Addressing Youth Suicide
http://www.togethertolive.ca/

Tool for Assessment of Suicide Risk—Adolescent Version.
http://teenmentalhealth.org/product/tool-assessment-suicide-risk-adolescent-version-modified-tasr/

Vitopoulos, N., Cerswell Kielburger, L., Frederick, T., Kidd, S. (2018). Developing a trauma-informed mental health group intervention for youth transitioning out of homelessness. In Sean Kidd, Stephen Gaetz, Tyler Frederick, Jeff Karabanow & Natasha Slesnick (Eds.) Mental Health and Addiction Interventions for Youth Experiencing Homelessness: Practical Strategies for Frontline Providers.
http://homelesshub.ca/mentalhealthbook https://www.homelesshub.ca/sites/default/files/attachments/Ch2-6-MentalHealthBook.pdf

HCP-C

MODULE 6

Peer Support

INTRODUCTION
PEER SUPPORT IN COLLABORATIONS

There is growing evidence of the positive impact peer support can have on young people accessing services. Within collaborations, this relationship can optimize outcomes for both stakeholders: the young person and the agencies. The question of young adult inclusion within wellness-oriented program design is multi-faceted and delicate. Peer support within collaborations relies on (i) including and valuing the peer role at all stages and levels, (ii) the relationship between the peer and non-peer workers, and (iii) building capacity with peers and non-peers simultaneously. Some key points to keep in mind:

1. **Each peer role is unique with its own primary focus, responsibilities and setting**, however it is not uncommon for some overlap in practice. Peers can be Navigators, Educators, Facilitators, Mentors or Specialists/Supervisors. As well, peer support may be front-line or back-end (e.g., administrative) depending on the demands of the role within a program framework. There are benefits at all levels for the inclusion of young adult peers within collaborations.
2. **Build your peer role collaboratively with team members**: what is the role attempting to do and how can it be done? When considering the how of role development, assessing capacity is a necessary step toward understanding how buy-in, funding, existing staff and supervision may impact the process of hiring and implementing a peer role.
3. **Integration must occur within power structures and is based on buy-in, rapport and structure**. Buy-in and rapport are centred on the interpersonal relationships between peers, non-peers and management while structure is centred on visibility in program development and implementation. Integration must also occur within administrative frameworks (organizational policy, protocol) and further extends to how these frameworks will promote and protect the rights of peers.
4. **Considering the barriers to your hiring and implementation process (advertising, supervision, etc.) is an important step in your collaboration efforts**. Who qualifies to be a peer? How will they be interviewed? Does the supervisor understand their role in engaging with the hired peer(s)?
5. **Consider the positive and negative conflicts that could occur for peers on the job and collaborate on a plan** either to reduce the likelihood of the issue occurring or to prevent it altogether.

WORKSHEET #1

Understanding the Peer Role

Peer Roles

Like any occupation, peer support is diverse and is made up of different areas of expertise. There are many types of peer roles. Below is a list of roles to consider for your program:

1. *Navigator*

Primary Focus: **Systems Navigation**

- Introduce and assist with navigating services within an organization and/or program (eg. Tour + explain programs)
- Answer questions and/or facilitate communication with other staff and sites about specific services offered and how to access them
- Help explain and fill out paperwork with young people accessing services
- Accompany people to appointments in the community (Legal aid, primary health, viewings etc.)
- Orient young people new to accessing services with managing expectations, understanding their rights, and complaint procedures

Settings for this Role

Drop-In Center, Employment/Housing Services, "Front-of-house" at an organization, Residential Mentor

2. *Mentor*

Primary Focus: **Emotional Support, Wellness Groups, Goal-Setting**

- Provide support and strategies for young adults experiencing barriers
- Role model attitudes and behaviours that affirm experiences
- Co-facilitate groups, projects, activities etc.
- Provide 1:1 support when needed
- Encourage young people by participating alongside them

Settings for this role:

Walk-in/drop-in spaces, counseling, case management, wellness groups, special projects

3. *Educator*

Primary Focus: **Presentations, Workshops and Educational Resources**

- Create accessible educational material on selected topics (Harm-Reduction, Anti-Oppression, Naloxone etc.)
- Audit tools and resources meant to serve young adults for concept and language
- Help develop and/or present knowledge of particular subject from the lens of lived experience

Settings for this role:

Harm-Reduction workshops, building toolkits, community presentations, advisory

Spaces also exist for Peer Researchers, or those specializing in evidence-based findings and evaluation tools. Often people in these roles will conduct research interviews and help streamline the research-participant relationships.

4. *Facilitator*

Primary Focus: **Workshops, Projects, Group Support**

- Lead groups of young people in project development and creation process of new tools
- Create wellness group activities for specific topics to do with young people
- Co-design activities, programs and processes with non-peer staff
- Facilitate meaningful dialogue with other young people (focus groups, knowledge mobilization etc.)

Settings for this role:

Specialized project work, focus groups, wellness groups

5. *Specialist (including Peer Supervisors)*

Primary Focus: **Administrative/Management Support, Supervision, Project-Focused Work, Training, Case Management, Advocacy**

- Provide support to other peers in the workplace
- May assist with more administrative duties (note-taking, community research, reporting, planning etc.)
- Role model peer values
- Presentation and speaking engagements
- Engage with all aspect of peer-programming
- Design and lead youth engagement projects
- Provide 1:1 support when needed including supervision
- Develop and facilitate training for other peer workers

Settings for this role:

Research and engagement projects, clinical setting, case management, group facilitation, conferences

Consider this:

When thinking about the peer role, try to use a strengths-based approach. This is particularly important when looking at upward mobility for peers within your organization and beyond. Some young adults will make peer work their careers while others will move on to other sectors that may or may not use and understand jargon in an anti-oppressive frame.

Consider framing roles with the specialty before the lived experience if possible. (Housing Worker with Peer Specialty)

WORKSHEET 2

Valuing the Peer Role

Valuing the Peer Role in Action

Before engaging with peer support, it is fundamental to understand its value to your program or organization. Further, what is the value to your stakeholders (ie. Clients, donors) and the peer themselves?

HOP-C CASE EXAMPLE

Peer engagement

There are several examples of consistent and meaningful peer engagement within the HOP-C intervention. The entire team (including peers) extensively discussed how to optimize peer engagement as it became apparent that there were certain problem-areas to resolve. Although accessing young adult peers was a voluntary aspect of the wrap-around approach, peers were involved at every level in communication, engagement and planning elements of the program. This included:

- Early engagement and outreach to supportive housing and youth shelters to promote the program ie. Youth endorsement within outreach efforts
- 1-1 peer support (in person, text, call)
- Planning and facilitation of social outings (movies, board game coffee shops, picnics etc.)
- Co-participation in mental health group
- Participatory action projects ("MY", "Dream Home")
- Plan and run drop-in
- Participate in weekly team meetings with peer-specific updates as a standing agenda item, group and individual supervision and engage in peer-peer planning sessions
- Inviting peers to co-produce HOP-C academic and communication outputs
- Payment for their time

Below is a list of examples of the way peer support can be valued at all levels.

Organization + Management

- Shows you value the wisdom of experience as a tool for engagement
- Affects existing power structures and challenges them to be more informed and inclusive
- Direct stakeholder feedback allows upper management to stay grounded in the day-to-day experiences of its clients and employees
- Builds trust and encourages accountability within the service or project
- Use alternative processes to achieve program outcomes

Peer Worker

- Engage with recovery in other contexts
- Compensation and/or recognition while building transferable workplace skills
- Understanding of internal organizational/program processes
- Can embody being a service user and service provider simultaneously
- Exposure to alternative routes of recovery and wellness
- A chance to impact design and process meant for youth engagement

Clients

- Experience positive role-modeling from a person with similar experience
- Non-clinical emotional support and validation
- Personal empowerment through alternative non-clinical experience and learning
- Engaging with programming in a more meaningful way
- Increased level of comfort within the organization and/or group/project

Donors + Funders

- Hear authentic voices which have been affected by or benefitted by programs and services
- Shows examples of other programs to support with funding

WORKSHEET 3

Role-Mapping and Assessing Capacity

How do we create a role from scratch? Which role is best suited to the project or program? How do I begin to write a job description?

Building your Job Description

Questions to ask as a team:

1. *What role do we want for this peer position?*
2. *Why this role? This project needs this role because.... (List some reasons collectively)*
3. *What will this role entail?*
    - Job Description/duties
    - What is expected of this person?

Assessing Capacity

What is our current capacity in terms of...

1. *Existing Staff*
    - Name staff (peer/non-peer) who will be working closely with the peer
    - Who will supervise the peer?
2. *Funding*
    - How much funding is there for this position?
    - Is the wage fair for the expectation? If not, how can we remedy this?
    - Is funding embedded or grant-sponsored?
    - What is the maximum hours a peer can work within the funding?
3. *Supervision*
    - How often and by whom will the peer be supervised by?
    - Will there be external peer supervision, or will the peer join group supervision?
4. *Buy-In*
    - Who are the power players and do they support these roles?
    - Do non-peer staff understand how to be inclusive with young adult peers?
    - How can we build buy-in and capacity as a team/organization?
5. *Barriers*
    - How do we adjust or create policy that will remove barriers to ethical peer work?
    - Is the working culture/environment conducive to including peers?
    - Are there specific items or programs (eg. Pirouette) peers will need access to in order to perform their job effectively?
6. *Other current gaps*

WORKSHEET 4

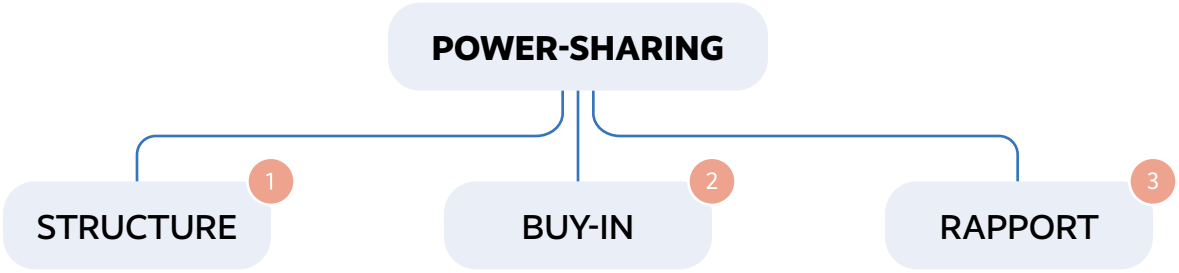
Integration Part One: Building Buy-In & Structure

Successful integration of young adult peers influences power-sharing and the peers' perception of power within the program/staffing structure. Efforts to integrate peers into the workplace as contributing staff members will support the long-term trajectory of the peer's working relationship with the organization/program.

Buy-in and rapport are centred on the interpersonal relationships between peers, non-peers and management while structure is centered on visibility in program development and implementation.

Arms of Power-Sharing

There are different activities and job responsibilities in each arm of power-sharing. Below you will find key questions and recommended roles within each structure. This will help you create a job description for peer roles and understand how to better integrate them into your team.



1 Structure

Structure in the frame of "integration" asks: how will peers be transitioned into the existing program structure and where will they impact?

Service Delivery

- Navigator, Mentor, Specialist role
- Usually front-line oriented (meet clients, support groups, navigate services etc.)
- **How can we create space for peer contributions in this structure?**
  - ☐ Audit information/environment on youth-friendliness
  - ☐ Contribute or design infographics, playbooks, brochures
  - ☐ Create, lead or support groups
  - ☐ Counseling/mentoring role, one-on-one

Leadership + Planning

- Educator, Facilitator, Specialist
- Can exist in front-line and back-end roles (ie. Administrative)
- **How can we create space for peer contributions in this structure?**
  - ☐ Contributions to curriculum,
  - ☐ Policy,
  - ☐ Participating at board or community advisory meetings,
  - ☐ Planning/leading evaluation or focus groups,
  - ☐ Program development,
  - ☐ Grant ideation,
  - ☐ Research activities

2 Buy-In

If staff do not buy-in to peer support in the fullest sense (appropriate language, inclusion at development phases etc.) peers do not feel like they are staff or able to contribute in a way that will be taken seriously.

3 Rapport-Building

Rapport is essential to creating space where power can be shared between peer and non-peer staff.

Ask yourself:

1. *Are there opportunities for intentional team building on or off-site during or after working hours?*
2. *How can we promote teamwork within the peer team?*
3. *Are there ways we can remove barriers and create a more horizontal environment with peers able to contribute and feel heard at every level?*

HOP-C CASE EXAMPLE

Peer engagement

How do we best address one-to-one peer engagement?

Contributing Factors:

1. Boundaries with participants were initially unclear with respect to communication (particularly over text and in the community)
2. Lack of initial safety protocols in the community eg. Communication of risk, availability of emergency contact for back-up

Solution:

New participants were invited to a program introduction in either the mental health group or with case managers present to promote safety.

WORKSHEET 5

Integration Part Two: Policy, Protocol and Professionalism

Integrating peers goes beyond power-sharing. Integration must also occur in administration frameworks. In action, this means addressing organizational policy and protocol. We have added professionalism because as with non-peer employees, standards must be in place around conduct in the workplace and with community stakeholders.

Context

Context always matters when implementing a peer role. For this worksheet, context implies which work environment the peer will be employed within as each has its own unique set of rules;

Example: hospitals, corrections, government, community agency, employment program

Policy + Protocol

When thinking about policy, remember that peers are employees (typically under different contract terms) who represent the organization/project in the community, and as such should avoid situations which may harm the peer or the employer. Are there daily tasks the peer must perform when they come to work?

Hiring:
Is there an interview structure? How does it account for lived experience expertise?

Compensation
What is the baseline for peer positions? Is it reflective of the responsibilities and/or emotional labour being assigned? Are wages livable? Are peers given the same upward mobility opportunities as non-peer staff? Are there caps on how much a peer can make within a certain position or contract?

Employment Standards:
Think about developing HR policies for peers. Consider including them in this process asking which things they should be accountable to. It is also important because it helps peers understand the boundaries and limitations of their role and its place within the organization.

- Which behaviours should peers avoid on the job or in the community?
- What are peers entitled to in terms of protections and supports?
- What might the reasons be for corrective action, and what is the process of reporting?

Conduct
What are the professional expectations of conduct in/out of the office?

- Eg. Tardiness, professional use of communication platforms, meeting clients, confidentiality, dress code, inclusive language, leave of absence
- Are there processes the peer must follow in case of crisis or emergency?

Personal Challenges

What is the process to take a leave of absence? How soon before a shift can a peer cancel or change call-in? How many times may a peer be late or absent before there is a conversation about expectations and goal-setting?

Orientation

How will you orient the peers to communication/reporting structure in the organization/project? What is the minimum training a peer will be given upon attaining their position? How will you integrate them with other team members?

**This worksheet does not take account of supervision*

HOP-C CASE EXAMPLE

Peer engagement

How do we bring peers in as full team members?

Contributing Factors:

1. Peers missed several meetings in the early months of the project feeling that their presence was not needed in research and intervention discussions
2. Organization bureaucratic processes (e.g., paperwork, delays in cash reimbursement) was found frustrating by peers at times.
3. It took several months for peers to recognize their role as co-creators and contributors within the team
4. Early on, the specific role of peers in HOP-C were less clear than other service providers

Solution:

Over time, team members began to intentionally engage peers more in meetings as supervision feedback highlighted the lack of role clarity peers felt. As well, roles were re-articulated over time at team meetings particularly as new peers were brought on.

WORKSHEET 6:

Hiring, On-boarding and Maintaining Peers Roles

Implementing a peer role means bringing the person on as an employee. As with other jobs, it is necessary to interview for the position. Additionally, your team should think about how to address barriers to engagement within the hiring process (eg. Where the job is posted).

HIRING – where do we find our peers?

Advertising

Think about where you want to hire your peers from. Do you want to advertise internal or external of the organization? Will you post on public job boards, online or both?

Example: newsletter, word of mouth, job board, charityvillage etc.

Barriers

What are the potential barriers in your hiring process?

Is the role in an office, hospital, community space etc.? Do you require a cover letter, application or resume? Does the candidate need references? If so, who qualifies to be a reference? Is this job entry-level or does it require previous experience/training in the sector? Does the position work directly with clients/participants, or is it advisory-oriented? How will we account for diversity and representation? Are there ways we can make this a "safe" job to apply to? (ie. do the conditions of this job exacerbate and/or tokenize lived experience?)

Hiring Criteria

Things to consider as a supervisor of young adult peers:

- **Qualities of job readiness** (ability to communicate in a timely manner, reliability, informal leadership qualities etc.)
  Simplified: Is the person able/ready to work? Are they willing to engage (with stakeholders, other staff, clients)? Can the person communicate in a desired fashion? (by-phone, e-mail, interpersonal etc.)
- **Supervision** (when, who, how often, record-keeping etc.)
- **Engagement** (are there opportunities to contribute to youth engagement/youth voice?)
- **Flexibility** (what areas of job performance can be improved? Are there policies specific to young adult peers, or are all policies under one umbrella? What are the boundaries for communication between peer: supervisor, peer: client etc. What is the plan if the person needs to step back from their role?)

Interviews

Interviews for young adults with lived experience can be modeled slightly differently than other positions. The interview should gauge the peers' understanding and adherence to peer values (eg. Modeling hope and resilience) and the person's soft skills.

Interview Scope:

- Self-efficacy
- Former workplace experience
- Boundaries and transference
- Adaptability
- Problem-solving
- Empathy
- Forward-thinking
- Communication

The interview can be broken down into the following **themes:**

1. Introduction and Baseline Skills Assessment
   a. Who is the person applying for the job?
   b. Describe relevant job history
   c. Awareness of strengths and weaknesses
2. Situational Reflection and Projection
   a. Can this person story-tell relevant situations in a considerate professional manner?
   b. Can this person anticipate their reaction/plan for unexpected situations?
3. Industry Awareness
   a. Does the person have an understanding of industry jargon/can they apply relevant peer concepts to the role?
   b. Is the person aware of their bias and comfort level with certain types of clients/communities?
4. Job applicability to personal goals
   a. Has this person considered how this job will assist their personal goals?
   b. Is the person applying with intentionality?

Other Considerations

What is the style of the interview? Is there a peer on the interview or application review panel? Do we or should we prep peers for their interview? What are the capacities we are looking for and how can we draw them out?

ON-BOARDING – How do we include and welcome our peers?

What are the potential barriers of your on-boarding process? Is there an onboarding process for peers?

- How have you taken the young-adult context into account?
- Is there a minimum amount of non-peer training peers can access to better transition into their role?
- How has the non-peer team been trained to work alongside young adult peers?
- Will you be providing (additional) supervision while on-boarding?
- How have you accounted for team cohesion and consistent definitions for peer roles?
- Do you have an informal or formal communication policy? Will this impact peer engagement?

MAINTAINING – How do we sustain the peer role?

Maintaining a peer role can rest of several factors such as funding, availability of relevant work and the peer's own personal life. It also extends to giving the peer a sense of community.

It is crucial to **communicate** with your peers about potential funding additions, cuts and opportunities. Transparency will allow the peer to prepare if the role will not be continued.

Supervision is a valuable resource for maintaining the peer role as it provides a platform with which to communicate challenges, barriers and successes. It will help the peer and supervisor manage expectations for the role while building rapport, a key indicator of whether or not the peer will continue in the role.

The **personal life** of young adult peers may affect the maintenance of the role. For example, if a peer decides to attend school or engages with an employment program while working, they may decide to step back from the role. Similarly, a peer may be experiencing difficulties at home which cause them to miss numerous shifts and they may decide to quit instead of putting their role on hold. Other times, a peer's interests and goals may change altogether and they may wish to change paths. In all of these cases, the supervisor is the key to maintaining the role and communicating and managing expectations on all sides.

A key to peers experiencing difficulty's job maintenance is **creating self-care and safety plans** for when circumstances are challenging in order to curb burnout. This should be done during the on-boarding process.

Lastly, maintaining a peer role can also extend to **promotions**. Is the peer looking for more challenges and meeting the capacities of community workers? Can a new position be created that embodies the peer's specialization?

Should a peer decide to leave, it is helpful to conduct an exit interview to evaluate the challenges, successes and next steps for the young person. These questions can also be adapted for various types of check-ins. See an example below:

Exit Interview Questions Sample

How was your overall experience as a peer?
What was most satisfying about your position?
What was least satisfying?
What would you change to help future peers?
What did you like most about working with this organization?
What did you like least about working with this organization?
What would you improve to make our workplace better?
Did your duties turn out to be as you expected?
Did this role help you to fulfill your employment goals?
Do you feel you had the resources and support necessary? What was missing?
How was your relationship with your supervisor?
Did you receive enough training to do your role effectively?
Did you receive adequate feedback about your performance day-to-day and in the performance development planning process?
What is your experience of employee morale and motivation in the company?
Would you consider working for this organization in the future?

WORKSHEET 7

Troubleshooting

Trouble-shooting is your opportunity to grow from mistakes which may have occurred or unexpected learnings and outcomes. Not every trouble-shooting experience will be based on negative happenings; a positive trouble-shooting experience may be that your peer excels quicker than initially expected and is looking for more involvement in the collaboration.

The first step to trouble-shooting is gauging potential problem areas. What types of conflicts could occur in the workplace and are there specific processes in place to resolve or prevent them.

Below are some examples of problem areas in peer support:

- Burnout or overload
- Hospitalization
- Over-qualified or excelled quickly
- Electronic communication
- Scheduling
- Returning to school
- Relapse
- Family/housing instability
- Transportation/mobility
- Avoiding tokenism
- Visibility in the community
- Self-doubt/self-esteem issues
- Peer: peer conflict
- Peer: non-peer conflict
- Peer: client conflict
- Safety in the community
- Interpersonal communication
- Teamwork
- Managing expectations

Q: How often will you check-in with peers to gauge these problem-areas?

Every _____ days/weeks/months (circle one)

HOP-C CASE EXAMPLE

Peer engagement

Attending to changing engagement needs in the case of switching from an informal drop-in to project-based participatory action engagement

Contributing Factors:

1. Peer feedback reported that the informal drop-in was too difficult to plan while simultaneously attendance was poor and inconsistent.
2. There was peer interest in creating impact for research participants beyond the wrap-around approach through a tangible experience (ie. Participating in the research project for the benefit of other young-people)
3. Re-allocation of funding as it became available in order to pay participants for their time (honoraria) and project expenses.

Solution:

Through structured curriculum and workshops, peers took on individual project-based participatory-action projects which aligned with their diverse strengths and interests. The projects became platforms for peer engagement in addition to the mental health group where at least one peer was present each week with the team psychologist. These actions created a safer environment for all stakeholders involved in the group environment.

REFERENCES

Kidd, S.A., Vitopoulos, N., Frederick, T., Daley, M., Peters, K., Clarc, K., Cohen, S., Gutierrez, R., Leon, S., & McKenzie, K. (In Press). Peer Support in the Homeless Youth Context: Requirements, Design, and Outcomes. Child and Adolescent Social Work Journal. https://www.homelesshub.ca/resource/peer-support-homeless-youth-context-requirements-design-and-outcomes

Phillips, K. (2018). Supervising Peer Staff Roles: Literature Review and Focus Group Results. Centre for Excellence in Peer Support and CMHA Waterloo Wellington. https://cmhawwselfhelp.ca/wp-content/uploads/2016/11/Supervising-peer-workers-literature-review-April-2018.pdf

HCP-C

MODULE 7

Integrating Culture

Kirkness and Barnhardt's (1991) four R's of Research with First Nations Communities states that ongoing research (and potentially, program development), must be completed in a way that is:

1. Respectful to cultural values, beliefs, and relationships within the organization
2. Relevant to the specified needs of organization and subsequent communities
3. Reciprocal in such a way that all partners or stakeholders within the organization have a vested interest in the process
4. Responsible to the community and completed in a way that aligns with cultural values.

Although these 4 R's are a useful way to begin the process of cultural adoption of programming to an Indigenous population, they are only a guideline. Contextual and cultural considerations remain specific to each community and region, and therefore must be applied in a way that best meets the stated needs within each domain. Despite many methods using a shared term of "Indigenous", it is likely that many of the cultural adaptions made in the HOP-C North program would differ for other Indigenous groups in this region.

The relational nature of this work must be emphasized. Throughout program development, project stakeholders from the original HOP-C team met with the Indigenous mental health service delivery organization multiple times in person and via teleconferencing. Team building sessions through face to face meetings helped ensure that teams understood each other needs and design roles within the partnership. Within Indigenous research methods, including evidence-based program development, often the first year of a project is about relationship building, including development of trust and positive working relations. An excellent example of the relational nature of community-based research is Castleden, Morgan, and Lamb's (2012) paper entitled, *"I spent the first year drinking tea: Exploring Canadian university researcher's perspectives on community-based participatory research involving Indigenous peoples."*

When designing a program that prioritizes culture as treatment, there is almost always a question during program conceptualization on whether to build a new program based entirely from community values or adopt an existing program to better incorporate cultural and contextual needs.

The HOP-C North program used an adaptation model that tailored content to best meet the needs of Indigenous youth living in Thunder Bay. This allowed much of the original framework of HOP-C to be retained, with some content formatted to better meet the individualized needs of the Thunder Bay Indigenous youth population.

Many of the cultural adaptions made to the original program were based from Bernal, Bonilla, and Bellido's (1995) guide relating to cultural program adoption. These included eight specific considerations for adoption of a previously existing program to a new context:

1. **Language Use** (using language that is easily understood by the youth)
2. **Persons** (matching program content to the youth-specified needs)
3. **Metaphors** (using cultural examples to facilitate learning of content, including stories, symbols, and grandfather teachings)
4. **Content** (adopting content that is consistent with cultural knowledge and prioritizes teachings)
5. **Concepts** (centering program activities in a way that aligns with the belief system of the youth, and overall values; intervention-specific targets are those that youth consent to changing)
6. **Goals** (designing the program targets to align with youth goals, and ensuring that clinician goals are those that youth have specified)
7. **Methods** (using the best way to deliver the program that will ensure youth participation and best facilitate youth learning)
8. **Context** (considering the broader influence of contextual processes and other broad-basted systemic needs that could help or hinder youth participation)

SWEET GRASS

Sweet grass with its sweet scent attracts good spirits and positive energy to people, objects, and areas. Usually braided in three sections, it has mental, physical, and spiritual meanings. Sweet grass can be placed in homes to help purify and bring in good spirits.

Why Do We Smudge?

- We cleanse our eyes so that they will see the truth, beauty and gifts of the Creator.
- We cleanse our mouths so that all we speak will be in a truthful, empowering and positive way.
- We cleanse our ears so that we will hear spiritual truths given to us by the Creator and Grandfathers.
- We cleanse our hearts so our hearts will feel the truth, harmony and compassion for others.
- We cleanse our feet so that our feet will seek to walk the true path, seek balance and love.

The use of a two-eyed seeing approach (or simultaneously holding both non-Indigenous and Indigenous knowledge together) within program development can ensure that cultural adoptions to a program are made, but also that agents of change within a program are retained. The two-eyed seeing approach incorporates Indigenous and non-Indigenous world views to generate programming that is evidence based in both frameworks. This can provide programming that best meets the needs of youth.

Youth in this program experienced a range of mental and physical health concerns, and were overall, quite vulnerable. When they chose to participate in mental health programming and case management, the interventions provided to them were those that used the best available evidence to support the intervention. The best available evidence was determined through strategies that have demonstrated effectiveness in Indigenous and non-Indigenous ways of knowing.

HOP-C North Example: Specific Program Adoptions

The adoptions of the original HOP-C program for Indigenous youth occurred both an organization/ systemic level, at a staff level, and an individual level. Examples of specific modifications and cultural considerations to the program are provided below.

Organizational Level

The organizational level consisted of managers and program directors within the partnering First Nations mental health service delivery organization. Given that the organization is Indigenous led, self-governed, and rooted in cultural traditions and values, program adoption of HOP-C was expected to align with these mandates. There are many policies and practices that were in place prior to HOP-C programming that helped the program flourish. For a non-Indigenous organization without this specialized training may have additional challenges implementing a culturally-appropriate HOP-C program. A few examples of cultural considerations provided at an organizational level are as follows:

- All staff members receive standardized training related to Indigenous experiences of health and wellbeing, including histories of colonization and discrimination present within the community. Annual training is provided to all staff members.
- The agency adopts the First Nations Mental Wellness Continuum Framework (FNMWCF; Health Canada, 2015) as a framework to guide programming. This prioritizes programs and policies that bolster Indigenous hope, belonging, meaning, and purpose within the community.
- The organization recognizes reciprocity of knowledge sharing. Clients, staff, and non-affiliated community members are welcome and encouraged to attend cultural events such as smudges, sweats, and land-based activities.
- The organization coordinates and provides multiple types of physical and mental health services and has multiple years of experience within the community. The organization strives to promote health and wellbeing through client-centered care. By understanding the needs of their clients, the organization is better able to promote engagement in health services for community members.

Staff Level

The HOP-C North program staff were hired by the partnering First Nations mental health organization, with many of them previously employed there in various services. Cultural considerations and training for staff at this level included:

- Staff are trained to have a good understanding of cultural values and knowledges.
- Many staff personally participate in cultural and spiritual activities. Those knowledgeable of these practices and comfortable to do so, shared experiences with youth. Many staff

shared cultural activities (for example: smudging) with youth, as a way to reintroduce them to culture, in a way they were comfortable doing is. This was a way to foster a sense of belonging, but also share embedded staff cultural knowledge.

- Staff were chosen who were deemed to be a good fit to work with youth. Many strengths of the staff members within the HOP-C program included personable natures, acceptance of the youth, nurturance, and a good sense of humor.
- There was an Elder on staff, who continues to retain a specialized profession within the organization. This role facilitated guidance to teachings and provided specialized cultural support. HOP-C participants had access to either a male or female Elder, depending on their preference.
- The organization provides multiple services to the Indigenous community, which can mean an overlapping of staff roles to a youth. Sometimes youth were known to staff members prior to participation in the program, which could both help or hinder program participation. At times, youth held negative views of the organization or specific staff members that had to be addressed prior the program participation. Staff worked to build trust and either build or repair relationships.
- Staff were often available to youth outside of traditional meeting times and worked to check in with youth frequently between meetings. This helped build relationships with youth, as staff were perceived to be available when needed. Youth felt they were cared for and understood by staff members.
- Many staff attended cultural events with the youth, and thus had to manage their dual relationships. There is no client/clinician hierarchy at cultural events, as knowledge remains shared by all, in a reciprocal manner.
- Staff were quite personable and showed to youth when they made mistakes. They shared personal experiences (in an appropriate, helpful way), to be relatable to youth. Staff dressed casually and used language that was relatable to youth. Staff adjusted plans to how youth were feeling that day.

Individual Level

For individual clients, there were specific adaptations that were incorporated to make the program more accessible to the youth, and also increase the relevance of the content for them. Many of these were actions taken by staff members that were designed to facilitate client autonomy. Youth were vocal in how they wanted services to be delivered, and through staff and organizational management, services were adopted to meet those needs. Some examples of these modifications included:

- Providing rides to and from programming when requested by youth, particularly if it was a challenging bus route for the youth to navigate.
- Providing counselling in places where clients requested, including homes.
- Changing the location of the group to be at a more convenient location for clients, including providing it outside when requested.
- Focusing on activities that build autonomy and independent, such as building positive identifies of self. Youth could take on natural roles in communities, regardless of initial levels of cultural knowledge.
- Facilitating friendships within the housing building, and fostering relationship building between clients. Clients held themselves and other group members accountable to build an environment of respect, trust, and understanding
- Building rites of passages for client's children, including making skirts, building and birthing drums, and naming ceremonies.
- Adopted cultural identity through ceremony and discovering clan/spirit names.
- Consistency of using words/cultural knowledge embedded in a cultural way through language, beliefs, and values.

REFERENCES

Castleden, H., Morgan, V. S., & Lamb, C. (2012).

Bernal, G., Bonilla, J., & Bellido, C. (1995).
Ecological validity and cultural sensitivity for outcome research: Issues for the cultural adaptation and development of psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology, 23, 67–82.*

Castleden, H., Morgan, V. S., & Lamb, C. (2012).
"I spent the first year drinking tea": Exploring Canadian university researchers' perspectives on community-based participatory research involving Indigenous peoples. *The Canadian Geographer/Le Géographe Canadien*, 56(2), 160-179. doi: 10.1111/j.1541-0064.2012.00432.x

Health Canada. (2015). First Nations Mental Wellness Continuum Framework (Health Canada Publication No. 140358). Retrieved from https://thunderbirdpf.org/first-nations-mental-wellness-continuum-framework/

Kirkness, V. J., & Barnhardt, R. (1991). First Nations and higher education: The four R's—Respect, relevance, reciprocity, responsibility. *Journal of American Indian Education*, 1-15.

HCP-C

MODULE 8

Arts Engagement

OVERVIEW

Housing First is an approach to ending homelessness through providing both permanent housing and additional support and services. The framework lists self-determination as one of its core principles– this encompasses not only the ability to find housing, but also more generally to overcome the limitations of homelessness and choose one's own path forward. Another principle, social and community integration, refers to the importance of socially supportive engagement and opportunities. Moving out of homelessness can be very isolating and can include the loss or change of what was once one's community. Securing housing often accompanies saying goodbye to friends or changing social behaviours; all of which may result in feelings of isolation and disorientation.

In addition to challenges associated with securing stable housing, youth require the capacity and skills associated with keeping housing, returning to, continuing or completing education, and gaining supplemental income to gradually move towards financial self-sufficiency. All these demands come at a time when youth are also making 'home', facing trauma experienced pre-homelessness or while navigating homelessness, and going through the developmental transitions of adolescence to adulthood.

Young people living homeless are diverse, as such no singular approach will suit all young people. It is essential that creative tools and innovative strategies be developed with young people to best determine their interests, needs, gifts, and talents. Contributed by artists with SKETCH, this chapter explores arts engagement with young people and outlines activities that can contribute to the strengthening of identity, capacity, opportunities, and community.

1. What does making art have to do with getting and keeping housing?

In a study on the value of art making for youth experiencing homelessness, young people attributed art-making to: stress reduction and relaxation, mental health recovery, trauma healing, and self-expression, discovery, and confidence. These transferable skills all work to directly support managing the transition out of homelessness.

Honouring, celebrating, and creating space for young people's creativity and imagination is critical to transformation. Said transformation **not only applies to the lives of young people**, but also to communities in which systems exist that also need transformation. Engaging the creativity and imagination of young people who navigate poverty, homelessness, and the multiple oppressions and exclusions of marginalization, therefore goes beyond service to the individual. Engagement in the arts is a community development strategy that when done with young people, can impact us all for the better.

At SKETCH we seek to celebrate the stability young people achieve for themselves, in the midst of great precarity and often hostility, as a result of their creative capacity and imagination. The culture and resilience derived from young people compels us to create space, offer tools, programs, projects, mentors, and opportunities to make – alone and together – processes that confront obstacles in the system, and innovate new ways to solve them.

In this chapter we use **'art**' to refer to multiple forms of expression, modalities, or disciplines. This includes, but is not limited, to: **visual art** – painting, drawing, chalk, collage, craft, sculpture, pottery, fabric art, screen printing, **music** – song-writing, jamming, recording, performance, **movement** – dance, theatre, spoken work, **creative writing; digital media** – photography, film, video-making, and so much more. The chosen mediums matter, as they all consist of differing elements which require attention. Facilitators must consider space, time, materials, and the way arts engagement processes will be hosted.

2. WHY – it's about creativity

The benefits associated with creative engagement and demonstration, in navigating the challenges of homelessness and marginalization, convince us to put artistic media into the hands of young people whenever and wherever possible!

- **Creativity is inherent to everyone.**
  Creative expression, engagement, and storytelling all support youth in developing a sense of self and community. They offer healing and relief for traumatized minds, bodies and identities. Creativity is primal, it defines who we are.
- **Creativity develops skills essential for survival.**
  Imagination and the ability to analyze, problem solve, and produce are all skills essential to managing everyday challenges as they arise. Space for arts activities enable practice opportunities for imaginative young people who rely on these skills, to keep them honed, sharp and ready for action at any time.
- **Creativity allows young people to discover**
  capacities, likes and dislikes, work on skills to increase employment, connect with career opportunities or possible educational pursuits, and most importantly develop agency to be part of a community. The soft skills developed from fostering creative opportunities play a large role in the livelihood of young people. These skills include cooperation, patience, goal setting, and self-acceptance. The arts can aid in one's health and overall social inclusion, especially as people collaborate in creative community projects or spaces.

- **Creativity and artistry awaken pleasure, desire, and possibilities.** Through providing young people with agency, youth are able to dream for themselves. They're able to visualize the ways their participation, ideas, knowledge, and identity can find a place in culture and community. Through the arts, young people can become knowledge producers, not merely receivers of service or instruction.

Creativity allows young people to discover capacities, likes and dislikes, work on skills to increase employment, connect with career opportunities or possible educational pursuits, and most importantly develop agency to be part of a community. The soft skills developed from fostering creative opportunities play a large role in the livelihood of young people. These skills include cooperation, patience, goal setting, and self-acceptance. The arts can aid in one's health and overall social inclusion, especially as people collaborate in creative community projects or spaces[1].

Knowledges shared in art creation

Factual knowledge – specific details and elements (about what things mean like a brush mixed with paint and applied to a page give you a stroke of paint on a page)

Conceptual knowledge – principles, theories, models, etc. Youth can draw on their own ideas and connect them with theories of other art makers.

Procedural knowledge – how to do certain things – skills, methods, processes, and where to apply them

Metacognitive knowledge – strategic, contextual, conditional and self-knowledge, knowledge of identities, knowledge of systems, etc.

This is critical in a heteronormative and settler colonial society, where culture is often presented in relationship to Whiteness. The dominant narrative guiding most economic, political, and social systems severely impact the everyday lives of young people through repeated discrimination, exclusion, violence, hunger, disadvantage, stigma, isolation, and general lack of understanding. Particularly for young people who are affected by unchanging colonial systems and services, engagement and learning through the arts offers new ways for their knowledge (new and old) to counter dominant voices and powers that stand to oppress them.

1. There are so many incredible resources about Arts and Health. Read Beautiful Trouble in Mental Health and Addictions for Youth Experiencing Homelessness for more about learnings through SKETCH.

We are in a time of recognition and reparation. Art and culture encompass both of those things – validating and realizing histories, languages, cultures and diverse ways of knowing that have been actively oppressed or erased. We want to support young people's reclamation of their cultural expressions and experience. Art acts as a tool for liberation and the curation of new realities, inverting and subverting power and privilege, and upsetting the status quo. The arts lead to emancipation!

3. "Not everyone is creative"

We'd love to confront this common misconception, that not everyone is "into the arts", nor able to participate. This is a limiting, ironic and uninformed belief that prevents young people from discovering themselves and their creative potential. The idea that *creativity* or the *arts* is only for a specific few, or only presented in through a 'fine art' lens is narrow minded and ill-informed. We'd be happy to talk more about this in person.

> *At SKETCH we see young people who navigate the margins as culture makers, perception-changers and collaborators in building creative and inclusive communities. We believe that as young people engage and develop in the arts they increase their capacity and resilience to live well and lead in community.*

Assumptions

We are assuming that you're approaching arts engagement with young people from a capacity-focused equity-informed lens. Not all learners are the same. Considering the imbalances of power and privilege in our systems and societies, it is necessary to determine what works for a diverse group of learners and to facilitate an active dialogue with the learners themselves. Let us know if you want to talk more about how working from an anti-oppression framework impacts art engagement.

WARNING

Once you embark on a creative journey that encourages young people to develop their agency and leadership through the arts, you need to be ready to change. Be willing to walk through your own creative process, and allow yourself to see things in new ways. Be open to getting messy and love the process as much as the product. Be ready for new ideas or suppressed knowledge to challenge old ideas and fixed knowledge. This is not about art therapy – that's a whole clinical field! This chapter is about facilitating creative discovery, skill development, and arts engagement to create identity and community.

Creativity begets creativity!

Ideas propagate more ideas. SKETCH[2] grew out of a small community arts project and is now a full-blown creative hub. Sometimes, almost working like an arts deschooling initiative. Training and resources are required to create a space where your art making is available on a constant basis. Youth in leadership roles alongside artists and partners engaged for the long haul are essential. We'd love to talk about that further anytime! If you want to go the distance, let's connect.

4. The Role of the Artist

Artists play a foundational role in activating art for social engagement. Not all artists are interested in directly engaging with individuals on the margins and/or have the skill set to do so. Organizations looking to facilitate socially focused art activities should seek artists that share a practice and intersection with marginalized communities, while maintaining a rich knowledge and practice of at least one technical art medium.

The optimum set up would be that you would have **artists paired *with* social workers** to support activities. If you don't have access to this pairing, the next best thing is to engage an artist-facilitator with a particular analysis and engagement style informed by community arts practice. Frontline workers with artistic backgrounds are awesome, but it is important to recognize the potential tension for those workers in both providing youth support while also trying to facilitate an arts experience. Sometimes, one has to make way for the other. For frontline workers with no-artistic background, we strongly recommend hiring and partnering with an artist who works in community. In fact, so many young people themselves are being prepared to facilitate arts activities amongst their peers. We'd be happy to connect you with talented young artist-facilitators with lived experience. We favour lived experience and technical skills working in tandem to facilitate the best arts engagement experience.

Working with people is best understood as a mutual exchange, void of "saviour" mentalities. We often catch artists, youth workers, and ourselves falling into this kind of behaviour. Depending on the group, the artist taking residency within community or clinical settings needs to practice flexible guidance through *light touch*. This looks like maintaining boundaries that recognize young people can solve their own problems. Participants needing higher levels of attention, that would otherwise take away from the group dynamic and learning in an arts process, should be provided with support personnel specific to their needs. This is not the role of the artist.

SKETCH would be happy to share templates about how to develop or to co-develop workshops, engagement activities, space, or projects with you.

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2. SKETCH is a community arts enterprise based in Toronto engaging young people navigating poverty, homelessness or the margins, ages 16-29, coming from across Canada, to experience the transformative power of the arts, build leadership and self-sufficiency in the arts and cultivate environmental and social change through the arts. Over 23 years SKETCH has engaged with over 13000 young people from across Canada to inform the creation of a placed-based, anti-oppressive and transformative justice relational practice, and constantly iterating framework of engagement, using the arts to address and enact social change. www.sketch.ca

WORKSHEET 1

Engagement Opportunities

Easy-to-Engage Art Making activities can be done in any space. **Skill Building Workshops** require a bit more investment in space, storage and resources. Finally, while requiring more time and investment, **Socially Engaged Arts Projects** can be done anywhere at anytime. Each activity has different outcomes.

Easy-to-Engage Art Making

These activities include small art projects that yield pride-making results for non-artists and artists alike. They require little skill in execution, from both the facilitator and the participant. They are easy to setup and can engage artists for short sprints of time. While they can be done alongside any other activity, they are best if they have at least a small dedicated space set apart from those other activities. Setting up a corner for art making in a non-arts space can be good for everyone. Even just watching people make art can be stimulating.

You can make this a theme-based activity, offering artists a prompt to create collages around specific experiences and ideas, or allow it to be free-form. Instruct participants to cut out shapes, images, or letters and reconstruct them in their own layout on a page, like laying out a magazine page. If they make more than one page it can be folded, stapled, or sewn together to create a book/zine.

These activities can include but are not limited to: card, sticker or button-making, paper art, collage, shaving foam art, chalk drawing, and even first-time experiments with watercolour painting.

Outcomes: Stress reduction, distraction, arts discovery, pride, fun, peer rapport, and eased connections amongst participants.

Example Activity: Collage Zine-Making

Set up & Materials:

- Table and chairs
- Magazines
- Glue
- Scissors (or just tear paper if it seems safer and more accessible)
- Tape
- 8.5x11" paper or larger, bristol board or card stock

Engagement Notes:

Do not hover, but make alongside as this is not art therapy! Host conversations about the process. Allow for quiet making time. Notice and have conversations around the *art of it* – the colours, the lines, the way the pieces connect together on a page, what the art itself makes you think of, etc. Encourage artists to connect lines, colours and shapes in different configurations. Talking technique awakens different parts of the brain and allows people to forget *what* they are creating, and instead focus on *how* they can create. Have example images of other people's collage work to inspire, guide, and maybe even copy to some extent especially for first-timers. The things people make have an intimate relationship with their capacities and limitations. Encouragement and support to realize those and keep going may be needed.

It's great if you can invite makers to sign their work and with permission, show work in a common space once completed. There's something declarative about signing a piece of artwork. But space should also be allowed for making quick things that are free to be thrown away. This process will get messy, and will require lots of clean up regarding scrap paper and glue.

Skills Building Workshops

Facilitated skill-building activities have a beginning, middle and end, which will take makers through the process of understanding and implementing specific art skills. These workshops aim to result in products, or simply increased ability to practice the skill independently. They foster precision and the formulation of an original message. Importantly, they incorporate accessibility – meaning anyone can do these and they don't require previous skills. Artists with technical art skills can lead people through workshops on how to draw, how to paint, how to move, how to write creatively, etc. The focus here is on the technical elements and skill acquisition, making accommodations along the way to meet participants where they are at.

Outcomes: Hard skills in art techniques that can be eventually repeated independently, soft skills of 'slow thinking' and process work, planning, patience, material care, pride in creating something from nothing, and self-confidence in achievement.

Example Activity: Stencils and Screen Printing

Set up & Materials:

- Stencils
- Paper/stickers/cloth/patches/T-shirts
- Printing ink/acrylic paint/fabric paint

Printmaking can range from making stencils on stickers or paper, to making silk screen prints on cloth patches and T-shirts. Stencils can be made with cardboard that provide a guide/boundary for paint that is either brushed into the stencil lines or squeegeed down a screen with a stencil on it. Either way, the paint should evenly fill the stencil outline. You can use printing ink, acrylic paint or fabric paint for this. These stencils can be simple and basic, or complex in design depending on dexterity and patience.

Engagement Notes:
Silk-screen printing is more complicated and is easier if it's demonstrated. SKETCH can co-develop a silk-screening workshop set up with you depending on your resources. Reach out if you would like to develop that.

Socially Engaged Arts or Community Arts Projects

These projects engage a particular group of makers to create work which examines and illuminates knowledge around a specific theme, prompt, or issue. They can be done in a one-week intensive, or over a longer period of time (4-8 weeks), and have the potential to result in the production and presentation of a body of work. These projects are very powerful as participants move through a process of discovery and collaboration that can immediately impact their sense of self and agency in the world. It's important to facilitate these with engaged curiosity, as well as caution to avoid pushing an *agenda* or exploiting people's experiences for the sake of the 'production'.

This can also be an activity that evolves from skill-building workshops discussed above, as it usually involves learning about particular artistic processes and techniques. Process and product are treated as equally valuable here. These projects rely on the strength of the artist(s), both in their art form and in the facilitation of a process-to-product experience. This is a growing field of practice with college and universities training artists and educators to engage communities in these arts processes.

There are four phases in every project process; a phase of getting to know each other, a phase involving examination of the chosen issue or theme, a workshop phase to begin making work together, and a design phase that results in a final compilation or product. Enough time has to be made for each phase. The best part is the production phase where people are involved in problem-solving and articulation of ideas through the artistic processes. They learn how to manipulate various mediums to communicate their ideas, which offers mastery and a tremendous self-esteem boost. These processes also foster a collaborative experience which challenges groups to work across differences and commit to a product where all voices are valued and included.

The examples are endless here, as so many projects can be referenced in engaging youth through collaborative work. Let's talk more if you want to engage in this design process.

Example Activities:

- **Photostory or Videostory** – much has been written about photostory and digital storytelling as powerful and accessible research and engagement with young people. Photostories can be easily done if people have access to cell phones, but if not disposable cameras can offer quality prints capable of telling stories. Digital storytelling is very powerful and can either lead to a print exhibition or an online exhibition that lasts well beyond the project itself. Cell-filmmaking is also an accessible medium that can be threaded together with multiple clips and other films, to make longer stories or presentations.
- **Theatre projects** – theatre can offer a platform where youth can address and rework scenes of real issues or challenges they/society faces. Participants can use voice, movement, and the creation of imaginative characters to illuminate ideas or move through a challenge to a resolution. Again, popular theatre educators are best as leads in this process as there are many things to pay attention to in theatre making. But the process can be powerful on many levels and the potential for final pieces to provoke new thought and change are limitless.

- **Group Murals** – these engage young people to design, paint or do image transfers onto large scale surfaces that can include large wood panels or interior and exterior walls of buildings.

CONCLUSION

There are limitless possibilities resulting from arts engagement with young people. Career paths emerge when young people become leaders of activities amongst their peers. These activities are not just for people who would define themselves as artists, nor are they necessarily focused on "making young people into artists". In fact, supporting people to become independent artists requires more than the activities expressed here. The skills and capacities learned through arts processes however can be transferred to many other learning domains. They further support young people to discover what they like and what they don't, what they're good at and what they may want to learn, and what they do and don't know about something. Relationships are formed through shared artistic processes, which enable young people to deeply share sometimes without conversation.

Seemingly unwieldy at times, engagement in the arts can bring up many things. However rest assured there are methods to it, and it is doable in various settings with varying levels of resources. We'd like to further emphasize the importance of including people who identify as practicing artists, with skills to share, and who would define their practice as connected to community. Young people respond best when those in leadership reflect or represent them and their experience. The full benefits of arts engagement are met when diverse practitioners with lived experience of homelessness or marginalization are working together with young people.

We'd love to go over possibilities with you. Let us know if you need anything. Reach out to us at info@sketch.ca.

REFERENCES

Schwann, Kaitlin. *Can Art Make a Difference? Mobilizing the Arts to Prevent and End Youth Homelessness*. Toronto: Canadian Observatory on Homelessness, York University, 2017

HCP-C

MODULE 9

Evaluation

OVERVIEW

This module focuses on designing, running, and troubleshooting an evaluation of programs that aim to help youth exit out of homelessness. There are many ways to design and run an evaluation in this space, and individual evaluations will look quite different depending on your local context and population. The information in this section is meant to be read as helpful guidance that emerged out of our learnings from running the HOP-C program in Toronto over a 3-year period. The key takeaways from this section are:

1. **Collectively identify and affirm your evaluation goals and principles.**

Early in the process it can be helpful to explicitly and collectively have a discussion on the goals of your evaluation. When partner's have different expectations of an evaluation's goals the operations of the evaluation can be pulled in multiple directions leading to evaluation that does not answer partners key questions about the program. Building an agreement on research questions and a logic model early can be helpful.

Discussing and formulating evaluation principles early can avoid ethical dilemmas and identify differences in opinions between partners which can help to avoid disagreements during the operation of an evaluation.

2. **Assess your evaluation capacity and resources.**

Evaluations require resources and staff time to conduct well. An evaluation can flounder if resources and the desired scope of an evaluation are misaligned. Clearly identifying the research questions, methods, and available resources early can avoid mid-evaluation problems.

3. **Plan your evaluation.**

- Taking the time early on to have discussions with participants, staff, and funders can help to create a model that all partners agree on. It can be helpful to construct interview packages and interview questions together as a group.
- There are different types of evaluations to be considered.
- Mixed-methods approaches that collect both quantitative and qualitative information can be helpful to round out an evaluation.

4. **Anticipate troubleshooting evaluation issues.**

From our experience, there are a number of specific challenges that can be expected in conducting an evaluation of a program supporting youth in their transition out of homelessness. A few of these might be:

- Difficulties in connecting and communication with youth. In particular, things like participant recruitment and scheduling can be difficult.

- Missing data. This can happen for different reasons including attrition between evaluation time points and skipped questions. Too much missing data can create problems for the analysis and the interpretation of findings.
- The research might be triggering: Planning sensitive, supportive, and accommodating interviews can help to protect participants and improve the quality of the data.

For more in-depth information on evaluations, please see Mental Health & Addictions Interventions for Youth Experiencing Homelessness: Practical Strategies for Front-line Providers.

1. Collectively identify and affirm your evaluation goals and principles.

Collaboratively identifying your team's goals and principles can take place at a meeting early in the program formulation stage. Deciding together what the goals are and are not can help clarify what can be expected as results of the study.

Some potential goals of evaluations can include:

- To satisfy a funder's reporting requirements
- To produce quality improvement recommendations
- To gauge the feasibility and effectiveness of the intervention
- To learn about best practices in supporting youth
- To capture and share learnings, best practices, and how to reproduce the program

Some potential principles could include:

- **Incorporate young people in the research design**
  Meaningful consultation and engagement with young people through the design phase will strengthen a project and create buy-in
- **Share back findings with youth**
  This should be done in an accessible way where youth are given the necessary tools, time, and information to provide meaningful feedback on the validity of the findings
- **Ask only evaluation relevant questions**
  Unnecessary or overly invasive questions can be triggering or create research fatigue
- **Provide fair honoraria for youth**
  Best practices value the time and difficult information shared by youth
- **Conduct the evaluation in a supportive and sensitive way**
  If there is a control group, thought is needed to ensure an ethical approach
  Accommodating youth in supportive ways during the research
  Providing a safe and supportive interview environment to discuss difficult topics

CASE STUDY

Brief HOP-C Feasibility Evaluation Plan

Research Question

Is it possible to develop a feasible, integrated set of supports that show promise in addressing the key challenges faced by youth who have exited homelessness?

Participants and Recruitment

Participants were 30 formerly homeless individuals between the ages of 18 and 26 who have obtained secure housing in a time period between 1 and 12 months previously. The full range of HOP-C supports were offered to this group of youth.

We expected 10-15% attrition. Having 25 individuals complete the intervention would be adequate to assess feasibility qualitatively, likely with sufficient power to assess change for the group as a whole via a paired sample t-test and to detect medium to large effect sizes.

We employed a purposive sampling to build a diverse sample in terms of gender and ethnicity to develop a representative sample. All participants were recruited in Toronto through Covenant House and LOFT.

Measures

Qualitative

1. The youth participants will be interviewed on 2 occasions using a semi-structured interview. Interviews will be done in person with participants paid $40 for each.
2. Caseworkers, peers, service coordinators, psychologists and physicians will be interviewed immediately following the completion of the intervention. Interviews will be conducted in a complementary manner probing aspects of the intervention that seemed effective, challenges, and areas requiring improvement (see appendix).

Quantitative

Descriptive measures: A detailed demographic profile will be developed including homelessness history, age, gender, ethnicity, sexual orientation/identity, etc.

Scale measures: Quantitative scales that describe participants' quality of life, mental health, hope, resilience, degree of mindfulness, social support, etc.

Analysis

Feasibility was assessed primarily through the qualitative interviews with the quantitative measures being used for triangulation. Our qualitative thematic analysis involved the identification of core themes through structured coding.

2. Assess your evaluation capacity and resources.

Does someone on your team have the skills, experience, and time to conduct an evaluation that meets your goals? Do you have resources for honoraria for youth, transcription, and transportation? Some things to keep in mind:

- **Evaluation requires resources/staff time**
  Do an inventory on the resources and staff time available
- **Evaluations can be built backwards from available resources**
  An evaluation can be scaled up or down depending on available resources, sometimes it can be helpful to start with the resources and work backwards
- **Outside resources may be available to support the evaluation**
  Grants can be available for evaluating programs
  Partners, such as university researchers, can often contribute time, resources, or research assistants for an evaluation

Plan your evaluation

Taking time early on to have discussions with participants, staff, and funders can help to create a clearly articulated and shared vision of the evaluation. Logic models, interview packages, and interview questions can be discussed and agreed upon. Different methodological approaches can be helpful for answering different research questions. Incorporating both qualitative 'why' questions and quantitative 'what and how much' questions can allow for a fuller understanding of the program.

For more on the pros and cons of external evaluators, see Mental Health & Addictions Interventions for Youth Experiencing Homelessness: Practical Strategies for Front-line Providers.

CASE STUDY

HOP-C Feasibility and Random Control Trial Protocols

The HOP-C Protocols outline clearly the support program, research questions, methods, and analysis plan for the evaluations. It can be helpful to construct similar protocols for your program prior to beginning the evaluation. Differences in opinions of partnering organizations can be negotiated early to avoid disagreements later. Each organization reading, asking questions about, discussing, and signing onto the protocol can assist the evaluator in having a clear mandate and direction.

3. Anticipate troubleshooting evaluation issues.

Anticipating and planning for challenges can assist with troubleshooting issues when they emerge. Having a plan can ease differences in approaches to challenges that partners take within their own organizations. A collaborative intervention allows for the possibility of taking new approaches to challenges, which can be one of the most valuable ways for organizations to learn alternative ways of dealing with challenges.

Some potential challenges that might emerge during an evaluation:

Connecting and communicating with youth

It can be expected that some youth will be not be available for follow-up interviews due to a multitude of reasons. Some of these can be addressed if they are decided on early and included in potential research ethics board applications.

- For example, if youth are moving out of the community, does it make the most sense to interview them before they leave, on the phone in their new community, or travel to interview them in person?
- Expect a certain percentage of youth will be lost to follow-up interviews, often in the 10%-20% range. How will this impact your evaluation? What are some ways of reducing attrition? For instance, it can be helpful to get youth's permission to reach out to friends, family members, or other workers. As well, it can be helpful to visit areas and services that the youth has connected with previously to reconnect.

Difficulties in communication

Plan on using communication methods that youth prefer.

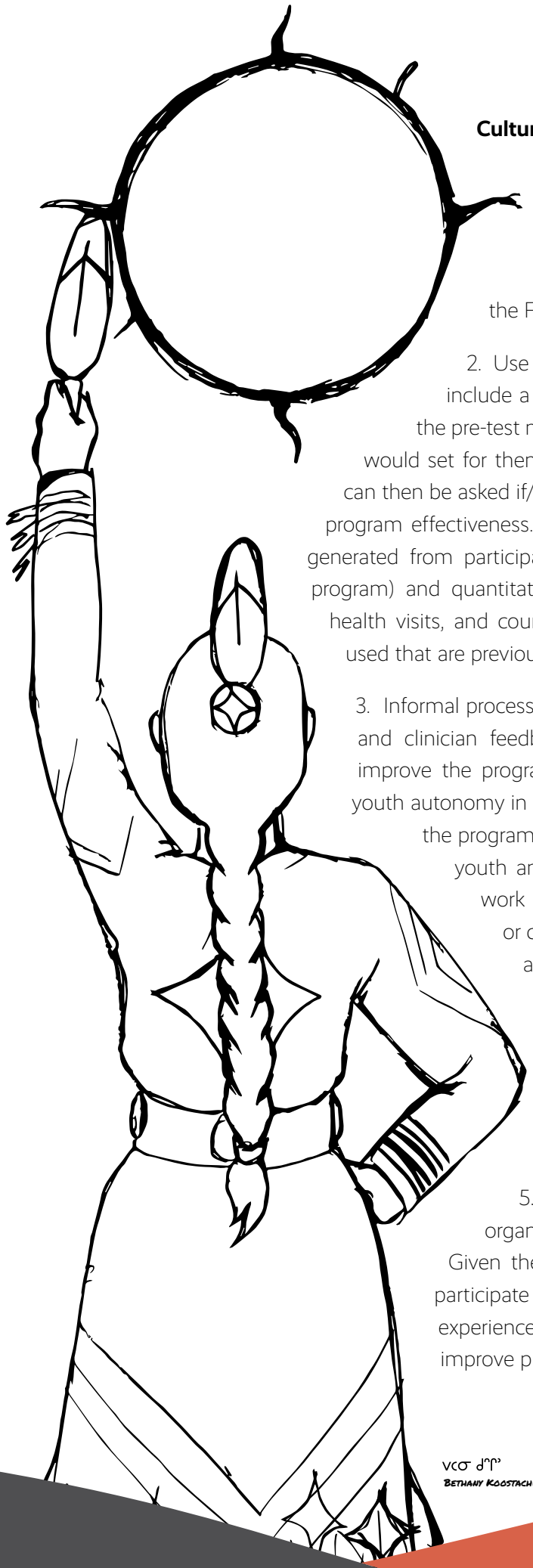
- Today, this can involve texts, WhatsApp, Facebook, and other tools.

- These forms of communication often need to be accompanied by policies around protecting youth in crisis and confidentiality, and it is better to come up with these policies in advance than during a crisis.
- Be flexible on location and timing of interviews. The youth are sharing their time and expertise with your researchers, and efforts should be taken to make this as easy as possible for youth.

Providing a safe space for discussing difficult topics such as homelessness, mental health, and life struggles. Be accepting of the degree that youth want to engage or discuss topics. Allow youth to drive the conversation within some bounds of time and topic.

Missing data

- The strategies above can help reduce attrition and improve the representativeness of the sample. Too much missing data, or missing data from particular sub-populations within the group of interest can hurt the quality of the evaluation.
- Expect some youth will not want to discuss some topics. One way to address this is by only asking questions about things that one expects to change or be a meaningful factor in the research. Many study interviews ask invasive questions of youth that do not meet these criteria, where less invasive questions would suit the needs of the study. Ask yourself if you would feel comfortable answering each question by someone you did not know.



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Bethany Koostachin

Cultural Considerations in Program Evaluation

A few guidelines for culturally-appropriate evaluation of implemented programming.

1. Use of the Ownership, Control, Access, and Possession (OCAP) principles first conceptualized by the First Nations Information Governance Centre (2014).

2. Use of measures that are meaningful for youth. This can include a measure of goal attainment initially set by youth at the pre-test measures. Youth can be asked what type of goal they would set for themselves for the next 6 months. At follow-up, youth can then be asked if/how they met this goal. This serves as a measure of program effectiveness. Additional measures include qualitative indicators generated from participants (framed as strengths and weaknesses of the program) and quantitative indicators such as hospitalizations, emergency health visits, and counselling engagement. Additional measures can be used that are previously validated with the population involved.

3. Informal process evaluation throughout the program. Seeking youth and clinician feedback and suggestions is one way to consistently improve the program as it is being administered. This can increase youth autonomy in programming, but also is a way to demonstrate how the program is being implemented. This also will naturally solicit youth and staff feedback. Given that staff members often work in program-specific domains (ie: case management or counselling), it serves as one way to get staff together and reduce silos of care/knowledge through program implementation.

4. Program evaluation participation does not influence program participation. Youth may not want to complete relevant evaluation tools, and this should not influence role in programming.

5. Evaluation results should be useful to both the organization and youth who participated in the project. Given the resources (particularly time for youth) it takes to participate in research, the results should be used to capture the experiences of youth (looking backwards) but also as a way to improve programming in the future (looking forwards).

WORKSHEET 1

Building an Interview Package

A clear and strong interview package allows for interviews to go smoothly. Creating a standard interview pattern assists in the analysis of the information gathered.

Here are two examples of the HOP-C interview packages from the feasibility trial and random control trial.

- What information do you already collect?
- What are your identified primary outcomes?
- What factors do you think could impact outcomes?

Identifying Data Sources:

Internal administrative data: collected in the regular course of work, such as client engagement and need screeners.

- Surveys: are useful for collecting information on demographics and specific set of questions. Surveys should be as short as possible to prevent survey fatigue.
  There are many validated scale questionnaires that have been tested and proven reliable. For a list of reliable, brief, and free scales for consideration see Beidas et al. (2015).
- Qualitative Interviews: one-on-one interviews can gather in-depth information on how participants felt about the program, why they felt the supports were helpful or not, and how the program could be improved.

Look elsewhere in the guide for:

- Goal Attainment Scaling, where workers and youth together identify goals to measure success—this can be used as an evaluation outcome (see page X in the Case Management module).
- The Outcomes and Engagement spreadsheet can be used to build a consensus among staff on engagement level and changes in key life domains over the study period.

E-mail HOPCProject@gmail.com to obtain a copy of the HOP-C interview package

REFERENCES

Frederick, Tyler J, Mardi Daley, and Will Zahn (2018). Peer support work to enhance services for youth experiencing homelessness (Book Chapter). In Sean Kidd, Stephen Gaetz, Tyler Frederick, Jeff Karabanow & Natasha Slesnick (Eds.) Mental Health and Addiction Interventions for Youth Experiencing Homelessness: Practical Strategies for Frontline Providers. Canadian Observatory on Homelessness.
https://www.homelesshub.ca/sites/default/files/attachments/Ch4-2-MentalHealthBook.pdf

Beidas, R. S., Stewart, R. E., Walsh, L., Lucas, S., Downey, M. M., Jackson, K., . . . Mandell, D. S. (2015). Free, brief, and validated: Standardized instruments for low-resource mental health settings. Cognitive and behavioral practice, 22(1), 5-19. doi:10.1016/j.cbpra.2014.02.002
https://www.ncbi.nlm.nih.gov/pubmed/25642130

HCP-C

APPENDICES

APPENDIX 1: THE PEER MATRIX

Peer Support Model: The Peer Matrix

Purpose

- Evaluation + Process Tool for the organization and the peer
- Person-centered approach to hiring young adult peer workers
- Gauge organizational readiness

How to Use this Tool

There are 2 matrix cycles your organization should complete along the journey of including young adult peers in the workplace: **Organizational Matrix + Individual Matrix**. Each matrix cycle has 4 stages: **Assessment, Capacity-Building, Implementation and Trouble-Shooting**.

1. Assessment and Capacity-building (Stages 1 and 2)

allows organizations to self-assess before hiring peers in order to ensure the working environment is conducive to success. Likewise, in the post-hiring cycle, individuals should be gauged in Stages 1 and 2 so the non-peer team can support the person's capacities and goals

Assessment

Organization

- Is there buy-in for this role?
- Which staff will directly support and supervise the peers?
- Does this role have a possibility of continuation?
- What types of peers are we hiring? Is there a clear job description?
- Do we have a plan if the peer needs to step back from their role?
- What opportunities can we give this peer while they work with us?

Individual

- Do I understand my place in this organization?
- What do I need in order to feel supported in this role?
- Am I able to commit to the role at this time in my life?
- What are the barriers to my engagement?
- What will I do if I find myself overwhelmed on the job?

Capacity-Building

Organization

- Do the staff/departments needs training about the peer role and how to honour it on the job?
- Is there an understanding of the boundaries of the peer role in relationship to the organization?
- Do we have to adjust any policies to accommodate our peers?
- Is there space and resources for the peer to do their work effectively?

Individual

- What trainings would benefit me in this role?
- What is my goal in doing this work?
- Are there any skills (soft or hard) that I can develop and improve while I have this role?
- Do I have to make adjustments in my own life to accommodate this job?

2. Implementation and Trouble-shooting (Stages 3 and 4)

occur upon hiring for both the organization and the individual taking on the peer role.

Stage 3 is largely observational for the organization. They must 'wait and see' if their capacity-building efforts were successful while the peer will begin their work as a staff member.

Stage 4 is the most crucial and can be operationalized by utilizing supervision with peer and non-peer staff. Trouble-shooting is your opportunity to grow from mistakes which may have occurred or unexpected learnings and outcomes. Not every trouble-shooting experience will be based on negative happenings; a positive trouble-shooting experience may be that your peer excels quicker than initially expected and is looking for more involvement in the organization

Implementation

Organization

- Is there anything non-peers can do to better support the peer role?
- Do we have a 'script' or stable explanation of what peers will be doing in the program?
- What types of engagement with clients will peers have in and out of the workplace?
- What is the best form of communication to schedule work-related tasks?
- Do our peers and non-peers have opportunities to build rapport?
- Is the workload too much or too little? Are there ways to adjust this?
- Are the clients/participants benefiting from including a peer role?
- Does the peer understand how to navigate the workspace and who to go to for what?

Individual

- Do I have the tools available that will help me succeed on the job?
- Has this job had an impact on my personal life?
- Are there aspects of this role that are confusing?
- Are my colleagues available when I need help?
- Do I understand the language/jargon being used in the meetings and/or workplace?
- What are the ways I can challenge myself in this role?
- What is most difficult for me in this role?
- How can I use my personal gifts and talents to contribute to this role?

Trouble-Shooting

Organization

- What is going well with the peer position?
- What are the unexpected challenges that have come up? With whom?
- Are there individuals on the team that work really well with peers?
- Are there better ways we can resolve conflicts as they occur?
- What were the outcomes?
- Has the peer gone beyond your expectations? Below?
- Has supervision been utilized?
- Are there adjustments the non-peer staff should make to better support the role?
- Does the peer have the tools they require for the job? (eg. Cellphone, e-mail)

Individual

- Are there conflicts that have come up since I've had this position?
- Do I understand my role, responsibilities and how I fit within the program?
- Am I able to meet my obligations regularly?
- Am I able to communicate with my supervisors easily?
- Do I feel comfortable with my teammates?
- Do I feel safe in this role? If not, what would make me feel safe?
- Am I using my skills or gaining new skills in this role?
- Do I have work-life balance? Am I taking time for self-care?

APPENDIX 2: QUALITATIVE STAFF INTERVIEW GUIDE

Interview - Intervention Staff

1. *How would you describe your role with the project?*
   a. What you think worked well?

2. *What was effective for supporting participants?*
   a. What were the main challenges you saw?
   b. Logistic?
   c. Practical?
   d. Rapport related?
   e. Lack of support?
   f. Case load?

3. *How do you think the inter-agency collaboration went?*
   a. Things that went particularly well?
   b. Things that didn't go as well?
   c. Ways to improve?

4. *What organizational factors do you think effected the effectiveness of the intervention overall?*
   a. Leadership?
   b. Meetings?

5. *What areas the program be improved in?*
   a. Ways to improve?
   b. Practical or specific changes?

6. *What did you learn from working on this program?*
7. *What was the best part of working with this program?*
   a. The worst?

8. *Additional comments/feedback?*