RESPONDING TO PREGNANCY AND HOMELESSNESS THROUGH TEMPORARY HOUSING AND WRAP AROUND SUPPORTS

YWCA HAMILTON

Presented by: Mary Vaccaro & Chelsea Kirkby

Prepared by: Mary Vaccaro & Amy Deschamps





OBJECTIVES:

- 1. Gain a better understanding of the complex and unmet needs of people experiencing long-lasting homelessness and pregnancy.
- 2. Learn about how YWCA Hamilton responded through developing an 'Emergency Reproductive Care Program' including transitional support beds and a mobile worker.

3. Understand how you might action a model of support for pregnant people experiencing homelessness your own organizations.

HOW WE CAME TO THIS WORK:

- **COVID-19 was the catalyst for this work** An increase in people experiencing pregnancy and street-level homelessness.
- Learning more about lived experience Began with consultation with people who had experienced pregnancy and homelessness.
- Call to Action on Pregnancy, Homelessness & Reproductive Care In May of 2021, we brought together community partners and academics this is now an annual event that guides our work.
- Witnessing lack of supports at the intersection of pregnancy, homelessness and GBV across programs/services at YWCA Hamilton

PREGNANCY, HOMELESSNESS, SUBSTANCE USE & GENDER-BASED VIOLENCE:

- This program responds to unmet need of people experiencing pregnancy ... and:
- Long-lasting street-level homelessness
- Gender-based violence
- Substance use
- Trauma/mental health.
- Incarceration
- Past experiences with child welfare organizations

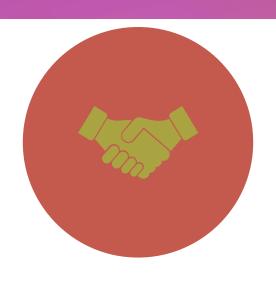
DEVELOPING OUR APPROACH





PHASE ONE: IMMEDIATE SYSTEMS RESPONSE







ADVOCACY

PARTNERSHIP BUILDING

MEETING URGENT NEEDS

ADVOCACY

- Call to Action: with key stakeholders
- Quantifying the issue : Data collection
- Prioritizing pregnancy within the homelessness system

PARTNERSHIP BUILDING

- Partnerships with organizations working at intersection of reproductive health and justice
- Identifying what resources existed that could be leveraged
- Documenting low barrier care pathways

MEETING URGENT NEEDS:

- On-site midwifery care clinic
- Reproductive health supplies made available
- Enhancing sector knowledge on reproductive care needs



PHASE TWO: IMPLEMENTING THE EMERGENCY REPRODUCTIVE CARE BED PROGRAM







CARE

WRAP-AROUND SUPPORTS

BASIC NEEDS

CARE:

- Seconded a full-spectrum doula in partnership with Birth Mark –
 (Emergency Reproductive Care Mobile Worker)
- Developed a suite of in-house and mobile supports

WRAP AROUND SUPPORTS: Integrated and co-located community-based wrap around supports - with a focus on support at the intersection of pregnancy and substance use and gender-based violence

BASIC NEEDS:

• Low barrier pathways to prenatal care, access to basic needs, rest, food, support and connection.

Emergency Reproductive Care Program

ERC Beds

ERC Mobile

Prenatal and Postpartum:

Safe, temporary accommodations during prenatal and postpartum period

Abortion Care Beds:

A safe temporary place to rest post-abortion (medical and surgical)

Connections to prenatal care, practical support, case management, service navigation, meeting people where they are at

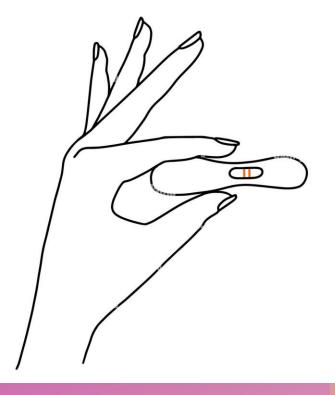
PROGRAM VALUES:

- Intersectional Feminist Analysis: We believe that these oppressive institutions create systemic barriers that impact reproductive rights, choices, and experiences.
- **Harm Reduction:** Our work is explicit in a commitment to supporting women and non-binary people who use substances and focused on providing options to reduce the harms associated with substance use during pregnancy and the postpartum period.
- **Pro Choice:** We are explicit in our commitment to supporting people who choose to access abortion supports and aim to reduce the barriers to abortion for people who face barriers to access.
- **Gender Inclusive:** Trans and non-binary people experience pregnancy differently and require unique services and supports during the prenatal and postpartum period.
- Low Barrier: We are committed to creating low barrier pathways for services that prioritize access to basic needs such as food, housing and safety and enhance prenatal, postpartum, and post-termination supports.

PARTNERSHIPS:

- Birth Mark: Full spectrum doulas including abortion doula care
- Hamilton Social Medicine Response Team: Safe supply prioritizing pregnant women
- The Program for Pregnancy and Substance Use: Addiction care + prenatal care
- McMaster University: Research & evaluation component
- Hamilton Outreach Midwifery Team: Outreach midwifery care
- Greater Hamilton Health Network: Systems planning & advocacy

OVERVIEW OF OUR FIRST YEAR OF OPERATIONS







REFERRALS:

Over the first year of service delivery:

- 52 people have been referred for services and support:
 - 39 people have accessed mobile supports
 - 12 people have accessed the emergency reproductive care beds

PROGRAM PARTICIPANTS:

- All participants experiencing long histories of homelessness and unstable housing.
- Over half of the program participants shared they were actively using substances during pregnancy. (64%)
- Gender-based violence is impacting every single participants experiences. (100%).
- All participants experiencing long histories of homelessness and unstable housing.
- Majority of referrals had not had any prenatal care prior to being referred to the program.

OUTCOMES:

• **Point of connection** – accompaniment to appointments, referrals, support, case management, service navigation, advocacy with other services

- Increased retention in prenatal care / postpartum care
- Increased retention on safer supply program
- Meeting basic needs for pregnant people experiencing homelessness

OUTCOMES FOR BABIES:

- 15 babies born in total:
 - CAS Apprehension: 4
 - Went Home: 5
 - Into Shelter: 2
 - Passed Away: 1
 - Kinship Care: 1
 - Baby In Hospital: 1
 - Unknown: 1

ACTIONING THIS IN YOUR OWN ORGANIZATIONS

DEVELOPING PATHWAYS FOR PREGNANT PEOPLE IN THE HOMELESSNESS SERVING SECTOR

ACTIONING THIS IN YOUR OWN WORK

- 1. **Prioritize space** (emergency shelter, transitional, permanent housing) for people experiencing pregnancy
- 2. Build partnerships with reproductive care providers & full spectrum doulas, and other care providers to develop a suite of wrap-around care
- 3. **Systems planning with partners** to leverage existing resources and create clear low barrier pathways to services and supports
- 4. Work with municipal officials and community partners to ensure pregnant people are prioritized within the existing suite of services in the homelessness sector
- 5. **Collect data** on pregnancy for people experiencing homelessness accessing services

LESSONS LEARNED:

- We opened this program within an existing gender-specific transitional living program. **It is** possible.
- Strong community partnerships are needed. Birth Mark has provided a new lens to this work for us.
- Municipal systems need to prioritize pregnant people within the emergency shelter system & into affordable/supportive housing stock. **Emergency shelter and permanent housing where babies can transition to.**
- Collect data on pregnancy within your organization. This is crucial for advocacy!

BUILDING RESEARCH PARTNERSHIPS TO INFORM LONG-TERM ADVOCACY & ACTION

- We have received a Partnership Engage Grant from the Social Sciences and Humanities
 Research Council to further investigate housing and support models for people experiencing
 pregnancy and homelessness who are at risk of newborn apprehension from child welfare
 organizations.
- Responding to Pregnancy, Infant Apprehension and Homelessness: Building Community Capacity for Adequate Housing and Support Through YWCA Hamilton



WHERE TO GO FROM HERE:

- YWCA Oakwood Place (forthcoming housing build) a continuum of housing and supports for people experiencing homelessness, GBV + pregnancy and parenting with in-house supports
- Trauma-informed supports for people who experience child apprehension
- Building out supports for women and non-binary people who are incarcerated and pregnant
- Advocacy for prioritization of pregnant people for temporary and permanent housing options

QUESTIONS & DISCUSSION