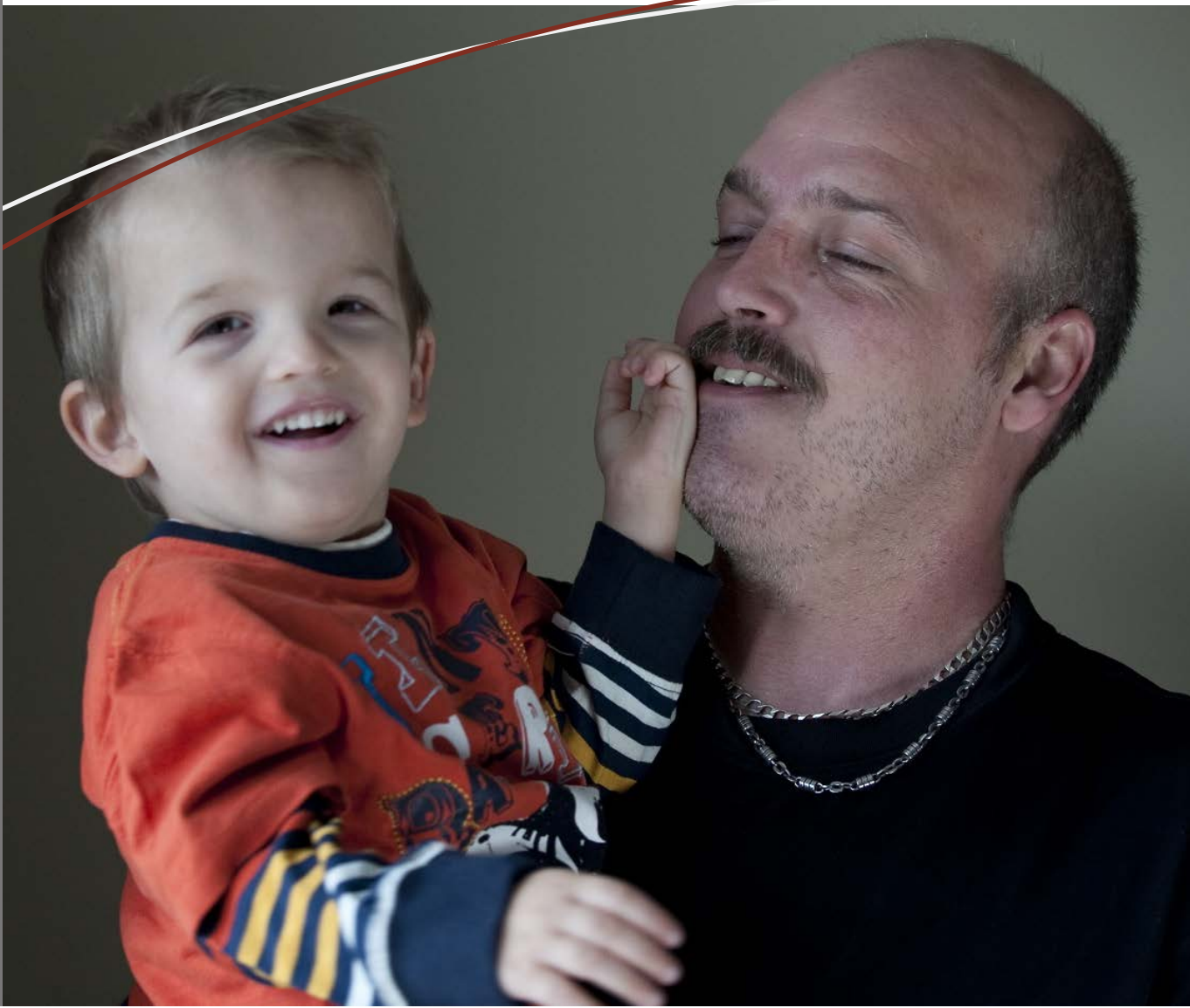


# Information Guide



**Adapted for the Réseau Maisons Oxygène:**  
**Copywriting:** Manuel Prats, Réseau Maisons Oxygène

**Collaboration:**  
Tommy Cousineau, Maison Oxygène Groupe Image  
Patrick Desbiens, Maison Oxygène Gens du Nord

**Editing and layout:** France Goyette

**January 2019**

Credits for the original version of the *Caseworker's Handbook* created in 2010 by Carrefour  
Familial Hochelaga:  
Copywriting: Manuel Prats, Layout: Sylvie Paul, Supervision: Christine Fortin  
Photos: Pierre Crépô

**English translation:** Anglacom

Reproduction in whole or in part of the Information Guide is subject to the written approval of the  
Réseau Maisons Oxygène.

This guide is intended for all Maison Oxygène caseworkers who support fathers and their children.

Inspired by the *Caseworker's Handbook* produced in 2010 by the Maison Oxygène Montréal team, this guide has been adapted and improved by the various Maison Oxygène facilities that have used it to best meet the needs of teams working directly with individuals throughout the province. It is intended to equip caseworkers with the information they need to guide and support fathers and children who benefit from Maison Oxygène services.

Maison Oxygène Montréal founded Réseau Maisons Oxygène in 2013 and has generously shared all its expertise and tools with it, leading to the development of new facilities.

Réseau Maisons Oxygène would like to recognize Carrefour Familial Hochelaga, which established the first Maison Oxygène in 1989, as well as the pioneers who developed it over the years:

- Claude-Hardy
- Yvon Lemay
- Christine Fortin
- Manuel Prats



## TABLE OF CONTENTS

Introduction .....	8
Timeline of Réseau Maisons Oxygène .....	9
What is Maison Oxygène? .....	14
Mission of Réseau Maisons Oxygène.....	14
Values of Réseau Maisons Oxygène.....	14
Maison Oxygène basics .....	15
Intervention philosophy.....	18
Living environment.....	18
The ecological model as a backdrop .....	19
Coparenting.....	19
Maintain and strengthen the father–child bond .....	20
Approaches .....	21
Above and beyond approaches: compassion and COMMITMENT .....	21
A male perspective influenced by masculine TRAITS .....	21
The pitfalls of socialization .....	21
The path to asking for help and helping attitudes .....	23
Ill-adapted traditional therapy .....	25
An approach that takes into account men’s current realities.....	25
Solution-focused approach.....	26
Salutogenesis .....	27
Support.....	28
Information on the request for help and intervention with men .....	28
Principles of intervention .....	28
Steps in the process .....	30
First contact: An extended hand .....	30
Orientation/assessment interview.....	32
Living at Maison Oxygène .....	35
Acceptance criteria for housing.....	36

Preparing for the arrival of the family.....	38
Decompression - breathing room - welcome.....	38
Rebuilding phase .....	40
Routines.....	42
Meetings and weekly follow-up .....	42
Assessment of the degree of self-sufficiency and support process.....	43
Preparing for departure .....	44
Case plan record .....	44
Departure.....	45
Teamwork and partnerships.....	46
A basket of services.....	46
Avec Papa c'est différent! (With Dad It's Different!) .....	47
Outside support.....	47
Relais Père support worker .....	48
Appendixes.....	51
Bibliography and publications .....	52



## INTRODUCTION

In 2007, twenty years after the first Maison Oxygène was established, the caseworkers at Carrefour Familial Hochelaga met to take a close look at their work, their approaches, and the philosophy they wanted to apply more systematically in working with fathers.

Several things came out of these meetings:

- A need to develop other similar facilities throughout Quebec. The dream: establish five new homes in five years.
- A need to clarify the mission and values of Maison Oxygène.
- A need to develop working tools for the team and future staff members.

The *Caseworker's Handbook* was created to document the approaches used and more accurately define the work being done and the tools being used in the field.

This **Information Guide** includes the main concepts and tools from the initial 2010 version written by Maison Oxygène Montréal, but has been updated to include experiences and expertise developed more recently at Maisons Oxygène in Quebec.

The guide was designed specifically for use by caseworker/management teams and contains information that is the result of over thirty years of work in the field. Réseau Maisons Oxygène provides the guide to its members free of charge to develop common practices and share expertise. In return, Réseau Maisons Oxygène gladly accepts suggestions for improvement and asks that people share the adapted tools in this Guide.

Happy reading!



## TIMELINE OF RÉSEAU MAISONS OXYGÈNE

1989

### Top housing and support facility for fathers and their children in Quebec

Carrefour Familial Hochelaga, a community organization dedicated to supporting families in Montreal's Hochelaga-Maisonneuve district, springs into action to help a father in need of a home for him and his two children. It's the start of an adventure, and Maison Oxygène is founded a few months later.

1995

Maison Oxygène Montréal receives an honorable mention for the Persillier-Lachapelle Award

1997

Maison Oxygène Montréal wins the Agnes Higgins award

2002

### Ministère de la Santé et des Services sociaux officially recognizes Maison Oxygène Montréal

Maison Oxygène Montréal receives funding from Programme de soutien aux organismes communautaires (PSOC) for its first year of operation. While it isn't enough for the facility to expand, it marks a milestone in recognizing the relevance of such services.

2009

### A dream to meet a provincial need: Five Maisons Oxygène in five years

Maison Oxygène Montréal gets an honorable mention for the Paternity Award from Association pour la santé publique du Québec

1989–2009: Twenty years later

Maison Oxygène Montréal is still the only housing and support facility for fathers experiencing personal, family, or marital difficulties and who are looking after their children. Due to a lack of space, the facility regularly has to turn fathers away and refuse requests from institutions (youth protection, police, crisis centers, etc.).

At the same time, other organizations in the region struggling with the same requests regularly contact the Maison Oxygène Montréal team for advice. Many say they wish they could start a similar facility.

In response to all the requests for help, the Maison Oxygène Montréal team decides to share all its expertise and help other similar services get off the ground. So begins a dream to open five Maisons Oxygène in five Quebec regions in five years.

2010

### Maison Oxygène Gens du Nord

In Baie-Comeau, the organization Homme Aide Manicouagan opens Maison Oxygène Gens du Nord and welcomes its first families in October 2010.

2011

Maison Oxygène Montréal is chosen as "coup de coeur" as one of the five finalists for a family project by Réseau Québec Famille

2012

### The Network's beginnings: Maison Oxygène Estrie welcomes its first families

After a long community fundraising campaign, Maison de la Famille de Sherbrooke opens Maison Oxygène Estrie and welcomes its first families.

#### First day of discussions

A first meeting takes place the same year between the Maisons Oxygène in Montreal, Baie-Comeau, and Sherbrooke.

Over the year, many organizations and social actors work with Maison Oxygène Montréal to join the emerging network. Three other groups are created: Maison Oxygène Raymond Ross in Chibougamau, Maison Oxygène Groupe Image in Ville-Marie, and Maison Oxygène Joliette-Lanaudière in Joliette.

2013

### Réseau Maisons Oxygène is born

2013 marks a major turning point in the history of housing and support services for fathers in vulnerable situations within the province:

**January 9, 2013**

Réseau Maisons Oxygène is officially founded and drafts its charter.



Members at the Foundation's General Assembly on February 20, 2013

February 20, 2013

### Founding meeting and first official day of Réseau Maisons Oxygène

Twenty people representing seven regions of Quebec, three active Maisons Oxygène, and three others in the making take part in the inaugural day of discussions.

The day marks a major step towards implementing the project throughout Quebec.

The dream Carrefour Familial Hochelaga had four years earlier become a reality when actors from seven Quebec regions take up and support the cause.

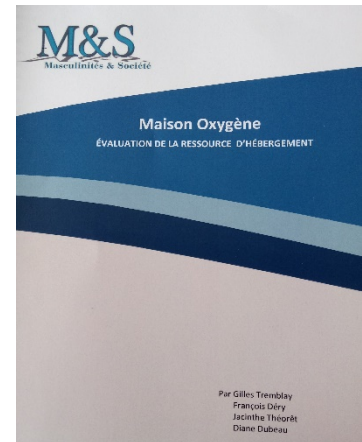
### Réseau Maisons Oxygène gets organized

A first request for funding from Ministère de la Santé et des Services sociaux (PSOC) is submitted on February 22, 2013

June 2013

Publication of research results:

*Maison Oxygène, évaluation de la ressource d'hébergement* (D. Dubeau, G. Tremblay)



2014

- Network recognized by PSOC

- Maison Oxygène family continues to grow

February 19, 2014

### Second Network day and annual general meeting

Thirty-one members of the Network, representatives of the eight Maisons Oxygène, and supporters attend the second retreat day and the first annual general meeting.



February 20, 2014

### SuPère conference

During this annual classic bringing together over 300 people to address the realities of being a father, Réseau Maisons Oxygène receives a standing ovation at the closing ceremony.

The Network is recognized by PSOC.

By the end of 2014, Réseau Maisons Oxygène has eight Maisons Oxygène in seven regions. But due to a lack of funding, only six are able to offer housing.



History of the Network

2015

RMO/Information Guide/January 2019 Version

## The Network on the provincial stage

**February 18, 2015**

### Third Network day and annual general meeting

The Network expands and is enriched by people's experiences in different regions. The organization Famille-à-cœur in Saint-Jean-sur-Richelieu joins the Maisons Oxygène family. Representatives from Gatineau and Saguenay are present to assess whether they will move forward with plans to establish a Maison Oxygène in their region.

Ideas for collective projects and shared tools are put on the table.

- 👁️ **Maison Oxygène Montréal celebrates 25 years**
- 👁️ **Maison Oxygène Joliette-Lanaudière welcomes its first family**
- 👁️ **The Network expands and shares its expertise**

The Network actively participates in provincial discussions and initiatives on the realities of men and fathers.

In 2015, the Network creates a website, sets up a collective document exchange, and drafts a five-year strategic plan.

Three other regions state their intention to join the Network (Saguenay, Gatineau, Cowansville).

**2016**

### Peer recognition

**February 10, 2016**

Fourth Network day and annual general meeting

**February 11, 2016**

Tenth Supère conference: Réseau Maisons Oxygène in the spotlight

**2017**

Carrefour Familial Hochelaga transfers to Réseau Maisons Oxygène full responsibility for managing the Maison Oxygène brand, in terms of attribution and compliance monitoring.

The Network obtains its first recurrent funding from PSOC.

2016

Réseau Maisons Oxygène receives the Coup de Cœur Paternité Initiative prize, awarded by a provincial jury composed of fathers



**2018**

February 20: the Network celebrates its fifth anniversary



### **RÉSEAU MAISONS OXYGÈNE AT THE END OF 2018**

13 Maison Oxygène sites in 10 Quebec regions (3 shelters in Montreal)  
48 rooms and 133 beds available for fathers and their children

### **EXPOSURE AND DEVELOPMENT OF A BRAND**

*So that each father knows there's somewhere in his area he and his children can go for housing and support in a time of need*

As the Network's mission, values, and approach become known throughout Quebec, new organizations and social actors regularly express the desire to develop a Maison Oxygène in their region. The Network hopes to expand and have at least one facility in each region of Quebec.

To ensure consistent quality of services, the Network has developed terms and conditions for facility accreditation to ensure the compliance of organizations bearing the Maison Oxygène name.

## WHAT IS MAISON OXYGÈNE?

*“Maison Oxygène is at the crossroads of three societal challenges: homelessness, men in need, and fatherly involvement. Maison Oxygène helps to reduce the impact of these issues by providing shelter, responding to men's requests, and helping men discover and develop their responses to children's needs. It's no longer uncommon for fathers and their children to find themselves on the street or in need of a social safety net, a space that helps those excluded from society regain their livelihoods and get back on their feet.”* Excerpt from *Des portes ouvertes sur l'espoir* by G. Forget – Nov. 2009

The main mission of Maison Oxygène is to **maintain or strengthen a father-child bond by providing housing, community, and psychosocial support to fathers and children** experiencing hardship due to family, social, or personal difficulties and who wish to **strengthen their family bond**.

Maison Oxygène facilities also offer a **basket of services tailored to the specific needs and realities of the families served**.

### MISSION OF RÉSEAU MAISONS OXYGÈNE

The mission of Réseau Maisons Oxygène is to establish, consolidate, and coordinate housing and support for fathers experiencing personal, family, or marital difficulties who have sole or shared custody of their children, including access rights, or who are in the process of obtaining custody.

The Network has a vision of openness and inclusion and actively contributes to societal debate on issues of fatherhood, family homelessness, and social alienation.

### VALUES OF RÉSEAU MAISONS OXYGÈNE

As early as 2014, Réseau Maisons Oxygène defined the values that would shape its actions:

- 🕒 **The importance of both parents for children's development**
- 🕒 **The principles of equity and gender equality**
- 🕒 **Men's ability to fully take on their role as parents**
- 🕒 **Solidarity**
- 🕒 **Respect for the qualities and specifics of each region**

## MAISON OXYGÈNE BASICS

This section looks at the building blocks—the essence—of any Maison Oxygène facility.

### 👁️ **Maison Oxygène services are dedicated exclusively to fathers and their children**

There aren't many resources solely for men, and men are in very real need of support. The lack of resources for fathers experiencing homelessness or other difficulties, the weakening of the father-child relationship, and the requirements for housing adults and children are all factors that the first Maison Oxygène took into account almost thirty years ago in creating such resources exclusively for fathers and their children.

### 👁️ **Maison Oxygène facilities have specific values and approaches:**

Principles, values, and approaches	What it means on the ground
A firm belief in men's ability to care for their children.	- Fathers are the primary actors in charge of developing their case plans.
An internal structure and a clinical approach adapted to men.	- The intervention approach is based on guidance and coaching when needed, not therapy.
Sharing, discussion, and solidarity as ways to combat social alienation.	- Availability, compassion, use of the community and social environment; living environment, links with a family home, etc.
Recognition of the importance of diverse models to promote child development.	- Co-parenting approach: recognition of other parental figures. - A mixed team of men and women.

🕒 Services are organized according to the following four pillars:

Pillar	Services offered
MATERIAL SUPPORT	<ul style="list-style-type: none"> <li>- Temporary or transitional housing including one closed room per family (with a bed for each family member and dressers and/or cabinets for personal belongings) and one fridge per family</li> <li>- Assistance and material support: food assistance, group kitchen, or any other form of concrete support</li> <li>- Help acquiring transit passes, supportive care and attention, help with moving, etc.</li> </ul>
INDIVIDUAL	<ul style="list-style-type: none"> <li>- Caseworkers on site daily to listen to and support residents</li> <li>- At least one individual weekly meeting to see how the stay is going</li> <li>- Referrals and guidance to specialized resources as needed</li> <li>- Post-stay support</li> <li>- External follow-up for fathers and their children from a <i>Relais Pères</i> support worker, either before or after their stay or as an alternative to housing.</li> </ul>
PARENTAL SUPPORT	<ul style="list-style-type: none"> <li>- One service from the basket of services: Parenting skills workshop similar to <i>Avec Papa c'est différent</i> (With Dad It's Different), or any other service to support and develop parenting skills (these services may be provided by a partner organization)</li> <li>- Strong support for fathers seeking to reestablish contact with their children or strengthen their relationship (court accompaniment, information on rights, facilitation of visits with their children, etc.)</li> </ul>
SOCIAL ROOTS	<p>A living environment and activities or communal spaces aimed at preventing social alienation and isolation of fathers:</p> <ul style="list-style-type: none"> <li>- Internal: communal living spaces with at least a living room, dining room, and games room</li> <li>- External: play area and visiting space (courtyard, garden)</li> <li>- Social activities that promote family ties, fathers' ties with each other, and ties with other families</li> </ul> <p>Close collaboration with family organizations is strongly suggested (group dinner, theme evenings, leisure outings, volunteer work, etc.)</p>





## INTERVENTION PHILOSOPHY

### LIVING ENVIRONMENT

Our actions are based on the belief that health and personal development are closely linked to healthy interactions between people and their environment

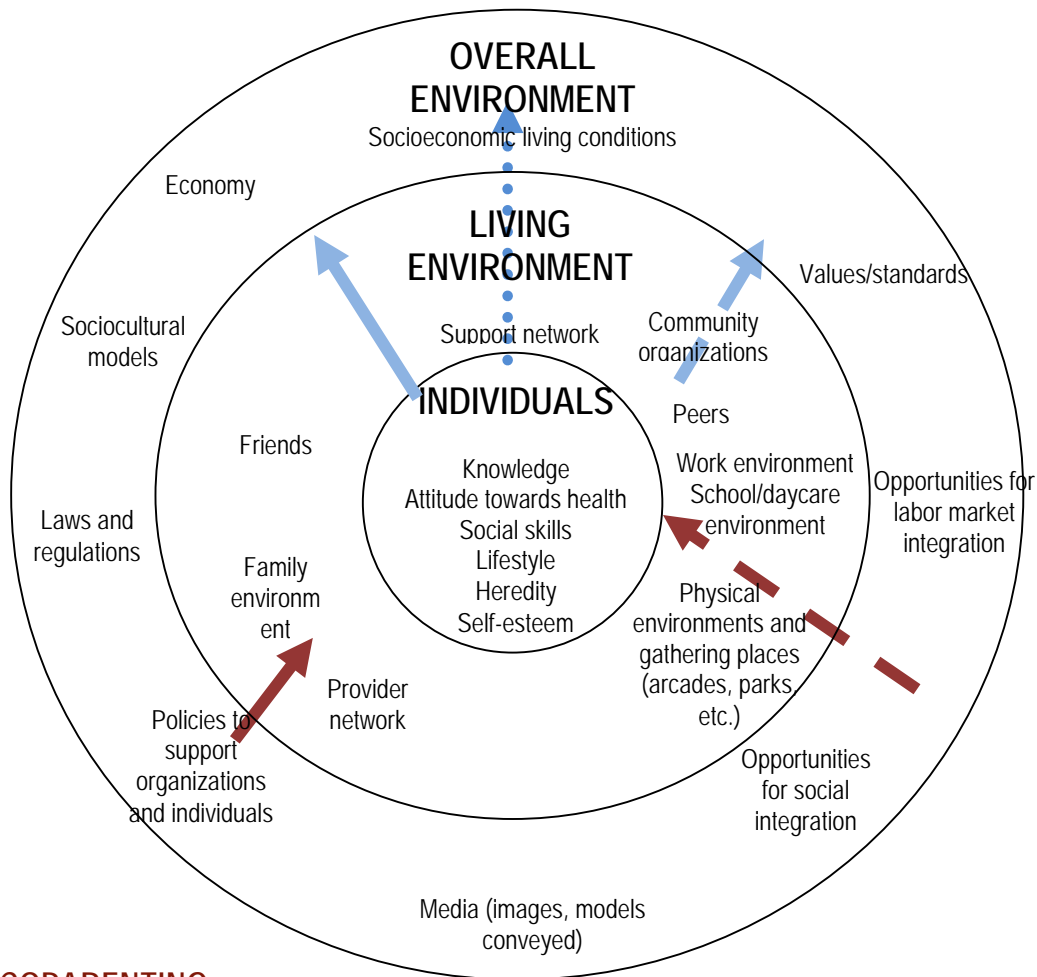
Since the creation of the first Maison Oxygène facility, community workers have understood the importance of a shared living environment as a tool for fathers to reconnect and strengthen their social roots. The notion of living environment—identified as the fourth pillar—is an important component of the family support process because it encourages the social integration of fathers who pass through a Maison Oxygène facility and significantly prevents their social isolation and alienation. Geographical proximity and close collaboration with a family organization are priorities. Fathers meet with local families and have the opportunity to connect and participate in a range of recreational, public education, and volunteer activities, all of which help to motivate them and restore meaning to their lives.

The notion of living environment also extends to Maison Oxygène facilities themselves in the form of shared spaces (kitchen, dining room, living room, playground) and regular group activities (collective dinners, themed evenings, cooking together). In addition, Maison Oxygène teams are deliberately made up of both men and women, to keep residents exposed to a normal environment.

Philosophie d'intervention



## THE ECOLOGICAL MODEL AS A BACKDROP



Intervention philosophy

## COPARENTING

Maison Oxygène is driven by the firm belief that having both parents involved in a child's development is a great asset and a winning combination. The following principles are therefore essential:

- Recognize the unique and complementary contributions of both fathers and mothers to children's development and growth
- Believe in men's ability to parent their children
- Encourage cooperative coparenting

## MAINTAIN AND STRENGTHEN THE FATHER-CHILD BOND

One of Maison Oxygène's main objectives is to maintain or strengthen the father-child bond. This objective is central to the organization's actions. Naturally, children are welcome at Maison Oxygène. They'll encounter a stable and safe living environment where both fathers and children have the opportunity to create new relationships. Dads are encouraged to consolidate their parenting skills and acquire new ones. Everyone benefits from a variety of parenting support within the organization, such as contact with other fathers and their children and daily caseworker interaction with residents and children.



### ABOVE AND BEYOND APPROACHES: COMPASSION AND COMMITMENT

The relationship between caseworkers and residents is based on simplicity and a compassionate approach. The team always seeks to welcome residents as they are, without judging their lifestyle or the family difficulties they're facing. Caseworkers' personal expertise and skills support the approach of empowering fathers and **developing their self-reliance**.

Caseworkers' involvement with families is largely based on the idea of *doing things together*: breakthroughs often happen outside the office, when caseworkers are supporting families as they go about their day.

### A MALE PERSPECTIVE INFLUENCED BY MASCULINE TRAITS

The caseworkers at Maison Oxygène are trained to work with men whose understanding of masculinity is often at odds with their needs. Anyone who wants to help fathers experiencing difficulties must have a good understanding of the different dimensions and issues surrounding men's physical, psychological, and social health. This section highlights some of the characteristics of *traditional men* and suggests ways to adapt interventions to their reality. It's important to keep in mind:

*"...that working with men requires nuance, because there are many differences among the male population, even though men feel certain pressures to conform to models." (G. Tremblay, P. L'Heureux – 2002).*

The following paragraphs touch on points that caseworkers should consider when working with male clients.

#### The pitfalls of socialization

*"Not only are men socialized to just push through things, to 'grin and bear it' as they say, but the services offered to the population are determined by the idea of an ideal client with 'feminine characteristics.'" (Dulac - Aider les hommes...aussi - 2002).*

This quote summarizes the complexity of working with men: men often have difficulty recognizing they're in trouble or are reluctant to take control of their health, available services reflect a lack of awareness of the difficulties men face, and providers are unaware of more helpful intervention strategies.

The following table illustrates the link between the messages men still receive today and their impact on the attitudes and behaviors of many men in managing their overall health.

Social messages with far-reaching consequences	Effects on men's behaviors	Effects on their health
<p>The "man cold."</p> <p><i>You're not going to cry over that!</i></p> <p><i>Men are built strong! Men don't complain!</i></p> <p><i>A man who complains isn't a real man.</i></p> <p><i>Men are supposed to protect, not be protected!</i></p> <p><i>Gay men aren't real men.</i></p>	<p>I'm not going to complain.</p> <p>I'm not going to say anything if I'm not alright. Negation = I'll pretend nothing's wrong.</p> <p>Physical injuries are <i>manly</i> and can be shown as badges of honor.</p> <p>I just grin and bear it and suffer in silence.</p> <p>I won't see a doctor unless I can't handle it on my own anymore. Risky behavior: I practice extreme sports, and that includes my health.</p> <p>I avoid showing people the real me.</p>	<p>Reflexive deficit (I'm numb to the signs my body is trying to send me). I wait until it really needs attention.</p> <p>Care is often more invasive and more expensive.</p> <p>I experience shame, loneliness, and depression.</p>

Largely inspired by the article *Maux d'hommes* by G. Dulac



*"Assistance (as traditionally provided) requires patients to access their emotions, talk about injuries and vulnerability, and agree to rely on someone else. For all these reasons, these notions are associated with femininity. For many men, this threatens their manhood." - G. Dulac (Aider les hommes...aussi - 2001)*

## The path to asking for help and helping attitudes

Before recognizing that they need help and taking action, “traditional men” will go through different stages:

Men’s perceptions and steps in the process	Traditionally masculine standards and values suggest	Classic male reactions	Helpful intervention attitude
There’s no problem.	<ul style="list-style-type: none"> <li>Acknowledging that you’re having trouble is a sign of weakness.</li> </ul>	<ul style="list-style-type: none"> <li>Tendency to deny he’s having trouble or needs help.</li> <li>Socialization acts as a filter that alters his ability to detect signs about his health (learned to ignore warning signs). → Biased perception of his actual health.</li> <li>Tendency to adopt avoidance behaviors and put himself and others at risk.</li> </ul>	<p>Create trust by:</p> <ul style="list-style-type: none"> <li>Recognizing and validating any feeling related to the experience</li> <li>Understanding that men have a more direct way of saying things that sometimes comes across as clumsy or aggressive</li> <li>Showing men that the facilitator is competent (because they want to be well-equipped) → you must be well-prepared and know the case</li> </ul>
It’s not that bad, it’ll pass.	<ul style="list-style-type: none"> <li>When the construction industry is thriving, everything is thriving; it can’t go wrong as long as I’m working.</li> <li>Reinforced by social messages like “it’s a man cold.”</li> </ul>	<ul style="list-style-type: none"> <li>Even more convinced that it’s better to keep quiet and act as if nothing is wrong.</li> </ul>	<ul style="list-style-type: none"> <li>Making men feel <b>they’re in control of the process; they want to understand.</b> Example: Get them involved in researching information and presentations</li> </ul>
I’ll take care of it myself.	<ul style="list-style-type: none"> <li>Accepting help is an admission of helplessness.</li> <li>Accepting help is acknowledging you’ve lost control; it’s a personal failure.</li> <li>Wait until the last minute, until there’s a crisis.</li> </ul>	<ul style="list-style-type: none"> <li>Tendency to minimize the gravity of a situation.</li> <li>Desire to handle things on their own.</li> <li>Likely to socially isolate themselves.</li> </ul>	

People's perceptions and process steps	Traditionally masculine standards and values suggest	Classic male reactions	Helpful intervention attitude
<p>Someone help me or I'm going to lose it.</p>	<p><i>This has to work! I'm ashamed enough to ask!</i></p>	<ul style="list-style-type: none"> <li>☉ Tendency to seek support from a spouse before asking anyone else because it's less threatening. Otherwise, men panic and tend to make careless choices.</li> <li>☉ Guys view going to the clinic like taking their car to the garage: they want to replace defective parts, period. (<i>L'Actualité</i> 2002).</li> <li>☉ Tendency to seek instrumental help: <i>tell me what to do and I'll do it myself.</i></li> <li>☉ Notion of urgency because they waited too long.</li> <li>☉ Likely to be satisfied with an offer that focuses solely on alleviating the symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>☉ Suggest something concrete and actionable</li> <li>☉ Remain upbeat, use humor, analogies, allegories, anecdotes, etc.</li> <li>☉ Encourage pairing up with someone (buddy system)</li> <li>☉ Use videos and film clips</li> <li>☉ Speak their language: refer to things they're interested in</li> <li>☉ Provide concrete information</li> </ul> <p>Some key words and phrases:</p> <ul style="list-style-type: none"> <li>☉ <i>What do you do to...</i></li> <li>☉ <i>How could you handle it differently?</i></li> <li>☉ Note: men tend to be competitive = use this energy to encourage collaborative competition.</li> <li>☉ Establish a climate of trust between participants and facilitators (see <i>Aider les hommes...aussi</i>, p.158).</li> <li>☉ Validate their feelings of suffering to help break through the wall of isolation they've built around themselves.</li> <li>☉ Don't minimize their experience by making jokes.</li> <li>☉ Be careful not to fall into the trap of prescribing something that will only temporarily relieve the symptom.</li> </ul>



### III-adapted traditional therapy

Differences between the demands of traditional therapy and the demands imposed by the standards of traditional masculinity:

Competing demands Brooks (1998)	
Demands of seeking help	Demands of masculinity
Talk about your private life	Hide your private life
Give up control	Keep control
Establish non-sexual intimacy	Sexualize intimacy
Show your weakness	Show your strength
Experience shame	Express your pride
Be vulnerable	Be invincible
Seek help	Be independent
Show emotion	Be stoic
Be introspective	Act and do
Address interpersonal conflicts	Avoid conflicts
Cope with pain and suffering	Deny pain and suffering
Recognize your failures	Persist indefinitely
Admit your ignorance	Pretend to know everything

Approaches

### An approach that takes into account men's current realities

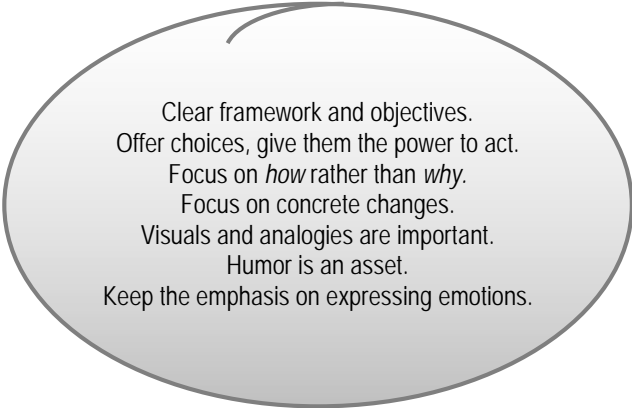
The following excerpt from an article (G. Tremblay and P. L'Heureux - 2002) offers suggestions on how to approach interventions with fathers in trouble:

*We know that male socialization encourages a desire for power and control. Traditional men who seek help feel more vulnerable and may try to regain control of the situation by acting or behaving more aggressively. To handle such reactions, make sure to restore the client's power by giving them choices or alternatives. He needs to feel like he's in control of his destiny, that he's recognized as being in charge of his life, and that we're ready to support him in this.*

*Traditional men—Marlboro Men (Shay and Maltas, 1998), and John Waynes (Tremblay, 2001)—behave practically and have clear and precise objectives (Dulac, 1999; Shay et Maltas, 1998; Tremblay, 1989, 1996). These men need to know where they're going. They need to feel like there's a structure, a framework. This is an important factor for trusting (or mistrusting) a caseworker, who will come across as an*

expert (or not). The framework can take the form of a clear contract: we will work on this point over X meetings at a rate of X meetings per week at a specific time of day.

Men are focused on doing and acting, so they want to feel like the help they're getting is based on practical and concrete changes. It's also less threatening than feeling like they're always the center of discussions. Structured exercises should be used between and during meetings (Cadsky et al., 1996; Tremblay, 1996), and you should explain why you're doing them. Cadsky et al. (1996) recommend limiting the use of assessment tools such as questionnaires. However, questionnaires can sometimes be used in a playful way as tools for greater self-awareness. More dynamic, hands-on techniques can help promote self-expression, but shouldn't take away from the emphasis on emotions.



- Clear framework and objectives.
- Offer choices, give them the power to act.
- Focus on *how* rather than *why*.
- Focus on concrete changes.
- Visuals and analogies are important.
- Humor is an asset.
- Keep the emphasis on expressing emotions.

## Solution-focused approach

This approach is well-suited for working with men because rather than focusing on analyzing difficulties, it centers on finding solutions and taking action.

Solution-focused brief therapy is an approach that builds on the work of Milton Erickson and Gregory Bateson. In the early 1980s, Steve De Shazer, the main author of this approach, disassociated himself from the Palo Alto School's brief therapy because it was too focused on solving the client's problems.

The main tenants of solution-focused therapy are as follows:

- Focus on what you can change and solutions and skills rather than pathology
- You don't need to know the cause or function of the symptom to resolve it
- Quickly changing and resolving problems is possible. In fact, change is inevitable

### More information?

For more information on the solution-focused approach, go to:  
<http://www.inctb.net/ressourcestos.htm>

It's important to encourage the individual to "do something." We need to find a way to encourage and bring about positive change. The focus is not on the past but rather on the future, on the desired change. People are motivated to change, but they may not agree with the therapist's ideas about how to change. They're looking for solutions they feel are most helpful or useful to them. The symptom is never there 24/7 at maximum intensity. There are always exceptions to the problem. The label of "symptom" is arbitrary and depends on the context and interpretation.

## Salutogenesis

According to Wikipedia, *salutogenesis* is a term coined by medical sociologist Aaron Antonovsky to describe an approach focusing on factors that support health and well-being (physical, mental, social, etc.), rather than studying the factors that cause disease (pathogenesis).

Excerpt from the research report *Perceptions des hommes québécois de leurs besoins psychosociaux et de santé - 2014* (in French only):

*This approach is centered on men's strengths and competencies. More specifically, it approaches health from a positive perspective by looking at the factors and resources that maintain and improve health, rather than disease and risk factors (Antonovsky, 1979, 1987). According to this approach, men's strengths can be important levers for intervention and health promotion (Macdonald, 2005). The aim isn't to try to "fix" men (Gutmann, 2007), but to develop healthy environments (Macdonald, 2005; 2012) that take into account the social determinants of health. The change in perspective brought about by salutogenesis has led to the development of positive approaches to health, such as resilience, boldness, empowerment, connectivity, and social capital. It differs from other approaches related to traditional masculinity, which focus more on men's deficiencies.*

The following section describes the best approaches and tactics to support the men who contact us.

### Information on the request for help and intervention with men

When fathers come to us for help, their situation is usually pretty serious: they're going through a major crisis and are feeling terribly alone. It's an emergency that requires rapid relief.

Since men are generally socialized to fend for themselves ("we aren't wimps") when they don't get what they want quickly, they're inclined to stop seeking help and rely only on themselves.

Lots of men have trouble controlling their emotions. When they're in crisis, the feeling of losing control of their life puts them in what they see as an unbearable situation. This may lead them to make quick and sometimes inappropriate decisions such as engaging in behaviors that put themselves or others at risk.

Many caseworkers aren't comfortable working with men who don't fit the traditional profile for a helping relationship. This unease creates insecurity and some caseworkers may want to refer the men as quickly as possible. That's when these men are referred to us.

### PRINCIPLES OF INTERVENTION

Any request for assistance **by a man or for a man** (e.g., referred by a partner) must be processed as soon as possible (immediately or within a few hours).

Help starts from the initial contact—caseworkers must provide a sufficiently satisfactory response to build the father's confidence and encourage him to take one more step.

If an external caseworker makes a request, we need to make sure the caseworker feels comfortable with the father.

We must help the lead caseworker by reassuring and equipping them, as *providing the lead caseworker with good service will also benefit the father.*

A follow-up call must be made to the father or the lead caseworker to ensure a connection is established between the father and the services.



## STEPS IN THE PROCESS

### ADVICE FOR USING THE FORMS:

All the forms suggested throughout the support process are based on years of experience at Maison Oxygène Montréal. However, they're still only tools to help you support the father as he implements his case plan.

### First contact: An extended hand

#### Spirit of the meeting

For the reasons mentioned above, the first contact is a key moment that deserves the caseworker's full attention. The challenge is to create a bond of trust that's strong enough to encourage the father to continue to the next step in his journey. It's about *taking them by the hand and leading them to the next ramp*.

#### Forms:

A1- *First contact* (paper or digital)

#### Goal

The objectives of the initial contact are as follows:

#### Extend a hand

- Provide minimal relief from distress and isolation
- Prevent acts of violence
- Offer concrete alternatives (give him tools he hadn't thought of)
- Reassure the father that we can help him
- Keep him moving forward

#### Make sure he's eligible for our services

- Collect factual information to assess whether we are the resource that can help him in the medium term.

#### Support or refer

- Give the father clear guidance about what will happen following his request (interview, referral with follow-up, external follow-up, etc.) and initiate the next step.

#### Content

The first contact interview is often conducted by phone. It usually lasts about 20 minutes, sometimes more. The call is first and foremost a front-line intervention based on active listening. During the conversation the caseworker uses the first contact form to record useful information for a possible interview. Caseworkers systematically screen for suicidal or homicidal ideation during the interview.

The first contact meeting and all other meetings and interventions carried out by caseworkers must be consistent with the facility's values and the spirit of Maison Oxygène. The caseworker must be open with the candidate during the meeting and stress his value and positive accomplishments.

Extend a hand  
Soothe  
Advise  
Support

Support

## Conclusion and follow-up

Immediately get the father actively involved by showing him his real options for improving his situation. Following the first contact, the caseworker must:

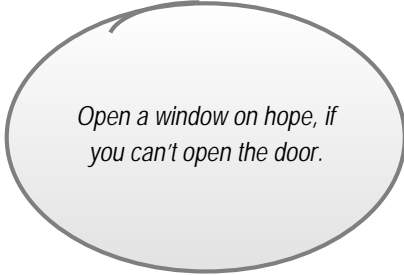
- Be convinced that the father is relatively calm and feels less alone
- Have proposed practical options (clear referral, scheduled an appointment quickly, etc.)

### Candidate meets the facility's criteria

If it seems like Maison Oxygène can accommodate him, make an appointment as soon as possible for an orientation/assessment interview. Depending on the case, the work team may verify the decision to invite a candidate to an eligibility interview. Depending on the urgency of the situation and the space available, the time between an eligible candidate's first contact and his entry into Maison Oxygène can be anywhere from two days to one month.

### Candidate does not meet the facility's criteria

If he cannot stay at Maison Oxygène, you can offer external follow-up and suggest an interview date, or refer him to a facility that can help him. Encourage him to keep in contact with us and update us on his progress. If necessary and if the father agrees, contact the referral facility to tell them about our interaction with the father to facilitate the introduction. Contact the father afterwards to make sure the handoff goes smoothly.



*Open a window on hope, if  
you can't open the door.*

### First contact with another caseworker

Often other caseworkers (from the CLSC, DYP, or other organizations) call Maison Oxygène to obtain information or help for men who come to them. When that happens we must **take care of the caseworker**, listen to their needs, and equip them so they can in turn support their clients. This indirectly helps the men in need. We must also fill out a first contact form for statistical and follow-up purposes.

## Orientation/assessment interview

### Prerequisites

When someone applies for housing, the orientation/assessment interview is ideally conducted by two people who have read the *first contact form in advance*. If necessary, they can speak with the caseworker who made the initial contact to identify issues they should focus on during the interview. They must also know how many rooms are currently available or when the next rooms will become available.

### Spirit of the meeting

Meetings are conducted in accordance with Maison Oxygène values. The caseworker must be open with the candidate and stress his value and positive accomplishments. The caseworker should be welcoming while remaining honest and non-judgmental.

### Goal

The purpose of the interview is to clarify the father's needs and profile in order to more precisely identify the type of assistance we can provide: housing, external follow-up, or a referral.

### Content

This interview is intended for fathers who, at the time of contact, seem to be a good fit for housing or who could benefit from external follow-up. We use the in-person meeting with the father to clarify our understanding of his situation, better identify certain aspects of his profile, and determine what can realistically be done during his stay. If the father requests housing, caseworkers will carry out an initial assessment using the eligibility criteria.

### Conclusion of the meeting and guidance

This interview backs up the information gathered during the first contact and should help the team make an informed decision about the candidate's eligibility for housing.

**Note: Priority is given to homeless candidates with children.**

**Form:**

A2 – Assessment interview

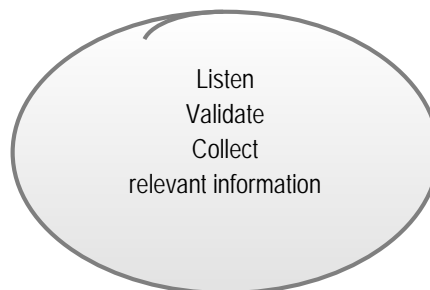
If housing is being considered:

A3 – Information sharing authorization

A4 – Eligibility indicators

A9 – Code of living – Excerpt

Support





## Decision

The decision to accept or refuse to admit a family is made as a team. Having the team verify the decision allows us to take a step back after meeting the candidate to avoid making a hasty decision. In addition, discussing with our peers and hearing their diverse expert opinions helps us look at the situation from all angles. This is also the point when we can confirm the father will be compatible with current residents. Caseworkers use the eligibility indicators form and all relevant information.

### Candidate does not meet the facility's criteria for housing

At the end of the orientation/assessment interview, the father may not be eligible for housing.

If the caseworker believes the father doesn't meet the criteria or that it's not a good idea for him to stay at Maison Oxygène, we must offer him alternatives, find or help find an appropriate facility, and follow up to make sure he isn't left on his own again. Get the father actively involved by showing him his real options for improving his situation. If the father agrees to external follow-up, one of the caseworkers will be put in charge of it. All this can be achieved with support.

### Candidate meets the facility's criteria for housing

To be carried out on site:

- Have the father fill out and sign the information-sharing authorization form
- Give him a tour of the home
- Give him the excerpt of Maison Oxygène's code of living (A9) and explain the main points
- Tell the father his request will be reviewed by the team and he will get an answer very soon.

### Validation of information

If deemed necessary, check the information provided by the father with the relevant authorities or individuals (other caseworkers at the facility, the father's employer, family, etc.) to make sure the information you have is objective. A criminal record check might be a good idea.

### Inform the candidate

- If the father is accepted for housing, the lead caseworker will inform him, make the arrangements for his admission, and ideally be present to help facilitate his arrival.
- If the team decides accommodation is not possible, the caseworker will contact the father again to let him know and talk through other solutions with him.

### If no space is currently available

- Inform the father he is accepted and give him an approximate date when space will become available.
- Ask the father to call us regularly to check on availability. This procedure also makes sure the father is motivated.
- Work with the father to find ways to stabilize his and his children's situation while they wait to be admitted. Consider external follow-up in the meantime
- If there is a long wait time, get the candidate actively involved to help find lasting solutions for his difficulties and ensure follow-up.

### Lead caseworker

At this stage, the team designates a lead caseworker to follow up with the future resident and handle the logistics of his arrival. While the guidelines and important decisions are made as a team (see Teamwork, page 46), the resident's case plan is handled by the lead caseworker; a second caseworker may also be designated to support or replace the lead caseworker.

The lead caseworker is chosen according to caseworker availability and expertise, but the needs and personality of the father are also taken into account.

The lead caseworker is a bit like an air traffic controller: they ensure that the resident's flight travels smoothly along the established flight plan. They are the first responder for the family and are responsible for assessing the family's needs and implementing the guidelines the team decided on. They are the link with other caseworkers and external resources.



## LIVING AT MAISON OXYGÈNE

Staying at Maison Oxygène helps fathers regain their footing in their lives in a safe environment. It's also an opportunity to strengthen their relationship with their children or take steps to reconnect with them.

During their stay at Maison Oxygène, fathers must keep their hands on the wheel: They're responsible for staying on track to reach their case plan objectives. That way they're in charge of and accountable for the path they take.

Families are independent in the way they manage their daily lives: Everyone is responsible for their own livelihood. Maison Oxygène has various tools to provide families with material support: income-adjusted financial contribution, food assistance and transit passes as needed, a group kitchen, etc.

At Maison Oxygène, each family has a room with several beds, a closet, a refrigerator, a set of dishes, and a storage space for their food. The rest of the home consists of common rooms: a kitchen, dining room, living room, bathroom, and patio, which the residents must share. For many men, this is an opportunity to learn to live in a community and requires them to obey certain basic rules. A code of living has been created to explain this (see appendix).



## Acceptance criteria for housing

A father's eligibility for accommodation at the facility is based on three key factors:

- An identified need for housing
- The father's clear desire and willingness to strengthen or re-establish contact with his children
- An identified need for psychosocial or family support

The need for housing alone is not enough, except in the following situation:

At the time of the request, the father is with his child, his material circumstances mean he would be living on the street without immediate help, and he is compatible with the other residents. In all cases, this type of accommodation is intended for exceptional, emergency situations and is meant to be a short-term solution (one to two weeks).

It's important to be vigilant. A rushed intake carries risks, both to residents' safety and the facility's ability to meet needs, and requires sustained attention and action.

### Other eligibility indicators

- The father must not have a current drug or alcohol abuse problem or must be actively working to overcome it. Regardless of his situation, he must be clean and sober
- His behavior must be compatible with group living and having children around
- His psychological or mental health must seem compatible with the facility's ability to accommodate him
- The father must adhere to the code of living and agree to obey Maison Oxygène's rules

To make the decision easier, team members can use the "*Housing eligibility indicators*" form in Appendix A4.





## Preparing for the arrival of the family

See *How to admit new residents*

Preparing for the arrival of a resident includes:

- Agreeing on the arrival date and making sure a caseworker is there to admit him
- Preparing the room:  
Make sure the room and refrigerator are cleaned, that all furniture is inspected (check for items forgotten by former residents in furniture, behind desks, or under mattresses), and that the furniture or room is repaired if there is any damage.  
  
Use the steamer to get rid of any bedbugs in the room and examine the furniture and mattresses
- Preparing the welcome kit for the father and children:  
Hygiene products  
Bedding  
House keys  
Grocery voucher (see material assistance policy)
- Forms to be completed:  
Preparing the resident's file with the completed forms and the ones that need to be completed during the first week

### PLEASE NOTE:

For safety and observation reasons, avoid admitting new residents when there is reduced staff on site (weekends and Fridays).

### To be completed when the resident arrives:

Paper or digital:

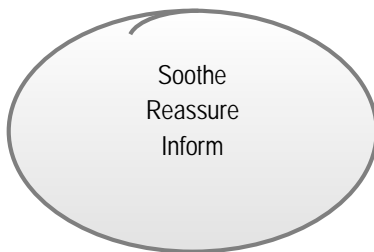
- A5 - Identification for admission
- A6 - Contacts
- A7 - Attestation of residence
- A8 - Photography – search policy – keys – disposal of personal belongings
- A10 - Code of living (signed and returned)

## Decompression - breathing room - welcome

### Welcome meeting

When fathers arrive, they're often overwhelmed by all kinds of mixed emotions: relief, shame, sadness, anger. Their material and financial situation as well as their physical health are often very precarious. They need to be welcomed warmly and reassuringly.

A new resident's arrival is a critical moment in his stay. As soon as they arrive, the father and children should feel safe, cared for, and like they can trust us. After experiencing an intense period of stress and insecurity, they enter a Maison Oxygène to **get space to breathe** and regain control of their lives.



A well-prepared welcome leads to a good stay:

- Prepared
- Personalized
- Clear instructions and information

## First day

The integration of a new resident and his children starts the day they arrive. Caseworkers will ensure the following tasks are completed:

- Carry out the bedbug prevention procedure (see chapter on this subject)
- Complete the A5 admission form and all other required forms (see insert listing forms to be completed on arrival)
- Complete the A7 attestation of residence, which helps some fathers get increased social assistance because they are in housing or if they are victims of domestic violence
- Give the father keys to the facility and the room (remember to collect a deposit, both to ensure the keys are returned at the end of the stay and to repair the room), unless the facility has electronic locks
- Remind new residents of the rules of community life: use the time during the bedbug procedure to go over the code of living and ask the father to read it
- Give them an in-depth tour of Maison Oxygène
- Introduce them to other residents and current staff
- Make sure the family has something to eat
- Give them the facility's phone number
- Prevent the tendency towards isolation by encouraging them to use the common spaces, while respecting their privacy
- Invite the new resident to take his time settling in and reassure him by telling him when you'll see him again tomorrow

**To be completed when the resident arrives:**

Paper or digital:

A5 - Identification for admission  
 A6 - Contacts  
 A7 - Attestation of residence  
 A8 - Photography – search policy – keys  
 – disposal of personal belongings  
 A10 - Code of living (signed and

## Second day

The caseworker establishes good communication with the resident by:

- Making sure his integration is going well
- Identifying any emergencies related to his situation and initiating the steps to deal with them
- Filling out forms if it hasn't been done

## First week

Remember that the resident has just experienced a lot of stress and often has to take in a lot of information quickly. If necessary, repeat the information so the resident can integrate successfully, and respond to any needs he expresses to the best of your ability.

- Meet with the father as soon as possible to start developing a case plan
- Have the father complete and sign any remaining documents

Give the father all relevant information on helping his children integrate:

- Daycare center
- Father/child activities
- Early childhood centers (CPEs), schools
- Children's homes, etc.

## Conclusion

Properly integrating a resident is the best way to guarantee a successful stay. After about ten days, the new resident is usually calmer, more level-headed, and better able to cope with his issues.

## Rebuilding phase

Stays at Maison Oxygène vary in length depending on each situation, but they are always temporary (a few months). Objectives identified in the case plan must therefore be realistic, aim to resolve the emergency situation (or at least stabilize it), and provide the resident with the basic tools to continue his journey. Depending on availability, our second-stage facility, Maison Oxygène Second Souffle, helps residents consolidate what they've learned. Otherwise, residents can receive external follow-up for as long as they need.

The following can guide caseworkers in their support work:

A resident's stay should help him:

- Regain a certain level-headedness in his life
- Consider what his future will look like as a man **and** as a father
- Identify and put into motion strategies to carry out his plans
- Better understand the personal resources at his disposal, as well as the network's resources

In addition to the above, a resident's stay should help him:

- Build or strengthen his bond with his children
- Improve or consolidate his parenting and social skills
- Find housing for him and his family

## Prerequisites

Before working on his case plan, the resident should:

- Be effectively integrated
- Build a significant relationship of trust with caseworkers
- Provide the information necessary for caseworkers to understand his situation
- Take the necessary steps to deal with his personal and family emergencies, with support from caseworkers. In some difficult cases, these steps themselves may be the case plan



## Creating a case plan

Starting the second week, the lead caseworker will meet with the resident to create his case plan. You should take all the time the needed for this important step. This meeting can be done in two parts if need be.

## Spirit of the meeting

The case plan must take into account the resident's perceptions of his situation and build on his strengths, abilities, and potential. The objectives identified must be realistic. The path to achieving the objectives will probably not be linear. The resident has the right to make mistakes and progress at his own pace. However, he needs to be aware of the personal implications of his choices and motivated to get involved in the process.

## Objectives

The case plan meeting should help the resident:

- Get a realistic picture of his current situation both as a parent and personally
- Identify the things he needs to work on during his stay
- Establish priorities
- Identify steps to take

The case plan stage is crucial because it provides a framework for the resident's stay. The plan is never static. It must be adapted to the complex situations residents experience as they progress. However, two things remain constant: **the father's relationship with his children** and **the search for a place to live**.

The case plan may evolve or change for various reasons, but it always revolves around the objectives mentioned above. An example of something that would lead to a change in the case plan: the caseworker detects, during the resident's stay, a mental health problem that could partially explain why the resident has trouble carrying out his case plan. With the caseworker's help, the resident can focus his energy on dealing with this issue first. See the chapter on partnerships for more information. The caseworker's primary job is to help the resident identify things he wants to work on, but it's just as important to encourage him to make realistic choices.

To report on the father's progress, we recommend you use a scale from 1 to 10 or another assessment or tool or thermometer to determine the father's status when the case plan is created and at the end of his stay. This simple method makes it easier to better assess how the father feels about various aspects of his life.

## Content

Here are some things that should come up during the interview:

- Specific objectives based on the resident's realistic understanding of his situation
- Objectives related to the well-being of his children and strengthening of the father-child relationship
- Tools to achieve the objectives and address the difficulties that will come up during the process
- Things that will help the resident take immediate action to achieve his objectives

**Note:** Case plan follow-up will be through weekly meetings with the lead caseworker. Meeting dates and times must be set ahead of time.

### Form:

Paper or digital:

*B1 - Checklist of steps to take*

*B2 - Resident agreement*

*B3 - Case plan*

## Routines

Establishing a daily rhythm and regular activities at key times of the day are important factors in helping fathers and children regain control of their lives.

Establishing some form of routine provides support for fathers and children staying at a Maison Oxygène facility and is key to helping fathers parent their children. We know that children need security and that means a regular schedule for meals, homework, baths, bedtime, and so on, as well as the regular presence of a significant adult in their lives.

When a routine is working, it is comforting to children and also good for their father. A father who is going through a rough patch often feels insecure about his future and doesn't always know how to act around his child or when to get involved.

That's why it is so important to create a safe and welcoming space for them to live in. Establishing a routine becomes a powerful means of support. In order to establish a routine, caseworkers should regularly be present at key times of the day:

### ☉ Morning:

- **Read the logbook:** As soon as caseworkers arrive so they can quickly catch up on any recent events.
- **Presence in the facility:** Creates a welcoming environment and encourages residents to get moving, helps the father establish a routine for himself and his children, ensures someone is there to listen and immediately provide support.
- **Wake-up time:** We strongly recommend setting a weekday wake-up time for all residents (unless they work nights or are sick, and except for holidays) so that they can get up and get on with their day.
- **Room check:** to make sure everyone is up
- **TV:** To encourage fathers to get moving, we recommend they not be allowed to watch TV in the morning.

### ☉ Evening:

Having caseworkers on site in the late afternoon and evening is important to support fathers as they parent their children when they return from school or daycare, then at dinner and bedtime.

### ☉ Nighttime:

Once the children are in bed, or on weekends if they're staying with another guardian and the father is on his own, having a caseworker around can be reassuring—this is often the time when fathers will open up.

- **Curfew:** Set a time when residents must be back at the facility and quiet hours begin, regardless of whether or not they have their children with them.

## Meetings and weekly follow-up

Caseworkers see residents informally every day or in a more formal setting if needed. Caseworkers hold weekly follow-up meetings with residents throughout their stay. Meetings are carried out using the form created for this purpose. It's a chance for the resident to talk about any issues he has during his stay related to his progress or living communally with other fathers.

## Objectives

RMO/Information Guide/January 2019 Version

The purpose of these meetings is to help the resident stay on top of his objectives and to identify any corrective measures needed to carry out his plan.

### Content

Given the complex situations most residents experience, weekly follow-up meetings are important because they:

- Go over steps taken during the week
- Prioritize steps to be taken in the coming week
- Refocus the resident's energy on important aspects of his case plan

The meeting also includes:

- The action plan for the coming week
- Follow-up on the resident's financial position
- Any other questions that come out of the lead caseworker's observations or the resident's concerns
- The date of the next weekly follow-up meeting

## ASSESSMENT OF THE DEGREE OF SELF-SUFFICIENCY AND SUPPORT PROCESS

The team's ability to quickly identify the strengths and challenges fathers face is a key part of the support process.

To help the team determine the best type of support for the resident and make the most of his stay, Pierre L'Heureux, an adult educator and supervisor at Maison Oxygène Montréal, has developed tools tailored to the needs of Maison Oxygène teams.

Teams use these tools during weekly meetings starting the second week after the resident arrives to quickly identify the resident's profile and the type of support to provide. Periodic assessments during the resident's stay are used to adapt the type of support and track the resident's progress.

Réseau Maisons Oxygène provides training and supervision sessions to help teams integrate these tools into their practice.

#### Form:

- B4 - Orientation/assessment table - PL*
- B5 - Assessment table for independence and need for support - PL*
- B6 - Assessment table - weighting - PL*

## PREPARING FOR DEPARTURE

### Prerequisite

Caseworkers begin preparing for a resident's departure as soon as he arrives at Maison Oxygène. At minimum, the caseworker's goal is to stabilize the resident and provide him with basic tools. We're aware that a three-month stay at Maison Oxygène isn't always enough and that the resident may require a longer stay at a second-stage facility to consolidate what he's learned. The challenge for the Maison Oxygène team is to provide the father with space to breathe so he can see his situation and his future more objectively and start making significant changes.

Caseworkers begin preparing for a resident's departure three to four weeks before his departure date. The resident should be better equipped and more confident that he can achieving the objectives he's working towards. During his stay, he will have created a network that helped him break out of his isolation. He can rely on that network after he leaves. Childcare arrangements will have been made and he's had the opportunity to strengthen his bond with his children and gain confidence in his parenting skills.

### Spirit of the meeting

The resident should feel safe and valued by the time of his departure. When he leaves Maison Oxygène, he will be equipped with new tools to help him continue his journey more independently. However, he should remain realistic and aware of the challenges ahead. Caseworkers should summarize the highlights of the resident's stay and the new skills he's acquired as they relate to his case plan.

### Content

Pre-departure preparation procedures are integrated into the weekly follow-up meetings. They include:

- ④ Making sure the resident is aware of how important his network is so he will continue making progress after his departure
- ④ Agreeing on the anticipated departure date and regularly reminding the resident of the date
- ④ Helping the resident look for housing
- ④ Organizing the move and helping the resident find furniture
- ④ Making up the departure toolkit and finding furniture and other essentials for the resident and his children
- ④ Financial planning
- ④ Helping the resident manage his children's needs: school; school, family, or other daycare; etc.
- ④ Referring and guiding residents to other facilities if deemed relevant

### Case plan record

The resident's departure (or the end of follow-up) is as important as his arrival: It's an opportunity to take stock of things, look back at how far he's come, and underscore his changes and achievements so he can build on them in the future. It's an opportunity to draw a realistic picture of what remains to be done. Special attention should be paid to this stage. The record is based on the case plan (or follow-up) and includes feedback on the objectives and results.

#### Form:

*B7 - Case plan record*  
*B8 - Service assessment*

## Content

### *Form B7 - Case plan record:*

Based on the case plan (follow-up), the case plan record (follow-up) should include the objectives the resident worked on. Go over the results with him.

Going over the “assessment table for independence and need for support” with the resident should help caseworkers fine-tune the record.

At the end of the assessment, the resident should have a better idea of how far he’s come and what he still needs to do to achieve the objectives he’s been working on at Maison Oxygène.

### *Form B8 - Service assessment:*

Secondly, give the resident the service assessment form for him to complete on his own.

## Departure

The departure period is the last week of the father’s stay.

### Prerequisite

The resident must be aware that he’ll be leaving soon and must be actively involved in the preparations for his departure. To get the resident more motivated, caseworkers can again point to the highlights of the resident’s stay and the new skills he’s acquired through his case plan. Children need to be reassured that the departure will go smoothly and, depending on their age, can be involved in the preparations.

### Evaluation

Before leaving, the resident is asked to a meeting to evaluate his stay. The evaluation includes:

- What did he get out of his stay?
- What positive experiences did he have during his stay?
- How has his relationship with his children evolved during his stay?
- What things could he improve?
- How does he feel better equipped? What does he still have to improve?

An evaluation meeting can also be held with the children. Depending on their age, the meeting can be a discussion or a drawing session. Children must also feel valued and be reassured about their departure.

The resident must leave the room and refrigerator in the same condition as when he arrived. He needs to return the keys to his room to get his deposit back. After the resident leaves, the team makes sure the room, cabinets, and refrigerator have been properly cleaned in preparation for the arrival of a new resident.

#### Forms:

*B7- Case plan record  
B8 - Service assessment*

## TEAMWORK AND PARTNERSHIPS

### Teamwork

Caseworkers' ability to work as a team is a cornerstone of the process with residents. Due to the nature and complexity of the fathers' situations, the problems they sometimes face simultaneously (mental health issues, addiction, homelessness, etc.), and the presence of children in the facility, caseworkers need to be on hand at all times and be able to effectively communicate with each other. The team uses a number of tools to maintain good communication:

- The primary communication tool is the **digital logbook**, where all the information that needs to be communicated to other caseworkers is recorded on a daily basis. To make the logbook easy to read and to avoid duplicate information, significant clinical information is recorded in the resident's file and only appears in the logbook as a note to refer to the resident's file. For example: *date, meeting with X (the resident), see note in his file, signature of the caseworker.*
- The **resident's file**: This is where all relevant information about the resident's progress is recorded, stored, and kept confidential. Réseau Maisons Oxygène database stores all data for statistical purposes and any clinical information that is deemed relevant.
- **Weekly meetings** are divided into two parts: the first covering organizational topics and miscellaneous information, and the second devoted to discussing clinical issues, monitoring residents' case plans, and reviewing new requests. Clinical guidelines are decided on as a team during the weekly meetings.
- **Reflection meetings**: These meetings are held as needed to reflect on possible or current directions.
- **Notice boards** make it easier for caseworkers to share information.

### Partnerships

Given the complex and increasingly diverse issues faced by a growing number of fathers in care, as well as Maison Oxygène's mission, the type of services offered, and the facility's material and human resources, building solid partnerships with specialized services and other housing resources is crucial. These partnerships are created in particular by participating in round tables.

The focus should be on agreements and partnerships with the following types of resources:

- **Accommodation**: Community organizations, cooperatives, Montreal's Office municipal d'habitation (municipal housing office), and specialized mental health, addiction, and other resources
- Facilitated access to **mental health services**: crisis centers, CSSS mental health access points
- **Legal**: Legal aid and agreements with law firms for counseling
- **Jobs and income security**: Carrefour Jeunesse Emploi, Centre Eureka (Montreal), Midi-Quarante, etc.
- **Direction de la protection de la jeunesse (Youth Protection Services)**

## A BASKET OF SERVICES

A Maison Oxygène facility is much more than just a roof over someone's head. In order to provide support adapted to the needs of fathers and their children based on the four pillars of intervention, the

facility must develop services and activities that are complementary to or offer an alternative to housing. Réseau Maisons Oxygène recommends two in particular:

### **AVEC PAPA C'EST DIFFÉRENT! (WITH DAD IT'S DIFFERENT!)**

“Avec papa c’est différent!” is an early stimulation program for fathers and their children. In 2014, Homme aide Manicouagan, an organization that supports Maison Oxygène Gens du Nord, and researchers from Université de Sherbrooke, Guadalupe Puentes-Newman, and Stéphanie Breton adapted the “Avec papa c’est différent!” program being offered in some CLSCs (12–24 months) for implementation in community environments. In addition, the caseworker team and researchers redesigned and reworked the program format by expanding both the age group (0–5 years) and adding siblings, allowing fathers to bring all their children from the target age group.

The program consists of a series of workshops for fathers and their children that is specifically adapted for the clientele of Maisons Oxygène, making it part of the Maisons Oxygène basket of services. Réseau Maisons Oxygène supports teams who would like to implement the program within their organizations.

The “Avec papa c’est différent!” program helps fathers:

- Better understand the characteristics of their child or children
- Better understand the main stages of child development
- Recognize and better respond to their children's signals (pleasure/displeasure, well-being/distress, caution/recklessness)
- Maintain/develop/consolidate their parenting skills, enjoy parenting, and gain confidence in their abilities
- Learn about their role as a father and fulfill that role for their child or children
- Develop and intensify the bond with their child or children
- Socialize, break their isolation, and learn what resources are available in their environment

The “Avec papa c’est différent!” program helps children:

- Develop their relationship with their father
- Develop confidence in their exploratory skills
- Build trust in their father's ability to protect them
- Work on controlling their emotions and other skills necessary for their development

### **OUTSIDE SUPPORT**

The services of a Maison Oxygène facility aren't limited to housing and supporting the families they serve—quite the contrary.

Facilities can provide support for families before and during their stay, follow up with them afterwards, or provide support as an alternative to housing.

Post-housing follow-up can take different forms:

- Inviting the former resident to take part in activities and outings organized by the Maison Oxygène facility or in partnership with other resources
- Offering support as needed as well as occasional follow-up phone calls from the lead caseworker and, of course, informally when the former resident visits

Activities organized for former residents are great opportunities for fathers to maintain and develop the social network they built during their stay and to quickly identify any difficulties they experienced after leaving the Maison Oxygène facility.

## RELAIS PÈRE SUPPORT WORKER

The Relais Père support worker approach is particularly adapted to Maisons Oxygène clients because it provides support to these families both before and after their stay and as an alternative to housing. It's not a program but an approach to supporting fathers in vulnerable situations that Réseau Maisons Oxygène encourages and has included as part of its basket of services.

The Relais Père support worker approach is based on the real experiences of many caseworkers in different areas of Greater Montreal since 2005. Evaluative data collected over the years points to this promising practice's ability to reach out to, build trust with, and support fathers in vulnerable situations.

### Relais Père objectives

Relais Père builds on the work of visiting fathers to:

Reach out to fathers in vulnerable situations in their natural environment

Be there for them and support them in different areas of their lives (paternal, personal, co-parental, socioeconomic, and relational)

Steer them towards and support them within community organizations when the need arises, and encourage social participation.

The goal of Relais Père is to help men fulfill their role as fathers and encourage their social integration to promote the well-being of their children. Relais Père support workers work within and with the community to provide support to fathers in their neighborhood through community work and local services such as home intervention. Relais Père support workers can be community workers, professionals who are themselves fathers, or fathers who would like to help other fathers.

### Target demographic:

Relais Père was initially aimed at fathers of all ages in vulnerable situations who had one or more children age five or under, whether the children were living with them or not. The children's age range was mainly chosen based on the missions of partner organizations behind the project. However, the Relais Père approach aims to reach fathers regardless of their children's age.



**Working in local communities involves:**

Acting first as men and fathers  
Acting as support workers or facilitators rather than experts  
Building on common experiences, sharing personal stories to spark dialogue  
Focusing on fathers' experiences  
Welcoming fathers as they are, without judging them  
Using informal discussions and active listening  
Being available and reliable

**Four principals for action:**

A holistic approach to people  
An approach based on fathers' strengths and interests  
Being there for fathers based on their needs  
Working within a network

For more information, consult the guide (in French): <http://www.cjm-iu.qc.ca/pdf/biblio/GuideRelaisPeres.pdf>



## APPENDIXES

The following is a list of the tools and forms cited in this guide. They have been regularly updated over the years and will certainly continue to be updated as needs change. The goal is to make them fit the realities and contexts for which they are being used.

### Administrative and intake forms:

- A – How to admit new residents
- A1 – First contact form
- A2 – Orientation/assessment interview
- A3 – Information sharing authorization
- A4 – Housing eligibility indicators
- A5 – Identification for admission
- A6 – Contacts
- A7 – Attestation of residence
- A8 – Photography – search policy – keys – disposal of personal belongings
- A9 – Code of living – Excerpt
- A10 – Code of living

### Intervention forms:

- B1 – Checklist of steps to take
- B2 – Resident agreement
- B3 – Case plan
- B4 – Orientation/assessment table – PL
- B5 – Assessment table for independence and need for support - PL
- B6 – Assessment table for independence – PL
- B7 – Case plan record
- B8 – Service assessment

### Other forms

- C1 – Nonviolence agreement
- C2 – Incident report
- C3 – Written notice

## BIBLIOGRAPHY AND PUBLICATIONS

### On Maisons Oxygène:

- All Maisons Oxygène documentation is available on the Network's website: [www.reseaumaisonsoxygene.com](http://www.reseaumaisonsoxygene.com)
- *Maison Oxygène, évaluation de la ressource d'hébergement* – Masculinités et Société – June 2013.
- *Maison Oxygène, des portes ouvertes sur l'espoir* – la systématisation d'une expérience – G. Forget – 2009 – available on the Réseau Maisons Oxygène website.
- *10 pères, 10 histoires* (comments collected by R. Villeneuve – 2009): testimonials from fathers who stayed at Maison Oxygène de Montréal – available at Maison Oxygène Montréal, as well as through the Network.

### To support fathers:

- For a wealth of information and articles on fatherhood: [www.rvpternite.org](http://www.rvpternite.org), the website of Regroupement pour la Valorisation de la Paternité
- *Les parents se séparent* (R. Cloutier, L. Fillion, H. Timmermans - CHU Sainte-Justine – 2012)
- *Séparation parentale, recomposition familiale, enjeux contemporains* (2016 – Presses de l'Université du Québec)
- *Décès périnatal : le deuil des pères* – F. De Montigny – CHU Sainte-Justine – 2017
- Basket of services

### References for working with men

To further your knowledge, we urge you to consult the following books, which are a gold mine of information and tools for understanding and supporting men:

- *Intervenir auprès des hommes en difficulté* (edited by Richard Cloutier – Presses de l'Université Laval – 2018)
- *Les Hommes au Québec - un portrait social et de santé* (edited by J. Roy and G. Tremblay – Presses de l'Université Laval – 2017)
- *Décès périnatal : le deuil des pères* (F. de Montigny – Éditions du CHU Sainte-Justine – 2017)
- *Perceptions des hommes québécois de leurs besoins psychosociaux et de santé ainsi que leur rapport aux services* – Meta research summary (J. Roy, G. Tremblay, D. Guilmette – 2014) <http://www.cps02.org/media/META-SYNTHESE-Rapportfinalapresrevision.pdf>
- *Regards sur les hommes et les masculinités – Comprendre et intervenir* (edited by G. Tremblay – Presses de l'Université Laval – 2010)
- *Aider les hommes...aussi* (Germain Dulac – VLB éditeur – 2002), sociologist. Mr. Dulac has written a number of fascinating articles and books on male realities and is an essential reference in this field.
- *L'intervention psychosociale auprès des hommes : un modèle émergent d'intervention clinique* (G. Tremblay, P. L'Heureux – June 2002, *Revue Intervention – Le travail social et les réalités masculines*).
- Issue 116 of the journal *Intervention* is dedicated to working with men.
- *Maux d'hommes* (Germain Dulac 2006 – article in *La Presse*)
- *Alerte à la santé des hommes – L'actualité*, October 2002.

- La santé des hommes au Québec – Les publications du Québec, 2005. A detailed portrait of men's health, their perceptions of their health, and their use of health services.
- *Des hommes : s'ouvrir à leurs réalités et répondre à leurs besoins* (working committee chaired by G. Rondeau MSSS – 2004).

Website with more information on the solution-focused approach:

<http://www.inctb.net/ressourcestos.htm>

For a wealth of information and articles on fatherhood:

[www.rvpternite.org](http://www.rvpternite.org), the website of Regroupement pour la Valorisation de la Paternité.

Canada

The updating and translation of this guide was funded by the Government of Canada through Innovative Solutions to Homelessness, part of the Homelessness Partnering Strategy.

The views and opinions expressed in this publication are those of the author and do not necessarily reflect those of the Government of Canada.

To contact Réseau Maisons Oxygène  
reseau@maisonsoxygene.ca  
514-352-4000

