



HAVEN'S WAY

EVALUATION REPORT

Turner Research & Strategy



Boys & Girls Clubs
of Calgary

Contents

Executive Summary	3
Background	3
Program Model	3
Program Performance	5
Recommendations	7
Program Essentials	8
Introduction	9
Background	9
Haven's Way at a Glance	10
The Foyer Model	12
Early Beginnings	12
Service & Housing Models	12
Foyers & Transitional Housing	13
Foyers & Housing First	13
Adapting the Foyer Model	14
Haven's Way as a Foyer	14
Evaluation Framework	15
Program-Level Data Analysis	15
Program Review	16
Youth Engagement	17
Key Stakeholder Interviews	17
Data Collection Summary	18
Program Review Results	19
Intake	19
Eligibility	19
Target Population	20
Case Management Approach	22
Staffing Model	25
Funding	27
A Note on the Program's Evolution	28
Youth-Staff Interactions	28
Building Home	29
Financial Assistance	30
Cultural Diversity	31
Transition Planning	32
Supports & Community Building Beyond Program Exit	32
Assessing Progress	34
Youth Perspectives on Program Strengths and Improvements	35
Expanding/Adapting the Program	36
Service Quality Dimensions Assessment	38
Program Performance Analysis	43
Recommendations	47
Appendix 1 - Program Staff Interviews	51
Appendix 2 - Program Participant Questions & Consent Form	52
Appendix 3 - Key Stakeholder Questions & Consent Form	56
Appendix 4 -Data Analysis	59
References	97

List of Acronyms

BGCC	– Boys & Girls Clubs of Calgary
CHF	– Calgary Homeless Foundation
HPS	– Homeless Partnering Strategy
HMIS	– Homeless Management Information System
SHFC	– Safe Haven Foundation of Canada

Acknowledgments

Human Services, Government of Alberta – evaluation and program funder.

Boys & Girls Clubs of Calgary – program operator.

Karen and John Sherbut, Safe Haven Foundation – program founders and funders.

The evaluator wishes to express sincere thanks to the program participants, funders and staff, past and present, who so willingly and honestly shared their stories and perspectives in this process.

The Government of Alberta, Human Services supported this evaluation.



Executive Summary

Background

Boys & Girls Clubs of Calgary (BGCC) has operated Haven's Way, a supportive housing program for female youth, since 2004 with support from the Safe Haven Foundation of Canada (SHFC), private donors and more recently, Alberta Human Services. The program has existed since 2000 and was initially operated by its SHFC founders. Since BGCC took operations on, more than 40 young women have had access to the supportive home environment where they can focus on their education and develop the skills and supports that will transition them into adult self-sufficiency.

The Haven's Way program approach aligns with best practice literature on a Foyer model for youth, which is gaining attention from service providers, funders and researchers across Canada as a promising approach to end youth homelessness that combines essential housing and supports focused on successful transitions to adulthood.

To fully understand the program's strengths, alignment with best practices, and potential areas of further enhancement, BGCC initiated a comprehensive evaluation of Haven's Way. Alberta Human Services funded the evaluation of Haven's Way as part of a broader examination of Foyer programs in Alberta using consistent methods.

Evaluation Approach

Alberta Human Services provided funds to BGCC to contract Dr. Alina Turner (Turner Research & Strategy) to undertake the evaluation of Haven's Way using methods consistent with two previous Foyer evaluations in Alberta.

The general objectives of the evaluation set out by Alberta Human Services were two-fold:

1. Determine the overall the effectiveness of the Foyer model to reduce and prevent homelessness in a Canadian context; and
2. Assess the impact of different housing models on program participant success, particularly relating to housing stability, education and employment outcomes. and reduction of inappropriate public system interactions

The evaluation was conducted from September to December 2015 and included assessments of available service-level program data, as well as interviews with youth, service providers, and other key stakeholders. As part of this evaluation, site visits were conducted to interview program staff. Case files were also reviewed, along with available program materials spanning from 1996 to 2015.

Program Model

Haven's Way provides long-term housing and comprehensive supports in a home-like environment to six youth at any one time. Haven's Way follows the tenets of the Foyer model and demonstrates alignment with the core principles of Foyers advanced by Canadian Observatory on Homelessness (Gaetz & Scott, 2012b). As no length of stay is prescribed in the program, the average time youth spend at Haven's Way is approximately two years.

The target population of the program comprises of young women who are experiencing considerable housing instability, alongside additional risks such as mental and physical health, addictions, trauma, family conflict, violence and exploitation. Youth participants have expressed a willingness to work on their education and other personal goals, are committed to respecting a variety of house rules, and work towards self-sufficiency and transition to independence. The housing model consists of a duplex in a central residential neighbourhood where the young women reside alongside two staff. Notably, the housing was purpose-built by the founders with the target population top-of-mind in the design of the physical space. One side of the duplex is staffed by the live-in House Parent, who is responsible for three of the six young women, who generally have a higher level of needs than those on the Supportive Roommate side of the duplex.

The two live-in staff are supported by the Program Coordinator, who also provides one-on-one case management for the residents and a number of program graduates. The Coordinator oversees the individualised case plans, documentation, reporting and data collection, while operationalizing service standards outlined in agency policies and funding contracts. The program is overseen by the Manager of Youth Housing as part of a larger housing portfolio at BGCC.



At a Glance: Haven's Way, Calgary, AB

Target Population	Female youth, ages 14-24 History of housing instability/homelessness Complex needs, moderate acuity Moderate-low system involvement (no child welfare status) Willing to work on education/employment goals, participate in program activities/adhere to house rules, including maintaining sobriety
Participants Served	Maximum of six participants housed at any one time; minimal turnover due to long-term nature of program Additional supports provided to program alumnae post-graduation Since inception, an estimated 70 clients served overall
Operation Timelines	2000-2004: Operations oversight by Safe Haven Foundation of Canada 2004-Current: Operations oversight by Boys & Girls Clubs of Calgary (BGCC)
Total Annual Funding (2014/15)	\$220K annually via Safe Haven Foundation, BGCC fundraising, and Alberta Human Services (one-time grant in 2014/15)

The cost per program space (n=6) is approximately \$37,065, and cost per average participant served, assuming turnover of one spaces per year (n=7), is about \$31,770. The primary costs of the program are staffing-related, followed by facility expenses and direct client costs. A small administration cost associated in head office expenses at BGCC is also included.

Program Performance

The evaluation confirms that Haven's Way can be considered a successful Foyer program implementation, effective in reducing and preventing youth homelessness in a Canadian context.

Service Quality

To summarise the results, Haven's Way had an overall score of 91% across all service dimension areas outlined in the Evaluation Framework. Evidence collected suggests high scores in all areas, with some improvements possible in the areas of Organizational Capacity and Service Model.

Service Dimension Area	Items	Maximum Score	Program Score	Percent
Strategic Alignment	5	15	14	93%
Service Impact	4	12	11	92%
Service Model	7	21	18	86%
Housing Placement	6	18	18	100%
Organizational Capacity	3	9	7	78%
Average	25	75	68	91%

Program Performance

Program performance was assessed using available data from HMIS and program-level administrative information against established targets in the Evaluation Framework. Overall, the program showed excellent results scoring 96%.

Performance Measure	Maximum Score	Program Score	Percent
1. Occupancy	3	3	100%
2. Access	3	3	100%
3. Clinical Supports	3	3	100%
4. Housing Stability	3	3	100%
5. Housing Destinations	3	3	100%
6. Income	3	2.5	67%
7. Return to Homelessness	3	2.5	67%
8. Reasons for Program Discharge	3	3	100%
9. Interaction with Public Systems	3	2.5	67%
10. Positive Relationships	3	3	100%
11. Connections to Community	3	3	100%
12. Employment & Education	3	3	100%
Score	36	34.5	96%

While some data collection limitations are of note, particularly the lack of a consolidated database to track performance indicators for the estimated 70 youth served since inception in 2000, more recent data and youth reports confirm notable impact at the client-level:

- All 18 youth evaluation participants reported improved housing stability, education and employment outcomes as result of program participation. A very high level of satisfaction with the approach was reported by all but one of the 18 participants interviewed.
- Staff and youth confirm that for the past year of operation (2014/15), all but one program participant residing at Haven's Way maintained housing stability and were pursuing educational and employment goals actively. One program participant was being transitioned to a Housing First program as a more appropriate match.
- Of the 11 graduates who left the program between 2012 and 2015, more than half left to their own rental accommodations. A smaller proportion reunited with their family at exit or went on to live with another natural support.
- Only one (9.1%) of 11 exits who left the program between 2012 and 2015 was considered negative as the participant left without a transition plan and has since experienced episodes of homelessness and housing instability.
- Although the 11 graduates had left an average of two years prior to the evaluation, staff maintained contact and were able to report the current housing, education and employment situation of all 11 youth. The ability of the program to report on long-term housing and employment/education outcomes is notable and indicative of the ongoing relationships staff maintain with alumnae.
- In terms of current education and employment status, 63.3% of the 11 past participants had graduated high school, 63.3% were pursuing post-secondary/trade, and one was in high school. Two participants were not actively addressing educational goals and had not graduated high school (18.1%). In terms of current employment status, all but two (81.8%) were employed either part- or full-time.
- HMIS records available showed that average income at 12 months was 32.1% higher than at intake, increasing from \$700 to \$925 per month. For the same records, employment rates remained the same at intake and 12 months with all participants reporting part-time or full-time employment at 75% and 25% respectively.

“This is real - this is my family”.

“Living at the program was something I could not have asked for. It was the most positive experience my life after having so much turmoil. I was in a supportive home with a family that I never had”.

Program Participants

Recommendations

Key learnings from this evaluation enhance the existing, and relatively scarce, Canadian evidence-base for promising approaches to end youth homelessness, particularly highlighting housing and supports options needed to assist a specific group of female youth with complex needs. A number of recommendations relevant for the operating agency, funders, and researchers are outlined below.

Recommendation	Service Agency	Funders	Researchers
Enhance funding levels and diversify sources to support Haven's Way program operations.	✓	✓	
Explore program expansion and adaptability to other populations and communities.	✓	✓	✓
Articulate the program model and operational details to facilitate knowledge translation.	✓		
Contribute to the body of knowledge on youth homelessness through targeted knowledge mobilization activities.	✓		✓
Ensure adequate resources are in place to support participants in transition and as alumnae.	✓	✓	
Explore potential expansion of peer supports in the response to youth homelessness.	✓	✓	✓
Enhance support and recognition of current and past program staff.	✓	✓	
Review current staffing model to ensure appropriate levels of support are in place.	✓	✓	
Explore means of increasing the representation of Indigenous and LGBTQ2S+ youth in the program and continue to enhance cultural competency in these areas.	✓	✓	
Incorporate a consistent acuity assessment tool at intake, exit and regular intervals during service.	✓	✓	✓
Review data collection and performance management practices to support continuous improvement.	✓	✓	✓

Program Essentials

To expand and/or replicate the model for other populations, a number of features were mentioned as essential by youth, staff, the founders and other stakeholders, which are consistent with youth perspectives on program strengths, as outlined below.

Program Essentials

Operations

- Agency philosophy aligns with the program approach.
- Career advancement of previous program staff into agency leadership roles responsible for the program reaffirm approach within agency management and enhance support for program.
- Agency management supports program staff autonomy and self-care, yet steps in as needed in operations.
- Live-in staff are supported by a dedicated full-time Program Coordinator, who carries case management and program leadership roles, additional reporting and accreditation-related tasks.
- There is continuity in program staffing, with low turnover.
- Staff self-care is strongly supported to ensure sustainability.
- Program balances accreditation requirements with maintaining a home-like environment and natural approach with youth.
- Independent sources of sustainable and flexible funds present minor restrictions on operations, facilitating program responsiveness to youth versus funding requirements.

Program Model

- A thorough screening and intake process for new youth and staff discerns fit with house dynamics and program model.
- Staff live with youth, providing consistent onsite presence, positive role modeling and low turnover to mitigate attachment issues.
- Program timelines are flexible based on participant needs and there is no length of stay prescribed.
- Transition planning is intentional and tailored to each participant, with ongoing connection beyond program exit.
- Financial assistance is in place to ensure youth's basic needs are met, while life skills are built to pay rent, savings for move-out, budgeting for food/clothes, shopping and cooking.
- Access to flexible funds is in place to cover costs of recreation and community inclusion activities to build youth's natural supports and life skills.
- Program integrates natural supports and community-based service connections to build a base for independence after program exit.

- Youth are supported and coached in how to access needed resources (therapy, school, jobs, recreation, community supports, etc.) according to their individual and changing needs.
- Program graduates have access to transition planning and supports and considerable savings to support financial needs at move-out.
- Youth have access to post-secondary funding and educational/career planning support, reaffirming their potential as they transition to adulthood.

Philosophy

- A youth-led approach is in place, respective of their strengths, preferences, and pace; staff guide and mentor, versus prescribe youth actions.
- Supports are individually tailored to each youth, fostering independence and self-determination.
- Youth feel respected, safe, and cared for in a home environment that provides an opportunity to experience and learn security and stability while making mistakes.
- There is an explicit focus on education as youth are supported to move forward with lives; this includes access to post-secondary education scholarships.
- Program staff effectively mitigate risks surrounding youth acuity (addiction, mental health, risk behaviours), while maintaining a relationship-focus and youth-led approach.
- Staff strive to balance youth-led, harm-tolerant approach with the need to maintain a safe, sober living environment for all youth and staff living in the home, without discharging youth into homelessness.
- Peer support is encouraged among participants; yet, relationships are nurtured, not forced.
- Alumnae roles are encouraged for former participants and staff to build community beyond program exit and provide opportunities to give back to the program, particularly through peer mentoring.
- Founders act as focal points supporting long-term engagement of alumnae by creating opportunities for connection, giving back, and mentoring.

Housing Environment

- Physical space is designed with target population and program approach in mind, facilitating a home-like environment.
- Attachment to place is facilitated: youth are able to decorate own rooms, have a say in house decorations, backyard landscaping, etc.
- Youth have active roles in determining house rules and have a say in regulating their home environment.
- The presence of a physical home-base (housing environment) anchors current and past participants in a broader social network.

Introduction

Background

Boys & Girls Clubs of Calgary (BGCC) has operated Haven's Way, a long-term supportive housing program for female youth, since 2004 with support from the Safe Haven Foundation of Canada (SHFC), private donors and more recently, Alberta Human Services. The program has existed since 2000 and was initially operated by its SHFC founders. Since BGCC took operations on, more than 40 young women have had access to the supportive home environment where they can focus on their education and develop the skills and supports that will transition them into adult self-sufficiency.

The Haven's Way program approach aligns with best practice literature on the Foyer model for youth, which is gaining attention from service providers, funders and researchers across Canada as a promising approach to end youth homelessness that combines essential housing and supports focused on successful transitions to adulthood.

To fully understand the program's strengths, alignment with best practices, and potential areas of further enhancement, BGCC initiated a comprehensive evaluation of Haven's Way. Alberta Human Services funded the evaluation of the Haven's Way program as part of a broader examination of Foyer programs using consistent methods. The Haven's Way evaluation was the third in a series of comprehensive examinations of housing and supports for youth experiencing homelessness and complex needs in Alberta in 2015. The initial two were funded through the Horizontal Pilot Program as a partnership between Justice Canada and Employment and Social Development Canada (ESDC).

Alberta Human Services provided funds to BGCC to contract Dr. Alina Turner (Turner Research & Strategy) to undertake the evaluation of Haven's Way using the same methods used to evaluate the federally-funded pilots in Edmonton and Calgary. This ensures a common Evaluation Framework is applied across interventions, even where these are considerably different in design and implementation, to draw out essential elements of promising practice with relevance in future program and policy development in support of the Alberta Plan to Prevent and Reduce Youth Homelessness (2015).

The general objectives of the evaluation set out by Alberta Human Services are two-fold:

1. Determine the overall the effectiveness of the Foyer model to reduce and prevent homelessness in a Canadian context; and
2. Assess the impact of different housing models on program participant success, particularly relating to housing stability, education and employment outcomes and reduction of inappropriate public system interactions.

The evaluation was conducted from September to December 2015 and included assessments of available service-level program data, as well as interviews with youth, service providers, and other key stakeholders. As part of this evaluation, site visits were conducted to interview program staff. Case files were also reviewed, along with available program materials spanning from 1996 to 2015.

This report begins with a brief overview of the program, followed by a discussion on the Foyer model and Evaluation Framework used. The evaluation results are presented in detail thereafter, followed by recommendations.



¹The other two programs evaluated had been funded by the Government of Canada Homelessness Partnering Strategy (HPS) as pilot projects to examine the capacity of a transitional housing program model referred to as the 'Foyer model' to reduce homelessness and system involvement among youth, particularly those involved with the justice and child intervention systems. Refer to the Alberta Foyer Evaluation Final Report for results of this evaluation (Turner, 2015).

Haven's Way at a Glance

Haven's Way opened its doors in 2000 to the first cohort of six female youth (14-24 years) at risk of or experiencing homelessness. Haven's Way provides long-term housing and comprehensive supports in a home-like environment in a manner consistent with the core principles of the Foyer model advanced by Canadian Observatory on Homelessness (Gaetz & Scott, 2012b). As no length of stay is prescribed in the program, the average time youth spend at Haven's Way is approximately two years.

The target population of the program comprises of young women who are experiencing considerable housing instability, alongside additional risks such as mental and physical health, addictions, trauma, family conflict, violence and exploitation. Youth participants have expressed a willingness to work on their education and other personal goals, commitment to respect a variety of house rules, and work towards self-sufficiency and transition to independence.

The housing model consists of a duplex in a central residential neighbourhood where the young women reside alongside two staff. Notably, the housing was purpose-built by the founders with the target population top-of-mind in the design of the physical space. One side of the duplex is staffed by the live-in House Parent, who is responsible for three of the six young women, who generally have a higher level of needs than those on the Supportive Roommate side of the duplex.

The two live-in staff are supported by the Program Coordinator, who also provides one-on-one case management for the residents and a number of program graduates. The Coordinator oversees the individualized case plans, documentation, reporting, and data collection while operationalizing service standards outlined in agency policies and funding contracts. The program is overseen by the Manager of Youth Housing as part of a larger housing portfolio at BGCC.

Notably, the main funder of the program and its founder, has been the Safe Haven Foundation of Canada (SHFC). The founders, Karen and John Sherbut, envisioned the essential tenets of the program, fundraised for and built the residence, and oversaw initial program operations. The Foundation initiated this effort in 1996, though the residence opened in 2000. The SHFC continues to be the main funder of the program, with very active engagement in community-building activities with alumnae (program graduates) and current residents, fundraising for the program, and administration of a recreation and community involvement fund for residents and alumnae.

Haven's Way operations were turned over to the BGCC in 2004, with an agreement for ongoing funding from the SHFC and joint fundraising between the two entities. The residence continued to be an asset of the SHFC, with a five-year lease agreement in place with the BGCC. Rationales behind this shift will be discussed in subsequent sections. Expectedly, program design has evolved from the initial delivery in 2000 through to the new operator, and into the current state. While this evolution is discussed in the report, this particular evaluation primarily focuses on current operations.

Haven's Way, Calgary, AB	
Operating Agency	Boys & Girls Clubs of Calgary
Funders	Safe Haven Foundation of Canada – \$90K Alberta Human Services – \$46K (one-time grant in 2014/15) BGCC Fundraising – \$57K
Total Annual Funding (2014/15)	\$220K
Basic Service Delivery Approach	Permanent supportive housing model, targeting female youth with complex needs; case management and live-in supports focus follow youth/strength-based approach to support transition to independence.
Target Population	Female youth 14-24 History of housing instability/ homelessness Complex needs, moderate acuity Moderate-low system involvement (no child welfare status) Willing to work on education/employment goals, participate in program activities/ adhere to house rules, including maintaining sobriety
Staffing	Supportive Roommate (PTE) House Parent (PTE) Program Coordinator (FTE) Program Manager (PTE) Program Director (PTE)
Operation Timelines	2000-2004: Operations oversight by Safe Haven Foundation of Canada 2004-Current: Operations oversight by Boys & Girls Clubs of Calgary
Housing Model	Purpose-built duplex in residential neighbourhood; 4 bedrooms per side (3 for residents, 1 for live-in staff).
Participants Served	Maximum of 6 participants housed at any one time; minimal turnover due to long-term nature of program. Additional supports provided to program alumnae post-graduation. Since inception, an estimated 70 clients served overall.
Current Status	Program continues to operate, funded by Safe Haven Foundation of Canada, Alberta Human Services, and BGCC fundraising.

The Foyer Model

This section will provide further background to the Foyer model to contextualize the Haven’s Way approach within the broader literature on supportive housing for youth that grounds this evaluation’s approach.

Early Beginnings

The Foyer model has long history stemming from post-WW2 attempts across France to reintegrate young people into the workforce using lodging and employment supports. The adoption of the model in the UK became widespread during the 1990s; Canada, Australia and the US have begun experimenting with the model in earnest more recently (Steen & Mackenzie, 2013; Gaetz & Scott, 2012a).

In the European context, the Foyer model was primarily seen as a strategy to address the dual issues of housing instability and unemployment amongst young people. Over time, Foyers have grown to accommodate as many as 100,000 young people in France (Shelter, 1992) and over 10,000 in the UK (Quilgars, Johnsen & Pleace 2008; Lovatt & Whitehead, 2003, 2006).

Service & Housing Models

Foyers employ a combination of housing and supports targeting young people from the ages of 16 to 24 who are experiencing homelessness or housing instability. The length of stay in programs is time-limited, commonly ranging from 6 to 24 months (Steen & Mackenzie, 2013).

Services that accompany the housing provided usually include:

- Training, mentoring, life skills
- Assistance with seeking and securing employment
- Sports, arts and social activities
- Assistance with securing accommodation at program exit

Housing varies from place-based, congregate living models to scattered-site approaches leveraging the rental market with subsidies, or a combination thereof. In the UK, Foyers have become increasingly associated with purpose-built buildings that can include on-site security and supports. Often, existing buildings (such as hostels) were re-purposed to serve as Foyers.

In some implementations, units are provided near or on school or college grounds, acting like student housing, even taking the form of boarding school accommodations in some instances. Other experiments include staff quarters where housing is provided to young people working in a particular enterprise. Most range from 30 – 40 beds, though there are some programs which house as many as 100 – 200 residents (Steen & Mackenzie, 2013; Lovatt, & Whitehead, 2006).

Less well-known approaches use a scattered-site housing model where units are dispersed in a locality, but close to the Foyer hub where the staff are located from which support is provided. In most cases, residents are expected to contribute a portion of their income for rent, which may be complemented by subsidies from government sources (Gaetz & Scott, 2012a).

Live	Learn	Earn
Improved housing outcomes	Improved training/learning outcomes	Improved income and employment outcomes
Achieve independent housing outcomes Sustainability Development of living skills Level of support (as relates to independence) Achievement of action plan goals	Progress towards or achievement of recognised training award/ qualifications Development of job skills Achieve full-time education/training Achievement of action plan goal	Achieve employment Sustainable employment Income to achieve housing outcome Achieve self-employment or business enterprise Achievement of action plan goal
Number of residents entering independent accommodation Number of residents living in safe and stable accommodation	Number of residents undertaking and completing a recognised education or training course. Number of residents achieving agreed learning objectives that are linked to specific living or earning outcomes.	Number of residents in paid employment. Number of residents achieving an equivalent situation in a non-paid or training position.

Foyers & Transitional Housing

In reflecting on the features of the program model, it should become apparent that Canada is home to approaches that share features of the Foyer, particularly transitional housing programs. Examples of transitional housing programs where young people are provided with time-limited housing and supports, abound across the country – including Alberta. These models typically leverage place-based housing with onsite supports or facilitated connections to services including mental health, addictions, employment and education, recreation, family reunification, etc. (Novac, Brown, & Bourbonnais, 2004).

Despite their presence across Canadian communities, there are no longitudinal studies on the long-term effectiveness of such programs for youth in Canada, or of their success in helping young people transition to stable housing afterward. This is echoed in a report from United States Interagency Council on Homelessness, which noted that of the 130 transitional housing programs operating in the US to assist about 4,000 young people every year, little data existed to assess their effectiveness (Gaetz, 2014; Barrow & Zimmer, 1998; Novac, Brown, & Bourbonnais, 2004).

Foyers & Housing First

A core component of the Foyer model is the young person's agreement to participate in the education, training, and employment components of the program. The literature on Foyers highlights that such participation is mandatory. In fact, the "basis for this design can be thought of as providing accommodation and support as a 'reward' for a young person making this commitment" (Steen & Mackenzie, 2013, p. 11).

This mandatory participation requirement echoes the criteria often associated with transitional housing models as well. In addition, there are various rules and eligibility criteria that young people must meet to maintain housing in some programs, including sobriety, curfew, attending school, etc.

While such criteria are not an issue per se, and may be justified and reasonable in particular contexts, they do pose an interesting contrast with harm reduction approaches that have emerged in earnest as part of the movement to introduce Housing First across Canada. It is critical that this underlying philosophical underpinning of Foyers be analysed in the context of Housing First, which is the driving approach to homelessness initiatives in Alberta.

Gaetz, Scott, and Gulliver (2013) propose the following core principles of Housing First:

1. Immediate access to permanent housing with no housing readiness requirements.
2. Consumer choice and self-determination.
3. Recovery orientation.
4. Individualized and program participant-driven supports.
5. Social and community integration.

The 'traditional' Foyer models (and transitional housing to some extent) contrast the principles of Housing First on several key fronts:

1. Length of Stay. Time-limited stays are set by the program, rather than driven by the needs of the young person.
2. Participation Requirements. Housing is dependent on participation in various programs (education, employment, etc.) versus youth driven, and may result in discharge from the program in cases of non-compliance.
3. Housing Readiness. It is unclear to what extent transitional housing and Foyer models follow a harm reduction approach and what role sobriety requirement play in young people's access to housing and supports.

As Gaetz and Scott (2012a) argue, however, it is important that young people have choice based on their age, maturity, experience and need. Housing First and Foyers are part of this continuum of options and can play important roles in a systems approach to addressing youth homelessness.

Because the experience of adolescence is inherently transitional, this form of housing may be most appropriate for many young people who require the longer-term supports we generally consider necessary in helping them transition to adulthood, while building life skills that enhance their capacity to become economically self-sufficient and socially integrated community members (Gaetz & Scott, 2012a, p. 14).

Adapting the Foyer Model

There is an opportunity to explore modifications and adaptations of the Foyer model that address some identified shortcomings. In fact, it is important to note that the existing body of literature does not prescribe a particular version of the Foyer model: a range of applications have been developed over time, with diverse service approaches and housing configurations. In fact, it is suggested that we refer to various implementations as “Foyer concept” as opposed to the Foyer model (Steen & Mackenzie, 2013) to highlight this diversity.

The Canadian Observatory on Homelessness developed a comprehensive review of international evidence on applications of the model to discern a set of Foyer core principles which propose to address some of the identified challenges with the model (Gaetz & Scott, 2012b). These principles provide useful guidance for the evaluation of Haven’s Way.

Core Principles of Foyer Model

1. Focus on helping disadvantaged young people who are homeless or in housing need – including young people leaving care – to achieve the transition from dependence to independence.
2. Developmentally-appropriate environment to build competence and a feeling of achievement.
3. Holistic approach to meeting the young person’s needs based on an understanding of adolescent development.
4. Formal plan and agreement between the Foyer and young person as to how the Foyer’s facilities and local community resources will be used in making the transition to adulthood.
5. Supported transition that is not time limited, in which young people can practice independent living.
6. Investment in education, training, life skills and meaningful engagement in order to improve long-term life chances.
7. Provision of a community of peers and caring adults with emphasis on peer mentoring.
8. Provision of necessary and appropriate aftercare to ensure successful transitions to adulthood and independent living.

Haven’s Way as a Foyer

The idea of piloting the Foyer model in Canada was initiated at the national level as research from Australia and Europe was being reviewed by the Canadian Observatory on Homelessness. Dr. Steve Gaetz and Fiona Scott had undertaken a synthesis of such learnings and provided detailed guidelines on the program model in a Canadian context, which was published in 2012 (See Gaetz & Scott, 2012a and 2012b for the research overview and suggested framework for Foyers in Canada.).

What became apparent from this research was that the model had potential impact, but required testing in a Canadian context. To this end, Dr. Gaetz approached the federal Homelessness Partnering Strategy and proposed dedicating funds to pilot the model. Dr. Gaetz developed the initial program design and recommended that Calgary and Edmonton be selected as pilot sites given the CE readiness and interest in adopting and implementing the model.

Alberta Human Services (AHS) was in the process of developing the Plan to Prevent and Reduce Youth Homelessness (released in 2015). AHS’ interests in the Foyer model aligned with those of HPS, and an agreement was formed for AHS to oversee the evaluation of the two pilots in order to ensure learnings were further integrated into the provincial strategy and future initiatives on youth homelessness.

It is of note that the federal pilots represented new programs in community in contrast to Haven’s Way, which had been operating since 2000. Haven’s Way emerged as a potential Foyer implementation after the decision to implement the federal pilots was made, hence the evaluation of the program occurring later as well.

The investment from Human Services in Haven’s Way only commenced in 2014/15 fiscal with a one-year agreement, inclusive of the costs of this evaluation. A key aim of the evaluation was to assess whether the program was indeed aligned with Foyer model principles and an effective implementation, which this report indeed affirms.



Evaluation Framework

Based on initial conversation with BGCC and Alberta Human Services, the evaluator developed the framework to guide the assessment of Haven’s Way. The framework was adapted from the evaluation of the two HPS-funded pilots and grounded in a review of available literature on Foyers, particularly assessments of program impact and performance indicators used.

This section discusses the tenets of the Evaluation Framework used, comprising of a multi-methods approach with four key components:

Evaluation Component	Description
1. Program-Level Data Analysis	Quantitative data analysis using program-level administrative data, HMIS and Sharevision data available.
2. Program Site Visits	Program staff interviews, site visits and service quality dimension assessment of key program documents, including case files, program reports, manuals, funding agreements, etc.
3. Youth Engagement	One-on-one interviews with current and past youth program participants.
4. Key Stakeholder Interviews	One-on-one and group interviews with key external stakeholders, including funders, researchers, referral sources, natural supports for youth.

Program-Level Data Analysis

Program-level data analysis, including HMIS (Bowman Systems) and Sharevision data, was conducted to assess program participant needs and profile at intake, and program impact over time and at exit.

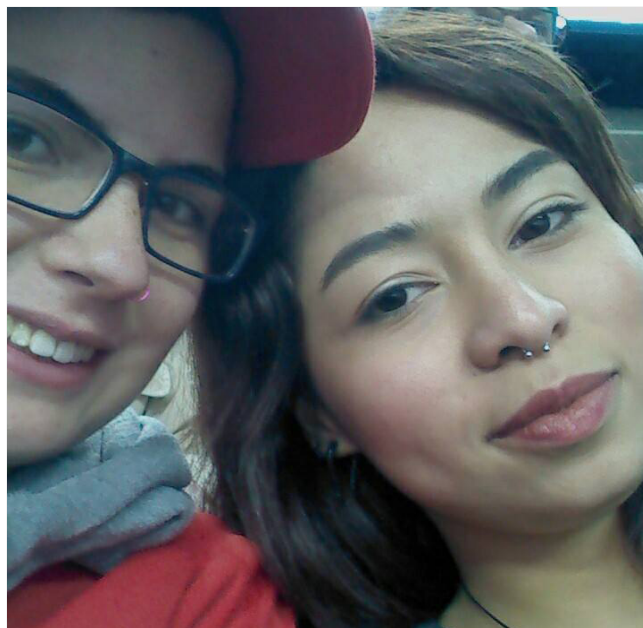
The evaluator sought the following assessments for all program participants since the start of operations through to the pilot end date and to the most recent entries for continuing programs, as available:

- Intake assessments
- Follow-up 3, 6, 9, 12 month assessments
- Exit interviews
- 6 and 12-month post-exit follow-up assessments

Using this data, the following was undertaken as information available allowed:

- Program-level intake analysis of basic demographics (gender, ethnicity, family composition) and presenting level of need (system interaction, income, homelessness history, mental health, addictions, physical health issues).
- Program-level exit analysis of length of stay, exit destinations (housing at exit), returns to homelessness, income at exit.
- HMIS data were also be used to assess system interactions pre and post-intervention.

As HMIS data was only available for the past two years, analysis is limited. To this end, the evaluator worked with program staff to develop a more comprehensive analysis of impact to complement the HMIS data using Sharevision, casefiles, youth reports and staff knowledge about participants.



Program Review

Site Visits & Staff Interviews

Site visits were conducted with the program to assess implementation through sample case file reviews, organizational and program documentation, and interviews with nine key staff across organizational levels. By being onsite, the evaluator sought to develop a fuller understanding of program operations and observe interactions.

Key stakeholder interviews with program staff included frontline and management were conducted on site, and at staff requests at coffee shops and by telephone, particularly those who had moved to other employment or were no longer in Calgary.

The following materials were also reviewed as available:

- Program participant case files
- Assessment tools
- Evaluation plans, measurement tools and reports
- Staff job descriptions and organizational charts
- Budgets and contracts
- Program-level outcomes reporting
- Referral forms
- Application form
- Exit evaluation form
- Entry and eligibility requirements
- Action plans
- Program policies and procedures
- Data collection and release forms
- Participant expectations and rules
- Program websites
- Promotional materials
- Program reports
- Business plans

Service Quality Dimensions Assessment

The following service quality dimensions were examined through the site visit and interview process. Note that accompanying questions used in the programs staff interviews are included in Appendix 1.

Strategic Alignment

- alignment with the broader homeless-serving system;
- strategic fit with the Alberta Plan to End Homelessness;
- eligibility and prioritization criteria appropriateness for program type and target population;
- clear and consistent process of screening and intake of program participants to ensure appropriate fit in the program;
- well-articulated referral network into the program, and from the program;

Service Impact

- operations align with principles of Housing First and the Foyer model;
- activities contribute to the goal of permanent housing and are appropriate for the program type and target population;
- program is serving target population it was designed for;
- length of time and service intensity are appropriate for the target population and program type;
- clear and consistent graduation criteria are in place to move program participants to self-sufficiency, while ensuring they are supported to reduce returns into homelessness;

Service Model

- acuity changes over time using an evidence-based tool demonstrating increasing stability;
- program participant visits of appropriate frequency;
- appropriate staffing levels and qualifications are in place to operate the program effectively;
- crisis plans are in place;
- discharge plan with aftercare and follow-up assessments;
- grievance processes are in place for program participants and communicated to them;

Housing Placement

- placement process aligned with principle of Housing First (program participant choice, housing permanency);
- placements in housing that is affordable for program participant incomes;
- housing meets relevant safety and habitability standards;
- transparent and fair process to determine financial subsidies for program participants (rent, utility supports);
- appropriate leases, third party agreements, insurance, etc. are in place;
- process to resolve tenancy issues (arrears, safety, landlord/neighbor disputes) is articulated;

Organizational Capacity

- serious incidents review processes are in place and appropriately reported;
- reporting and evaluation activities used in ongoing quality assurance efforts; and
- training and capacity building activities are in place to support improved program participant outcomes.

Youth Engagement

Youth engagement in the evaluation process was undertaken through one-on-one interviews with current and exited program participants. The aim was to interview 10 program participants; however, a high level of interest resulted in 18 participants.

To recruit youth participants, the evaluator requested that program staff connect with program participants to request an interview. Staff were asked to connect with all youth who attended the program over the course of its operations since 2000.

The interviews took place in diverse contexts at the request of youth, including coffee shops, restaurants, their homes, and onsite at the program. Some youth requested phone interviews, and these were accommodated particularly as some felt more comfortable with this option and/or were not in town. One youth submitted a written statement in response to the interview questions.

Youth were taken through a consent form which they signed and received a copy of (see Appendix 1) and the evaluator went through questions as outlined in the interview guide proposed in the Evaluation Framework (Appendix 2). The youth were also asked for specific consent for the evaluator to review their case files as well. The same consent process was followed for phone interviews, with verbal consent from the youth recorded. All youth participants received a \$40 honorarium for participating in the interviews.

Notes were taken during the interview and then thematically analyzed to deduce common patterns, of which a synthesis is provided in this report. To protect their privacy, none of the youth's names are used in the report; in some cases, pseudonyms were requested by the youth. All of the youth requested copies of the report, which will be sent to them via email; to enable this, contact information was shared with the evaluator.

The youth interviewed were asked general questions about their housing and service needs; what they chose to disclose was their decision and may not reflect the detailed information provided by staff in case files, for instance, or program level data. The program was very successful in locating current and past participants to be included in the evaluation who were representative of the demographic data analyzed from the program and HMIS.

Key Stakeholder Interviews

Interviews were conducted to assess the perspectives of program referral sources at the system level from funders, referral sources, researchers and natural supports engaged with the program. Appendix 3 outlines the interview questions used with these stakeholders.

Stakeholders were generally identified by the program staff. As a result, there were some stakeholders interviewed who spoke to the general intent of the program, and others who had perspectives focused on implementation. In total, five key stakeholders participated.

Data Collection Summary

The matrix below outlines the areas of the review available from the program. The full quantitative data analysis from the program is presented in Appendix 4, though it is summarized in the main report and referenced herewith as appropriate.

Program staff interviewed	9 in total 1 Program Coordinator, 1 Supportive Roommate, 1 House Parent 1 Manager, 1 Director, 1 Senior Director 3 former staff
External stakeholders interviewed	5 in total: 2 – Safe Haven Foundation 1 – Clinical Referral Source/Service Delivery Partner 1 – Canadian Observatory on Homelessness 1 – Alberta Human Services
Youth interviews	18 (current and former participants)
Program site visit completed	Yes
Case files available for evaluator	Yes – with participant consent
Administrative data	Yes – HMIS, Sharevision, case files
Assessment tools	Case plans with goal setting areas, youth journal
Evaluation plans, measurement tools and reports	Yes – Annual program reports starting in 2000
Staff job descriptions and organizational chart	Yes - Program proposal and contracts provided
Budgets and contracts	Yes - Program proposal and contracts provided
Application form, Entry and eligibility requirements	Yes - Intake form provided Eligibility addressed in contract with AHS/SHFC
Exit evaluation form	Yes - Data available in case files and HMIS re: participant satisfaction
Data collection and release forms	Yes - Case files show consistent use of FOIP release
Action plans	Yes - Case files show consistent use of goal-setting process/action planning/corroborated by participant interviews.
Program policies and procedures	Yes – Comprehensive program policies and procedures provided.
Participant expectations and rules	Yes - Case file reviews show consistent expectations of participants; participant-led goal planning; housing common areas include posters on rules/expectations.
Program websites/ promotional materials	Yes - Website available, annual reports, advertising campaigns (historical) available.

Program Review Results

This section provides a synthesis of findings from the youth engagement, key stakeholder interviews, program review and data analysis. Note that where relevant, the report will comment on the evolution of the program since its inception in 2000, however, the focus remains on current practice.

Intake

According to HMIS data, the primary referral source into the program was 828-HOPE (71.4%), followed by church pastor (14.3%) and self-referrals (14.3%). In all referral cases, the screening is still done at an agency-level to determine program match. Referrals into the program are screened by the BGCC Intake Worker who also manages the 828-HOPE phone line. Most youth interviewed also noted they were aware of the program through more informal sources including other participants, natural supports, or shelter workers they interacted with prior to program entry.

A list of potential applicants is generated only in cases of vacancy in the program. No waitlist is kept on an ongoing basis simply because turnover is so low. The process for entry involves the Intake Worker, who screens all referrals and diverts as appropriate to other agencies or programs within BGCC. In cases where referrals meet Haven's Way eligibility criteria and there is indication of participant interest and willingness to participate the program, the Intake Worker meets with potential applicants to undertake an initial screening. The screening also helps determine diversionary options and whether alternative placements are possible. Using the current list of potential applicants, the Program Coordinator and the Intake Worker meet to discuss potential fit in cases of vacancy.

The Program Coordinator and another staff meet with each candidate to discuss the program and their individual circumstances. During this meeting over several hours, the Program Coordinator determines whether the applicant is in fact eligible and interested in the program once they are briefed on its operational details and expectations. The Program Coordinator also considers the "fit" of the applicant within the dynamics of the house and its current residents. In other words, she is weighing the potential impact on social relations within the house that could result from the applicant's entry.

Other considerations include applicants' current support systems, housing situation, goals (particularly with respect to education), and ability to access other resources. In some instances, the applicant may know a current resident and have had conflict with them in the past; this may impact whether the Coordinator determines Haven's Way to be an appropriate placement. Overall, however, the Coordinator aims to discern as much information about the applicant's

situation early on to assess program match, and to prepare supports for their transition.

Once an applicant is admitted into the program, the time to move in is relatively short. Again, this is primarily the result of the program not maintaining a waitlist. Before move-in, the new participant is brought into the house to meet current residents and staff during a shared dinner as well.

Eligibility

To be eligible for the program, applicants must be females between ages of 14 and 24, with a history of homelessness and housing instability, no active child intervention status, and committed to furthering their education and living in a supportive housing model with roommates long-term. In practice, the age of residents is primarily in the 16 to 21-year range. Generally, applicants' housing situations are either relatively or absolutely homelessness prior to program entry, including shelters, couch surfing, leaving home due to conflict/abuse.

Staff and youth articulated that the program is not for all youth; in fact, certain commonalities are shared by "typical" program participants:

- Commitment to education and completing schooling.
- Moderate levels of acuity, with presence of mental health and trauma issues.
- Engagement in program activities: "buy-in for the program and willing to do the work," as one youth put it.
- Family conflict backgrounds, but able to maintain or re-establish some family or natural supports.
- Interpersonal skills to manage shared living arrangement.

As evident from the above, screening into the program is a significant consideration for staff and youth – particularly given the small turnover in spaces from year to year. The dynamics of a small, shared-living environment must be top-of-mind as a new "personality" is introduced – whether youth or staff.

The rationale for restricting the program to non-status youth was established when the program first opened in 2000 as very limited resources existed for youth without child intervention involvement. As an effort at balancing the two-tier system in place with respect to accessing resources, the program founders set eligibility criteria up to screen in non-status youth. This practice has been maintained, though a number of youth had had previous child intervention involvement before entering the program.

Target Population

Diverse data sources examined during the evaluation confirm the complex nature of challenges facing participants. The personal histories of youth involve housing instability and bouts of absolute homelessness and high levels of housing instability. Youth interviewees consistently reported histories of family breakdown, trauma, mental health and addiction concerns.

As is notable from the HMIS data summary on the following pages, public system interactions and reported health conditions were relatively minimal at intake compared to other Housing First Intensive Case Management programs, which focus on the highest acuity participants. For instance, only 14.3% of Haven's Way youth reported that they had an ongoing addiction/substance abuse issue that was treated and/or untreated at intake. Further, none reported having child intervention involvement or exposure to or fleeing domestic violence at intake, or being released from a correctional facility, mental health facility or health facility in the 12 months prior to intake. About 28.6% reported having had involvement with the health system in the past 12 months and none reported involvement with the police or legal system over the past 12 months at intake.

What is of note is that youth were generally reported to "present well" by staff at intake despite their challenges. It is admittedly difficult for staff to assess youth acuity levels at intake as these challenges tend to emerge after program entry. At intake and program entry, youth express motivation to pursue educational goals and commitment to adhere to program rules, including maintaining sobriety and not bringing drugs and alcohol into the house. It takes several months for the new participant to stabilize until underlying challenges emerge in earnest as they become comfortable and secure enough and to let these surface with staff and peers.

Complex mental health concerns led to involvement of the staff in suicide intervention and connecting with emergency mental health supports on some occasions. In one instance, a youth had over 30 critical incident reports on file during her stay in the program for about one year, largely resulting from addiction issues and risk behavior. Data on critical incidents from Sharevision show that on average, the program sees about 37 critical incidents annually – with a high 60 in 2015 to date (October). Incidents typically reported concern absences (AWOL, unapproved overnight), disclosures, drugs and alcohol, serious changes in health, and self-harm.

Staff and youth agree there are distinct phases of needs as youth are stabilized in the new environment, and then begin to process some of the underlying precipitating factors that contributed to their instability in the first place. In many instances, underlying mental health concerns (depression, anxiety, trauma), are expressed as interpersonal conflicts, withdrawal and isolation, risk behavior and non-compliance/

participation in program activities. At this point, staff support the youth in processing these and seek additional supports (therapy, diagnosis, treatment, etc.) to address these issues longer term – as opposed to eviction.

This emergent complexity and stabilization is further evidenced by HMIS data comparing intake and three-month assessments, where a small increase in ongoing mental health conditions and a notable increase in addictions issues were reported. When comparing intake and 12-month assessments, there was a further increase in ongoing mental health conditions noted, though rates remained the same otherwise for physical health, addictions and FASD. (The section on Data Analysis Results discusses these trends in full detail).

While participants did not have child intervention involvement at the time of participation, a small number – four out of 18 interviewed – reported to have had histories of involvement with this system as result of family breakdown, abuse and/or neglect. In all cases, family breakdown was noted as a major precipitating factor to their instability and need for support. While none of the participants had children of their own during their stays, several had children after exit. Of these, one had child intervention involvement as a parent.

Though child intervention and correction system involvement were generally absent for most youth, notable levels of involvement with community and mainstream health supports were mentioned by most youth at some point during their stay and confirmed by program staff and case files. This is largely a result of youth being supported to access appropriate mainstream and community resources by program staff.

	Haven's Way (Data from HMIS Reports at Intake, n=7, unless otherwise noted)
Demographics	All female participants either in the 16-18 age range. Caucasian participants made up the entire HMIS sample. Of the 18 interviewees, 2 (11.1%) were Indigenous, and 2 (11.1%) were visible minorities.
Homelessness	42.9% reported staying with friends or family to have been their primary residence prior to program entry, followed by transitional housing (28.6%); 1 participant reported staying in an emergency shelter and 1 was renting (unsubsidized) at 14.3% respectively. None of the participants reported being chronically homeless; 5 (71.4%) were episodically homeless; 40% of episodically homeless were in this situation for less than 1 month; another 20% for 1-3 months, and 40% for 7-12 months. Administrative data for 14 participants with program entries between July 2009 and November 2010 suggest 28.6% came from absolute homeless situations (youth and adult shelters); 35.7% from relatively homeless situations (couch surfing, evictions, and transitional housing); 28.6% came from family homes, these were primarily resulting in conflict that precipitated the move out.
System Involvement	20% reported having had foster care involvement during their lifetime. None reported having child intervention involvement or exposure to or fleeing domestic violence at intake. None reported being released from a correctional facility, mental health facility or health facility in the 12 months prior to intake. 28.6% reported having had involvement with the health system in the past 12 months. None reported involvement with the police or legal system over the past 12 months at intake.
Health Conditions	57.1% reported having a treated and/or untreated ongoing physical health condition at intake; this was also the case for ongoing mental health case conditions. 14.3% reported that they had an ongoing addiction/substance abuse issue that was treated and/or untreated. None reported having FASD.
Employment, Income & Education	All 7 participants reported some high school to be the highest level of education. All participants were pursuing further education on a full-time (85.7%) or part-time basis (14.3%). 71.4% reported having part-time employment at intake; 14.3% had a full time job, and 14.3% reported not being employed. 14.3% had been unemployed for 6-12 months and 1 month or less respectively. All 7 participants were employable (is or will be able to work in the short term) and none were in Employment Training at the time of the intake. On average, income at intake was \$500 – with a low of \$0 and high of \$1000 monthly.

Case Management Approach

The Haven's Way program philosophy is congruent with the core principles of the Foyer model: it is participantled and holistic, supportive of self-empowerment and self-advocacy. Service intensity is generally determined on a case-by-case basis and shifts according to youth needs. Staff are relationship-focused in their approach, building trust with each youth and grounding practice in mutual respect and a strengths-based approach.

Program materials, case files, youth and staff reports confirm the approach follows the stages of change framework, is trauma-informed, and youth-centered. These principles are defined as follows by the program.

Program Philosophy Component	Explanation
Relationship-Based Perspective	Build a positive, respectful, supportive and empowering relationship as the conduit for change.
Stages of Change	Recognize that change is a complex, individual process.
Strength-Based Perspective	Assess and identify an individual's stage of change is essential to ensuring youth voice and choice are respected, tailoring interventions, and supporting youth to move towards/through change.
Trauma-Informed Perspective	Identify and acknowledge individual strengths and support youth to build on these.
Client-Centered Philosophy	Acknowledge and be responsive to consequences of trauma on attachment, self-regulation and competency and build resiliency in these areas.
	Recognize that 'Choice' and 'Voice' in one's life are essential to empowering youth. Youth have opportunities to make and learn from mistakes. Support for self-generated ideas that further self-sufficiency.

Case management support is primarily delivered by the Program Coordinator and the House Parent, and to a lesser extent by the Supportive Roommate. Staff work with youth to explore individual strengths and interests and to understand the impacts of their experiences on current behaviours. Staff provide ongoing coaching and mentorship that at times simulates "positive parental teaching"; as one staff notes when faced with a difficult situation, she uses the filter of "how would I approach this with my own kid?" to guide her response.

All 18 youth interviewed reported they received individualized, flexible support from the Program Coordinator and the live-in staff. Youth and staff report that the case management approach was tailored in its focus and intensity, molding to participant life circumstance and changing interests.

Case management is formally undertaken by the youth and Program Coordinator on a one-on-one basis about once per week on average. Meetings focus on creating an individualized plan reflective of youth strengths and future aspirations and youth are supported to assess needs and goals in the life areas of:

1. self-care and living skills,
2. managing money,
3. family and natural supports,
4. physical health and mental health, and
5. education and employment.

The youth select the goals they want to work on and develop an action plan to achieve these, inclusive of the supports they want staff to provide along the way. These goals and progress are reviewed regularly (every three months on a formal basis) to track progress, celebrate success, and establish new goals.

A journal is also completed by each participant to help process the first four months in the program. In it, the program rules, staff and youth expectations are outlined. Key points regarding stress, healthy living, sexual health, key contacts, youth rights, and satisfaction surveys are included in the booklet.

When asked about needing to fill out forms and going through case plans, youth did remark that they were aware of the requirements of the program with respect to “accreditation...paperwork” and noted that while at times “annoying,” reviewing their goals with staff on a regular basis was helpful and assisted them in articulating progress. In other instances, rules like locking up cleaning supplies or having a fire-extinguisher were noted as necessary basic safety rules – “I mean, it’s still a program – you need rules,” according to a youth participant.

In terms of program intensity and focus, staff and youth articulated distinct phases of needs (see Figure 1 below) as a participant moves in and stabilizes, then begins addressing underlying issues and prepares to transition out of the program. The focus of interactions and case management varies also depending on what phase the participant is in. Note that these phases are generalizations based on staff and youth reports, rather than distinctly articulated in formal case management practice. The alumnae phase is noted as a key part of the case management approach as well as “all youth come back at some point,” a staff member notes, for varying supports and are therefore still part of caseloads.

Overall, service needs for current program participants are described as high and interactions with staff were frequent (daily), particularly with live-in staff. One-on-one case management is maintained at once weekly on average in the Stabilization and Engagement phases, though this varies according to youth needs and emerging issues considerably. During the Transition phase, this decreases to monthly on average. This is illustrated in the table below with respect to current residents.

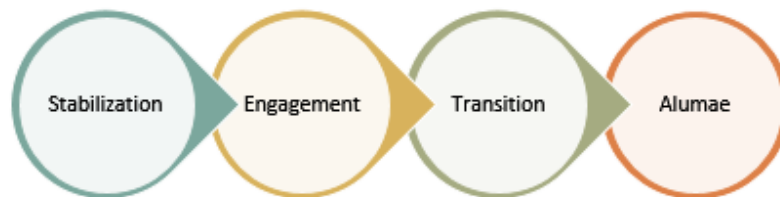


FIGURE 1 - PROGRAM PHASES

Program Phase	Common Indicators
Stabilization	<ul style="list-style-type: none"> Re-engaging in school; Adjusting to program/house/roommates/rules; Building staff rapport; Case management focus on supporting stabilization and operations (using dishwasher, laundry, house rules); Relationship building with roommates and staff; Case management frequency is weekly on average.
Engagement	<ul style="list-style-type: none"> Engagement with employment and schooling begins; Underlying contributing factors emerge: mental health, physical health, addictions; Goal setting with case manager begins; Renting/savings plan commences; Recreation activities commence; Bond established between staff and youth; Conflicts emerge with roommates/staff; Connecting to resources on an individual basis; Case management frequency is weekly on average.
Transition	<ul style="list-style-type: none"> Engagement with employment and schooling established; Savings in place; Appointments attended without staff supports; Youth collect items needed for moving; Housing location and transition planning; Community resources connections established; Grocery funds rolled back; Frequency of case management decreases to monthly.
Alumnae	<ul style="list-style-type: none"> Moved out of program into own housing/family reunification; Education and employment activities continue; Engagement in program activities at various levels continues; Interest in/efforts to give back to the program; Support needs decrease, but contact is maintained as needed with staff.

Staff also work to connect youth with the appropriate supports and resources in the community. Based on youth's identified needs, staff facilitate connections with supports and resources, and coach youth on utilizing these effectively. Where advocacy and system navigation are necessary, staff take this on and/or support youth to become advocates for themselves. Community resources accessed vary based on youth needs, but often include The Alex Health Centre for mental health and physical health supports, therapists and counsellors, financial assistance program (Burns Memorial Fund), and connections with natural supports (family, sports, faith, cultural networks).

This practice is confirmed by HMIS data, which show that at three-month assessments, there were 23 service referrals reported for the six participants, an average of 3.8 per participant, primarily concerning health services, counselling, hospital, financial, addictions and legal services. At 12-month assessment, there were 13 service referrals reported for the four participants, an average of 3.3 per participant, primarily concerning health services and counselling, followed by education, taxes, and hospital services.

As most participants had various aspects of trauma in their histories they were dealing with, program staff leveraged community and public system resources to complement their skill set. Warm transfers to mental health and addiction treatment were reported by staff and youth, and confirmed in case files. Staff would coach participants on how to approach such systems, and assist them through application processes and form completions where necessary. Staff also brought in specialists, such as art therapists, to work with youth one-on-one and in group settings, as well as to train staff.

In terms of contact with youth, the program collects some data that can help illustrate these practices quantitatively. HMIS data show that in three-month assessments, 16.7% participants reported having contact with their case worker between one and 10 times per month; 33.3% reported contact from 11-20 and 21-30 times per month respectively. In 12-month assessments, 50% had contact with their case worker between one and 10 times per month and 50% reported contact from 11-20 per month.

As aforementioned, the sample sizes in HMIS were small, thus should be complemented by additional administrative data. Note, however, that such data are likely incomplete given that staff report they may not have time to enter all interactions or may under-represent how much time they spent with youth in the database. Looking at information available in the agency's administrative data system (Sharevision) for 13 unique individuals served from 2011 to 2015, a total of 561 case notes were recorded with an average of 43 per youth. One-on-one case management was also tracked from 2012-2015 in Sharevision showing an average of 14 instances and 29 hours per youth over the entire time period. Again, this may not be an accurate reflection of current

practice as reported by staff and youth, and merits further internal review to ensure appropriate tracking. It is important to note that in certain instances, the House Parent and Program Coordinator provided case management to the youth and their families as well. This was considered an important part of their support for the youth to help build healthy natural supports, yet added to workload considerably given the multiple parties involved, their needs and intentions.

Staffing Model

It is important to distinguish between the House Parent and Supportive Roommate sides of the housing model. The House Parent side is notably more service-intensive, largely because the levels of need tend to be higher for participants, youth tend to be younger, and relatively new to the program. As stabilization ensues and youth begin to address their challenges, they may be ready for additional independence and move on to the Supportive Roommate side.

House rules tend to be more restrictive on the House Parent side as well with respect to curfews, school and job attendance; this is individualized, however, on a case-by-case basis. As a result of the variation of supports, the roles of staff in the two sides of the house differ. The House Parent role is considerably more involved as youth needs and crises tend to be more frequent and intense. Supportive Roommates' roles are more akin to peer mentors, who have additional responsibilities in upholding house rules, reporting incidents, and providing general support to participants. Though not uncommon on either side, the House Parent is likelier to be "up till 3 am" dealing with a mental health incident or unplanned absence.

Of further note, the House Parent and Program Coordinator support youth on both sides of the house. In the case of the House Parent, relationships develop with youth while they live on the House Parent side and in cases where they transfer to the Supportive Roommate side, these connections are still maintained. The House Parent is also more available onsite, hence fielding more requests for support as well. Because of the low turnover on the House Parent side compared to the Supportive Roommate side, she has also developed an informal caseload with previous program participants with whom she built rapport over the past two years in this role. Notably, even if they may not have necessarily lived with the House Parent or Program Coordinator, some program alumnae continue seeking supports from them, particularly during times of crisis.

An issue that emerged with the current model from staff and some youth concerned the ability of live-in staff to commit adequate time to the work given they had other employment and education commitments, particularly in the instance of the House Parent role. As the only full-time position dedicated to the program is that of the Coordinator, some staff and youth reported the workload for the House Parent during

some periods of time to exceed their compensation levels. The number of hours worked varies greatly depending on what might be occurring with the youth at a particular point as well. One Supportive Roommate reported working an average of 10 hours a week, while a House Parent reported working from 30 to 50 hours a week depending on whether critical incidents were occurring.

In terms of program staff, they exhibited a high level of commitment to the program – consistently affirmed by youth to “go above and beyond” their formal job expectations. Staff have had long-standing careers working with at-risk youth and have post-secondary education degrees relevant to the work performed in social work, education and psychology. Some are in the process of obtaining or have Masters level-degrees in their disciplines. Staff and youth were asked about the qualities of the right staff for the program; consistently, the following themes emerged:

- Relationship-focused
- Ability to maintain professionalism while building natural relationships
- Patient
- Understanding and non-judgmental
- Adaptable
- Able to make compromises and be flexible
- Respectful (not authoritarian)
- Able to resolve problems in crisis situations
- Collaborative mindset
- Able to manage self-care

With respect to the Program Coordinator role specifically, youth and staff noted the following qualities to be important:

- Positive and supportive relationship with live-in staff
- Not authoritarian
- Collaborative mindset
- Organized and efficient
- Availability; put in extra time as needed
- Timely and efficient communication
- Highly involved in youth lives and the house
- Program and youth advocate within agency

A particular benefit of the program is that staff who had served as House Parents or Supportive Roommates at one point, have since moved into the Program Coordinator and management roles overseeing the program, providing ongoing support at this level. In this manner, there is continuity and support for the program from a lived experience perspective of former house staff.

The program also recruits staff from workers elsewhere in the agency to provide relief support to current staff, allowing them to test the waters before committing to moving in. This is meant to ensure that staff turnover is minimized. Here, the role of the Coordinator is critical to supporting house staff in managing emerging issues, providing direct one-on-

one support to youth, managing the relationship with agency management and funders, as well as completing necessary reporting and accreditation-related tasks (CIR, case plan reviews, data entry, etc.)

Both staff and youth reported staff self-care to be an important consideration in ensuring low turnover of qualified workers. Adequate relief program staff was consistently reported to be critical to keeping staff, particularly for those who lived onsite. As house staff maintain work and/or schooling outside of their program roles, “in some ways you never get to let your hair down – you’re always on,” a former staff notes. Particularly in a situation where boundaries between personal and professional self are imprecise, having supervisor support to take time off and be away from the home for self-care was considered essential by staff as well as youth, as evident in the interaction below:

Youth: “We all know when staff is getting burned out – it’s such a small place, the dynamics change in an instant”.

Evaluator: “So, will you talk about that with her or with the other roommates?”

Youth: “Yes, with the roommates – and we’ll say ‘let’s lay off her for a bit’ – give her some space – she’s not in a good place right now... we know we can get the help we need if we need it, but we’ll be conscious of where she’s at and try to be respectful...”

Staff and youth also identified a number of training gaps that would be beneficial to improve practice including: harm reduction, suicide intervention, mental health, Indigenous and LGBTQ2S+ cultural awareness (to be discussed in ensuing section further). Note that Indigenous and LGBTQ2S+ mandatory trainings are required at BGCC for three hours within first six months of employment.

While current and former staff generally felt very supported by management, there was concern expressed by some regarding impact of the current levels of “bureaucracy” within BGCC and the need to meet various accreditation and funding contract government requirements. This was specifically mentioned with respect to staff being hindered in their approach with youth by concerns over safety and reporting. There was some unease expressed about the level of youth-led practice in an agency some considered to be relatively regulated by its child intervention contracts. Of note, this was a point made by a minority of interviewees. Another concern expressed by staff related to a lack of knowledge regarding recourse in cases of concern with management; again, this was expressed by a minority of staff interviewed.

Funding

As aforementioned, the program operates for approximately \$222,000 annually from diverse sources:

- Safe Haven Foundation of Canada – \$90K
- Alberta Human Services – \$46K (one-time grant in 2014/15)
- BGCC Fundraising – \$57K

The program budget is summarised below, based on the contract with Alberta Human Services in 2014/15. The cost per program space (n=6) is approximately \$37,065, and cost per average participant served assuming turnover of one spaces per year (n=7) is about \$31,770. The primary costs of the program are staffing-related, followed by facility expenses and direct client costs. A small administration cost associated in head office expenses at BGCC is also included.

Item	Amount	Notes
Salaries	63,508.00	0.20 FTE Manager of Youth Housing @ \$68 100 = \$13,602 1.0 FTE Program Coordinator/Case Manager @ \$53,100 1.0 Live-in Houseparent(s) (couple or single parent) @ \$1,500 monthly per Diem 1.0 Live-in Supportive Roommate \$1,000 monthly per Diem
Benefits	7,620.96	
Staff Travel	3,600.00	
Facility Expenses	64,758.00	Rent, maintenance, utilities, insurance, cleaning
Direct Client Costs	58,900.00	Recreation, food, clothing, spending money, incidentals, gifts, materials and supplies, bus tickets, individual supports, foster care maintenance)
Training	1,200.00	
Purchased Services	2,400.00	IT, educational materials
Phones & Supplies	3,600.00	
Administration Support	16,800.00	Central agency administration
Total Program Expenditures	222,386.96	Cost per program space (n=6): \$37,064.50 . Cost per participant served annually (n=7): \$31,769.60

The compensation levels of live-in staff varied depending on roles; for the Supportive Roommate, a \$750 monthly stipend was provided. The amount was \$1,250 for the House Parent. Note that neither paid rent or utilities during their stay. The program budget below is reflective of the current year of operations (2014/15).

Funding sustainability arose as a theme from some youth and staff who were aware of the key role the Safe Haven Foundation played. While aware that the founders were extremely committed, as a youth mentioned “funding is always an issue – there could always be more for events and recreation activities.” Because agreements with the Foundation are made in five-year cycles, the program has not seen any cost of living increases for four years, putting pressure on the agency to fundraise the balance while managing operating cost increases and stagnant wages.

The Foundation was working on securing an endowment fund to secure sustainable funds for the program long-term, though this was only partially raised at the time of the evaluation. Further, Alberta Human Services funds were in place for one year and there was no sense of potential for additional investment beyond the 2014/15 fiscal.

A Note on the Program's Evolution

Though this evaluation focused on the current approach taken in the program, it is important to consider how the Haven's Way has evolved since its inception in 2000. Interviews with former and current participants and staff point to a notable shift towards an increasingly youth-led approach influenced by Housing First principles in recent years, all of which has been incorporated in a context of enhanced professionalization of supports.

Initially, the program was operated with couples as House Parents on both sides of the duplex. The founders were also deeply immersed in program operations on a volunteer basis, which was a considerable task for individuals who had concurrent careers to balance. House Parents also proved difficult to recruit for, and reportedly impacted the relationship between spouses at times. When BGCC took over, they began shifting the model to a live-in professional staff model with roles differentiated between the House Parent and Supportive Roommate to support progression towards independence. More recently, the full-time role of a Program Coordinator was added to complement live-in support and provide leadership, reporting, and direct case management. BGCC began making notable shifts towards Housing First since 2009 "towards more harm reduction, youth-led approach"; Haven's Way operations have been impacted by this direction as well.

This shift is further evident when we consider findings from an Anonymous Donor report on program progress as of December 2003 (before BGCC took on operations). The report states that 25 youth had stayed in the program at an average length of stay of 8.5 months since operations began in 2000. The average length of stay currently is closer to two years, with long-term post-graduation supports. There is evidence that the program also restricted intake to youth without addictions, and evicted for reasons relating to drug and alcohol use due to a lack of staff capacity to manage such issues. This has shifted in more recent years, as staff consider the overall balance of needs and do indeed intake youth with addiction issues, who are willing to address them.

The program has "always provided that contrast to the institutionalized group homes we run as a home-like environment that's natural," notes a management-level staff. Though youth are required to work on their education, "they have to want to go to school –but what happens if they don't? We have to work with them to figure out why – we need to allow for choice and voice, not just evict." Staff also noted the program was aligned with the provincial Plan to Prevent and Reduce Youth Homelessness focus on family-type homes, natural supports, and education.

As one staff notes, "I always say this is the smallest program with the biggest outcomes...it stands on its own within agency" but has significantly impacted operations elsewhere in BGCC as well. This is particularly facilitated by the fact

that many staff who now lead BGCC programs have worked at Haven's Way earlier in their careers. In this manner, the program has been both impacted by the evolution of the broader BGCC agency, while influencing that direction.

Youth-Staff Interactions

Co-Living

All youth interviewed (n=18) reported building genuine relationships with staff during their stay in the program. The staff were often described to be "more like a friend" or "mentor" according to participants. They were consistently often referred to as "my go-to people/person," even in instances where youth have moved out of the program.

Because staff live with the youth in a roommate situation, their approach was considered by youth as "more natural" than what one might find in a group home or scattered-site case management context. As one staff notes, "They see you on a good day and on crappy day when you come home and you just want to shut your door." Four of the youth specifically contrasted the program to group homes, noting it as the preferred option. As Rita mentions, "I tell my friends who are in group homes about it and they're like 'How do I get in?'"

This co-living situation also contributes to a blurring of traditional boundaries between staff and youth. Staff are encouraged to develop personal connections with youth, and vice versa. This is manifested in informal activities, like "hanging out" and "just chatting" as well as one-on-one time, like going for coffee or lunch. In contrast to traditional group home models, living with the youth being served adds a very distinct dynamic to the youth-staff relationship. It can establish the staff as a constant positive presence in the lives of youth, and become the foundation for youth to work on underlying mental health issues, and develop life skills to transition to self-sufficiency.

This relationship-focused approach was considered a cornerstone of the program's philosophy, yet can have some drawbacks as well with respect to staff burnout and turnover in the program. Long-term stability in staffing was noted consistently as essential by staff, youth and stakeholders, particularly because of the trauma background of the youth participants. Yet, the encouraged blur of personal and professional boundaries takes its toll on staff who are "unable to just check out after my shift," as a former House Parent notes. While the House Parent during the time of the evaluation had been stable for over two years, the Supportive Roommate side had seen annual turnover over the past several years. As one stakeholder notes, "For youth who have experienced major trauma, which impacts attachment, seeing someone disappear brings that all out all over again".

The approach can also create tension between the youth, as some noted that some staff "have favorites." Some staff

admittedly note that, “Of course you’re going to connect to some more than others – it’s natural.” In this manner, the natural relationship encouraged by the program approach can also create a sense of unevenness in access to particular staff or level of interactions; as one youth notes, “I’m here, too – you know?”

Rule-Breaking

A telling test of the flexibility of the relationship-focused approach emerges when breaks of program rules are examined. As the intent of the program is to provide a positive, supportive home environment for young women during a pivotal time in their development, rules are in place to ensure a safe home for all participants. As aforementioned, when youth come into the program, they agree to a set of house rules, including not bringing drugs and alcohol into the house, working on their schooling, participating in program activities, etc.

All 18 youth interviewees were specifically asked about bringing drugs and alcohol into the house or coming home intoxicated. Seventeen of the youth interviewed confirmed that they had prior knowledge about the rules around drugs and alcohol, and most could recount an instance where it was broken by themselves or others in the program. The consequences reported were generally that staff would “have a talk” once the youth was sober, usually the following day, about the incident. If heavily intoxicated, staff also ensured youth safety by checking vitals and determining if medical attention was necessary.

Youth noted that in cases where they “broke the rules,” a key point of discussion during processing with staff was to consider the impacts of their actions on the rest of the house. As Pam, one of the youth participants notes, “You have to think about how bringing drugs and alcohol into the house, or coming home high, impacts your roommates – it can be a trigger for them.” In no instance was immediate eviction reported because of drug/alcohol use; rather, youth would process the incident with staff, make efforts to avoid such incidents in the future and in some instances, asked to attend treatment.

In a minority of cases, repeat instances of such issues eventually led to the youth leaving the program. In all cases where youth were exited from the program as result of addiction-related behaviours occurred, staff supported the youth beyond program exit to ensure transition to more appropriate programs and housing. Youth were also included and active in alumnae activities and supported after the discharge.

Another common “rule-breaking” concerns unapproved absences. It is of note here that younger participants, who are generally on the House Parent side, are expected to adhere to different rules than those on the more independent Supportive Roommate side. Younger participants are likelier to

be minors and still in high school, thus expected to be home on weeknights by a certain time (10PM for instance), unless otherwise arranged. This is not the case for older youth participants who are expected to check-in with staff if they are not coming home that night, but are otherwise determining their own comings and goings in the house as adults.

With respect to planned overnights, staff note that they are not “ignorant to the fact that they’re teenagers and they’re probably going out drinking or smoking pot,” as one staff member notes; however, “we ask them to be respectful to their roommates who may be struggling with addictions and not come home high or drunk – stay at a friend’s – let us know where you are; and if you’re gonna come home high or drunk, you bet there’s going to be a conversation about it when you sober up”.

The staff and youth note that keeping in touch about one whereabouts is particularly important to ensure safety. There is evidence of consistent staff efforts to get a hold of participants that did not check in as arranged and incidents where youth were in comprising risky situations; staff were able to intervene and connect with police to mitigate the situations because of the constant contact they try to maintain with youth, even when they are in the process of “breaking the rules.” As Adrienne recounts, “I was not in a good situation and I was high – but I knew I could call them and I could be safe.” There were consistently recounted instances where youth reported being in risky situations, but had the knowledge and confidence to ask for help from staff to resolve the immediate risk. “Of course, I knew I was going to have a long conversation the next day with [staff name], but I knew I could call them for help.” Again, the basis of the staff-youth relationship provided youth with the security to seek support from staff even in instances where they were “making mistakes.”

Building Home

Building a sense of home was consistently noted to be an important strength of the program. Some staff were identified as having parent-like roles vis-à-vis the youth (“she’s my house-mom”), and in turn, some staff also considered themselves to have a “mother”-type role. In another instance, the evaluator summarised back to the youth that the program was an effective “simulation of a healthy home” – to which Brooke remarked, “Yes, but this is not a simulation – this is real – this is my family”.

It is important to differentiate this parental role parallel from that of peer support – more akin to the staff’s role on the Supportive Roommate side in contrast to the House Parent and Program Coordinator roles. In both instances, live-in staff acted as role models, demonstrating positive relationships with their own partners, children, parents, and friends. “By watching them, you see what ‘normal’ is about – especially when you’ve never seen it in your own home,” notes Lisa, a former participant.

Staff were encouraged and often included their own families in the activities of the home – hanging out with their boy-friends at the house, bringing friends and family members for dinner, and joining in for recreational activities. “When this place is your home, you’re all in – they see your relationships – the ups and downs; I mean, we had to have a night to introduce my new boyfriend at the time and make sure the girls were OK with him coming over to see me – this is their home, too”.

Physical Design

The physical space’s design was also pointed to as a program strength by youth and staff interviewees as a contributing factor to building a sense of home. “I mean, the place is amazing – it’s gorgeous and you get your own room – your own furniture and bedding. You can decorate it, and it’s just ... home.” One youth notes, “I am proud to bring people to the house.”. In fact, during the site visits undertaken by the evaluator, informal observation of interactions of the youth and staff confirm these reports: youth had friends over, came and went according to their schedule, yet staff knew of their whereabouts.

All participants noted that they liked the home and its central location. They specifically mentioned there were “enough bathrooms” and “hangout space so you’re not all in each other’s space.” There is no formal office onsite, and the live-in staff master suite is downstairs with the youth bedrooms upstairs. Files are kept locked in staff bedrooms to ensure there is no “institutional feel at all – it’s home”.

The house is owned by the Safe Haven Foundation legally, with no outstanding mortgage. It is rented by BGCC with funds provided by the Foundation. The Foundation takes on any major capital changes, while minor maintenance is done by the agency. It is of note that the space was purpose-built, with master bedroom suites on the main floor for staff and three bedrooms upstairs for youth. The basement is developed and is available for common use along with the main floor living room, kitchen and dining room. Upstairs, another space for office use is available. There are also four bathrooms available for the youth, with another for the live-in staff.

House Maintenance

To further support youth participation in the home, house rules are developed in a joint manner. While certain “musts” surrounding safety and program operations were non-negotiable, other matters could be brought up at regular house meetings and rules could be developed or modified accordingly. The “chore list” was one of the most-cited points of disagreement mentioned by participants as youth reported interpersonal conflicts over peers not carrying their weight around the house. Nevertheless, “as much as I hated that chore list, when I moved out, I actually called [staff] to get me a copy because I needed it to sort out my roommates!” admits Ellen.

Generally, disagreements centred on youth not completing their assigned tasks or eating each other’s food, though these were generally addressed in real time with staff support. The skills learned in a roommate context were noted to have enhanced youth’s ability to live independently as “most of us ended moving out with other people – rent is too expensive to live on your own, and you also want that support so you’re not alone...but living at Haven’s with other girls, you know what you’re getting into when you’re out on your own – and you have skills to manage issues with roommates,” recounts Amanda.

Peer Relations

Because of shared experiences that brought them into the program in the first place, youth participants reported developing strong interpersonal connections with roommates in the program. In certain cases, they moved out together and continued to maintain close relationships after program exit. The connection with peers was noted to be a key support and essential ingredient of the program by most of the youth interviewees. Youth participants reported roommates to be a main source of support during their transition into and out of the program. Again, such relationships “can’t be forced,” as one youth notes, “you’re not going to get along with everyone”.

Interpersonal conflict between youth or between staff and youth was noted to be an issue at various times during the program’s course. In some instances, it was a contributing factor that precipitated youth leaving the program as well. Some youth reported that peers would steal their items, or would damage their possessions. While staff worked to resolve the interpersonal conflicts through house meetings or one-on-one conversations, it was not always remediated to the satisfaction of all parties. Despite its challenges, youth and staff agreed that the peer model’s benefits generally outweighed its drawbacks. “We have this common bond – what brought us to Haven’s, but also that shared experience – we’re part of this bigger community,” notes Gillian.

Financial Assistance

Aside from providing youth with supportive housing, Haven’s Way also supplies participants with some financial assistance to reduce barriers in areas such as education, transportation, physical health, mental health and personal incidentals. The program has the ability to purchase some basic needs items on an individual basis, such as bedding, towels, and a laundry basket at move-in. Depending on the youth, assistance could include covering the costs of medication, hygiene products or phone minutes. At program intake, such issues are discussed to determine accountability for the cost with respect to BGCC, youth or parents.

Each youth has to budget \$200 in gift cards per month for groceries at the nearby Safeway. When they first move in, staff support the youth with shopping and budgeting. This is done for about three months, then the youth are able to go

shopping on their own. If youth cannot budget this amount, they are either taken to the food bank (with support from staff), or expected to purchase anything above this amount using their own money. This way, once they are on their own, they know how to access the food bank if needed.

Once able, youth are expected to contribute a portion of their income to rent, which is subsequently returned to them upon exit to assist in their transition. While helping youth pay rent and budgeting, the process reinforces the habit of paying rent to “a landlord.” In cases where they cannot make rent to the staff, having a conversation helps process the reasons for this, rather than resulting in eviction.

The amounts collected for rent depend on youth’s income and goals, but generally amount to considerable savings to assist with moving costs and establish their new home; as much as \$3,000-\$5,000. If there are damages to the rooms or these are left uncleaned, the savings may be used to cover such costs as well. To the Coordinator’s knowledge, there have not been any youth that have not had their full amount paid back.

Staff incorporate the savings in discussions with youth about transition planning. For instance, how much will go to their new landlord (first month’s rent, damage deposit, food, cleaning supplies, furniture, etc.). The underlying focus in these areas is building a basic life skill to pay rent, budgeting savings for move-out, budgeting for food/clothes, shopping and cooking. These in turn support transition and prepare the youth for when they eventually move out.

Access to a recreation and community inclusion fund is also available pending youth’s application to the Safe Haven Foundation to cover sports fees and equipment, art therapy, school tuition fees, gardening materials, etc. Youth apply to the fund and fill out a short form to make their case to the Foundation. Notably, youth are also able to apply for scholarships for post-secondary education through the Foundation – as alumnae and current residents. This was consistently mentioned as a program strength and affirming of youth capacity to move forward in their lives on a career path. The investment made by the Foundation in youth’s education was noted to be a reaffirming boost “that we’re worth it – we have a future.”

Cultural Diversity

The program also offered individualized supports focused on Indigenous cultural practices and connected participants with sweats and other cultural events on their own volition. One of the case managers had Indigenous ancestry and reported connecting to Indigenous participants with respect to issues of cultural identity and impacts of colonization.

Participants interviewed stated that they felt welcome being Indigenous in the program, though they remarked that the

low number of Indigenous participants was notable given the over-representation of Indigenous youth in the target population. “So why is it that we have such low numbers? I am not sure – but we do need to think about that.” Some staff, stakeholders and a youth noted that it may be the result of the program targeting and intake process. One stakeholder reflected on the program’s focus on non-status youth as an explanation; as “most Indigenous youth who would be eligible for the program have status – so they’d get streamed into the child intervention system as opposed to Haven’s.” In a similar vein, an Indigenous youth pointed out that “maybe it’s the lower level of needs in the program – Indigenous youth typically have more complex cases, so they may not be considered for this program”.

Youth, staff and stakeholders were asked whether the program could be adapted or should be adapted to Indigenous youth in a more concerted manner. Responses were mixed, citing that in some instances additional focus on the cultural and spiritual practices could be beneficial for Indigenous youth who desire such supports; but as one Indigenous youth remarked, “I’m not sure everyone would want to be in the ‘Indigenous’ house’ – you want the option to be open.” Some staff noted that Home Fire – another BGCC program targeted at Indigenous youth – may be a better option for those who want a focus on cultural practices.

Immigrant and visible minority youth made up a small proportion of the program as well. Participants noted being supported in their cultural identities: “I remember one year they had like five different Christmas dinners to celebrate everyone’s background – like pierogis and Chinese dump-lings”. Efforts were made to learn about participant cultural backgrounds and ensure a safe space supportive of diversity.

A similar vein was evident with respect to LGBTQ2S+. There was a minority of participants who self-identified in the course of interviews. They reported feeling respected and supported by the program staff and roommates: “Everyone is totally open – no judgment – and it’s not just about being gay – it could be that you’re Christian or whatever.”

Of particular note with respect to sexual diversity – several staff and youth did remark that the program could benefit from additional capacity building to support youth in this area. “I am actually not sure how they would handle MTF (Male-to-Female) or FTM (Female-to-Male)? Would they evict someone because they’re not ‘female’ anymore? What does that look like?” This issue was similarly expressed with respect to staff who may be transsexual or transgender: “I know someone who would be an amazing Supportive Roommate – but I am not sure they would consider that.” Thus, although the program is described as non-discriminatory and supportive of diversity, there is further work that could be done to challenge potential heteronormative underpinnings.

Staff agreed that ongoing reflection on diversity within the program could further evolve the approach, especially given the BGCC program developments happening for Indigenous and LGBTQ2S+ youth through Home Fire and Aura. “There is definitely potential to learn from one another in the agency,” as one staff notes. Hiring staff from different backgrounds was also recommended, and having a more inclusionary approach to youth intake was suggested to add a lens to current practices that was supportive of diversity in the program. There was a need identified by staff in balancing “program fit” with diversity: “If you look at staff, we’re all Caucasian mostly – so when you think about fit, how do you know when you’re being less open to other cultures because of that?”

Transition Planning

The program operates as long-term supportive housing, without a set length of stay. As such, the period of intervention can vary between one and three years, though various data sources point to an average length of stay of approximately two years. Though no set move-out dates are in place, staff work on transition planning following youth’s lead on an ongoing basis. In a sample of 11 program graduates, staff reported instances where the youth initiated the exit for 54.5% of the sample; in the other 45.5% of cases, the transition was initiated by both the youth with staff. In all but one case in the sample, staff were able to provide transition supports for the youth exiting, regardless of how the exit was initiated.

In their case plans, youth formally document their goals with respect to transition, and take on tasks towards accomplishing these. These are documented in their journals, case files, and Sharevision by staff. Transition plans are developed over lengthy periods as youth take steps to prepare for move-out. Support is provided with housing location at exit, acquiring necessary basic items and furniture, savings planning and budgeting, as well as building community supports in the new context. In fact, there is a “constant dance between handholding and supporting them to do it on their own,” as one staff interviewee put it.

Staff and youth consistently reported that transition planning as generally youth-led and staff-supported. In other words, youth generally identify their desired living situation at exit and are assisted in “processing” the necessary steps towards it by staff. In several situations, youth and staff reported that transition planning is prompted by staff who suggest to youth that they are likely ready to begin planning for their move-out. There were several instances where both staff and youth noted that program exit was unplanned and/or sudden. These cases were the minority, and initiated by the youth. In such instances, youth still received transition support, albeit in a shorter timeframe.

Supports & Community Building Beyond Program Exit

It is important to stress that support for youth does not end at move-out. Staff continue to support program graduates as alumnae over the long-term. All but one of the 18 interviewed youth acknowledged they were comfortable seeking support and maintained some level of contact with the program even after leaving.

The alumnae engagement with the program can be distinguished into two primary spheres of activity: support services and social inclusion. The former refers to service needs an alumna may seek from program staff after exit, which vary on an individual basis. These generally involve counselling and support on arising issues, information and referrals, and access to recreation and community involvement funds or post-secondary scholarships through the Safe Haven Foundation. A variety of formal and informal social inclusion activities engage alumnae further, such as volunteering or attending Haven’s Way events, building peer relationships with current program participants, and maintaining relationships with former roommates and staff on a personal level. It is important to note that such relationships include former staff as well who have moved on, but maintain connections with some of the youth. None of the activities that former participants and staff partake in are mandated in any formal manner, though they are encouraged. These ‘bonds’ are described as natural and organic, rather than mandated by the program or expectations of the job.

The program staff kept active case notes on major events and/or notable interactions with former participants in Sharevision. They were able to report on current levels of supports provided to 11 participants in the sample. While about half (54.5%) were receiving a low level of support, the other half was in weekly (36.4%) or monthly (9.1%) contact with staff.



Alumnae Support Levels			
Support Level	Contact Intensity	Number	Percent
High	Weekly contact w/ staff	4	36.4%
Medium	Monthly contact w/staff	1	9.1%
Low	Sporadic contact w/staff	6	54.5%
None	No contact/ attendance	0	0.0%
	Total	11	100.0%

The level of engagement in alumnae events was also reported for the 11 participants at varying levels. All had some level of engagement in contact with staff and/or participation in alumnae events, such as Recreation Nights, Ranch Day, Christmas Dinners, etc.

Alumnae Program Engagement Level			
Engagement Level	Contact Intensity	Number	Percent
High	Weekly/bi-weekly contact;		
Monthly event participation	5	45.5%	
Medium	Monthly contact;		
Monthly event participation	1	9.1%	
Low	Sporadic contact and/or event participation	5	45.5%
None	No contact or event participation	0	0.0%
	Total	11	100.0%

Here, the role of the program founders is salient as the alumnae community is primarily adjoined to their presence and activities. The Safe Haven Foundation provides ongoing access to a small recreation and community involvement fund to alumnae, who have to apply to gain access to the fund for activities such as sports enrolment fees, tuition, equipment, memberships, etc. The fund totaled \$10,000 per year for current and past participants. In addition, the founders also provided participants with access to scholarships for post-secondary courses and education.

The founders are also very active in providing opportunities for alumnae to contribute to the program as volunteers for fundraising events, speaking engagements, and employment on small projects. They organize major celebration events as opportunities for alumnae to reconnect and build new relationships in a growing community. The youth report developing long-term relationships with the founders, particularly Karen Sherbut, who they often describe as a role model and mentor.

Notably, not all former participants take on such engagement either and not all former staff is active in alumnae activities. In some instances, interactions are ongoing on a one-on-one basis as the result of personal connections between individuals (former roommates, former participant and staff). However, in other instances, these bonds manifest as active engagement in the program on a voluntary basis. Former participants actively attend recreation activities and events, such as dinners and celebrations, at the house and/or the founder's home, and may take on a peer-mentor role.

The informal community built around Haven's Way has become a main source of positive social relationship for some former participants, who draw on the network for a sense of belonging and inclusion. Again, this is not the case for all participants; in fact, an intentional focus on building this "back-end" of the program is a relatively recent evolution of the program. As staff and founders recognized the value of maintaining connections with former participants to the program itself and to the participants, additional efforts were made to develop Haven's Angels, engage alumnae as peer mentors, and introduce the potential involvement beyond program exit to current participants as they prepared for transition.

More recently, the growing alumnae community has become a resource for "matching" youth in need of affordable housing and peer support. Using the 828-HOPE line, former program participants seek roommates from a pool of youth as a way of managing housing costs, but also as a way of "giving back." While a notable enhancement and "ripple effect" of the program, it is of note that program staff continue to work with the alumnae in their peer support roles to support the co-living arrangement.

To recognize alumnae contributions, the founders of the program launched the Haven's Angels project, which awards alumnae with outstanding contributions to the program a leather jacket embroidered with a "Haven's Angels" epitaph. Interviewees referred to these jackets as notable achievements and symbols of giving back to the program in several instances. In 2015, the jacket was awarded to a staff member for the first time, recognizing her outstanding contribution to the program. Haven's Angels has become a standalone charitable organization more recently with the support of the Safe Haven Foundation, aiming to build on the spirit of "giving back" for former participants by encouraging volunteerism, peer mentorship, and some fundraising.

The growing community of alumnae was highlighted by the majority of staff, stakeholders, and youth as a distinct feature of the program that contributed to its success. A shared experience at Haven's Way is reframed as a positive basis for ongoing connections, and a point of pride to ground ongoing involvement with the program. In fact, some of the youth were working on getting a tattoo of the duplex to commemorate their shared experience during the evaluation period: "And think about that – they are willing to permanently mark themselves with a symbol of Haven's Way – that shows you the impact," remarks a staff.

Assessing Progress

Staff considered Haven's Way primary outcomes to be housing stability, connection to community and natural supports, improved interpersonal relationships, ability to set and meet personal goals, self-sufficiency, increased job maintenance and school attendance, and successful transitions at pro-

gram exit. These outcomes were confirmed by youth and stakeholder interviews, as well as case files and available data.

Tracking progress on an individual basis was done primarily through HMIS, case file notes, Sharevision and complemented by some additional program-level data tracking using Excel, though this was limited to basic demographics and program enrollment status. HMIS had only been used for approximately three years, thus inclusive of data on all youth served since 2000. Yet, HMIS adoption has benefited the program in aligning to standardized demographic data collection and performance metrics within the broader homeless-serving system of care.

There was no primary source of information on performance metrics located – a diversity of data sources had to be reviewed and cleaned to glean a sense of the overall program impact simply because of changes in data tracking over the course of the programs' span. It is difficult therefore to conclude with certainty at this point the number of youth served since 2000 and their individual outcomes. Nevertheless, data available do allow for assessment of performance in more recent years.

By 2003, there had been 25 participants in the program. On average from the data collected more recently, the average length of stay is two years. Assuming this, from 2004 to 2015, this would mean there were between 33 and 40 youth since then, bringing the estimated total to between 60 and 70 unique individuals. This is consistent with staff reports, though, again, cannot be confirmed with conclusive data at this time.

Staff and youth confirm that for the past year (2014/15) all but one program participants residing at Haven's Way maintained housing stability and were pursuing educational and employment goals actively. One program participant was being transitioned to a Housing First program as a more appropriate match.

In terms of long-term outcomes for graduates who left the program between 2012 and 2015, of the 11 participants whose Sharevision records were available, more than half left to their own rental accommodations. In most cases, these rental units were shared with roommates, partners and/or family members. A smaller proportion reunited with their family at exit or went on to live with another natural support – though not in a shared rental context.

When probed about the exit further, staff determined that only one of the 11 exits was negative as the participant left without a transition plan and has since experienced episodes of homelessness and ongoing instability. This was confirmed in the case file information and the interview data gathered by the evaluator for eight of the 11 participants in the sample.

Although these participants had left an average of two years prior to the evaluation, staff maintained contact and were able to report the current housing, education and employment situation of all 11 youth. In terms of current education and employment status, 63.3% of the 11 past participants had graduated high school, 63.3% were pursuing post-secondary/trade and one was in high school. Two participants were not actively addressing educational goals and had not graduated high school (18.1%). In terms of current employment status, all but two (81.8%) were employed either part or full-time.

The ability of the program to report on long-term housing and employment/education outcomes is notable and indicative of the ongoing relationships staff maintain with alumnae. This was further validated by the willingness of 18 of the youth to participate in the evaluation, where the initial target was set at 10.

Youth Perspectives on Program Strengths and Improvements

While participant input is integrated throughout the larger section together with staff and stakeholder interviews and various data, this section aims to synthesise program strengths and areas of improvement specifically mentioned by the 18 youth evaluation participants.

Program Strengths

Youth consistently reported their experience with the program was very positive. All but one youth affirmed a high level of satisfaction with the program. When asked about what attracted them to the program, all of the youth commented on the long term-stability being offered. “I wanted somewhere to call home,” noted Mary. Most of the youth also confirmed that a key strength of the program was the flexible length of stay and supports beyond program exit they were receiving.

The rapport and trust built with staff was mentioned consistently as the program’s key strength, confirming a youth-led, strength-based approach in practice. Staff were described as very committed, supportive, patient and generally “always there for you – whatever you need.”

Staff provided guidance and mentoring in a non-judgmental manner supporting youth direction, rather than prescribing goals and actions for them. All youth interviewed mentioned the one-on-one support provided by the Program Coordinator and live-in staff in flexible manner: “Sometimes [staff name] was up till 3AM with me and then she’d get up and go to her job.”

Youth reported receiving significant and effective support to address their self-determined goals regarding education, employment, connection to community and mainstream resources, processing underlying challenges and difficult

relationships, reconnecting with family and transitioning to independence.

Another key aspect of the program mentioned concerned its ongoing support past program graduation. This was mentioned by all interviewees, though three noted they were not actively engaged despite being interested in connecting more as alumnae. The youth who were connected mentioned that program staff continued to play key roles in their lives even in cases where they no longer worked in the program. This signaled to the youth that the connections made were “not just about it being part of their job”.

“My life has changed in so many ways that I could never have imagined. I still talk to my house mom, and weirdly enough, our children play together. I was able to follow my passion ... and received a scholarship to go to school ... I learned that I can achieve anything I want in life no matter how difficult and to never give up.”

The creation of a home-like positive environment was considered another key program strength, particularly as youth learned “what stability feels like – what normal is.” Youth mentioned valuing the opportunity not to worry about their basic needs (housing, clothes and food) and thus be able to concentrate on their education and career goals, dealing with underlying issues, reconnecting with their families, and preparing for transition.

Access to the recreation and community inclusion fund to cover sports fees and equipment, art therapy, school tuition fees, gardening materials, etc. was consistently mentioned by youth as a program strength. The ability to also access scholarships for post-secondary education through the Foundation – as alumnae and current residents re-affirmed youth capacity to move forward with their education and that “they [the founders] believed in us.”

Areas of Improvement

Despite the consistent positive experiences reported, youth noted a number of areas of improvement for the program. In general, all youth felt that the program was very welcoming and non-discriminatory. However, there were recommendations from a number of youth that additional enhancements with respect to Indigenous culture and LGBTQ2S+ be considered. Youth remarked that they noticed that the program was “primarily Caucasians” and were unable to definitively explain why there was an under-representation of Indigenous and LGBTQ2S+ youth given the prevalence of such diversity in the target population.

More transition supports and preparation for independence was recommended by several youth to ensure there was no “drop-off” in supports: “I am just concerned you know – like

will all this support disappear? Maybe there's a way to help with moving more towards being independent before you move out so it's not a shocker."

Youth recommended that management consider strategies to reduce staff turnover, particularly for the Program Coordinator and House Parent with supports for enhanced self-care, and turning the House Parent into a full-time position to ensure no competing demands were in place for them. This was related to the difficulties resulting from the loss of a staff with whom they connected: "It hurts – you have this person you are close to, and then they're gone," explains Elaine; this connects to the attachment challenges many of the youth are dealing with.

Though all youth reported either receiving or knowing they could access support post-exit, the hesitancy towards move-out was noted in most interviews to some extent. There were youth for whom moving out "was a no-brainer – we (staff and youth) all agreed I was totally ready for it"; for others, there was anxiety and even self-described "self-sabotage" resulting in actions that would suggest to staff that youth was "not ready to move on." Charlie explains, "You don't want to lose support at move-out – so you find ways to stay in – staff need to support and make success safe."

It is of further note that during past periods of high turnover for both staff and youth, youth experiences were negatively impacted. In one interview, the youth remarked, "When I was there, it was a gong-show ... honestly, I think some of the staff were scared of the youth ... there was definitely drugs in the house." In another instance, a youth, Diana, noted, "Staff definitely have favorites ... and that attention can come and go, and it hurts."

Expanding/Adapting the Program

All staff, youth and stakeholder interviews recommended more programs modeled after Haven's Way. Aside from expanding to serve more female youth, many interviewees commented on the potential for adaptation of the model for younger males. This could address the critical age of 13-16 years, and make an impact on violence prevention, positive fatherhood and male role models, and a reduction in gang involvement.

Mixed opinions were expressed with respect to replicability for Indigenous and LGBTQ2S+ youth specifically, though staff pointed out that the BGCC Aura and Home Fire programs were already borrowing learnings from Haven's Way for these populations. On one hand, some youth and staff felt having a house dedicated to a subgroup might further "other" the group compared to an integrated approach. On the other hand, there were benefits to a focused approach as well – particularly in relation to safety for LGBTQ2S+ youth and culturally sensitive programming for Indigenous youth. In either case, youth recommended that future program development include engagement of the intended target population to gauge their interest in such options before

making assumptions one way or another.

There was also mention that the program could be used as a model for reform in child intervention group homes: as a youth notes, who was in group homes most of her life before Haven's Way, "I just don't get why you couldn't have this for status kids – why would you put me through 20 foster homes and group homes where no one gives a shit?" The theme of contrasting Haven's Way to child intervention responses consistently ran through the interviews with youth, staff and external stakeholders: where it emerged, respondents noted that the child intervention response could be adapted to formally include options such as Havens' Way, albeit modification may be needed to serve higher acuity youth and manage additional safety concerns. The program has additional value that can impact the operations of housing models in other public systems, including corrections, child intervention, and mental health – all who operated supportive housing for youth.

From policy perspective, discerning effective housing models for youth that are replicable for other populations and communities is critical. Scaling the program has potential because of the replicability of the model in low density areas, including rural communities. The cost-efficiencies of the model were also noted as positives, along with the capacity of the program to leverage diverse funding sources from private, non-profit and government sources.

To replicate the model, a number of features were mentioned as essential by youth, staff, the founders and other stakeholders, which are consistent with youth perspectives on program strengths:

Program Essentials

Operations

- Agency philosophy aligns with the program approach.
- Career advancement of previous program staff into agency leadership roles responsible for the program reaffirm approach within agency management and enhance support for program.
- Agency management supports program staff autonomy and self-care, yet steps in as needed in operations.
- Live-in staff are supported by a dedicated full-time Program Coordinator, who carries case management and program leadership roles, additional reporting and accreditation-related tasks.
- There is continuity in program staffing, with low turnover.
- Staff self-care is strongly supported to ensure sustainability.
- Program balances accreditation requirements with maintaining a home-like environment and natural approach with youth.
- Independent sources of sustainable and flexible funds present minor restrictions on operations, facilitating program responsiveness to youth versus funding requirements.

Program Model

- A thorough screening and intake process for new youth and staff discerns fit with house dynamics and program model.
- Staff live with youth, providing consistent onsite presence, positive role modeling and low turnover to mitigate attachment issues.
- Program timelines are flexible based on participant needs and there is no length of stay prescribed.
- Transition planning is intentional and tailored to each participant, with ongoing connection beyond program exit.
- Financial assistance is in place to ensure youth's basic needs are met, while life skills are built to pay rent, savings for move-out, budgeting for food/clothes, shopping and cooking.
- Access to flexible funds is in place to cover costs of recreation and community inclusion activities to build youth's natural supports and life skills.
- Program integrates natural supports and community-based service connections to build a base for independence after program exit.
- Youth are supported and coached in how to access needed resources (therapy, school, jobs, recreation, community supports, etc.) according to their individual and changing needs.
- Program graduates have access to transition planning and supports and considerable savings to support financial needs at move-out.
- Youth have access to post-secondary funding and educational/career planning support, reaffirming their potential as they transition to adulthood.

Philosophy

- A youth-led approach is in place, respective of their strengths, preferences, and pace; staff guide and mentor, versus prescribe youth actions.
- Supports are individually tailored to each youth, fostering independence and self-determination.
- Youth feel respected, safe, and cared for in a home environment that provides an opportunity to experience and learn security and stability while making mistakes.

- There is an explicit focus on education as youth are supported to move forward with lives; this includes access to post-secondary education scholarships.
- Program staff effectively mitigate risks surrounding youth acuity (addiction, mental health, risk behaviours), while maintaining a relationship-focus and youth-led approach.
- Staff strive to balance youth-led, harm tolerant approach with the need to maintain a safe, sober living environment for all youth and staff living in the home, without discharging youth into homelessness.
- Peer support is encouraged among participants; yet, relationships are nurtured, not forced.
- Alumnae roles are encouraged for former participants and staff to build community beyond program exit and provide opportunities to give back to the program, particularly through peer mentoring.
- Founders act as focal points supporting long-term engagement of alumnae by creating opportunities for connection, giving back, and mentoring.

Housing Environment

- Physical space is designed with target population and program approach in mind, facilitating a home-like environment.
- Attachment to place is facilitated: youth are able to decorate own rooms, have a say in house decorations, backyard landscaping, etc.
- Youth have active roles in determining house rules and have a say in regulating their home environment.
- The presence of a physical home-base (housing environment) anchors current and past participants in a broader social network.

Service Quality Dimensions Assessment

This section provides a summary of the evaluator's findings with respect to the various service dimensions outlined in the Evaluation Framework based on information gathered. In cases where youth interviews and key stakeholder input was obtained, it is referenced along with available quantitative data on performance and participant demographics.

To summarise the results, Haven's Way scored high across all service dimension areas, though evidence collected suggested some improvement possible in the areas of Organizational Capacity and Service Model.

Service Dimension Area	Items	Maximum Score	Program Score	Percent
Strategic Alignment	5	15	14	93%
Service Impact	4	12	11	92%
Service Model	7	21	18	86%
Housing Placement	6	18	18	100%
Organizational Capacity	3	9	7	78%
Average	25	75	68	91%

The legend summarizes at a glance whether the service dimension examined was minimally, partially or fully met based on available evidence for each area in further details.

Legend

Minimally Met - ✓ Partially Met - ✓✓ Fully Met - ✓✓✓ N/A- not applicable/no data available

Strategic Alignment	Evidence	Summary
alignment with the broader homeless-serving system;	<ul style="list-style-type: none"> Program functions is aligned with Foyer principles; Program materials outline eligibility criteria/prioritization criteria, which align with its intended purpose; Program entry is managed through the BGCC at an agency versus system-levels (coordinated entry), though through BGCC participation in coordinated entry, referrals can be accommodated on a case-by-case basis; As no formal acuity assessment is in current use, it is difficult to assign an acuity level using a common tool to participants at screening at this time, though it would likely fall in the mid-acuity range based on information to date. 	✓✓
strategic fit with the Alberta Plan to End Homelessness;	<ul style="list-style-type: none"> Program contract with Human Services outlines alignment with local priorities, Foyer program elements, and provincial priorities around Alberta Plan to Prevent and Reduce Youth Homelessness. 	✓✓✓
eligibility and prioritization criteria appropriateness for program type and target population;	<ul style="list-style-type: none"> Eligibility criteria are articulated in program contract, intake policies and procedures, corroborated by HMIS, participant reports, staff reports and administrative data. Participant, staff and external stakeholder interviews confirm target population is being served. 	✓✓✓
clear and consistent process of screening and intake of program participants to ensure appropriate fit in the program;	<ul style="list-style-type: none"> Program procedures, staff interviews, HMIS, administrative data, and participant interviews confirm consistent application of criteria as per contract with Safe Haven Foundation and Alberta Human Services. Participant interviews, program reports, HMIS and case files suggest health conditions, demographics, homelessness history and system interactions align with proposed program focus. 	✓✓✓
well-articulated referral network into the program, and from the program.	<ul style="list-style-type: none"> Primary referral sources are internal and managed through the BGCC 828-HOPE line, which are articulated in program materials, and corroborated by HMIS and administrative data, stakeholder and participant interviews. 	✓✓✓

Service Impact	Evidence	Summary
<p>operations align with principles of Housing First and the Foyer model;</p>	<ul style="list-style-type: none"> • Program staff reports, case files and participant interviews confirm elements of Foyer model are met, though better clarity regarding program’s role in the broader homeless-serving system of care could be beneficial. • Though the program requires sobriety, it manages drug and alcohol use from a harm reduction perspective and does not evict into homelessness as a result; better program matching for those requiring full harm reduction is facilitated to ensure appropriate placements – in this sense, partial alignment with Housing First is in place; • Foyer model hinges on integration between housing and education/employment focused supports; this was achieved consistently in the program as evidenced by HMIS and administrative data, case files, youth and staff reports. • Data was available on participants to assess changes in housing stability, income, education, health status, etc. suggesting long-term improvements across key performance indicators (see next section o program performance). 	<p>✓✓</p>
<p>activities contribute to the goal of permanent housing and are appropriate for the program type and target population;</p>	<ul style="list-style-type: none"> • HMIS and administrative data, program staff and participant reports, along with case plans suggest activities are aimed at permanent housing appropriate to participant need. Data confirm minimal recidivism into homelessness post-exit. 	<p>✓✓✓</p>
<p>length of time and service intensity are appropriate for the target population and program type;</p>	<ul style="list-style-type: none"> • The program does not have a strict time limit, though a two-year length of stay is reported on average. Services are tailored in intensity and scope following case planning with the participant. • Program has operated as permanent, long-term supportive housing since 2000. The unspecified length of stay is strongly supported by all youth participants interviewed and staff. • Participant reports suggest the program is tailored to their goals though it does require school attendance, sobriety; program rules are considered to be reasonable and appropriate by participants and facilitative to their overall wellbeing and success. • Participants report being supported in learning from their mistakes. 	<p>✓✓✓</p>
<p>clear and consistent graduation criteria are in place to move program participants to self-sufficiency, while ensuring they are supported to reduce returns into homelessness.</p>	<ul style="list-style-type: none"> • Graduation criteria is provided in program policies and supported through extensive transition planning support. • A savings plan is developed to facilitate move-outs. • Program remains open to graduates on ongoing basis, based on need, and promotes engagement in alumnae activities. • The program staff were very successful to reconnect with participants for the purposes of the evaluation. In all, 18 participants were located and agreed to interviews. 	<p>✓✓✓</p>

Service Model	Evidence	Summary
acuity changes over time using an evidence-based tool demonstrating increasing stability;	<ul style="list-style-type: none"> • Program staff report using goal planning across life areas in a youth-led manner consistently; this is confirmed by youth participants and case files. • No formal tool to assess acuity changes over time was in use, which is confirmed by case files and participant interviews. • HMIS and administrative data suggest housing stability, education and income improves during program participation and some system interactions decrease. 	✓
program participant visits of appropriate frequency;	<ul style="list-style-type: none"> • Program staff reports, participant interviews, case files and program assessment materials show service is tailored based on participant needs and goals, and frequency/intensity change accordingly. • Case files, evaluator observation, youth and staff reports suggest regular and ongoing contact with participants. • Staff are able to articulate distinct phases of service engagement for current and past participants, which impact service provision approach. 	✓✓✓
appropriate staffing levels and qualifications are in place to operate the program effectively; and	<ul style="list-style-type: none"> • The program employed 1 Program Coordinator and 2 part-time supportive living staff. • The program targeted 6 participants at any one time, though additional graduates continued to receive supports to various extents. • At the time of the evaluation, there were approximately 11 former participants still engaged with the Program Coordinator and House Parent at varying level. • While the caseload is within the 1:10 ratios recommended for permanent supportive housing, it is recommended that the program graduate case-load be reviewed to ensure staff are able to provide adequate supports as the graduate community expands. • Expanding role of House Parent to full-time is recommended, pending resources. • Staff in have extensive training and experience working with the population, specifically youth with complex needs. 	✓✓✓
crisis plans are in place;	<ul style="list-style-type: none"> • Case files verified crisis plans were developed on a need-to basis. The agency has an extensive CIR reporting and review process, which the program fully partakes in. • Program participants report staff availability during times of crisis and had specific knowledge on how to access support when assigned case manager was unavailable. 	✓✓✓
discharge plan with after-care and follow-up assessments;	<ul style="list-style-type: none"> • Discharge planning was evident in case plans. • Since 2009, when data collection was improved, there were no participants who “disappeared” or had unknown exit information. • Program staff report they offer ongoing support and opportunity to return for support/social activities after exit. This is confirmed consistently by former participants. 	✓✓✓
grievance processes are in place for program participants and communicated to them;	<ul style="list-style-type: none"> • Participants reported being comfortable suggesting changes to the program. • Program policies were located describing grievance process to youth. 	✓✓✓
cultural competence & support for diversity	<ul style="list-style-type: none"> • HMIS data confirms relative under-representation of Indigenous participants; corroborated by program data; reasons for this should be explored further. • Support staff with Indigenous background and connection to community on staff currently. • Case plans demonstrate staff efforts to connect participants to appropriate services and cultural supports, though program participants report this is not an area of particular program strength – which is confirmed by staff. • Program staff report supports for LGBTQ2S+, immigrant, and Indigenous participants; participant interviews confirm program makes effort to be welcoming and non-discriminatory. • Staff and participants note more could be done on enhancing cultural competency – particularly around Indigenous and LGBTQ2S+ issues. 	✓✓

Housing Placement	Evidence	Summary
placement process aligned with principle of Housing First (program participant choice, housing permanency) in scattered-site or place-based housing;	<ul style="list-style-type: none"> • Staff reports working closely with the participant to find appropriate and affordable housing (scattered-site or place-based) that meets participant needs and choice as part of transition planning, which is confirmed in case plans and youth reports. • There is no access to rent support funds or damage deposits per se, though the savings plan allows youth to have funds in place to support moving out. Program also provides access to some supports to acquire furniture and other needed items. • Staff advocate for the participant to access existing supports in the community, including affordable housing and rent supports on an individual basis. • No guidelines on housing location practice and resources were in place, as program was not funded to support this need. 	✓✓✓
placements in housing that is affordable for program participant incomes;	<ul style="list-style-type: none"> • No guidelines on housing location practice and resources were in place, as program was not funded to support this need– though staff report making efforts to place participants in appropriate housing. This is confirmed by youth and the low number of homeless recidivism post-exit in the data. • During their stay at Haven’s Way, youth paid a portion of their income according to their abilities and goals as this contributed to a savings plan accessible at program exit. 	✓✓✓
housing meets relevant safety and habitability standards;	<ul style="list-style-type: none"> • As above with respect to transitioning participants. • For residents at Haven’s Way, safety and habitability were fully met and managed through the Safe Haven Foundation – who was the owner of the housing site. 	✓✓✓
transparent and fair process to determine financial subsidies for program participants (rent, utility supports);	<ul style="list-style-type: none"> • The program did not provide subsidies for participants at exit. A process was in place to provide program graduates with some move out supports on a case-by-case basis and leverage savings plans, verified by case files and participant interviews. • A recreation and basic needs fund was in place, with clear guidelines around access. • Program staff report working with other mainstream income sources (income assistance, student funding, Burns Memorial fund, bursaries, etc.) to locate additional income. 	✓✓✓
appropriate leases, third party agreements, insurance, etc. are in place;	<ul style="list-style-type: none"> • Program staff support youth in negotiating leases and roommate agreements as appropriate though not guidelines were in place in a formal manner around housing location. • For residents, clear expectations around the program rules was evident. 	✓✓✓
process to resolve tenancy issues (arrear, safety, landlord/ neighbour disputes) is articulated.	<ul style="list-style-type: none"> • Case management approach included resolution around tenancy issues as these arose, including interpersonal conflict between roommates, house chores. These were not always resolved to all parties’ satisfaction, though youth reported staff made consistent efforts to be fair. 	✓✓✓

Organizational Capacity	Evidence	Summary
serious incidents review processes are in place and appropriately reported;	<ul style="list-style-type: none"> • Case files demonstrated serious incident reviews were documented, reviewed, and led to policy/practice changes. Policies were available to review. 	✓✓✓
reporting and evaluation activities used in ongoing quality assurance efforts;	<ul style="list-style-type: none"> • Program tracks data in HMIS and Sharevision to some extent, though no comprehensive evaluation had been done formally to date since BGCC took on operations. • Safe Haven does not formally audit program compliance to quality standards or performance targets, though it does require progress reports to be made on a biennial basis. • Program is part of a CARF accredited agency, thus is subject to quality assurance activities that ensure a high level of compliance to standards of care. 	✓✓
training and capacity building activities are in place to support improved program participant outcomes.	<ul style="list-style-type: none"> • Ongoing training is provided at the agency level, which staff partake in. • Additional training needs were identified on Indigenous and LGBTQ2S+ cultural support and complex mental health and addiction needs of youth in particular by participants and staff. • Note that Indigenous & LGBTQ2S+ mandatory trainings are required at BGCC for 3 hours within first 6 months of employment. 	✓✓



Program Performance Analysis

Though the contract between Haven’s Way and the Safe Haven Foundation does not specify particular performance targets, the program does report anecdotally on participant progress and provides data on several items on a biannual basis. As no consistent tracking process was in place prior to HMIS, it is difficult to assess performance retroactively against a new set of metrics. However, there was enough information to measure impact using available data from HMIS and program-level administrative information against

established targets in the broader homeless-serving system.

Using the same benchmarks sets by the Calgary Homeless Foundation for Housing First programs and the Foyer program evaluated in the evaluation of the federal pilots, performance was assessed against these measures using available data. As the program was unable to provide a data set beyond records available through HMIS (n=7) and Sharevision (n=16), the evaluator developed an additional data set for participants served from 2009-2015 to complement available data, case file reviews, interviews and staff reports. Overall, the program showed excellent results scoring 96% overall.

Performance Measure	Maximum Score	Program Score	Percent
1. Occupancy	3	3	100%
2. Access	3	3	100%
3. Clinical Supports	3	3	100%
4. Housing Stability	3	3	100%
5. Housing Destinations	3	3	100%
6. Income	3	2.5	83%
7. Return to Homelessness	3	2.5	83%
8. Reasons for Program Discharge	3	3	100%
9. Interaction with Public Systems	3	2.5	83%
10. Positive Relationships	3	3	100%
11. Connections to Community	3	3	100%
12. Employment & Education	3	3	100%
Score	36	34.5	96%

Legend

Minimally Met - ✓ Partially Met - ✓✓ Fully Met - ✓✓✓ N/A- not applicable/no data available

Performance Measures		Evidence	Summary
Occupancy	Program must have minimum 95% occupancy at any one time during the funding period	<ul style="list-style-type: none"> Program capacity to house 6 participants at any one time; currently, there was one vacancy (16.7%) being filled. High demand for program, and low turnover result in consistently high occupancy rates. 	✓✓✓
Access	100% of participants in the program will have regular access to counseling and employment supports.	<ul style="list-style-type: none"> All participants interviewed (n=18) reported frequent contact with case manager; this was confirmed by staff and case files. This is confirmed in HMIS and Sharevision records. 	✓✓✓
Clinical Supports	In the first 6 months of the program 85% of participants will be engaged with clinical services.	<ul style="list-style-type: none"> All participants interviewed (n=18) reported frequent contact with case manager; this was confirmed by staff and case files. All participants interviewed reported being supported in accessing mainstream and community supports to address individual needs, including mental health, addictions, health. At 6 months, HMIS data showed 1 of 6 (16.7%) participants reported having contact with their case worker between 1 and 10 times per month; 33.3% (2) reported contact from 11-20 and 21-30 times per month respectively. At 12-months, of a sample of 4 participants, 50% (2) reported having contact with their case worker between 1 and 10 times per month; 50% (2) reported contact from 11-20 per month. 	✓✓✓
Housing Stability	95% maintain housing for at least 6 months; at least 85% maintain housing for at least 12 months.	<ul style="list-style-type: none"> Average length of stay in program is about 2 years for 16 participants in Sharevision (2009-2015); only 1 participant out of 16 exited the program negatively during this period. Of the 11 served from 2009-2015 who have exited the program, 1 (9.1%) experienced homelessness after program exit and had a negative exit. All other exits were considered positive and supported with transition plans and supports by staff. 	✓✓✓
Housing Destinations	95% of participants leaving program go to positive housing destinations.	<ul style="list-style-type: none"> Of the 11 participants served from 2009-2015 who graduated, more than half left to their own rental accommodations. In most cases, these rental units were shared with roommates, partners and/or family members. A smaller proportion reunited with their family at exit (18.5%) or went on to live with another natural support- though not in a shared rental context. For instance, one participant moved in with her boyfriend's parents. 	✓✓✓
Income	95% of participants have an increase in income after 6 months in program from employment & benefits. Where participants are unable to increase income (are on AISH/ Income Supports, Not Expected to Work, etc.), 95% maintain stable source of income.	<ul style="list-style-type: none"> HMIS records available showed that average income at 12 months was 32.1% higher than at Intake, increasing from \$700 to \$925 per month. Program is raising issue of data inaccuracies with HMIS. Employment rates remained the same in HMIS at intake and 12 months with all participants reporting part-time or full-time employment at 75% and 25% respectively. 	✓✓✓

Return to Homelessness	Less than 5% of participants return to shelter/rough sleeping.	<ul style="list-style-type: none"> Of the 11 served from 2009-2015 with Sharevision records who have exited the program, 1 (9.1%) experienced homelessness after program exit and had a negative exit. All other exits were considered positive and supported with transition plans and supports by staff. Youth with housing instability still receives support from program. 	✓✓✓
Reasons for Program Discharge	Program makes effort to avoid discharging into homelessness, following a low barrier, Housing First approach.	<ul style="list-style-type: none"> Staff reported instances where the youth initiated the exit – this was the case for 54.5% of the sample of 16 records in Sharevision; in the other 45.5% of cases, the transition was initiated by both the youth with staff. In all but one case, staff were able to provide transition supports for the youth exiting, regardless of how the exit was initiative. Supported transitions were confirmed by youth interviews and case files. 	✓✓✓
Interaction with Public Systems	Program will show participants have reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations while demonstrating an increase in the youth's connection to healthy systems (neighborhood doctor, regular dentist, recreation centres, school and so on).	<ul style="list-style-type: none"> Program-level data suggest low level of public system interactions for a sample of 15 case files reviewed. However, youth generally had low system interactions to begin with generally. This is not atypical compared to other youth-serving programs according to program staff, including Housing First programs as youth do not access public systems at the same rate as adult counterparts. HMIS data confirm this trend, showing an increase at 3-month assessment for health-related interactions, tapering down by 12-month assessments – as highlighted below. HMIS data suggest that public system usage comparing intake to 12-month assessment and 3-month assessment data show no change in average per participant use of the justice/legal system, however there was an increase in days and times hospitalized, EMS and ER use. Note that the small sample size limits reliability of this data (6 HMIS records available at 3 months, 4 records at 12 months). At 3-month assessments, <ul style="list-style-type: none"> 33.3% (2) participants reported involvement with the health system in the past 3 months. None reported involvement police or the legal system in past 3 months. Health and justice involvement rates reported over the 12 months prior to intake compared to rates over the past 3 months prior to 12-month assessment suggest legal system involvement remained the same at 0% and health system involvement remained the same at 33.3%. At 12-month assessments, <ul style="list-style-type: none"> 50% (2) reported involvement with the health system in the past 3 months. None reported involvement police or the legal system in past 3 months. Health and justice involvement rates reported over the 12 months prior to intake compared to rates over the past 3 months prior to 12-month assessment suggest legal system involvement remained the same at 0% and health system involvement went down from 50% to 0%. 	✓✓✓

Positive Relationships	85% of participants will show increasing and ongoing interactions with family and other positive supports.	<ul style="list-style-type: none"> • Family reunification or relationship building was reported to be improved in all but one of the interviews with youth (94.4%). All reported receiving supports to build natural supports and affirmed they have obtained supports to connect to community and mainstream resources. • • The program staff kept active case notes on major events and interaction with former participants in Sharevision. They were able to report on current levels of supports provided to the 11 participants in the sample. While about half (54.5%) were receiving a low level of support, the other half was in weekly (36.4%) or monthly (9.1%) contact with staff. • • The level of engagement in alumnae events was also reported for the 11 participants at varying levels. All had some level of engagement in contact with staff and/or participation in alumnae events, such as Recreation Nights, Ranch Day, Christmas Dinners, etc. 	✓✓✓
Connections to Community	Participants will also show an increase in knowledge of and access to positive community, including: regular checkups with doctor/dentist, access to recreational opportunities, school attendance, etc.	<ul style="list-style-type: none"> • As above. • • In addition, of 6 HMIS records available for youth at 3 months in the program, there were 23 service referrals reported for the 6 participants, an average of 3.8 per participant primarily concerning health services, counselling, hospital, financial, addictions and legal services. • • At 12 months, there were 13 service referrals reported in HMIS for the 4 participants, an average of 3.3 per participant primarily concerning health services and counselling, followed by education, taxes, and hospital services. 	✓✓✓
Employment & Education	75% of youth engaged in the program will go on to employment and/or education.	<ul style="list-style-type: none"> • All 6 participants with HMIS records were engaged in full-time education at the 3-month assessment. Of the 6 participants, 5 had part-time employment and one had no income. • At 12-months, of the 4 records in HMIS, all were engaged in full-time education. All 4 participants had employment. Employment rates remained the same at intake and 12 months with all participants reporting part-time or full-time employment at 75% and 25% respectively. • Looking at program administration data from 2009-2015, 63.3% of 11 former participants graduated high school, 63.3% were pursuing post-secondary/trade and one was in high school. Two participants were not actively addressing educational goals and had not graduated high school (18.1%). In terms of current employment status, all but two program graduates (81.8%) were employed either part- or full-time. • All 5 current residents were employed and pursuing educational goals actively. 	✓✓✓

Recommendations

Key learnings from this evaluation enhance the existing, and relatively scarce, Canadian evidence-base for promising approaches to end youth homelessness, particularly highlighting housing and supports options needed to assist a specific group of female youth with complex needs. A number of recommendations relevant for the operating agency, funders, and researchers are outlined below. For each recommendation, the level it is most relevant to is identified.

Recommendations Summarized

Recommendation	BGCC	Funders	Re-search-ers
1. Enhance funding levels and diversify sources to support Haven’s Way program operations.	✓	✓	
2. Explore program expansion and adaptability to other populations and communities.	✓	✓	✓
3. Articulate the program model and operational details to facilitate knowledge translation.	✓		
4. Contribute to the body of knowledge on youth homelessness through targeted knowledge mobilization activities.	✓		✓
5. Ensure adequate resources are in place to support participants in transition and as alumnae.	✓	✓	
6. Explore potential expansion of peer supports in the response to youth homelessness.	✓	✓	✓
7. Enhance support and recognition of current and past program staff.	✓	✓	
8. Review current staffing model to ensure appropriate levels of support are in place.	✓	✓	
9. Explore means of increasing the representation of Indigenous and LGBTQ2S+ youth in the program and continue to enhance cultural competency in these areas.	✓	✓	
10. Incorporate a consistent acuity assessment tool at intake, exit and regular intervals during service.	✓	✓	✓
11. Review data collection and performance management practices to support continuous improvement.	✓	✓	✓

Recommendations in Detail

1. Enhance funding levels and diversify sources to support program operations.

Though the program has had access to ongoing sources of funding from private donations for operations since 2000, it continues to rely on annual fundraising by the BGCC and the Safe Haven Foundation. As with any fundraising, success is influenced by ebbs and flow in the economy, impacting long-term sustainability. The Foundation has been raising funds for an endowment fund to support the program long-term through the Calgary Foundation, though its goal is only partially met at this time.

To date, government funds for operations have been limited to a one-year agreement in 2014/15 without ongoing commitments. The results of the evaluation confirm that the provincial investment is warranted: the program is an effective response to youth homelessness, with promise of replicability in other systems and communities. If government is in a position to fund such an approach beyond the one-year commitment, this evaluation would strongly support ongoing investment. The program presents a relatively low cost, high-return investment with additional complementary sources of funds already in place and a proven track-record. Current funds come directly from Alberta Human Services, as opposed to the OSSI funding stream through which other youth homelessness initiatives flow via the Calgary Homeless Foundation (CHF). If funding is to continue longer-term, Alberta Human Services should consider whether the ongoing contract stays with the Ministry or is managed through the Community-Based Organization. In such a case, the impact of moving the program into a coordinated entry model should be fully considered by key stakeholders (BGCC, Alberta Human Services, Safe Haven Foundation, CHF).

BGCC should continue to advocate for ongoing funding from Alberta Human Services, and explore additional potential government sources to complement private donors and diversity sources. Additional possibilities that arose during the evaluation included Alberta Health (with a focus on mental health), Calgary Homeless Foundation, Homelessness Partnering Strategy and more generally from the Canada Families, Children and Social Development Ministry. A new direction at the federal level, alongside added visibility to the issue of youth homelessness from A Way Home campaign could open new federal funding streams aligned with the program model that BGCC can pursue to enhance current operations and future sustainability.

2. Explore program expansion and adaptability to other populations and communities.

The results of the evaluation confirm the effectiveness of the program model; the expansion of the current program should be explored by BGCC and its funders to reach more youth, pending adherence to program essentials

is maintained. The availability of funding for capital and operations would impact whether BGCC can take on such expansion, particularly given the importance of the housing form to program operations.

Exploring the adaptability of the program to other populations is strongly recommended to the agency and funders, particularly for young males and youth with child intervention status. The adaptability of the program to sub-populations of youth, namely, Indigenous and LGBTQ2S+ youth should also be considered further, particularly in light of youth's mixed perspectives on the issue. Future research, program development and evaluation can explore how key elements of the model can be adapted to such subpopulations, particularly in light of adaptations of the model already underway (i.e., Home Fire and Aura through BGCC).

The learnings of the program and its essentials have potential for replicability in both urban and rural contexts, which merit consideration. Further, potential learnings could be discerned from comparing the model with prevailing approaches in justice, child intervention, homelessness, and mental health housing models for youth to incite potential change in these systems or accommodate the approach among existing service options.

It is unclear whether the program model is adaptable to youth with active addictions. Harm reduction models for youth would require a very different approach given current staffing levels and the focus on education; such options merit further exploration nonetheless as part of a comprehensive housing and support system serving youth.

3. Articulate the program model and operational details to facilitate knowledge translation.

The program has considerable materials already in place to guide operations, yet the current program manual specific to Haven's Way could benefit from some further development. The program manual could be revised to enable other agencies to adapt current operations, procedures, forms, etc. to their implementation more akin to a toolkit.

Developing such a toolkit/manual may be a labor-intensive initiative, yet has two key benefits: firstly, it can assist program sustainability by documenting the details of the approach for new staff to ensure continuity and fidelity. Secondly, it can facilitate replicability of the program for those seeking to adapt it to other groups or communities. Already, the program is fielding site visits from agencies interested in the model, a one-stop resource may assist in knowledge translation, particularly as the program gains more attention as a best practice. With a relatively minimal investment, there could be potential in advancing the model nationally with support from the Canadian Observatory on Homelessness and A Way Home given their focus on disseminating best practices on youth homelessness.

4. Contribute to the body of knowledge on youth homelessness through targeted knowledge mobilization activities.

In light of efforts across Canada to address youth homelessness underway, the program has excellent potential for adaptation in other communities. However, such knowledge translation has its costs. As aforementioned, the program could pursue the development of a toolkit or complementary resources to the Canadian Observatory on Homelessness's Foyer Toolkit to contribute to the growing body of knowledge on supportive housing models for youth.

The program should also ensure adequate staff time is accounted for to manage requests for information from other agencies and that program tours do not become a burden to youth and staff living at the house. The program can develop resources that incorporate virtual tours and pictures of the house/youth and staff interviews to manage the demand on staff and youth to facilitate tours of their home to some extent. This could also be an opportunity to involve current and past youth participants in developing such materials for knowledge mobilization. Webinars on program learnings can also be developed to make the information available widely, with minimal impact on house operations.

It is further valuable to engage in knowledge mobilization efforts through the Learning Community and Canadian Alliance to End Homelessness, yet such efforts present a human resource and travel cost to the agency. The program should ensure adequate resources are in place to support such activities and consider how youth participants can become actively engaged in such opportunities. Program staff noted that there is also potential for the program to contribute to and learn from other BGCC program areas through enhanced knowledge sharing activities within the agency, particularly for frontline staff. Such cross-program learning could help the program evolve as the agency continues to expand innovative programming in the areas of Indigenous and LGBTQ2S+ youth specifically.

5. Ensure adequate resources are in place to support participants in transition and as alumnae.

Transition supports are noted as an essential element of program success, yet youth also recommend additional work in program design be considered to facilitate a more gradual transition. Some youth recommended scaling back supports even further before move-out to simulate living outside of the house. These shifts in approach would need to be applied on an individual level based on youth needs.

A key program strength comes from the availability of program staff, particularly the Coordinator and House Parent, to provide supports for former program participants – who are in fact still receiving services beyond exit from the house. The staff reported having weekly or bi-weekly contact with at least five youth graduates and another six to a lesser extent. This of course, can increase the caseload significantly, particularly in times of crisis.

This practice should be clearly articulated and monitored to ensure adequate service is available to program alumnae living in scattered-site placements. Case planning with such participants can also continue in a formalized manner, following the program's approach and philosophy in a scattered-site housing context. The program has access to some limited funds for recreation activities, but it could consider whether a small pool of funds could be formally in place to complement the case management provided (utility, rent arrears, food, etc.) for alumnae.

Again, the impact of such a caseload should be monitored as the body of potential alumnae participants continues to grow with more and more program graduates. Staff may further benefit from enhancing their skill-set to support a different type of participant – with needs that are likely different from those of program residents. This could include, for instance, better understanding of housing location practices common to intensive case management approaches in BGCC's Housing First stream (Infinity).

6. Explore means of increasing the representation of Indigenous and LGBTQ youth in the program and continue to enhance cultural competency in these areas.

Though described as very open to diversity and non-discriminatory, the program has a relatively low proportion of Indigenous and LGBTQ2S+ youth, considering the high prevalence of both among vulnerable youth. No consistent or definitive explanation was provided with respect to this under-representation, and further work may be needed to explore potential access barriers for these groups. Both youth and staff noted that additional training with respect to decolonization, intergenerational trauma and mental health, and issues faced by LGBTQ2S+ youth could benefit the program. In addition, increasing staff of diverse backgrounds was recommended along with a review of the current intake process to ensure screening was not exclusionary.

The program can consider undertaking a self-assessment to gauge potential areas of improvement at intake and referral, service provision and transition stages with respect to diversity. Already, youth and staff note additional work could be done on applying an LGBTQ2S+ lens to the program to ensure heteronormative standards are challenged in everyday discourse and practice. The program should have clarity with respect to its policy on MTF and FTM youth, as well as potential staff.

Another suggestion made proposed leveraging other BGCC staff with diverse background to help the program evolve in these areas by applying an Indigenous, LGBTQ2S+, and newcomer lens to current operations.

7. Enhance support and recognition of current and past program staff.

The program relies on a core of committed staff, whose self-care is essential to youth wellbeing and program success.

As such, BGCC is encouraged to continue exploring means to fostering staff retention and mitigating turnover. This includes support for respite and self-care, advocacy for staff and youth at the management levels, training and compensation.

The Foundation can also consider recognizing former staff among its Haven's Angels and make continued efforts to include them as part of its growing alumnae community. Already, a current staff is received a Haven's Angels jacket – a first for the program. This could be extended to former staff as well as they continue to play essential roles in the program as informal mentors for past and current participants, going above and beyond their formal roles. Official validation of this contribution would foster the sense of community the program aims to instill among graduates even further, and can strengthen bonds among staff and youth participants outside of formal program boundaries.

8. Review current staffing model to ensure appropriate levels of support are in place.

Ensuring funding is in place to provide compensation commensurate to sector and agency levels, as well as hours worked is recommended. Safe Haven Foundation and other funders should consider investing in the program in a manner that ensures wages are minimally on par with cost of living increases.

Specifically, it is recommended that BGCC review hours worked and caseloads for the House Parent role and consider whether this position can become full-time to accommodate the growing body of program graduates accessing supports. The position provides supports on a full-time basis, though it is currently classified as a part-time position.

9. Explore potential expansion of peer supports in the response to youth homelessness.

BGCC is already in the process of exploring the role of peer support across program areas; as noted in the evaluation, Haven's Way pool of alumnae are contributing as peer mentors to youth within the program and more recently to youth seeking supportive roommates. There is considerable potential for expanding a peer-led approach to housing where matching peer mentors with vulnerable youth can be encouraged and supported.

To this end, BGCC will have to secure necessary resources – both financial and staffing – to support such arrangements. Staff already mediate and coach peer-youth matches in community, yet this is done informally at this time. If funding were secured, BGCC can develop the approach further with dedicated staffing and some financial supports mirroring the recreation and community inclusion fund managed by the Safe Haven Foundation, along with community-building efforts like those undertaken by Haven's Way alumnae.

10. Incorporate a consistent acuity assessment tool at intake, exit and regular intervals during service.

Though other BGCC programs use acuity assessments, such tools are not in use at this time at Haven's Way.

Management and program staff should explore available assessments and adopt one for the program to ensure comparability with other programs. This would ensure consistency in acuity assessment within the agency, as well as with the broader service system to facilitate appropriate program matches and referrals. This can also help the program articulate the acuity levels of youth in relation to other programs, while helping staff assess progress at the participant levels longitudinally and adjust responses accordingly.

11. Review data collection and performance management practices to support continuous improvement.

The program has amassed considerable data throughout the course of its 15 years of operation; yet, this was its first comprehensive evaluation since BGCC took on operations. The program would benefit from predictable cycles of evaluation, internally and/or externally-led. Currently, staff does not have access to metrics to gauge performance against similar programs, nor were they able to report on performance trends longitudinally despite having data on-hand upon which to base such analysis.

The program has data from HMIS, Sharevision, case files and additional administrative sources in Excel spreadsheets. In fact, the level of documentation was substantial and some case files were over 200 pages long. By contrast, the HMIS data available was only representative of a small sample of youth. Similarly, the Sharevision data's accuracy is of note and can lead to a misrepresentation of staff effort and participant progress. These accuracy issues should be reviewed and resolved internally and with CHF in the case of HMIS. The lack of one consolidated source of data or master-list of participants is also of note, impacting the program's capacity to report on numbers served and impact, but also risks losing track of potential members of a growing alumnae community.

The limited analysis using data collected can limit the feedback loop that pushes performance from a quantitative perspective. While staff are indeed self-reflective in their practice and constantly strive for improvement, this process could benefit from complementary performance analysis leveraging data already collected.

To this end, it is important for management and staff to consider current data systems in use and ensure the right information is available for continuous improvement in a manner that makes sense to staff, rather than adding to their reporting burden. A thorough review of current data collection and analysis practices to ensure the right information is available to undertake consistent performance management is recommended. Staff see the value of data to complement anecdotes, and would benefit from an embedded evaluation approach that was consistently applied in operations rather than a one-time effort.

Appendix 1 - Program Staff Interviews

The draft questions presented below will be used as a guide to assist the program in preparing for the site visit and staff interviews. As further conversations with the two programs and funders ensue, these will be culled to ensure most relevance to the particular pilot. These questions were developed using the Foyer Toolkit (Gaetz & Scott, 2012b) as well as survey instruments developed in an Australian Housing and Urban Research Institute's Foyer evaluation project (Randolph, Pang, & Wood, 2001).

Basic Program Design

- How would you define your program type, target population and role in the broader homeless serving system?
- What are your program's eligibility criteria?
- How does your program prioritize access for your target population?
- What mix of program participants do you want in the Foyer, and how does your intake process address this?
- Do you target the Foyer (or some units) to sub-populations (Indigenous, those existing corrections, etc.)?
- What are primary sources of referral into your program?

Service Model

- In what ways does your organization support (or not) program participant-driven, case management?
- How is your program aligned to Housing First?
- Do you integrate a Harm Reduction approach, and if so, what will this look like?
- In what ways do you see the program to be aligned with the Foyer model? What does the Foyer model mean from your perspective?
- What kinds of boundaries will your organization place on program participant choice?
- How do you nurture mental health through your program's philosophy and service delivery model?
- How does the program incorporate a family reconnection orientation?
- How does your program ensure that services are culturally sensitive to meet the needs of Indigenous people, immigrants, LGBTQ2S?
- How does the program support and measure participant success?

Staffing

- If you focus on subpopulations, how does this impact on your staffing model?
- How do you ensure that staff remain faithful / dedicated to the principles of the Foyer?
- What qualifications, training and professional development and staff support does the program have in place to ensure a safe and caring environment?

Long Term Housing Stability

- What are your program's exit and graduation processes and criteria?
- Will young people who leave the Foyer be able to return if things do not work out? What is done to support young people in such circumstances?
- What will be your 'Plan B' for youth who do not thrive in the Foyer?
- How does the program work to ensure aftercare is provided to maintain long term housing stability?

Integrated Approach

- How does the model assist with community engagement, building healthy social relationships, and involvement in education, training and / or employment?
- For young people who have exited child protection, corrections or mental health inpatient care, how does the program provide a safe and supportive social environment?
- Working with schools and school boards can be challenging, and there may be some level of resistance. How does the program approach this?
- How does the program ensure that young people receive the proper supports for mental health and learning disabilities?

Place-Based vs. Scattered Site Model

- A place-based model carries with it capital and operational cost considerations. How are these being met?
- Tell me about the facility used in the model; how does it meet young people's needs (room configuration, common areas, space for service provision)?
- Are there services provided elsewhere from the housing for participants? How is this delivered? Is the location appropriate/accessible?
- Are the needs of sub-populations met through the current accommodation and support?
- A scattered site model has its strengths. In going down that road, how do you address:
 - system of roving supports, and 24 hour on call care
 - adequate and affordable supply of rental housing
 - recruiting, negotiating and supporting landlords
 - eviction so that young people do not return to homelessness

Reflection

- What changes have been made in program delivery over the course of implementation?
- What have been your greatest learning over the course of implementation?
- What would you consider to be priority changes to increase the impact of the current program?
- Tell me about key moments over the course of the year that illustrate success for the program.

Appendix 2 - Program Participant Questions & Consent Form

Current Participants

- Age, Gender, Pseudonym
- Date of intake into program
- Date of move-in
- Date of interview
- How did you hear about the program? Who referred you?
- What were the things that attracted you to the program?
- What are your main expectations of being in the program – what do you hope to get out of being here?
- Tell me about your economic and housing situation prior to the program. How about now?
- Is there an action plan (set goals you want to work on) that you have in place as part of the program? Thinking about the action plan– do you think it will help you achieve the goals you want to achieve before you leave?
- What do you feel about the level of support you have received since coming to the program? What type of supports do you receive?
- What do you think about the housing you have at the program? Do you think the accommodation charges/ rent is affordable for you?
- And what do you think about the other services available to you?
- Overall, what do you think are the good things about the program?
- And what do you think are the bad things about the program?
- When are you expecting to leave the program?
- Have you got any plans for what you want to do when you leave?
- Have you any other thoughts or comments you would like to add about the program and your time here so far?

Longer Term Participants/ Past Participants

- Age, Gender, Pseudonym
- Date of intake into program
- Date of move-in/move-out
- Date of interview
- Current economic and housing situation
- Has living at the program been a generally positive experience for you? If yes, in what ways? If no, in what ways?
- Overall, what have been the one best thing about the program for you? And overall, what have been the one worst things for you?
- Thinking about your expectations of the program when you first started arrived, do you think these expectations have been met? If yes, in what ways? If no, in what ways?

- Now thinking about your initial goals you set yourself when you arrived, do you think these goals have been achieved? Which goals have you achieved? Which goals have you not achieved?
- The overall aims of the program are to provide skills in achieving independence in the following key areas: List as per specific program objectives.
 - How would you rank these three aims in terms of their importance to you while living at (Nova/scattered site)?
 - Which feature of the program did you find most useful? And which part did you find least useful?
- Do you think the following are appropriate?
 - the length of stay
 - graduation process
 - accommodations (housing)
 - the age range
 - type of program participant selected
 - program rules and procedures
 - the action plan
 - rents charges
 - the housing model used (congregate vs. scattered site)
- Have your expectations about what you can achieve personally in life changed as a result of being in the program? If yes, in what ways? If no, why do you think nothing much has changed for you?
- What do you think would have happened to you if you had not been part of the program?
- How much longer do you think you will stay at the program?
- What are your plans for the future when you leave the program?
- Would you suggest any changes to the way program is run, organized?
- Tell me how the program work with corrections, child intervention, and health, etc. to help address your needs?
- How does the program do in relation to meeting the needs of young people with more complex needs? What about meeting the needs of Indigenous people or LGBTQ2S youth?
- Overall, do see the model to be effective in meeting the needs of young people as these pertain to housing, employment, education, social inclusion and transitions to adulthood
- Can you suggest any improvements?
- Would you support the program idea for replication in other areas?
- Have you any other thoughts or comments you would like to add about the program and your

Youth Interview Consent Forms

A copy of this consent form will be given to the participant for his/her records.

Interviewee Code/Pseudonym: _____

Project Title: **Haven's Way Foyer Evaluation**

Funders: Alberta Human Services, Boys and Girls Club of Calgary

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose

The purpose of this evaluation is to shed light on the experiences of youth participating in the Haven's Way program. I am interested in your understanding of the program, how it impacted your life, and your thoughts on the approach.

Participation in this evaluation is voluntary.

Confidentiality

Please know that we will have to share what you tell us in the following circumstances:
If you disclose information about plans to harm yourself or others, information concerning any unknown emotional, physical or sexual abuse of children, or information about any other criminal activities not already known to authorities. In these cases, the evaluator is required to report this information to the appropriate authorities.

What Will I Be Asked To Do?

Participate in a one-on-one interview that will be between 1-2 hours.

Give the evaluator permission if you so wish to review your case file to assess program impact.

Notes will be taken during the interview to aid in analysis.

What Type of Personal Information Will Be Collected?

No personal identifying information will be collected, however, given the small number of participants in the program – it is likely that staff and other participants will know about your participation in this process.

Absolute anonymity and confidentiality cannot be guaranteed. This is because the evaluator does not have the ability to fully control what is said by individuals outside of the group or interview.

Are there Risks or Benefits if I Participate?

The evaluator does not see any foreseeable risk to your participation in the research. The services you receive will not be impacted in the immediate term.

The evaluator will provide recommendation to the funders of the program, which may impact the program in the long term however.

What Happens to the Information I Provide?

The interview will remain confidential and names will not be used in the final report.

The information you share with us will be summarized for presentations or publications that result from the research project.

Quotes and stories may be used but will be done anonymously or with pseudonyms. You can choose your pseudonym, or one may be chosen for you.

The information you provide will be incorporated into a final report to the funders of the project. It may also result in a report to agencies, academic journals, media releases, conference presentations, and serve as a basis for future research for the evaluator.

You are free to discontinue participation at any time during the study. If you choose to withdraw from the study, the data collected until the point of your withdrawal will be destroyed. No one except the researcher will be allowed to hear any of the recorded material.

Raw data will be stored in a locked cabinet in the evaluator’s office for 7 years and then destroyed.

You can ask to obtain notes from the interview should you wish to approve of the interpretation before the final report is written.

You have the option to have a copy of the final report sent to you. You must provide the researcher with your email or mail information to send the report to you.

Do you understand what we went through? Yes No

Do you grant permission for your case file to be reviewed? Yes No

Do you grant permission to be quoted? Yes No

What pseudonym do you choose for yourself? Yes No

A pseudonym may be chosen for me by the researcher. Yes No

Would you like a copy of the final study report sent to you? Yes No

Contact information: _____

Signatures (written consent)

Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: (please print) _____

Participant's Signature _____ Date: _____

Evaluator's Name: (please print) _____

Evaluator's Signature: _____ Date: _____

Honorarium

We recognize the value of your time, and would like to offer you a \$40 honorarium for participating in the evaluation.

Please sign below acknowledging receipt of the \$40 honorarium.

Participant's Signature _____ Date: _____

Evaluator's Signature: _____ Date: _____

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please do not hesitate to contact the evaluator: Alina Turner, 403.827.8722, turneralina@gmail.com.

If you have any concerns about the way you've been treated as a participant, please contact the funders of the evaluation:

David French, Manager, Homeless Supports Initiatives, Family Violence Prevention and Homeless Supports Division, Alberta Human Services at 780.644.5156.

Appendix 3 – Key Stakeholder Questions & Consent Form

- What role have you played in relation to the Havens Way program?
- Briefly describe the program as you see it.
- What do you consider the target group of the program to be?
- How are participants recruited, selected and assessed?
- Have you or your organization referred program participants? How was this handled?
- What processes are in place for your organization to work with the program?
- What do you think are the program's objectives?
- Do you think the program is meeting these objectives? Please describe this further.
- What approach does the program take to address the needs of young people?
- Can you describe their service philosophy?
- How is the program contributing to housing stability for program participants long term?
- Are accommodations appropriate for the participants?
- What are the main services provided through the program?
- How are program discharges handled in the program?
- How are program rules operationalized with respect to program participants?
- What are young people's perspective on the program?
- What mechanism are employed by the program to ensure program participants have access to the diverse services they need to meet their needs?
- How are services tailored to meet the developmental needs of young people?
- How are program graduates supported to ensure long term stability?
- How does the program work as part a broader service system? What role does it play?
- Tell me about specific connection the program has made to ensure program participants reduce negative interactions with public systems, particularly corrections, child intervention, and health?
- Do you think the length of stay in the program is appropriate? What about the intensity and type of services?
- How does the program do in relation to meeting the needs of more complex program participants? What about key sub-populations, like Indigenous people, LGBTQ2S for instance?
- Has your organization provided funding for the program?
- What has been your experience as a funder of the program in relation to its performance, service quality, and overall impact?
- Overall, do see the model to be effective in meeting the needs of young people as these pertain to housing, employment, education, social inclusion and transitions to adulthood
- Do you have any comments regarding how the program could be improved based on your experience?
- What drawbacks would you identify for the program?
- What recommendations do you have for future pilots of this nature?
- Any other thoughts you'd like to share?

Key Stakeholder Interview Consent Forms

A copy of this consent form will be given to the participant for his/her records.

Interviewee Code/Pseudonym: _____

Project Title: **Havens Way Evaluation**

Funders: **Alberta Human Services, Boys and Girls Club of Calgary**

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose

The purpose of this evaluation is to shed light on the experiences of youth participating in the Haven's Way program. I am interested in your understanding of the program, how it impacted your life, and your thoughts on the approach.

Participation in this evaluation is voluntary.

What Will I Be Asked To Do?

Your participation is completely voluntary and has nothing to do with your employment in this organization. No individual information will be collected and your responses will be reported anonymously. Your organization will be identified as having participated in the evaluation however.

What Type of Personal Information Will Be Collected?

We have prepared a brief summary of the questions that we would like to have further information about. A copy of these questions is attached. We would like to have a telephone or in-person interview with you to go over your responses. This should take between 45-60 minutes and will be scheduled at your convenience.

We do not take your answers as representative of your employer, or as an official statement regarding housing and housing policies in your region. Rather, we understand that the information that you present is based on your knowledge of housing issues. No-one will be able to link your responses with the study results.

No personal identifying information will be collected and all participants shall remain anonymous. We will report on aggregate information and not identify any community or organization in the study findings.

Are there Risks or Benefits if I Participate?

No personal identifying information will be collected, however, given the small number of staff persons involved in the program – it is likely that staff and other participants will know about your participation in this process.

Absolute anonymity and confidentiality cannot be guaranteed. This is because the evaluator does not have the ability to fully control what is said by individuals outside of the group or interview.

A benefit to you and others in similar organizations will be a more comprehensive understanding of what constitutes an effective youth housing program, and if this approach can be successfully used in addressing youth homelessness.

What Happens to the Information I Provide?

We will combine information from you with that of all respondents and report on the trends in the feedback we receive. A report will be available and sent to you via email if you choose.

Consent

Your verbal indication of your consent to participate indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. However, once you have provided information the researchers retain the rights to use the information provided prior to your withdrawal. You should feel free to ask for clarification or new information throughout your participation.

Verbal consent

OR:

Participant's Name: (please print) _____

Participant's Signature _____ Date: _____

Researcher's Name: (please print) _____

Researcher's Signature: _____ Date: _____

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please do not hesitate to contact the evaluator: Alina Turner, 403.827.8722, turneralina@gmail.com.

If you have any concerns about the way you've been treated as a participant, please contact the funder of the evaluation, David French, Manager, Homeless Supports Initiatives, Family Violence Prevention and Homeless Supports Division, Alberta Human Services at 780.644.51

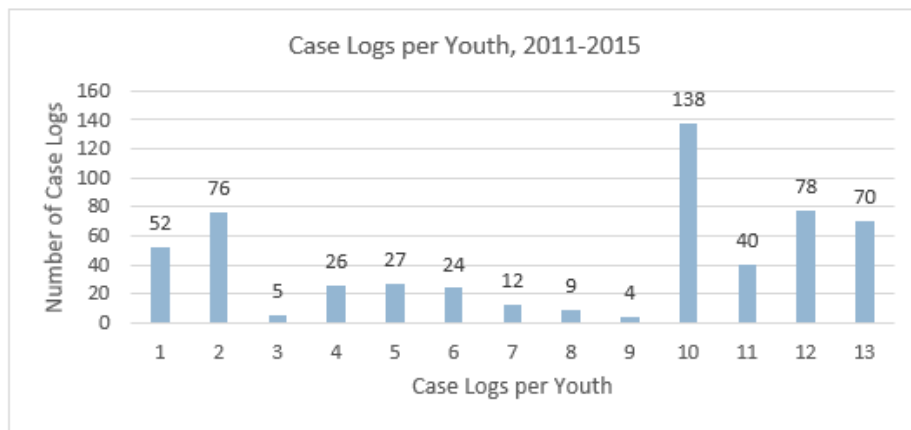
Appendix 4 –Data Analysis

Program-Level Data Analysis

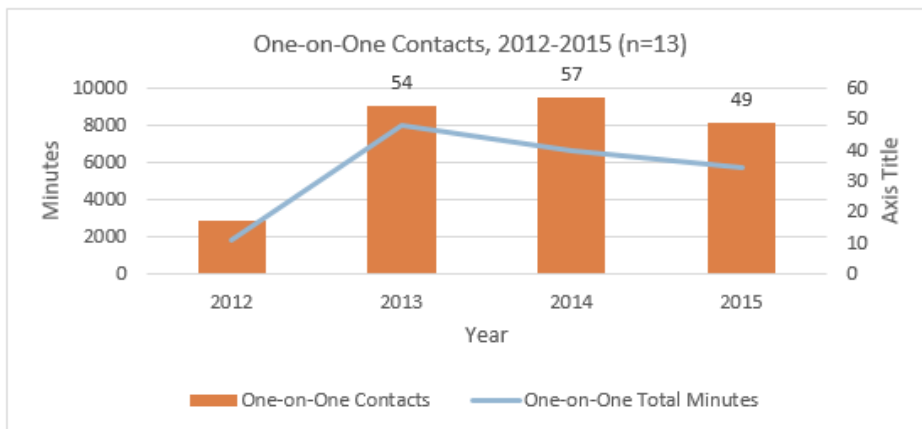
To complement the data available in HMIS, the evaluator worked with program staff to develop an analysis of program participant outcomes over a longer time-frame (2009-2015). The data set was completed using client case files, staff knowledge, youth interview information, and Sharevision data.

Staff Contact

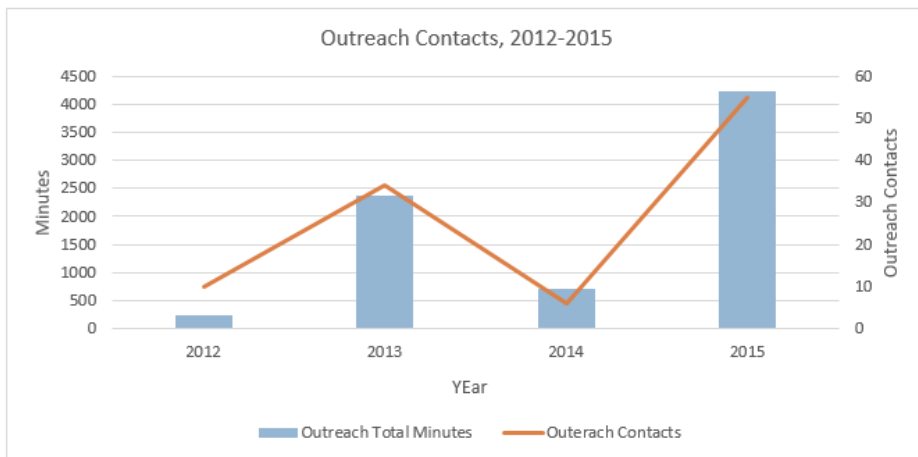
Looking at information available in the agency’s administration data from Sharevision for 13 unique individuals served from 2011 to 2015, a total of 561 case notes were recorded with an average of 43 per youth.



One-on-one case management was also tracked from 2012-2015 in Sharevision showing an average of 13 instances per youth at an average of 14 instances per youth and 29 hours.

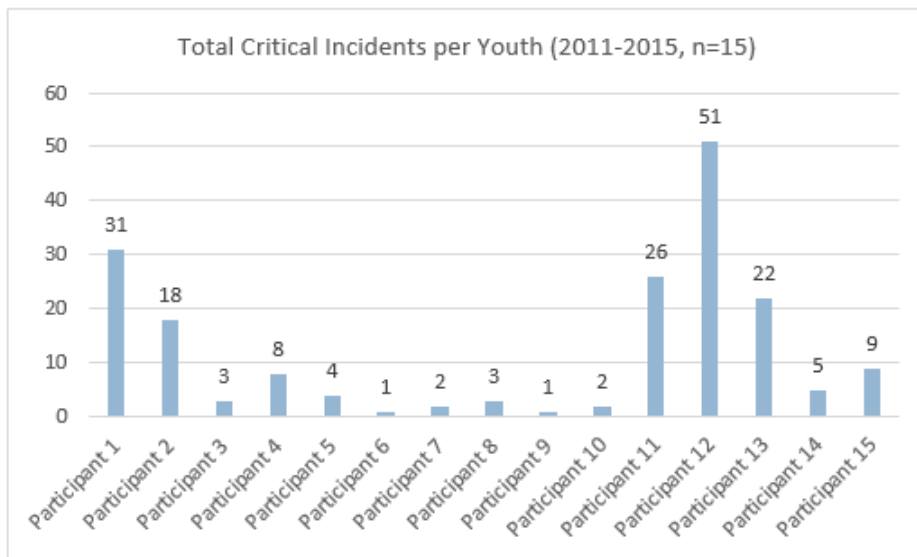


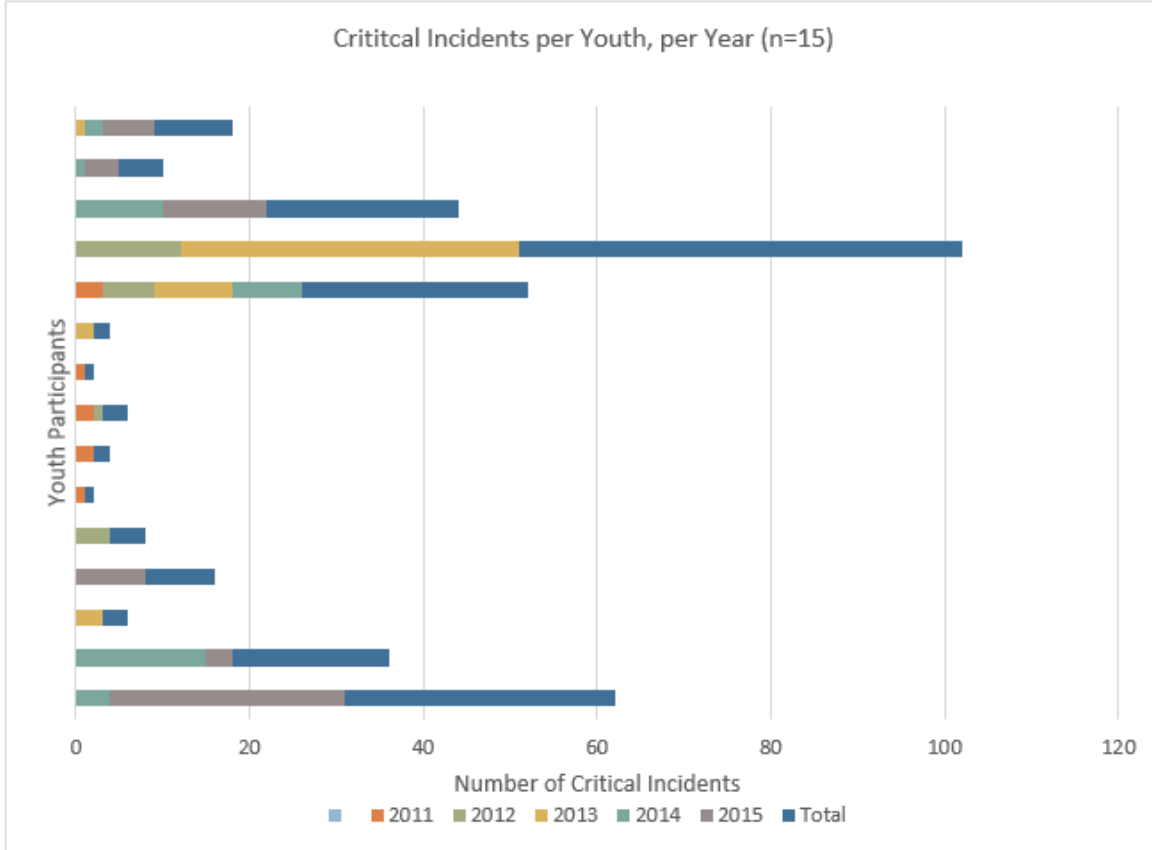
With respect to support after program exit, Sharevision data were available from 2012 to 2015 showing a total of 105 instances of contact for a total of 7,551 minutes or 125 hours.



Critical Incidents

Data on critical incidents from Sharevision show that on average, the program sees about 37 critical incidents annually – with a high 60 in 2015 to date. The totals range when we look at particular youth – with a low of 1 and high of 51. Incidents typically reported concern absences (AWOL, unapproved overnight) at 57 instances, disclosures (44), drugs and alcohol (15), serious changes in health (19), and self-harm (14).





Program Impact

To assess program impact, the evaluator worked with staff to analyse records for 16 youth who had went through the program from March 2009 to October 2015. In 2015, 5 were still residents at Haven’s Way, while the other 11 remained active to various extents as alumnae.

Length of Stay

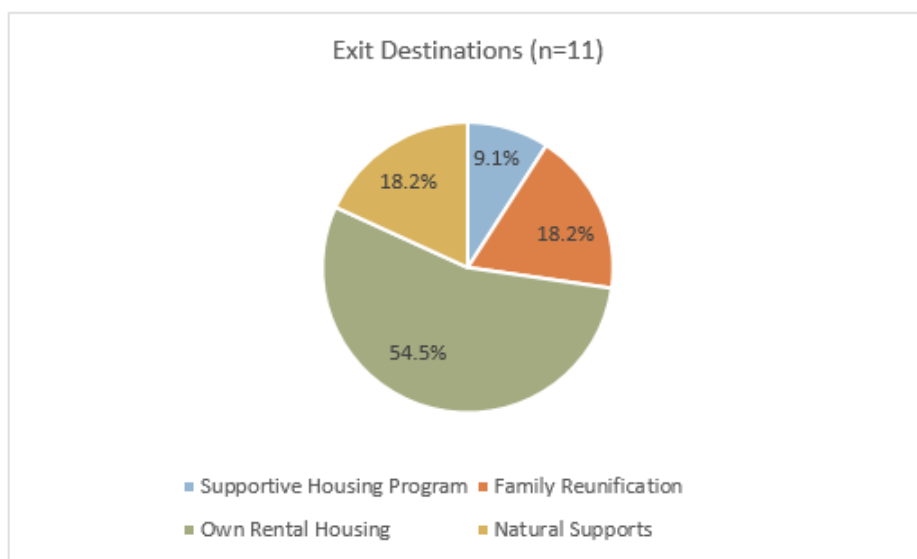
On average, the length of stay among all 16 youth was about 2 years; if we remove current residents from the average, this increases to approximately 2.3 years. The length of stay among current residents ranges from 3.3 years to less than 0.1 for a new resident. For past participants, this ranges from the shortest stay at 0.7 years to the longest at 3.8 years.

Length of Stay in Program			
	Current Residents	Program Graduates (Alumnae)	All Participants
Average	1.7 years	2.3 years	2.1 years
Longest Stay	3.3 years	3.8 years	
Shortest Stay	0.1 years	0.7 years	

Housing at Exit

Of the 11 participants who exited during the timeframe, more than half left to their own rental accommodations. In most cases, these rental units were shared with roommates, partners and/or family members. A smaller proportion reunited with their family at exit (18.5%) or went on to live with another natural support- though not in a shared rental context. For instance, one participant moved in with her boyfriend's parents.

Exit Destination	Number	Percent
Supportive Housing Program	1	9.1%
Family Reunification	2	18.2%
Natural Supports	2	18.2%
Own Rental Housing	6	54.5%
Total	11	100.0%



When probed about the exit further, staff determined that only 1 of the 11 exits was negative as the participant left without a transition plan and has since experienced episodes of homelessness and ongoing instability. This was confirmed in the case file information and the interview data gathered by the evaluator for 8 of the 11 participants in the sample.

Exit Type	Number	Percent
Positive	10	90.9%
Negative	1	9.1%
Total	11	100.0%

Staff reported instances where the youth initiated the exit – this was the case for 54.5% of the sample; in the other 45.5% of cases, the transition was initiated by both the youth with staff.

Exit Initiation	Number	Percent
Youth	6	54.5%
Youth & Staff	5	45.5%
Total	11	100.0%

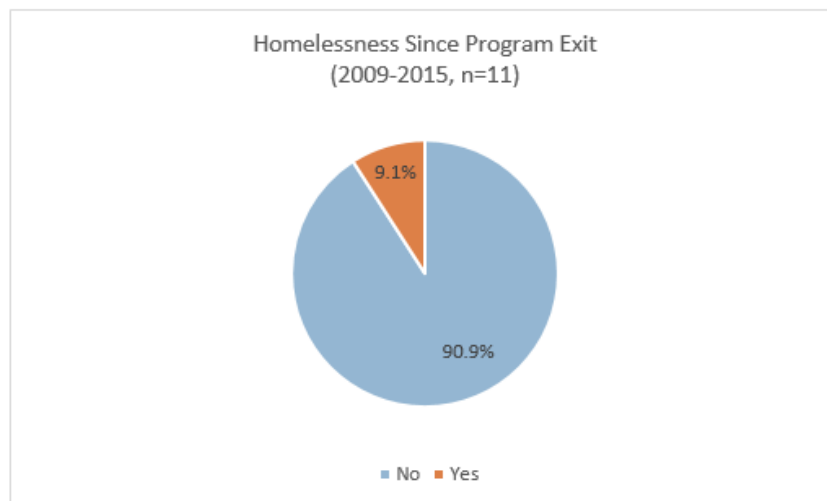
In all but one case, staff were able to provide transition supports for the youth exiting, regardless of how the exit was initiated.

Transition Planning	Number	Percent
No	1	9.1%
Yes	10	90.9%
Total	11	100.0%

Housing Status Post-Exit

Of the 11 participants who exited during the evaluation period, only one was reported to have had continuous housing instability and experiences of homelessness.

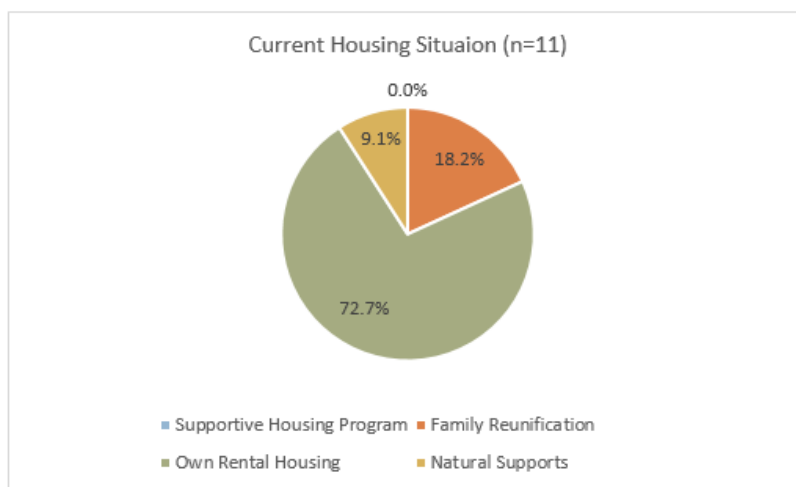
Homelessness Since Program Exit		
No	10	90.9%
Yes	1	9.1%
Total	11	100.0%



Although the 11 participants had left the program between 2012 and 2015, at an average of about 2 years, staff maintained contact and were able to report the current housing, education and employment situation of all 11 youth.

Current Housing Situation	Number	Percent
Supportive Housing Program	0	0.0%
Family Reunification	2	18.2%
Own Rental Housing*	8	72.7%
Natural Supports	1	9.1%
Total	11	100.0%

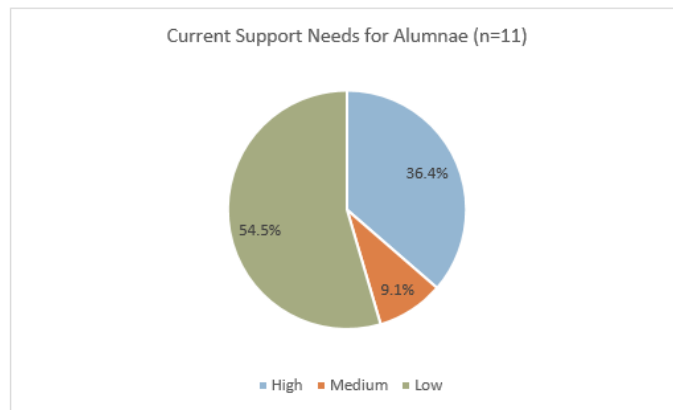
* Note that one of the former participants in rental housing had an active pending eviction notice.



Program Graduates' Support & Engagement Levels

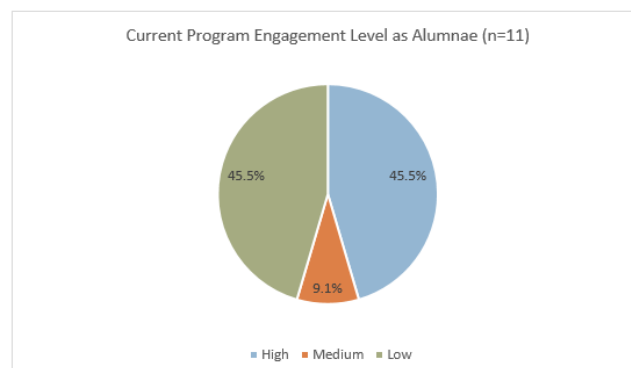
The program staff kept active case notes on major events and/interaction with former participants in Sharevision. They were able to report on current levels of supports provided to the 11 participants in the sample. While about half (54.5%) were receiving a low level of support, the other half was in weekly (36.4%) or monthly (9.1%) contact with staff.

Alumnae Support Levels			
Support Level	Explanation	Number	Percent
High	Weekly contact w/ staff	4	36.4%
Medium	Monthly contact w/staff	1	9.1%
Low	Sporadic contact w/staff	6	54.5%
None	No contact/ attendance	0	0.0%
		Total	11
			100.0%



The level of engagement in alumnae events was also reported for the 11 participants at varying levels. All had some level of engagement in contact with staff and/or participation in alumnae events, such as Recreation Nights, Ranch Day, Christmas Dinners, etc.

Current Program Engagement Level as Alumnae			
Engagement Level	Explanation	Number	Percent
High	Weekly/bi-weekly contact; Monthly event participation	5	45.5%
Medium	Monthly contact; Monthly event participation	1	9.1%
Low	Sporadic contact and/or event participation	5	45.5%
None	No contact or event participation	0	0.0%
		Total	11
			100.0%



Employment and Education among Program Graduates

In terms of current education and employment status, 63.3% of participants had graduated high school, 63.3% were pursuing post-secondary/trade and one was in high school. Two participants were not actively addressing educational goals and had not graduated high school (18.1%).

Education Activity	Number	Percent
Graduated High School	7	63.6%
Pursuing post-secondary/trade	7	63.6%
In High School	1	9.1%
None	2	18.1%

All but two (81.8%) of the 11 graduates were employed either part- or full-time at the time of the evaluation.

Employed Currently	Number	Percent
Yes	9	81.8%
No	2	18.2%
Total	11	100.0%

Public System Interactions among Program Graduates since Program Exit

Staff were able to also report on known system interactions among former participants since program exit. Five of the 11 (45.5%) had some interaction, 27.3% had none and 27.3% were unknown.

Known Current Public System Interactions	Number	Percent
None	3	27.3%
Unknown	3	27.3%
Active Interactions	5	45.5%
Total	11	100.0%

Note however, that the 5 with interactions varied considerably:

Child Intervention status - as parent
Court case closed this year - as victim
Day surgery – for minor physical concern
In treatment for severe physical health issues; comparatively health issues caused weekly EMS and ER use when in program
Addiction treatment starting imminently;
Police interactions - as victim

Current Resident Employment and Education

In terms of education and employment, all current residents were active in both areas. All were employed and all were pursuing educational goals actively.

Current Employment Status	Number	Percent
Yes	5	100.0%
No	0	0.0%
Total	5	100.0%

Education Activity	Number	Percent
Graduated High School	2	40.0%
Pursuing post-secondary/trade	3	60.0%
In High School	2	40.0%
None	0	0.0%

Public System Interactions

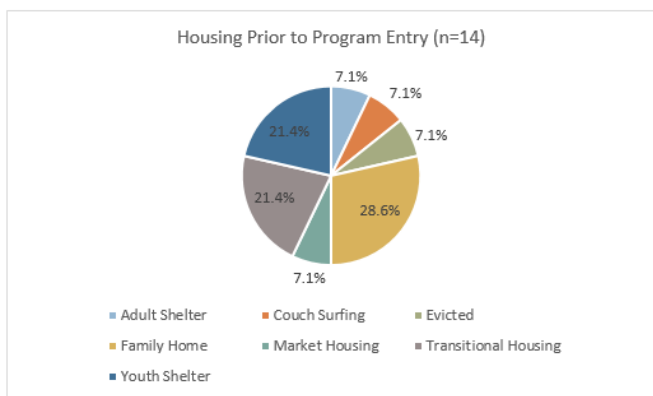
Staff were able to also report on known system interactions among current participants. Only one of the five had any interaction, which was as the victim of a crime.

Additional Historical Program-Level Data

Data were also analyzed from the logs staff kept on basic demographics, program entry and exit dates, as well as destinations at program exit and housing situation at entry. Such information was available for 14 participants between the months of March 2010 and October 2011 with program entries between July 2009 and November 2010.

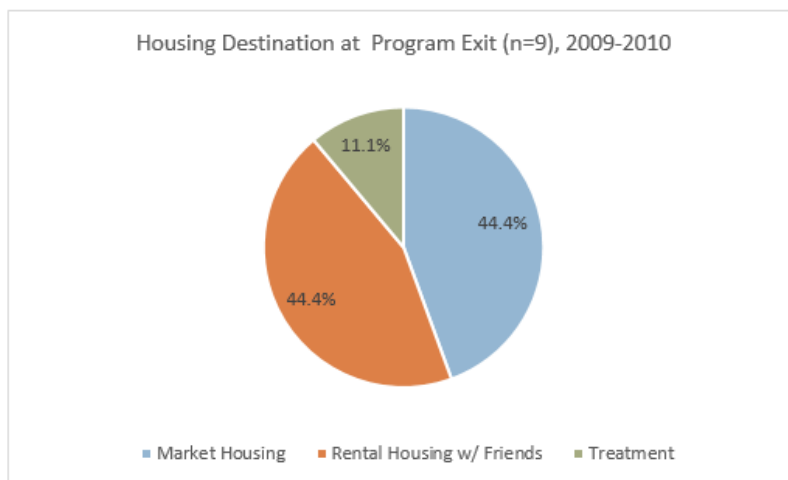
Of these, about 28.6% came from absolute homeless situations (youth and adult shelters), followed by 35.7% from relatively homeless situations (couch surfing, evictions, and transitional housing). Though about 28.6% came from family homes, these were primarily resulting in conflict that precipitated the move out.

Housing Prior to Program Entry	Number	Percent
Adult Shelter	1	7.1%
Couch Surfing	1	7.1%
Evicted	1	7.1%
Family Home	4	28.6%
Market Housing	1	7.1%
Transitional Housing	3	21.4%
Youth Shelter	3	21.4%
Total	14	100.0%



The housing situation at program exit was available for 9 youth during this period. Of these, most left to rental accommodations either independently or with friends – 44.4% respectively. One went on to treatment (11.1%).

Housing Destination at Program Exit	Number	Percent
Market Housing	4	44.4%
Rental Housing w/ Friends	4	44.4%
Treatment	1	11.1%
Total	9	100.0%



MIS Analysis

Methods

In total, records from 7 participants with intakes from July 2012 to September 2014. The data were pulled by the HMIS Manager of the Calgary Homeless Foundation at the request of Alberta Human Services and provided to the consultant with the permission of the Director, Youth Housing and Shelters at the Boys and Girls Clubs of Calgary. Participant-level data were provided on the following items.

Intake	Follow-up assessments (from 3 mo. - 24 mo. at 3 month intervals)	Exit Assessments
Intake Assessment Income at Intake Basic Needs at Intake	Follow-up assessments Income at Follow-Up Discharge Planning Service Referrals Basic Needs	Exit Assessment Income at Exit Discharge Planning

Each file included all the data pulled for that assessment with the main assessment and all sub-assessments. The records were all checked for duplication or missing data. Notably, beyond the 12-month assessment, the sample sizes become very small and were thus not included in this report though they were analyzed.

In light of the relatively small overall sample size of 7 records, the data's limitations must be carefully considered and interpretation should be done with extreme caution. Where additional limitations were encountered, they are outlined in detail throughout the report.

Only 1 record was available and valid for analysis for exit assessment information, and was thus excluded from detailed examination.

Intake Analysis Summary Results

In total, 7 unique HMIS client records were analyzed from April 2012 to March 2015.

Intake and Referrals

- The records examined indicate participant moved into Haven's Way in 2012 (2, 28.6%, 2013 (1, 14.3%) and most recently in 2014 (4, 57.1%).
- The primary referral source into the program was 828-HOPE (71.4%), followed by church pastor (14.3%) and self-referrals (14.3%).

Demographics

- All participants were females, as per program eligibility requirements.
- All 7 participants were in the 16 to 18-year range. The average age across all participants was 17.
- In terms of ethnicity, Caucasian participants made up the entire sample.
- None reported being new to the province (under 3 months).
- All of the 12 participants were Canadian Citizens.
- All participants single at the time of intake, without any dependents under 18.
- None reported being pregnant at the time of intake.

Homelessness Pattern

- All 7 participants were reported to be relatively homeless at the time of intake.

- None of the participants reported being chronically homeless though 5 (71.4%) were episodically homeless.
- Forty percent of those who were reported to be episodically homeless were in this situation for less than 1 month; another 20% for 1-3 months, and 40% for 7-12 months.
- Of the 7 records available, 42.9% (3) reported staying with friends or family to have been their primary residence prior to program entry. This was followed by transitional housing (28.6%) reported by 2 participants. One participant reported staying in an emergency shelter and one was renting (unsubsidized) at 14.3% respectively.

System Involvement

- Of the 7 participants, 20% (1) reported having had foster care involvement during their lifetime.
- None reported having child intervention involvement or exposure to or fleeing domestic violence at intake.
- None reported being released from a correctional facility, mental health facility or health facility in the 12 months prior to intake.
- In total, 28.6% of participants reported having had involvement with the health system in the past 12 months. Involvement with the police or legal system was reported by none of the participants over the past 12 months at intake.
- On average, average per participant public system usage in the 12 months prior to intake.

Health Conditions

- Of the 7 participants, 4 (57.1%) reported having a treated and/or untreated ongoing physical health condition at intake; this was also the case for ongoing mental health case conditions.
- Further, one participant (14.3%) reported that they had an ongoing addiction /substance abuse issue that was treated and/or untreated. None reported having FASD.

Employment, Education & Income

- All 7 participants reported some high school to be the highest level of education.
- Notably, all participants were pursuing further education on a full-time (85.7%) or part-time basis (14.3%).
- In terms of employment at intake, most (71.4%) reported having part-time employment at intake; another 14.3% had full time work, and 14.3% reported not being employed.
- All 7 participants were employable (is or will be able to work in the short term) and none were in employment training at the time of the intake.
- Two of the participants (28.5%) reported having no income. Six (85.7%) reported having income from part-time employment. Note that one of these participants reported having no income and part-time employment at intake.
- The average monthly income reported by the 7 participants was \$500 at intake ranging from a low of \$0 to a high of \$1,000.

Basic Needs at Intake

- At intake, all 7 participants reported having basic needs; an average of 3.9 basic needs per participant were reported.
- A total of 27 instances of basic needs were available for further analysis. Most basic needs reported were housing subsidies (100.0%), food (71.4%), clothing (57.1%) and medication (42.9%).

Follow-Up Assessment Analysis Summary Results

	3-Month Follow-Up Assessment	12-Month Follow-Up Assessment
Sample Size	6	4
Housing Stability	<p>33.3% (2) of participants reported being stable housing over the past 3 months; none reported that they had not achieved stable housing.</p> <p>83.3% (5) of participants reported having achieved permanent housing over the past 3 months.</p> <p>One participant (16.7%) was rehoused during the 3 previous months.</p>	<p>1 (25.0%) participant reported being in stable housing over the past 3 months; none reported that they had not achieved stable housing. Note the sample size is skewed due to missing responses.</p> <p>All 4 participants (100.0%) reported having achieved permanent housing in the past 3 months.</p> <p>One participant (25.0%) was rehoused during the 3 previous months</p>
Health Conditions	<p>50% (3) of participants reported a treated and/or untreated physical health condition;</p> <p>66.7% reported an ongoing treated and/untreated mental health condition;</p> <p>16.7% reported a treated and/or untreated addiction issue.</p> <p>None reported FASD.</p> <p>Comparing intake and 3-month assessments, there was a decrease in ongoing physical health conditions, a small increase in ongoing mental health conditions and a notable increase in addictions issues reported.</p>	<p>75.0% (3) of participants reported a treated and/or untreated physical health condition;</p> <p>100.0% reported a mental health ongoing treated and/or untreated condition.</p> <p>None reported FASD or addictions issues.</p> <p>Comparing intake and 12-month assessments, there was an increase in ongoing mental health conditions while reported rates remained the same otherwise for physical health, addictions and FASD.</p>
Service Provision	<p>One (16.7%) participant reported having contact with their case worker between 1 and 10 times per month;</p> <p>33.3% (2) reported contact from 11-20 and 21-30 times per month respectively.</p> <p>The most common basic needs reported were housing supplements, clothing, food and transportation.</p> <p>There were 23 service referrals reported for the 6 participants, an average of 3.8 per participant primarily concerning health services, counselling, hospital, financial, addictions and legal services.</p>	<p>50% (2) of participants reported having contact with their case worker between 1 and 10 times per month; 50% (2) reported contact from 11-20 per month.</p> <p>The most common basic needs reported were housing supplements, food, clothing, medication and transportation. This is consistent with intake and 3-month data assessments as well.</p> <p>There were 13 service referrals reported for the 4 participants, an average of 3.3 per participant primarily concerning health services and counselling, followed by education, taxes, and hospital services.</p>

<p>System Involvement</p>	<p>33.3% (2) participants reported involvement with the health system in the past 3 months.</p> <p>None reported involvement police or the legal system in past 3 months.</p> <p>Health and justice involvement rates reported over the 12 months prior to intake compared to rates over the past 3 months prior to 12-month assessment suggest legal system involvement remained the same at 0% and health system involvement remained the same at 33.3%.</p> <p>Public system usage comparing intake to 3-month assessment data, showed no change in average per participant use of the justice/legal system, however there was an increase in days and times hospitalized, and EMS use; ER use decreased. Note that the small sample size limits reliability of this data.</p>	<p>50% (2) reported involvement with the health system in the past 3 months.</p> <p>None reported involvement police or the legal system in past 3 months.</p> <p>Health and justice involvement rates reported over the 12 months prior to intake compared to rates over the past 3 months prior to 12-month assessment suggest legal system involvement remained the same at 0% and health system involvement went down from 50% to 0%.</p> <p>Public system usage comparing intake to 12-month assessment data, showed no change in average per participant use of the justice/legal system, however there was an increase in days and times hospitalized, EMS and ER use. Note that the small sample size limits reliability of this data.</p>
<p>Education, Employment & Income</p>	<p>All 6 participants were engaged in full-time education.</p> <p>Note that the income and employment data reported showed accuracy issues; staff are exploring this with HMIS.</p>	<p>All 4 participants were engaged in full-time education.</p> <p>All 4 participants had either part-time (3) or full-time employment (1). Employment rates remained the same at intake and 12 months with all participants reporting part-time or full-time employment at 75% and 25% respectively.</p> <p>HMIS records available showed that average income at 12 months was 32.1% higher than at Intake, increasing from \$700 to \$925 per month.</p> <p>Note that the income data reported showed accuracy issues; staff are exploring this with HMIS.</p>

HMIS Intake Analysis

Participant Entry in Program

The records examined indicate for 7 participants with intakes from July 2012 to September 2014 suggest 2 moved into the program in 2012 (28.6%), one in 2013 (14.3%) and 4 most recently in 2014 (57.1%).

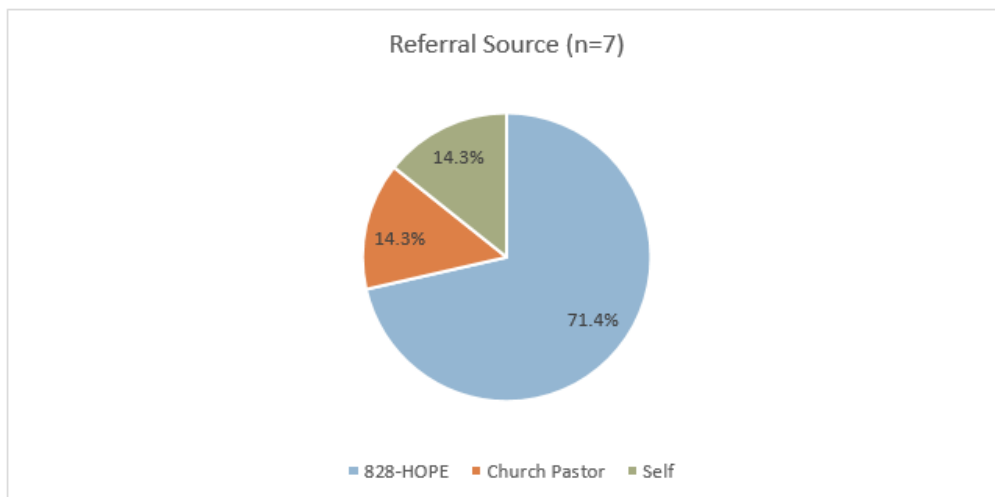
As exit dates were unavailable for all but one participant, it was not possible to establish an average length of stay in the program from the HMIS data, unless it is assumed that the 6 participants with no exit data remain in the program. Ensuing program site visits and interviews, along with case files will confirm this further.

Referral Sources

Move in Dates	Total	Percent
2012	2	28.6%
2013	1	14.3%
2014	4	57.1%
Total	7	100.0%

The primary referral source into the program was 828-HOPE (71.4%), followed by church pastor (14.3%) and self-referrals (14.3%).

Referral Sources	Total	Percent
828-HOPE	5	71.4%
Church Pastor	1	14.3%
Self	1	14.3%
Total	7	100.0%



Gender

All participants were females, as per program eligibility requirements.

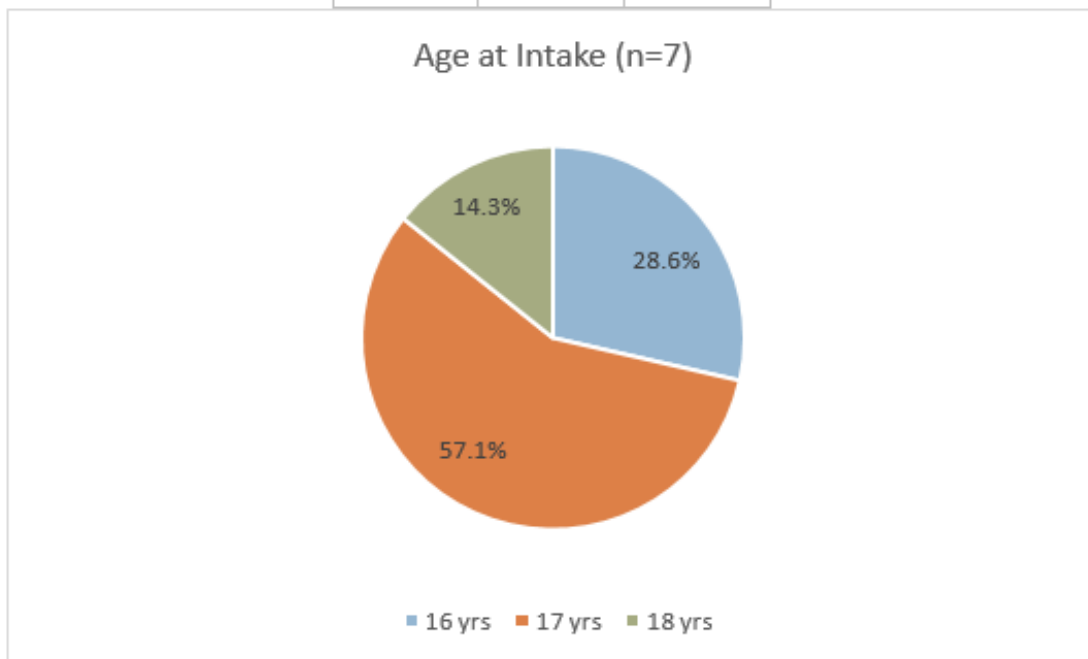
Ethnicity

In terms of ethnicity, Caucasian participants made up the entire sample.

Age at Intake

All 7 participants were either in the 16 to 18-year range. The average age across all participants was 17.

Age at Intake	Total	Percent
16 yrs	2	28.6%
17 yrs	4	57.1%
18 yrs	1	14.3%
Total	7	100.0%



Family Situation/Migration

All of the 12 participants were Canadian Citizens and single at the time of intake.

No dependents under 18 were reported.

None reported being pregnant at the time of intake.

None reported being new to the province (under 3 months).

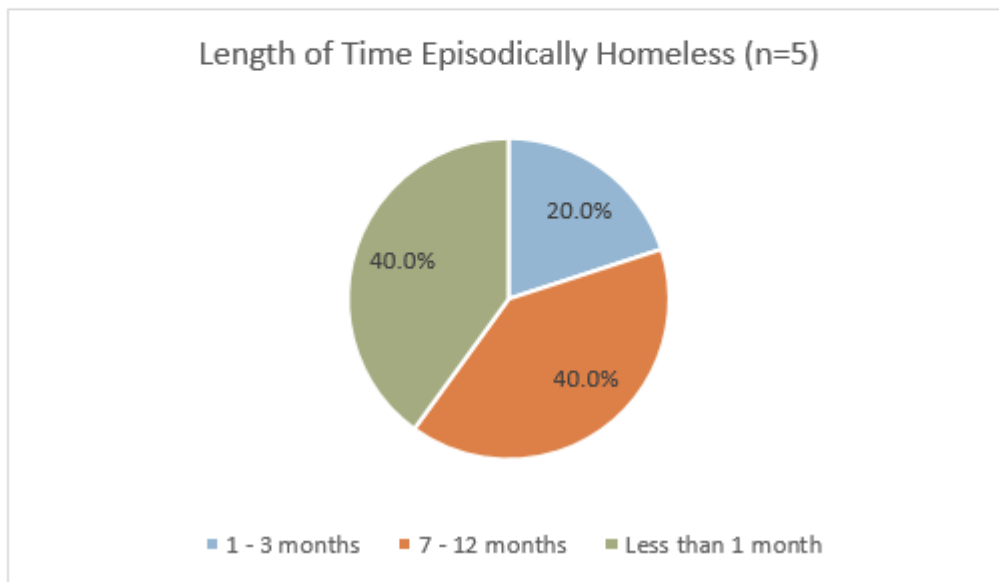
Homelessness Pattern

All 7 participants were reported to be relatively homeless at the time of intake.

None of the participants reported being chronically homeless though 5 (71.4%) were episodically homeless.

Forty percent of those who were reported to be episodically homeless were in this situation for less than 1 month; another 20% for 1-3 months, and 40% for 7-12 months.

Length of Time Episodically Homeless	Total	Percent
Less than 1 month	2	40.0%
1 - 3 months	1	20.0%
7 - 12 months	2	40.0%
Total	5	100.0%



Systems Involvement

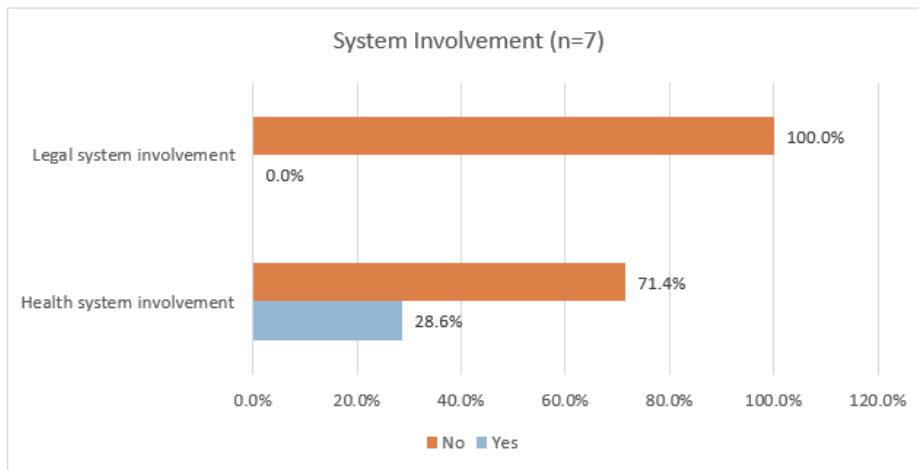
Of the 7 participants, 20% (1) reported having had foster care involvement during their lifetime.

None reported having child intervention involvement or exposure to or fleeing domestic violence at intake.

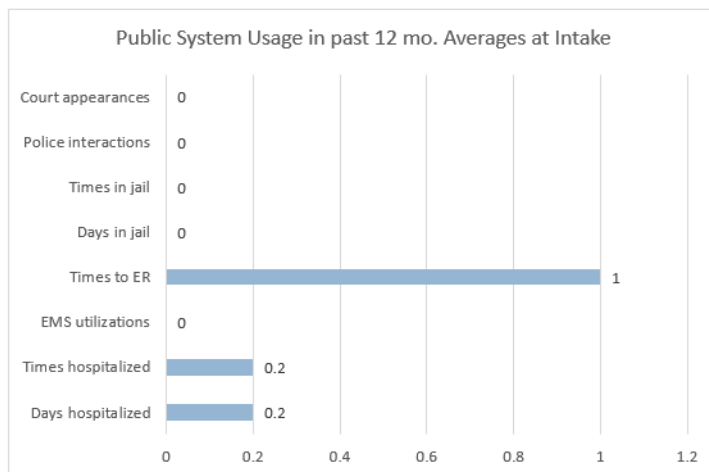
None reported being released from a correctional facility, mental health facility or health facility in the 12 months prior to intake.

In total, 28.6% of participants reported having had involvement with the health system in the past 12 months. Involvement with the police or legal system was reported by none of the participants over the past 12 months at intake.

	Health system involvement		Legal system involvement	
	Total	Percent	Total	Percent
No	5	71.4%	7	100.0%
Yes	2	28.6%	0	0.0%
Total	7	100.0%	7	100.0%



On average, average per participant public system usage in the 12 months prior to intake was low as evident in the figure below.



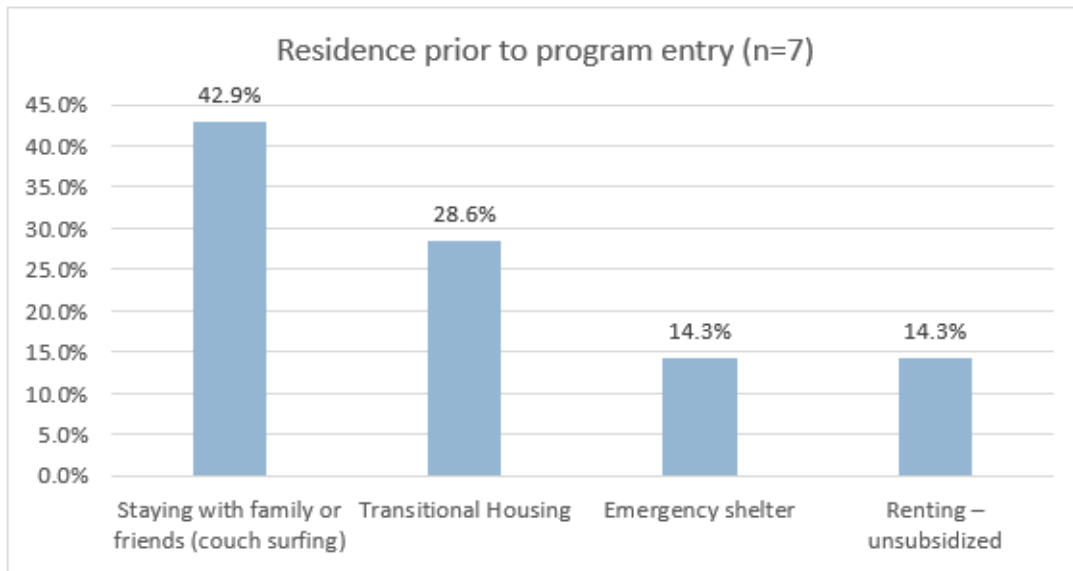
	Days hospitalized	Times hospitalized	EMS utilizations	Times to ER	Days in jail	Times in jail	Police interactions	Court appearances
Total	1	1	0	5	0	0	0	0
Valid responses	5	5	5	5	5	5	5	5
Average/Reporting Participant	0.2	0.2	0	1	0	0	0	0

Primary residence prior to program entry

Of the 7 records available, 42.9% (3) reported staying with friends or family to have been their primary residence prior to program entry.

This was followed by transitional housing (28.6%) reported by 2 participants. One participant reported staying in an emergency shelter and one was renting (unsubsidized) at 14.3% respectively.

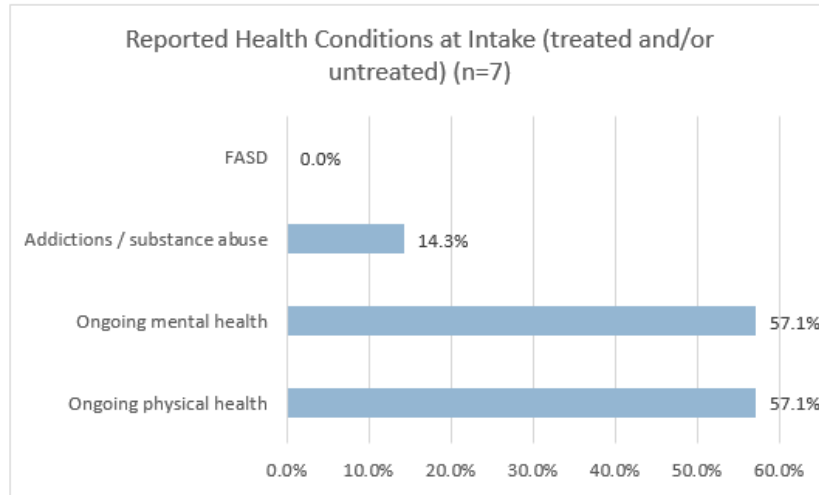
Residence prior to program entry	Total	Percent
Staying with family or friends (couch surfing)	3	42.9%
Transitional Housing	2	28.6%
Emergency shelter	1	14.3%
Renting – unsubsidized	1	14.3%
Total	7	100.0%



Health Conditions

Of the 7 participants, 4 (57.1%) reported having a treated and/or untreated ongoing physical health condition at intake; this was also the case for ongoing mental health case conditions. Further, one participant (14.3%) reported that they had an ongoing addiction /substance abuse issue that was treated and/or untreated. None reported having FASD.

	Ongoing physical health		Ongoing mental health		Addictions / substance abuse		FASD	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent
No	3	42.9%	3	42.9%	6	85.7%	7	100.0%
Yes - Treated	4	57.1%	3	42.9%	1	14.3%	0	0.0%
Yes - Both Treated and Untreated	0	0.0%	1	14.3%	0	0.0%	0	0.0%
Total	7	100.0%	7	100.0%	7	100.0%	7	100.0%



Education at Intake

All 7 participants reported some high school to be the highest level of education. Notably, all participants were pursuing further education on a full-time (85.7%) or part-time basis (14.3%).

Further education	Total	Percent
Yes - Full Time	6	85.7%
Yes - Part Time	1	14.3%
Total	7	100.0%

Employment and Income at Intake

All 7 participants were employable (is or will be able to work in the short term) and none were in Employment Training at the time of the intake.

Months Unemployed	Total	Percent
1 month or less	1	14.3%
6 to 12 months	1	14.3%
Not Applicable	2	28.6%
No Answer	3	42.9%
Total	7	100.0%

In terms of employment at intake, most (71.4%) reported having part-time employment at intake; 14.3% had a full time job and 14.3% reported not being employed.

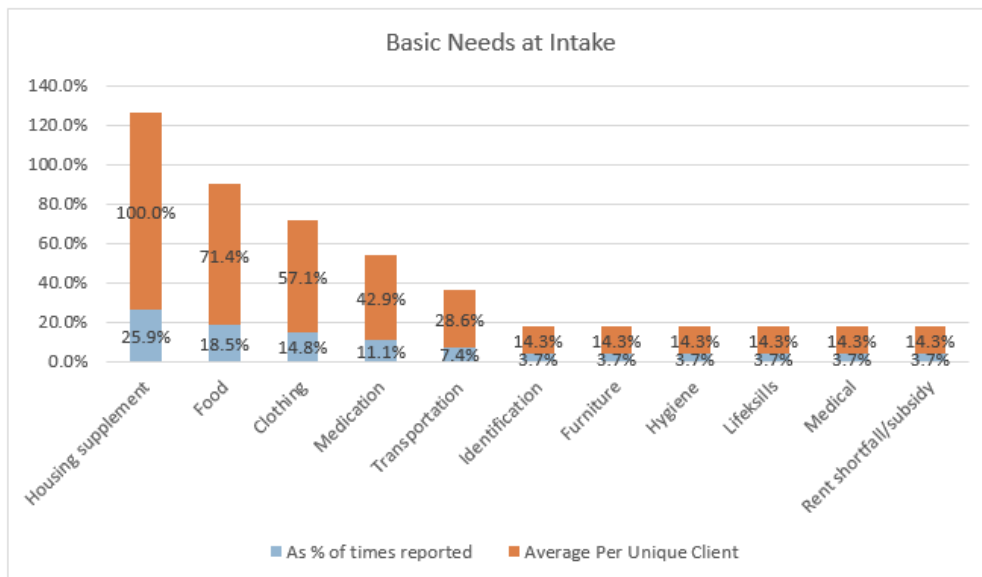
Employed	Total	Percent
No	2	28.6%
Yes – Part-time	5	71.4%
Total	7	100.0%

The average monthly income reported by the 7 participants was \$500 at intake ranging from a low of \$0 to a high of \$1,000. Note that the income and employment data was pulled by the Program Director on November 13, 2015 for the same HMIS records used in the rest of the analysis as there were accuracy issues in the data provided to the evaluator.

Basic Needs at Intake

At intake, all 7 participants reported having basic needs. A total of 27 instances of basic needs were available for further analysis.

Most basic needs reported were housing subsidies (100.0%), food (71.4%), clothing (57.1%) and medication (42.9%). An average of 3.9 basic needs per participant were reported at intake.



Basic Needs at Intake	Total	As % of times reported	Average Per Unique Participant
Housing supplement	7	25.9%	100.0%
Food	5	18.5%	71.4%
Clothing	4	14.8%	57.1%
Medication	3	11.1%	42.9%
Transportation	2	7.4%	28.6%
Identification	1	3.7%	14.3%
Furniture	1	3.7%	14.3%
Hygiene	1	3.7%	14.3%
<u>Lifeksills</u>	1	3.7%	14.3%
Medical	1	3.7%	14.3%
Rent shortfall/subsidy	1	3.7%	14.3%
Total	27	100.0%	385.7%

Follow-Up Assessment Analysis

To assess program impact trends, all follow up and exit data were examined at 3, 6, 12, 18 and 24 months for youth with intake records from July 2012 to September 2014. As the number of available records decreased the longer the examination period, the less reliable the analysis results are.

Records Available	Total
3 Months	6
6 Months	6
12 Months	4
18 Months	3
24 Months	2

Because this evaluation aims to provide some much-needed data to broader assessments of Foyer programs in Canada, it is the evaluator's opinion that the 5 increments of data above should be available individually to ensure the program can be compared (with the necessary caveats) to other programs, which may have comparative data from some of these increments. For instance, the Foyer program operated by Calgary John Howard has 3-month assessment data. If we excluded the 3-month data from this evaluation, we would not be able to examine Havens Way with this program. While it makes the analysis considerably more complicated, it is best to have this data available where future needs may arise.

This report will present the data from the 3 month and 12-month assessment analysis, however, the full Excel analysis includes 3, 6, 12, 18 and 24-month data. The evaluator selected to highlight the 3 and 12 month increments to make best use of sample sizes to evaluate program impact in the immediate and longer term, without presenting repetitive data.

3-Month Follow-Up Assessment Analysis

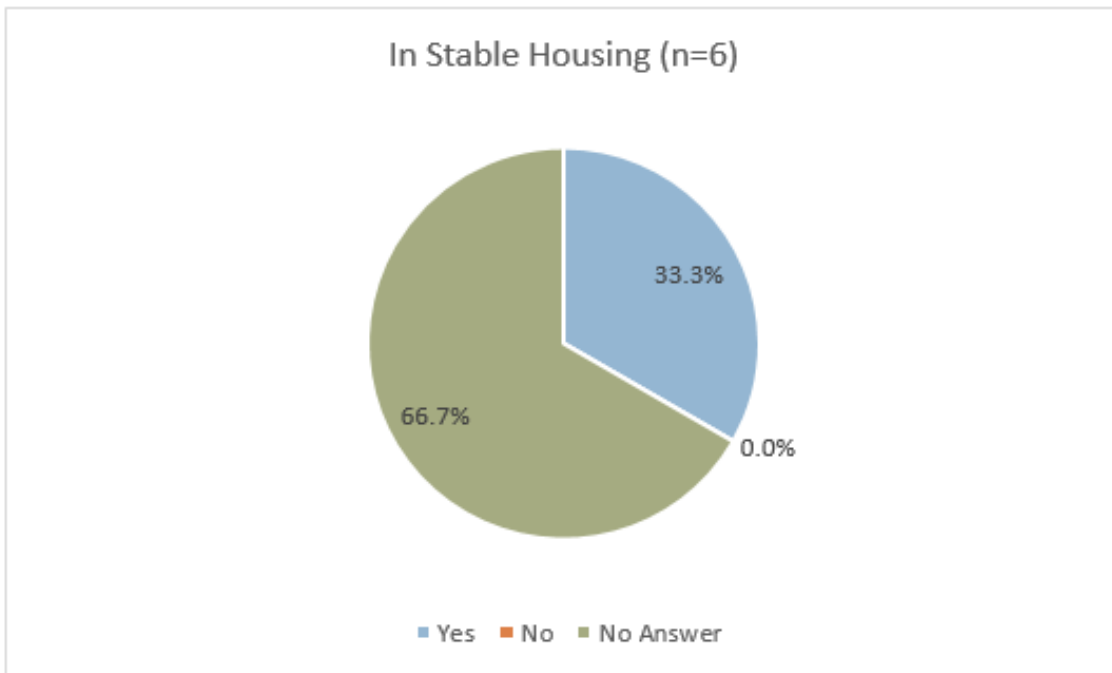
There were 8 3-month follow up records available for clients with intakes from July 2012 to September 2014, 2 of which were duplicates and thus removed. All 6 remaining records had matching intake records.

Assessment Dates	Total	Percent
2012	2	33.3%
2013	1	16.7%
2014	3	50.0%
Total	6	100.0%

Housing Stability

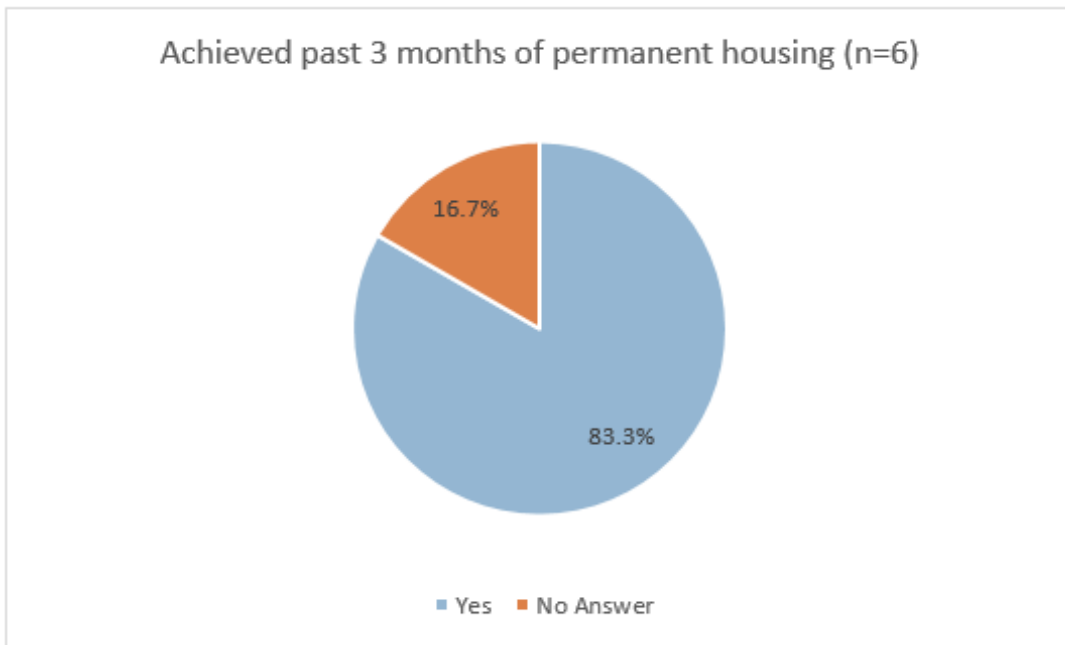
About one third (33.3%) of participants reported being stable housing over the past 3 months in their 3-month assessment; none reported that they had not achieved stable housing.

In Stable Housing	Total	Percent
Yes	2	33.3%
No	0	0.0%
No Answer	4	66.7%
Total	6	100.0%



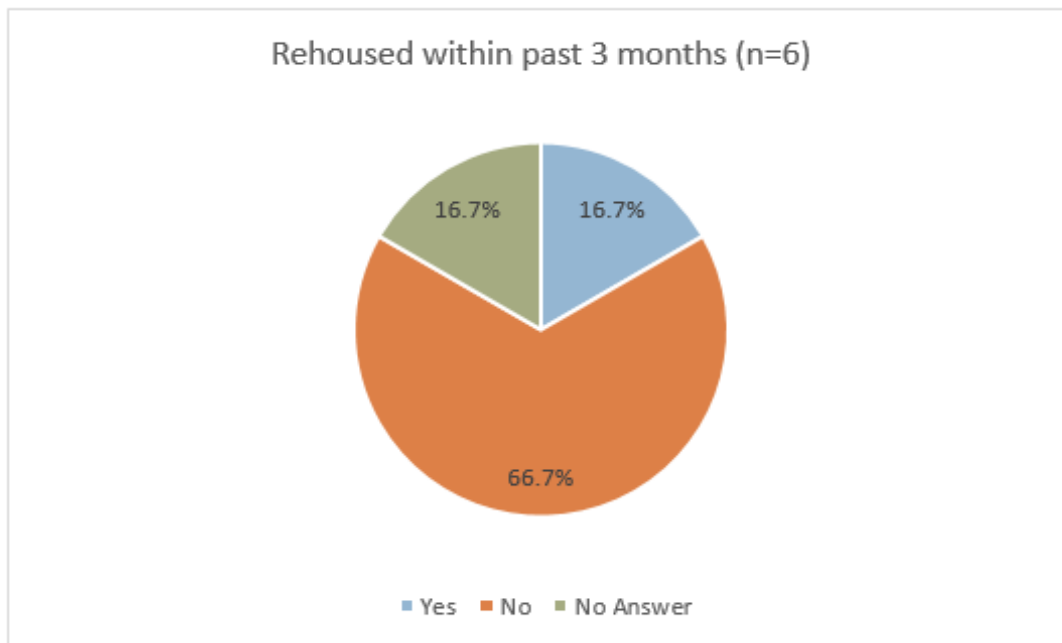
Further, 83.3% of participants reported having achieved permanent housing over the past 3 months.

Achieved past 3 months of permanent housing	Total	Percent
Yes	5	83.3%
No Answer	1	16.7%
Total	6	100.0%



One participant (16.7%) was rehoused during the 3 previous months.

Rehoused within past 3 months	Total	Percent
Yes	1	16.7%
No	4	66.7%
No Answer	1	16.7%
Total	6	100.0%



Service Intensity

One (16.7%) participant reported having contact with their case worker between 1 and 10 times per month; 33.3% (2) reported contact from 11-20 and 21-30 times per month respectively.

Caseworker contact	Total	Percent
1-10 times	1	16.7%
11-20 times	2	33.3%
21-30 times	2	33.3%
No Answer	1	16.7%
	6	100.0%

System Involvement

Two (33.3%) participants reported involvement with the health system in the past 3 months; none reported involvement police or the legal system in past 3 months during the 3-month assessment.

3 Mo. Assessment	Health system involvement over past 3 mo.		Legal system involvement over past 3 mo.	
	Total	Percent	Total	Percent
No	3	50.0%	5	83.3%
Yes	2	33.3%	0	0.0%
No Answer	1	16.7%	1	16.7%
Total	6	100.0%	6	100.0%

It is important to note that comparison with reported system use at intake is done with extreme caution. The intake questions are asking participants to report system usage over the past 12 months, whereas the 3-month assessment ask about the past 3 months only.

Nevertheless, looking at reported health and justice involvement rates reported over the 12 months prior to intake compared to rates over the past 3 months prior to 12-month assessment, the data suggest that system involvement at intake versus 3 months estimates remained the same.

Intake	Health system involvement over past 12 mo.		Legal system involvement over past 12 mo.	
	Total	Percent	Total	Percent
	4	66.7%	6	100.0%
2	33.3%	0	0.0%	
0	0.0%	0	0.0%	
6	100.0%	6	100.0%	

Public System Usage

With the same caution, public system usage for the 6 participants is highlighted in the table below. As the timespan for the intake and assessment differed (12 months vs. 3 months), the intake figure was divided by 4 to generate an approximation over the previous 3 months to compare to the assessment.

Notably, the number of ER use decreased, though all other measures showed an increase. Note that the small sample size limits reliability of this data.

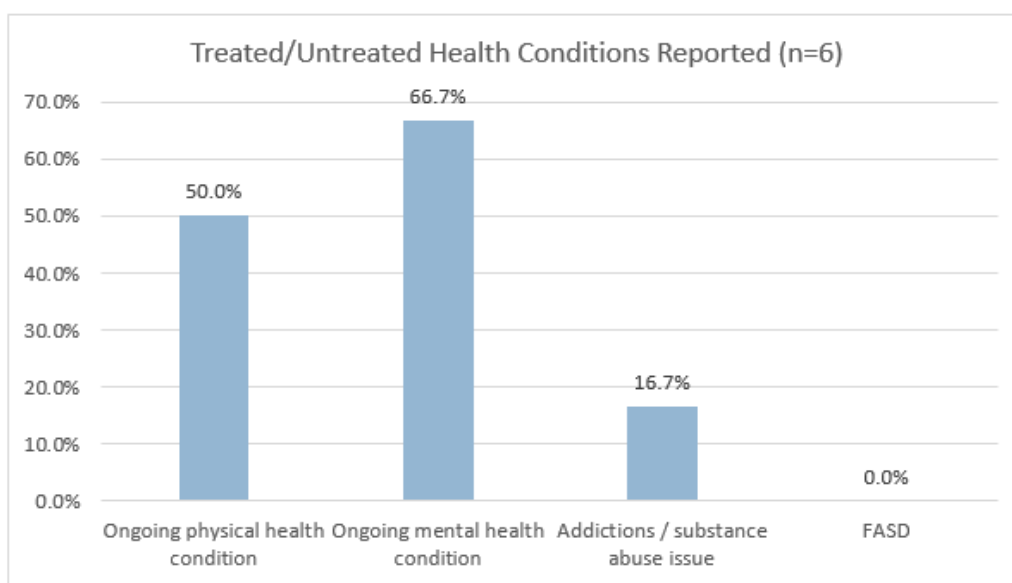
3 Mo. Assessment (Over past 3 mo.)	Days hospitalized	Times hospitalized	EMS utilizations	Times to emergency room	Days in jail	Times in jail	Police interactions	Court appearances
Total	14	1	2	5	0	0	0	0
Sample Size	3	3	3	3	2	2	2	2
Avg per Valid Entry at 3 Mo.	4.7	0.3	0.7	1.7	0.0	0.0	0.0	0.0
Intake (Estimated over 3 mo.)	Days hospitalized	Times hospitalized	EMS utilizations	Times to emergency room	Days in jail	Times in jail	Police interactions	Court appearances
Total (estimated for 3 mo.)	0	0	0	1	0	0	0	0
Sample Size	3	3	3	3	2	2	2	2
Avg per Valid Entry at Intake	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0
Change in Average per Participant	+4.7	+0.3	+0.7	-1.3	0.0	0.0	0.0	0.0

Health Conditions

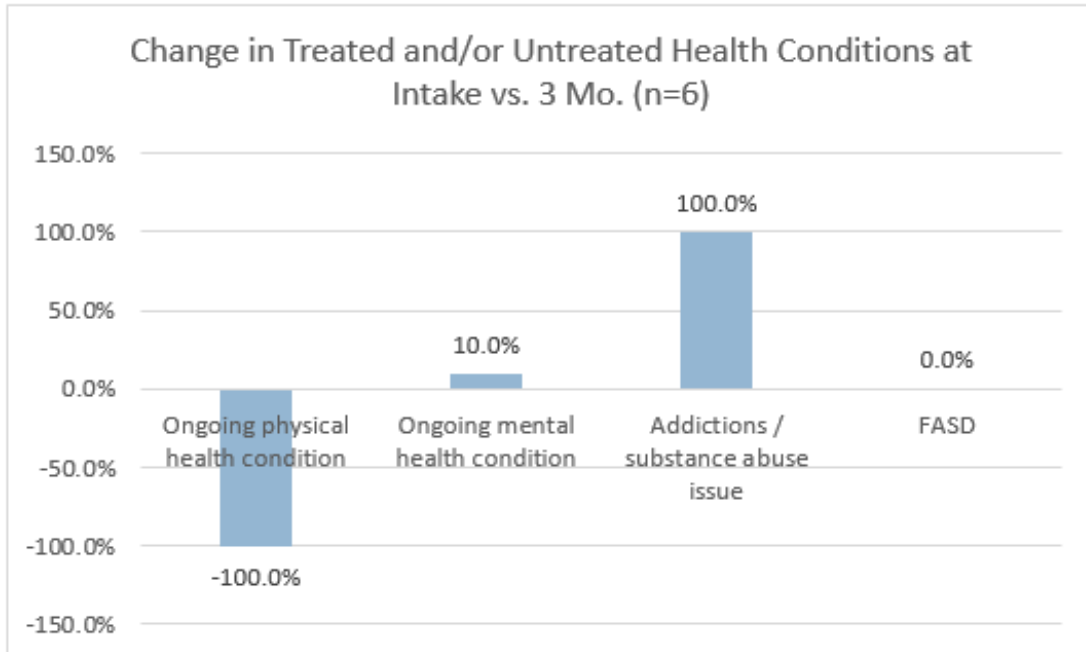
In terms of impact on health conditions, half of participants reported a treated and/or untreated physical health condition at the 3-month assessment point; 66.7% reported an ongoing treated and/untreated mental health condition and 16.7% reported a treated and/or untreated addiction issue. None reported FASD.

	Ongoing physical health condition		Ongoing mental health condition		Addictions / substance abuse issue		FASD	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent
No	2	33.3%	1	16.7%	5	83.3%	6	100.0%
Yes - Treated	2	33.3%	2	33.3%	0	0.0%	0	0.0%
Yes - Both Treated and Untreated	1	16.7%	2	33.3%	1	16.7%	0	0.0%
Don't Know	1	16.7%	1	16.7%	0	0.0%	0	0.0%
Total	6	100.0%	6	100.0%	6	100.0%	6	100.0%

Health Conditions	Treated/Untreated Conditions Reported (3 mo.)
Ongoing physical health condition	50.0%
Ongoing mental health condition	66.7%
Addictions / substance abuse issue	16.7%
FASD	0.0%
Sample Size	6



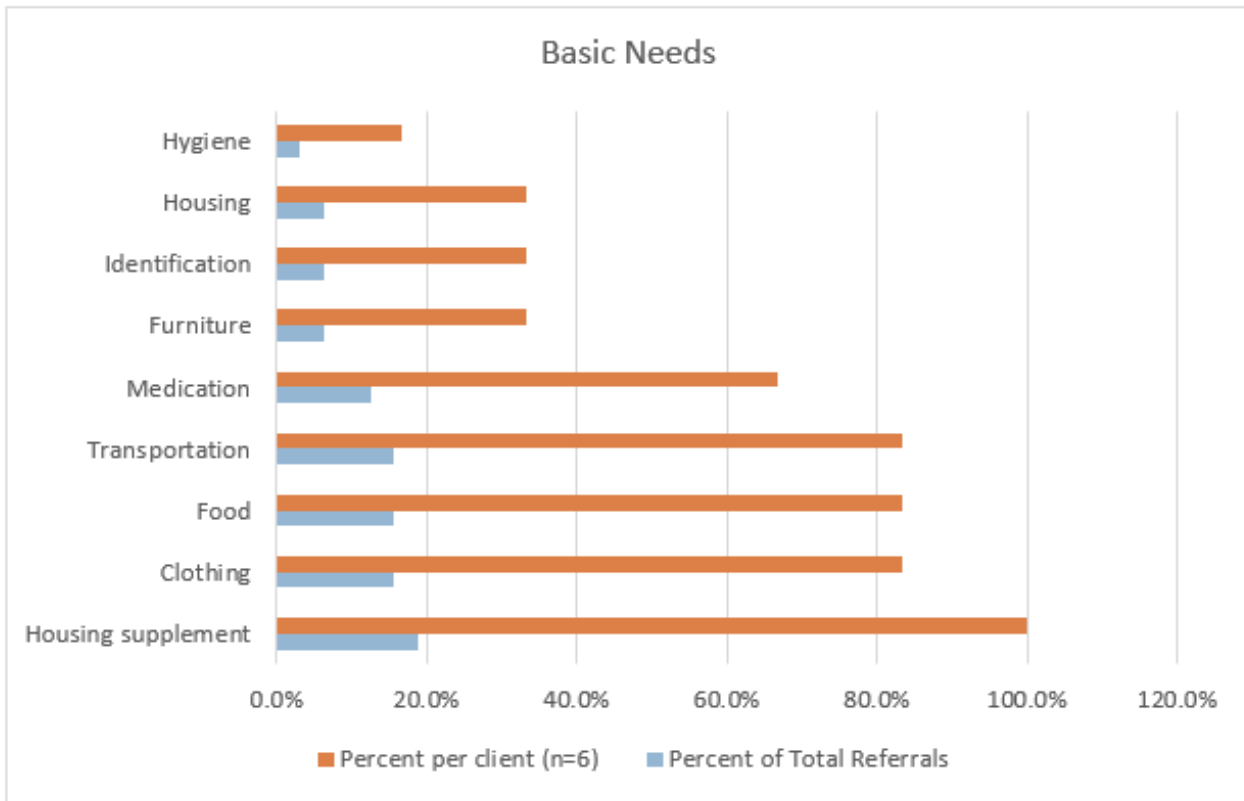
Comparing the same 6 clients' reported treated and/or untreated health conditions at intake versus 3 months, there was a decrease in ongoing physical health conditions, a small increase in ongoing mental health conditions and a notable increase in addictions issues reported.



Basic Needs

The most common basic needs reported were housing supplements, clothing, food and transportation at the 3-month assessment point.

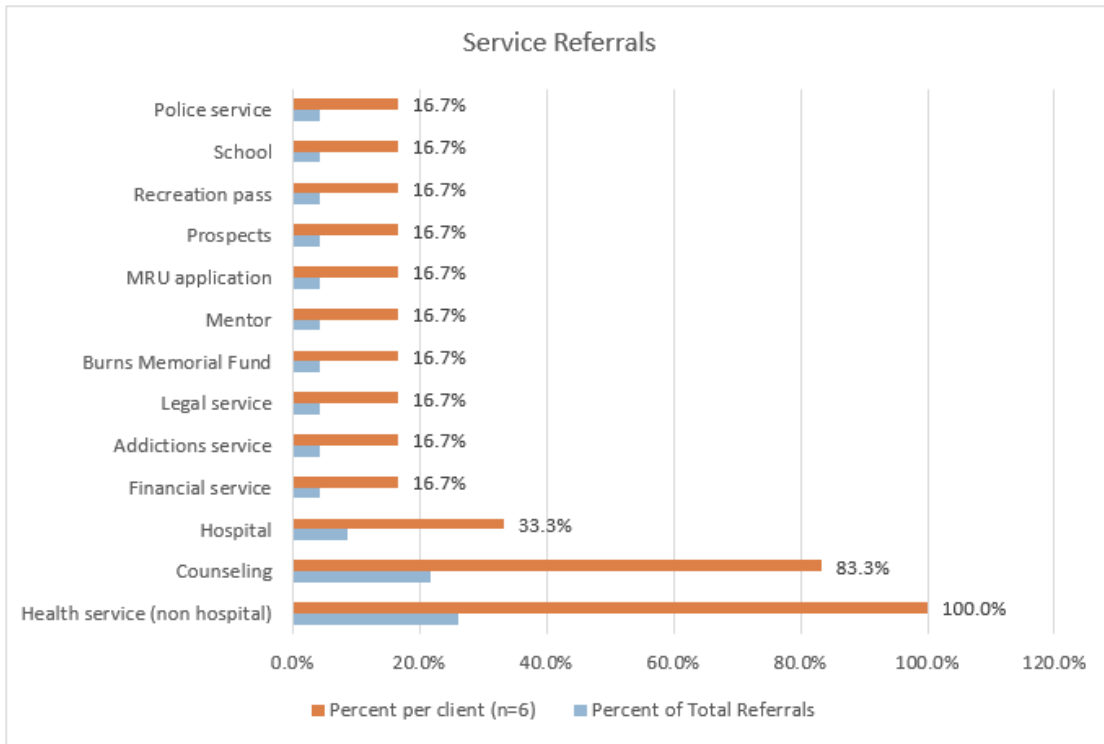
Basic Needs Assistance (6 Participants)	Total	Percent of Total Referrals	Percent per participant (n=6)
Housing supplement	6	18.8%	100.0%
Clothing	5	15.6%	83.3%
Food	5	15.6%	83.3%
Transportation	5	15.6%	83.3%
Medication	4	12.5%	66.7%
Furniture	2	6.3%	33.3%
Identification	2	6.3%	33.3%
Housing	2	6.3%	33.3%
Hygiene	1	3.1%	16.7%
Total	32	100.0%	



Service Referrals

There were 23 service referrals reported for the 6 participants, an average of 3.8 per participant. The majority of referrals concerned health services (26.1%) and counselling (21.7%), followed by hospital, financial, addictions and legal services.

Referrals	Total	Percent of Total Referrals	Percent per participant (n=6)
Health service (non-hospital)	6	26.1%	100.0%
Counseling	5	21.7%	83.3%
Hospital	2	8.7%	33.3%
Financial service	1	4.3%	16.7%
Addictions service	1	4.3%	16.7%
Legal service	1	4.3%	16.7%
Burns Memorial Fund	1	4.3%	16.7%
Mentor	1	4.3%	16.7%
MRU application	1	4.3%	16.7%
Prospects	1	4.3%	16.7%
Recreation pass	1	4.3%	16.7%
School	1	4.3%	16.7%
Police service	1	4.3%	16.7%
Total	23	100.0%	



Social Inclusion

A third of participants reported volunteering in the past 3 months and engaging in cultural/recreational programs. Note however, a high level of missing data for this question, making comparison with follow up data difficult.

	Volunteered in past 3 mo.		Engaged in cultural/recreational programs in past 3 mo.		Experienced changes in social participation in past 3 mo.	
	Total	Percent	Total	Percent	Total	Percent
Yes	2	33.3%	2	33.3%	0	0.0%
No	0	0.0%	0	0.0%	2	33.3%
No Answer	4	66.7%	4	66.7%	4	66.7%
	6	100.0%	6	100.0%	6	100.0%

12-Month Follow-Up Assessment Analysis

There were 5 12-month assessment records available for participants with intakes records from July 2012 to September 2014, 1 of which was a duplicate and thus removed. All 4 remaining records had matching intake records from 2012-2014.

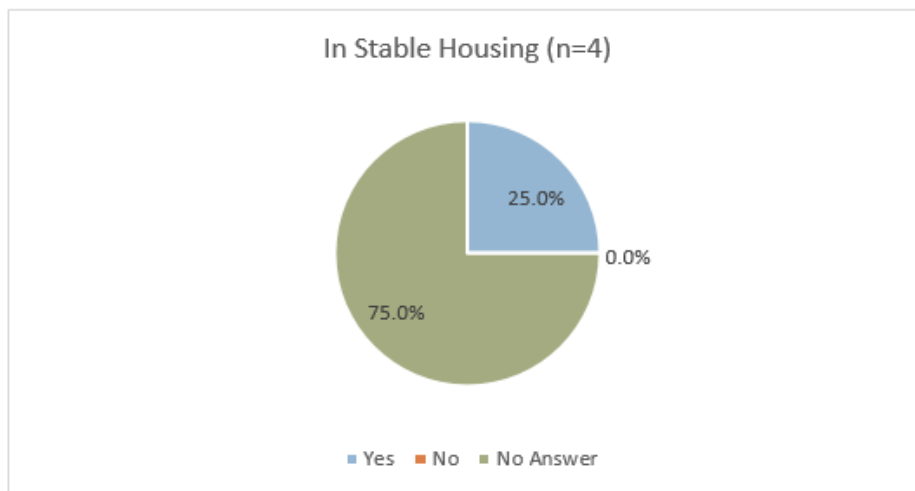
Assessment Dates	Total	Percent
2013	3	75.0%
2015	1	25.0%
Total	4	100.0%

Housing Stability

One (25.0%) participant reported being in stable housing over the past 3 months; none reported that they had not achieved stable housing. Note the sample size is skewed due to missing responses.

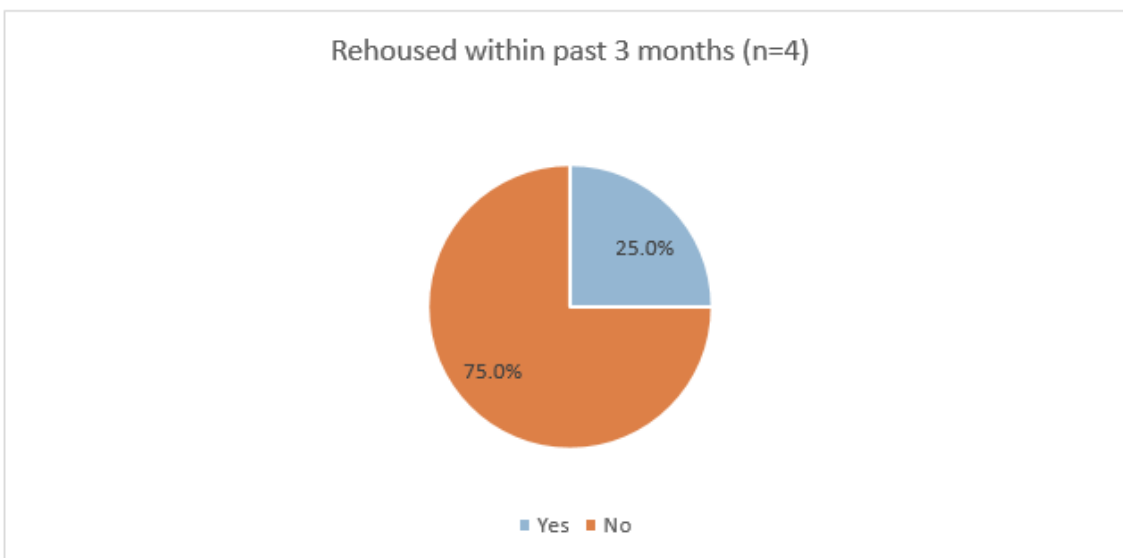
Further, all 4 participants (100.0%) reported having achieved permanent housing over the past 3 months. One participant

In Stable Housing	Total	Percent
Yes	1	25.0%
No	0	0.0%
No Answer	3	75.0%
Total	4	100.0%



(25.0%) was rehoused during the 3 previous months.

Rehoused within past 3 months	Total	Percent
Yes	1	25.0%
No	3	75.0%
No Answer	0	0.0%
Total	4	100.0%



Service Intensity

Fifty percent of the participants reported having contact with their case worker between 1 and 10 times per month; the other half reported contact from 11-20 per month.

Caseworker contact	Total	Percent
1-10 times	2	50.0%
11-20 times	2	50.0%
Total	4	100.0%

System Involvement

Half of the participants (50%, 2) reported involvement with the health system in the past 3 months; none reported involvement police or the legal system in past 3 months during the 3-month assessment. This showed no change in comparison to intake information from the same 4 participants, which is consistent with data from the 3-month assessment.

It is important to note that comparison with reported system use at intake is done with extreme caution. The intake questions are asking participants to report system usage over the past 12 months, whereas the 12-month assessment ask about the past 3 months only.

12 Mo.	Health system involvement over past 3 mo.		Legal system involvement over past 3 mo.	
	Total	Percent	Total	Percent
No	2	50.0%	4	100.0%
Yes	2	50.0%	0	0.0%
No Answer	0	0.0%	0	0.0%
Total	4	100.0%	4	100.0%

Nevertheless, looking at reported health and justice involvement rates reported at over the 12 months prior to intake compared to rates over the past 3 months prior to the 12-month assessment, data from the same 4 unique participants suggests improvement with respect to police/legal and health system involvement. While legal system involvement remained the same at 0%, health system involvement went from 50% to 0%.

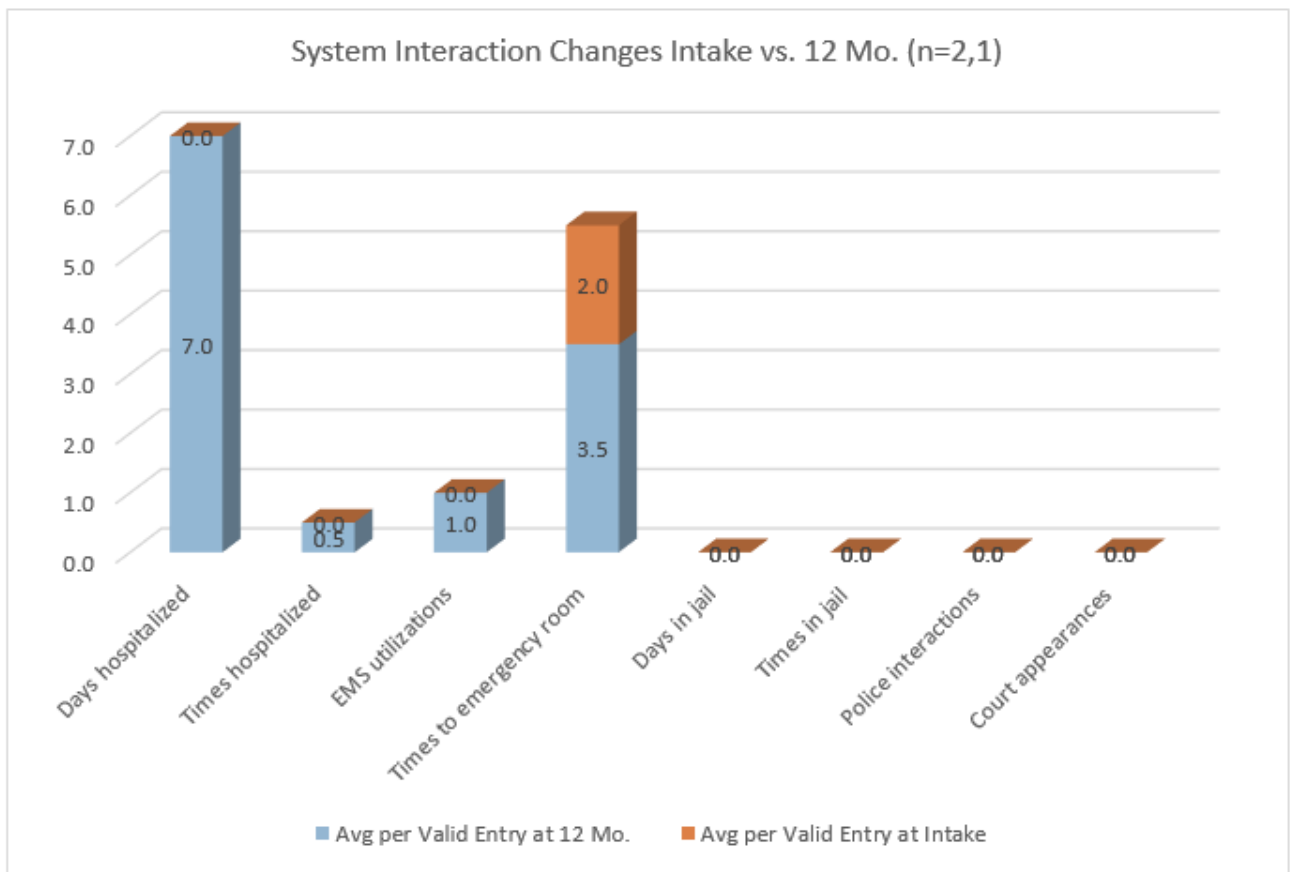
Intake	Health system involvement over past 12 mo.		Legal system involvement over past 12 mo.	
	Total	Percent	Total	Percent
No	2	50.0%	4	100.0%
Yes	2	50.0%	0	0.0%
No Answer	0	0.0%	0	0.0%
Total	4	100.0%	4	100.0%

Public System Usage

With the same caution, looking at the public system usage suggests decreases for the 4 participants as follows below. As the timespan for the intake and assessment differed (12 months vs. 3 months), the intake figure was divided by 4 to generate an approximation over the previous 3 months to compare to the assessment.

Notably, all health system related measures showed an increase. Note that the small sample size limits reliability of this data.

12 Mo. Assessment (Over past 3 mo.)	Days hospitalized	Times hospitalized	EMS utilizations	Times to emergency room	Days in jail	Times in jail	Police interactions	Court appearances
Total	14	1	2	7	0	0	0	0
Sample Size	2	2	2	2	1	1	1	1
Avg per Valid Entry at 12 Mo.	7.0	0.5	1.0	3.5	0.0	0.0	0.0	0.0
Intake (Estimated over 3 mo.)	Days hospitalized	Times hospitalized	EMS utilizations	Times to emergency room	Days in jail	Times in jail	Police interactions	Court appearances
Total (estimated for 3 mo.)	0	0	0	1	0	0	0	0
Sample Size	2	2	2	2	1	1	1	1
Avg per Valid Entry at Intake	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0
Change in Average per Participant	+7.0	+0.5	+1.0	+1.5	0.0	0.0	0.0	0.0

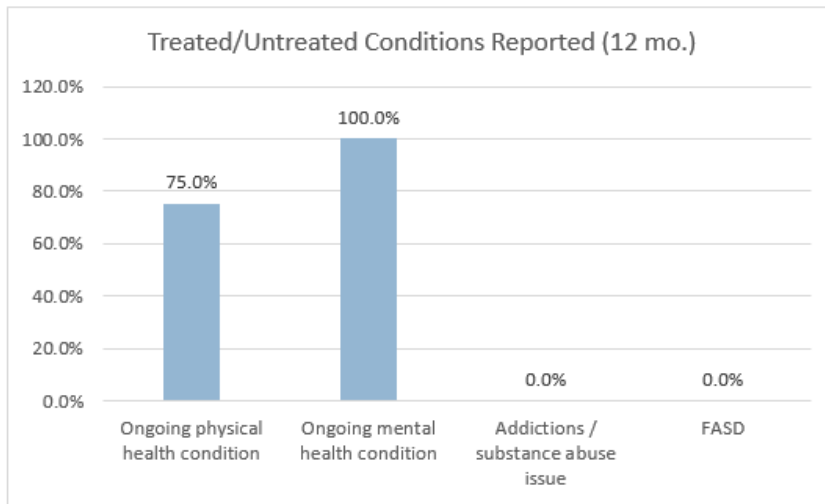


Health Conditions

'In terms of health conditions, 75.0% of participants reported a treated and/or untreated physical health conditions at the 12-month assessment point; 100.0% reported a mental health ongoing treated and/or untreated conditions. None reported FASD or addictions issues.

Comparing the same 4 participants to their intake data, we see an increase in the number of those with mental health issues. This could be due the fact that these issues emerged while the participant received services, or a matter of longer staying participants having higher levels of needs. In either case, the small sample needs to be considered.

12 Mo. Assessment	Ongoing physical health condition		Ongoing mental health condition		Addictions / substance abuse issue		FASD	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent
No	1	25.0%	0	0.0%	4	100.0%	4	100.0%
Yes - Treated	2	50.0%	2	50.0%	0	0.0%	0	0.0%
Yes - Both Treated and Untreated	1	25.0%	1	25.0%	0	0.0%	0	0.0%
Yes - Untreated	0	0.0%	1	25.0%	0	0.0%	0	0.0%
Don't Know	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	4	100.0%	4	100.0%	4	100.0%	4	100.0%



Treated/Untreated Conditions Reported (12 mo.)	Intake		12 Mo.		Change
	Total	Percent	Total	Percent	Percent
Ongoing physical health condition	3	75.0%	3	75.0%	0%
Ongoing mental health condition	3	75.0%	4	100.0%	33.3%
Addictions / substance abuse issue	0	0.0%	0	0.0%	0%
FASD	0	0.0%	0	0.0%	0%
Total	0	100.0%	0	100.0%	

Education, Employment & Income

All 4 participants were engaged in full-time education. All participants had either part-time or full-time employment at the 12-month assessment point. For the same records, employment rates remained the same at intake and 12 months with all participants reporting part-time or full-time employment at 75% and 25% respectively.

Intake	12 Mo.
PT	PT
PT	PT
PT	PT
FT	FT

As is evident below, the average income at 12 months increased by 32.1% compared to Intake from \$700 to \$925 per month.

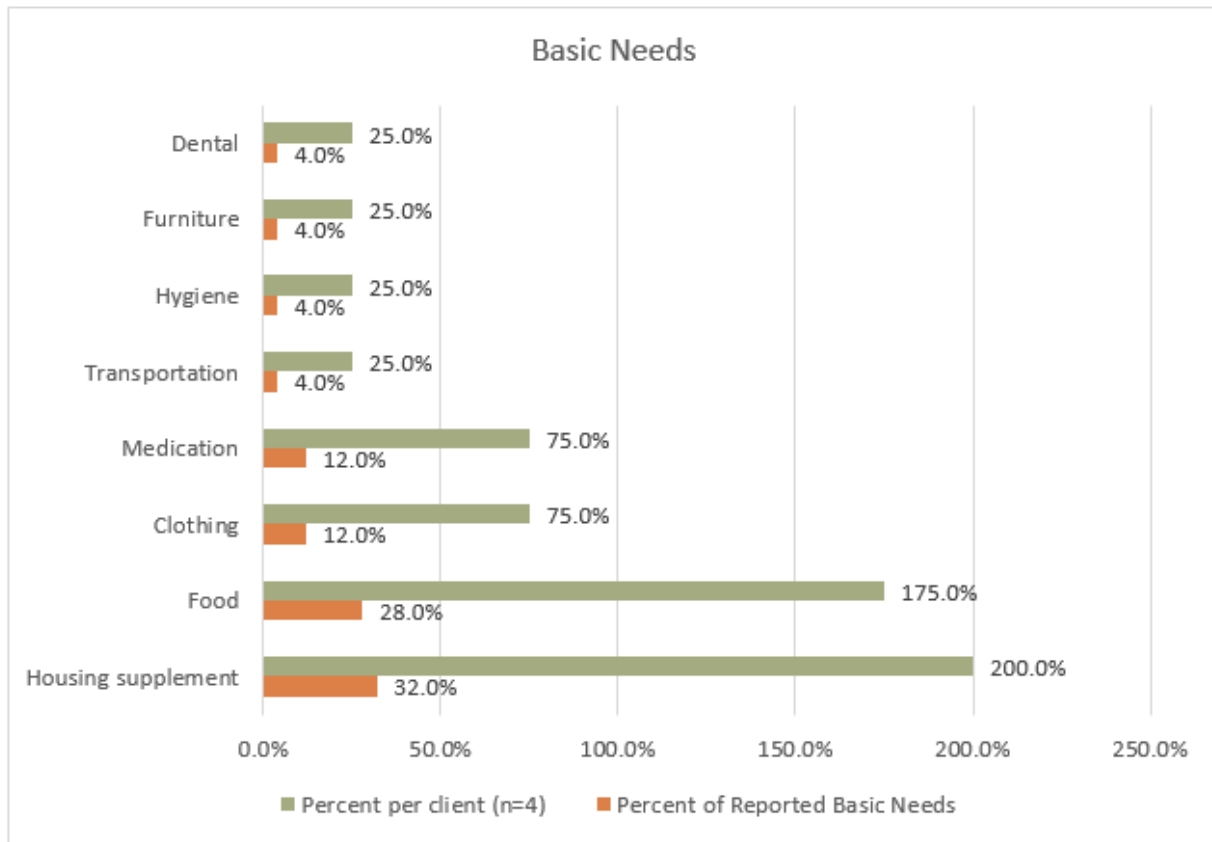
Participants	Intake	12 Months
Participant 1	\$ 500.0	\$ 1,000.0
Participant 2	\$ 1,000.0	\$ 700.0
Participant 3	\$ 700.0	\$ 1,000.0
Participant 4	\$ 600.0	\$ 1,000.0
Average	\$ 700.0	\$ 925.0

Note that the Program Director pulled data from HMIS on November 13, 2015 for the 4 records noted in this analysis with corresponding intakes and 12 month assessments. The employment and income data provided initially had accuracy issues; staff are exploring this with HMIS.

Basic Needs

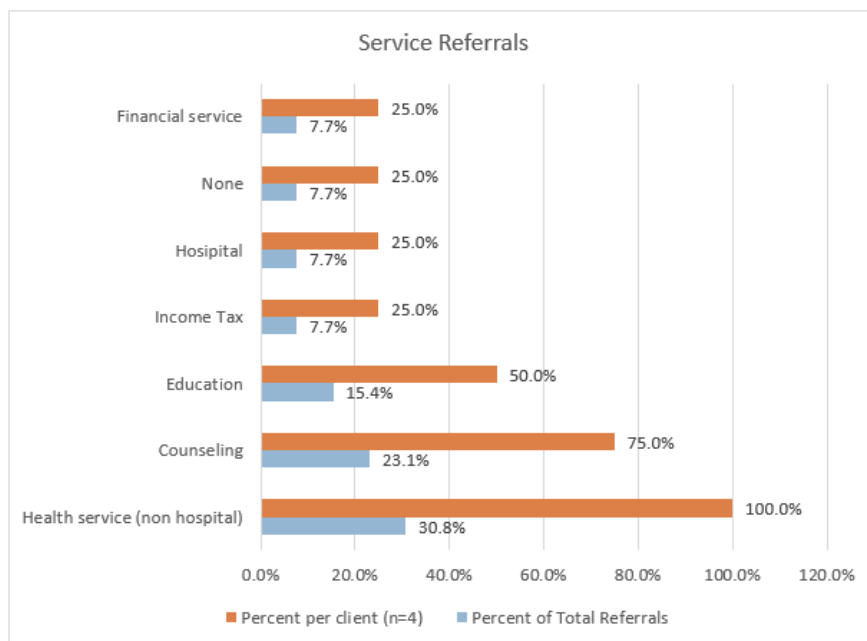
The most common basic needs reported were housing supplements, food, clothing, medication and transportation at the 12-month assessment point. This is consistent with intake and 3-month data assessments as well.

Basic Needs Assistance	Total	Percent Reported	Percent per participant (n=4)
Housing supplement	8	32.0%	200.0%
Food	7	28.0%	175.0%
Clothing	3	12.0%	75.0%
Medication	3	12.0%	75.0%
Transportation	1	4.0%	25.0%
Hygiene	1	4.0%	25.0%
Furniture	1	4.0%	25.0%
Dental	1	4.0%	25.0%
Total	25	100.0%	



Service Referrals

There were 13 service referrals reported for the 4 participants, an average of 3.3 per participant primarily concerning health services and counselling, followed by education, taxes, and hospital services.



Social Inclusion

A quarter of participants reported volunteering in the past 3 months and engaging in cultural/recreational programs. Note however, a high level of missing data for this question, making comparison with other follow up data difficult.

	Volunteered in past 3 mo.		Engaged in cultural/recreational programs in past 3 mo.		Experienced changes in social participation in past 3 mo.	
	Total	Percent	Total	Percent	Total	Percent
Yes	1	25.0%	1	25.0%	0	0.0%
No	0	0.0%	0	0.0%	1	25.0%
No Answer	3	75.0%	3	75.0%	3	75.0%
Total	4	100.0%	4	100.0%	4	100.0%

References

- Barrow, S. & Zimmer, R. (1998). "Transitional Housing and Services: A Synthesis." Eds. Fosberg & Dennis. Practical Lessons: The 1998 National Symposium on Homeless Research. Online at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.368.8916&rep=rep1&type=pdf>.
- Eberle Planning & Research, Kraus, D. & Woodward, J. (2007). Vancouver Youth Housing Options Study. Vancouver, BC: Vancouver Youth Funders Table. Online at: http://www.vancouveragreement.ca/wp-content/uploads/2007_VancouverYouthHousingOptions.pdf.
- Evans, T., Neale, K., Buultjens, J., & Davies, T. (2011). Service integration in a regional homelessness service system. Lismore, New South Wales, Australia: Northern Rivers Social Development Council.
- Gaetz, S. (2014). Coming of Age - Reimagining the Response to Youth Homelessness in Canada. Homeless Hub Research Report Series. Online at: http://www.homelesshub.ca/sites/default/files/ComingOfAgeHH_0.pdf.
- Gaetz, S. & Scott, F. (2012a). Live, Learn, Grow: Supporting Transitions to Adulthood for Homeless Youth - A Framework for the Foyer in Canada. Toronto: The Canadian Homelessness Research Network Press. Online at: http://www.homelesshub.ca/ResourceFiles/foyer_report23112012.pdf.
- Gaetz, S. & Scott, F. (2012b). The Foyer Toolkit. Toronto: The Canadian Homelessness Research Network Press. Online at: <http://homelesshub.ca/sites/default/files/FoyerToolkitFull.pdf>.
- Lovatt, R. & Whitehead, C. (2003). The British Foyer Experiment – 10 Years On. CHPR - University of Cambridge Foyer Paper. Online at: <http://www.cchpr.landecon.cam.ac.uk/Projects/Start-Year/2004/An-Assessment-of-the-Role-of-Foyers-in-Housing-Association-Provision/The-British-Foyer-Experiment-10-Years-On/Conference%20Paper>
- Lovatt, R. & Whitehead, C. (2006). Launch Pad for Life: An Assessment of the Role of Foyers in Housing Association Provision. London: Housing Corporation. Online at: <http://www.cchpr.landecon.cam.ac.uk/Projects/Start-Year/2004/An-Assessment-of-the-Role-of-Foyers-in-Housing-Association-Provision/Launch-Pad-for-Life/Report>
- Novac, S., Brown, J. & Bourbonnais, C. (2004). Transitional Housing: Objectives, Indicators of Success and Outcomes. CMHC. Online at: <http://www.cmhc-schl.gc.ca/odpub/pdf/63445.pdf>; <http://www.hsjcc.on.ca/Resource%20Library/Social%20Determinants%20of%20Health/Transitional%20Housing%20Models%20in%20Canada%20-%20Options%20and%20Outcomes%20-%202009.pdf>
- Quilgars, D., Johnsen, S. & Pleace, N. (2008). Youth homelessness in the UK a decade of progress? An evaluation of the progress being made to address youth homelessness in the UK. York, UK: Joseph Rowntree Foundation. Online at: <http://www.jrf.org.uk/sites/files/jrf/2220-homelessness-young-people.pdf>.
- Randall, G. & Brown, S. (1999). Ending Exclusion: Employment and Training Schemes for Homeless Young People. York: Joseph Rowntree Foundation. Online at: <http://www.jrf.org.uk/sites/files/jrf/F6139.pdf>
- Randolph, B., Pang, L. & Wood H. (2001). 'Evaluating the Miller Live 'N' Learn Campus Pilot,' A positioning paper prepared for the Australian Housing and Urban Research Institute. AHURI UNSW/UWS Research Centre.
- Randolph, B. & Wood, H. (2005). An interim evaluation of the Miller Live 'N' Learn Campus (Sydney: Australian Housing and Urban Research Institute. AHURI UNSW/UWS Research Centre. Online at: <https://www.be.unsw.edu.au/sites/default/files/upload/pdf/cf/research/ahuriprojects/millerfoyer/FR84.pdf>.
- Smith, J. & Browne, O. (2007). What Happened Next? A Report on Ex-residents of Foyers. London: London Metropolitan University. Online at: <http://www.homelesshub.ca/resource/what-happened-next-report-ex-residents-foyers-executive-summary>.
- Steen, A. & Mackenzie, D. (2013). Financial Analysis of Foyer and Foyer-like Youth Housing Models. Hawthorne, Australia: Swinburne University Homelessness Research Collaboration). Online at: <http://homelessnessclearinghouse.govspace.gov.au/files/2013/09/Financial-Analysis-of-Foyer-and-Foyer-like-Youth-Housing-Models-final.pdf>.