**Policy and Procedures Manual**Name of your organization here

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**Introduction**

[Give a brief introduction about your organization and [Your Home]]

[Your Home Name] Policy and Procedures Manual is intended to provide guidance, support, and clarity regarding the day-to-day operations of [Your Home]. It applies to all youth living in [Your Home], regardless of age. Since no manual can provide advice on every situation, it is not intended to replace the use of good sense and problem-solving abilities. This manual is a living document that will be updated and revised as needed. We hope that this manual helps to make [Your Home] a healthy and healing home for 2SLGBTQ youth and that it also serves as a useful resource for similar homes being created across Canada.

For a glossary of common terms and definitions, please see Appendix A of this manual.

# 1. NON-DISCRIMINATORY POLICY AND PRACTICE GUIDELINES

## Background

In Canada, 2SLGBTQ youth experience higher incidents of homelessness than their non-2SLGBTQ counterparts. Research also indicates that:

* In Saskatoon, 40% of 2SLGBTQ youth have experienced homelessness or faced barriers to housing;[[1]](#footnote-1)
* Two Spirit and Indigenous queer youth are at greatest risk of homelessness;[[2]](#footnote-2)
* 2SLGBTQ youth identify the primary reason for homelessness as family rejection due to gender identity or sexual orientation;[[3]](#footnote-3) and
* 2SLGBTQ homeless youth face higher rates of discrimination, violence and abuse in shelters and foster homes than their non-2SLGBTQ counterparts.[[4]](#footnote-4)

[Your Home Name] was developed to reduce these social determinants of health, as well as to ameliorate the barriers faced by 2SLGBTQ youth in [your location]. With a vision of enabling 2SLGBTQ youth to live healthy lives, [Your Home] provides a safe haven that is free of homophobia, free of transphobia, and where youth are free to be whomever they want to be. [Your Home] provides space for youth to be empowered agents of their own lives.

## Guiding Principles

[Your Home] is governed the following guiding principles:

[Please insert your own guiding principles associated with your organization or home]

**Acceptance:** of all people exactly as they are;  
**Respect:** for others and ourselves by valuing our differences and treating all  with dignity;  
**Cultural Humility:** through acknowledging the limits of our own cultural perspectives and being open to learning from the experiences and cultural expressions of others;  
**Hospitality:** through creating a welcoming, compassionate, and safe space for 2SLGBTQ youth, their families, their friends, and their allies;  
**Harm Reduction:** through non-judgemental services that respect the self-determination of 2SLGBTQ youth;  
**Equality:** of all people. Valuing all regardless of gender identity, sexuality, sex, race, culture, ability, and socio-economic status; and  
**Social Justice:** advocacy for the equity of 2SLGBTQ youth.

## Guiding Policies

* [Your Home] commits to providing the highest quality of services to youth regardless of their actual or perceived race, ethnicity, sex, immigration status, disability, national origin, sexuality, gender identity, or expression;
* 2SLGBTQ youth living at [Your Home] shall receive fair and equal treatment, without bias and in a professional and confidential manner based on principles of sound professional practice;
* [Your Home] employees and mentors, as well as volunteers, community partners, and contractors that offer services to youth living at [Your Home] shall not discriminate against or harass any youth in their care based on a youth’s actual or perceived sexuality, gender identity or expression, or any other categories;
* [Your Home] employees and mentors shall protect youth from discrimination, physical and sexual harassment or assault, and verbal harassment by other youth, based on a youth’s actual or perceived sexuality, gender identity or expression, or other protected categories; and
* [Your Home] will take all reasonable steps within its control to meet the diverse needs of all youth living in [Your Home] and provide an environment in which all individuals are treated with respect and dignity, regardless of sexuality, gender identity or expression, or other categories.

## Practice Guidelines

These guidelines are founded upon [Your Home’s/Organization’s] guiding principles, and frame the 2SLGBTQ inclusivity of [Your Home]’s supports, organizational policy, and program. [Your Home} Staff are encouraged to embrace these guidelines as they work to support 2SLGBTQ youth.

|  |
| --- |
| We recognize 2SLGBTQ youth face a high risk of discrimination and abuse due to sexuality, gender identity and/or gender expression. |
| We recognize transgender or gender variant youth face the highest risk of experiencing discrimination and abuse among 2SLGBTQ communities. |
| We respect and accept the self-defined sexual orientation, gender identity and gender expression of youth, including their name and pronoun. |
| We use 2SLGBTQ inclusive language when addressing youth, [Your Home] staff and mentors, [Your Organization] staff, board members, volunteers, and external stakeholders. |
| We support each youth from an intersectional lens to ensure unique needs are understood and met. |
| We foster an inclusive culture of support by ensuring [Your Home] staff and mentors, [Your Organization] staff, volunteers, board members, and stakeholders are informed of the needs of 2SLGBTQ youth. |
| We value being an ally as part of a work and service environment that is affirming and inclusive of 2SLGBTQ youth. |
| We prioritize continuous learning as part of our approach to supporting 2SLGBTQ youth. |
| We employ data collection practices that inform ongoing program improvements. |
| We support policies that align with the prohibited grounds for discrimination within the Saskatchewan Human Rights Code, and which prohibit the refusal of service on the basis of gender identity or sexual orientation. |
| We recognize that homophobia and transphobia prevent the inclusion of 2SLGBTQ youth. |
| We provide information on, seek out, and refer youth to 2SLGBTQ-affirming and inclusive supports. |

# 2. THE CHILD AND FAMILY SERVICES ACT

**Policies and procedures for [Your Home] are guided by *The Child and Family Services Act of [Your Province].***[[5]](#footnote-5)

***\*\*The following are for Saskatchewan***

Note: for the purposes of this manual, “child” also refers to “youth.”

Section 4 of *The Child and Family Services Act*, “Child’s Best Interests,” states that where a person or court is required by any provision of this Act other than subsection 49(2) to determine the best interests of a child, the person or court shall take into account:

(a) the quality of the relationship that the child has with any person who may have a close connection with the child;

(b) the child’s physical, mental and emotional level of development;

(c) the child’s emotional, cultural, physical, psychological and spiritual needs;

(d) the home environment proposed to be provided for the child;

(e) the plans for the care of the child of the person to whom it is proposed that the custody of the child be entrusted;

(f) where practicable, the child’s wishes, having regard to the age and level of the child’s development;

(g) the importance of continuity in the child’s care and the possible effect on the child of disruption of that continuity; and

(h) the effect on the child of a delay in making a decision.

# 3. [YOUR HOME]’S YOUTH CENTRED APPROACH

## Overview

[Your Home]’s youth centred approach promotes the active participation of youth in the decisions that affect them and their transition from adolescence to adulthood and successful independence. This approach relies on the commitment of adults to power-share with young people and to allow youth to maintain control over their lives as much as possible. This approach, in turn, builds the commitment of young people to maintain a safe home and to engage in positive behaviours that allow them to move toward independence.

[Your Home] assists youth in making positive changes by offering them safety, supports, belonging, and continuity within a community-based environment. The youth centred approach utilizes voluntary engagement with the youth as the foundation of the service. This approach allows the youth to feel autonomous and responsible for the decisions that they make in [Your Home]. Since the youth are invested in [Your Home] and want to remain there, they become active participants in ensuring safety for themselves and others and strive towards making positive change. (For more information about the youth centred approach, please see Appendix B, Youth Engagement, “Nothing about us without us”).

[[Your Home]] provides safe and stable housing in a manner that serves as the foundation for youth to receive the services and supports (e.g. physical safety, educational/vocational, positive relationships, life skills, developed identity, emotional healing/mental health, employment links, and connection to community) that will assist them in achieving full community citizenship and independence.

## Key Concepts of [Your Home]’s Youth Centred Approach

***A. Rights of the Child***

[Your Home]’s youth centred approach is consistent with the United Nations “Convention on the Rights of the Child, 1989” which articulates children and youth’s rights to non-discrimination; to well-being; to survive; to develop to the fullest; to protections from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. Children and youth also have the right to exercise their own rights and to have their views respected.

***B. Basic Expectations***

[Your Home] is governed by values that form safe and logical boundaries. The primary responsibility for upholding the expectations resides with the youth. The expectations include: respect for self and others; keeping self and others safe (no violence or weapons) in [Your Home]; no alcohol or drugs in [Your Home]; sharing in the operation of running [Your Home]; motivation to make positive lifestyle changes; participation in mental health and addiction programs (if necessary); and participation in an educational program, volunteer work, and/or employment.

***C. Voluntary Engagement in a Supportive Environment***

[Your Home]’s youth centred approach places high importance on youth voluntarily agreeing to live in a family type environment where they are given the opportunity to learn how to make good decisions. Youth must agree to the basic expectations in order to live in [Your Home]. Even when youth agree to live in the home, it is understood and accepted that they will make mistakes and poor decisions. This may be described as a relapse but is also understood to be normal adolescent behaviour. Repeated relapses and poor decisions may result in the youth, with assistance from [Your Home] staff and mentors, making a decision to either align behavior with expectations or choose to leave [Your Home] until they are ready to abide by the basic expectations.

[Your Home] staff and mentors recognize that they must balance the need to promote a nurturing and empathic environment in which youth are able to make appropriate decisions, with the need for safety in [Your Home] and fair evaluation of when safety of the residence is being compromised. Relapses can be tolerated within the approach until the relapses are assessed as jeopardizing the safety of the youth, the group, or the [Your Home] staff and mentors.

***D. High Expectations of Change***

[Your Home] Staff and mentors are required to have a positive outlook toward the youth’s worth and capacity to succeed. As such, they should offer the support necessary for youth to be successful in [Your Home] and the community by achieving their desired goals and working towards successfully attaining independence.

Although the expectations that govern [Your Home] may be basic, for many youth adherence to these expectations constitutes a significant commitment to making fundamental changes in their lives. In order to remain in [Your Home], youth must commit to change, as well as internalize and sustain those changes. It is critical that [Your Home] staff and mentors help instill the belief that fundamental change can and will be achieved.

(Please see Appendix D: *[Your Home]’s Theory of Change* and Appendix E: *[Your Home]’s Transtheoretical Theory of Change*)*.*

***E. Safety***

Safety is promoted by providing youth with opportunity, choice, and purpose. The youth centred approach relies upon flexible structure, basic rules, and a voluntary program with no locked doors or physical restraints. This puts the onus on the youth to keep [Your Home] safe. [Your Home] staff will monitor and provide guidance to ensure the process is followed for keeping the home safe. Within this context, the youth are taught how to make choices that will result in safety, independent of the structure, rules and routines of the residence.

A high-functioning peer group, focused on goals and positive relationships with peers and caregivers, is a critical element in ensuring safety within youth-centred homes. A healthy peer culture can result in an environment where youth help each other, as well as challenge and confront each other, in order to maintain a safe and healthy living environment. It is the responsibility of the [Your Home] staff and mentors to understand and influence the dynamics of the group in order to ensure a positive peer culture.

***F. Support for Gender and Sexuality***

2SLGBTQ youth are often unable to find needed supports for gender dysphoria or questions around gender identity, as well as questions around sexuality. [Your Home] staff will ensure that youth are provided with the supports, education, and healthcare that they need. This can include sex education, connection with 2SLGBTQ support groups, access to counsellors and medical professionals who will support gender transition and/or exploration, and advocacy in situations where youth are not provided with full access to these services.

***G. Self-determination***

[Your Home] recognizes that youth are the experts on their own experience. This recognition does not mean that the youth do not need support and guidance, but it ensures that their voices, input, and needs are at the centre of any case planning, case meetings, and consultations.

***H. Youth will be successful with appropriate skill development***

Many youth in care have missed important developmental stages in their lives and have failed to develop critical life skills. An example of this is work skills. Most children are taught from an early age to expect to play a role in the work world. They are made to feel confident by accomplishing progressively more responsible tasks. From delivering papers as a child to working in a fast food restaurant during high school, young people learn firsthand work-place and societal expectations. A significant portion of programming within [Your Home] will be geared toward exposing youth to similar experiences and ensuring that they are provided an opportunity to fulfill achievement of developmental milestones.

More specifically to 2SLGBTQ youth, research shows that all 2SLGBTQ people spend a longer time coming to terms with who they are, hide important parts of themselves from their family and friends, and often endure discrimination and social exclusion throughout their lives. These factors result in an elongated adolescence, increased mental health disparities (particularly anxiety, depression, and suicidal ideation), increased use of drugs and alcohol as a coping mechanism, experiences of ongoing verbal and physical assault, and long-term impacts of trauma. Ultimately these experiences disrupt developmental processes and delay or deny full participation in economic, educational, and social activities.

***I. Permanency***

The provision of service and supports to youth living at [Your Home] under the youth centred approach will continue as long as the mandate to provide services exists and the youth is prepared to accept services. The services and supports that residents receive will differ depending upon the youth’s level of functioning and willingness to meet the expectations of [Your Home].

***J. Attractive option for youth***

2SLGBTQ youth face a wide range of barriers to a healthy and supported transition into adulthood. In particular, they experience social exclusion, bullying, homophobia, transphobia, and heteronormativity. These barriers are compounded for youth who have spent time within the foster system and have not had the experience of having a supportive community of belonging. For many young people, life on the street allows them to feel freedom and control over their lives, feelings they might never have experienced before. For 2SLGBTQ youth, life on the street, or living anonymously in shelters, might offer reprieve from having to hide themselves from family and friends and/or from having to navigate homophobia/transphobia in foster homes or other group housing environments.

Taking these factors into account, [Your Home]’s youth centred approach aims to provide safety, acceptance, freedom, and self-determination within a positive, safe, supported and developmentally beneficial environment. This approach includes providing a sense of belonging, supporting freedom of expression, providing an environment safe from harm, and making connections to a larger community of care (i.e. 2SLGBTQ supportive doctors, nurses, counsellors, mentors, and others). A youth centred approach allows youth to exercise significant control over their environment. Basic expectations within [Your Home] are guided by youth and they are given a level of freedom that is consistent with community standards. Youth are part of the decision-making regarding the amount of freedom that is appropriate to their individual needs. Recreational programming coupled with close relationships to peers and adults, results in a family-like environment that promotes healthy development of the youth sharing in their successes and supporting them in disappointments.

[Your Home] staff and mentors understand that youth may lash out, test boundaries, and regress in behaviour. It is also expected that these reactions are temporary and there are positive lessons to learn from them. [Your Home] staff, mentors, and youth residents generally share a mutual frame of reference about these behaviours and about the short- and long-term effects of gender and sexuality-based discrimination, and this understanding helps to guide constructive conversations about behavioural development.

***K. Community Involvement***

Most youth in [Your Home] have been separated from their communities. A significant precursor to citizenship is a sense of acceptance by the community and comfort within. This extends to all elements of the community, from restaurants and movie theatres to stores, schools, public recreation facilities and health and social services. [Your Home] staff should seek to mentor healthy relationships with the community through educational, recreational and vocational programming. They should also provide advocacy and navigational support when youth are faced with discriminatory healthcare professionals or social service providers. [Your Home] encourages the development of a healthy self-image in youth who feel pride and are actively engaged in their community and work to make [Your city] a safer space for 2SLGBTQ youth in general.

***L. Successfully Managing Families***

The importance of helping to build healthy relationships within families should be promoted and strengthened where possible. Youth often need to learn to navigate relationships with people (often family members) in their lives who may not fully accept them, as well as those who may themselves be marginalized and/or may be negative and harmful influences on them. A youth centred approach teaches youth to maintain an attachment with family without becoming pulled into dysfunctional and abusive relationships. In the process of moving toward healthy social participation, youth begin to recognize negative and harmful family dynamics and to develop strategies to successfully navigate these relationships. The term interdependence reflects an understanding that relationships are not independent of one another, but are interconnected. The goal is for youth living in [Your Home] to achieve a level of interconnectedness that allows them to incorporate past relationships with new relationships.

***M. Create Resiliency***

[Your Home] acknowledges the resiliency of 2SLGBTQ youth. By relying on the principle of resiliency, [Your Home] seeks to provide the environmental conditions needed for youth to build capacity and to realize their own resiliencies. Youth in [Your Home] have typically been subjected to multiple traumas related to discrimination, exclusion, inability to access needed medical interventions, abuse and neglect experienced in childhood, as well as the consequences of such trauma (e.g. drug addiction, sexual exploitation). This trauma is frequently followed by the very damaging experience associated with multiple placements in the child welfare system. Youth need an environment that provides opportunities to learn how to make the decisions they will require as responsible adults. The capacity and resiliency of 2SLGBTQ youth is dependent upon:

providing opportunities within the community for meaningful participation and building positive connections:

* expressing themselves fully (in regard to their gender and/or sexuality) and being free to have healthy love relationships and friendships with people whom they choose;
* living in a home where they are safe from harm and free from discrimination;
* being exposed to and learning the boundaries necessary to succeed within residential and community settings;
* learning the life skills necessary to succeed at home, in social settings or in the workplace;
* high expectations (shared by both youth and adult caregivers) for success;
* building trust with healthy adults and mentors through mutual participation in activities; and
* unconditional caring, respect, and support provided by responsible adults (although the form that the support might take changes within the model, it remains unconditional).

***N. Ensuring an effective continuum of services through partnerships with community service providers***

There will be situations and individuals who cannot function safely or successfully in [Your Home]. These may include, but are not limited to:

* youth suffering from mental illness that precludes them from functioning safely outside of a hospital or institutional setting;
* youth with addictions issues that pose an immediate health and safety risk;
* youth who lack the cognitive ability required to function safely in the community;
* youth who refuse to participate in their case plan; and
* youth who pose an immediate risk to the health or safety of themselves or others.

In these cases, referrals should be made to the appropriate service to ensure the safety of the youth is maintained.

***O. Culturally appropriate***

Program expectations within [Your Home] are to build and maintain connections to cultural and spiritual traditions, as well as to individuals within the community who practice those traditions and can provide positive experiences for youth. Accessing the services of Elders in order to provide positive support and guidance on cultural issues, assisting with one-on-one counselling, and/or mediating personal and interpersonal conflict through the circling process, are examples of the cultural program options available to youth in [Your Home].

The following table describes the Youth Engagement Mandate that is present in the [Your Home] youth centred approach:

**Table 1: [Your Home] Youth Centred Model**

|  |
| --- |
| **Mandate: Youth Engagement** |
| 1. Youth agree to live in [Your Home] voluntarily |
| 1. Youth are the experts in their own lives |
| 1. Youth are not restrained |
| 1. [Your Home] is provided until youth transition to adulthood (when they turn 22) or are ready for other living arrangements |
| 1. [Your Home] staff have 5-6 basic expectations of youth |
| 1. [Your Home] staff emphasize the need for youth to manage their own behaviour |

# 

# 4. PEER MENTORING IN [YOUR HOME]

[Your Home] is a supported-independent home that is peer mentored. This means that it provides support to youth requiring a moderate level of support, as well as to those who are prepared to live semi-independently. Whenever possible, this support is provided by “peers,” that is, individuals who are 2SLGBTQ or have significant experiences with the 2SLGBTQ community, and/or share some of the life experiences of youth living in the home. Peer mentors serve as positive role models and engage youth in knowledge-sharing, open-ended counselling, and joint problem-solving, without taking a form that is overly proscriptive.

Peer-mentoring in [Your Home] is provided by the live-in mentor, [Your Home] staff, and volunteers. The following table describes components of the [Your Home] Peer Mentored Model:

***Table 2: [Your Home] Semi-Staffed, Peer-Mentored Model***

|  |
| --- |
| [Your Home] is located in a residential neighbourhood |
| Maximum of five youth live in [Your Home] with the option of an emergency bed, if needed |
| Youth require complex support from [Your Home] staff and mentor |
| [Your Home] staff provide supports that address the specific needs of 2SLGBTQ youth |
| Mentor lives in [Your Home] and provides emergency and peer support in evenings and weekends. Mentor has on-call support from [Your Organzaiton] staff as needed |
| [Your Home] is a voluntary program for youth – they can choose to leave at anytime |
| Youth choose what type of support to receive |
| [Your Home] staff and mentor are well-trained and educated in harm reduction, holistic, feminist practices and trauma-informed care |

# 5. SCREENING PROCESS

## Policy

[Your Organization]’s Housing and Support Services Manager and the [Your Home] Coordinator shall develop and maintain a clear screening process for the placement of youth in [Your Home].

## Standards

The screening process should include a visitation with the youth and, when possible, any relevant referring agency.

## Practice Guidelines

The screening process serves several purposes. The process allows for initial engagement to be made with homeless youth in the community. Once contact has been made, [Your Organization]’s Housing and Support Services Manager and the [Your Home] Coordinator shall determine if individuals meet program eligibility requirements. From there, a system of prioritization is developed in order to place youth with the highest needs into [Your Home]. (A Screening Form can be found in Https://law.usask.ca/socialinnovationlab/housingtoolkit/toolkit of this manual.)

**Procedures**

The following eligibility requirements should be assessed by the [Your Home Coordinator and the Housing and Support Services Manager during the screening process:

**Housing Status**: Is the youth homeless? Chronically? Episodically?;

**Vulnerability Status:** What is the youth’s level of vulnerability (physical health, mental health, substance use)? Is the youth at risk of harm to self or others?;

**Service Use**: Is the youth a high service user?;

**Severity of Need**: What is the youth’s severity of need (low, moderate, high)?;

**Compatibility with Other Youth**: Will the youth be a good fit with the other youth already living in [Your Home]?; and

**Further Assessment**: Does the youth require further assessment or assistance?

# 6. INTAKE PROCESS AND RELATIONSHIP BUILDING

## Policy

It is essential for the [Your Home] Coordinator and other staff to establish a relationship of openness and trust with youth who come to live in [Your Home].

## Procedures and Guidelines

The following set of procedures and guidelines provides steps on how the [Your Home] staff can create a welcoming, inclusive and affirming relationship with youth in [Your Home].

1. Use the inclusive intake form found at Https://law.usask.ca/socialinnovationlab/housingtoolkit/toolkit to intake all youth. Using an inclusive intake form signals to the youth that the organization is supportive and respectful of their gender identity. Intake forms should provide a list of gender identities and pronouns to choose from, with the option to not disclose this information. Intake forms should also record both a youth’s legal and chosen name.
2. In all intake scenarios, provide youth with information on why gender, legal/chosen name and sexual orientation information is being recorded and how that information will be used.
3. Respect the confidentiality of a client’s name, gender identity and sexual orientation and ensure that this information is only shared with their consent. Our best practice is to ask which internal and external stakeholders this information can be shared with.
4. During the intake meeting, offer youth the option to discuss specific 2SLGBTQ resources and supports that are available. In particular, explain what supports and services are available at [Your Organization]: social groups, peer and support counseling, sexual health clinic, Queer library, educational programming, support groups for the families of 2SLGBTQ youth, planned events, etc.
5. Provide youth with the link to the [Your Organization] 2SLGBTQ Resource List: [Your resource website link].
6. Be prepared to provide referrals to appropriate 2SLGBTQ resources and services that are external to [Your Organization]. Build strong working relationships with staff of external organizations to ensure any referrals made provide the quality of supports that meet the youth’s needs. Supports that meet the needs of 2SLGBTQ youth may include: medical professionals for transgender youth who are transitioning; mental health and addictions counsellors that are 2SLGBTQ inclusive; specific culture or religious supports, such as faith-based organizations or support groups for two-spirit and/or youth of colour; supports for youth who are questioning, transitioning or coming out; and supports for the parents and families of youth who are questioning, transitioning or coming out. In cases where external supports may not be supportive, attend meetings with the youth (with their permission) to serve as a healthcare navigator.
7. Facilitate discussions about relationships (partners, friends or family) in a way that affirms each youth’s identity. Affirm the youth’s right to choose the type of relationships they would like to have, and with whom. An 2SLGBTQ youth’s relationships may not align with the norms modelled by cisgender and heterosexual relationship standards. Employ inclusive gender-neutral language that is meaningful to the youth when discussing those relationships.
8. Frame discussions about sexuality within a sex-positive approach. Using a sex-positive approach helps assure 2SLGBTQ youth that they are not judged or discredited for their sexual choices. It also recognizes and respects their sexual rights; their experiences with sexuality (which may have been positive or negative); and the diverse nature of sexuality.
9. Help enhance the youth’s connections and relationships to supports such as family, friends and the 2SLGBTQ community. This approach helps youth build strong, long-lasting relationships that will support them beyond their interaction with [Your Home] and [Your Organization].
10. Take an intersectional approach when supporting youth in [Your Home]. This means acknowledging that identity is formed by privilege, oppression, race, class, gender, sexual orientation, history and social environment. Understanding the histories of oppression and privilege that have impacted you and the youth can help inform the process of designing and delivering supports that recognize their experiences more holistically.
11. Recognize that two-spirit Indigenous youth are part of a unique cultural and historical heritage. Since two-spirit is an umbrella term for 2SLGBTQ identities within Indigenous communities, seek to understand the culturally specific role and terms that the youth identifies with. As well, acknowledge that a two-spirit identity intersects with race, gender, sexuality, spirituality and colonization.

# 7. ORIENTATION PROCESS

## Policy

In consultation with [Your Organization]’s Housing and Support Services Manager, the [Your Home] Coordinator will establish and conduct an orientation process for youth that have been accepted into [Your Home].

## Standards

Each youth will be provided with an individual orientation to [Your Home].

## Practice Guidelines

The orientation process may include the following but is not limited to:

* Introduction and description of the roles of the [Your Home] Coordinator, the Mentor, and other staff who work in [Your Home];
* Introduction to other youth who live in [Your Home];
* Tour of [Your Home] and identification of the youth’s bedroom and bathroom;
* [Your Home] expectations (e.g. basic rules of the house re: visitors, drugs/alcohol, etc);
* Operations of the [Your Home] (e.g. daily/weekly routines, household activities, shared responsibilities, etc.);
* Fire Evacuation (and other safety) Procedures;
* Complaint and appeals process;
* A full referral list of emergency and non-emergency community contacts; and
* The Youth’s right to contact the [Your Province] Advocate for Children and Youth ([contact information])

# 8. CASE PLANNING PROCESS

## Introduction

Case planning is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet the youth’s needs in [Your Home]. The plan is developed in collaboration with the youth and reflects their choices and preferences for the services and supports being developed. The goal is to empower the youth and ensure that they are involved in all aspects of the planning and service arrangements.

The case planning approach assumes that the youth will have access to services from a wide range of community partners where the goal is to meet the complex needs of the youth. This approach is based on the understanding that the youth’s needs are best supported by a circle of community partners.

Within this framework and in working with youth, it is the role of the [Your Home] Coordinator to guide the youth toward establishing goals that are realistic and achievable. Goals and outcomes should relate back to making progress in the youth’s case plan and provide recognizable benchmarks along the way that will assist both the youth and the [Your Home] Coordinator to recognize when they are moving in the right direction. Case planning will include tangible and measurable short-term, mid-term, and long-term goals and outcomes.

## Policy

The Housing and Support Services Manager will develop and maintain a standard case planning process. The youth-centred approach guides the case planning process to ensure youth are the focus of the case plan.

## Standards

1. A case plan will be developed with each youth that reflects their stage of engagement and willingness to change, given their unique circumstances, age and personal interests.
2. Following the initial admission conference, the [Your Home] Coordinator will hold planning conferences with the youth on a regular basis.
3. [Your Home] has a format to document the youth’s case plan and will retain it on their file.

## Case Planning Development Guidelines

The case plan will address the following areas in terms of strengths, needs and actions being taken to support positive change in the youth’s life, by the youth, and those involved with the youth and includes:

* Education;
* Employment Skills, Preparation and Engagement;
* Family and Kin Relationships;
* Life Skills;
* Recreational Activities;
* Health, Dental, Optical Needs;
* Mental Health and/or Addiction Needs;
* 2SLGBTQ Medical Needs;
* Service Animal Needs;
* Housing;
* Community Support; and
* Financial Management and Support

**9. DEPARTURE PLANNING**

## Introduction

Youth desire increasing levels of independence from adults. As youth grow developmentally, build confidence, and develop a positive vision of their future, it is expected that they will live in an environment that will support them to realize their vision. In [Your Home], a youth may desire, and be ready to live in an environment where there is more independence and less reliance on adult support. This may include a move to another part of the continuum such as a transition to extended family or independence. Alternatively, there may be circumstances where the youth either chooses to leave or is required to leave due to ongoing disruptive or extreme short-term behaviours that compromise safety and/or the youth chooses to not meet the basic expectations of [Your Home].

## Policy

The Housing and Support Services Manager will develop and maintain departure planning procedures that are congruent with the youth centred approach of [Your Home].

## Standards

1. Regardless of the reason the youth leaves [Your Home] (i.e. whether planned or immediate), the [Your Home] Coordinator will arrange a departure meeting within seven (7) calendar days of the youth departing [Your Home] with the youth (where possible), the referring agency, and where necessary, all other relevant organizations and professionals involved in the youth’s life.
2. The departure meeting will establish the reason for the youth leaving [Your Home], the next housing option for the youth, and any specific tasks that individuals and/or organizations may be responsible for.
3. In the event a departure is immediate, whether the youth chooses to leave or is asked to leave, the referring agency will be contacted immediately to determine next steps (see Procedures in this section).
4. In the event of an emergency that necessitates the immediate removal of a youth, the [Your Home] Coordinator and/or other staff will contact the Mobile Crisis Service.

## Procedures

1. The purpose of a departure meeting is to:

* consider the issues and events that led the youth to move out of [Your Home];
* provide an opportunity for the youth to articulate their expectations, desired goals and how to overcome challenges that may impede success in the future; and
* identify and provide any necessary information to benefit the transition of the youth.

2. The departure procedures include, but are not limited to the following:

* + a strategy that supports the youth in transitioning to their next endeavor;
  + the reasons for departure;
  + the name of the location the youth will be going (e.g. family home, independent living, other);
  + the date and time of departure; and
  + any specific arrangements such as transportation, arrangements for personal property to accompany the youth, etc.

## Practice Guidelines

1. It is the responsibility of the [Your Home] Coordinator and the referring agency to provide information, guidance and recommendations to the youth that will assist them in achieving their goals as defined in the case plan. Those involved with the youth will endeavour to ensure that departures are as planned and as gradual as possible in order to enable the youth to feel in control and to help ensure success or in the event of an unplanned departure, help assist with the transition to a new location as safely as possible.
2. Relapses are typically a process and not an event. The erosion of behaviour and failure to meet expectations is often gradual. In circumstances where a departure is precipitated by a relapse, when applicable the referring agency will be contacted and a contingency plan to address what happens to the youth will be put in place. In cases where outreach services are available, the young person will be connected to ongoing support through the services of an outreach worker. The [Your Home] Coordinator shall indicate to youth that they may return to [Your Home] in the event that they are able to adhere to the basic expectations of [Your Home]. In this way, youth are less inclined to feel abandoned and left with no options.
3. If the [Your Home] Coordinator and the Housing and Supports Services Manager assess that a youth’s behaviours are consistently negative, or if the youth’s behaviour presents a significant safety threat to the youth, peers within [Your Home], or care providers, then a referral on behalf of the youth will be made to an alternate service such as a safe shelter, secure detoxification or an acute psychiatric setting. The [Your Home] Coordinator and the Housing and Supports Services Manager, in consultation with the referring agency, may assist in determining and pursuing these alternative services.
4. For youth who have successfully transitioned to adulthood and independence, [Your Home] will continue to be their family and community. The [Your Home] Coordinator will establish provisions that ensure that youth who have successfully achieved independence are welcome to return to [Your Home] to share a meal or to participate in holiday festivities.

# 10. SAFETY PLANNING WITH YOUTH

## Introduction

Adolescence is a time of exploration, risk taking and experimentation. Youth living in [Your Home] may progress in an intermittent way, which reflects positive development with occasional regression to previous, less positive behaviours and choices. It is important that the [Your Home] Coordinator and other [Your Organization] staff act as role models and teach problem solving skills that help youth make thoughtful and positive choices. This is particularly important when a youth is in a difficult situation. Ideally, youth are equipped with information and/or other items that will assist in preserving their safety as much as possible, given the circumstances they may find themselves in. Thus, it is advantageous to develop safety plans with youth and other key individuals in their lives as a pre-emptive approach to experiencing crisis.

## Policy

A safety plan that is unique to the youth’s circumstances and needs will be developed for each youth.

## Standards

A safety plan will be established with a youth within seven (7) calendar days of admission to [Your Home].

## Procedures

1. The youth will take the lead in developing their safety plan. The role of the [Your Home] Coordinator is to provide information, options and make recommendations that will ensure the plan addresses the unique safety needs of the youth.
2. The [Your Home] Coordinator will discuss circumstances that the youth may encounter that will place their safety (e.g. physical, psychological, etc.) at risk and requires an independent response on the part of the youth, with the primary goal of keeping themselves safe. Appropriate responses should be discussed with the youth in terms of what actions they will take in the circumstances they have identified.
3. The plan may include the following items:

* providing a list of phone numbers including emergency, caregivers numbers, crisis services, caseworkers, schools, and other support services (e.g. Mobile Crisis Service);
* exit strategies (e.g. making arrangements to be picked up, or arranging for a safe ride home);
* developing problem solving methods and other skills that support decision making and the youth’s personal safety (e.g. taking a course such as self-defence, learning how to call a counselor, etc.); and
* a wallet-sized individualized safety plan and list of emergency numbers.

**11. RESPONSE TO SERIOUS INJURIES AND MEDICAL EMERGENCIES**

**Policy**

In case of a serious injury or medical emergency in [Your Home], the [Your Home] Coordinator, Mentor, and [Your Organization] staff will respond immediately.

**Standards**

1. The [Your Home] Coordinator, the Mentor, and [Your Organization] staff must be trained in certified First Aid and CPR courses.
2. An incident report must be completed within 72 hours of the injury or medical emergency. (See Https://law.usask.ca/socialinnovationlab/housingtoolkit/toolkit for form)

**Procedures**

1. In case of a serious injury or medical emergency, the [Your Home] Coordinator, Mentor, and [Your Organization] staff should call 911 (and other relevant emergency contact numbers) and provide immediate First Aid to the extent of their training.
2. If possible, one of them should accompany the affected person in the ambulance and make sure that their health card, information about their meds and allergies, etc. are taken to the hospital;
3. As soon as possible, the [Your Organization] Executive Director and/or the Housing and Support Services Manager should be contacted, as well as any other relevant supports (including social workers, parents, schools, employers, etc).

# 12. RESPONSE TO SEVERE BEHAVIOURS

## Introduction

There may be occasions where a youth demonstrates behaviours that compromise their own safety and/or the safety of others. This may be due to actual behaviour of the youth or from a threat or risk external to [Your Home]. The [Your Home] Coordinator, Housing and Supports Services Manager and Mentor will respond to these situations in a manner that ensures the safety of individuals in the home, the staff and the community.

## Policy

The [Your Home] Coordinator and the Housing and Supports Services Manager will establish local operating policies and procedures to respond effectively to safety issues as a result of severe behaviour or threats.

## Standards

1. The [Your Home] Coordinator, other [Your Organization] Staff, and the Mentor will have access to the local operating policies and procedures of [Your Home].
2. The local operating policies and procedures include, but are not limited to:
   1. de-escalating skills and processes that enhance safety for the youth and staff in [Your Home];
   2. a debriefing process;
   3. a process for documentation.
3. An incident report will be completed and provided to the referring agency (refer to Incident Reporting Policy #23)

## Procedures

1. The [Your Home] Coordinator, the Housing and Support Services Manager, and the Mentor will attempt to de-escalate severe behaviours.
2. The [Your Home] Coordinator and the Mentor will immediately contact additional assistance (the Housing and Supports Services Manager, police) when extreme behaviour escalates to the point where safety can no longer be assured in [Your Home].
3. If a youth’s behaviour continues to present immediate risk or threat that compromises the safety of [Your Home], the youth will be asked to leave the home. When applicable, the referring agency will be notified immediately and, if the youth is a threat to the other members of [Your Home] or the community, the police will also be notified immediately.
4. In situations where the youth refuses to leave, the police will be contacted and [Your Home] staff will remove themselves and other residents from the environment where the threat to safety exists.
5. Physical interventions leading to restraint should be avoided at all times, unless they are required to prevent loss of life.

# 13. RESPONSE TO SELF-HARM AND SUICIDAL BEHAVIOURS

## Policy

The [Your Home] Coordinator and the Housing and Supports Services Manager will develop local policy and procedures to effectively respond to self harm and/or suicidal behaviour.

## Standards

* + - 1. The [Your Home] Coordinator and other [Your Organization] staff will have access to the local operating policies and procedures regarding response to self-harm and/or suicidal behaviour.
      2. The local operating policies and procedures will align with the standardized suicide intervention training course and will include:

1. techniques and processes for managing the safety of individuals who are at risk of self-harm or suicide;
2. a debriefing process; and
3. a process for documentation (refer to Policy #23: Incident Reporting).
   * + 1. The referring agency will be notified immediately of an incident of self-harm that requires major medical intervention or hospitalization or suicidal behaviour for determination of any further assessment and action required, including possible protective measures.
       2. The [Your Home] Coordinator, the Housing and Supports Services Manager, and the Mentor must be trained in a certified or accredited suicide intervention program/course.

## Procedures

1. The [Your Home] Coordinator, other [Your Organization] staff, the Mentor, or other individuals who discover a youth engaging in self-harm behaviour shall immediately notify those deemed appropriate by [Your Home] guidelines.
2. The [Your Home] Coordinator, other [Your Organization] staff, and the Mentor shall take all reasonable measures, including the use of physical intervention, to prevent the youth from engaging in further suicidal behaviour that imminently would result in loss of life.
3. Whenever self-harm occurs, and/or exists as a threat to the safety of the youth, it shall be taken seriously. A mental health practitioner or trained personnel will assist in case planning.
4. When applicable, the referring agency must be notified immediately to determine appropriate service to support the youth.

# 14. CONTRABAND AND SEARCHES

## Introduction

It is expected that the [Your Home] Coordinator and the Mentor will promote a home environment where personal room searches are unnecessary due to the relationship with the youth, the youth’s investment in [Your Home], and their desire to keep everyone in the home safe (a reasonable condition for remaining in [Your Home]).

Conducting room searches of youth in [Your Home] is not recommended and is only to be used in very exceptional circumstances. Room searches are required in cases where they are requested by the youth who resides in the room or when safety has been or may be compromised.

## Policy

The Housing and Supports Services Manager will establish procedures for conducting room searches and managing situations where contraband is found that is consistent with a youth centred approach.

## Standards

1. Room searches are only conducted in very exceptional circumstances, where there is strong evidence that a youth is likely to have items (e.g. drugs, weapons) that if used, will create significant risk to themselves and/or others.
2. Personal body searches are not permitted.
3. Police are not to be contacted unless there is significant evidence that a criminal offence has occurred.

## Procedures

1. If it is strongly suspected that a youth has brought contraband into [Your Home] that will reasonably jeopardize their safety or the safety of others in the home, the [Your Home] Coordinator and the Housing and Supports Services Manager will engage the youth in a discussion about this possibility and how the situation can be responsibly resolved.
2. The youth shall be engaged and asked if there is anything in their room that they should not have and, if so, will be asked to provide it to the [Your Home] Coordinator.
3. If the youth does not willingly provide the item/s, they will be asked if they would like to join the [Your Home] Coordinator in “looking around” their room (language should be friendly in a Youth Centred approach. One should avoid using language such as “search” when engaging with youth).
4. If the youth does not wish to participate, the [Your Home] Coordinator will continue to “explore” the room with the youth present (if possible). The “search” will be conducted with respect and dignity of the youth. When completed, the room shall remain as it was originally found.
5. If there is legitimate reason, such as safety, additional assistance may be requested of another adult to assist in exploring the youth’s room.
6. In the event contraband is found, the [Your Home] Coordinator will discuss with the youth that it is not appropriate and will determine next steps.
7. If the [Your Home] Coordinator determines the youth will be required to leave the home, the referring agency must be contacted immediately

**15. RESPONSE TO VIOLENCE OR THREATS**

## Policy

It is expected that the risk of violence and threats to [Your Home] will vary, depending on the situation. Although the [Your Home] Coordinator, Mentor and [Your Organization] staff cannot anticipate or plan for every type of threat, there are some basic guidelines and procedures that they should follow to help prevent violence in [Your Home].

**Standards**

1. The [Your Home] Coordinator, Mentor, and [Your Organization] staff will be aware of the workplace violence policy in the [Your Organization] Employee Manual, which primarily addresses interactions between coworkers.
2. The [Your Home] Coordinator, Mentor, and [Your Organization] staff, volunteers, and youth living in the home must be made aware that weapons are forbidden in [Your Home] and all [Your Organization] programs.
3. [Your Organization] and [Your Home] staff should not have spouses, significant others, or other acquaintances in [Your Home] without prior approval from the [Your Home] Coordinator.
4. Strangers must not be allowed into [Your Home] without verifying their identity.
5. All threats of violence must be reported to the [Your Organization] Executive Director, and as appropriate, to the police.

**Procedures**

To help promote a safe working/living environment in [Your Home], the [Your Home] Coordinator, Mentor, and [Your Organization] staff should follow these guidelines and procedures:

1. Be aware of your surroundings while in [Your Home] and in the community.
2. Pay attention to people who seem out of place, suspicious, or are paying extra attention to staff, the mentor, and/or youth in [Your Home] and in the community.
3. If something suspicious is observed while out in the community, remain calm, remove [Your Home] youth from the immediate area, and report it to [Your Organization] Executive Director.
4. Report any other concerns regarding suspicious behaviours towards the youth to the [Your Organization] Executive Director.
5. If a youth living in the home reports a concern, investigate it and report it to the [Your Organization] Executive Director.
6. Verify the identity of strangers before allowing them into [Your Home] (i.e. police officers, maintenance providers, individuals providing service calls). Ask for photo identification and verify if it is appropriate for the visitor to be in the home.
7. After dark, ensure all doors in [Your Home] are locked and all curtains/blinds are closed.
8. Report any threats made against [Your Organization]/[Your Home] staff members or [Your Home] youth to the [Your Organization] Executive Director and police immediately.
9. If a threat is made and/or you perceive an immediate danger to the welfare of the [Your Home] youth and staff, ensure all youth and staff are accounted for and doors are locked while calling 911. Contact the [Your Organization] Executive Director as soon as possible.
10. Although the risk of a biochemical or terrorist threat to [Your Home] appears extremely low, follow the instructions of local authorities if a threatening situation or crisis has been identified. If you must evacuate [Your Home], follow the fire evacuation procedure for [Your Home], as indicated on the wall in the kitchen.
11. In the event of a bomb threat, immediately evacuate all persons from [Your Home] and transport them to an alternate location ([Your Organization], if possible.) While enroute, have someone (not the driver if you are in a vehicle) notify the police of the threat and inform them of your designated alternate location. Contact the [Your Organization] Executive Director at first opportunity.
12. In the event that an evacuation from [Your Home] is necessary due to such threats, stay with all youth from the home at an alternate location until the police indicate that it is safe to return.

# 16. FIRE SAFETY

## Policy

The Housing and Supports Services Manager will establish a written fire evacuation plan guided by the Fire Prevention Act 1992 and approved by a local fire commissioner.

## Standards

1. [Your Home] will conform to fire safety standards established by the local fire commissioner.
2. A household fire evacuation plan will be developed for [Your Home] and posted in prominent areas (e.g. kitchen) of [Your Home] to ensure individuals in the home are aware of how to evacuate it. At a minimum, the plan will include:

* actions to take in the event of a fire;
* location of necessary equipment (e.g.mounted fire extinguishers on every level);
* instructions on how individuals exit from various locations in [Your Home] and where to meet upon exiting;
* consideration of individuals who require assistance (e.g. infants, toddlers, people with disabilities);
* equipment that may be required to safely exit the home (e.g. rope ladder to exit second floor)
* immediate notification to alert the local fire department.

1. The fire evacuation plan will be practiced by all new residents in [Your Home] and as established by the local fire commissioner, but at a minimum of every three months. Each practice will be documented.
2. Individuals in [Your Home] will be able to demonstrate their knowledge of the fire evacuation procedures.
3. Up to date emergency telephone numbers including fire, police, medical, ambulance and poison control are clearly written and readily available by the landline telephone.

## Practice Guidelines

The [Your Home] Coordinator, the Housing and Supports Services Manager and the Mentor should review the information pertaining to life and fire safety contained on the web-site prepared by the Office of the Fire Commission, in order to remain current on life and fire safety regulations.

**17. SAFETY PLANNING FOR NATURAL DISASTERS AND OTHER EMERGENCIES**

**Policy**

The Housing and Support Services Manager will develop and maintain a plan related to natural disasters and other emergencies that may affect [Your Home].

**Standards**

1. A plan for natural disasters and other emergencies will be developed for [Your Home] and posted in prominent areas (e.g. kitchen) of the home to ensure that individuals in the home are aware of how to respond. At a minimum, the plan will include:

* actions to take in the event of a tornado, severe thunderstorm, lightning, flood, power outage, water shortage, heavy snow and/or blizzard, heating failure, carbon monoxide alarm, natural or propane gas leak, poisoning;
* consideration of individuals who require assistance (e.g. infants, toddlers, people with disabilities); and
* equipment and supplies that may be required in [Your Home] (e.g. emergency radio, emergency kit, emergency food and bottled water supplies, flashlights, batteries, blankets, shovel)

1. Individuals in [Your Home] will be made aware of this plan and be able to demonstrate their knowledge of the plan.
2. Up-to-date emergency telephone numbers including police, medical, ambulance, poison control, [Information pertaining to your location ie. Power company] are clearly written and readily available by the [Your Home] landline telephone.

# 18. TRANSPORTATION

**Policy**

These policies and procedures apply to all vehicles owned by [Your Organization]. Only [Your Organization] staff are permitted to drive [Your Organization] vehicles. All drivers must submit their license for approval prior to driving an [Your Organization] vehicle.

Any approved staff who drive an [Your Organization] vehicle is covered through the organization’s auto insurance policy. However, any and all driving infractions are not covered by the organization and will be at the cost of the individual who is driving the vehicle at the time of the offence.

**Standards**

* All drivers who use either [Your Organization] vehicles or their own vehicles to conduct business for [Your Organization], shall have a valid operator’s license, be insurable under the employer’s insurance policy, have proper and adequate automobile insurance, and meet the criteria described below.
* Staff and drivers agree to advise the [Your Organization] Executive Director of any traffic violations/tickets or other citations involving an automobile in which staff or driver are found to be responsible, at fault, or guilty.
* An employee who becomes incompetent to drive will not be permitted to drive [Your Organization] vehicles.

**Safety Procedures**

***Seat belts***

* The driver of each vehicle is responsible for the safety of the passengers. All occupants in any vehicle must be properly restrained using restraint systems, any time a vehicle is in motion

***Smoking***

* Due to the safety hazard and out of consideration for non-smokers, smoking while in an [Your Organization] vehicle is prohibited.

***Vehicle Speed and Parking***

* In order to ensure the safety of clients, all [Your Organization] vehicles must travel at or below the posted speed limits. [Your Organization] staff, whether transporting clients or not, are expected to comply with local speed limits and parking regulations. Defensive driving must be practiced at all times.

***Vehicle Condition and Operation***

* The driver shall be responsible to report any mechanical or structural problems encountered with the vehicle.
* Drivers are responsible for cleaning the interior of the car after use.

***Cell Phone Use:***

* Cell phones should not be used by drivers while the vehicle is in motion. In an emergency, other staff in the vehicle should make any necessary phone calls, or the driver should pull to safety at the side of the road, or in a parking area, before placing a call. Use of cell phones for personal business is not permitted while operating an [Your Organization] vehicle.

**Road Emergencies and Accidents**

***Policy***

All accidents and/or incidents involving [Your Organization] vehicles shall be immediately reported to the police and the [Your Organization] Executive Director. Failure to do so may subject the driver to disciplinary action. A written Vehicle Incident Report Form (see Https://law.usask.ca/socialinnovationlab/housingtoolkit/toolkit) must be completed. In the case of an accident or mechanical breakdown, the driver shall ensure that the youth in the vehicle are secure and safe, and if a phone is available, the driver should call the police and the [Your Organization] Executive Director for instructions/assistance. If a phone is not available, or if the youth in the vehicle cannot be briefly left alone, the driver shall raise the vehicle hood, put on the hazard signal, put out the hazard triangles, and wait for help. If anyone in the vehicle is injured, emergency help should be sought immediately.

***Procedures***

Medical Emergency Response While in Transit

1. Pull off or to the side of the road.
2. Remain calm and assess the situation.
3. If appropriate, transport the affected person to hospital.
4. If necessary, call 911.
5. Implement any necessary First Aid procedures as trained.
6. Provide the EMT with all relevant information.
7. If there is more than one staff member in the vehicle, have them go with the affected person in the ambulance.
8. As soon as it is practical, contact the [Your Organization] Executive Director.

Behavioural Emergency Response While in Transit

1. Pull off or to the side of the road.
2. Remain calm and assess the situation.
3. If necessary, get others out of the vehicle.
4. Utilize skills obtained through training and experience to try and bring things under control.
5. If the situation is severe enough and people are being placed at risk, call 911.
6. As soon as practical contact the [Your Organization] Executive Director.

# 19. ABUSE AND HARASSMENT PROCEDURES

## Introduction

2SLGBTQ people experience higher rates of bullying, abuse, and harassment than heterosexual people and many youth living in [Your Home] have experienced trauma and abuse related to their sexuality and/or gender identity/expression and are vulnerable to repeated trauma and abuse. [Your Organization] is supportive of the healing, self-esteem, and dignity of every youth and employee in [Your Home] which includes providing an environment which is free of harassment, bullying, and abuse of any nature.

## Policy

Allegations of abuse or harassment of a youth while residing in [Your Home] shall receive an immediate and impartial investigation. This includes physical, sexual, and verbal abuse, as well as harassment and bullying. Individuals who are found to have harassed another individual may be subject to disciplinary action. This includes anyone who: interferes with the resolution of a complaint; retaliates against an individual for filing a complaint; or files an unfounded harassment or abuse complaint intended to cause harm.

## Definitions

***Physical Abuse***: includes any intentional act causing injury or trauma to another person. Physical abuse also includes corporal punishment (may or may not cause physical injury), threats of physical harm, and dangerous behavior towards a youth in immediate proximity of the youth (e.g. throwing objects, use of weapons, etc.).

***Sexual Abuse/Assault***: includes any undesired sexual behaviour by one person upon another. This includes forced sexual acts, and any sexual acts between a caregiver and a youth. It also includes obscene acts, sexual exploitation, pornography, threatened sexual abuse, and/or inappropriate sexual boundaries between youth and [Your Home] staff and mentors.

***Verbal Abuse***: includes forceful criticisms, insults, or denouncements of a youth. Such abuse is often characterized by underlying anger and hostility and is a destructive form of communication intended to hurt the other person and produce negative emotions. Verbal abuse includes bullying and other forms of harassment.

***Bullying and Harassment*:** include the use of force, threat, or coercion to abuse, intimidate or dominate others. Bullying and harassment often include offensive, humiliating, or unwelcome comments related to sexuality, gender identity, gender expression, race, religion, age, or other factors. It often includes repeated behaviour that involves a power imbalance between parties. 2SLGBTQ people, especially youth, experience heightened rates of bullying and harassment, compared to their heterosexual peers.

Examples of bullying specific to 2SLGBTQ people include: refusing to address a trans person by their chosen name and correct gender pronoun; outing an individual without their permission or spreading rumours about their gender identity, sexuality, or history; inappropriate personal questioning related to sexuality, gender identity, gender expression, or other circumstances.

## Standards

1. Whenever a youth living in [Your Home] makes an allegation of abuse against a [Your Home] staff member, [Your Organization] staff member, volunteer, board member, or other youth living in the home, regardless of who the allegation is made to, it shall be reported immediately to the [Your Organization] Executive Director.
2. If not already completed, the [Your Organization] Executive Director must follow-up with a written Incident Report (according to Policy #23 in this manual) within 24 hours.
3. The [Your Organization] Executive Director shall ensure that the accused individual does not have access to the youth in [Your Home].

## Procedures

1. If a [Your Home] staff member receives information from a youth making an allegation of physical or sexual abuse against another [Your Home] staff member, [Your Organization] staff member, board member, volunteer, or other youth living in the home, the worker must inform the youth that the information will be conveyed to the [Your Organization] Executive Director immediately.
2. The [Your Organization] Executive Director shall take preliminary information from the youth and anyone who may have witnessed the incident or been involved in the incident. The details of the information shall be dated, documented, signed by the Executive Director, and given to police authorities.
3. If, at any time, the youth requests to contact the police or the Saskatchewan Advocate for Children and Youth, this request will be supported and assistance given immediately.
4. If the allegation does not meet the definitions of physical or sexual abuse (see above), it may be considered misconduct or a quality of care issue. These are human resource and organizational issues that are expected to be reviewed/investigated and responded to internally by the [Your Home] Coordinator and the [Your Organization] Executive Director.

Examples of this type of incident may include, but are not limited to:

* Swearing/verbal attacks;
* Demeaning comments; and
* Forced physical exercise

In cases such as these, the [Your Home] Coordinator should complete an incident report (See Policy #23: Incident Report) and forward it to the [Your Organization] Executive Director.

Depending on the nature and excessiveness of the behavior as well as the impact on the youth, a determination will need to be made about reporting the incident to police authorities as there may be a criminal code violation. This determination should occur as a result of consultation between the [Your Home] staff and the [Your Organization] Executive Director.

1. ***Investigation Principles***

* The safety of the youth is paramount and the first course of action will be for the [Your Home] staff, in consultation with the [Your Organization] Executive Director, and any relevant agencies, to take whatever action is necessary to ensure the safety of the youth.
* If the allegation involves sexual or physical abuse, the incident must be reported to the police authorities immediately.
* If the allegation involves sexual or physical abuse, the abused youth must be seen by medical personnel immediately (but only with the consent of the youth).
* The investigator should be independent of the accuser and the accused. The investigator shall be appointed and overseen by the [Your Organization] Board of Directors.
* The investigation shall be a combination of conducting interviews with all relevant parties (witnesses, the accuser, the accused, etc.) and gathering information (e.g. medical reports, police investigation information, etc.) to formulate a conclusion. The police may be involved in these interviews and may lead the interview process when necessary.

1. ***Report of Conclusions***

Upon completing the investigation, one of the following conclusions must be reached:

1. The allegation was substantiated (there was sufficient evidence to support the allegation);
2. The allegation was not substantiated (nothing inappropriate occurred and the evidence was insufficient to support the allegation); or
3. The allegation was not substantiated, but the investigation concluded that inappropriate behavior did occur.

The actions taken to any of the above conclusions may include a range of human resource options. The [Your Organization] Executive Director should advise the accused in writing of the outcome of the investigation and actions being taken.

The youth will be informed that their allegation was reported to the appropriate individuals, investigated, and concluded. The youth will be informed of the actual conclusion of the investigation.

***7. Closing the Investigation***

The investigation may be closed if the following are completed:

1. All necessary information has been gathered from the relevant individuals and reports.
2. Any issue of conflict has been dealt with sufficiently.
3. [Your Home] staff have an appropriate plan for the youth’s protection and treatment needs as a result of the allegations.
4. [Your Home] staff and the [Your Organization] Executive Director have responded in an appropriate and fair manner to the accused and to the youth that made the allegation.

# 20. RECORD DEVELOPMENT AND FILE MANAGEMENT

**Policy**

The [Your Home] Coordinator will develop a file for each youth living in [Your Home] and maintain the youth’s personal information to current status.

**Standards**

The youth’s file shall include, but is not limited to, the following:

1. all information provided to the [Your Home] Coordinator and the Housing and Supports Services Manager by the referring agencies (e.g. educational information, psychological/psychiatric reports, medical information);
2. all information documented by the [Your Home] Coordinator including all written reports, individual case plans, educational reports, incident reports; and
3. any other forms used by [Your Home] relating to the youth or their service to the youth.

# 21. RETention and security of information

**Policy**

[Your Home] will maintain, dispose and protect the security of information and files in accordance with the Ministry of Social Services’ policies and procedures.

**Standards**

1. [Your Home] shall adhere to the Ministry of Social Services policies and procedures for the retention and disposal of youth files (both paper and electronic).

2. [Your Home] shall develop and maintain written procedures that ensure youth files are kept secure. These procedures shall include, but are not limited to, the following:

a. procedures for the daily storage of youth files;

b. procedures for ensuring that only persons with confidentiality clearance have access to the youth files;

c. procedures for the secure storage of files of youth who have departed from [Your Home]; and

d. procedures for authorizing past and present youth and/or the parents or legal guardians of past or present youth residing in [Your Home] access to information on their files, according to the *The Child and Family Services Act*, Section 74.3.

**Procedures**

1. All requests for file destruction must be forwarded to the Manager, Records and Forms Unit, Central Office, Ministry of Social Services. Only the Saskatchewan Provincial Archivist may destroy files.

2. Youth files shall remain at [Your Home] until the youth reaches 22 Following this, the [Your Home] Coordinator shall contact the referring agency and make arrangements to have the files sent to the appropriate office for proper storage.

# 22. CONFIDENTIALITY AND DISCLOSURE OF INFORMATION

**Policy**

* The [Your Home] Coordinator, other [Your Organization] staff, the Mentor, and volunteers should be familiar with and abide by all provincial legislation, policies and procedures with respect to confidentiality and disclosure of information regarding youth.
* The [Your Home] Coordinator, other [Your Organization] staff, the Mentor, and volunteers should not disclose a youth’s sexual orientation or gender identity to other youth at the facility or to outside parties, individuals, or agencies, such as health care or social service providers, a youth’s family, or friends, without the youth’s permission, unless such disclosure is necessary to comply with provincial or federal law.

**Standards**

[Your Home] and [Your Organization] staff and volunteers shall sign the Code of Ethics and Confidentiality Form (see Https://law.usask.ca/socialinnovationlab/housingtoolkit/toolkit) that indicates, but shall not be limited to, the following:

* 1. Understanding the implications of Section 74 of *The Child and Family Services Act* and consequences of any breach of this section.
  2. Understanding the procedures set out below.

**Procedures**

1. For Child and Family Services, information is gathered under the mandate of *The Child and Family Services Act* and *The Adoption Act*

[Add in pertinent information for your province/location]

**Guidelines**

* If a request for information about the youth comes over the telephone, ask the caller to put the request in writing.
* Electronic information, including emails, can become part of the youth’s record and is considered the same as information from other sources. Deleted emails can be recovered and used in court cases.
* Circumstances under which information can be released include: with the consent of the youth to whom the information relates; or in an emergency.

# 23. INCIDENT REPORTING

**Policy**

Critical incidents that occur in [Your Home] affecting the safety and security of the youth, home or community shall be reported to the Housing and Supports Services Manager in a timely manner.

**Standards**

1. The Housing and Supports Services Manager shall report all incidents to the referring agency (if applicable) and the [Your Organization] Executive Director within 24 hours of the occurrence.
2. Incidents include, but are not limited to the following:
3. Death
4. Serious injury;
5. Missing youth;
6. Criminal code violations;
7. Suicide attempt;
8. Allegation of physical or sexual abuse of the youth
9. Medical emergencies; and
10. Other occurrences as deemed necessary by the [Your Home] Coordinator.
11. The [Your Home] Coordinator shall provide follow-up debriefing with the other [Your Organization] staff, the Mentor, volunteers, or other youth involved in the incident.

**Incident Report Form**

An incident report form should include the following information:

1. A description of circumstances regarding incident;
2. Date and time of day of the incident;
3. Names, dates of birth, of all youth involved in the incident;
4. Names of all adults involved in the incident inclusive of relationship to youth;
5. Names of witnesses to the incident;
6. Intervention used, reasons for use, and the duration of the intervention;
7. Name and signature of the [Your Home] Coordinator writing the report;
8. List of contacts made (e.g. police, caseworker, parents) and date and time of the notification and by whom in [Your Home]; and
9. Where there is police involvement, a record of the file number, and the name of the police officer(s) involved.

**Procedures**

1. A written incident report shall be completed by the [Your Home] Coordinator, the Mentor and other relevant [Your Organization] staff within 72 hours of the incident occurring and a copy provided to the referring agency (if applicable) and the [Your Organization] Executive Director.
2. The incident report shall be maintained on the youth’s file.

# 24. COMPLAINTS AND APPEALS PROCESS

**Policy**

[Your Home] will be governed by operating procedures that facilitate the assessment and resolution of youth concerns and complaints in a manner that ensures safety, rights, transparency, and accountability.

**Standards**

1. Every youth will have the ability to access a complaint/appeal process in situations where they have concerns about decisions made that directly affect them.
2. Youth will be advised that they can have access to a number of individuals (including the [Your Organization] Housing and Supports Services Manager, Executive Director, Board Chair, etc.) who will address their complaints and hear appeals.
3. Youth will be advised that they have the right to contact the Saskatchewan Advocate for Children and Youth with regards to their complaint or appeal.
4. Allegations against [Your Home] staff or the mentor involving physical or sexual abuse will follow Policy #15: *Abuse and Harassment Procedures* of this manual.

**Procedures**

1. A youth looking to make a complaint or an appeal will be provided with the appropriate form (see Https://law.usask.ca/socialinnovationlab/housingtoolkit/toolkit) to be submitted to the [Your Organization] Housing and Support Services Manager and copied to the Executive Director;
2. After a complaint or an appeal has been made, the [Your Organization] Housing and Support Services Manager will respond in writing and through an in-person meeting within seven (7) calendar days;
3. If the youth is not satisfied with the response from the [Your Organization] Housing and Support Services Manager (or the Executive Director), they will be given the opportunity to submit their complaint or appeal to the [Your Organization] Board Chair. The same process as above will apply.

# 25. [YOUR HOME] STAFF: PROFESSIONAL DEVELOPMENT

Professional Development

Providing [Your Home] staff with training and development opportunities not only contributes to the quality and effectiveness of day-to-day operations, but also serves to motivate and retain employees. Informed, competent, and motivated staff are essential to the overall success of [Your Home].

[Your Organization] and [Your Home] provides paid professional development for all Coordinators and full-time employees who have been employed for more than one (1) year, or at the discretion of the [Your Home] Housing and Services Manager or Executive Director. Development activities must be related to the programs and services offered at [Your Home] with a focus on the youth living within the home.

Expenses to be reimbursed can be found in the [Your Organization] Employee Manual. Employees are to complete a “Professional Development Application” to be reviewed by the Program Manager and/or Executive Director prior to the development opportunity.

[Your Organization] and [Your Home] will strive to provide the following amounts each fiscal year:

|  |  |
| --- | --- |
| Position | Annual Budget (for full time status) |
| [Your Home] Coordinators | $500 |
| Full-time Youth Care Workers | $250 |
| Part-time Youth Care Workers | As needed, All Staff PD included |
| [Your Home] Mentors | As needed, All Staff PD included |

If an employee resigns within a year of obtaining coverage for professional development, the (former) employee may be required to reimburse [Your Organization] for the professional development costs incurred by [Your Organization] on the employee’s behalf.

***All employees and mentors will be trained in the following:***

* + ASSIST
  + First Aid and CPR
  + Mental Health First Aid

In-House:

* + Peer Support
  + Queer 101
  + Trans 102
  + Facilitator training
  + HIV and AIDS education
  + Housing Knowledge

# Appendix A: Glossary of Common Terms and Definitions

**Adolescence**: A transition stage of physical and mental human development that occurs between childhood and adulthood. This transition involves biological, social, and psychological changes. Historically, puberty has been associated with teenagers and the onset of adolescent development. However, in recent years the start of puberty has seen an increase in pre-adolescents and an extension beyond the teenage years, making adolescence less simple to discern. Adolescence is usually accompanied by an increased independence allowed by the parents or legal guardians and less supervision, contrary to the pre-adolescent stage. Medical research suggests the average age for girls to start puberty is 10-12 years while the average age for boys to start puberty is 12-14 years. Adolescence is generally assumed to range from age 13-19; however, for 2SLGBTQ people, adolescence can be elongated as the journeys of self-discovery, finding independence, and self-determination are extended in relationship to matters of sexuality, gender expression, and gender identity.

**Advocate:**  a person who actively and publicly works to support a cause and educate others in an attempt to promote tolerance, understanding and change.

**Ally:** a heterosexual and/or cisgender individual who is supportive of 2SLGBTQ people and their rights, and works to end oppression and discrimination.

**Androgynous:** having or displaying characteristics, feelings, or behaviors that are both feminine and masculine.

**Asexual:** a term for someone who does not experience sexual attraction.

**Assigned Birth Sex**: the sex originally noted on an individual’s birth certificate.

**Bisexual:** an individual who has relationships (mental, emotional, physical and spiritual) with both men and women.

**Butch:** refers to a person (most often a woman and more specifically, a lesbian) who presents more typically masculine characteristics, mannerisms, expressions, behaviours or appearance.

**Caregivers**: within the youth centred approach, caregivers are those individuals who are employed (paid or unpaid) by [Your Organization], and who provide care, support, and guidance to the youth throughout their time in [Your Home]. These caregivers are participants in supporting the fulfillment of the youth’s plan and in connecting them to a wider community of care and support. Care providers may include, but are not limited to mentors, house staff, support workers, and outreach workers.

**Cisgender:** refers to individuals who experience alignment between their perception of their gender and the sex to which they were assigned at birth.

**Cisnormativity:** the assumption that everyone you come into contact with is cisgender. Also refers to discrimination against transgender people on the assumption that cisgender is the norm.

**Cissexual:** an individual who identifies with the physical sex they were assigned at birth.

**Citizenship**: active participation and contribution to the economic, social, cultural and political fields of life.

**Coming Out**: the process of disclosing one’s sexual orientation or gender identity to others. Coming out is not a discrete event but a lifelong process.

**Contractor**: Any person who is employed directly by an agency or organization that has a contract or Memorandum of Understanding with [Your Home].

**Discrimination**: Any act, policy, or practice that, regardless of intent, has the effect of subjecting any youth to differential treatment as a result of that youth’s actual or perceived sexuality, gender expression, gender, ability, race, or other factors..

**Engagement**: refers to the interaction of adolescents with a responsible adult. Typically the establishment of a trusting relationship between youth and adults is the first step in their willingness to accept services. Engagement is one of the most critical elements of a youth centred model.

**Femme:** a term some individuals use to describe their feminine gender identity or expression.

**FTM**: a person who transitions from female to male, meaning a person who was assigned female at birth, but identifies and lives as a male. Also known as a “transgender man” or “transgender boy.”

**Gay:** a person whose emotional, romantic, and sexual attractions are primarily for individuals of the same sex.

**Gender:** the way being masculine, feminine, neither, or both can influence a person and their interactions with the world; not necessarily related to sex.

**Gender Continuum:** the notion that, instead of a binary (“composed of two”), gender is a continuum or spectrum spanning from woman to man with an infinite number of gendered spaces in between.

**Gender Dysphoria:** distress and discomfort that results from a conflict between a person’s lived experience of gender identity and the sex and gender they were assigned at birth. Gender dysphoria impacts psychological, emotional, social, and physical well-being and can result in anxiety, depression, and other serious mental health concerns.

**Gender Expression:** the way a person outwardly portrays masculinity, femininity, or androgyny through clothes, make-up or hair.

**Gender Identity:** a person’s internal, deeply felt sense of being male or female, or something other or in-between, regardless of the person’s sex at birth.

**Gender Identity Disorder (GID):** a diagnosable medical condition in which an individual has a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the opposite sex, as well as a persistent discomfort about one’s assigned birth sex or a sense of inappropriateness in the gender role of that sex. To be diagnosed, the individual must be evidencing clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**Gender Non-conforming:** having or being perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. Gender non-conforming people may or may not identify as 2SLGBTQ.

**Genderqueer:** a term of self-identification for people who do not identify with the restrictive and binary terms that have traditionally described gender identity (for instance, male or female).

**Gender Roles:** social and cultural beliefs about appropriate gendered behavior.

**Gender-Variant:** often used to describe behaviours or gender expressions that do not conform to dominant understandings of male and female behaviours. Synonymous with gender con-conforming and gender atypical.

**Harassment:** Includes, but is not limited to: name-calling; disrespectful gestures, jokes, or comments; inappropriate touching; threats of physical or emotional acts or negative consequences (including religious condemnation); physical abuse; sexual abuse, including unwanted sex acts, touching, pantomime, and threats; and emotional abuse, such as shunning or isolation. Attempting to change a youth’s sexuality, gender , or expression is also a form of harassment.

**Heterosexism:** asystem of attitudes, bias, and discrimination that favor’s opposite-sex sexuality and relationships. It can include the presumption that other people are heterosexual or that opposite-sex attractions and relationships are the norm and therefore superior to other identities or relationships.

**Homophobia:** hatred that is directed towards gays, lesbians, or anyone perceived as being gay or lesbian. Also refers to a collection of beliefs that being gay or lesbian is unnatural and abnormal and that this justifies discrimination and/or acts of hate and violence.

**Hormone Therapy (also Hormone Replacement Therapy, HRT, Hormonal Sex Reassignment):** administration of hormones to affect the development of secondary sex characteristics that are consistent with one’s gender identity.

**Intersectional:** a term that applies the analytic framework of intersectionality. Intersectionality indicates the interrelatedness of various experiences of culture, gender, sexuality, ability, and other ways of being in the world, and the importance of looking at the intersections, rather than isolating specific identity categories. For example, a two spirit youth is not only subject to homophobia/transphobia, but may also experience racism, sexism, and other social barriers. As a result, an intersectional programmatic response may include cultural teachings that include stories about gender and sexual diversity, or attendance at a cultural sweat that is geared toward queer and gender diverse people, instead of divided according to male and female.

**Intersex:** a term used to refer to an individual born with a reproductive or sexual anatomy that does not conform exclusively to male or female norms in terms of physiological sex (this may include variations of genetics, genital or reproductive structures, or hormones). According to the Intersex Society of North America (ISNA)—an organization that advocates and educates about intersex concerns—about one in every 2,000 children are born intersex.

**Junior mentorship**: program whereby youth are provided with an opportunity to be involved in tasks that would typically be the responsibility of care providers, including assuming more of a leadership role in [Your Home] (i.e. assisting newer youth to participate in and adjust to the home as well as being a positive role model to all youth). Junior mentorship allows for the opportunity to build leadership and life skills.

**Lesbian:** a gender specific term that refers to a girl or woman who primarily is emotionally, romantically, and sexually attracted to girls or women.

**LGBT:** common acronym for lesbian, gay, bisexual, and transgender persons who, despite their differences, are often discriminated against in similar ways. Sometimes written to include Q for questioning and/or queer, I for intersex, A for ally, and/or TS/2S for two-spirit.

**MTF:** a person who transitions from male to female, meaning a person who was assigned male at birth, but identifies and lives as a female. Also known as a “transgender woman” or “transgender girl.”

**Non-discrimination Policy:** a written policy that explicitly includes sexual orientation and gender identity and that prohibits anti-2SLGBTQ harassment and discrimination.

**Outing:** revealing someone’s gender or sexual identity or desire, often without their consent or knowledge.

**Power Sharing**: The transfer of decision making authority and control from the caregiver to the youth allowing for a more equal distribution of power. This is based on the youth’s age, level of maturity and capacity which allows the youth to take control and responsibility for decisions that affect their lives. It engages the youth and creates a pathway to move effectively through the stages of adolescent development.

**Preferred/Chosen Name:** the name an individual chooses to be called. If you are unsure what name to use, ask to clarify what name the individual uses.

**Preferred/Chosen Pronoun:** the gender pronoun that an individual goes by. If you are unsure what pronoun to use, ask to clarify what pronoun the individual uses.

**Queer:** a historically derogatory term for a gay man, lesbian, or gender non-conforming person. The term has been widely reclaimed, especially by 2SLGBTQ youth, as a positive social and political identity. It is sometimes used as an inclusive, or umbrella, term to encompass the gender and sexually diverse community.

**Questioning:** an active process in which a person explores their own sexuality and/or gender and questions the cultural assumptions that they are heterosexual and/or gender conforming. Refers to individuals who are in the process of figuring out where they might fit along the sexuality and/or gender continuums.

**Relapse**: describes the phenomenon of youth becoming engaged in making positive change only to relapse back to previous behaviour patterns. Relapse is a key concept in the Trans-theoretical Model of Change and within the Youth Centered approach. Knowledge of relapse and planning with youth with an understanding that relapse is a very real possibility is critical to providing effective service.

**Resiliency**: the ability to successfully adapt and recover from adversity. It is a personal buoyancy and ability to bounce back from negative experiences. Resiliency must be nurtured and developed early in life and continue to be nurtured in adolescence in order to help sustain development of positive behaviours. Resiliency is usually achieved when individuals possess skills (coping, problem solving etc.), social supports, and live in a healthy home environment.

**Self-identification:** one’s own identification of one’s gender identity or 2SLGBTQ sexual orientation. Increasingly, 2SLGBTQ youth are self-identifying during pre-adolescence or early adolescence.

**Sex:** the biological and physical, reproductive characteristics of an individual including chromosomes, hormones, and genitalia.

**Sexual Orientation:** a term to describe sexual and/or romantic attractions to others (these may be but are not limited to lesbian, gay, bisexual, heterosexual, asexual, and pansexual).

**Sex Positive:** an approach which includes respecting the diversity of human sexuality and talking with clients openly and without judgement about their sexuality.

**Sex Reassignment:** medical procedures that change one’s body to make it conform to one’s gender identity. Contrary to popular belief, there is not one surgery but rather various procedures that a person might undergo, depending on their own medical needs determined with a health care provider.

**Transgender:** often used as an umbrella term for individuals whose gender identity and gender expression does not conform to that typically associated with the sex to which they were assigned at birth.

**Transsexual:** an individual who identifies with a physical sex that is different from the one to which they were assigned at birth. People who transition from male to female (MTF) are transsexual women or transwomen. People who transition from female to male (FTM) are transsexual men or transmen.

**Transition:** the time period when a transgender person starts living as the gender they identify as. Often includes a change in style of dress, selection of new name, a request that people use the correct pronoun, and possibly hormone therapy and/or surgery.

**Transition Tasks**: children and youth go through phases in their development from dependent children to autonomous adults. These phases are sometimes called transitions each with their own transition tasks. An example of a transition task would be a part time job. Young people begin to learn what is required of them as well as the benefits of being participants in the workplace.

**Transphobia**: a range of negative attitudes and behaviours towards transsexual or transgender people based on the expression of their gender identity.

**Trans-theoretical Model of Change**: provides a description of the stages through which individuals pass when making changes in their life. The model describes behavioural change as a process, not an event, and views change as a procession through a series of stages.

**Two-Spirit:** an English term that emerged in 1990, out of the third annual inter-tribal Native American/First Nations gay and lesbian conference to describe Native Americans who fulfill one of many mixed gender roles found traditionally among Native Americans and Canadian First Nations Indigenous groups. The term is now used by Indigenous people who assume cross or multiple gender roles, attributes, dress and attitudes for personal, spiritual, cultural, ceremonial, or social reasons. These roles are defined by each cultural group and can be fluid over a person’s lifetime.

**Youth:** A young person aged 16-21 who voluntarily becomes a resident of [Your Home] and who receives wrap-around supports from the staff of [Your Home] and [Your Organization].

# Appendix B: Youth Engagement

(Adapted from Appendix F in the *SK Ministry of Social Services Youth Centred Services: Policies, Standards and Procedures Manual*)

## Youth Engagement

*“Nothing about us without us”*[[6]](#footnote-6)

Youth voice is the underpinning to positive youth development. When young people participate in decision making with adults as equals, to mobilize, create, change and assume an influential role, the benefits to the young person and to adults are remarkable.[[7]](#footnote-7) A fundamental pillar in the Youth Centered approach, and with respect to overall case planning, is to involve young people in the creation of their own destinies and genuinely involve them in case planning.

Youth engagement can be defined as the “meaningful and sustained involvement of a young person on activities.”[[8]](#footnote-8) Engagement experiences are complex and vary widely in content and quality. They include both objective components (behaviour, structure, content) and subjective components (feeling, thinking, evaluation). The expectation in practice is that in the development of a plan for the youth, the process facilitates meaningful participation and opportunities for youth to take responsibility and leadership while working in partnership with caring adults who value, respect and share power with them.[[9]](#footnote-9)

Adults who work in partnership with youth need to learn how to give up control, “depower” themselves and share power with young people.

Key indicators of youth engagement include the following:[[10]](#footnote-10)

The Youth….

* cares about the activities they are involved in;
* derives a sense of belonging from the home they are involved with and feel connected to the people in the home;
* feels the planning is meaningful to them – that it is an important and worthwhile activity to be doing;
* feels that the plan is an important part of his or her identity;
* derives a sense of pride, accomplishment or satisfaction from achievements in the plan;
* gains a feeling of competence and sense of control over events related to the plan; and
* feels disappointment, sadness or frustration when participation in the plan is blocked or things are not going well.

**Identity**

Identity formation is a major developmental milestone for youth. It is the development of a distinct personality. The characteristics possessed by that person become primarily known through the establishment of a reputation. Pieces of the person’s actual identity include a sense of continuity, a sense of uniqueness from others, and a sense of affiliation. Self-concept or self-identity is the sum total of one’s knowledge and understanding of one’s self. Components of self-concept include physical, psychological, and social attributes, which can be influenced by the individual's attitudes, habits, beliefs and ideas.

The journey through adolescence is marked by challenging authority, seeking out peers, and assuming different personas all in an attempt by the youth to determine who they are, what they believe, what they want to become and what they will represent. Negative or positive Identity formation occurs depending on the areas a youth associates themselves with or has opportunity to become involved. For many youth who have grown up in difficult situations, they have not been afforded the opportunity to engage in healthy experiences and relationships, increasing their propensity towards negative associations later in their lives, but particularly during adolescence. For youth that have been displaced for large portions of their lives, have not developed healthy attachments, and have been subjected to repeated negative experiences, unhealthy explorations become attractive, such as gang associations. As a result, the developmental period of adolescence presents unique challenges that can complicate the identity formation process. Youth may feel the following:

* not belonging
* fear of rejection
* need for control
* fear of abandonment
* a need to connect with their past

Supporting adults working with youth (i.e. case planners, mentors, etc.) must consider the process of identity formation, its various components, and how to support a health identity formation within the context of the youth’s case plan.

There are several areas to consider:

**Sexual identity** is developed during adolescence as a teen experiences puberty and sexual attraction. The development of a healthy sexual identity includes curiosity about sex, flirting, experimenting with sexual behavior, and emotional maturity. During this process some youth question, and ultimately, confirm their sexual orientation. For those youth who are lesbian, gay, or bisexual, questioning, experimenting, and ‘coming out’ can put them at risk for rejection, isolation, and bullying. Youth must be supported through education, open discussion, acceptance, etc. to help them navigate this exploration.

**Gender identity** describes the gender with which a person identifies (i.e. whether one perceives oneself to be a man, a woman, or describes oneself in some less conventional way), but can also be used to refer to the gender that other people attribute to the individual on the basis of what they know from gender role indications (social behaviour, clothing, hair style, etc.). In addition, gender roles are also forming and youth begin to determine how they will manage various roles in their life (partner, wife, husband, father, mother, employee, female, male, etc.). Those working with youth need to provide positive support, positive role modeling, and teaching the youth healthy options regarding possible gender roles.

For example, young women may associate their personal power and perceived value with “sexual prowess” and as a result self-esteem and personal value become eroded. Thus, in planning with young women, finding alternative sources of “personal power” is fundamental to their development as women in society (i.e. learning to depend on themselves, role of mother, and relationship with men, etc). Likewise for male youth, it is important to help them understand their personal power and to develop self-esteem in a positive way. That is, unrelated to such things as “physical aggression”, criminal activity, “macho-ism”, etc. This helps to teach young men how to be a good partner, a good father, a good friend and so on and how these sources make them fulfil their gender role as a “man” in today’s society.

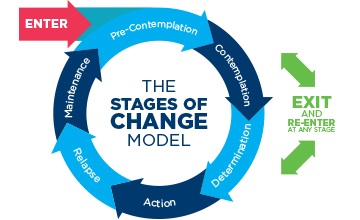
**Cultural identity** is the feeling of group or cultural identity, or of an individual as far as they are influenced by belonging to a group. Cultural Identity is important for a person’s sense of self and how they relate to others. A strong cultural identity can contribute to a person’s over all well-being. Identifying with a particular culture helps people feel they belong and gives them a sense of security. An established cultural identity has also been linked with positive outcomes in areas such as health and education. It provides access to social networks, which provides support and shared values and aspirations.

**Religious identity** is the set of beliefs and practices generally held by an individual, involving adherence to codified beliefs and rituals and study of ancestral or cultural traditions, writings, history, and mythology, as well as faith and mystic experience. The term "religious identity" refers to the personal practices related to communal faith and to rituals and communication stemming from such conviction.

**Collective identity** is a sense of belonging to their group (the collective) that is so strong that a person who identifies with the group will dedicate their life to the group over individual identity. They will defend the views of the group and assume risks for the group, sometimes as great as loss of life.

# Appendix C: [Your Organization]’s Theory of ChangeDiagram Description automatically generated

# APPENDIX D: [Your Home]’s Transtheoretical Model of Change[[11]](#footnote-11)

**The transtheoretical model, or stages of change model** provides a description of the stages through which individuals pass when making changes in their lives. This can include changes related to addictions, violent or aggressive behaviours, failures to meet expectations, school performance, and/or other areas. The model describes behavioural change as a process, not an event, and helps caregivers and support workers to identify levels of motivation and engagement that youth may be demonstrating at various stages within the process.

There are six stages in this model, but passage through these stages is not linear and can move back and forth throughout the duration of development.

***1. Pre-contemplation stage (can take more than 6 months****):* Youth is unconcerned about their behaviour and has no intention to change (or is unaware that there is a need to change).

At this stage, a youth may:

* + Not care about the consequences of their actions
  + Have limited insight into the link between actions and consequences and may not know what the consequences to their behaviour might be
  + Be projecting an image of being in control by pretending they don’t care about outcomes and consequences

Strategies for support:

* + Encourage them to think about pros and cons of behaviour
  + Share the social/emotional impact of their behaviour on others; encourage empathy
  + Help to educate about healthy behaviour
  + Encourage mindfulness and awareness of the benefits of behavioural changes

***2. Contemplation stage (can take more than 6 months):***The youth is considering change, but is ambivalent about moving forward. Starting to notice adverse consequences to behaviour.

At this stage, a youth may:

* + Have strong desires for privacy and need to develop trusting relationships before being able to share personal details
  + Be uncomfortable with being vulnerable with support workers, mentors, and peers
  + Be inexperienced or under-informed about healthy behaviours, boundaries, etc.

Strategies for support:

* + Talk about the kind of person they could be with positive change
  + Encourage youth to keep learning about healthier options and behaviours
  + Help with reducing the cons of the upcoming change

***3. Determination/Preparation stage (one month period):*** Youth is ripe for change and is able to identify that the costs of not changing outweigh the benefits. Small steps are taken by the youth and goals and actions are set, but remember that wanting to make change and actually following through are different things. Ensuring that youth experience self-determination and self-efficacy (i.e are involved in the plan and decision-making about themselves) is crucial at this stage. The adult provides encouragement and support;

At this stage, a youth may:

* + Be motivated to take action right away “strike while the iron is hot!”
  + Take small steps toward change such as telling their family and friends or adjusting things in their lives slightly.
  + Be concerned about whether or not they will fail.

Strategies for support:

* + Encourage youth to get support from people they trust and to tell people about their plan.
  + Talk about how they might feel as they make changes and take action.
  + Tell youth that being prepared often results in better outcomes.

***4. Action stage (immediate):*** The youth is resolved and committed to making changes. This stage requires a great deal of commitment and investment into steps forward. Remember that action can take many different steps and pathways, as well as multiple attempts.

Strategies for support:

* + Support youth in resisting urges to slip back.
  + Encourage them to keep their commitments to themselves and others.
  + Share techniques for keeping up commitments (i.e. substituting activities, building in rewards, and avoiding triggers).

***5. Maintenance stage (at least six months):*** Youth have successfully changed their behaviours and these behaviours are becoming normal and help to boost confidence and feelings of self-efficacy. There is risk of lapses and relapses in this stage, especially related to stress.

Strategies for support:

* + Continue to connect and support youth, even if the hot button issues have seemingly dissolved.
  + Encourage them to spend time with people they trust and who model the change they seek.
  + Encourage them to engage in healthy activities.
  + Talk about healthy strategies for stress reduction.

***6. Lapse and Relapse stage (any time):*** Lapses and relapses are part of the process of learning and change. In this stage youth sometimes “test” the changes that have been made and decrease their utilization of existing support systems. This stage is not a failure, it is a common part of development and change, however, it can result in self-blame and feelings of disappointment. This stage is an opportunity for self-discovery and learning, as well as opportunities to re-route and better strategize about steps forward with the support team. Note that risks of lapsing and relapsing are highest in relation to attempts to quit smoking or using drugs or alcohol.

Strategies for support:

* + Remind youth that any large change takes a long time. In the case of changing addictive behaviours, it can be a life-long journey.
  + Provide access to healthcare practitioners, coaches, other supportive mentors, and peers in order to ensure a continued support team.
  + Provide supportive literature and resources.

**APPENDIX E: REFERENCES AND FURTHER READING**

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