



# Annual Report

## 2019

Prepared by:

Wendy Bouwman Oake, Program Director

## The Program

Pregnancy Pathways started as a unique partnership of some 25 stakeholders from acute health care, addictions, mental health, government and non-profit sectors, collaborating to address the unmet housing and support service needs of pregnant women experiencing homelessness in Edmonton.

Boyle McCauley Health Centre (“BMHC”) manages and staffs Pregnancy Pathways. The program accepted our first Client in December 2017, using an interim scattered-site housing model with our housing partner, Capital Region Housing, and then we moved into a building generously donated to Capital Region Housing by Gene Dub in June 2018.

Pregnancy Pathways has 24-7 staffing and on-site supports, and a gathering space to build community and foster peer support. Our Team is led by our Wellness Coordinator, who works with Clients to identify achievable goals; the Wellness Coordinator and our team of Client Support Workers (4 full-time, and many part-time/casual) link women to the health care, treatment and other supports they need, and help them build life and parenting skills. All supports are provided from a harm reduction, strengths-based and trauma informed perspective.

BMHC has holistic health and wellness services, including pre-natal care. In addition, Alberta Health Services has been a partner in the development and implementation of Pregnancy Pathways. As with all BMHC programs, Pregnancy Pathways works closely with Alberta Health Services to supplement BMHC services and coordinate access to needed physical, mental health and addiction support services.

For many women, reconnecting with their culture is important to building wellness. As a majority of our Clients are Indigenous, we ensure they have access to cultural ceremonies and teachings from Elders and traditional knowledge keepers, such as smudging, sweats, medicine picking, and traditional teachings about childbirth and parenting.

Over a three year project phase, we are aiming to work with 30-36 women. Our objective is to help women and their babies be healthy, with a better chance for everyone to meet their potential. Through the program, mothers will also be better able to make a decision about raising their baby, finding other ways to become involved in their child’s life or choosing adoption or foster care for their newborn. We will also empower women to make decisions about their future fertility.

After 6-18 months, each woman will transition away from Pregnancy Pathways; we strive to have a plan in place for affordable housing and access to the supports she needs to continue to work toward her goals.

We ensure that the housing location and a harm reduction environment are appropriate for the particular woman, and that any risks of violence can be mitigated to ensure the residence is safe for the woman and the other clients. There are more pregnant women experiencing homelessness than Pregnancy Pathways can assist, so the following are considered when deciding on priority for Intake: the women’s age; substance use history; work in the sex trade; medical complications during pregnancy or otherwise; and access to prenatal care.

## Key Outcomes in 2019

- One of our goals is to empower women to make choices about the care of their infants, and to help them feel supported regardless of whether their infant is in their care. In 2019, 15 women exited the program. Six of those women were the primary caregivers of their infants, six of them had their children placed in kinship care, two chose to place their infants for adoption (one open adoption and one kinship adoption), and one exited the program before giving birth. The six women who had their infants in kinship care may not have chosen that outcome, but each of them had options to remain engaged with their infants and to have a voice with Children’s Services around some decisions being made. At the end of 2019, we had 6 women still actively participating in the program; two of them had their infants living with them in the building, one had her infant living in a kinship placement, one had her infant living with the adoptive family of an older sibling, and two were still pregnant. Three of the women living at Pregnancy Pathways in 2019 also had an older child returned to their care after moving into the building.
- Building community has been one of our biggest priorities. Our Staff create regular opportunities for Clients to come together, formally and informally, to support and learn from one another, to explore the type of community they want to be a part of, and to develop positive relationships with natural supports. The importance of this community building can be seen in many ways, but perhaps most strikingly by the informal peer support we see in our communal space on a regular basis.
- The importance of community and the relationships built at Pregnancy Pathways can also be seen in the number of women who have stayed in contact with Staff after leaving the program. The women who return have sought support with things like problem-solving issues with housing or natural supports, applying for treatment programs, and addressing food insecurity, but have also often simply sought companionship and the comfort of knowing those at Pregnancy Pathways still care about them. They often speak of the significance of the relationships they made while living at Pregnancy Pathways, with other Clients and staff alike.
- We obtained funding from Homeward Trust Edmonton for an evaluation of the early work of Pregnancy Pathways; the report “[Housing Intervention for Pregnant or Early Parenting Women who are Precariously Housed](http://homewardtrust.ca/what-weve-learned/reports-publications/)” can be found at <http://homewardtrust.ca/what-weve-learned/reports-publications/> An excerpt from the concluding discussion of that report helps illustrate the insights, impacts and challenges seen in the early period of the program:

When the women first joined Pregnancy Pathways, they were just relieved to have stable housing while pregnant, focusing on shifting their substance use and becoming mentally and physically healthy. Over time and being part of a stable access to housing, the women were able to start dreaming of future possibilities for themselves. These possibilities included: finishing school, finding employment, or being in a position to care for themselves and their newborn. They too dreamt about reconnecting to their cultural roots and to identities. Some of the insights gleaned from the

women pointed to a change from a life of indifference and difficulties to wanting more for themselves and their children. Hughes and colleagues (2017) have established a positive correlation with people who have experienced trauma and addictions. The women in this study, described substance use, alcohol and smoking as ways of coping with street life and homelessness and an escape from boredom and past trauma. While a housing model with a harm reduction approach worked for many, some women would have preferred to move into drug-free housing for their children's well-being. For some, this became important during their time at Pregnancy Pathways and was something some of the women worked towards. Most women we interviewed had many positive experiences and insights and were grateful that they were able receive supportive housing; yet many felt that the duration of the program needs to be extended to support them in achieving their dreams. It is important to note that Pregnancy Pathways was only recently established in Edmonton and has evolved since its inception – there have been many learnings along the way on how best to engage with and support women and children who face complex, impactful, and detrimental consequences of their everyday realities. Additional studies are currently under way to show these learnings. Caine, V., Singh, A., et al, (2019) "Housing Intervention for Pregnant or Early Parenting Women who are Precariously Housed" <http://homewardtrust.ca/what-weve-learned/reports-publications/>

We have been able to discuss learnings from this evaluation, and from the frontline experience at Pregnancy Pathways, in a number of forums including a presentation at the Canadian Alliance to End Homelessness Conference, held in Edmonton in November 2019.

- We have had a challenge with respect to the availability of suites for new Clients. Our housing provider has experienced prolonged delays in being able to ready suites for occupancy after a Client leaves the program. Unfortunately, this has significantly impacted our ability to bring new women into the program in 2019, with smaller than expected Client numbers for much of the year.
- Indigenous cultural teachings and ceremony can play an important role for women of many backgrounds; many of our Clients, some who self-identify as Indigenous and some who do not, have embraced opportunities to engage in Indigenous cultural teachings and ceremony. Smudging is always available to our Clients, and many Clients also participated in various other ceremonies and cultural activities, including pow-wows, round-dances, sweat lodges, pipe ceremony, medicine picking, and sewing moss bags.
- Stakeholder relationships are key to fully support women at Pregnancy Pathways. Our Staff work hard to build good relationships and trusting communication with Children's Services, the Bent Arrow Traditional Healing Society, Alberta Health Services, the HER Program and others so that our Clients benefit from collaboration in service delivery.
- We have also worked to help women in the program develop stronger relationships with others in the community; we are particularly proud that some of the women were able to develop new and trusting relationships with the Edmonton Police Service and Children's Services through active and supportive engagement with Pregnancy Pathways staff.

- Daily, we see the impacts of trauma experienced by our Clients, who often struggle with substance use, emotional dysregulation, impulsivity, challenges in relationships, and other disruptive trauma symptoms. Staff have received training in helping people manage the impacts of trauma, such as the Family Wellness Initiative training (Adverse Childhood Events), grounding techniques and others, and we have been able to connect Clients to resources such as BMHC's Psychologists, counselling with Aboriginal Psychological Services and the Women's Empowerment Program at the Elizabeth Fry Society.

- Many Clients have shared with us the difference Pregnancy Pathways has made to them.

"There's no other program like this one. This program is new and it's amazing what these people do for us. I had a bunch of Court dates and stuff – my kid was going to be apprehended from me but they made it possible so that he wasn't going to be. So without you guys, the program wouldn't be here. Without them, I wouldn't be the same as I am now. I wasn't the best person when I moved here. But now I don't even, like, cross the street without pressing the button, you know. That makes a big difference for me."

(this can be heard in Madison's own voice on Youtube in the video 'Pregnancy Pathways – Madison')

More feedback is find in some Client quotes taken from Caine, V., Singh, A., et al, (2019) "Housing Intervention for Pregnant or Early Parenting Women who are Precariously Housed" <http://homewardtrust.ca/what-weve-learned/reports-publications/> :

"I connect with a lot of the ladies here actually, you know? I had to put my drawers together last night and I was burning out and tired and I was struggling for like 25 minutes. I was actually confident enough to ask the staff for help because they're trusting, they're non-judgmental and I didn't have to worry about anything and 5 seconds and she was done."

"They really helped me with a lot of resources that I didn't have before. They set me up with the apartment here, which was a really big help 'cause it seemed like once I had a home, baby came within the next few days, so that was a big relief. ... Well it was good help from them, it was positive because they brought me back to my culture. I got to go to sweats with them, with the ladies. I know what I have do. It's just that I get frustrated and my anxiety and stuff, so it's good that I have them 'cause I have [staff member 2]. Like they led me in the right direction and that's a lot of what I needed."

"I didn't like women my whole life. ...The fact that I can be in a building with girls I've been incarcerated with, in group homes with, have used with, have been in bad situations with and it be OK and then have the experience of getting really close with the women that work here too is awesome."

"Well [staff member], the one day, she sat and she questioned me for over an hour, and made me think about why I wanted to get stoned and what the outcome was going to be, and how it was going to help me... and really it wasn't going to help me, it was just going to help me run away. By the time she was done questioning me, I was like, OK screw it, I don't even want it, like I'm just going to go back to bed. So that helped."

## Client and Referral Statistics

November 2017 to December 2019

### Referral Outcomes

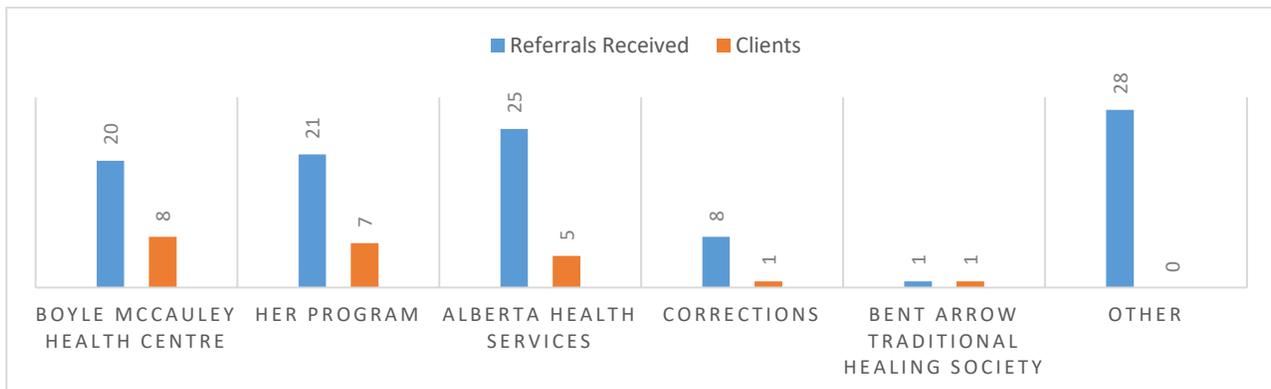
	Referrals Received	Clients Accepted	Declined	Pending Referrals
Nov '17-Dec '18	60*	12	43	
Jan '19-Dec'19	43	10	33	
Total	103	22	76	5

### Reasons for Declining Referrals

	Referrals Declined	Infant Born Before Referral Process Completed	Woman's Choice	Referral Agent Lost Contact with the Woman	Not a Fit for Program*	Other
Nov '17-Dec '18	43	13	8	9	9	4
Jan '19-Dec'19	23	5	7	6	7	8
Total	76	18	15	15	16	12

\* Common reasons for a woman not being a fit for the program include that a Harm Reduction environment was not supportive of where she was at with respect to substance use, and/or that there were safety considerations, such as gang affiliation, that could not be mitigated

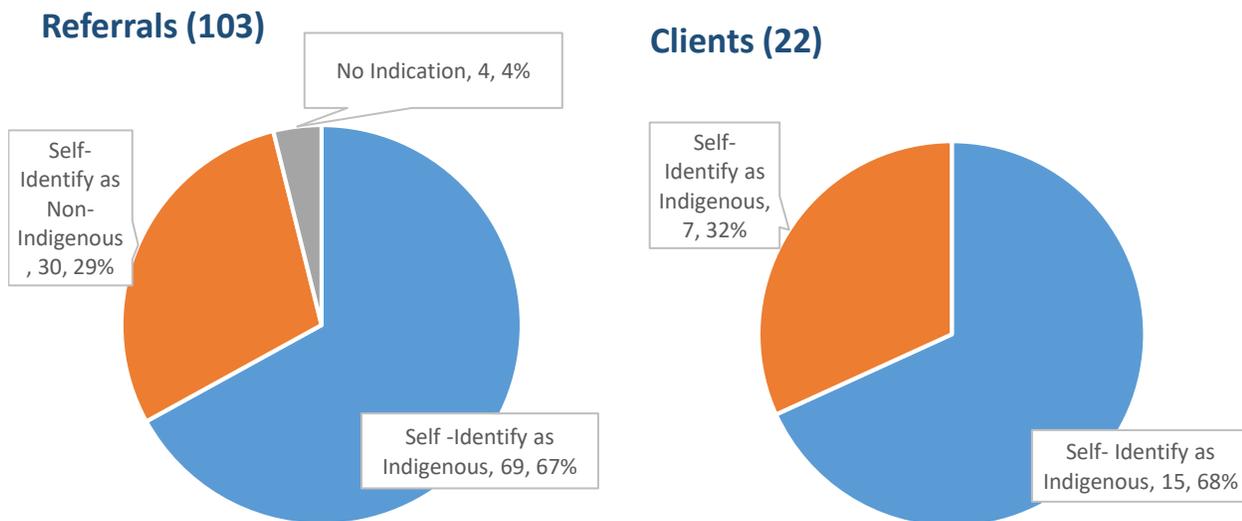
### Referral Sources



## Age

	Average Age	Age Range
Referrals	28	17-44
Clients	28	19-40

## Individuals Self-Identifying as Indigenous



Reflection: As anticipated, a significant majority of our Referrals and our Clients self-identify as Indigenous, emphasizing the importance of ensuring Indigenous cultural supports are engrained into service delivery.

## Income Source

- 18 Clients have been financially supported by Alberta Works (Income Supports)
- 3 Clients have had support through Support and Financial Assistance Agreements after aging out of foster care
- 1 Client has been financially supported by Assured Income for the Severely Handicapped (AISH)

## Children Served

- 19 infants were born to Pregnancy Pathways Clients (14 boys, 5 girls)
- Three Clients have also had an older child move into their suite at Pregnancy Pathways

## Length of Time in Program Before Delivery

- 64 days on average
- Range of 20-163 days

Reflection: The average length of time in the program before delivery has increased from 30 to 64 days, and the longest time in the program before delivery increased from 55 to 163 days. This is a very positive trend, as we see a lot of benefit in engaging with women earlier in the pregnancy to build relationship and stability prior to a woman having her baby.

## Exits

Sixteen Clients have exited the program, under the following circumstances:

- 12 Clients “graduated”
  - 3 Clients moved into housing ‘independently’ without housing supports in place
  - 2 Clients moved to affordable housing with Capital Region Housing
  - 3 Clients transitioned to Housing First programs
  - 2 Clients moved into other housing with SAFAA supports (support for those who have aged out of foster care)
  - 1 Client moved into a long-term treatment program
  - 1 Client declined assistance with housing, appears to have returned to homelessness
- 2 Clients were involuntarily discharged following eviction from the building
- 1 Client voluntarily discharged herself from the program as part of a plan with CFS
- 1 Client passed away

Clients have been in the program between 44 and 437 days, with an average of 281 days and a median of 284 days (nearly 9.5 months) prior to exit.