



# ANNUAL REPORT 2017-2018

## Elizabeth House

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# TABLE OF CONTENTS

Section 1: Message from the President and the Executive Director _____	4
Section 2: Declaration Regarding the Reliability of Data in this Annual Report_____	6
Section 3: Presentation of Elizabeth House _____	7
About Elizabeth House _____	7
Our Vision, Mission and Values _____	7
Our Clients _____	8
Organizational Structure 2017-2018 _____	10
Board of Directors _____	11
Members _____	11
Committees _____	11
Code of Ethics _____	11
Section 4: Clinical services, activities and statistics _____	12
Introduction _____	12
Program Development and Evaluation _____	12
Common to all Elizabeth House Programs _____	13
Client and Family Centred Care (CFCC) at Elizabeth House _____	13
Alliance Philosophy and the Action Intersectorielle pour le Développement des Enfants et leur Sécurité (A.I.D.E.S.) Initiative _____	14
Fathers at Elizabeth House (Strategic Objective) _____	15
Client Complaints, Rights and Responsibilities – Education Sessions _____	16
The Ages and Stages Questionnaire _____	16
Terrific Toddlers _____	16
Summer Day Camp _____	17
Video Feedback and Attachment-Focused Intervention _____	18
Research Project _____	19
Mental Health (Strategic Objective) _____	20
Residential Services _____	21
Mother-Child and Prenatal Programs _____	21
Therapeutic Groups, Workshops and Activities in the Residential Program _____	21
Statistics in the Residential Program _____	24
External Services _____	27
Semi-Supervised and Transitional Apartment Programs _____	27
Education Program and Nursery Services _____	28
Family Assistance Program _____	32

Section 5: Risk Management and Quality improvement _____	34
The Safe Provision of Care and Services _____	34
Integrated Risk Management and Quality Improvement Committee (IRMQI) _____	34
Policy and Procedure Review _____	34
Measures of Control and the Management of Dangerous Client Behavior _____	35
Incident, Accident and Event (IAE) Reports _____	36
Recommendations _____	37
Quality Improvement _____	38
Accreditation _____	38
Service Quality and Vigilance Committee (SQVC) _____	39
Client Complaints and the Promotion of Client Rights _____	39
Client Satisfaction Surveys and Focus Groups _____	40
Section 6: Partnerships, collaborations and community links _____	41
Partnerships _____	41
Collaborative Relationships _____	41
Participation on Advisory Tables and Tables de Concertation in Montréal _____	42
Section 7: Human Resources _____	43
Staffing Levels _____	43
Student Interns _____	43
Volunteers _____	44
Luxury Retreats – Week for Good _____	44
Section 8: Financial resources _____	45
Management’s Report _____	45
Financial Statements and Report from the Independent Auditor _____	46
Budget Equilibrium _____	48
Financial Results _____	48
Annex 1 _____	50
Introduction _____	51
Organizational Commitments _____	51
General Codes of Conduct and Ethical Standards _____	52
Application of the Code of Ethics _____	59
Clients’ Rights _____	60
Having rights also means having responsibilities _____	62

## SECTION 1: MESSAGE FROM THE PRESIDENT AND THE EXECUTIVE DIRECTOR

It is with great pride that we present this annual report of activities for the 2017-2018 fiscal year. This year's focus was on the completion the review of all risk management related policies and procedures; successful completion of the September 2017 accreditation; enhancements related to clinical programs; integration of a new Director of Professional and Rehabilitation Services; ongoing succession planning, cross training and hiring following the retirement of administrative personnel; and continued collaboration with organizations providing services to families with children 0-5 years of age.

The year began with full occupancy in our flagship Residential Program and remained steady over the course of the year. The occupancy rate and the average length of stay both more than doubled this year as compared to last. More mothers spent more time at Elizabeth House - a situation that has not been seen in at least 20 years. This required additional clinical staffing and could not have been managed without the expertise and flexibility of long serving employees and new additions to our on-call list.

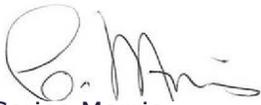
The profile of the clientele this year continued to include more mothers with multiple children; more toddlers; more clients with intellectual limitations; and finally, more teenage mothers with mental health diagnoses, such as: depression, anxiety, borderline personality disorder, etc... Once again, staff adapted programs and interventions to the changing and individual needs of our clientele.

The A.I.D.E.S. tools were integrated into the assessment and intervention planning aspects of clinical services (p.12); client involvement in the design of their space and the rules of residential living was encouraged and facilitated as part of our Client and Family Centred Care (CFCC) practice, among other things (p.13); changes to the high school program for the next academic year will allow for a more efficient use of staffing across all Elizabeth House programs, while maintaining services and support to Elizabeth House High School (p.32); video-feedback and attachment focused interventions were integrated into our offerings (p.18); staff promoted the role of fathers whenever possible and continued to play a role in helping fathers maintain contact with their children (p.15).

Elizabeth House received its accreditation award for the period 2017-2021 having met 91.5% of the national standards for Rehabilitation Services, Leadership in a Community-Based Organization, Infection Prevention and Control, and Governance. Elizabeth House has maintained a strong culture of quality and safety in all aspects of our work, as well as an organization-wide commitment to ongoing improvement.

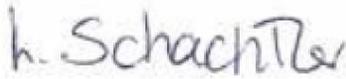
The partnership between Elizabeth House and the Elizabeth House Foundation strengthens each year. We continue to collaborate on our common goal of fund-raising and friend-raising to permit Elizabeth House to increase the educational and treatment services for young mothers and families in difficulty.

The accomplishments outlined in the body of this report are credited to the dedication & competence of our management and staff teams. Our success is also due to the support of our volunteers, community partners and our Board of Directors. The beneficiaries of these essential and valuable contributions are, of course, the young, vulnerable mothers, families and children for whom we exist to serve.



Cerise Morris

President, Board of Directors



Linda Schachtler

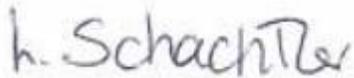
Executive Director, Elizabeth House

## SECTION 2: DECLARATION REGARDING THE RELIABILITY OF DATA IN THIS ANNUAL REPORT

As Executive Director of Elizabeth House, I have the responsibility to ensure the reliability of the information contained in the annual report of activities as well as the integrity of the related controls.

The results and data in this report of activities for the fiscal year 2017-2018 accurately describe the mission, the mandate, the values and the strategic orientations of the organization; accurately describe the objectives, the indicators, and the results obtained; and present correct and reliable financial and statistical data.

I certify that the data contained in this annual activity report is reliable, in other words, is objective, accurate and verifiable. The same applies to the controls related to the data presented. The data and information accurately reflect the activities for the year ending March 31, 2018.



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Linda Schachtler, Executive Director

## SECTION 3: PRESENTATION OF ELIZABETH HOUSE

### About Elizabeth House

Elizabeth House is a rehabilitation centre that offers a continuum of intervention and support services to families with children aged 0-5 years. Elizabeth House works primarily with young mothers and mothers-to-be who are experiencing serious difficulties adjusting to pregnancy or their role as parents. The approach to treatment is educational and therapeutic, focusing on the needs, and building upon the strengths of the individual.

Services are provided to mothers and families through residential and external programs. Services are also provided to fathers through the external programs. Interventions focus mainly on the acquisition of parenting skills and life skills. Elizabeth House is equally concerned with optimizing children's development and with facilitating the development of a long term or permanent plan for each child.

Services are designed to serve the English-speaking community of Québec and are generally offered in the greater Montréal area. Elizabeth House is funded through the Ministry of Health and Social Services but relies on private donations to support programs and activities.

### Our Vision, Mission and Values

The **vision** of Elizabeth House is a world where children are safe, secure and loved and where parents are supported and empowered so that they all have the opportunity to develop to their full potential.

The **mission** of Elizabeth House is to have a positive impact on the lives of young children whose parents require intensive support and intervention to improve their capacity to parent.

Elizabeth House is committed to the **values** of:

#### **Integrity**

- In respect for all
- In embracing diversity
- In effective communication
- In commitment to accountability and transparency
- In ethical practices

#### **Excellence**

- In compassionate professional care and service
- In quality of service and risk management
- In management and decision-making
- In promoting teamwork and encouraging leadership
- In fostering a learning environment and the continuation of education

### **Innovation**

- In responding to the evolving needs of young families and changes in society
- In developing and disseminating best practices
- In creating and evaluating new knowledge
- In embracing the reality of change

### **Collaboration and Partnership**

- In working with young parents and their families throughout the rehabilitation process
- In supporting transitions of care and service
- In valuing the contribution of staff and volunteers
- In building knowledge and capabilities
- In all our relationships

## **Our Clients**

Elizabeth House serves a client population with varied and complex needs. Some clients require the services of Elizabeth House to help them transition into parenthood due to their young age and limited life experience. Others experience a difficult transition due to personal limitations caused by an intellectual disability or mental health condition. Instability with respect to housing, financial problems, inadequate support networks, abuse and/or exploitation are other factors leading to vulnerability, which clients commonly experience. The experience of immigration can also result in social isolation and poor adaptation to parenting.

Some clients have had past involvement with Youth Protection, placements in foster homes and group homes. They may continue to be involved with Youth Protection in their capacity as parents.

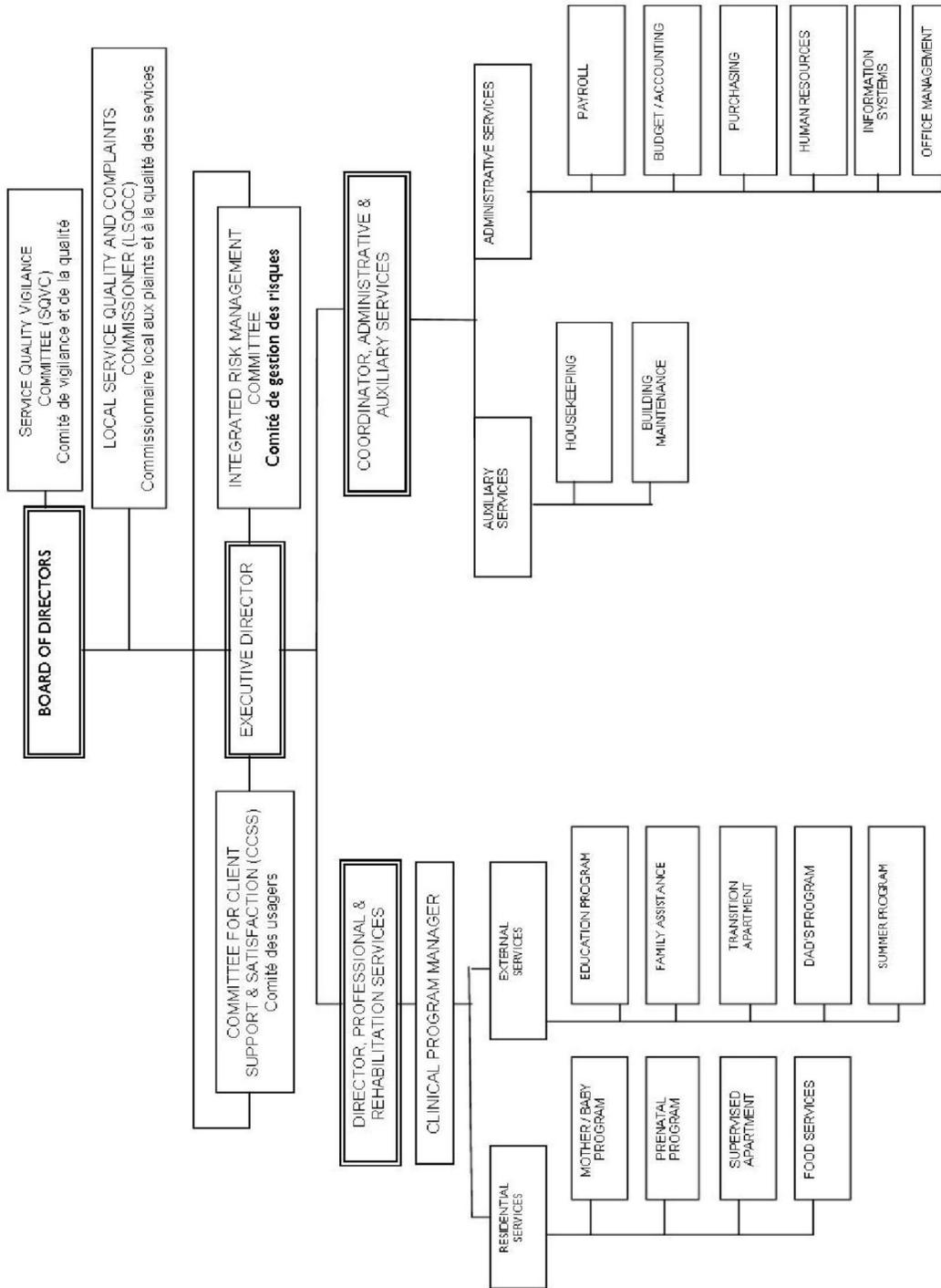
<b>Other situations our clients are likely to experience</b>	<b>Situations our clients have struggled with more specifically this year</b>
<ul style="list-style-type: none"> <li>• Separations from primary attachment figures and/or disruptions in care</li> <li>• The absence of protective fathers or father figures</li> <li>• Family disorganization/dysfunction</li> <li>• Inadequate guidance and family support</li> <li>• Physical, sexual and/or psychological abuse</li> <li>• Substance abuse</li> <li>• Experiences with conjugal violence</li> <li>• Emotional or mental health problems</li> <li>• Oppositional thinking and behaviour</li> <li>• Frequent moves and lack of stability in the community</li> <li>• Susceptibility to exploitation</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health problems</li> <li>• Intellectual Limitations* * This characteristic seems to be becoming more prominent amongst our clientele.</li> <li>• Substance abuse</li> <li>• Conflicts with family members</li> <li>• History of abuse</li> </ul>

Elizabeth House provided services to 151 clients through its residential and external programs. This is an 8% decrease in comparison to the previous fiscal year (164).

Many of these clients received services through two or more separate programs, concurrently or sequentially as they moved throughout the continuum of services, thus reducing the official statistics to 97 individual clients.

The above figure also includes incidental contacts, including consultations with professionals, and brief interventions to assist former and potential clients (41 in total).

# Organizational Structure 2017-2018



## Board of Directors

### Members

- Cerise Morris, President
- Howard Nadler, Vice-President
- Sandra Sinclair, Secretary
- Vacant, Treasurer
- Cécile Bertin, Member
- Cristina Birks, Member
- Jane Bracewell, Member
- Nooshin Maleki, Member
- Patricia Occhiuto, Member
- Donna Varrica, Member
- Linda Schachtler, Executive Director, Member ex officio

### Committees

- Executive Committee
- Board Development Committee
- Finance and Audit Committee
- Integrated Risk Management and Service Quality Committee (p.35)
- Service Quality and Vigilance Committee (p.39)
- Accreditation Committee
- Building Committee
- Clinical Program and Service Evaluation Committee
- Education Fund Committee
- Human Resources Committee
- Joint Standing Committee (English Montréal School Board and Elizabeth House Partnership)
- Public Relations/Communications Committee
- Strategic Planning Committee

### Code of Ethics

The code of ethics can be found at the end of this report and on the Elizabeth House website at [www.maisonelizabethhouse.com](http://www.maisonelizabethhouse.com).

There were no violations of the Code of Ethics in 2017-2018.

## SECTION 4: CLINICAL SERVICES, ACTIVITIES AND STATISTICS

### Introduction

Rehabilitation services at Elizabeth House occur in a multitude of settings ranging from the structured residential program, to a daily education program, semi-supervised and transitional living program, as well as support services in the community. It is through this continuum of services that Elizabeth House is best able to respond to its clients' needs.

Work in Residential Services and in the external Education and Family Assistance programs has continued to focus on helping clients to cope with the many challenges of parenthood and independence, along with the additional stressors of family dysfunction, historical trauma, emotional or mental health difficulties, lack of support, lack of financial resources, and conjugal violence. Regular group sessions, animated by Elizabeth House staff and students, were held throughout the year on the topics of prenatal care, parenting, child safety, anger management/coping skills, life skills development, wellness program, relationships and sexuality.

### Program Development and Evaluation

Program development continues to be a priority at Elizabeth House. Standardized teaching is done through workshops and education modules in the areas of parenting, infant stimulation, child development, relationships & sexuality and independent living skills.

Evidence-based tools such as the Ages and Stages Questionnaire (ASQ), Alliance, and programs, such as Terrific Toddlers, are used to ensure that services will have the most favorable outcomes as demonstrated by practice and research.

Elizabeth House has begun a process that will look at evaluating our programs with the goal of always improving the quality of what we do. With the critical ingredient being the use of "measurement", clear indicators of improvement will be identified and monitored helping us assess if we are indeed doing the things we intend to do and producing the outcomes that we have set as goals.

## Common to all Elizabeth House Programs

### Client and Family Centred Care (CFCC) at Elizabeth House

Elizabeth House formally articulated its own Client and Family Centred Care approach and practice this year. The approach “fosters respectful, compassionate, culturally appropriate and competent care that is responsive to the needs, values, beliefs and preferences of the clients and their family members.”<sup>1</sup> CFCC supports a mutually beneficial partnership between clients, family and care professionals.

There are two levels of client engagement and collaboration at the heart of the Elizabeth House continuum of services: input from clients and partnership with clients. While this is not a major shift in philosophy, CFCC will provide a new lens for the review of all aspects of the Elizabeth House programs, allowing for any further adjustments or revisions to occur.

CFCC articulates a long-standing philosophy amongst Elizabeth House board, management and staff of doing “with” not “for” clients. CFCC shifts the care professional from “doing something to or for the client (where the professional’s perspective is dominant) to doing something with clients so the care professional and the client have a true partnership”<sup>2</sup>. This is in line with the belief that every client has strengths, resources, their own way of solving problems, their own perspective and their own goals. It is important that clients have been heard and feel understood. Building a partnership in the therapeutic process is imperative and can be done even in the context of providing protection and safety to children.<sup>3</sup>

In accordance with the (CFCC) statement and practice framework, work has been done to integrate the input of the clients in the revision, design and implementation of Elizabeth House rules, program and current practices.

To date we have reviewed cellphone rules, smoking rules and we are looking at providing Wi-Fi to clients for a fee based on discussions that were had. The assessment period has also been reviewed, and we have implemented changes and improvements based on feedback from clients and staff.

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<sup>1</sup> (Accreditation Canada, s.d.)

<sup>2</sup> (Accreditation Canada, s.d.)

<sup>3</sup> (Turnell & Edwards, 1999)

## Alliance Philosophy and the Action Intersectorielle pour le Développement des Enfants et leur Sécurité (A.I.D.E.S.) Initiative

Elizabeth House has continued to integrate the Alliance philosophy into programs at Elizabeth House. According to this philosophy, in order for children to develop in the best way possible, all those concerned with their well-being must work and act together. The Alliance program was designed to put in place the best conditions possible for a child to develop and thrive.

The clinical team has been trained in the use of the accompanying approach and tools: *A.I.D.E.S.* These practical tools and assessments were specially designed as a model for analyzing the developmental needs of children using a participatory approach. Two members of the clinical team have also been trained as Trainers. They will begin to train other professionals in the social service network sometime soon.

The *A.I.D.E.S.* tools and assessments organize observation and information from the clients according to the dimensions of the eco-systemic analysis framework – the needs of the child, response of the parents, family and environmental factors. They allow partners from various institutions and organizations to share a common vision and get a better understanding of the infant or child's needs and the various factors that influence responses to these needs.

Elizabeth House began using these clinical tools as part of our assessment phase where the clinical team evaluates the parenting skills of mothers. Throughout the 6-week assessment period, educators will meet individually with clients discussing the three components of the tool: needs of the child, response of parents and family, and environmental factors. Individual client challenges will be identified and strengths will be highlighted. All information will be used to build the individualized treatment plan for mother and child.

This treatment plan is developed in conjunction with the client and educator and is written in plain language, with the objectives, activities and timeframes clearly defined. The intervention plan includes a progress report, which explains the client's progress and serves to define the next phase of work to be done via plan objectives. Weekly meetings with the case coordinator give the client support, guidance and feedback on her progress.

The clinical tool is also being looked at to be used in the final stages of a client's stay with us. A condensed version of the assessment focusing solely on parenting skills has been created. It will be used to evaluate how each mom has progressed and how much she has achieved at her discharge. This will also help Elizabeth House evaluate our parenting program.

## Fathers at Elizabeth House (Strategic Objective)

Elizabeth House continues its efforts to promote the role of fathers whenever possible.

In the residential program this year, 8 of the 14 children (57.14%) had their father's name declared on their birth certificate. This is a total of 6 fathers, given that some of them had multiple children. Last year, 9 out of 14 children (64.28%) had legally declared fathers, representing a decrease of 7.14% in 2017-2018.

Of the children with legally declared fathers, 3 had regular contact with them, 3 had limited or supervised contacts with their fathers either due to distance or to personal issues or issues related to Youth Protection involvement (drug abstinence, mental health issues, incarceration, etc.) and 2 had no contact with their fathers. Two fathers who were not on their child's birth certificate maintained sporadic contact with them.

This year, Family Assistance services were offered to one father whose child was in the residence.

Elizabeth House continues to play a role in helping fathers maintain contact with their children.

- We had 2 dads who visited with their children in the family room.
- Some dads are not able to visit their children due to distance, Youth Protection restrictions or addressing personal issues. In those cases, we are seeing technology (FaceTime) playing a more prominent role in dads maintaining contact with their children

## *En Action Pour les Papas*

Elizabeth House is linked with community partners through the Table de Concertation 0-5 - Cavendish which meets around the goal of providing relevant services to the families with children ages 0-5 within the Cavendish community. One of the designated goals for this year has been to improve services offered for fathers given their realities and needs paying close attention to the needs of single, young and immigrant fathers.

An animator (father) was hired with the mandate to help achieve this goal. Work has already begun to help in the outreach of fathers in the community and participate in the planning and execution of father-child activities in the various community spaces. Elizabeth House fathers would be invited to these activities and events. The animator (father) is scheduled to meet with our clients in the near future in order to inform them of his work and launch a welcome activity to meet the fathers within our program.

The animator (father) will also help facilitate discussions within the establishments regarding their own practices in terms of having a more "father - friendly" environment and service. An

organizational self – assessment will take place at Elizabeth House in order that new practices be developed as needed towards this goal.

### **Client Complaints, Rights and Responsibilities – Education Sessions**

The Local Service Quality and Complaints Commissioner met with clients at the school and at the residence, to give a presentation on client rights and the client complaint process. This is organized annually so that clients can meet the person who handles complaints and have the opportunity to ask questions about their rights and responsibilities.

### **The Ages and Stages Questionnaire**

The Ages and Stages Questionnaire (ASQ), published by Paul H. Brookes, is used in all programs. The questionnaire is a user-friendly tool that involves parents in the screening and monitoring of their child's development. The objective is to promote clients' interest in their children's development, and to help them recognize the benefits of child stimulation.

Since the implementation of the ASQ in 2011-2012, there has been an increased focus on children's individual needs. Parents, for the most part, have been receptive to using the tool. They have shown pride in their children's accomplishments and motivation to partake in additional activities to enhance their child's development. In some instances, the tool has assisted in the early identification of difficulties requiring expert consultation.

The increased focus on child development is consistent with the work done by our community partners in helping parents prepare their children for school, and identifying as early as possible, children who may require specialized services in order to develop to their full potential.

We will be using the ASQ as an indicator to measure child development improvement.

### **Terrific Toddlers**

The Terrific Toddler's resource guide, published by Alberta Health Services, is used by Elizabeth House for teaching of parenting skills through individual work with parents and group work. The guide includes numerous activities to teach parents how to effectively communicate with their child, about the importance of play, normal developmental challenges, different parenting styles, and positive disciplinary techniques. The activities help the parents to learn about their children, while they acquire self-awareness by finding out how they influence their child's behavior and development.

## Summer Day Camp

The Summer Day Camp activities are offered throughout the months of July and August when many of the community programs and schools are closed. Our clients, in particular, often experience isolation, even among their peers of the same age, as they are either pregnant or already parenting.

The focus of the Summer Day Camp is to reduce this isolation, support normal socialization, and allow the clients to take ownership of the planning and preparation that goes into all of the events, as well as make decisions about the management of the budget.

Clients are taught valuable life skills, how to make the most out of free and low-cost activities, how to plan and organize their time in a way that leaves plenty of room for their children. At times, our clients encounter less than fair judgment in the community. With the support of the educators in the Camp, they learn new ways of dealing with emotionally charged situations. At other times, the clients struggle to find ways to stimulate their children and need coaching and role modeling to enjoy the many parks and pools in the city.

The Summer Day Camp consists of two activities a week; the first, on Mondays, being for parents to focus on their child and engage with them in activities they can do on a budget. It is also an opportunity for the moms to spend time with other moms.

The second weekly activity, on Wednesdays, is a "Moms Only" event, in which the clients are able to be the young women that they are. We plan events similar to those their childless peers would enjoy, which they often miss out on, due to lack of support. While the moms are out, 1 nursery worker and 2 volunteers watch over the children to ensure they are well stimulated and cared for. This respite from the demanding role of parenthood is important to their development and re-energizes them; allows them to feel important too.

This year a project based on "Wait, Watch and Wonder" was instituted for the fifth time. It involved videotaping the mothers interacting with their children on the Monday outing and playing it back for them to provide feedback on stimulation, bonding, feeding, developmental stages and general parenting. On the Wednesdays, nursery staff videotaped the children in the nursery, in order for the parents to see age appropriate stimulation and how their children coped in general.

Activities this year included: St-Hubert street sale, sprinklers and picnic in the park, Natatorium and kayaking, bowling, ice cream and fireworks, baby pictures, movies, spa day, La Ronde and Granby Zoo.

This summer, as in past years, all of the clients of Elizabeth House were offered an opportunity to participate in the Summer Day Camp. Nine mothers and their children registered, compared to 8 in the previous year. Their participation was consistent and positive.

The Camp is run with the help of two grants from the 2017 Canada Summer Jobs program, which allows us to hire 2 students to assist the educator in charge of the Summer Day Camp. Without this financial support, the Camp would not be completely staffed and could not run in its current format.

### **Video Feedback and Attachment-Focused Intervention**

The use and validation of videotaped parent-child attachment-focused interventions have proliferated over the past 20 years. Within Québec, this particular intervention has been used by Centre Jeunesse Lanaudière and has been extended through several Youth Protection and social service agencies including our partners at Batshaw Youth and Family Centers. Their program began in 2014 and has since expanded with the formation of a specialized team providing this intervention. The program also includes a weekly supervision and feedback milieu where all cases are discussed and managed. Batshaw and Elizabeth House have recently entered into an informal partnership where identified Elizabeth House staff are being trained in the use of the program for Elizabeth House clients, and are benefitting from supervision and consultation within their weekly team discussions.

It is widely understood that the early years are extremely important within the context of child development given that positive caregiving during this period is particularly important to ensuring positive outcomes for children. As such, the use of the video feedback attachment focus intervention within the context of our intensive services would support Elizabeth House's goal in helping parents eliminate the risks to their children while simultaneously fostering positive relationships.

As many of the mothers who live at Elizabeth House are under Youth Protection (under 18) or have their children under Youth Protection, the Batshaw/Elizabeth House partnership is already well established. By having mothers participate in the video feedback program, it is hoped that this high-risk group could benefit from the successes experienced by this intervention thus lowering the risk to children in the long term.

Three Elizabeth House staff have already attended a 3 full day training on the use of video-feedback model given by the creators of the program within Québec. Final details of the partnership are being worked on and mothers will begin receiving this service at Elizabeth House in the spring of 2018.

## Research Project

Throughout the year, Elizabeth House has been participating in a study called "Support Needs and Service Pathways of Parents with Intellectual Impairments". This was seen as an important research project to partner with as Elizabeth House has seen a rise in the number of mothers entering our program with mild intellectual impairments. It can be challenging to support these clients as it draws upon a different intervention approach. Elizabeth House is also concerned with the decades of research that showed that parents with intellectual impairments were over-represented within child welfare services and often had multiple agencies involved in their family life<sup>4</sup>.

The project investigates the support and service needs of parents with intellectual impairments. It aims to discover how these parents can be better supported and promote a healthy start to life for their children. Parents with intellectual impairments are interviewed along with their support workers. Focus groups are also organized to help build an action plan to improve support systems for these families. The researchers are Dr. David McConnell of University of Alberta and our contact, Dr. Laura Pacheco of CIUSSS ODIM West Montréal Readaptation Centre (CROM).

The Director of Professional and Rehabilitation Services attended the launch of this project on September 21, 2017. Present that day were the various community, child protection and specialized program practitioners supporting clients with intellectual impairments. The principal researchers gave a brief presentation about the project. As well there was a presentation by Dr. McConnell on "Health inequities, adverse pregnancy and child outcomes within families headed by parents with cognitive impairments". Professor Maurice Feldman from Brock University spoke about "Promising clinical and state-of-the-art practices in the field of parents and parenting with an intellectual disability". These presentations were subsequently shared with the educators of Elizabeth House. All attendees worked in Focus Groups for the rest of the afternoon exchanging on "Perspectives and gaps in the service system".

As part of our involvement in this project, Elizabeth House was invited to attend a second focus group. This time a front line educator was requested to participate. Topics of discussion included: types of resources that would be helpful to front line educators to support their work with parents with an intellectual impairment. As well, feedback on the supported parenting website for both parents and educators was sought. The educator in attendance found this exchange very helpful. We look forward to the launch of the website, which will provide staff with much needed support.

Elizabeth House presently has 2 mothers who have signed consent to participate. Interviews began in the winter 2018.

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<sup>4</sup> (Aunos & Pacheco, 2013)

## Mental Health (Strategic Objective)

Elizabeth House has experienced an increase in servicing clients with various mental health issues. As such, we have woven into our Annual Objectives our continued commitment to support young parents who experience these challenges. We wish to send a message of the importance of investing in clients' ongoing personal care.

As we are not experts in mental health, we continue to link clients with these services in the community. Since these services are scarce and difficult to access, we strive to learn about the different resources available and research how to best access them. We also provide financial support for mothers to access certain therapies through a Therapy Fund.

Elizabeth House partnered with Concordia University this year and welcomed a stage student at the Masters level in Drama therapy. This student provided a well-received therapy in a medium that was "new" and less threatening to many of our clients.

In order to better identify mental health problematics from the very beginning, Elizabeth house has included a mental health "screening" as part of its Intake Process. This is well outlined in our new Policy and Procedure on Suicide, Non-Suicidal Self Injury and Mental Health. A specialized training on intervention and suicide prevention will take place for all staff some time in the fall of 2018.

## Residential Services

### Mother-Child and Prenatal Programs

The residence offers a safe, structured, and supportive living environment for adolescents/women who are having significant difficulty in adapting to motherhood. In situations involving Youth Protection, the services provide an opportunity to pregnant girls and mothers to demonstrate that they can stabilize their situation and adequately meet their child's needs. This opportunity is often pivotal in determining whether a child can be maintained in the mother's care, or reunited with the mother (in situations where children are placed in foster care or entrusted to another).

Two programs are offered through Residential Services:

The **Pre-Natal Program** helps pregnant girls/women have healthy pregnancies, while developing a plan for the arrival of their babies. Most clients who are admitted to Elizabeth House have made the decision to keep their babies. Others may require counseling and support in order to reach a decision. The transition to motherhood can be difficult for first-time parents, particularly adolescents who must balance their own developmental needs with the demands of full-time parenting.

The pre-natal education modules were developed to be used in all programs. The modules consist of monthly activities to help prepare mothers for the birth of their child. Topics included: fetal development, nutrition, stress management, delivery preparedness, etc.

The **Mother-Child Program** helps mothers to develop or enhance their parenting skills, and prepare for a successful integration or re-integration into the community. Clients who are in the Pre-Natal Program, and who need to transfer to the mother-baby program, go through a new contracting process.

### Therapeutic Groups, Workshops and Activities in the Residential Program

#### Child Stimulation Group

Clients within the Residential Mother-Child Program participate in child stimulation groups, facilitated by our Early Childhood Educator, so they may learn how to interact and play with their child, according to their child's age and stage of development. The Early Childhood Educator works with the clients individually on a weekly basis, with the goal to work with and through the parent to promote optimal child development.

Parents are also encouraged to participate in child stimulation programs offered through the CIUSSSs and community organizations to continue and further maximize their child's development and to learn how to access and effectively use community resources.

### **Wellness**

The wellness program is a holistic approach to engage the mothers to focus on their well-being. The objectives of the program include:

- For residents to increase their awareness of healthy behaviors by participating in creative and physical activities.
- For residents to learn new skills and interactive techniques to help them improve their health, support positive lifestyle choices, promote self-esteem, and increase their life satisfaction.
- For residents to increase their knowledge of the physical, emotional, and social dimensions of wellness.

### **Celebrations and Fun activities**

Elizabeth House celebrates special days and attempts to include fun outings within all programs. Our generous donations financially allow us to carry out these special events. The month of February celebrated Black History Month with weekly activities that included movie night and cultural cooking. Birthdays and children's births are always celebrated with cake and a card. Special milestones are marked such as sobriety or graduation. Mother's and father's day are celebrated with a special outing and a framed picture. Christmas is celebrated with a wonderful home cooked meal and a visit from Santa (with gifts in hand) in all our programs. For those mothers who have little family or community connection, it makes their stay with us a little more special.

### **Writers in the Community**

The Residential Program has continued to offer creative writing workshops through a joint project with the Québec Federation of Writers. The workshop given in the spring of 2017 was met with enthusiasm by clients, as they realized their writing abilities and creative talents, and benefited from having an outlet to deal with some of the complex emotions and issues they face. A Spoken Word performance was held in June 2017 where clients had the opportunity to present their poetry. The poetry was entered into a [zine named "The Mother 'Hood", published by the Québec Writer's Federation.](#)

### **Workshops**

Elizabeth House is dedicated to client safety and conducts several workshops every year to educate clients on this topic. In 2017-18, the following programs were offered to the residents: Child Safety and Childproofing, Falls Prevention, Kitchen Safety, Cleanliness and Safety of Baby Equipment.

In addition to parenting and independent living workshops, other programming included monthly sessions on managing a budget. As well, individual programming also allowed mothers to integrate community activities such as Mother Goose. When pertinent, Elizabeth House clients have benefited from the expertise of external resources who provided information sessions, workshops and classes.

### ***Gardening Program***

Once again this year, the Residential Program was able to engage the mothers and their children to participate in managing a gardening program, in the backyard of the residence. Later in the summer, a nutrition program taught clients how to use the vegetables harvested from the garden.

### ***Food Services and Nutrition Program***

Elizabeth House provides food for clients in its Residential Programs. Clients participate in menu planning, grocery shopping, meal preparation and clean-up. They are encouraged to prepare and share recipes from their cultural traditions.

Education modules related to healthy eating and nutrition continue to be provided in the residential program. The residential aide and the clinical staff also teach clients the essentials related to hygiene, cleanliness, food handling and storage. As well, clients receive consistent messages from staff regarding nutrition and healthy practices for mother and child. Further education related to nutrition is provided through activities of daily living related to budgeting, cooking and menu planning.

Meals are shared in the common dining room, providing opportunities for communication and positive supportive interaction, not only between staff and clients, but also between the clients. Along with providing structure and routine, shared meals also have a positive impact on children's language acquisition and their socialization.

## Statistics in the Residential Program

Occupancy Rate		
	A	B
<b>Occupancy Rate 2017-2018</b>	69.65%*	83.92%
<b>Occupancy Rate 2016-2017</b>	32.57%*	37.26%
<b>A.</b> = <i>jours présences</i> as per government regulations (4576/6570 = 69.65%)		
<b>B.</b> = takes into account clients absent from residence on leaves – bed not occupied but, must be saved, therefore counted		
<p><b>*Note:</b> It is important to note that <i>jours présences</i> is a count of “slept-in” beds per night. It does not reflect home leaves of clients, or mothers integrating into independent living. As well, each client upon admission occupies 2 bed spaces; mother and child. If the client is pregnant, she will occupy 50% of her space over a period of time. Children being integrated in the care of their mothers’ also do not occupy a bed full-time.</p>		

Distribution of Residential Clients by Law		
	LHSS	YPA
<b>2017-2018</b>	13	14
<b>2016-2017</b>	15	12
LHSS = Act Respecting Health and Social Services		
YPA = Youth Protection Act		

Distribution of Residential Clients by Age							
Age	0-12 mo	12 mo-5 yrs	15 yrs-17yrs	18 yrs-20 yrs	21yrs-25yrs	26 yrs +	Total
<b>2017-2018</b>	8	6	3	2	4	4	27
<b>2016-2017</b>	9	5	2	2	4	5	27

Residential: Average length of Stay	
<b>2017-2018</b>	242.14
<b>2016-2017</b>	106.75

Residential Services: Length of Service for Mothers						
Months	0-3	3-6	6-9	9-12	12-15	15-18
<b>2017-2018</b>	4	1	4	2	0	2
<b>2016-2017</b>	6	5	2	0	0	0

### ***Other Statistics and Trends in Residential Services Programs 2017-2018***

- There continued to be a consistent demand for residential services in 2017-2018.
- Services were received by 13 mothers and 14 children, which is the same as last year.
- The length of completed service ranged from 0-3 months to 15-18 months.
- 8 of the mothers and mothers-to-be were 21 years old and over (61.5%), with half of those (50%) being between the ages of 26 to 28. The remainder (38.5%) were between the ages of 16 to 20.
- We had 2 teen mothers and one pregnant teenager this year.
- 6 residential clients (46.15%) came in pregnant. 4 gave birth while residing at EH; 1 was still pregnant as of April 1<sup>st</sup>, 2018 and another was discharged prior to the birth of her child.
- 7 of the 13 mothers (54%) were first-time mothers. 5 of the 13 (23.1%) mothers had multiple children,
- 3 mothers did not have primary care of their first child when they came in the residence. They either came in pregnant or with a subsequent child. 2 of them were trying to parent a child other than their first.
- 8 of the children were infants under twelve months of age (57.14%), while 5 of the children were toddlers or pre-school age (42.86%).
- 12 of the children were followed under Youth Protection (85.7%).
- One (1) adolescent mother and her child were both followed by Youth Protection.

### **Residential clients involved with another EH Program:**

- 6 out of 13 (46%) residential clients were involved with other EH programs during the same fiscal year, compared with 61.54% last year. 1 of these 6 clients was involved in all three programs at various points during the year.
  - 4 residential clients (30.1%) were also in Education program during the same fiscal year.
  - 1 residential client was Family Assistance clients before integrating the residence. 2 others transferred to Family Assistance after their discharge from the Residential program.

### *Intake Statistics for the Residential Programs*

There were 30 referral requests for the residential program this year. Of those:

- 18 referral packages were returned (60%)
- 14 led to intake meetings (46.7%)
- 4 were accepted but did not become residents (13.3%)
- 9 became residents (30%)

Clients were referred mainly by Batshaw Youth and Family Centers, as well as community organizations and CLSCs. It must be noted that this year we had a high referral rate from community organizations (Fosters Pavilion, Douglas Mental Health University Institute, Auberge Transition, Auberge Shalom).

From northern regions, we received referrals from Waskaganish Youth Protection as well as the Cree Health Board and Mistissini Community Center.

<b>Clients Admitted to the Residential Program referred from:</b>	<b>2017-2018</b>	<b>2016-2017</b>
Batshaw Youth and Family Services	10	8
Centre Jeunesse de la Montérégie	1	2
From the community (hospitals, CLSC's or community clinics)	2	3
<b>Totals</b>	<b>13</b>	<b>13</b>

### *Food Services*

<b>Food Services</b>		
	<b>2017-2018</b>	<b>2016-2017</b>
<b>Number of Meals</b>	18,023	9,346
<b>Food Costs</b>	\$26,856	\$18,479
<b>Cost per Meal</b>	\$1.49	\$1.98

## External Services

### Semi-Supervised and Transitional Apartment Programs

Elizabeth House runs two independent living programs for clients who require assistance to transition into living in the community. The housing, which consists of two duplex apartments, is situated in close proximity to the main residence. Each location can support a parent and child(ren) or a couple and child(ren). The apartments are furnished and equipped with basic items.

The **Path Program** is intended for clients who are leaving the residential program, yet still require daily intervention and support to consolidate the gains or progress they have made.

The **Track Program** is intended for Elizabeth House clients (mother, father or couple) who require independent living support, but of a less intensive nature. Clients must demonstrate the capacity to ensure the safety and security of their child(ren) on their own. They must have an income to support their living expenses.

The length of stay in a Path or Track apartment is generally up to six months. Path and Track clients are followed by an educator from Residential Services or the Family Assistance Program.

### Statistics and Trends in the Path and Track Program

Last fiscal year, 1 couple benefitted from the Path / Track programs. This year, there did not seem to be a need for this service:

- 3 of the moms discharged from the residential program went on to live in supported housing programs (O3, Héberjeune).
- The other mothers discharged went back to live in their own apartments, in shelters or with family members.

As part of client's exit strategy, mothers moving to O3 are now renting the apartment one month prior to their discharge from Elizabeth House. This transitional phase allows them to gradually prepare their apartment for independent living and address any move-in issues.

## Education Program and Nursery Services

Elizabeth House offers an education program for teenagers who are pregnant and/or have a child in their care. The program is available to clients in the residential programs and in the community, who meet the requirements for entrance into a youth sector school and are eligible for English education.

The program is run through a partnership with the English Montréal School Board, and offers core curriculum for Secondary I-V. A modified curriculum is also offered to prepare some students for a vocational or skills-related program. Clients have their own individualized education plans and work at their own pace.

Elizabeth House further supports mothers attending the Education Program by offering an on-site Nursery for children 18 months of age and younger. The staff in the nursery cares for the children while the mothers attend classes and groups. They assist parents in monitoring their children's health and development and help them to address any specific concerns. The fathers of the children are given the opportunity to participate in certain events and activities, and to visit their child in the nursery, where deemed appropriate.

### *Therapeutic Groups, Workshops and Activities in the Education Program*

Students in the Education Program participated in numerous educational and cultural activities at the school and through planned outings. The outings included this year were: tour of schools for on-going education (PAAC, Pius X); World Press Photo exhibit in the Old Port, cultural visit to a Sikh Temple and Russian Orthodox Church; sports bra shopping; end of semester brunch at *Allô Mon Coco*; *Moisson Montréal* food bank; Youth Theatre; Cabane à Sucre; Black Theatre Workshop for Black History Month.

Students have continued to benefit from guest speakers and workshops: Soldiers from the Canadian Army came to speak about Remembrance Day; the complaints commissioner came to speak about rights and responsibilities; the Adolescent clinic came to speak about sexual health and contraception; author CiCi B spoke about relationships and being a writer; a community hairdresser spoke about the basics of hairdressing, with a focus on Black hair; presentation by O3 Coordinator on admission process; poetry workshop with Options II students.

Ongoing workshops included: Cooking for Healthy Living program given by a school board dietician; working with a graphic designer to come up with a sweatshirt design for graduation; guitar lessons with Options students; Drama therapy class; McGill students workshop on Brain Function.

Special celebrations occurred for Thanksgiving, Christmas, Valentine's Day, Black History month and graduation.

Psychosocial groups were facilitated on a weekly basis throughout the year by Elizabeth House educators: Anti-Bullying, Media Literacy, Life Skills, Physical Education, Parenting and Prenatal Education and Discussion, Relationships and Sexuality. Physical Education classes included boxing, hip hop dancing and personalized training.

The Ministry of Education, Leisure, and Sport has continued to provide a cooking course to students, as part of the high school curriculum, to teach French as a second language and to promote healthy living skills. The course entitled "*Vous êtes ce que vous mangez*" (You Are What You Eat) ran throughout the school year.

### Statistics in the Education Program

Distribution of Clients in the Education Program By Age						
Age	0-5	12-14	15-17	18	19+	Total
2017-2018	15	0	5	0	8	28
2016-2017	14	0	5	3	6	28

#### Statistics and Trends in Education Programs in 2017-2018

Thirteen (13) clients or students were registered in the Education Program at various points during 2017-2018, compared to 14 in the previous year:

- There continues to be a lessening demand for school services at Elizabeth House.
- 9 clients registered for the 2017-2018 school year; 5 of them remain registered as of April 1<sup>st</sup>.
- 4 clients terminated at the end of the 2016-2017 school year.
- 5 out of 13 students (38.46%) were returning students, an increase from last year (28.57%).
- Fifteen (15) children attended the nursery at various points, compared to 14 for the previous year.

#### Participation in other Elizabeth House Programs:

- 12 out of 13 students (92.30%) had participated in other Elizabeth House programs, a significant increase from last year (78.57%) and the previous year (73%).
- 4 out of 13 students (30.76%) had resided at the residence at some point during the school year, compared to 21.43% the previous year.
- Nine (9) out of 13 clients (69.23%) were also involved in the Family Assistance program at some point during the school year.
- One client was involved in all three programs (Education, Family Assistance and Residential) at some point in 2017-2018.

#### Other statistics and trends in the academic year:

- 5 of the students (38.46%) were minors, fairly similar (35.71%) to the previous year. One of these minor students (20%) was followed under Youth Protection, similar to the previous year.
- 1 of the mothers was followed under the Youth Criminal Justice Act (YCJA).
- 9 of the 15 children (60%) were followed under Youth Protection, compared with 57.14% last year and 50% the year before.
- 2 students attended school from out-of-region (Montérégie)
- The majority of students resided on their own.

### *Day Center Education Program*

A thorough analysis of our Day Center Program was done this year in terms of staffing and clients serviced. It had been a well-known fact that enrolment in the Elizabeth House Education program has been declining steadily for the past decade, very much in line with the experience of English School Boards across the island. The profile of the clients registering in the program, as well as the profile of the Elizabeth House client, had also changed over the decade. The Education Program was servicing fewer clients in the youth sector and more over the age of 18 who still needed to complete their high school leaving certificate.

Talks with the English Montréal School Board began in 2015 to address the diminishing enrollment, access to services, and updating old partnership agreements to reflect new realities. Discussions included trying to increase access to the youth sector school and nursery services for EH clients/students over 18 years of age; looking into opportunities related to Adult Ed programs.

The goal of “confirming the viability of the Education Program” appeared in Elizabeth House Operating Objectives in 2015/16. Specifically, the document called for: “Study the issue of low enrolment in the Education Program as well as use and partitioning expenses and resources between EH and EMSB. Renegotiate the partnership agreement through the Joint Standing committee.”

At the same time, the Head teacher of Elizabeth High proposed a new orientation for the students at Elizabeth High School which proposed a model for formalizing access to the DEAL program, an adult education program on line, with support from the Youth Sector school and teachers, as well as the EH clinical support and nursery services. Unfortunately, this additional program did not change total enrolment numbers.

Given the information obtained in the analysis, changes were made for the upcoming school year that allow for more efficient use of staffing across all Elizabeth House Programs all the while maintaining services and support to the Elizabeth House school.

Support will continue to be provided to the Education Program by a half time worker. It is not felt at this time that a full time worker is needed solely for purposes of supporting girls at school. This educator would provide support to the mothers in the Day Centre Program and also follow these mothers in the community. In addition, the nursery program will be moved to the EH building providing service to both the school, family assistance and residential clients. Nursery human resources will be better used to support all EH mothers and provide respite to clients so they can go to appointments, do research, homework, etc.

## Family Assistance Program

The Family Assistance Program offers support and follow-up to families (mothers, fathers and couples) living in the community who require more intensive support and intervention than may be available through first-line services. Services are provided to clients in conjunction with their local CIUSSS (*Centre Intégré Universitaire de Santé et de Services Sociaux*) to avoid any duplication of service, and to ensure that the clients' needs are fully met.

The program is primarily intended to help clients who are leaving residential services make a successful transition to the community. Clients in the community may be self-referred or be referred by a first-line professional. Self-referred clients are connected with their local CIUSSS for assessment of their first-line and second-line service needs, and for the purpose of joint intervention planning.

In 2017-2018, the program ran with one full-time educator. The work continued to focus on the following areas: connecting with community resources (CLSC, food distribution programs, infant stimulation programs, legal aid, etc.), finding affordable housing and daycare, filling out paperwork (welfare, child allowances, income taxes, medicare card, divorce, etc.), budgeting, parenting (routines, structure, discipline, etc.), accompaniment and advocacy.

### Statistics in the Family Assistance Program

<b>Distribution of Clients in Family Assistance</b>			
	<b>Mothers</b>	<b>Fathers</b>	<b>Couples</b>
<b>2017-2018</b>	25	1	1
<b>2016-2017</b>	29	0	1

<b>Family Assistance: Length of Service of families</b>								
<b>Months</b>	<b>0-3</b>	<b>3+-6</b>	<b>6+-9</b>	<b>9+-12</b>	<b>12+-15</b>	<b>15+-18</b>	<b>18+-21</b>	<b>21+</b>
<b>2017-2018</b>	5	6	1	3	5	0	2	4
<b>2016-2017</b>	15	3	6	2	0	2	1	2

### ***Statistics and Trends in the Family Assistance Program in 2017-2018***

Twenty-six (26) parents and 29 children received services through the Family Assistance Program, compared to 31 parents and 34 children the previous year.

There was one couple (resided together); 1 father and the remainder consisted of services provided to 25 mothers.

The average length of completed service ranged from 0-3 months to 24-35 months.

The average length of completed service ranged from 0-3 months to 24-35 months. Other statistics and trends:

- 3 of the 26 parents (11.5%) was a minor, compared to 3.23% the previous year. None of the minor clients was followed under Youth Protection.
- 4 of the 26 parents (15.38%) had more than one child, compared to 16.12% the previous year.
- 13 of the 29 children (44.82%) were followed under Youth Protection, compared to 47.06% the previous year.
- 12 of the 26 parents (46.15%) had participated in other Elizabeth House services (Residential, Education, Path/Track Programs) within the same fiscal year, compared to 45.16% last year
- 3 out of the 26 parents had received residential services (11.53%) within the same fiscal year, compared to 19.35% in the previous year. 1 out of the 3 was a Family Assistance client before integrating the residence. The 2 others transferred to Family Assistance after their discharge from the Residential program.
- However, it should be noted that 7 of the 26 parents (26.52%) were clients of the Residential program in previous fiscal years. Three (3) of the 26 clients (11.5%) were clients in the education program in previous fiscal years.

## SECTION 5: RISK MANAGEMENT AND QUALITY IMPROVEMENT

### The Safe Provision of Care and Services

In an effort to improve safety and service quality and in order to respect the organization's obligations under the Law on Health and Social Services, Elizabeth House continues to place great emphasis on the reporting of risk situations which could have, or could have had, a negative effect on the health, safety and security of clients, students, visitors, volunteers and personnel.

### Integrated Risk Management and Quality Improvement Committee (IRMQI)

The mandate of the IRMQI Committee is to oversee the management of risk within the organization, through the analysis of risk situations and the development of policies and procedures to mitigate risks.

The Committee met 4 times this year and held sub-committee meetings several times to follow-up on and to further various risk related improvements and plans. The revision of the risk related by-laws, policies, procedures, guidelines and manuals was completed and approved by the Board of Directors, as appropriate.

Quarterly Incident, Accident and Event reports were reviewed and risk situations were monitored for improvement. Elizabeth House placed great emphasis on the reporting of risk situation that could, or did have a negative impact if the health, safety and security of clients, family, staff and volunteers.

### Policy and Procedure Review

By-laws, frameworks, policies and procedures related to risk management were prioritized for review in 2017-2018. The following documents were finalized and approved by our Board of Directors:

- *Health and Safety Manual and Emergency Measures & Pandemic Plan merged into the General, Preventive and Emergency Manual*
- *Incidents, Accidents and Events, Reporting, Recording and Monitoring policy and procedures*
- *Immunization and Vaccination policy*
- *Workplace Violence and Harassment Prevention Framework*
- *Policy and procedure on Measures of Control and the Management of Dangerous Client Behavior*
- *Procedure for the Management of Client Complaints*
- *Client Safety Plan, Falls Prevention Strategy*

- *Emergency Taxi Money procedure*
- *Hand Hygiene audit and Evaluation policy and procedure*
- *Safety Alert System policy and procedure*
- *Visitors Oversight procedure*
- *Procedure for the Safe handling and Storage of WHMIS Classified Products*
- *By-Law regarding the Safe Provision of Health and Social Services*
- *By-Law for Ensuring Service Quality and Client Complaints*

In addition to reviewing and updating existing content, we developed the following new documents:

- *Risk Management and Quality Improvement Framework*
- *Procedure for using portable heaters in the residence*
- *Policy and procedure on Suicide, Non-Suicidal Self-Injury and Mental Health*
- *Protocol for ensuring safety at 2131 Marlowe during winter conditions (ex.: snow removal, gritting)*
- *Protocol for door alarm sounding overnight*

## **Measures of Control and the Management of Dangerous Client Behavior**

The treatment and interventions carried out at Elizabeth House do not include any form of Measure of Control. Alternatives, such as non-physical crisis intervention or police assistance.

Throughout this fiscal year, there was no exceptional recourse to the application of physical restraints, chemical substance measures or isolation, nor to any of the aforementioned alternatives.

## Incident, Accident and Event (IAE) Reports

Type of Risk Occurrence	2015-2016	2016-2017	2017-2018
<b>Incidents</b>	<b>2</b>	<b>10</b>	<b>13</b>
<b>Accidents</b>	<b>13</b>	<b>6</b>	<b>20</b>
<b>Events</b>	<b>116</b>	<b>202</b>	<b>170</b>
IPAC-related	4	16	39
General Risk	61	64	66
Intervention-related	48	120	63
Work-related	3	2	2
<b>Total</b>	<b>131</b>	<b>218</b>	<b>203</b>

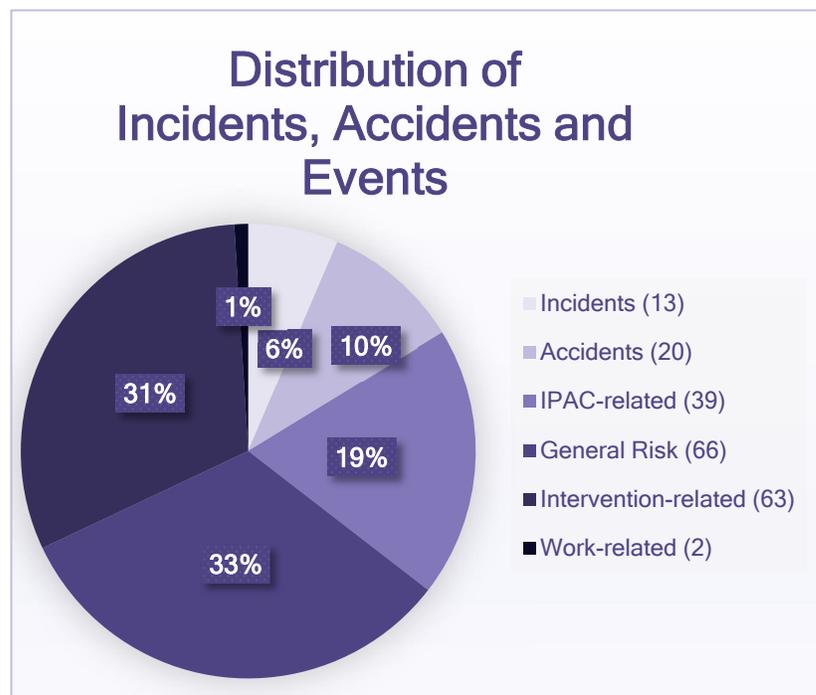
This year, a total of 203 incidents, accidents and risk events were reported at Elizabeth House. This represents a slight decrease (6.9%) from last year's numbers.

With a higher population and several toddlers in residence throughout the year, events related to the children's age and stage of development were on the rise (half of the accidents), as were those due to the mothers' inattention.

Overall, 29 falls and 2 near-misses were reported this year, while 3 falls had been reported in 2016-2017: Again, the number of toddlers in residence played a role in this year's statistics, as only 2 clients mothers and no staff were affected by the events.

Analysis of the falls reveals that most could have been prevented by vigilance on the mother's part. Emphasis will therefore be put falls prevention sensitization in the next fiscal year. Thirteen incidents were reported in 2017-2018, which is a 23.1% increase from last year. Other than the children's age and stage of development, they were related to medication, improper use of baby equipment and inattention on the mother's part.

The number of accidents (20) more than tripled compared with the previous year (6). Half were caused by the mother's inattention or multitasking, breaches of confidentiality and environmental issues (broken furniture, icy access ramp), while the other half related to the children's age and stage of development.



Infections rates went up from 16 in 2016-2017, to 39 this year. The higher daycare involvement of our young residents this year may have resulted in exposition to a variety of pathogens (11 different ones, compared with 1 last year). However, aside from gastroenteritis early in the fiscal year, most infections were single occurrences with minimal spreading amongst the group.

The number of general risk events remained similar this fiscal year, at 66 compared with 64 in 2016-2017. Of those:

- Eleven were comprised of building and equipment-related events. Some of them necessitated repairs, while others had to be addressed with staff and clients to prevent recurrence.
- Forty-nine represented general safety events, addressed through staff supervision, discussions with the residents or maintenance work. Several were caused by simple distraction or negligence.
- Six Security of Information events were reported this year, 4 of which resulted from staff distraction and 2 from access to the secretary's office and filing cabinet.

In the past year, intervention-related events went down nearly by half (63 vs 120). The implementation, at the beginning of the year, of a new co-sleeping policy helped clarify guidelines for intervening around the practice, thus reducing the number of associated events to 25 compared with 72 last year. Other recurring intervention risks included supervision issues, bottle-propping and omission to strap a child in equipment.

The number of work-related events remained stable in 2017-2018 (2 accidents). One of them was caused by the employee's distraction, while the other was a result of building damage.

## Recommendations

### *Elizabeth House Improvement Plan*

As part of Elizabeth House's goal to continually reflect on services and improve, a Quality Improvement Leger was developed to track objectives and final actions taken. This document was regularly reviewed by the management team and the Integrated Risk Management and Quality Improvement Committee.

Highlights of the risk management objectives achieved this year were (other important projects further described in this section):

- Regular quarterly fire drills
- Installation of locked mailboxes completed – the goal to prevent mail tampering
- Finalized protocols for snow removal and portable heaters
- Confidentiality statement on emails added by all staff

- Consultation with CIUSSS–ODIM Department of Professional Services regarding reporting of Accidents/Incidents of Ages and Stages types of events.

### **Co-Sleeping**

As an organization, Elizabeth House is committed to providing an environment for our clients that is safe and secure, respects individual differences and cultures and follows best practice guidelines. The habit of co-sleeping was re-evaluated this year by Elizabeth House, as we found that more and more of our mothers engaged in it with their child. As part of our analysis, we felt it was important to review the basic safety messages provided by the Canadian and American Pediatric Associations as well as some of the literature on co-sleeping risk factors and benefits.

Based on its findings, as well as feedback from staff and clients, Elizabeth House made adjustments to our guidelines around co-sleeping, providing more flexibility for mothers of children over the age of one. This change allowed staff to better respond to individual and cultural beliefs, while maintaining safety standards and continuing to identifying and mitigate risk factors.

## **Quality Improvement**

### **Accreditation**

EH was successful in pacing out work to lessen the impact of the additional work on regular operations and personnel during this accreditation survey. While the year leading up to our accreditation was busier than usual, management and staff responded well to identifying priorities and “must do’s” so as not to place undue stress on those responsible for accreditation.

Elizabeth House underwent its 4<sup>th</sup> accreditation in September 2017. It hosted the surveyors for three days as they evaluated the organizations practices and processes in the areas of Rehabilitation, Governance, Leadership in a Community Based Organization and Infection Prevention and Control.

The Accreditation Specialists confirmed that the concept of Client and Family Centred Care was well integrated into our work. We are challenged over the next four years to find ways to develop true partnerships with clients by creating and promoting opportunities to hear the client voice in the planning and development of programs, and in decision affecting them or their families; balance staff workloads and continue to focus on wellness in the workplace; add clear measurement indicators and timeframes to our quality improvement projects thus allowing us to validate the good work done by our staff.

## Service Quality and Vigilance Committee (SQVC)

The mandate of the SQVC is to ensure respect for users' rights and promptness in processing users' complaints. Ad to contribute to the pertinence, quality, safety and effectiveness of services provided by Elizabeth House.

The SQVC met 4 times this year. It received and analyzed quarter Incident, Accident and Event report and reports from the Complaints Commissioner. The Committee monitored that recommendations were followed regarding the quality, safety and effectiveness of services; the handling of client complaints; and ensured that clients were aware of their rights.

The Committee received and reviewed client satisfaction surveys and reviewed the changes in practices and procedures affecting clients that were flagged for improvement in the focus groups held last year.

## Client Complaints and the Promotion of Client Rights

The handing of formal client complaints is the exclusive mandate of the Local Service Quality and Complaints Commissioner (LSQCC). Just as last year, there were no complaints in 2017-2018 and no interventions processed.

The entente for the services of the LSQCC was renewed with the CIUSSS Centre-Sud-de-l'Ile-de-Montréal.

The Commissioner reported again this year that "clients continue to be aware of the complaint procedures. Elizabeth House has a long-established approach of encouraging clients to address dissatisfactions and complaints directly with the persons involved and are committed to soliciting client participation." As a result, clients continue to express that they are comfortable discussing their dissatisfactions directly with the staff or a supervisor.

The LSQCC focused activities on the respect of client rights in meetings with Residential and Education program clients and staff; management and reporting of complaints; policy revision; continued development of the evaluation tool to assess client satisfaction and in the preparation to hold focus groups to gather more detailed information.

As in previous years, there were no appeals to the Québec Ombudsman or the Coroner this year.

### **Client Satisfaction Surveys and Focus Groups**

Satisfaction surveys have been conducted for the first two quarters and the last quarter of the year. Results will be tabulated and fed back to the Service Quality and Vigilance Committee as well as the clinical team. An improvement plan will be developed to address any issues.

No surveys were done in the third quarter as there was no changeover in clients and/or clients were just admitted and had not been in service long enough to complete the questionnaire. Surveys are planned for the first quarter of 2018-2019.

## SECTION 6: PARTNERSHIPS, COLLABORATIONS AND COMMUNITY LINKS

Elizabeth House values collaboration and continues to work in partnership with other organizations in the Health and Social Services network and the Montréal community to ensure a range of complementary services for our clients, to promote clear and ongoing communication among treating professionals and to ease the transfer of clients between organizations.

Elizabeth House continues to be involved on the community tables and initiatives to support and develop resources in the community in order to assure that clients have access to the community-based resources and access to supports which may prevent the need for further involvement with Elizabeth House and/or Youth Protection.

### Partnerships

CIUSSS Centre-Ouest-de-l'Ile-de- <b>Montréal</b> - CSSS Cavendish	Elizabeth House Foundation
CIUSSS Centre-Sud-de-l'Ile-de- <b>Montréal</b> - CSSS Sud-Ouest Verdun	Fraser Hickson Library
CIUSSS Ouest-de-l'Ile-de- <b>Montréal</b> - Batshaw Youth and Family Centres	Les Maisons Transitionnelles O3-On Our Own
English <b>Montréal</b> School Board	Unitarian Church of Montréal

### Collaborative Relationships

Action Communiterre	Mackay Centre
Action Refuge	Maison Jean Lapointe
Aide Juridique	MAP- <i>Mères avec Pouvoir</i>
ACSM	McGill University
Argyle Institute	Mistissini Youth Protection and Community Center
Auberge Shalom	«Monnaie-Money»
Auberge Transition	Montréal Children's Hospital Adolescent Clinic
Avenir d'Enfants	Montréal Diet Dispensary
Black Theater Workshop	Montréal Museum of Fine Arts
Bureau de Consultation Jeunesse	Montréal Public Health Department
Canadian Armed Forces	Mosaik Family Resource Centre
Carrefour Jeunesse-Emploi Notre-Dame-de-Grâce	Notre-Dame de Grâce Community Council
CCS-Collective Community Services	NDG Food Depot

Centre Emploi <b>Québec</b>	Options High School
Centre Jeunesse de Laval	PACC Adult Education Program
Centre Jeunesse de la Montérégie	Portage
Centre Jeunesse de <b>Montréal</b>	Project Genesis
Clinique d'Impôts –Association Canado-Péruvienne	Queen Elizabeth Clinic
Community Born to Read	Regroupement pour la Valorisation de la Paternité
Concordia University	Royal Victoria Hospital
CRD Foster	Service de police de la Ville de Montréal, Poste de Quartier 11
Cree Health Board	Québec Writers' Federation
Dawson College	St-Pius X Career Centre
Desta	Segal Centre
Douglas Mental Health University Institute	Separated Fathers
École Rosalie Jetté	Teen Haven
Eco-Quartier NDG	TRACOM
Femme Fitness	Vanier College
Fondation de la visite	Volunteer Bureau of Montréal
Generations Foundation	Walkley Community Center
Head and Hands	Waskaganish Youth Protection
Héberjeune	Women Aware
Hippy- <b>Québec</b>	YMCA Notre-Dame-de-Grâce
Maison Bleue	Youtheatre

## Participation on Advisory Tables and Tables de Concertation in Montréal

In 2017-18, Elizabeth House committed resources to the following tables and/or committees whose work revolves around youth or providing services to families with children age 0 to 5:

- *Table de concertation 0-5, CIUSSS Centre-Ouest-de-l'Ile-de-Montréal/CSSS Cavendish*
- *Table SIPPE, (Les services intégrés en périnatalité et petite enfance pour les familles vivant en contexte de vulnérabilité) CIUSSS du Centre-Ouest-de- l'Ile-de-Montréal/CSSS Cavendish*
- Anglo Family Council (Verdun)
- *Réseau d'organismes et d'établissements œuvrant auprès des jeunes familles (ROÉJF)*

## SECTION 7: HUMAN RESOURCES

### Staffing Levels

Elizabeth House operated with 13 permanent full-time and 7 part-time employees for a total of 16.64 full-time equivalent positions as compared to 10 and 8 (14.64) in 2016-2017. There were 11 trained educators on the on-call list who work replacement shifts as needed, compared to 10 last year.

In addition, Elizabeth House also used the services of consultants, contract workers and occasional laborers.

	Full Time		Part Time		TOTAL	
	No. of Staff	F.T.E.	No. of Staff	F.T.E.	No. of Staff	F.T.E.
<b>SUMMARY</b>						
Management	2.00	2.00	0.00	0.00	2.00	2.00
Clinical Staff	9.00	9.00	6.0	3.4	15.00	12.04
Admin Staff	2.00	2.00	1.00	0.60	3.00	2.60
Auxiliary Staff	0.00	0.00	0.00	0.00	0.00	0.00
Total	13.00	13.00	7.00	3.64	20.00	16.64

### Student Interns

Elizabeth House welcomes students from different disciplines to complete their internship (stage) requirements. These students play an integral role in the team as they apply their skills and knowledge to intervention planning, program development, client supervision and accompaniment. The students are also able to benefit from in-house training as well as an extensive orientation program.

This year Elizabeth House received six students in our internship program within the Residential, Education and Family Assistance programs:

- 2 Social Services students from Dawson College
- 2 students studying Youth Work and Family Relations at Concordia University
- 1 student studying social work at University of Victoria
- 1 student studying Special Care Counselling at Vanier College

We also shared, with Maisons Transitionnelles O3, one student from the Creative Arts Therapies (Fine Arts) program at Concordia University. The total number of stage hours dedicated to Elizabeth House this year amounted to about 2500 hours (compared to 1193 in 2016-2017).

## Volunteers

Volunteers take on many important roles in the Elizabeth House community from governance to respite for mothers, from corporate volunteers to the many community volunteers to donate time, food, clothing, baby equipment, Christmas and other holiday gifts.

We couldn't do the job we do without these contributions and we sincerely thank those who are so generous of spirit.

In the Residential and Nursery programs, 15 dedicated volunteers provided 452.5 hours of respite to our mothers, more than twice as much as last year!

### Luxury Retreats – Week for Good

Airbnb's Week for Good initiative is a week of service that, last year, brought 20 cities, 18 offices, and over 1,500 employees together to participate in over 120 volunteer projects around the world, completing a total of 6,000 hours of service.

Amongst these incredible people who donated their time, were a team of 60 volunteers from Luxury Retreats, who chose to give back to Elizabeth House. Over the course of three days, they came in small teams to work their magic and make our residence homier for our clients.

They painted the hallways, completely redecorated the living room, put up artwork and accessories and added mirrors, new furniture, new bedding, pillows and blankets to each of the client bedrooms.

The exterior of the building was not left out, with grass seeded all over, beautiful plants and flowers, a planter for each client to have her own little garden and edges to outline our yard!

Without the generosity of Luxury Retreats, Elizabeth House would not have had the financial means to prioritize and carry out such a renovation. Our gratitude is even greater given the significance, for some of our most vulnerable clients, of having a true home and not just a place to live. Watching them discover their new space was very touching for all of us.

## SECTION 8: FINANCIAL RESOURCES

### Management's Report

The Elizabeth House financial statements were completed by management which is responsible for their preparation and accurate presentation, including estimates and significant judgments.

This responsibility includes the selection of appropriate accounting policies which comply with Canadian Accounting Standards for the public sector as well as the features provided in the Financial Management Manual decreed under section 477 of the Act Respecting Health and Social Services. The financial information found elsewhere in the Annual Management Report is consistent with the information given in the financial statements.

To fulfill its responsibilities, management maintains a system of internal controls which it considers necessary. It provides reasonable assurance that assets are protected, that transactions are properly recorded in a timely fashion, that they are duly approved and that they are able to produce reliable financial statements.

The management of Elizabeth House acknowledges that it has the responsibility to manage its business in accordance with the laws and regulations that govern it.

The Board of Directors oversees the way in which management fulfills its responsibilities regarding financial reporting and it has approved the financial statements. The Board is assisted in its responsibilities by the Audit Committee. This Committee meets with management and the auditors, reviews the financial statements, and recommends their approval to the Board of Directors.

The financial statements have been audited by the duly authorized CPA firm Richter LLP, in accordance with auditing standards generally recognized by Canada. Its report outlines the nature and the extent of this audit as well as its opinion. The firm, Richter LLP may, without restriction, meet with the Audit Committee to discuss anything that concerns its audit.

  
Linda Schachtler  
Executive Director

## Financial Statements and Report from the Independent Auditor

### RICHTER

#### **Independent Auditor's Report on Summary Financial Statements**

To the Members of the Board of Directors of  
**Maison Elizabeth House**

The accompanying summary financial statements, which comprise the summary statement of financial position of Maison Elizabeth House as at March 31, 2018 and the summary statement of revenues and expenses and summary statement of accumulated surplus for the year then ended, and related notes, are derived from the audited financial statements of Maison Elizabeth House for the year ended March 31, 2018. We expressed a qualified audit opinion on those financial statements in our report dated June 11, 2018 (see below).

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards applied in the preparation of the audited financial statements of Maison Elizabeth House. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Maison Elizabeth House.

#### *Management's Responsibility for the Summary Financial Statements*

Management is responsible for the preparation of a summary of the audited financial statements in accordance with the criteria described in Appendix 1 of circular (03.01.61.19) relating to the annual management report, published by the *Ministère de la santé et des services sociaux du Québec* (MSSS).

#### *Auditor's Responsibility*

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

#### *Opinion*

In our opinion, the summary financial statements derived from the audited financial statements of Maison Elizabeth House for the year ended March 31, 2018 are a fair summary of those financial statements, in accordance with the basis of presentation described in the summary of significant accounting policies in note 3. However, the summary financial statements are misstated to the equivalent extent as the audited financial statements of Maison Elizabeth House for the year ended March 31, 2018.

The misstatement of the audited financial statements is described in our qualified audit opinion in our report dated June 11, 2018. Our qualified audit opinion is based on the fact that the Organization does not amortize the property and equipment, does not present a statement of cash flows and does not present a comparison of the results for the accounting period with those originally planned, all of which constitute departures from Canadian public sector accounting standards. It is not practicable to determine the impact of these departures. Our qualified audit opinion states that, except for the effects of the described matters, those financial statements present fairly, in all material respects, the financial position of Maison Elizabeth House as at March 31, 2018 and the results of its operations and the changes in its net financial assets for the year then ended in accordance with Canadian public sector accounting standards.

Our qualified opinion states that, except for the effects of the described matters, the audited financial statements present fairly, in all material respects, the financial position of Maison Elizabeth House as at March 31, 2018 and the results of its activities in accordance with Canadian public sector accounting standards.

*Richter LLP*

Montréal, Québec  
June 11, 2018

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**E**

<sup>1</sup>CPA auditor, CA, public accountancy permit No. A125137

## Budget Equilibrium

Under articles 3 and 4 of the Balanced Budget Act in the Health and Social Services Network (Chapter E-12.0001, an establishment must maintain a balance between its expenditures and its revenues during a fiscal year and must not have a deficit at the end of the fiscal year.

Elizabeth House finished the year with a \$25,846 deficit. We continued to rely on the support of the Elizabeth House Foundation to supplement the operating budget for needs related to client services, safety and program equipment replacement. We were not able to absorb the costs of additional legal fees related to the negotiation of the first collective agreement for Elizabeth House.

According to the information provided on page 200 of the AS-471 Annual Financial Report for the year ending March 31, 2018, Elizabeth House was not able to meet this legal requirement and must use the accumulated surplus to compensate for this deficit.

## Financial Results

<b>Maison Elizabeth House</b> Summary Statement of Financial Position as at <b>March 31, 2018</b>		
	<b>Operating Fund</b>	
<b>Financial Assets</b>	<b>2018</b> \$	<b>2017</b> \$
Cash	102,944	172,837
Term Deposits	176,213	176,213
Due from Other Funds	40,929	9,959
Amounts due from Elizabeth House Foundation	-	-
Accounts Receivable	19,964	24,639
Due from Agence de la santé et des services sociaux	149,426	165,288
	489,476	548,936
<b>Liabilities</b>		
Accounts payable and accrued liabilities	352,153	380,846
Due to Other Funds	-	-
Deferred revenues :		
Agence de la santé et des services sociaux	8,013	9,297
Other	59,364	63,689
	419,530	453,832
Net Financial assets	69,946	95,104
Property and equipment	-	-
Prepaid expense	1,482	2,170
Accumulated Surplus	71,428	97,274
<b>Accumulated surplus</b>		
Unliberated	40,430	66,276
Liberated	30,998	30,998
	71,428	97,274

<b>Maison Elizabeth House</b>		
Summary Statement of Revenues and Expenses		
For the year ended March 31, 2018		
	Operating Fund	
<b>Revenues</b>	<b>2018</b>	<b>2017</b>
	<b>\$</b>	<b>\$</b>
Agence de la Santé et des Services Sociaux	1,515,022	1,460,721
Contributions from Elizabeth House Foundation	45,925	7,105
Other revenues	1,681	2,008
	1,562,628	1,469,834
<b>Expenses</b>		
Residential Services	678,256	642,962
Administrative Expenses	465,335	401,787
External Services – Day Centre	194,098	182,505
External Services – Family Assistance	105,030	67,297
Maintenance and Repairs	47,046	67,676
Food Services	26,856	18,479
Housekeeping	11,863	10,320
Building Operations	28,336	23,617
Information Systems	16,543	34,450
Other	15,111	20,739
	1,588,474	1,469,832
<b>Ancillary Activities</b>		
Revenues	7,214	8,505
Salaries and Employee Benefits	(7,214)	(8,505)
<b>Revenue over Expenses</b>	<b>(25,846)</b>	<b>2</b>

# ANNEX 1

## MAISON ELIZABETH HOUSE

# Code of Ethics

- *Approved by Board of Directors: June 2003*
- *Updated February 2018*
- *Updates Approved by Board of Directors: April 16, 2018*

## Introduction

The code of ethics sets out the rules and standards of behaviour for everyone at Elizabeth House. Our code of ethics tells clients and their families what rights they have and what their responsibilities are. Everyone who works for or at Elizabeth House; all full-time, part-time or on-call staff, clinical, auxiliary and administrative, all volunteers, stagiaires (students completing an internship program), members of the Elizabeth House Board of Directors, as well as contractual workers) must follow the code of ethics.

The code of ethics, along with the professional codes of ethics that apply to the various professionals who work at or for Elizabeth House, as well as the Elizabeth House policies and procedures guide our behaviour.

## Organizational Commitments

Elizabeth House is a private rehabilitation center providing a continuum of specialized services to pregnant adolescents and women, mothers and babies, fathers, and families experiencing significant difficulty in adjusting to pregnancy and/or to their new roles as parents and caregivers.

- 1. We believe that a pregnant woman or adolescent 14 and over has the right to determine her plans regarding her pregnancy. We will provide the information and support she needs to make a decision (regarding continuing the pregnancy to term, and the custody of the child) without imposing personal views or judgements.**
- 2. We care about and are committed to the well being of our clients, recognizing their physical, emotional, spiritual, social and cognitive needs and capacity.**

We do this by:

- considering these needs when developing intervention plans, activities, and programs;
- looking beyond behaviour in an effort to understand its meaning;
- carrying out our mandate in the least intrusive manner and choosing the least intrusive option, yet providing what is necessary;
- promoting self-esteem, and guarding against actions which may be humiliating or intimidating;
- taking the necessary time to work through an issue and ensuring adequate follow-up;
- ensuring that our expectations towards clients and families are realistic, growth-producing, and in accordance with their capacities;
- for clients with children, we support the mother and ensure that the mother provides for the baby's physical, emotional, cognitive, and social needs.

- 3. We help the young woman (and the young man) who chooses to become a parent to assume this role, while ensuring that the baby or child has a healthy, stable and safe environment.**

- We involve the client in developing intervention and service plans, listen to what the client has say and take the clients needs, opinions and desires into account.

4. **Our prime concerns are optimizing the healthy development of the child and the young parent.**
5. **We advocate with and on behalf of our clients according to their needs.**
6. **As part of the discharge process when a client leaves an Elizabeth House program, appropriate post discharge services will be determined with the client, and the necessary services will be arranged.**
7. **We promote ongoing collaboration among youth, families, and colleagues within and outside the health and social service system, in order to provide the best possible services.**

We do this by:

- conducting periodic and timely reviews of each client's service and intervention plans;
- committing ourselves to finding creative and resourceful ways of meeting their needs, and paying particular attention to these needs at key moments such as crisis situations and transfers (to other Elizabeth House programs, to other agencies, or to other living situations);
- ensuring that we share a common understanding of our clients;
- taking into account the point of view of others;
- sharing information necessary for others to carry out their role, within the context of the laws governing confidentiality;
- recognizing strengths, talents, and expertise, and by recognizing ways other individuals or organizations can contribute to the well-being of young mothers and children;
- providing opportunities for success and positive reinforcement for what may appear to be even the smallest of achievements;
- constantly seeking and reaching out to individuals who could contribute to clients' well-being, and identifying ways to involve them; refer clients to other professionals and /or seek assistance to ensure appropriate services;
- providing an environment conducive to dialogue, which allows room for the expression of differences of opinion and the resolution of conflict.

### **General Codes of Conduct and Ethical Standards**

Regardless of role or position, everybody who works for or at Elizabeth House (all clinical, administrative and support staff, members of the Elizabeth House Board of Directors, all volunteers, stagiaires (students completing an internship program), as well as contractual workers) acknowledges and acts in the spirit of the following principles.

#### **Respect for Others**

1. **We treat everyone with dignity, care and respect, regardless of their race, religion, ethnic origin, socio-economic status, disability, age or what their plans or views regarding the pregnancy are.**

We do this by:

- using respectful language and tone with all;
- keeping ourselves informed about client rights;

- understanding how every client and every family is unique, and by developing individualised plans and approaches;
- uphold each person's right to self-determination, consistent with that person's capacity and with the rights of others;
- participating in activities and/or developing programs that promote an understanding of differences between people.

**2. We provide a residential, educational, and employment environment free from all forms of intimidation, hostility, offensive behaviour, discrimination and sexual harassment.**

We do this by:

- condemning and confronting all behaviours and attitudes which are racist, sexist, prejudiced or discriminatory;
- focusing on the prevention of aggression;
- working on conflict resolution in a manner which does not jeopardise the safety of those involved;
- demonstrating that we will not tolerate violence, threats of violence, or abusive language.

**3. We recognise that everyone is unique. We act in a manner that respects and promotes the understanding of differences and reflects the cultural diversity of our clientele. We respect the values, religious beliefs and sexual orientation of our clients. We work towards the elimination of prejudice, discrimination, and racism.**

We do this by:

- understanding how every client and every family is unique, and by developing individualised plans and approaches; we said this already
- participating in activities and/or developing programs that promote an understanding of differences between people; we said this already
- actively and continuously seeking to inform ourselves about the values and lifestyles specific to different cultures, religions, backgrounds and sexual orientations;
- understanding and taking into account a family's particular religious or cultural practices;
- identifying and linking with community resources that support various cultures or groups when indicated.

## **Professionalism and Objectivity**

**4. We acknowledge that we are accountable for our actions and decisions. We are aware of the impact of our actions on others, and act in a manner that exemplifies integrity, consistency and caring. We acknowledge that we are all role models for our clients.**

We do this by:

- accepting responsibilities for our actions;
- constantly seeking to understand how our words, actions or decisions may be perceived by others;
- following through on the plans we develop and adjusting them, when necessary, in a manner which promotes continuity and clarity;
- actively participating in the evaluation of our work, our programs, and the services we provide.

**5. We act in a dependable and trustworthy manner while maintaining professional boundaries and objectivity.**

We do this by:

- recognising our values, biases and limitations, and ensuring that they do not interfere in our relationships with our clients nor in the carrying out of our responsibilities; or – we recognize our values, biases and limitations and how they influence our practice.
- Being aware of the power vested in our position;
- placing clients' needs over our personal needs;
- expressing differences of opinion, discussing them openly, and abiding by the decided outcome;
- following through on our commitments;
- ensuring proper communication with and about clients with the aim of promoting continuity and understanding;
- consulting with colleagues on our work with clients and families, and considering and/or incorporating their feedback;
- making significant decisions in consultation with, and not in isolation from, others (colleagues, supervisors, clients and their families);
- referring to established professional guidelines concerning staff-client relationships and, if still in doubt, checking the situation out with the supervisor.

**6. We exercise care, prudence, and diligence in the performance of our duties, and act honestly and in good faith in the best interest of Elizabeth House and our clients.**

- We are also mindful of the best interests of Elizabeth House and our clients when discussing any business related to the agency with private individuals and outside organizations.
- We make judicious use of the resources at our disposal.

**7. We know and respect the laws, standards and ethics of our particular professions or occupations, and Elizabeth House policies and procedures.**

We do this by:

- keeping abreast of relevant laws, and adjusting our practices to reflect new or changing legal requirements;
- promoting and adhering to the norms and standards that apply to our work and/or our professions;
- reading and respecting all policies and procedures, and asking for clarification when there is something we do not understand;
- participating, whenever possible, in the updating of policies and procedures.

**8. We invest in our personal and professional development in order to carry out our respective roles.**

We do this by:

- actively participating in ongoing supervision;
- making use of available training opportunities relevant to our work;
- sharing acquired knowledge with colleagues;
- keeping up-to-date on information pertinent to our jobs;
- upgrading our knowledge and practice;
- gathering expertise while providing services and carrying out our duties;
- keeping abreast of, and exploring, issues related to, and important to, young mothers and children.

## Conflict of Interest

### **9. We put the interest, the rights and needs of the client and of Elizabeth House before our interest and needs. We avoid actual or potential conflicts of interest, or even the appearance of conflict of interest, in the decisions we make and the way we intervene.**

We do this by:

- maintaining clear boundaries and a professional distance, without, however, losing our ability to care;
- identifying situations of potential conflict, informing the appropriate people, and consulting with our supervisor, when in doubt;
- recognizing that we are here for clients, and not vice-versa, and acting in their best interest;
- being constantly aware of what motivates our actions and decisions;
- avoiding situations which could jeopardize our capacity to exercise our specific functions in an independent and objective manner;
- not using our position or role at Elizabeth House, or confidential information or documents, to derive direct or indirect benefits for ourselves or others (beyond working for a salary, or hourly wage in the case of salaried, paid employees and contractual workers; members of the Board of Directors shall serve without remuneration);
- not using our position or role to promote and/or exercise professional or business activities other than those which we exercise by our function at Elizabeth House.

Board members shall avoid conflict of interest or perceived conflict of interest by:

- disclosing in writing any office they may hold and every property they may possess or acquire, whereby directly or indirectly a duty or interest might be created in conflict with the interests of Elizabeth House, the nature and extent of such a conflict, and shall abstain from participating in deliberations or decisions when an issue relating to such interest is discussed;
- disclosing in writing to the Board any contracts of professional services concluded with Elizabeth House by a commercial enterprise in which they hold financial interest;
- disclosing any situation in which personal, family, social or business matters, or their public expression of opinion or other manifestation of favouritism or hostility may affect their objectivity or independence, or appearance thereof, and abstaining from participating in deliberations and decisions around the issue in question.

## Confidentiality and Privacy

### **10. We respect the confidentiality of clients. We communicate – whether verbally, non-verbally, or in writing – in ways that respect the privacy of individuals, as well as their right to confidentiality.**

We do this by:

- always ensuring that confidential information is stored safely and only shared with authorised individuals;
- never discussing clients in ways or places where the respect for their integrity and right to confidentiality as individuals and as a group might be violated.

### **11. We do not discuss confidential agency business with anyone who does not have a legitimate need to know the information. We respect Elizabeth House policies and procedures regarding communication with the media.**

The obligation to maintain confidentiality extends beyond the period of employment or service, and/or the expiration of the mandate of members of the Board of Directors.

## **Parental Responsibility and the Importance of Family**

### **12. We act with the knowledge that parents retain primary responsibility for their children.**

We do this by:

- treating the minor client who is a parent as we would treat an adult parent: with the utmost respect;
- acknowledging that the primary caregiver of a client under 5 years old admitted to the residential program with his or her mother is the child's parent;
- modelling appropriate behaviour without usurping the role of the parent.

### **13. The mother or father who is a direct client of Elizabeth House is always part of the process when decisions are made regarding intervention plans and about services to her or him, or to her or his child.**

### **14. We act with the knowledge that family bonds are vital. We encourage grandparents, siblings, members of the extended family and significant others to be involved in the care and services we provide.**

For all clients, regardless of their status as a minor or as an adult, we do this by:

- welcoming parents and extended family to activities within Elizabeth House;
- promoting the involvement of family members in activities with the client, while taking into consideration their particular situation;
- incorporating family issues in our interventions regardless of the feasibility or likelihood of family re-unification;
- providing parents with information about their rights and responsibilities;
- supporting and encouraging them in carrying these out.

For clients who are minors we do this by:

- asking their parent(s) to participate in the decisions concerning their child, wherever possible;
- developing an understanding with their families of how they will be involved in decisions and activities and informed of the client's progress;
- recognizing that fathers play an important role in the life of a child;
- promoting the parents' and family's involvement in their child's daily activities while taking into consideration their particular situation.

## **Client Needs and Development**

### **We help each client experience success and encourage the fullest possible development of the mother's, the child's and the family's potential.**

We do this by:

- identifying and helping others see strength and potential in individual clients, their families, and their natural environment;
- providing opportunities for success, and positive reinforcement for what may appear to be even the smallest of achievements;

- respecting the client's individual pace in working through difficulties;
- drawing upon the strength and contributions of parents, other family members and the larger community in the provision of care and services;
- identifying the special needs of clients and finding ways of having them met;
- encouraging self-reliance, independence and appropriate interdependence;
- maximizing educational opportunities;
- accepting that human development is a life-long process for all.

**We recognize the potential vulnerability of the clients we serve and use our authority in an appropriate and responsible manner as we carry out Elizabeth House mandates.**

We do this by:

- acting in a non-threatening, non-judgemental, and trustworthy manner, and remaining sensitive to the feelings of others;
- being aware of the power vested in our position;
- understanding the impact of our words, actions, and decisions;
- recognising the potential for abuse;
- making significant decisions in consultation with, and not in isolation from, others (colleagues, supervisors, clients and their families);
- allowing clients and the parents of minor clients to state their disagreement, and supporting them in using the appropriate channels to do so;
- working at resolving conflicts as they arise, and seeking the necessary supports to do so;
- informing clients and their families of their right to make a complaint, and assisting them if requested or required.

**We provide care and services according to the individual needs of the client, in the most appropriate setting for the client.**

- Clients do not remain in the residential program longer than is necessary to meet the needs assessed at intake or subsequently identified, and the purpose for which placement was provided.
- Recognizing that the driving force for development and has to come from within, we work with the clients to help them achieve their goals. We help them take responsibility and learn to find solutions.

**We promote a safe and secure environment.**

We do this by:

- involving ourselves in planning, strategizing and implementing ways to create safe and secure environments on a day-to-day basis;
- knowing, respecting, and applying safety and security procedures and informing clients of their existence;
- identifying and acting on any situation which poses a threat to safety or security;
- clearly communicating to colleagues, information which can have an impact on the safety of clients and staff;
- focusing on the prevention of aggression;
- working on conflict resolution in a manner which does not jeopardise the safety of those involved;
- demonstrating that we will not tolerate violence, drugs, alcohol or illegal substances.

**We promote responsibility and autonomy.**

We do this by:

- intervening when and only when necessary;
- encouraging clients and their families to define their own problems, needs, strengths and service priorities;
- involving clients in the decision-making processes;
- helping clients develop problem-solving abilities, rather than automatically imposing our own solutions;
- developing programs that focus on acquiring skills;
- equipping the client with as much knowledge and information as possible so she or he can make informed choices;
- exploring and identifying potential options and allowing for choices (whenever possible);
- guiding and directing clients without creating dependency;
- modelling appropriate behaviour;
- helping clients understand the consequences of their decisions.

**We provide the necessary information and support to allow access to services and resources, and the exercise of individual rights.**

We do this by:

- keeping ourselves informed about services, client rights and resources;
- making information about our programs and services available to our clients;
- offering guidance towards appropriate resources;
- realizing that written, verbal, and non-verbal communications are essential in carrying out our duties;
- communicating – whether verbally, non-verbally, or in writing – in ways that improve the quality of our services;
- using clear, accessible language that is non-judgemental and devoid of condescension;
- ensuring that the content and style of all communications, including our body language, are respectful;
- informing clients and families of their right to make a complaint and assisting them if requested or required;
- informing clients and their families about the recommendations we make to various decision-making bodies;
- posting, distributing and explaining the content of, and reasons for, residential program rules and the consequences of failing to respect them;
- providing continuity within our services in accordance with individual intervention plans;
- working with other organizations to ensure complimentary services that meet the needs of our clientele.

**In any intervention the protection and interests of the child take precedence over all other considerations. In any conflict between the rights and interests of a child, and the rights and interests of the child’s parent, the rights and interests of the child shall prevail.**

## Application of the Code of Ethics

As employees of Elizabeth House, we incorporate our Code of Ethics and ethical considerations into the decisions that we make, in the way we intervene with our clients and their families, in the way we interact with each other as colleagues and co-workers, and in the way we carry out professional acts. We constantly strive to create an atmosphere of understanding and caring within Elizabeth House.

### **Avoiding Conflicts of Interest**

Employees, volunteers, stagiaires and persons under contract to Elizabeth House are encouraged to discuss situations in which there may be a perceived or a potential conflict of interest with their supervisor or with the Executive Director, so that the situation can be resolved in such a way that no conflict of interest arises.

### **Reporting Conflicts of Interest**

Any person who believes that a conflict of interest may or does exist must bring the situation to the attention of the Executive Director or her or his delegate (for employees, volunteers and persons employed by or under contract to Elizabeth House), or to the attention of the President of the Board of Directors or her or his delegate (for members of the Board, and in the case of a real or potential conflict of interest involving the Executive Director).

### **Investigating Conflicts of Interest**

Should the allegations or situation concern an employee, a volunteer, or a person who has been hired to perform a service for Elizabeth House, the Executive Director shall conduct an inquiry into the situation or allegations, or designate individuals to do so.

Should the situation or allegations concern the Executive Director or a member of the Board of Directors, the President or Vice - President of the board may then designate individuals to conduct inquiries into the allegations or situation. The person in question shall be informed in writing that he or she is the subject of an inquiry.

The results of the inquiry will be submitted in writing to the appointing body. The person under inquiry shall receive a copy of this report.

If a potential conflict of interest is identified, the Executive Director or the Board of Directors shall take steps to ensure that it is avoided. If a conflict is found to exist, they will ensure that it is resolved, and that the clients' rights and interests are upheld.

## **Disciplinary procedures**

Any breach or omission of duty or standard prescribed under this code of ethics may entail the imposition of a sanction or disciplinary measures, which may include a warning, a reprimand, temporary suspension or dismissal, or in the case of a member of the Board of Directors, the temporary suspension of the member, or his or her removal from the Board, according to the seriousness and nature of the derogation.

Should the results of the inquiry result in a recommendation for dismissal, the matter shall be reviewed by a committee of at least two members. For employees of Elizabeth House, the committee shall consist of the Executive Director plus at least one other person appointed by her or him. If the conflict of interest involves the Executive Director, or a member of the Board of Directors, the committee shall consist of at least two members: the President or Vice-President of the Board, plus at least one other person.

All penalties shall be communicated in writing to the individual concerned.

All inquiries and any penalties imposed are to be confidential.

Individuals conducting inquiries as well as the individuals determining and imposing penalties cannot be prosecuted by reason of acts engaged in good faith in the performance of their duties and functions.

## **Integration of the Code of Ethics**

The code of ethics has been developed to help us fulfill our functions as we work together to help our clients. This document codifies much that is already in practice, and aims to clarify any points that might be ambiguous. Staff members, volunteers, stagiaires and contractual workers are encouraged to bring any questions or comments they may have about the code of ethics to their supervisor, or the Executive Director. Board members are encouraged to speak to the President of the Board of Directors, or to the Executive Director.

## **Clients' Rights**

### **Everyone has rights**

There are many laws that govern what a person may do, what a person must do, what he or she cannot do, and what his or her rights are. The Québec Charter of Human Rights, the Civil Code and the Act Respecting Health Services and Social Services directly affect you as a client of Elizabeth House. The Youth Protection Act and the Youth Criminal Justice Act may also apply to you if you are under Youth Protection or placed at Elizabeth House under these laws.

### **You have the right to**

- get an education through the public school system, if you are under 18;
- consult your file, if you are over the age of 14, by following set procedures;
- live in a place where you feel safe;
- have a continuity of care, stable relationships and stable living conditions which meet your needs
- have a lawyer, if you go to court;
- know what services are available, how to find them, and how to use them;
- receive services from Elizabeth House in English;
- get help from a child/youth worker, a counsellor, a social worker, or other professional;
- get help in a way that meets your needs as an individual;
- be treated with courtesy, fairness, respect, and understanding;
- have your opinion taken into account and participate in planning which concerns you;
- know what is happening and what decisions are being made about you.
- have your confidentiality respected so that information about you is protected, and can only be shared among people authorised to do so in order for you to receive treatment or services;
- to make a formal complaint if you are not satisfied with the way you are treated, and get help in doing so, if necessary, and to be supported by the User committee of the organization from which you receive services (the Elizabeth House user committee is called the Committee for Client Satisfaction and Support).
- Be accompanied by a person of your choice in processes affecting you unless this assistance is contrary to your interests, your rights or the rights of others.

### **Elizabeth House is a rehabilitation centre for young mothers in difficulty. We have two types of clients: direct clients and indirect clients.**

Direct clients are admitted to, or registered in, Elizabeth House programs.

Indirect clients are not admitted to or registered in Elizabeth House programs, but have a family or emotional connection to direct clients.

### **ALL clients of Elizabeth House, direct and indirect, have other, specific rights.**

#### **As a client of Elizabeth House you have the following rights:**

- to be actively involved in the planning and delivery of services to you and your child;
- to be informed as to what is going on, what plans are being made, and what progress your child is making;
- to consult your child's file, within the limits of the applicable laws;
- to get the help you need to understand your rights and responsibilities as a parent;
- to be free from exploitation or an invasion of personal privacy for the purpose of publicity or fund-raising efforts.

### **Direct clients of Elizabeth House have added rights.**

You have the right to:

- know what Elizabeth House rules are, and what could happen to you if you do not follow them;
- get a copy and an explanation of the rules for yourself;
- participate in the development of your service and intervention plans, including setting the goals and objectives of these plans;
- have the goals and objectives of your service and intervention plans explained to you in a way that you understand;
- have your intervention plan reviewed to make sure your needs are being met.

### **If you are admitted to the residential program have the right to**

- live in an age-appropriate environment that meets your developmental needs, with the necessary structure, routine, and rules to ensure care, protection, and security;
- get the medical help you need to stay healthy, and get help getting the medical attention if needed;
- personal privacy, within the rules set out by Elizabeth House, which ensure the protection and safety of all of our clients;
- communicate privately with your parents and/or siblings, unless a judge says you cannot;
- communicate in private with other people, unless the Director of Professional and Rehabilitation Services determines that it is clinically contra-indicated; only a judge or the Executive Director of the CIUSS can decide this.
- communicate in private with a lawyer, the Director of Youth Protection, the judge or clerk of the court, and/or the Committee for Client Satisfaction and Support by meeting with them in person, or speaking to them by phone or by writing to them;
- to get help in preparing for the change when you to move from Elizabeth House to another place.

If your baby or child is admitted with you, he or she has the same rights.

### **Having rights also means having responsibilities**

In order to make the best possible use of the services available at Elizabeth House you must acknowledge that you have some responsibilities along with your rights.

These responsibilities include:

- respecting the rights of those who work at or receive services from Elizabeth House by respecting their right to safety, privacy, confidentiality and to be treated with courtesy, fairness, respect, and understanding;
- being involved in the planning for the services you receive;
- working with staff in finding solutions to problems;
- knowing and following the rules of the program in which you are involved;
- if you are dissatisfied with something, to speak up and be willing to work toward resolving the conflict.