

YOUNG PARENT PROGRAM REVIEW

December 2017



Giving Hope Today

Prepared by:
Patti McNaney, Associate Executive Director
Social Planning and Research Council of Hamilton



© The Social Planning and Research Council of Hamilton
350 King Street East, Suite 104, Hamilton, ON L8N 3Y3
Phone: 905.522.1148 Fax: 905.522.9124 E-mail: sprc@sprc.hamilton.on.ca
Website: sprc.hamilton.on.ca



United Way Funded Agency

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ACKNOWLEDGEMENTS

Catholic Family Services St. Martin's Manor, the Salvation Army Grace Haven and Social Planning and Research Council of Hamilton would like to express their appreciation for the youth who participated in the focus groups for this report. Their knowledge and experience of young parent needs and resources provided an invaluable perspective within this work.

Appreciation and acknowledgement is also extended to the organizations and community partners who contributed their ideas through focus groups and surveys. The sharing of your perspectives and expertise provided a valuable informational basis for this report.

St. Martin's Manor and Grace Haven would also like to gratefully acknowledge the funders of their young parent centres, the Ministry of Children and Youth Services. Thank you to MCYS for the guidance received during this program review process.

EXECUTIVE SUMMARY

Background

The programs reviewed within this report are Catholic Family Services St. Martin's Manor and the Salvation Army Grace Haven.

In discussion with the Ministry of Children and Youth Services in 2016, it was determined that a program review of St. Martin's Manor and Grace Haven should be undertaken to provide an evidentiary basis for future programming direction. The focus of the review is to identify strengths and areas of improvement in the current young parent centre model.

Methodology

The information gathered for this report was collected through a consultation process that included youth focus groups, service provider focus groups and an on-line survey. The consultation process was developed and conducted by a young parent program review team comprised of staff and directors from St. Martin's Manor and Grace Haven. The consultations occurred between January 2017 and June 2017.

Following the consultation process, the Social Planning and Research Council of Hamilton (SPRC) was contracted by St. Martin's Manor and Grace Haven to analyze the transcribed qualitative data and produce a report of findings.

Discussion of Findings

The discussion of findings section is a presentation of reoccurring themes throughout the consultations including similarities and differences between youth and service provider perspectives.

1. Barriers to Program Access

The themes related to barriers to program access were consistent between youth and service providers and throughout the interview questions. There was an overall view that youth have a negative perception about the residential program for a variety of reasons. The two most prevalent reasons appear to be the structure and rules of the program and a belief that accessing the program will result in child welfare involvement. Other reasons were related to their peers including fear of stigma from their peer group for accessing the residence and negative feedback from peers. It is interesting to note that there was more emphasis on youth perception of the residential program rather than the actual format of the program although this was discussed as well. This may stem from the makeup of the consultation participants, many of whom had no firsthand experience with the program itself. For example, two of the four youth focus groups were conducted with youth residing in the community or in a transitional housing program. As well, many of the service providers work within the youth sector but not specifically with young parents or with the young parent centres.

The age limit of 21 years was another prevalent theme with both youth and service providers. Participants expressed a belief that there are young women over the age of 21 who could benefit from the program. As well, young women who already have a child in their care cannot access the residence during another pregnancy. In relation to the day program, the location of the young parent centres and a lack of affordable transportation were identified as a barriers. Location was also discussed in relation to the residential program for youth who do not want to leave their communities.

There were two barriers identified by service providers that were not mentioned by youth. One was a lack of adequate financial assistance for pregnant and parenting youth including the ineligibility of Ontario Works benefits for residential participants. The other was cultural barriers that prevented youth from accessing the programs.

2. Changes in Youth Culture and Needs

Many of the themes discussed by youth and service providers related to changes in youth culture and needs. One of the themes was a shift in youth preference related to independence and freedom of choice. It was discussed in the context of youth preferring independent living and the ability to make their own decisions and thus, fearful of losing this within the residential program. Along with this was an expressed belief that youth are reluctant to leave family, friends and their communities in order to gain the support of the residential program.

A reoccurring theme within the service provider consultations was the trend of youth with high and complex needs. In particular, mental health and addictions concerns were identified as occurring along with other factors such as poverty, street-involvement/homelessness and partner violence. This was also recognized as a barrier to accessing the young parent centre programming. It was mentioned that creative and flexible approaches would need to be developed in order for youth with high and complex needs to fit within the programming. Conversely, high and complex needs were rarely mentioned by youth although they did identify the need for addictions counselling and programming.

Two other changes in youth culture were mentioned by service providers but rarely by youth. First, service providers recognized the decrease in youth pregnancy rates and discussed it as a trend within the youth population. This is evidenced by Ministry of Health and Long Term Care statistics that are presented in section 1.2 of this report. Although rarely mentioned, pregnancy rates were more likely to be seen as rising rather than decreasing by youth participants. Second, service providers identified a decrease in stigma in society in relation to youth pregnancy that was not mentioned by youth. Neither of these discrepancies is surprising as young people do not have the opportunity to witness changes in the sector over time as service providers do.

3. Social and Community Supports

Changes to social and community supports for pregnant and parenting youth was an area that was discussed frequently by both youth and service provider participants. In particular, it was identified that youth have increased supports from family and from partners. In relation to increased family support, there was discussion about decreased stigma and disapproval from family members resulting in a greater ability to receive assistance. There was a great deal of discussion about the increased involvement and support from partners and fathers. Youth frequently mentioned that fathers were more likely to be involved in lives of their partners and children. It was identified that more supports for fathers was a need including programming that includes both parents and supportive housing for partners residing together. Partner and father involvement was presented as a reason for the decline in young mothers accessing the residence due to unwillingness to separate and greater support in the community.

In relation to community supports, it was identified by youth and service providers that pregnant and parenting youth have increased options and alternatives to the young parent centres. One area is secondary school options as attendance at high schools is less stigmatized and more supports are available within the schools. Another option mentioned is on-line classes that allow for accessibility for young parents' schedules. Other community supports mentioned were increased outreach services and transitional supports. In addition, there was discussion about the increase in on-line resources that are available to pregnant and parenting youth. Changes that have occurred in the young parent service system in Hamilton over the last ten years are presented in section 1.2 of this report.

4. Marketing and Promotions

Both youth and service provider participants identified a belief that there is a lack of knowledge about the young parent centre programs in the community. It is believed that this results in a lack of awareness by youth that programs are available and a lack of referrals by other service providers who work with youth. There was an overall belief that the young parent centres need to improve their marketing in order to build greater awareness of their services. Suggestions included distribution of pamphlets and videos in the

community and on-line, use of social media and providing education about the programs to students at an early age within the schools.

Related to the area of marketing and promotions is the belief by participants that youth have a negative perception of the young parent centres. Some participants suggested that this is due to stigma and negative peer feedback about residential programming. Other participants discuss the negative perceptions as arising from fear of child welfare involvement and rigid structure. In addition to the identified problem of general lack of awareness of programs, the negative perception of programs may also be part of a marketing and promotions issue for the young parent centres.

5. Current Model Strengths

In addition to identifying barriers to service and changes in young parent trends, another purpose of the consultation process was to identify the strengths of the young parent centres current model. While youth emphasized the effectiveness of the Section 23 school programs, they also mentioned most of the programs and services offered by the young parent centres. Their suggestions for improvements centered on enacting changes within the current model, most notably allowing more flexibility within the programs.

Service providers emphasized agency collaborations and partnerships as an effective aspect of the young parent centre model. In addition, service providers mentioned many of the current programs and services as well as the effectiveness of multiple services within the young parent centres and the practice approaches utilized. The suggestions for improvements put forward by service providers were consistent with those identified by youth. Their focus was also centered on creating more flexibility within the current programs and services in order to meet the changing needs of pregnant and parenting youth and their children.

A reoccurring theme throughout both the youth and service provider consultations was a lack of safe and affordable housing for pregnant and parenting young women. It was articulated that the loss of the young parent centres would impact young mothers' ability to access safe living conditions and result in an increase of homelessness and child apprehensions. This signifies that the current housing situation in Hamilton is not supportive for young mothers without the additional supports provided by young parent programs and services.

6. Direct Service and Systems Service Needs

Within the youth and service provider focus groups and surveys, many service needs for pregnant and parenting youth were identified. While many of the needs fall under the purview of the young parent centres, many others are built into the overall service system and cannot be impacted by young parent centre programming decisions. The distinction between direct service and systems service identified needs is an important clarifying factor in determining recommendations for changes within the young parent programs.

One of the direct service needs identified by both youth and service provider is education related to parenting and lifeskills. This included prenatal classes, child behavioral education, parenting counselling and classes for fathers. Respite services were also articulated as a need by service providers.

Many of the identified service needs can be seen as belonging under the umbrella of both the young parent centres and the broader service system. These service areas were identified as mental health, addictions, outreach, peer mentoring, crisis management and cultural supports. While the young parent centres can provide some service in these areas, they also need to be a feature in the broader continuum of the young parent service system overall.

Other needs identified by youth and service providers are those that are built into the overall service system and can only be addressed by the young parent centres through advocacy. These include the need for affordable housing, access to affordable childcare, provision of basic needs, access to Ontario Works while in residence and raising the age limit of 21 years for residential service. In addition, youth

articulated the need for access to transportation and programs such as the Nurse Family Partnership and Ontario Early Years Centres while service providers indicated that an increase in funding for young parent services was needed.

Next Steps

The next step in the program review process is to present the findings in the report to the Ministry of Children and Youth Services for review and discussion. St. Martin's Manor and Grace Haven have worked closely with the Ministry throughout the development and initiation of the consultation process.

The second step is to hold a community forum to report back to community partners about the findings in the report and to provide an opportunity for discussion about shared goals and directions. The forum will be held in November 2017.

Lastly, a set of recommendations for future directions will be developed based on the report findings and a collaborative process with the Ministry of Children and Youth Services.

Conclusion

The scope of the young parent program review was to identify strengths and areas of improvement of the young parent centres in order to provide an evidentiary basis for future programming direction. However, during the consultation process, additional information about trends and changes related to the young parent population in Hamilton emerged. While the process was not designed to provide an overall needs assessment of young parents in Hamilton, it provides an initial gathering of information that points to the benefit of a more in-depth investigation in this area. A fuller examination of current young parent trends and needs could provide a broader foundation for service changes and improvements. While this consultation reveals that the young parent sector in Hamilton works in successful collaboration, a needs assessment could enhance this process by providing evidence for more comprehensive service system planning.

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1.0 INTRODUCTION

1.1 BACKGROUND

The programs reviewed within this report are Catholic Family Services St. Martin's Manor and the Salvation Army Grace Haven.

St. Martin's Manor

St. Martin's Manor is funded by the Ministry of Children and Youth Services with a mandate to serve pregnant and parenting youth between the ages of 13 and 21 years. Young women can access the program at any point during their pregnancy and continue residency postnatally with their babies for several months. The residence is licensed for 12 rooms that can accommodate both mothers and babies.

In collaboration with St. Charles Adult and Continuing Education and the Hamilton Wentworth Catholic School Board, St. Martin's Manor runs an on-site Section 23 day treatment program. The day treatment program can be accessed by pregnant and parenting youth residing in the community as well as residential participants providing secondary school education for a maximum of 25 students.

St. Martin's Manor also provides individual and family counselling and early learning and care programs. This includes licensed childcare for infants and toddlers as well as childminding and respite care for children under the age of 5 years. These supports are available to residential participants as well as on a day program basis for young women residing in the community. In addition, a community outreach program is provided to connect young parents in the community to resources and to assist in securing safe housing.

St. Martin's Manor is an accredited children's mental health facility. The accreditation process examines whether an organization's programs and services meet the Child and Youth Mental Health Standards. St. Martin's Manor was accredited by the Canadian Centre of Accreditation.

Grace Haven

Grace Haven's residential program for pregnant and parenting young women is consistent with the model provided by St. Martin's Manor. Young women between the ages of 13 and 21 years enter the program at any stage prenatally and reside postnatally with their children. Grace Haven is licensed to accommodate 10 mothers and 4 babies up to a total of 14 participants.

Grace Haven partners with the Hamilton Wentworth District School Board to provide an on-site Section 23 day treatment program. The day treatment program is accessible to both residential participants and pregnant and parenting youth in the community providing secondary school education for a maximum of 30 students.

Grace Haven also provides services and supports on a day program basis. Pre- and post-natal programs available to both residential and community participants include prenatal education, counselling, parental respite, childminding and "high on life" weekly group work.

Grace Haven's accreditation process is under the umbrella of The Salvation Army Territorial Social Services. The accreditation standards and review process are tools to guide Grace Haven to meet Salvation Army standards and to support operational excellence and reduce areas of risk. The accreditation process is undertaken every three years.

Purpose of Program Review

In discussion with the Ministry of Children and Youth Services in 2016, it was determined that a program review of St. Martin's Manor and Grace Haven should be undertaken to provide an evidentiary basis for future programming direction. The focus of the review is to identify strengths and areas of improvement in the current young parent centre model.

A strong factor that formed the basis for this decision is a reduction in numbers of young women accessing the young parent centres. During the 2013/14 fiscal year, there were 64 participants in the residential programs at both centres. The number of participants dropped to 45 in 2014/15 and to 43 in 2015/16 representing a 30% to 33% decrease. The number of participants in both centres accessing the day treatment programs remained more consistent over this time period. There were 112 young women in the programs during both the 2013/14 and 2014/15 fiscal years. In the 2015/16, the participation rate dropped to 100 young women representing an 11% rate of decrease.

1.2 CONTEXT

In order to provide a contextual background for the report, there are other influential factors to consider. These include youth pregnancy rates and changes in the young parent service system in Hamilton.

Youth Pregnancy Rates

The rate of youth pregnancy in Hamilton has consistently decreased during the years between 2008 and 2016 according to the Ministry of Health and Long Term Care. In 2008, the rate of youth pregnancy in Hamilton was 35.8 (per 1,000 youth between the ages of 15 and 19 years) and by 2016 had dropped to 16.2 representing a 53% decrease. This decrease is considerably less than the overall provincial statistics that reveal a 71% decline during that timeframe. In addition, it should be noted that the youth pregnancy rate in Hamilton has been consistently higher than the provincial average during 2008-16. In 2016, the Hamilton rate exceeded the provincial rate by 47%.

It should be noted that there is a limitations in the youth pregnancy rate data in the context of this report. The data reveals rates for youth ages 15 to 19 years while the young parent centres provide service to 13 to 21 year old youth.

An interesting note is that recent research examines factors that have contributed to the decrease in teen pregnancy rates and anticipates the decline to continue. Decreases in youth dating, sexual activity and pregnancy rates have been attributed to an increase in on-line social interactions with a corresponding decline of in-person interactions. While the study examined data from the United States, it is believed that this anticipated on-going trend is persistent in Canada as well. (Twenge, Jean M.)

Changes in the Young Parent Service System in Hamilton

Several significant changes have occurred in the young parent service system continuum in the past ten years that should be noted to provide the local context for the services provided by the young parent centres in Hamilton.

1. Good Shepherd Regina's Place

Good Shepherd Regina's Place (originally named Angela's Place) opened in 2008 to provide transitional housing to young mothers up to 21 years of age. The program assists young mothers in the development of life and parenting skills and provides on-site staff support. It has fifteen self-contained transitional housing apartments that are provided to young mothers at a subsidized rate.

2. Young Parent Collaborative

The Young Parent Collaborative (formally the Young Parent Network) was formed in 2008 by young parent serving agencies in Hamilton. The group works collaboratively to systemically plan and advocate for supports and resources that empower young parents to help themselves and their children reach their full potential. The current partners are Affiliated Services for Children and Youth, Alternatives for Youth, Catholic Children's Aid Society Family Support Teams, Catholic Family Services, Children's Aid Society FASD Resource Team, City of Hamilton Children's and Home Management Services, City of Hamilton Public Health, Good Shepherd Youth Services, Hamilton Midwives, Hamilton Regional Indian Centre, Infant Parent Program Hamilton Health Sciences, Living Rock Ministries, the Salvation Army and Wesley Urban Ministries.

3. Nurse Family Partnership

The Nurse Family Partnership project was initiated in 2008 by City of Hamilton Public Health Services in collaboration with McMaster University. The project focuses on supporting young, first time parents through an intensive, evidence-based prenatal and infancy home visitation program. Public health nurses begin home visits early in pregnancy and continue until the child's second birthday. Support is provided in the areas of health, child development, parenting issues, life goals and access to community resources.

4. Youth Housing Support Project

The Youth Housing Support Project was initiated in 2009 through funding from the Homelessness Partnering Strategy and was directed by a partnership comprised of street-involved youth serving agencies and child welfare agencies. The project consisted of a team of youth housing support workers including a young parent specific housing worker who supported pregnant and parenting youth ages 16 to 21 years to find and maintain housing in the community. The young parent support worker connected with youth at St. Martin's Manor, Grace Haven and Regina's Place.

A project shift that occurred in 2015 resulted in a discontinuation of the young parent specific housing worker. Within the current project, one youth housing support worker is assigned to provide support to pregnant and parenting youth at Grace Haven and Regina's Place on a monthly basis. The current Youth Housing Support Project partners are Catholic Children's Aid Society of Hamilton, Good Shepherd Youth Services, Living Rock Ministries, Wesley Urban Ministries and Social Planning and Research Council of Hamilton.

5. Healthy Birth Weights Coalition

The Healthy Birth Weights Coalition (HBWC) is a group of community partners led by the City of Hamilton Public Health Services that develops initiatives to improve resources to young parents for the healthy delivery and care of their babies. The HBWC was formed in 2011 in order to use a collaborative approach to reduce the risk of low birth weights in Hamilton through improved integration and enhanced perinatal supports. One of the HBWC's initiatives is the Youth Pregnancy Care Pathway, an on-line tool that identifies the supports a pregnant youth may need and how to access them. Service providers and youth can reference the tool to connect with services such as mental health programs, prenatal classes and housing.

6. Jeanne Scott Parent and Child Resource Centre

In 2014, Good Shepherd Centres opened the Jeanne Scott Parent and Child Resource Centre beside Regina's Place in east Hamilton. The Hamilton Wentworth Catholic District School Board operates a school program for Regina's Place residents and young mothers residing in east Hamilton. It provides on-site childminding for school participants as well as lifeskills and parenting programs.

7. Young and Expecting Parent Program

In 2015, the Young and Expecting Parent program was initiated at Sir John A. MacDonald secondary school. The program is provided by the Hamilton Wentworth District School Board with additional support from the Ministry of Education and the Children's Aid Society of Hamilton. Young parents bring their children to class and complete studies at their own pace while also learning parenting skills and lifeskills.

8. Young Parent Team – Children's Aid Society of Hamilton

The Children's Aid Society of Hamilton Young Parent Team began as a pilot project in February 2016. The project provides a team that works with pregnant and parenting youth between the ages of 13 and 25 years who come to the attention of the Children's Aid Society. The team provides assessments and works collaboratively with other young parent services and agencies to provide support to pregnant and parenting youth.

9. Supporting Young People and their Networks in the Community – Catholic Children’s Aid Society of Hamilton

The Supporting Young People and their Networks in the Community team (SYNC) was launched by the Catholic Children’s Aid Society (CCAS) in September 2017. The SYNC team is comprised of a group of workers who provide intervention and support to expecting parents, young parents and adolescents who are at risk of separation from their families due to conflict. The main focus is to form stronger working relationships with community partners to enable facilitation of a more synchronized approach to working with young people who come to the attention of CCAS.

2.0 METHODOLOGY

The information gathered for this report was collected through a consultation process that included youth focus groups, service provider focus groups and an on-line survey. The consultation process was developed by a young parent program review team comprised of staff and directors from St. Martin's Manor and Grace Haven. The consultations occurred between January 2017 and June 2017. The qualitative data collected was transcribed, coded for thematic occurrences and the analysis presented in this report.

2.1 YOUTH FOCUS GROUPS

Focus groups were conducted with youth at four youth serving agencies in Hamilton: the Salvation Army Grace Haven, Catholic Family Services St. Martin's Manor, Good Shepherd Regina's Place and Living Rock Ministries. In total, thirteen youth participated in the consultations. Each focus group was conducted by a Peer Mentor Lead with assistance from either the Program Manager of Grace Haven or the Team Lead of Young Parents Program at St. Martin's Manor. Administrative staff from Grace Haven recorded and transcribed the focus groups.

2.2 SERVICE PROVIDER FOCUS GROUPS

Eleven focus groups with service providers were conducted with participants convened due to their affiliation with a specific organization or to their work within a specific population focus:

- Brant Family and Children's Services
- Brant Pregnancy and Resource Centre
- Catholic Children's Aid Society of Hamilton – Management Team
- Children's Aid Society of Hamilton – Young Parent Team
- City of Hamilton Public Health
- Francophone Community – Centre du Sante Communautaire
- Good Shepherd Youth Services – Notre Dame House
- Hamilton Wentworth Catholic District School Board
- Hamilton Wentworth District School Board
- Immigration and Newcomers Sector
- St. Martin's Manor Young Parent Team
- The Salvation Army Lawson Ministries Developmental Sector
- Women's Housing Planning Collaborative
- Young Parent Collaborative

In total, forty-nine service providers participated in the focus groups. All consultations were conducted by the Program Manager of Grace Haven and the Team Lead of Young Parents Program at St. Martin's Manor. The only exception was the focus group with the Young Parent Collaborative that was conducted by the Executive Directors of St. Martin's Manor and Grace Haven. Administrative staff from Grace Haven recorded and transcribed the focus groups.

The service provider focus groups consisted of a presentation that provided an overview of the young parent programs followed by a standardized script of questions. All focus groups utilized a conversational approach with program staff as new information was provided when participants posed questions or required clarification.

2.3 ON-LINE SURVEY

In addition to the focus groups, an on-line survey was disseminated to gather the perspectives of stakeholders who could not participate in the focus group process. The survey was distributed through an unknown number of email groups and contacts and, therefore, a dissemination and response rate is not available. In total, eighteen surveys were completed.

The first question in the survey asked respondents to identify their organizational affiliation. Fourteen respondents provided answers to this question. The other four respondents skipped this question so it is unknown which agencies, if any, they are affiliated with. However, due to the survey distribution method, it is strongly believed that all respondents are service providers not program participants and their information is incorporated into the service provider findings.

2.4 FOCUS GROUP AND ON-LINE SURVEY QUESTIONS

Within the youth focus groups, service provider focus groups and on-line survey, a set list of questions was utilized and remained consistent across each consultation method. The interview script is attached to this report as Appendix A.

Youth findings in this report are a presentation of the information gathered in the youth focus groups. The service providers' findings are the collated information gathered in the service provider focus groups and the on-line survey.

2.5 ANALYSIS AND REPORT OF FINDINGS

Following the consultation process, the Social Planning and Research Council of Hamilton (SPRC) was contracted by St. Martin's Manor and Grace Haven to analyze the transcribed qualitative data and produce a report of findings. Files of all recorded focus groups as well as transcribed documentation were provided to the SPRC. A comparison of audio files and transcribed data was undertaken for four focus groups in order to spot check for accuracy. Qualitative data was coded for thematic occurrence with analyzed findings presented in this report.

2.6 LIMITATIONS

A limitation of the program review process was that the consultation process and the development of the report were conducted by different organizations. Catholic Family Services and the Salvation Army developed the consultation process, conducted the focus groups and disseminated the survey. Following this process, the information gathered was passed to the Social Planning and Research Council for analysis and preparation of the final report. It should be noted that all efforts were made to provide continuity to the process through the provision of recorded information and all documentation related to the consultation. In addition, communication and clarification were provided on an on-going basis.

3.0 YOUTH FINDINGS

3.1 REDUCED REFERRALS AND NUMBERS

Question #1: In the past couple of years, we've experienced reduced referrals and subsequently reduced numbers in our programs. Why do you think this is?

The most frequently identified reason for reductions in referrals and numbers was the residential model of service with several varying aspects of the model mentioned. Many of the youth responses focused on youth's perceptions of the residential program as opposed to actual experience within the programs. Responses included apprehension of entering residential living, negative peer feedback about the program, fear of child welfare involvement through participation and the requirement to attend school. It should be noted that two of the youth focus groups consulted were at agencies outside of the young parent centres and this may explain the emphasis on perception.

Another identified reason for service reduction was a general lack of knowledge of the programming available. Youth articulated a belief that many pregnant youth are unaware of the services offered at the young parent centres.

A third theme that emerged was overall changes in the experience of pregnant and parenting youth. These included increased family and partner support, increased capacity of young parents, increased adoptions and other schooling options. The age limit of 21 years was also mentioned.

3.2 TRENDS AND CHANGING NEEDS

Question #2: What trends and/or changing needs within the young parent population have you noticed?

There were fewer responses from youth in relation to trends and changing needs compared to other questions in the focus groups. The most frequent response was an increase in the involvement of fathers within the lives of young mothers and their children. It was also identified that there was increase in child welfare involvement in relation to the young parent population. Other responses included increased pregnancies, high/complex needs of youth and a decrease in available resources.

3.3 SERVICES NEEDED

Question #3: In your opinion, what services are needed most for young parents and their children?

When asked to present ideas about the most needed services, youth most frequently discussed the need for prenatal and parenting educational programming for young parents. Increased parenting classes including child behavioral skills and counselling on individual parenting issues were identified as service needs. Youth also mentioned increased prenatal classes that are more accessible to pregnant young women. In addition, it was articulated that there was a need for classes that involve fathers and more support for fathers overall.

Youth indicated that affordable and expanded daycare, increased respite care and the availability of baby items including food, clothing and furniture were also needed for young parents. Other available services that were identified as continuing needs included community outreach, the Nurse Family Partnership and Ontario Early Years Centres.

3.4 EFFECTIVENESS OF SERVICES

Question #4: Within our existing services, what do you feel is working well?

When asked to identify the current effective services, youth most frequently mentioned the school programs at the young parent centres. The discussion included the supportive environment and the

benefit of attending school with other young parents. Also frequently mentioned was the supportive staff and teachers within the young parent centre programs.

Many other aspects of the young parent centres were identified by youth as providing effective service. These included prenatal and parenting education, respite care, addictions programming, peer support, food bank services, daycare services and the residential program.

3.5 SERVICE IMPROVEMENTS

Question #5: Within our existing services, what could we do differently?

The most frequent response of youth in relation to changes to services was a focus on the rules within the young parent centres. It was articulated that rules should be less restrictive or be changed to better meet the needs of young parent centres. Other responses related to an improvement in respectful interactions between young parents and staff within programs.

Youth also mentioned that group programming could be improved through less repetition and more informal formats. Other suggestions included an east Hamilton location, daycare for older children and use of social media to increase knowledge of young parent centres.

3.6 BARRIERS TO SERVICE

Question #6: What are barriers, if any, to accessing our services?

The barrier to service most frequently mentioned by youth was stigma from peers about entering a residential setting. The location of the young parent centres was also identified as a barrier to service access including a lack of transportation for young parents. Barriers to childcare were articulated in relation to the age limit for children as well as a decrease in childminding services.

The other service barriers mentioned by youth included various aspects of residential living including separation from partners and families, lack of independence, short visitation hours, child welfare involvement and apprehension about entering the program.

3.7 OUTCOMES OF SERVICE LOSS

Question #8: If Grace Haven and St. Martin's Manor no longer existed, what do you think the outcome would be?

Overwhelmingly, youth identified the outcome of the loss of young parent centres as a lack of safe housing and support for pregnant and parenting young mothers. Several participants indicated that pregnant youth would become homeless as they would lose access to safe housing and shelters. Loss of support for young parents included opportunities to care for their children, support to take their lives in a positive direction and the ability to attend school.

Another prevalent theme was the belief that young parents would experience increased apprehension of children by the child welfare system. An increase in the number of adoptions and terminations was also articulated as a potential outcome.

Other outcomes mentioned by youth included a loss of peer support, a decrease in the health of children and a burden on other agencies to support young parents.

3.8 ULTIMATE GOALS

Question #9: If there were no limitations, what would you like to see for young parents and their children in Hamilton?

Affordable housing emerged as the most frequently mentioned goal for young parents if limitations were removed. Another theme was the overall well-being of young parents and their children including

happiness, success and a safe world to raise children. An increase in income and access to transportation for young parents were also articulated as goals.

Many other responses identified specific programs such as addictions programs, counselling, driving classes, playgroups, day trips and outreach programs. As well, youth mentioned additional supports such as resources for fathers, LGBTQ support, basic needs, transitional support and service information.

3.9 MODELS AND IDEAS FROM OTHER COMMUNITIES

Question #9: Are there any models/ideas from other communities that you think should be explored?

None of the youth in the focus groups identified other models or ideas from other communities.

4.0 SERVICE PROVIDER FINDINGS

4.1 REDUCED REFERRALS AND NUMBERS

Question #1: In the past couple of years, we've experienced reduced referrals and subsequently reduced numbers in our programs. Why do you think this is?

The most frequent reason identified for reduced referrals and numbers was the residential model of young parent centres with a focus on four specific aspects. First, service providers identified that youth have a negative perception of the residential model that is often reinforced by feedback and stigma from their peer groups. Second, service providers indicated that youth are not receptive to the amount of structure and rules that they attribute to the residential setting. Third, it was articulated that youth wish to keep their independence and ability to make their own choices. Fourth, there is a fear among youth that the child welfare system will become involved if they access the residence.

Another frequent theme identified by service providers was an increase of support to pregnant and parenting youth by partners and families that provided them with an alternative option to residential programs. An increase in the amount of community-based programs and resources was also cited as a factor in providing youth with support outside of young parent centres.

Other themes that emerged from the consultation process were a decrease in youth pregnancy rates and decreased stigma in society in relation to youth pregnancy. Service providers also identified a belief that there is a lack of knowledge among youth about the services available at young parent centres that results in decreased access. In addition, it was indicated that youth are reluctant to be separated from family and friends and this influences their decision to access a residential program. Cultural barriers were also mentioned along with the age limit of 21 years for eligibility.

4.2 TRENDS AND CHANGING NEEDS

Question #2: What trends and/or changing needs within the young parent population have you noticed?

In response to this question, service provider participants overwhelmingly identified the trend of increased high and complex needs of pregnant and parenting youth. Most frequently, service providers indicated that there has been a rise in the mental health needs of youth as well as substance use and addictions. These needs are often accompanied by other complex factors in the youth's lives such as partner violence, street-involvement/homelessness and poverty.

Another theme that emerged was the changing needs of young parents that does not fit with the eligibility requirements of young parent centres. It was indicated that the age limit of 21 years excludes young mothers that could benefit from the programs. In addition, young mothers with more than one child in their care cannot access the residential program.

A third identified trend is the increase of family and partner support for pregnant and parenting youth. As well, service providers indicated that youth have an increased preference for independent living as opposed to residential living.

Other trends articulated were a decrease in pregnancy rates, an increase in community and on-line supports and decreased stigma related to youth pregnancy.

4.3 SERVICES NEEDED

Question #3: In your opinion, what services are needed most for young parents and their children?

Service providers indicated most frequently that mental health and addictions services are needed for pregnant and parenting youth. Suggestions in this area included accessible services with no wait lists, crisis services, outreach services and on-site counselling. Also frequently mentioned was education in the

areas of parenting and lifeskills including child attachment, home safety, nutrition and financial management.

Housing and transitional supports emerged as another theme in the consultations. Service providers articulated a need for safe and affordable housing for young parents as well as increased transitional housing programs and a variety of supportive housing models. Outreach services such as in-home supports and outreach case management were also discussed.

Specific service areas were also mentioned including peer mentoring, access to childcare, respite services and crisis management. Service providers further indicated that residential services should be made more flexible to better meet the needs of young parents. This included service to youth over 21 years and an increase in overall funding. Enhanced cultural supports and access to basic needs were also put forward as needed services.

4.4 EFFECTIVENESS OF SERVICES

Question #4: Within our existing services, what do you feel is working well?

Agency collaboration emerged as a prevalent theme in the area of effectiveness of services. It was identified that there is active collaboration between community partners who work with young parents and their combined expertise leads to effective service provision. The Young Parent Collaborative was mentioned as effective collaborative group that enhances the service system for young parents.

The effectiveness of current programs and services was a frequent response to this question. In particular, it was articulated that the availability of multiple services within the young parent centres that young parents can choose to engage with is an effective service model. In addition, service providers discussed the benefits of practice approaches within the model including a strength-based approach, holistic case management and individualized planning.

Staff support was also identified as a positive aspect of young parent centres. Residential staff, teachers and outreach workers were identified as supportive and responsive to young parent needs. Outreach services were mentioned as an important element in the service system with particular emphasis on the Young Parent Navigator.

In addition, several participants indicated that the St. Martin's Manor and Grace Haven programs overall are working effectively. The school programs and daycare were also identified as beneficial to young parents as well as the flexibility in programming.

4.5 SERVICE IMPROVEMENTS

Question #5: Within our existing services, what could we do differently?

Service providers identified most frequently that changes were needed within several aspects of the residential model. In particular, they discussed the need to decrease the structure and rules within the residences and allow for more flexibility. It was also articulated that creative and flexible solutions should be implemented for youth with high needs to allow them to fit with the program. Allowing pregnant and parenting youth more independence within the residential program was another area discussed by service providers.

Building knowledge of the programs within the community was identified by service providers as a needed change. This included educating students at an early age, improving marketing and disseminating pamphlets and videos in the community. Improved outreach services for pregnant and parenting youth in the community was also articulated.

Service providers discussed the need for improved collaboration between community partners such as enhanced communication and utilization of partners' expertise. They identified the need for the increase of various service areas including transitional supports, supports for fathers and supports to youth with

complex needs. An increase in funding for services was another articulated improvement needed within the services.

4.6 BARRIERS TO SERVICE

Question #6: What are barriers, if any, to accessing our services?

The most identified barrier to service was the lack of flexibility within the programs. Service providers discussed the programs' curfew, expectations and rules for participation. Several indicated that youths' perception of a rigidly structured model prevented them from seeking access to the programs.

Another identified barrier was the lack of knowledge in the community about the programs offered. It was articulated that more program information needs to be disseminated on-line and throughout the community. As well, the location of the young parent centres and a lack of affordable transportation were discussed as barriers. It was indicated that youth are reluctant to leave their communities in order to enter programs.

The high and complex needs of youth with an emphasis on mental health concerns was perceived as another barrier to service access. As well, it was identified that a fear of child welfare involvement in the programs was a preventative factor for youth access.

Other identified barriers were the age limit, stigma about entering the program, cultural barriers, fear of separation from family and friends and a lack of financial supports including Ontario Works within the programs.

4.7 OUTCOMES OF SERVICE LOSS

Question #7: If Grace Haven and St. Martin's Manor no longer existed, what do you think the outcome would be?

The most frequent outcome mentioned concerning the loss of St. Martin's Manor and Grace Haven was a lack of services and programs needed to support pregnant and parenting youth. This included prenatal education, secondary school access, parenting education and childcare. It was also identified that young parent advocacy and expertise in the community would be decreased.

Service providers indicated that another outcome would be a decrease in the overall well-being of young parents and their children. They articulated that more young parents and children would be living in unstable and higher risk conditions. A lack of education and supports would impact young parents' ability to succeed and impede their personal growth. It was also discussed that there would be a decline in healthy birth rates and infant mental health and an increase in child abuse and neglect.

Increased child welfare involvement and apprehension of children was another anticipated outcome of the loss of services. As well, a lack of safe housing and a rise in experiences of homelessness was discussed. It is anticipated that more pregnant and parenting youth would become street-involved and access the shelter system. Other outcomes included a loss of peer support and a burden on other agencies working with youth.

4.8 ULTIMATE GOALS

Question #8: If there were no limitations, what would you like to see for young parents and their children in Hamilton?

Many service providers articulated a goal of providing on-going support to young parents in accordance with their needs rather than set time limits. Suggestions included transitional support and home-based aftercare in the community. Increased financial support to pregnant and parenting youth both within the programs and in the community was identified as a response to young parent well-being.

The availability of safe and affordable housing was frequently mentioned as a goal for the young parent population. In addition, it was identified that different models of supportive housing would benefit young parents including increased transitional housing, subsidized housing and emergency housing.

The improvement and increase of many programs and services were discussed by participants. These included supports for fathers, affordable childcare, peer support, health services, healthy relationship supports, educational supports and mental health services. An overall increase in the resources to existing services was also identified as a needed improvement to support young parents.

4.9 MODELS AND IDEAS FROM OTHER COMMUNITIES

Question #9: Are there any models/ideas from other communities that you think should be explored?

The following four models and ideas were provided by service provider participants:

1. Brantford Hub
http://www.brantford.ca/residents/support_services/buildingcommunity/projectsinitiatives/neighbourhoods/Pages/NeighbourhoodHubs.aspx
2. Edmonton model of financial support for pregnant youth
<https://www.alberta.ca/release.cfm?xID=331106AF814CA-DC91-8B4B-896910D2E82842DF>
3. Outdoor Therapy
4. Shifra Homes
<http://www.shifrahomes.com/>

5.0 DISCUSSION OF FINDINGS

The discussion of findings section is a presentation of reoccurring themes throughout the consultations including similarities and differences between youth and service provider perspectives.

5.1 BARRIERS TO PROGRAM ACCESS

The themes related to barriers to program access were consistent between youth and service providers and throughout the interview questions. There was an overall view that youth have a negative perception about the residential program for a variety of reasons. The two most prevalent reasons appear to be the structure and rules of the program and a belief that accessing the program will result in child welfare involvement. Other reasons were related to their peers including fear of stigma from their peer group for accessing the residence and negative feedback from peers. It is interesting to note that there was more emphasis on youth perception of the residential program rather than the actual format of the program although this was discussed as well. This may stem from the makeup of the consultation participants, many of whom had no firsthand experience with the program itself. For example, two of the four youth focus groups were conducted with youth residing in the community or in a transitional housing program. As well, many of the service providers work within the youth sector but not specifically with young parents or with the young parent centres.

The age limit of 21 years was another prevalent theme with both youth and service providers. Participants expressed a belief that there are young women over the age of 21 who could benefit from the program. As well, young women who already have a child in their care cannot access the residence during another pregnancy. In relation to the day program, the location of the young parent centres and a lack of affordable transportation were identified as barriers. Location was also discussed in relation to the residential program for youth who do not want to leave their communities.

There were two barriers identified by service providers that were not mentioned by youth. One was a lack of adequate financial assistance for pregnant and parenting youth including the ineligibility of Ontario Works benefits for residential participants. The other was cultural barriers that prevented youth from accessing the programs.

5.2 CHANGES IN YOUTH CULTURE AND NEEDS

Many of the themes discussed by youth and service providers related to changes in youth culture and needs. One of the themes was a shift in youth preference related to independence and freedom of choice. It was discussed in the context of youth preferring independent living and the ability to make their own decisions and thus, fearful of losing this within the residential program. Along with this was an expressed belief that youth are reluctant to leave family, friends and their communities in order to gain the support of the residential program.

A reoccurring theme within the service provider consultations was the trend of youth with high and complex needs. In particular, mental health and addictions concerns were identified as occurring along with other factors such as poverty, street-involvement/homelessness and partner violence. This was also recognized as a barrier to accessing the young parent centre programming. It was mentioned that creative and flexible approaches would need to be developed in order for youth with high and complex needs to fit within the programming. Conversely, high and complex needs were rarely mentioned by youth although they did identify the need for addictions counselling and programming.

Two other changes in youth culture were mentioned by service providers but rarely by youth. First, service providers recognized the decrease in youth pregnancy rates and discussed it as a trend within the youth population. This is evidenced by Ministry of Health and Long Term Care statistics that are presented in section 1.2 of this report. Although rarely mentioned, pregnancy rates were more likely to be seen as rising rather than decreasing by youth participants. Second, service providers identified a decrease in stigma in society in relation to youth pregnancy that was not mentioned by youth. Neither of these discrepancies is surprising as young people do not have the opportunity to witness changes in the sector over time as service providers do.

5.3 SOCIAL AND COMMUNITY SUPPORTS

Changes to social and community supports for pregnant and parenting youth was an area that was discussed frequently by both youth and service provider participants. In particular, it was identified that youth have increased supports from family and from partners. In relation to increased family support, there was discussion about decreased stigma and disapproval from family members resulting in a greater ability to receive assistance. There was a great deal of discussion about the increased involvement and support from partners and fathers. Youth frequently mentioned that fathers were more likely to be involved in lives of their partners and children. It was identified that more supports for fathers was a need including programming that includes both parents and supportive housing for partners residing together. Partner and father involvement was presented as a reason for the decline in young mothers accessing the residence due to unwillingness to separate and greater support in the community.

In relation to community supports, it was identified by youth and service providers that pregnant and parenting youth have increased options and alternatives to the young parent centres. One area is secondary school options as attendance at high schools is less stigmatized and more supports are available within the schools. Another option mentioned is on-line classes that allow for accessibility for young parents' schedules. Other community supports mentioned were increased outreach services and transitional supports. In addition, there was discussion about the increase in on-line resources that are available to pregnant and parenting youth. Changes that have occurred in the young parent service system in Hamilton over the last ten years are presented in section 1.2 of this report.

5.4 MARKETING AND PROMOTIONS

Both youth and service provider participants identified a belief that there is a lack of knowledge about the young parent centre programs in the community. It is believed that this results in a lack of awareness by youth that programs are available and a lack of referrals by other service providers who work with youth. There was an overall belief that the young parent centres need to improve their marketing in order to build greater awareness of their services. Suggestions included distribution of pamphlets and videos in the community and on-line, use of social media and providing education about the programs to students at an early age within the schools.

Related to the area of marketing and promotions is the belief by participants that youth have a negative perception of the young parent centres. Some participants suggested that this is due to stigma and negative peer feedback about residential programming. Other participants discuss the negative perceptions as arising from fear of child welfare involvement and rigid structure. In addition to the identified problem of general lack of awareness of programs, the negative perception of programs may also be part of a marketing and promotions issue for the young parent centres.

5.5 CURRENT MODEL STRENGTHS

In addition to identifying barriers to service and changes in young parent trends, another purpose of the consultation process was to identify the strengths of the young parent centres current model. While youth emphasized the effectiveness of the Section 23 school programs, they also mentioned most of the programs and services offered by the young parent centres. Their suggestions for improvements centered on enacting changes within the current model, most notably allowing more flexibility within the programs.

Service providers emphasized agency collaborations and partnerships as an effective aspect of the young parent centre model. In addition, service providers mentioned many of the current programs and services as well as the effectiveness of multiple services within the young parent centres and the practice approaches utilized. The suggestions for improvements put forward by service providers were consistent with those identified by youth. Their focus was also centered on creating more flexibility within the current programs and services in order to meet the changing needs of pregnant and parenting youth and their children.

A reoccurring theme throughout both the youth and service provider consultations was a lack of safe and affordable housing for pregnant and parenting young women. It was articulated that the loss of the young

parent centres would impact young mothers' ability to access safe living conditions and result in an increase of homelessness and child apprehensions. This signifies that the current housing situation in Hamilton is not supportive for young mothers without the additional supports provided by young parent programs and services.

5.6 DIRECT SERVICE AND SYSTEMS SERVICE NEEDS

Within the youth and service provider focus groups and surveys, many service needs for pregnant and parenting youth were identified. While many of the needs fall under the purview of the young parent centres, many others are built into the overall service system and cannot be impacted by young parent centre programming decisions. The distinction between direct service and systems service identified needs is an important clarifying factor in determining recommendations for changes within the young parent programs.

One of the direct service needs identified by both youth and service provider is education related to parenting and lifeskills. This included prenatal classes, child behavioral education, parenting counselling and classes for fathers. Respite services were also articulated as a need by service providers.

Many of the identified service needs can be seen as belonging under the umbrella of both the young parent centres and the broader service system. These service areas were identified as mental health, addictions, outreach, peer mentoring, crisis management and cultural supports. While the young parent centres can provide some service in these areas, they also need to be a feature in the broader continuum of the young parent service system overall.

Other needs identified by youth and service providers are those that are built into the overall service system and can only be addressed by the young parent centres through advocacy. These include the need for affordable housing, access to affordable childcare, provision of basic needs, access to Ontario Works while in residence and raising the age limit of 21 years for residential service. In addition, youth articulated the need for access to transportation and programs such as the Nurse Family Partnership and Ontario Early Years Centres while service providers indicated that an increase in funding for young parent services was needed.

6.0 NEXT STEPS

The next step in the program review process is to present the findings in the report to the Ministry of Children and Youth Services for review and discussion. St. Martin's Manor and Grace Haven have worked closely with the Ministry throughout the development and initiation of the consultation process.

The second step is to hold a community forum to report back to community partners about the findings in the report and to provide an opportunity for discussion about areas that have not been captured. The forum will be held in November 2017.

Lastly, a set of recommendations for future directions will be developed by St. Martin's Manor and Grace Haven based on the report findings and a collaborative process with the Ministry of Children and Youth Services. These recommendations will be reported back to community partners.

7.0 CONCLUSION

The scope of the young parent program review was to identify strengths and areas of improvement of the young parent centres in order to provide an evidentiary basis for future programming direction. However, during the consultation process, additional information about trends and changes related to the young parent population in Hamilton emerged. While the process was not designed to provide an overall needs assessment of young parents in Hamilton, it provides an initial gathering of information that points to the benefit of a more in-depth investigation in this area. A fuller examination of current young parent trends and needs could provide a broader foundation for service changes and improvements. While this consultation reveals that the young parent sector in Hamilton works in successful collaboration, a needs assessment could enhance this process by providing evidence for more comprehensive service system planning.

APPENDIX A: INTERVIEW SCRIPT

- 1) In the past couple of years, we've experienced reduced referrals and subsequently reduced numbers in our programs. Why do you think this is?
- 2) What trends and/or changing needs within the young parent population have you noticed?
- 3) In your opinion, what services are needed most for young parents and their children?
- 4) Within our existing services, what do you feel is working well?
- 5) Within our existing services, what could we do differently?
- 6) What are barriers, if any, to accessing our services?
- 7) If Grace Haven and St. Martin's Manor no longer existed, what do you think the outcome would be?
- 8) If there were no limitations, what would you like to see for young parents and their children in Hamilton?
- 9) Are there any models/ideas from other communities that you think should be explored?

Additional Questions on the Survey Only:

Contact Information:

Agency/Organization:

Role:

APPENDIX B: COMMUNITY FORUM FEEDBACK

On November 21, 2017, a community forum was held to report back to community partners about the findings in the report and provide an opportunity for discussion about areas that have not been captured. The event was held at the Perkin's Centre in Hamilton and hosted by Catholic Family Services and the Salvation Army. There were approximately 40 participants in attendance. The Social Planning and Research Council presented the report findings and facilitated a group discussion that asked participants to identify if anything was missed in the report. The discussion was recorded by a note taker and the results are presented in this appendix according to the theme areas that emerged.

There were four overall themes that were identified within the discussion: methods of research, barriers to service, current model strengths and trends and changing needs.

Methods of Research

One of the themes that emerged from the discussion was additional methods of research that could have enhanced the review process. The methods identified were:

- Review and summarize discharge meeting interviews in order to determine the reasons that young parents leave St. Martin's Manor and Grace Haven before completing the programs.
- Complete a wider scan of provincial services for young parents to provide a point of comparison.
- Engage more youth participants in the focus group process through community partners such as the child welfare sector.
- Include a wider range of community partners in the survey process such as City Housing Hamilton.
- Review other models of young parent services in Hamilton such as Regina's Place.
- Implement an interview process with young parents who graduate from the programs in order to gather their perspective.

Barriers to Service

A second theme identified by community forum participants was additional barriers to service for young parents that included:

- The age limit of 21 years presents a particular barrier for individuals from the developmental disability sector as they require support beyond this age.
- Youth's perception that accessing the young parent centres will result in child welfare involvement is a barrier that could be addressed by a stronger partnership between the two sectors.
- The barriers to inclusion of young fathers in programs need to be examined and addressed.

Current Model Strengths

A third theme that emerged from the discussion was additional strengths of current young parent centre model including:

- A strength of the residential model is to the ability to provide one-on-one support that is on-going and builds strong supportive relationships.
- There have been positive comments about the programs on social media that may assist in addressing negative perceptions and stigma.
- Ontario Early Years Centre services are provided on-site that provide strong supports and include father involvement.
- The residences provide young parents with a sense of belonging and community that they would not have living on their own.

Trends and Changing Needs

A fourth theme was additional trends and changing needs for young parents and included:

- The provincial government has announced that the age of child welfare protection will be increasing from 16 to 18 years of age and this will impact the young parent sector.
- The specific impacts of poverty on the young parent population should be examined to identify changes in needs.