

SHELTER/GROUP HOME CONSULTATION

Exploring the Sexual Health Training
and Education Needs of Staff
in Shelters and Group Homes

2007



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Executive Summary

'Exploring the Sexual & Reproductive Health Training and Education Needs of Staff in Shelters and Group Homes' was a consultation initiative undertaken by City of Toronto, Public Health Department (TPH) in partnership with community agencies Planned Parenthood Toronto (PPT), PASAN (Prisoners' HIV/AIDS Support Action Network) and YouthLink Inner-City (YLIC) between January 2006 and April 2007.

The primary goal of the project is to increase positive sexual health outcomes for the youth living in shelters and group homes in Toronto by increasing access for those youth to accurate and relevant sexual and reproductive health education, information and community resources in safe and positive environments.

This project was created to examine the sexual and reproductive health needs of youth living in shelters and group homes and the training needs of staff in these settings to provide these services. The consultation process' findings will assist the committee in the development of training initiatives to increase the knowledge and capacity of shelter and group home staff and to ensure that all youth in these settings have access to accurate, non-judgmental, supportive and relevant information and resources.

The process began with interviews and focus groups with staff and youth in shelters/group homes. The next stage was a consultation forum with service providers from community organizations who facilitate workshops in shelters/group homes. In this forum findings from the interviews and focus groups were shared and participants were then asked to share and discuss the most effective ways to provide education and training to shelter/group home staff. This process firmly established the need for shelter/group home staff training on sexual and reproductive health issues.

All participants in the consultation agreed that sexual and reproductive health topics must be addressed within the shelter/group home system. Data from the consultation process highlighted three main areas, 1) the main sexual health topics that training should address, 2) how sexual health information should be communication to youth, 3) how shelter/group home settings can provide more accessible sexual health resources to the youth.

Overall, this consultation process provided valuable information to assist in the planning of training initiatives for staff working in shelter and group home settings.

Focus and Goals

The primary goal of the project is to increase positive sexual health outcomes for youth living in shelters and group homes in Toronto by:

1. Increasing access for youth living in shelters and group homes to accurate and relevant sexual and reproductive health information and community resources in safe and positive environments and;
2. Increasing the capacity of staff in shelters & group homes to provide information, education, resources and support on sexual and reproductive health issues to youth.

The focus of this committee was to gather information and resources to use in the development of training initiatives for shelter/group home staff in order to build their capacity to provide sexual health information and resources to the youth they work with.

To do this the committee explored the following:

1. The need for sexual and reproductive health training for staff in shelters/group homes.
2. The sexual and reproductive health training needs of staff in shelters/group homes.
3. The appropriate delivery method for sexual and reproductive health training to staff in shelters/group homes

Based on this consultation process, the committee is working collaboratively to create, deliver and evaluate training specifically targeting shelter/group home staff.

Overall, youth in these settings will benefit from increased access to sexual and reproductive health information and resources, and shelter/group home staff will have increased opportunity to address and heighten their awareness of sexual health issues.

Partnering Organizations

○ **Toronto Public Health**

Toronto Public Health Sexual Health Program provides Sexual Health Services that include consultation, support, resources and programming.

- Simone McWatt 416-338-1518, samcwatt@toronto.ca
- Nancy McAlary 416-338-1759, nmcal@toronto.ca
- Richard Teixeira 416-338-0795, rteixei@toronto.ca

○ **PASAN (Prisoners' HIV/AIDS Support Action Network)**

PASAN is a community-based network of prisoners, ex-prisoners, organizations, activists and individuals working together to provide advocacy, education, and support to prisoners on HIV/AIDS, HCV and related issues.

- Trevor Grey 416-920-9567, trevor@pasan.org

○ **Planned Parenthood Toronto**

Planned Parenthood Toronto (PPT) is a pro-choice community health centre committed to the principles of equity and to providing accessible and inclusive services which promote healthy sexuality and informed decision-making to the people of the City of Toronto.

- Susan Flynn 416-961-0113, ext. 228, sflynn@ppt.on.ca

○ **YouthLink Inner-City**

YouthLink Inner-City (YLIC) provides a comprehensive support system for street involved youth. The ultimate goal of the program is to support youth to disengage from life on the streets and to stabilize their lives.

- Sara Craze 416-703-3361, sara.craze@youthlink.ca

Acknowledgements

The partner organizations wish to thank all of the staff and youth in the agencies, group homes and shelters who took part in this consultation and provided valuable data to assist in the development of the training module for staff in shelters and group homes.

Shelters and Group Homes that took part in the focus groups and interviews:

Y House, Youth Skill Zone, Horizons for Youth, and Youth Without Shelter.

Presenters at the Community Agency Forum:

Craig Bowles, PASAN

Desiree Kerr-Rudd, Toronto People with AIDS Foundation (PWA)

Fadia Zakkak, George Hull Centre

Community Agency Forum; Participants Included:

Aldena Bryan	Jane/Finch Community Family Centre
Alex Benn	Children's Aid Society of Toronto
Amy Jones	YouthLink
Andrea Barrowdoiegh	City of Toronto PFA
Bekkie Vineberg	Tumivut Youth Shelter
Carol Calder	Parks & Recreation, Leslie Grove Youth Centre
Craig Bowles	PASAN
Fadia Zakkak	George Hull Centre
Heather Quirt	YWCA 1st Stop Woodlawn
Joseph Deogracias	SHOUT Clinic
Kathleen Sounders	Ingles House, LOFT Community Services
Kisha Bolton	Warden Woods Community Centre
Laura Kucenty	SHOUT Clinic
Lillian Manger	For Youth Initiative
Michele Chai	Planned Parenthood Toronto
Patricia Hyman	Etobicoke Girls Residence
Rachel Jessome	Etobicoke Girls Residence
Sandy Baker	Evangeline Residence
Susan Miner	Street Outreach Services, LOFT Community Services
Yaya Yao	Asian Community AIDS Services

Background

Toronto Public Health (TPH) has been doing train-the-trainer workshops for staff in community organizations for many years. In 2004 TPH facilitated a pilot training for group home staff in partnership with the Ministry of Youth Justice. In 2006 TPH revisited the idea of creating a train-the-trainer model in partnership with community agencies to coordinate the training of staff in shelter & group home settings.

In addition, in a 2004 consultation undertaken by Planned Parenthood Toronto (PPT), *'Creating Sexual and Reproductive Health Initiatives for Women in the Shelter System'*, one of the recommendations which emerged from this consultation was to create programming to train and support staff to run sexual and reproductive programming within their shelter.

In March 2006 TPH joined with PASAN, PPT & YLIC to develop the "Shelter/Group Home Workgroup"

The activities of the working group included:

- Identify shelters and group homes in the City of Toronto and map them by priority neighbourhoods.
- Prioritize shelter and group home populations as per TPH's sexual health priority populations.
- Consult with relevant community partners and key stakeholders.
- Develop training modules for staff in shelters and group homes.
- Coordinate the training of shelter/group home staff to address gaps and minimize overlap.
- Gather resources and create new resources as needed to best meet the needs of all stakeholders.

Community Need

There are a number of factors which support the need for youth to have access to sexual and reproductive health information, resources, and services. These include:

- **A Resurgence of STIs:**
Due to a number of biological, social developmental and behavioural factors, STIs disproportionately affect adolescents (Health Canada, 2000). Sexually transmitted infections (STIs), including HIV/AIDS pose a significant threat to the health and well-being of young Canadians. Rates for chlamydia, gonorrhoea and syphilis have increased by more than a third over the past three years, and the rates are highest among those aged 15 to 19 (Maticka-Tyndale, 2001). Toronto rates of youth STIs have increased steadily since 2001 (Toronto Public Health, 2005).
- **The Gap in Sexual Health Knowledge of Youth:**
Canadian youth do not have comprehensive knowledge of risk factors associated

with unprotected sexual activity or the skills necessary to ensure their own sexual health (The McCreary Centre Society, 1999). Knowledge about HIV/AIDS among youth has declined since 1989 and Canadian youth report they know very little about AIDS and do not consider themselves to be at risk (Boyce et al., 2003; Branswell, 2003, F4; Larkin and Mitchell, 2003).

- **Misinformation and Myths:**
Adolescents continue to be misinformed or uninformed about sexual health practices and, consequentially, HIV/AIDS and other STIs, unplanned pregnancy, and sexual violence continue to be an issue for many youth (Donovan, 2000).
- **Early Intervention:**
The early teen years are a critical time to provide youth with accessible healthy sexuality and prevention services. This is the time where many behaviour patterns are established that will affect a young person's risk of negative sexual health outcomes such as HIV/STI infection. It is important, then, for young people to have access to information and services to promote healthy decision-making. Youth face conflicting messages about sexuality. While teen sexuality is used, and even exploited, in advertisements, music videos, television shows and movies, youth are often encouraged to "just say no" – a message which can inform and shape programs and services in communities. Without consistent access to quality information and services, STI/HIV and unintended pregnancy prevention can be challenging.

Unique Needs of Youth in Shelters/Group Homes:

The need for youth in shelter/group home settings to have access to accurate and relevant sexual and reproductive health information and resources has been well documented.

Youth in shelter and group homes often arrive with histories of non-supportive home environments, early and high-risk sexual and substance-use experiences, and runaway, homeless and street life experiences that increase their risk for STIs/HIV, unhealthy relationships and unplanned pregnancy.

In a survey of 328 adolescents aged 14-21 years who receive services in group homes and shelters:

- 85% had engaged in either vaginal or anal sex.
- 73% had had vaginal or anal sex before turning 14.
- 49% had had six or more partners in their lifetime.
- 44% use condoms only about half the time or less.
- 20% never use a condom.
- 30% of the sexually active youth had had an STI test.
- A large number of youth also indicated that they have had sex for 'clothes', 'money', 'drugs', 'food', or 'a place to stay'.

Alexander, & Strack, (1999).

A study conducted in 1997-98 by the Hospital for Sick Children and the Shout Clinic among 93 street-involved females found that an alarming number of street youth have pregnancies. There were a total of 118 pregnancies among the young women. The study found that:

- 59% reported having been or currently were pregnant.
- The average age of first pregnancy was 16.7 years.
- At the time of the first pregnancy, 29% of youth were living on streets, 27% in shelters, and 43% with friends or family.
- 32% of all pregnancies were miscarried, 22% were terminated electively, 34% delivered and 12% were still pregnant.
- Street youth women are more likely to get pregnant than women who are not homeless at a rate two to three times greater.
- The younger someone became homeless and the longer they stayed on the street the greater probability they would become pregnant.

Kushner, (1998)

Nearly a quarter of Toronto youth are living at or below the poverty line (Campaign 2000). Youth living in shelters/group homes largely fall into this category. Research tells us that both locally and globally: HIV follows patterns of inequity (Farmer, 1999; Patton, 2002), with marginalized groups most at risk.

These studies illustrate the need for all youth and particularly youth living in shelters/group homes to have access to accurate and relevant sexual health information and resources.

Methodology

This section provides an overview of the developments and process in the design and implementation of *“Exploring the Sexual & Reproductive Health Training and Education Needs of Staff in Shelters and Group Homes”*.

This project was carried out and documented by the working group. Through discussions at meetings, it was collectively decided that input would be sought from staff and youth in shelters and group homes regarding sexual and reproductive health information and resource needs, and staff training needs.

Contacts within shelters/group homes were identified as pre-existing partnerships facilitated easier access to service providers within multiple settings.

TOOLS & ADMINISTRATION

Interviews with Shelter/Group Home Youth and Staff

Based on the project goals, two questionnaires were created (Appendix A). One questionnaire was directed towards shelter/group home staff while the other was directed towards youth living in shelters/group homes. The aim of this process was to consult with staff and youth in group homes and shelters to examine strengths and gaps in the provision of sexual and reproductive health information, resources and support for youth.

All questions were reviewed by the working group to confirm proper wording and suitable length, and also to ensure that the content satisfied their personal gaps in knowledge within this population.

Seven staff and 35 youth residents from four shelters were involved in the first phase of data gathering. The shelters were Y House, Youth Skill Zone, Horizons for Youth, and Youth Without Shelter.

The youth interviews began with general questions about sexual and reproductive health to ease youth into the topic. Past experiences relating to sexual health information were asked to establish where youth currently receive sexual and reproductive health information, and also to understand what they liked and disliked about where and how they received such information. Furthermore, it was important to highlight who the youth would feel comfortable talking to about sexual and reproductive health.

Staff were asked to provide input to this project because they work closely with youth in the shelter/group home settings. They also know administrative details on how their shelter/group home is managed. Staff supplied additional information to responses

provided by the youth and also an overview of what is happening in their shelter in terms of sexual and reproductive health. Methods of training delivery were important to investigate so as to ensure that training would meet the need of staff

Both sets of questions sought to discover what staff needed to learn and also what they wanted to learn. A distinction was made between wants and needs to identify differences or similarities between the two. Identifying the wants of staff will be important to consider and to incorporate into training initiatives. Using the “wants” within the programming will help to keep the interest and attention of staff. Furthermore, identifying the “wants” empowers staff by allowing them to express what they personally want to learn.

This phase of the consultation provided the committee with the information they needed to proceed to the next phase, in addition to helping shape the questions used in the next phase of this project, the consultation forum with service providers who work in community agencies who do programming in shelters and group homes.

Community Agency Forum

A flyer (Appendix B) was circulated through relevant listservs to promote the consultation among service providers from governmental and community-based agencies who facilitate sexual health initiatives for youth in shelters and group homes. 26 service providers attended the forum.

In the first part of the forum, participants introduced themselves and stated what agency they worked for, their role, and the work they did with youth in shelters/group homes. Participants were also asked which shelters/group homes they went into and the list covered shelters and group homes right across Toronto. The committee then provided a power point presentation providing an overview of the purpose of the project and the role of the committee (Appendix C).

There were presentations from two youth who have lived in shelter/group home settings. Each youth described their positive and negative experiences in these settings and the impact of these experiences on them.

Participants were then divided into four groups and each group was asked four questions (Appendix A). Members of the committee facilitated the discussion at each table and took notes so that all participants could concentrate on the discussion.

At the conclusion of the forum, participants were given a package of resources, fact sheets, and partner agency information to take back to their agencies (Appendix D).

LIMITATIONS

- The survey sample in the shelters/group homes was low, however given the scope of this consultation and the consistency of information provided from all sources, the committee felt they had enough data to move forward to the next stage
- It was not possible to interview all of the youth and some of the youth were asked to respond to the questions in a questionnaire format instead. Literacy issues may have impacted the level of data provided from this data source.
- The community agency forum was scheduled to last for four hours. This meant that there was no time to explore the issues raised at the forum in great detail; however the reality of the community work environment is that service providers rarely have time to commit a full day to a consultation of this kind.
- After the forum was over, the committee was contacted by a staff person from a community agency asking if the issue of lesbian, gay, bisexual, transgender/transsexual (LGBT) youth with developmental disabilities who are living in shelters and group homes had been raised during the consultation. This topic had not been raised. LGBT youth with developmental disabilities experience additional barriers with addressing sexual health issues and attempts to access service. It is clear that this issue needs to be explored further to ensure the needs of these youth are being met by shelter and group home staff, and are being identified during training.

Findings

Interviews with Shelter/Group Home Youth and Staff

The objective of the interviews was to ask staff and youth in group homes and shelters about the strengths and gaps in the provision of sexual health information, resources and support for youth.

When asked what the top three sexual health issues were, there was mostly consensus between the staff and the youth responses. Youth said the top three issues were Sexually Transmitted Infections (STI's), Relationships, and Drugs & Sex, and for staff, the top three issues identified were Pregnancy, STI's, Drugs & Sex. This demonstrates that staff are aware of issues related to sexual health facing youth in these settings and what the most pressing issues are.

The next question asked the youth where they go for sexual health information and services. The youth responded that they go to local doctors, clinics, and youth centres to get information. When asked about the level of sexual health information provided in the shelter/group home, youth responded that there is little or no information provided in the shelters. Some youth remarked that condoms are available but are kept in the staff office and they have to go and ask permission to have some. Youth reported that they feel uncomfortable having to do this and as a result, they don't seek out the condoms.

When staff was asked if they provide sexual health information and resources to youth as part of their role, the majority said that they do. They do this by responding to questions from youth if they come up and providing referrals to local health centres. Staff do not pro-actively provide sexual health information to youth nor do they have many sexual health resources around the centre for youth to pick up. It is clear that there is a disconnect between the perceptions of the youth and of the staff in regards to the provision of sexual health information and resources.

Youth were then asked if they would like access to sexual health information and supports in the shelter/group home. Youth overwhelmingly agreed that they would. They see the shelter/group home as the ideal place for them to access this information and would like the information to be provided without judgment from staff. Youth also acknowledged that many of their peers are misinformed and do not necessarily ask questions because they believe they already have the right information.

The majority of staff who participated stated they were open to providing sexual health information to youth and making resources available to youth in the shelter/group home setting. However half of the staff did not feel that they had enough information or skills to meet the needs of the youth with whom they work. It is noteworthy that half of the

staff did feel they had enough knowledge of sexual health issues, because, as stated earlier this is not the perception of the youth.

When asked if they would be willing to come to a training to build capacity to provide sexual health information, resources and support to youth, the majority of the staff said that they would be willing to attend such a training and in making resources available to the youth living in the shelter/group home where they worked.

Overall this phase demonstrated that there is gap in the provision of sexual health information and resources in shelter/group homes for youth. It is also clear that training for staff in these settings is necessary and wanted.

Community Agency Forum

The discussion was lively and informative and most of the findings for each question were similar for each group demonstrating how prevalent these issues are in many of the shelters/group homes across Toronto.

The findings from phase one, the shelter/group home staff and youth consultation were shared with participants who were asked if the findings were consistent with their experience in shelter/group home settings. There was unanimous agreement with the findings from phase one. Service providers shared experiences of going into some settings where the staff were clearly not sex positive and were openly judgmental, homophobic or heterosexist.

When asked what sexual health work they were doing in the shelters/group homes, almost all participants said they worked only with the youth and rarely with staff. There was overall agreement that sexual health training for staff was important and would likely increase youth access to safe and reliable information and resources.

Consultation participants were then asked what they were doing with youth in shelters/group homes to get a better understanding of any gaps that staff training might be able to fill. Activities included workshops on birth control, healthy relationships, sexual health, and dealing with sexual pressure. One participant organized a workshop on orgasm and sexual pleasure for youth that was very well received.

In discussions about how sexual health plays out as a priority for youth in shelters/group homes, it emerged that most of the youth are primarily focused on life stabilization, attaining affordable housing, and getting out of the shelter/group home system.

Sexual health emerges as a priority for youth usually as a result of an incident like pregnancy, a positive STI result, or an assault. Some youth are afraid to disclose their HIV status because of lack of confidentiality and stigma leading to them being asked to leave the shelter/group home. Sexual health issues for some youth arise as a result of drug dependence and the harm reduction approach tends to be more realistic for these

youth. It was noted that young women tend to seek out sexual health information more than young men and are more proactive in the initiation of safer sex practices.

Homophobia and heterosexism within the shelter system also emerged as an issue in all four of the participants groups and the need for staff training on how to support a youth who is coming out and how to address homophobic harassment and violence between youth. Sexual orientation is an issue for some of the youth living in shelters/group homes. These youth are in the midst of coping with issues like homelessness, addiction and abuse, and the added fear of homophobic harassment or violence in these settings makes these places very stressful and potentially unsafe environments for them. Some youth are living in shelter/group home settings as a direct result of coming out as LGBT to their families.

In addition, one of the two youth presenters talked about being HIV positive and the fear of disclosing that status to staff. This person described the rejection, isolation and stigma experienced when they did disclose. Both youth talked about how they had nowhere else to go and how staff in these settings were their only forms of support. These presenters emphasized how vital it is that staff be accessible and non-judgmental when working with youth on sexual health related issues.

While most staff do have experience providing training to youth regarding issues like employment or healthy eating, it was agreed that very few staff seem to be knowledgeable or comfortable discussing sexual health related issues with the youth.

When asked why it is important for staff to be knowledgeable on sexual health topics, several reasons were brought forward. One of the most important reasons for shelter/group home staff to have sexual health information on hand is that the needs of youth can be immediate and many youth will not seek out sexual health information until they perceive that they have a problem. If a condom breaks or there is a relationship issue, it is crucial for youth to be able to access support and resources as soon as possible. The length of time it takes to access information or referrals can have a significant impact on the outcome of these issues for youth.

As stated earlier many youth may not even seek information because they believe they know what to do based on 'advice' from their peers and are often misinformed as a result. There are a great many myths in circulation among youth regarding sexual health topics. This supports the need for pro-active sexual health programming in shelter/group home settings on a regular basis.

Some youth do not have immigrant status in Canada and do not have health care coverage. Other youth, although eligible, may not have health cards or believe that health cards cannot be used to obtain certain services like STI tests or abortions.

Lastly many youth do not seek information because they do not believe that the staff will provide information and resources. It is also very important therefore to build a

component into training for staff on how to ensure view the shelter/group home as a sex positive environment.

Three main areas of discussion emerged from the consultation discussions and are described below:

1. What Should Staff Be Trained On?

There was a comprehensive list of sexual health topics recommended that staff in group homes/shelters need training on. The following topics came up:

- STI's
 - Symptoms
 - Treatment
 - Prevention
 - HIV/AIDS
 - Being HIV+ and how to live a healthy life
 - Partner notification
 - That youth who look healthy can still have an STI
- Relationships
 - Positive and non-positive
 - Pressure to have sex
 - Love
 - Hetero and same sex
 - Safer sex negotiation
 - Peer pressure
- Birth Control
 - Emergency Contraceptive Pill (ECP)
 - Birth Control Pill (BCP)
 - Missed pill
 - How to use other BC methods.
- Pregnancy
 - Sex during pregnancy
 - Options
 - Abortion
- Sexual identity
 - Being curious
 - Sexual Orientation
- LGBTQ youth
 - How to help them
 - Hormones taken by trans youth, use and misuse
- Anatomy
 - Reproductive cycle
 - Periods
 - Anatomy of the opposite sex
 - Understanding the body
 - Impact of menstrual cycle on female's mood and behaviour

- Sex
 - How to make sex better
 - The right time to have sex
 - Having sex to be liked-reasons for having sex
 - Masturbation
 - Safer sex toy use

Participants agreed that it is not necessary for staff to know detailed information on these topics but should know how to provide basic information to youth, one example given was ‘what are the symptoms of different STIs?’

What was deemed much more important than knowing the information was the manner in which it’s provided to youth by staff. This is seen as a vital factor in how well the youth will absorb the information and increase the likelihood of behaviour change. The fact that youth need to be validated, feel accepted and not judged came up repeatedly. As one participant pointed out, ‘staff are seen as parents’ to the youth.

In addition to the information pieces training should place a large emphasis on the way that information is provided. Staff should receive training on providing information to youth that is non-biased, factual, and provides choices. In addition the information must be geared to the interests and abilities of youth, factor how oppression impacts youth, include sexual diversity and gender identity, and address myths. Information must take into account the literacy levels of the youth and also be provided in different languages. Interpreters must be comfortable translating on topics related to sex. Staff should also be trained on sensitivity and the privacy rights of youth,

Another suggestion for training deals with “not making assumptions’. Some examples given based on experience were not assuming that a youth with no symptoms does not have an STI, or that a youth in the sex trade already knows about safe sex, relationships, anatomy, and menstrual cycles.

Training should also emphasize that staff need to be knowledgeable of the slang words that youth often use when talking about sex. Learning to use youth-friendly language comfortably is important in order to be able to relate to youth. Training should also include tips on how to bring up discussions with youth in a way that stimulates discussion. For example young men say they don’t want to know about birth control but they will listen if framed in a way that works for them.

Youth in shelters/group homes are certainly not homogenous. They can be a very diverse group of young people and training must address the different needs that these youth may have. For example, there are increasing numbers of newcomer youth in the shelter/group home system. These youth will need to receive sexual health information and resources that are sensitive to their culture and with an awareness of how sexuality is negotiated in that culture. In addition staff need to be able to communicate with youth who have a history of street involvement. The impact of living on the streets can have a negative effect on youth’s trust of authority figures.

Training for staff should include how to raise a sexual health topic for discussion, how to respond effectively to a question from a youth and ask appropriate questions, how to facilitate discussion sessions with youth, how to research information, and how to give appropriate referrals. Training should stress that the role of staff is to provide comprehensive information and support decisions rather than give advice or make decisions for the youth. Staff should also encourage youth to seek health care proactively rather than just in reaction to a particular issue.

What Should Training Look Like?

The TPH 'Train-the-Trainer' model was suggested as a good place to start in the development of the training. It was agreed that the training facilitator(s) need to push boundaries. Training should include anti-oppression framework and should allow participants to explore how their experiences and values may impact their provision of sexual health information to youth.

There were several recommendations to include a guest speaker, a youth who has lived in shelters/ group homes who can speak to their experiences. Telling personal stories is a very effective way to raise awareness of the issues in trainings such as this.

In terms of logistics, training should be at least one day or even a series of trainings, one building on the other. A work-book was suggested for training participants. Training should take into account different learning styles and incorporate a variety of activities, discussions, use of visual aids and tactile aids, for example birth control samples. Humour should be a part of the training. Training on site might also be useful for some agencies that provide all-staff training.

Another incentive for staff to seek training is the provision of a certificate which confirms their attendance at the training. Many staff value certificates as proof of their increased capacity to do this work.

When asked what activities they were using which were popular with youth and could be included as suggestions in the staff training the list included:

- Games like Jeopardy, Family Feud, HIV Don't Pass It Along and Move your Butt
- Getting youth to make up commercials on a birth control method or an STI
- Question Box
- Training young male peers to connect with young men using male friendly approaches for example drawing on the language of car repairs and maintenance in discussions of sexual health
- Letting youth pick topics.

Another benefit raised regarding training is that many staff in shelters and group homes are still youth themselves and will benefit directly from this type of training.

How Else Can Shelters/Group Homes Support Youth?

There is often an assumption that staff know about sex and sexual health issues or that mandatory and standardized sexual health training for staff already exist in all agencies. This is not always the case and staff who want to support youth around issues of sexual health are often not supported by management or organizational systems. There was recommendation to include a section in the training on what else a shelter/group home can do to communicate to youth that they are in a safe place to raise and discuss sex and sexual health issues.

Having a clear set of policies and procedures is one of the first and best places to turn for support. Policies and procedures should be accessible to all employees and implemented when issues arise. Some examples raised include the establishment of standards of conduct to which all staff are expected to adhere which make it safe for youth to discuss sexual health topics. Staff also need consistent procedures, guidelines, and protocols on how to proceed in certain circumstances, for example, if a youth comes out to them. It was also recommended that candidates be asked a question around the provision of sexual health information to youth during job interviews at shelters and group homes.

A big area recommended for policy development is around confidentiality. For example, if a youth confides in a staff person, that youth should be able to request that the staff person keep the information confidential. The exception to maintaining confidentiality in cases where there is a 'Duty to Report' should also be explained to youth. Participants report that in some settings there is a policy that if a youth discloses they are LGBT to any staff, then that staff person must inform all staff. This is a barrier to the trust building relationship that is so important between the youth and staff. Another area of recommendation was to encourage the development of policies and procedures to ensure that transgender youth can live safely without discrimination in shelters/group homes.

In many shelters/group homes, youth are separated by gender to sleep and being caught engaging in sexual activity can often result in expulsion. Youth often resort to other less safe environments to have sex. It was recommended that shelters/group homes devise policy and procedure to ensure that youth who want to engage in sexual activity can do so safely within the setting in which they are living.

There were also many suggestions as to the type of referral information which should be available to the youth. These include accurate referral information on the location and hours of youth positive clinics, especially those who provide evening, week-end and drop-in hours. Youth need information on STI testing services, preferably those which offer free or low cost treatment, access to free mental health services, and access to cheap/free contraception and emergency contraception. Staff should be approachable and knowledgeable of community resources, especially of ethno-specific agencies across the city which youth might be more comfortable attending which may not be in the same neighbourhood as the shelter/group home.

In terms of establishing resources for staff, there were several different types of resources suggested which could be made available to support staff. These could include manuals or online resources so they can look up answers to sexual health questions from youth when they need to.

There were suggestions to give new staff a tool kit of resources on sexual health and activities that they could use to raise sexual health topics with youth. There tends to be high staff turnover in addition to many part-time/occasional staff in shelters/group homes and the tool kit may help orient these staff. It was also recommended the outreach worker should be available and knowledgeable to assist youth in accessing sexual health support and to accompany youth to health services if necessary.

The shelter/group home can also demonstrate its commitment to providing sexual health information to youth by making condoms available for the youth, hanging sex positive and diverse sexual health posters on the walls, and setting up an information library, question box, newsletters, books, and games on sex topics. Shelters/group homes should also provide transit tokens for youth to be able to get to health services when they want to.

Training for pre-service workers was also raised. Current curriculum tends to focus broadly on sexual health and not on the specific needs of any one particular community of youth including homeless youth. There may be opportunities in the future to deliver the training to youth studying relevant areas like social work, community health, and child and youth health. There may also be opportunities to investigate the curriculum for these programs and advocate for the inclusion of more relevant sexual health training for these students

It was agreed that the youth would benefit from regularly scheduled times to discuss issues related to sex and sexual health. In terms of getting youth interested when it's not mandatory for them to attend, several incentives were recommended including starting with topics like relationships or self-esteem which is easier for staff to address and use that as an entry point for sexual health topics, and offering food or give-aways.

Conclusion

The data collected for this project indicates that there is sufficient and valuable data to guide the creation of sexual health training for staff in shelters/ group homes.

It has become evident during this process that the availability of resources and sexual health programming has the potential to increase youth access to relevant, accurate and up-to-date information in shelter/group home settings and, ultimately, more positive sexual health outcomes for the youth.

Shelter/group home staff have the opportunity to make youth feel comfortable to bring up sexual health issues and create an atmosphere where youth will not feel judged if they ask for information.

While there were a great many topics identified to cover in training, it is clear that the most important factor will be to ensure that the staff are comfortable using the information effectively with youth, and have solid resources to use themselves, and also resources and referrals to provide to the youth they work with.

Staff training is one important component. However this process also highlighted the need for systemic change and for shelter/group home management and administrators to identify increased access to sexual health information, education and support for the youth as a priority and to demonstrate this in staff guidelines around conduct, relevant policies and procedures, clear accountability, and strategic planning.

The next step for this project is to develop, promote, pilot and evaluate a one-day training module for service providers using the information gained in this consultation process. In addition new possible partnerships with agencies in communities across Toronto need to be investigated to implement various service provider trainings based on need. An important part of this project will be to develop a sustainability plan to ensure that sexual health training for staff in shelters/group homes happens on a regular basis.

This process has yielded valuable information and the committee wishes to thank the youth, shelter/group home staff and community-based service providers who shared their knowledge, experiences and ideas which will lead to the development of training and, ideally, an increase in health outcomes for youth in shelter/group home systems.

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Appendices

APPENDIX A INSTRUMENTS USED FOR THE PROJECT

Questions asked to Staff and Youth in Shelters/Group Homes:

Staff

- What is your role with youth?
- Do you provide SH information and resources to youth as part of your role? If so how? If not, why not
- What are the top 3 SH issues that come up with your youth?
- Do you feel you have enough information/skills to meet the SH needs of the youth?
- What support/training would be necessary for you to feel confident to provide sexual and reproductive health information and resources to the youth you work with?
- Would you be willing to come to a training to build your capacity to provide sh information, resources and support to youth? If not – why not?

Youth

- What are the top 3 sexual health issues for you?
- Where do you go for Sexual Health (SH) information and services?
- What type of SH information is currently provided in the shelter/group home? By whom?
- What types of SH information and supports would you like to have access to in the shelter/group home? Provided by whom? If none – why not?
- Do you like receiving SH and reproductive health information and resources in the shelter/group home? Why or why not?

Questions asked at Community Agency Consultation Forum

- Youth/Residents
 - What do you think youth want?
 - What sexual health issues are they bringing up with you?
 - How does sexual health play out as a priority for them?
 - What barriers do you see?

- Shelter Staff
 - What do you think shelter staff need to know?
 - What resources do they need?
 - What (if any) sexual health issues do they ask you about?

- The Training
 - What should be the focus of our training?
 - How can it enhance your work?
 - How should it play out?
 - Content?
 - How long/short?
 - Logistics?

- What are you doing now?
 - What types of workshops are you doing?
 - For youth?
 - For staff?
 - What materials are you using?

APPENDIX B

COMMUNITY AGENCY FORUM: PROMOTIONAL FLYER

COMMUNITY CONSULTATION

Do you work with youth in Toronto
shelters or group homes?

Do they have questions about sex?

We need to hear from you!!!

We would like to develop a training for staff working with
youth in shelters and group homes
AND we need YOUR input and expertise

We will also be sharing the findings from our recent needs
assessments
with youth and staff at shelters and group homes

Date: Wednesday, November 8, 2006

Time: 9:30 a.m. – 1:00 p.m. in Room "B"

Where: Wellesley Community Centre

495 Sherbourne Street



(no parking available)

Cost: **FREE !** Lunch will be provided

** please let us know if you have any food requirements **

Space is Limited – Registration is Required

To register by November 3rd phone (416) 338-1526 or e-mail

drobich@toronto.ca

Leave your full name, agency, e-mail address, phone number & food requirements (if any)

APPENDIX C

COMMUNITY AGENCY FORUM: POWER POINT PRESENTATION



WELCOME!

Shelter/Group Home Community Consultation

Presented by:

- Toronto Public Health (TPH)
- Prisoners with HIV/AIDS Support Action Network (PASAN)
- Planned Parenthood
- YouthLink Inner City (YLIC)



Introductions

- Welcome and Agenda
- Go- arounds
- Shelter list
- “Housekeeping”



Partner Agencies

- **Toronto Public Health**
 - Toronto Public Health provides Sexual Health Services that include consultation, support, resources and programming
- **PASAN**
 - PASAN is a community-based network of prisoners, ex-prisoners, organizations, activists and individuals working together to provide advocacy, education, and support to prisoners on HIV/AIDS, HCV and related issues
- **Planned Parenthood**
 - Planned Parenthood is a pro-choice community health centre committed to the principles of equity and to providing accessible and inclusive services which promote healthy sexuality and informed decision-making to the people of the City of Toronto.
- **YouthLink Inner City**
 - YouthLink Inner-City provides a comprehensive support system for street involved youth. The ultimate goal of the program is to support youth to disengage from life on the streets and to stabilize their lives.



History

- TPH has been doing “Train the Trainers” (TTTs) for many years.
- In 2004 TPH did a pilot TTT to group home staff in partnership with the Ministry of Youth Justice where many staff were trained.
- In 2006 TPH revisited the idea of creating a TTT in partnership with community agencies to coordinate the training of staff in shelter & group home settings.
- In March 2006 TPH joined with PASAN, Planned Parenthood & Youthlink Inner City to develop the “Shelter/Group Home Workgroup”



Project Goal & Objectives

- **Goal**
 - Increase positive sexual health outcomes for youth living in shelters and group homes in Toronto.
- **Objectives**
 - Increase access for youth living in shelters and group homes to sexual and reproductive health information and community resources.
 - Increase the capacity of staff in shelters & group homes to provide information, education, resources and support on sexual and reproductive health issues to youth.



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Project Activities

- Identify shelters and group homes in the City of Toronto and map them by priority neighbourhoods.
- Prioritize shelter and group home populations as per our sexual health priority populations.
- Collaborate with relevant community partners and key stakeholders.
- Develop training modules for staff in shelters and group homes.
- Coordinate the training of staff to address gaps and minimize overlap.
- Gather resources and create new resources as needed to best meet the needs all stakeholders.



Why is it particularly important for youth in care?

- Youth in shelter and group homes often arrive with histories of non-supportive home environments, early and high-risk sexual and substance-use experiences, and runaway, homeless and street life experiences that increase their risk for STIs/HIV, unhealthy relationships and unplanned pregnancy.



Why is it particularly important for youth in care?

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Why is it particularly important for youth in care?

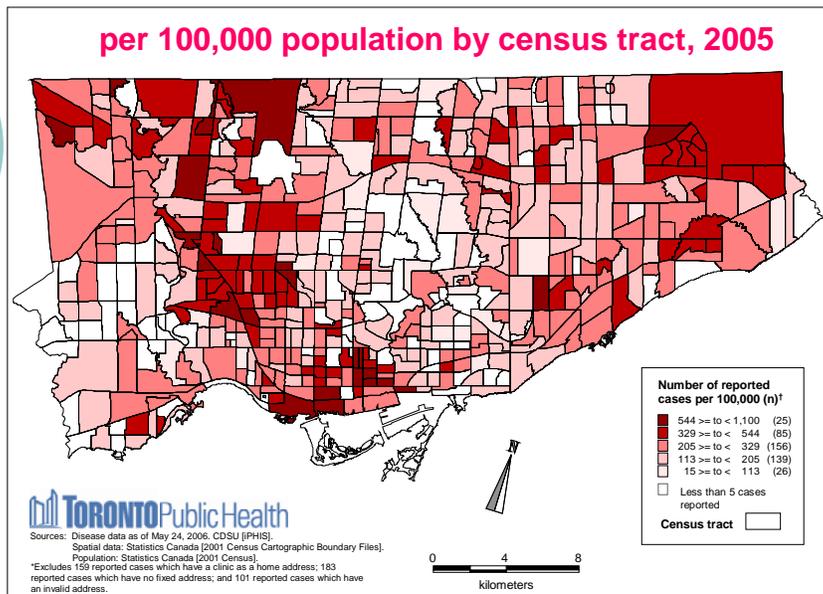
- In a survey of 328 adolescents aged 14-21 years who receive services in group homes and shelters:
 - 85% had engaged in either vaginal or anal sex.
 - 73% had had vaginal or anal sex before turning 14.
 - 49% had had six or more partners in their lifetime.
 - 44% use condoms only about half the time or less.
 - 20% never use a condom.
 - 30% of the sexually active youth had had an STI test.
 - A large number of youth also indicated that they have had sex for 'clothes', 'money', 'drugs', 'food', or 'a place to stay'.
 - Alexander, C., & Strack, R.W. (1999) *Monitoring Adolescents in Risky Situations Project (MARS)* Centre for Adolescent Health

Why is it particularly important for youth in care?

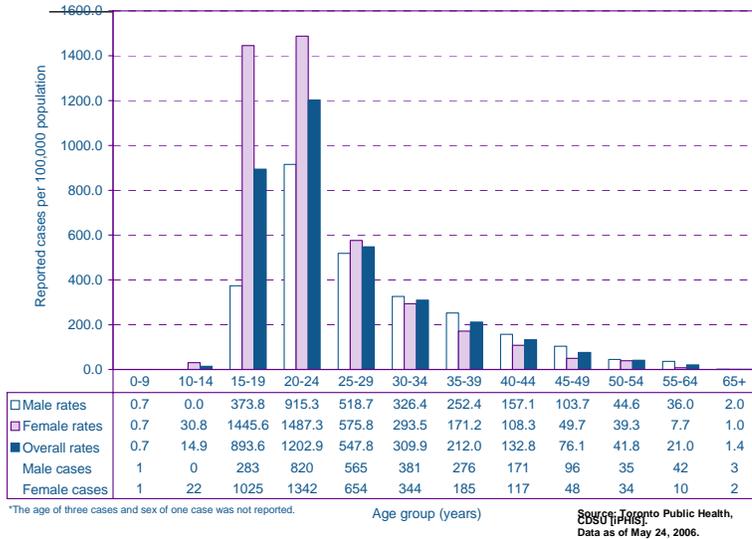
Sexually Transmitted Infections in Canadian Street Youth Study - Key Findings

- Street youth are a sexually active population, with more than 95% reporting previous engagement in sexual activities.
- On average, street youth report having had no fewer than 17 sexual partners in their lifetime.
- A high proportion of street youth report not having used condoms with their regular or client partners during their most recent episode of sexual intercourse.
- Approximately one-quarter of street youth report having traded sex at some point in their lives.
- Rates of chlamydia and gonorrhoea in street youth are more than ten times those in the general youth population.
- Street youth do not seem to modify their sexual behaviours following the diagnosis of an STI.

Chlamydia Rates in Toronto



Chlamydia – Age and Sex Toronto 2005



Studies which support the need for youth to have access to positive Sexual Health information:

- *Canadian Youth, Sexual Health & AIDS Study*, Health Canada, 2002
- Planned Parenthood
 - Creating Sexual and Reproductive Health Initiatives for Women in the Shelter System.
 - Young Men's Health Consultation.
 - Young Parents Health Consultation.
 - Improving access for Newcomer Youth to Sexual Health Resources and Services.
- *Sexually Transmitted Infections in Canadian Street Youth*, Public Health Agency of Canada, 2005



Shelter/Group Home Staff Training

- Increase the skills and comfort level of people working in shelters/group homes
- Find “teachable moments”
- Support the work you do
- Increase access to sexual health information and resources for youth/residents



Speakers

- Youth
- Staff person



Our Research

Goal of Research:

- To consult with staff and youth in group homes and shelters to examine strengths and gaps in the provision of sexual and reproductive health information, resources and support for youth.



Next Steps

- Distribute consultation discussion notes
- Develop, pilot and evaluate training
- Collaborate with agencies in communities across Toronto to implement various trainings
- Look at sustainability

APPENDIX D

COMMUNITY AGENCY FORUM: PARTICIPANT PACKAGE

- Reports
 - Sexually Transmitter Infections in Canadian Street Youth, Public Health Agency of Canada, 2006
 - The Young Men's Health Consultation Report, Planned Parenthood Toronto, 2005
 - Young Parents' Sexual Health Consultation Report, Planned Parenthood Toronto, 2005
 - Creating Sexual & Reproductive Health Initiatives for Women in the Shelter System, Planned Parenthood Toronto, 2004

- Resources
 - AIDS & Sexual Health InfoLine Program Information, Toronto Public Health
 - Fun Ways to Fuck Around Safer, Youthlink Inner City
 - Youthlink Inner City Programs and Services
 - Planned Parenthood Toronto Programs and Services
 - Policy on Human Sexuality, Children's Aid Society, Toronto
 - Sexual Health Program Philosophy & Guiding Principles, Toronto Public Health

- STI Fact Sheets, Toronto Public Health
 - Chlamydia
 - Crabs
 - Genital Herpes
 - Gonorrhoea
 - HIV/AIDS
 - HPV – Human Papilloma Virus
 - LGV – Lymphogranuloma Venereum
 - Pelvic Inflammatory Disease (PID)
 - Syphilis
 - Trichomonas Vaginitis