



# Maison Elizabeth House

## Annual Report

### 2015-2016



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## SECTION 1: Message from the President and the Executive Director

This past year has been marked by changes to the Health and Social Services sector resulting in the overall reorganization of services and the reorientation of professionals. Elizabeth House worked to re-establish contact with partners, programs and professionals affected by Bill 10. The clinical team worked hard to ensure seamless service for our clients while the network around us re-established itself.

We experienced fewer referrals to all programs and our population was lower this year than in the past. We hope this will be resolved as the network settles into new ways of working. Other impacts on Elizabeth House are still to be determined. On the positive side, the lower population in the residential program allowed us to offer more teaching and intervention to the young mothers on an individual basis. Elizabeth House adopted the Alliance philosophy and the *Intersectorielle pour le Développement des Enfants et leur Sécurité (A.I.D.E.S.)* initiative. The Clinical Program Manager was invited to join the trainer/multiplier team which begun training professionals in the Montreal area in the approach and use of assessment tools. We are proud to be involved from the ground up and know that this common language and approach amongst our partners and collaborators will have a positive outcome on our clients and their children.

A major focus this year was on the risk and quality dossiers: child safety practices were reviewed and expanded; focus groups were held to look more in-depth into client satisfaction in areas that required further clarification in the client satisfaction survey; governance practices were strengthened by discussions and the development of a Board Development Committee to look at recruitment, training and development, and governance issues; risk management policies and procedures were prioritized for review; the relationship between the Elizabeth House and its Foundation was strengthened and all Board members are more actively involved in fundraising to support client needs.

We continue to work closely with the Elizabeth House Foundation to enhance collaboration on our common goal: fundraising to permit Elizabeth House to provide comprehensive educational and treatment services for young mothers and families in difficulty.

All of this has been accomplished with the dedication, competence and creativity of our management and staff teams. Our success is also due to the support of our volunteers, community partners and our Board of Directors. The beneficiaries of these essential and valuable contributions are, of course, the young, vulnerable mothers and children for whom we exist to serve.

*Cerise Morris*

Cerise Morris  
President, Board of Directors

*Linda Schachtler*

Linda Schachtler  
Executive Director, Elizabeth House

## SECTION 2: Declaration Regarding the Reliability of Data in this Annual Report

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

The results and data in this report of activities for the fiscal year 2015-2016 accurately describe the mission, the mandate, the values and the strategic orientations of the organization; accurately describe the objectives, the indicators, and the results obtained; and present correct and reliable financial and statistical data.

I certify that the data contained in this annual activity report is reliable, in other words, is objective, accurate and verifiable. The same applies to the controls related to the data presented. The data and information accurately reflect the activities for the year ending March 31, 2016.

*Linda Schachtler*

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Linda Schachtler, Executive Director

## SECTION 3 : Presentation of Elizabeth House

### About Elizabeth House

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

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

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

### Our Vision, Mission and Values

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

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

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

#### **Integrity**

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

#### **Excellence**

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

### ***Innovation***

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

### ***Collaboration and Partnership***

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

## **Our Clients**

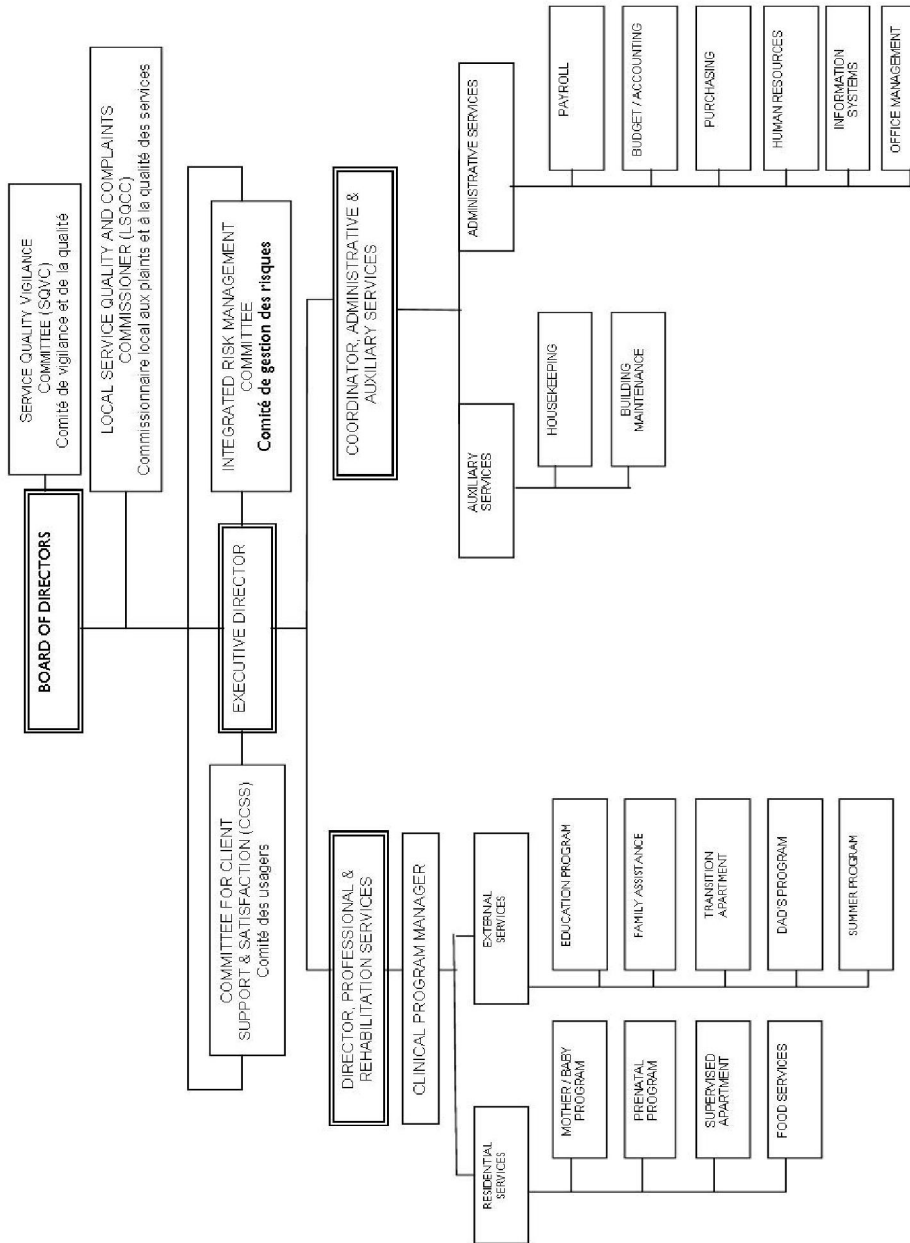
Elizabeth House serves a client population with varied and complex needs. Some clients require the services of Elizabeth House to help them transition into parenthood due to their young age and limited life experience. Others experience a difficult transition due to personal limitations caused by an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

Some clients have had past involvement with Youth Protection, placements in foster homes and group homes. They may continue to be involved with Youth Protection in their capacity as parents. They are likely to have experienced some of the following situations during their childhood or adult life:

- Separations from primary attachment figures and/or disruptions in care
- The absence of protective fathers or father figures
- Family disorganization/dysfunction
- Inadequate guidance and family support
- Physical, sexual and/or psychological abuse
- Substance abuse
- Experiences with conjugal violence
- Emotional or mental health problems
- Oppositional thinking and behaviour
- Frequent moves and lack of stability in the community
- Susceptibility to exploitation



# Elizabeth House Organizational Structure 2015-2016





## Board of Directors 2015-2016

Cerise Morris, President  
Howard Nadler, Vice-President  
Sandra Sinclair, Secretary  
Claude David, Treasurer  
Cristina Birks  
Jane Bracewell  
Nooshin Maleki  
Donna Varrica  
Linda Schachtler, Executive Director, Member ex officio

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

There were no violations of the Code of Ethics.

## Board Committees

### Board Development Committee (Standing Committee as per By-laws)

#### Members 2015-2016

Cristina Birks  
Cerise Morris, Member ex-officio  
Howard Nadler  
Linda Schachtler, Member ex-officio  
Donna Varrica  
Maria Patsios, Elizabeth House Foundation Board

Board Development Committee (renamed in February 2016) is the successor of both the Nominations and Governance Committees. The focus of the Board Development Committee is on maintaining an effective Board.

The purpose of the Board Development Committee is to plan activities for board development and education in relation to the organization's mission, services, governance and accreditation requirements. It determines the needs of the Board, including succession planning; recruits, interviews and recommends potential Board members; and orients new Board members to their tasks. The Board Development Committee also assesses current Board functioning.

## **Executive Committee (Standing Committee per By-laws)**

### **Members 2015-2016**

Cerise Morris, President, Member ex-officio  
Howard Nadler, Vice President  
Claude David, Treasurer  
Sandra Sinclair, Secretary  
Linda Schachtler, Executive Director, Member ex-officio

The Executive Committee managed Board business and led the work of the Board. It supported and assisted the Executive Director providing input and strategy concerning issues and topics affecting the organization, ex: unionization, human resources, financial and legal matters; carried out background preparation for presenting matters for discussion and decision at Board meetings; addressed high priority and sensitive issues between Board meetings on which action needs to be taken and there is no time to convene a regular Board meeting.

The Executive committee reported at every Board meeting on its meetings and decisions.

## **Finance and Audit Committee (Standing Committee per Bylaws)**

### **Members 2015-2016**

Cerise Morris, President, Member ex-officio  
Claude David, Treasurer  
Howard Nadler, Vice-President  
Linda Schachtler, Executive Director, Member ex-officio

The Finance Committee held one formal meeting to review the financial statements and the AS-471, discuss internal controls, and receive reports from the auditor. Throughout the year, the Treasurer reviewed processes and documentation related to bank reconciliations, payroll, payables, investments and recommended approval of the financial information presented at the meeting.

Committee members reviewed financial statements and reports at Board meetings throughout the year. As well, budget projections were approved ensuring that a plan was in place for the use of the organization's resources.

## **Integrated Service Quality and Risk Management Committee (Required by law)**

### **Members 2015-2016**

Michele Bourdages, Clinical Educator and is representing client voice  
Joanna Giammaria, Coordinator of Administrative and Auxiliary Services  
Cerise Morris, President, Board of Directors  
Lisa Pepin, Administrative Technician  
Lisa Sanschagrin, Director of Professional and Rehabilitation Services (up to Feb. 2016)

Linda Schachtler, Executive Director  
Sandra Sinclair, Secretary, Board of Directors

The Integrated Risk Management and Quality Improvement Committee (IRMQIC) is required by law and intended to monitor the ongoing management of risk within the organization.

The mandate of the committee is to oversee the management of risk within the organization, through the analysis of risk situations and the development of policies and procedures to reduce risk.

The Committee met 4 times this year and held 3 sub-committee meetings to further various risk-related improvements and plans.

The organization has maintained a heightened awareness of the importance of health and safety within the culture of the organization.

The IRMQIC reviewed and approved the quarterly Incident, Accident and Event Reports and the recommendations made, ensuring that follow-up is done. Reports are provided to the Board of Directors on the activities related to risk management and quality improvement. (see Annual Incident, Accident and Event Report 2015-2016 on pages 32)

The staff training schedule established training priorities to meet professional development needs, accreditation standards, occupational health and safety laws and laws under the Ministry of Health and Social Services.

The annual inspections of the fire alarm and smoke detectors in the residence were carried out. Fire drills, including staff and clients, took place on a regular basis to test knowledge and compliance, while debriefing sessions were held in team meetings and client group meetings to reinforce and evaluate procedures.

A child equipment inventory of all equipment, in storage and in circulation, was revamped and window safety was addressed. (see Highlights, pages 12-17)

### **Service Quality and Vigilance Committee (required by Law)**

#### **Members 2015-2016**

Cerise Morris, President  
Céline Roy (Local Service Quality and Complaints Commissioner)  
Linda Schachtler, Executive Director  
Sandra Sinclair, Secretary

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

The SQVC met five times this year.

It received and analyzed quarterly Incident, Accident and Event Reports and reports from the Complaints Commissioner. The Committee monitored that recommendations were followed regarding the quality, safety, and effectiveness of services, the handling of complaints, the enforcement of users' rights and actions to be taken.

It received and reviewed client satisfaction surveys and held a focus group of current clients to elaborate on areas where further information was required in order to assess and recommend changes to procedures, policies and practices affecting clients.

### Other Committees

Building Committee  
Clinical Program and Service Evaluation Committee  
Education Fund Committee  
Joint Standing Committee (English Montreal School Board and EH)  
Labor Relations Committee  
Public Relations/Communications Committee  
Strategic Planning Committee

## Highlights

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

Elizabeth House has adopted the Alliance philosophy which says that for children to develop in the best way possible, all those concerned with their well-being must work and act together. The Alliance program was designed to put in place the best conditions possible for a child to develop and thrive.

The Clinical Program Manager, along with a core team of professionals from other organizations, was trained as a multiplier/trainer in spreading the Alliance philosophy and in training professionals in the Montreal area in the use of the accompanying approach and tools: A.I.D.E.S. These practical tools and assessments were specially designed as a model for analyzing the developmental needs of children using a participatory approach.

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

factors that influence responses to these needs. They also promote the sharing of information and the use of a common language when working with our clientele.

Elizabeth House is in the process of training its clinical employees in the A.I.D.E.S. approach, familiarity with the practical tools and assessments and in pilot testing their use with clients. Results from the assessments will be used to inform and develop Interventions Plans (IP) and Individual Service Plans (ISP) with clients and other service providers.

### **Financial Stability (Strategic Objective)**

Elizabeth House finished the year with a surplus of 9,787\$

The accounting functions and job descriptions were reviewed and re-written to further segregate duties and make better use of resources. Revisions and improvements were made to the chart of accounts, internal monitoring and analysis reports, bank reconciliations and schedules to monitor activities.

Administrative job descriptions were revised to ensure that essential operations can be supported with recurrent government funding.

### **Partnering in the development of services and programs for Fathers (Strategic Objective)**

Elizabeth House staff attended the 10th Su-Père conference, an annual conference that is organized by the Regroupement pour la Valorization de la Paternité (RVP) to promote the importance of fathers in the lives of children, and to educate workers/professionals in the réseau on how to engage and work with fathers or persons in a father figure role (ex. stepfather, grandfather).

The funding of this activity by the Table 0-5 Cavendish is the first step in trying to solicit interest from table members to improve their competency in working with fathers, and to explore the possibility of creating a joint project in order to better respond to the needs of fathers in the NDG-Cavendish area.

Several Elizabeth House staff attended a full-day training through McGill University Division of Child Psychiatry called “The role of Fathering in Building Resilient Contexts for Children”.

#### The Role of Fathers at Elizabeth House

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

In the residential program this year, there were 7 fathers declared on their child’s birth certificate. Of these fathers, 4 had limited or supervised contacts with their children due to issues related to Youth Protection involvement: drug abstinence, mental health issues, incarceration, etc. Despite the limited or supervised contact, 3 of the 4 dads maintained

regular contact with their children. Therefore, 6 of the 7 of the dads were actively involved in their children's lives with 1 dad being the primary caregiver of his child and another dad having overnight custody arrangements for his child.

Through flexible visiting time periods and one-on-one time with their children, Elizabeth House provided fathers with access and opportunities to bond with their children.

Two of the 7 dads were also involved with the Family Assistance program.

### **Phase System**

Elizabeth House interventionists recognize that clients have different strengths and are at different levels and therefore need different types of intervention, supervision and recognition of progress. We have begun developing a system of recognition that phases in increased privileges and autonomy as clients progress with their intervention plans and meet program and group living requirements. Staff is re-organizing program objectives and identify benchmarks for success. This work was done with the support and guidance from Jean Frederic Lemay (JFL Consultants) through the Cavendish 0-5 Table. Staff is excited to bring this new dimension to their approach to intervention and support to this clientele.

### **Treatment Outcomes (Strategic Objective)**

Elizabeth House focused on the ongoing development of treatment outcome measures in order to track client progress, assess the effectiveness of interventions and programs, and explore their potential use in research on this client population.

One of the initiatives of the 0-5 Cavendish *Table de Concertation* is to guide and assist organizations so that they start to look at evaluation and evidence-based outcomes. Each organization was given two sessions with an evaluation specialist, the first one being held in December 2015.

Staff is focused on identifying the broad skills that we want every resident to acquire. To date, we have articulated the general skills on which clients (parents) will be evaluated as well as the developmental, physical and emotional needs of both mothers and children at various ages.

### **Mental Health Support for Clients (Strategic Objective)**

The Director of Professional and Rehabilitation Services sought out collaborative relationships with individuals and organizations to assist Elizabeth House in its interventions and in finding therapeutic resources for clients who have mental health or emotional difficulties.

Clients can now easily access therapy from the Argyle Institute and pay a fee on a sliding scale. Elizabeth House allocated funds to completely reimburse client individual therapy.

A Master's level student from the Concordia University Fine Arts Department of Creative Therapies completed an internship at Elizabeth House this year. This student provided drama therapy to certain Residential and Family Assistance clients. One resident benefited from a parent-child dyad that reinforced attachment. This work was carried out under the supervision of a university professor.

Clients who require mental health services from a psychiatrist are being referred to hospital centres, such as the Douglas Hospital, through the CIUSSSs or their physicians. The referral process can be time consuming; however, Elizabeth House has been able to access psychiatric treatment and specialized group work for clients in need, particularly through the Douglas Hospital.

Elizabeth House staff has sought consultation from the Tracom Crisis Centre in Notre-Dame-de-Grace when dealing with crisis situations, such as the expression of suicidal ideation. We are looking at targeting Foundations and organizations willing to fund mental health initiatives and may be making proposals for donations to cover various types of therapy for clients who meet a pre-established criteria. It is hoped that this will be in place for the next fiscal year.

Residential clients also responded to an anonymous questionnaire administered by the researchers from the Douglas Hospital (Centre de recherche de l'Hopital Douglas CIUSSS de l'Ouest-de-l'Île-de-Montréal). The goal of the research was to learn about the identities of people who struggle to find permanent housing, including those people who reside in transitional settings, such as at Elizabeth House. The participation of clients was optional.

## Partnerships

English Montreal School Board and Elizabeth House held discussions and confirmed the need and desire to continue this long standing partnership. Low numbers and changing demographics, as well as funding and staffing concerns, have accelerated the search for alternative models to provide high school education to pregnant girls and young mothers over 18 years of age who are not eligible for a Youth Sector School but who require or could benefit from the services provided through this joint Education Program. We are working together to find a model that can be adapted to the needs and reality of our clients while not incurring additional costs.

Elizabeth House is also involved on the community tables and initiatives to support and develop resources in the community in order to assure that clients have access to the community-based resources and access to supports which may prevent the need for further involvement with Elizabeth House and/or youth protection. We participated in the 0-5 Cavendish Table where strategies were identified to work with isolated families, including fathers.

The contract for the services of the Local Service Quality and Complaints Commissioner with the new CUISSS – Centre-de-l'île-de-Montréal was renewed.

The new CIUSSS – Centre-Sud-de-Ile-de-Montréal organized a “get-to-know the partners” event. Organizations displayed their materials and an interactive activity gave everyone an opportunity to meet each other and learn about work done in the community. The clinical program manager and three clinical staff attended the event. Everyone better understands the resources in the area for young families and important contacts were made for referral purposes.

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

Annual client satisfaction survey results from the past several years were analyzed and questions were developed to gather more information regarding areas that required follow-up or where more in-depth information was necessary to understand the clients’ issues. With input from the clinical team, problems areas were identified and grouped into themes which were explored in focus groups. A set of questions was developed for each theme to stimulate conversation and encourage feedback in an effort to understand and address client needs. The results will be synthesized and used to guide improvements.

### **Proactive Measures Taken to Prevent Risk and Promote Safety**

Fire drills were carried out throughout the year. The effectiveness of procedures and compliance by staff and clients were evaluated. Debriefing sessions took place following the evacuation exercises and included staff and clients.

The annual inspection of the fire alarm and smoke detectors at the residence was completed and it confirmed that the equipment met all requirements. However, as a preventative measure following three false alarms in August, Elizabeth House elected to replace the oldest smoke detectors (39) as well as batteries for the emergency lights in the residence.

An inventory list of all child equipment, in storage and in circulation, has been added to the existing inventory of Elizabeth House equipment. Clear policies for the inspection and verification of expiry dates and recalls on equipment that is already in circulation are being developed. Progress has also been made with regards to the management of newly donated items, with the responsibilities being divided between clinical, maintenance and auxiliary staff to ensure safety.

A proactive risk assessment was conducted with respect to window safety. It resulted in safety devices being installed on all child-accessible windows.

A new telephone system was installed which had the added feature of allowing threatening calls to be recorded. As well, it includes a portable phone which is used by all staff especially those on single coverage.

The addendum to the Security of Information Policy has been drafted to include protocols for emailing or sharing documents through the server as to ensure secure transfer of client information. Feedback and approval are pending.



### **Policy and Procedure Review**

In follow-up to the recommendations from Accreditation Canada, the management team undertook a full review of the policy and procedures at Elizabeth House. A new structure for the organization of this information was developed. A plan was submitted to the Board of Directors to revise policies and procedures in themes, beginning with those related to risk management and safety; to separate policy from procedure; to reduce the number of policies and include references to information sources. Policies will be approved by the Board at Board meetings as they have been finalized.

### **Policy and Procedure on Measures of Control and the Management of Dangerous Client Behavior**

The Board of Directors passed the Policy on Measures of Control and the Management of Dangerous Client Behavior. The treatment and interventions carried out at Elizabeth House do not include any form of measures of control, nonetheless, it was deemed essential for the staff members to recognize and understand what constitutes a measure of control in order to: prevent the use of measures of control; to ensure that alternate strategies are used to manage dangerous client behavior; and to protect client rights.

Clinical staff at Elizabeth House are prepared to deal with crisis situations given their educational backgrounds and work experience. In addition, staff is trained in therapeutic crisis intervention so they have the skills to de-escalate situations while still protecting themselves while they intervene. Staff relies on their skill, and the assistance of the police to effectively and safely manage dangerous and unpredictable client behavior. Clients will be made aware, prior to their involvement in Elizabeth House services, that the police may be called to assist in the management of certain crises.

### **Archive Project**

Elizabeth House contracted the services of an archivist to review and revise archiving procedures and document retention schedules for both clinical and administrative files. Preliminary plans were developed to revamp the current paper and electronic information systems.

## SECTION 4 : Clinical Services, Activities and Statistics

Elizabeth House provided services to 147 clients through its residential and external programs.

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

The above figure also includes incidental contacts, including consultations with professionals, and brief interventions to assist former and potential clients (37 in total).

One hundred and fifty two (152) clients were serviced in 2014-2015 representing a slight decrease.

### Introduction

Work in Residential Services and in the external Education and Family Assistance programs has continued to focus on helping clients to cope with the many challenges of parenthood and young adulthood they face, such as the adjustment to parenthood, emotional or mental health difficulties, lack of support, lack of financial resources, and conjugal violence. Regular group sessions, animated by Elizabeth House staff and students, were held throughout the year on the topics of pre-natal care, parenting, child safety, life skills development, relationships and sexuality.

### Program Development

Program development continues to be a priority at Elizabeth House. Standardized teaching is done through workshops and education modules in the areas of parenting, infant stimulation, child development and independent living skills. This year the clinical team completed the education modules related to pre-natal care.

Education modules related to healthy eating and nutrition were formalized for the residential program. As well, clients receive consistent messages from staff regarding nutrition and healthy practices for mother and child. Further education related to nutrition is provided through activities of daily living related to budgeting, cooking and menu planning. The ministry orientation for Food Services will continue to be followed in the residence.

The pre-natal education modules were developed to be used in all programs. The modules consist of monthly activities to help prepare for the birth of their child.

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

Staff held several retreats to continue the work identifying measurable and specific goals and objectives for Rehabilitation Services including learning objectives for clients and criteria for their measurement.

## **Common to all Elizabeth House Programs**

### **Child Stimulation Group**

Clients within the Residential Mother-Child Program participate in child stimulation groups so they may learn how to interact and play with their child, according to their child's age and stage of development. The goal is to work with and through the parent to promote optimal child development. Parents are also encouraged to participate in child stimulation programs offered through the CSSSs and community organizations to continue and further maximize their child's development and to learn how to access and effectively use community resources.

Two of these sessions, given during the fall of 2015, were animated by a speech therapist from Au Baluchon, who showed clients specific activities to stimulate their children's language development. The same therapist conducted a teaching session with the Elizabeth House educator staff from the various programs to increase their knowledge of language development and to show them how to coach the clients.

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

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

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

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

## **Terrific Toddlers**

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

## **Independent Living Workshop**

The Independent Living Workshop covers almost every aspect of what a young person needs to know to live independently, while meeting the needs of a young child. Some of the topics covered included making the right decisions, banking, budgeting, learning to shop smartly, how to find suitable housing and day care, and childproofing the home. The workshops were highly interactive through the use of team activities, role play and the simulation of real life scenarios.

## **Planning Your Pathway to Autonomy**

Elizabeth House uses a questionnaire called "Planning Your Pathway to Autonomy" (PAP) to help older adolescents and young adults evaluate their competencies, identify areas of weakness and set personal goals for themselves. The tool is being used by other rehabilitation service providers, including Batshaw Youth and Family Centres and Centre Jeunesse de Montréal, and has become the "common language" used to identify and address the needs of youth, particularly vulnerable youth who have limited family or social support.

## **Activities in the Residential Program**

Residents and their children benefited from community outings as part of regular programming. They were taken to the Aquadome and Biodome. Along with being a fun activity for the clients, it also gave the educators an opportunity to see how the mothers interacted with their children in the community.

We also had a nursing student from Université du Québec en Outaouais who ran 2 workshops with the residential clients on basic first aid care and child vaccinations.

This year, the organization benefited from a new collaboration with the Concordia Creative Arts Therapy Program – a Masters student completed her internship over 2 semesters. Her work consisted of individual therapy sessions with 3 clients from the Residential Program and Family Assistance, as well as one client benefiting from a parent-child attachment dyad.

In addition to the above, Elizabeth House clients have benefited from the expertise of external resources who provided information sessions, workshops and classes.

Nurses from the CSSS Cavendish conducted a workshop with clients in the residence to prepare them for extreme heat conditions.

A guest speaker from Aids Community Care conducted a workshop at the high school and in the residence on safe sex.

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

### **Writers in the Community**

The residential program has continued to offer creative writing workshops through a joint project with the Québec Federation of Writers. The workshop given in the spring of 2015 was met with ongoing enthusiasm by clients, as they realized their writing abilities and creative talents, and benefited from having an outlet to deal with some of the complex emotions and issues they face. A Spoken Word performance was held in June 2015 where clients had the opportunity to present their poetry. The poetry was entered into a zine published by the Québec Writer's Federation.

### **Gardening and Nutrition Program**

Once again this year, the Residential Program was able to engage the mothers and their children to participate in managing a gardening program. We benefited from 3 Concordia students from the Applied Human Sciences Program who set up and planted a garden in the backyard of the residence. Later in the summer, a nutrition program taught clients how to use the vegetables harvested from the garden, as well as those generously donated by Action Communiterre.

### **Client Safety Workshops**

Elizabeth House is dedicated to client safety and conducts several workshops every year to educate clients on this topic. In 2015-2016, the following programs were offered to the residents: Child Safety and Childproofing, Falls Prevention, Kitchen Safety, Cleanliness and Safety of Baby Equipment.

### **Activities in the Education Program**

Students in the Education Program participated in numerous educational and cultural activities at the school and through planned outings (Segal Centre plays, Sikh Temple, Santropol Farm, Ma Bicyclette (bike rental), Aquadome with babies, L'Autre Montreal historical tour of the city, Kahanawake Longhouse, Share the Warmth (to give back) Career Day at Pius 1X, Glambition (Entrepreneurial Options at Dawson College). Students have continued to benefit from guest speakers and workshops; Women Aware (domestic abuse), Maison Jean Lapointe (gambling),

Complaints Commissioner (Rights and Responsibilities), Legal Aid, Ma Place au Soleil, Josee Corbeil (nutritionist), AIDS Community Care (Safe Sex & Saying “no”), EMSB (Social Networking Safety & Missing Children’s Network), Montreal Museum of Fine Arts (art education for credit), Cooking for Healthy Living, Drama Therapy, Brian Smith (Monnaie-Money), Budgeting, Income Tax Clinic, Kickboxing, EMSB (Early Childhood Literacy).

Psycho-social groups were facilitated on a weekly basis throughout the year by Elizabeth House educators: Anti-Bullying, Media Literacy, Life Skills, Physical Education, Parenting and Prenatal Education and Discussion, Relationships and Sexuality.

### **“Vous Etes ce que vous mangez” Cooking Course**

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

## **Residential Services**

### **Mother-Child and Prenatal Programs**

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

Two programs are offered through Residential Services:

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

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

<b>Occupancy Rate</b>			
	<b>A</b>	<b>B</b>	<b>C</b>
<b>Occupancy Rate 2015-2016</b>	35%	43%	40%
<b>Occupancy Rate 2014-2015</b>	41%	54%	41%
A. = <i>jours présences</i> as per government regulations			
B. = when client is either sleeping at EH or absent – but is still considered admitted – i.e. the bed is not available for other clients			
C. = Theoretical occupancy is 9x 366 as opposed to 18 x 366 (1332/3294 = 40.4%)			

<b>Distribution of Residential Clients by Law</b>		
	<b>LHSS</b>	<b>YPA</b>
<b>2015-2016</b>	15	12
<b>2014-2015</b>	14	23
LHSS = Act Respecting Health and Social Services YPA = Youth Protection Act		

<b>Distribution of Residential Clients by Age</b>							
<b>Age</b>	<b>0-12 mo</b>	<b>12 mo-5 yrs</b>	<b>15 yrs-17yrs</b>	<b>18 yrs-20 yrs</b>	<b>21yrs-25yrs</b>	<b>26 yrs +</b>	<b>Total</b>
<b>2015-2016</b>	9	4	7	1	4	2	27
<b>2014-2015</b>	11	8	7	7	2	2	37

<b>Residential: Average length of Stay</b>	
<b>2015-2016</b>	<b>98</b>
<b>2014-2015</b>	<b>181</b>

<b>Residential Services: Length of Service for Mothers</b>						
<b>Months</b>	<b>0-3</b>	<b>3-6</b>	<b>6-9</b>	<b>9-12</b>	<b>12-15</b>	<b>15-18</b>
<b>2015-2016</b>	4	3	3	1	0	0
<b>2014-2015</b>	2	4	4	1	1	2

## **Other Statistics and Trends in Residential Services Programs 2015-2016:**

- There continued to be a consistent demand for residential services in 2015-2016.
- Services were received by 14 mothers and 13 children, as compared to 18 mothers and 19 children last year.
- There was a decrease in the number of clients admitted to the residence and as a result the occupancy rate was slightly lower than last year.
- The length of completed service ranged from 0-3 months to 9-12 months.
- Most of the mothers and mothers-to-be (57%) were under the age of 21, with the majority of those (87.5%) being between the age of 15 to 17; the remainder (42.8%) were between the age of 21 to 30.
- 2 of the 7 adolescent mothers / mother-to-be (28.5%) were followed under Youth Protection.
- 6 residential clients came in pregnant. 5 gave birth while residing at EH; 1 was discharged prior to giving birth.
- All mothers were first-time mothers, with the exception of 1.
- There were 4 mothers (28.5%) for whom the mother tongue was French, compared with none the previous fiscal year and 13% the fiscal year prior (2013-2014).

### **Clients (Moms / Moms-to-be) involved with another EH Program:**

- 5 (out of 14) residential clients were involved with other EH programs during the same fiscal year (35.7%).
- 5 residential clients also in Education program during the same fiscal year (35.7%).
- 2 residential clients transferred to Family Assistance program after leaving residential program (14.2%).
- We had 2 mothers followed under the Youth Criminal Justice Act (YCJA).
- 9 of the children were infants under twelve months of age (69%), while 4 of the children were toddlers or pre-school age (31%).
- 10 of the children were followed under Youth Protection (77%).
- 7 of the 13 children had their father's name declared on their birth certificates, compared to 14 out of 19 children in the previous year.
- Of the 7 children with legally declared fathers, 6 children had regular contact with their fathers, 1 child had inconsistent contact due to circumstances related to the father.



## Intake Statistics for Residential Services Programs

This fiscal year, there was a 23.5% decrease in referrals to the residential program. The number of admissions was also slightly lower, at 8 compared to 11 in 2014-2015. Clients were referred mainly by Batshaw Youth and Family Centers, as well as community organizations and CLSC/CSSS. Other referral sources included *Centre Jeunesse de Montréal* and *Centre Jeunesse de la Montérégie*.

## Referrals to the Residential Program

<b>Clients in the Residential Program referred from:</b>	<b>2015-2016</b>	<b>2014-2015</b>
Batshaw Youth and Family Services	7	11
Centre Jeunesse de la Montérégie	2	3
Centre Jeunesse de la Montérégie and Kahnawake Community Services (shared case)	0	0
Centre Jeunesse de Montréal	1	1
Centre Jeunesse de l'Outaouais	0	1
Cree Health Board	0	1
From the community (hospitals, CLSC's or community clinics)	4	1
<b>Totals</b>	<b>14</b>	<b>18</b>

### Referral Statistics and Trends 2015-2016:

- 26 requests for residential services were made this past year, compared to 34 last year.
- Most (61.5%) came from the Montreal region. The remainder of the requests came from Montérégie (23.1%) or Northern Quebec (11.5%) and one came from out of province.
- 61.5% of all requests came from Youth Protection organizations (Batshaw Youth and Family Center, *Centre Jeunesse de Montréal*, *Centre Jeunesse de la Montérégie* and Mistissini Youth Protection). 19.2% came from a CLSC or CSSS and another 19.2% from community organizations.
- Of the 26 requests, 17 packages were returned, 12 intake meetings were held and 8 resulted in admissions (30.8%). 2 requests (7.7%) were withdrawn or led to the client being refused admission and 2 requests were redirected to other EH programs (Family Assistance and the supervised apartment program - PATH).
- 6 of the returned packages were for aboriginal clients. One of these mothers was admitted.

## Food Services

Food Services		
	2015-2016	2014-2015
Number of Meals	9,946	11,360
Food Costs	\$19,047	\$17,628
Cost per Meal	\$1.92	\$1.55

Elizabeth House provides food for clients in its residential programs. Clients participate in menu planning, grocery shopping, meal preparation and clean-up. They are encouraged to prepare and share recipes from their cultural traditions. Although there was lower populations this year, food costs were higher. This is due to the higher cost of buying smaller quantities of food.

The residential aide and the clinical staff teach clients the principles of healthy eating, and teach them the essentials related to hygiene, cleanliness, food handling and storage. Meals are shared in the common dining room, providing opportunities for communication and positive supportive interaction, not only between staff and clients, but also between the clients. Along with providing structure and routine, shared meals also have a positive impact on children's language acquisition and their socialization.

Elizabeth House continues to be guided by its Food Policy which was developed in response to the Ministry of Health and Social Services' plan calling for the promotion of healthy lifestyles and the prevention of problems linked to obesity (*Plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids 2006-2012*). The policy is based on the Ministerial document: "*Miser sur une saine alimentation: une question de qualité*" as well as on the Canada Food Guide.

## External Services

### Semi-Supervised and Transitional Apartment Programs

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

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

The **Track Program** is intended for Elizabeth House clients (mother, father or couple) who require independent living support, but of a less intensive nature. Clients must demonstrate the

capacity to ensure the safety and security of his/her child(ren) on their own. They must have an income to support their living expenses.

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

These programs benefited 3 mothers and 2 children, compared to 5 mothers and 6 children in 2014-2015. Two mothers successfully transitioned from Path to Track and then to apartments in the community; one mother left prematurely.

## Education and Nursery Programs

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

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

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

<b>Distribution of Clients in the Education Program By Age</b>					
<b>Age</b>	<b>0-5</b>	<b>12-14</b>	<b>15-17</b>	<b>18+</b>	<b>Total</b>
<b>2015-2016</b>	12	0	9	6	27
<b>2014-2015</b>	15	0	9	9	33

## Statistics and Trends in Education Programs in 2015-2016

Fifteen (15) clients or students were registered in the Education Program at various points during 2015-2016, compared to 18 in the previous year.

Twelve (12) children attended the nursery at various points, compared to 15 for the previous year.

There is a lessening demand for school services at Elizabeth House for reasons that are unclear. The population in the nursery was low at times, throughout the year, due to some students having enrolled their children in community daycares, due to convenience (close to home), or due to their child's age (over 18 months).

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

- 9 of the students (60%) were minors, compared to 50% the previous year.
- Of the 9 minors, 3 students (33%) were followed under Youth Protection, compared with 56% the previous year.
- 2 of the mothers were followed under the Youth Criminal Justice Act (YCJA).
- 6 of the 12 children (50%) were followed under Youth Protection, compared with 60% last year and 50% the year before.
- 9 out of 15 students (60%) were returning students, compared to 6 last year.
- 11 out of 15 students (73%) had participated in other Elizabeth House programs, similar to 72% last year and 76% the previous year.
- 5 out of 15 students (33.3%) had resided at the residence at some point during the school year, compared to 56% the previous year.
- 3 students attended school from out-of-region (Chateauguy or Kahnawake)
- The majority of students resided with their parents and/or in a multi-generational household.

## Family Assistance Program

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

The program is primarily intended to help clients who are leaving residential services make a successful transition to the community. Clients in the community may be self-referred or be referred by a first-line professional. Self-referred clients are connected with their local CSSS for assessment of their first-line and second-line service needs, and for the purpose of joint intervention planning. In 2015-2016, the program ran with one full-time educator and a student

intern from the Applied Human Sciences Program at Concordia University. The work continued to focus on the following areas: child discipline and routines, home organization, cleaning and child safety, accompaniment related to legal and welfare issues, domestic violence and controlling relationships, other relationship issues, finding affordable housing and daycare, and following through on medical and other critical appointments.

<b>Distribution of Clients in Family Assistance</b>			
	<b>Mothers</b>	<b>Fathers</b>	<b>Couples</b>
<b>2015-2016</b>	23	2	1
<b>2014-2015</b>	25	0	2

<b>Family Assistance: Length of Service</b>								
<b>Months</b>	<b>0-3</b>	<b>3-6</b>	<b>6-9</b>	<b>9-12</b>	<b>12-15</b>	<b>15-18</b>	<b>18-21</b>	<b>21-24</b>
<b>2015-2016</b>	3	6	1	1	1	0	2	0
<b>2014-2015</b>	3	4	2	2	4	0	1	2

### **Statistics and Trends in the Family Assistance Program in 2015-16:**

Twenty-seven (27) parents and 29 children received services through the Family Assistance Program, compared to 29 parents and 33 children the previous year.

There was one couple (resided together); the remainder consisted of services provided to 23 girls or women and 2 men.

The average length of completed service ranged from 0-3 months to 18-21 months.

#### **Other statistics and trends:**

- 3 of the 27 parents (11%) were minors, compared to 17% the previous year.
- 1 of the 3 minor age clients was followed under Youth Protection.
- 6 of the 27 parents (22.2%) had more than one child, compared to 28% the previous year.
- 18 of the 29 children (62%) were followed under Youth Protection, compared to 48% the previous year.
- 9 of the 27 parents (33.3%) had participated in other Elizabeth House services (Residential, Education, Path/Track Programs), compared to 41% last year, representing a decrease.
- 2 out of the 27 parents had received residential services (7.4%) within the same fiscal year, compared to 31% in the previous year.
- However, it should be noted that 13 of the 27 clients (48%) were involved in either residential or education programs in previous fiscal years.

### **Summer Day Camp**

The summer day camp offers Elizabeth House clients a unique opportunity to spend quality time with their children, taking part in child-oriented activities and benefiting from some teenage or adolescent time while children are cared for in the nursery. It provides much-needed respite for young parents and demonstrates to them how to balance their needs and their children's needs through the planning of family-centered activities and through the friendships developed with other parents. For some parents it breaks the isolation they experience as single parents with limited support.

Last summer, 9 mothers and their children took part in the program as compared to 8 in the previous year. The participation was consistent and positive.

As part of the parent/child activities, the parents participated in child-led play with their children based on the "Watch, Wait, and Wonder" therapeutic approach, aimed at strengthening parent/child attachment. Interactions between parent and child were filmed for teaching purposes. Parents benefited as they acquired a greater appreciation of their child(ren)'s needs and capabilities, and could observe their own strengths and weaknesses in how they related to them. This program is run with the help of two grants from the Canada Summer Jobs 2015 student employment program. Without this financial support, the summer program could not be completely staffed and would not run in its current format.

## **SECTION 5 Risk Management and Quality Improvement**

### **Accreditation**

The new and revised national standards, tests for compliance and guidelines have been incorporated into the 2014-2017 Elizabeth House Improvement Plan (EHIP).

Two mid-term assessments identified key changes and features of the new standards as well as new requirements at various stages of the four year cycle leading up to the on-site visit. The instruments and tools to assess our readiness for the visit have increased, as has the type of information, action plans, evidence of action and background information that must be submitted in advance of the visit.

All this has been taken into consideration as we continue to prepare for the 2017 survey. Work for accreditation is being paced out over the next 18 months such that the 2017 process does not have a significant impact on regular operations and personnel.

The pre-accreditation assessment tools and instruments (surveys) have been set up and are ready for circulation. The results will allow us to identify and correct any deficiencies prior to the accreditation survey.

Part-time help has been built into the budget next year to support the intensive work that will take place in preparation for accreditation.

### **The Safe Provision of Care and Services**

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

## Incident, Accident and Event Reports and Recommendations (IAE)

### Comparison with previous fiscal years

Type of Risk Occurrence	2013-2014	2014-2015	2015-2016
<b>Accidents</b>	<b>25</b>	<b>9</b>	<b>13</b>
<b>Incidents</b>	<b>9</b>	<b>2</b>	<b>2</b>
<b>Events</b>	<b>128</b>	<b>121</b>	<b>116</b>
General Risk/Maintenance	56	54	61
Infection Prevention and Control (IPAC) IPAC-related	28	16	4
Intervention-related	40	47	48
Work Accidents	4	4	3
<b>Total</b>	<b>162</b>	<b>132</b>	<b>131</b>

There were 131 incidents, accidents and events that took place over the year representing no significant change from last year. There were 13 Accidents and 2 Incidents that were declared and reported to the Ministry. There has been a significant decrease in the number of IPAC-related events, compared to last year (16 to 4). This could be correlated to the hand-washing audits conducted in November and the efforts made to react quickly to communicable-disease events. However, it must also be said that the population of residents was low throughout key infection periods. The number of toddlers and kids in the nursery was also lower than the previous year.

In 2014-2015, there were 5 falls at EH. This year, 9 were reported; 2 work accidents and 7 involving residents. Those impacting clients were mostly due to negligence or distraction on the mother's part. Two also had an "age and stage" component, though closer supervision of the child could have prevented or reduced the severity of the accidents. The 2 work accidents were due to ice patches that had not been salted. With these figures in mind, Elizabeth House has established Falls Prevention as one of its 2016-2017 priorities for risk management. The Elizabeth House Falls Prevention strategy aims to reduce the risk of falls through training, the analysis of falls that occur during the fiscal year, and the gathering of staff feedback, in order to improve the physical environment.

Recognizing that other types of actions or situations not covered in the legal definitions of incidents and accidents also required specific attention, Elizabeth House has additional reporting, correction and monitoring of procedures in place to deal with the following types of events - communicable diseases or parasites-related events, intervention-related events, general risk events (including events related to building and equipment, general safety, security of information) and work accidents.

The above table indicates similar figures pertaining to the number of intervention-related events reported in 2014-2015 and 2015-2016. Events of co-sleeping, inadequate child supervision, improper use of child equipment, and failure to submit medication for storage have, again, been the most frequent, as observed the 3 previous years. The prevention of these issues continues to be a focus through different programs and education activities. When the



situations occur, they are addressed through staff interventions and may lead to the client's discharge in case of chronic reoccurrence.

The number of general risk events reported this year (61) is higher than the number reported last year (54). This could be attributed to an overall greater vigilance to risk situations.

The majority of general risk events reported (45 out of 61) continues to consist of general safety issues. However, the proportion of those affecting children safety has gone down by 10% since 2014-2015. These figures confirm the importance of maintaining an internal reporting system, in order to capture the risk events that do not meet the criteria for the incidents and accidents reported to the Ministry. General building risks also continue to be prevented through routine maintenance work.

The number of work accidents has remained fairly low, at three this year (one less than last year), but the severity of one of them surpasses all those of the past 2 years.

There were three events related to security of information this year. However, none of them involved client information.

## **Client Complaints and the Promotion of Client Rights**

The handing of formal client complaints is the exclusive mandate of the Local Service Quality and Complaints Commissioner (LSQCC). There was one complaint in 2015-2016 as compared to none last year. No action or corrective measures were necessary. There were no interventions processed as compared to one last year.

The entente for the services of the LSQCC was renewed with the CIUSS du Centre-Sud-de-l'Île-de-Montréal on April 1, 2015.

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

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

## **Committee for Client Support and Satisfaction (CCSS)**

Efforts were made to support the Committee for Client Support and Satisfaction (CCSS). The challenges that many current and ex-clients face, in addition to their young age, make it difficult for them to commit to organizing and participating in CCSS activities on a consistent basis. The committee did not meet this year.

The Resource Committee (RC), established to support the activities of the CCSS and to help develop the capacity of committee members, includes an administrative technician, a third-year student intern when available and a clinical educator who works closely with the members to coordinate meetings, and to stimulate and support clients in further developing the committee and its activities for the year.

## SECTION 6 Partnerships, Collaborations and Community Links

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

Through its partnership with the CIUSSS du Centre-ouest-de- l'Île-de-Montréal/CSSS Cavendish, Elizabeth House has joined the Alliance Program, which is a region-wide project aimed at reducing the occurrence of child neglect in Montréal through community sensitization, training of professionals in health and social services, and the provision of cohesive services to children and families. Some staff has been trained in the A.I.D.E.S. initiative and are in the preliminary stages of adapting this approach to the work at Elizabeth House. It is hoped that using common tools and language will strengthen the partnerships with other organizations who work with young families in difficulty.

### Partnerships

CIUSSS du Centre-ouest-de- l'Île-de-Montréal/CSSS Cavendish	Elizabeth House Foundation
CIUSSS du Centre-sud-de-l'Île-de-Montréal/CSSS Sud-Ouest Verdun	Les Maisons Transitionnelles O3-On Our Own
CIUSSS Ouest-de-l'Île-de-Montréal/Batshaw Youth and Family Centres	Trinity Memorial Church
English Montréal School Board	Unitarian Church of Montréal

### Collaborative Relationships

Action Communiterre	MAP-Mères avec Pouvoir
Aide Juridique	McGill University School of Social Work
AIDS Community Care Montréal	Mistissini Youth Protection
Argyle Institute	«Monnaie-Money»
Avenir d'Enfants	Montréal Children's Hospital Adolescent Clinic
Black Theater Workshop	Montréal Diet Dispensary

Bureau de Consultation Jeunesse	Montréal Museum of Fine Arts
Carrefour Jeunesse-Emploi Notre-Dame de Grâce	Montréal Public Health Department
CCS-Collective Community Services	Mosaik Family Resource Centre
CDN-NDG Public Library	Notre-Dame de Grâce Community Council
Centre Emploi Québec	Outreach Alternative School
Centre for Literacy of Québec	PACC Adult Education Program
Centre Jeunesse de la Montérégie	Project Genesis
Centre Jeunesse de Montréal	Queen Elizabeth Clinic
Champlain College Lennoxville	Regroupement pour la Valorisation de la Paternité
CIUSSS Ouest-de-l'Île-de-Montréal/CSSS Dorval-Lachine-Lasalle)	Réseau Universitaire Intégré de Santé (RUIS) McGill
CIUSSS Est-de-l'Île-de-Montréal/CSSS Lucille-Teasedale	Royal Victoria Hospital
Clinique d'Impôts –Association Canado-Péruvienne	Service de police de la Ville de Montréal, Poste de Quartier 11
Concordia University	SHIP - Peel Youth Village
Cree Health Board	Québec Writers' Federation
Dawson College	Relance Jeunes et Familles
Douglas Hospital	St-Pius X Career Centre
Ecole Rosalie Jetté	Segal Centre
Eco-Quartier NDG	Separated Fathers
<i>Emploi-Quebec- Projet Integration</i>	Teen Haven
Femme Fitness	TRACOM
Fondation de la visite	Trevor Williams Kids Foundation
Generations Foundation	<i>Université du Québec en Outaouais</i>
Head and Hands	Vanier College
Hippy-Québec	Volunteer Bureau of Montréal
Islamic Community Centre Brossard	Welcome Hall Mission
Kahnawake Community Services	West Montréal Readaptation Centre
Maison Bleue	Women Aware
Maison Jean Lapointe	Women on the Rise
Maisonneuve-Rosemont Hospital	YWCA
Mackay Centre	

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

An ongoing objective is to raise the profile of Elizabeth House so that professionals and organizations are aware of the specialized services offered. Participation on committees and advisory tables has also benefited Elizabeth House due to the exchange of best practice methods and ideas, networking and training opportunities. The organization committed resources to the following tables and/or committees whose work revolves around youth or providing services to families with children age 0 to 5:

- Table de concertation 0-5, CIUSSS du Centre-ouest-de-l'Île-de-Montréal/CSSS Cavendish
- Table SIPPE, (Les services intégrés en périnatalité et petite enfance pour les familles vivant en contexte de vulnérabilité) CIUSSS du Centre-ouest-de-l'Île-de-Montréal/CSSS Cavendish
- Anglo Family Council (Verdun)
- Network Partnership Initiative – LaSalle Steering Collective
- Réseau d'organismes et d'établissements œuvrant auprès des jeunes familles (ROÉJF)

## SECTION 7 Human Resources

### Staffing

Elizabeth House operated with 10 permanent full-time and 17 part-time employees for a total of 14.04 full-time equivalent positions as compared to 20 and 16.59 in 2014--2015. There were (8) trained educators on the on-call list who work replacement shifts as needed.

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

	Full Time		Part Time		TOTAL	
	No. of Staff	F.T.E.	No. of Staff	F.T.E.	No. of Staff	F.T.E.
<b>SUMMARY</b>						
Management	1.00	1.00	0.00	0.00	1.00	1.00
Clinical Staff	6.00	6.00	7.00	4.04	13.00	10.04
Admin Staff	3.00	3.00	0.00	0.00	3.00	3.00
Auxiliary Staff	0.00	0.00	0.00	0.00	0.00	0.00
Total	10.00	10.00	7.00	4.04	17.00	14.04

Elizabeth House is in the process of succession planning so as to ensure that a plan is in place to replace vacant positions due to resignation, retirement or long term sick leaves.

The accountant retired at the outset of the fiscal year. Services were immediately contracted to bridge the gap until a new accountant is hired; the Director of Professional and Rehabilitation Services resigned; and there were numerous medical, maternity and preventative leaves.

Job descriptions for the Bookkeeper, Secretary and Administrative Technicians have been revised to cover current realities and changing environment. A new job description has been defined for the Accountant. Duties are more segregated and the functions performed by the accountant have been redefined.

## Training and Development

As part of the commitment to ongoing improvement and staff development, employees attended a variety of professional development and training activities this year.

- Alliance Sensitization
- Complaints Process and Client Rights by the Local Service Quality and Complaints Commissioner
- Fire Evacuation
- First Aid including “Petite Enfance”
- Hand and Respiratory Hygiene
- Infant Mental Health Day: Role of Fathering in Building Resilient Contexts for Children (McGill University, Yale University, University of Ottawa)
- Introduction to Evaluation with Jean-Frédéric Lemay
- Key Holder Orientation to the emergency shelter
- Language Stimulation
- Plurilingualism and Early Childhood by Camille Long from Au Baluchon
- Solids Introduction to Babies (SIPPE Nutritionist)
- Su-Père Conference
- Therapeutic Crisis Intervention
- Use of Client Photos for the purpose of identification or in case of emergency
- Use of the Alarm System
- Use of the Anti-Ligature Tool
- Working Together to Support Parents with Cognitive Limits at Centre de Réadaptation de l’Ouest de Montréal

## Workplace Wellness

Elizabeth House acknowledges the importance of personal and collective wellness in the workplace for the health of individuals, the effectiveness of the organization and for its impact on client satisfaction. Healthy employees provide better services to our clients and can better support the mission and strategic goals of the organization.

Discussions also took place over the year regarding vulnerability due to the small size of the organization along with the need to look closely at succession planning. The organization continued to cross train administrative staff to lessen the impact of personnel changes, to offer employees the opportunity to develop new skills and to provide enhanced job satisfaction.

The Wellness Committee supported healthy workplace initiatives and work-life balance for employees. Members were active in planning and organizing special activities. Employees expressed their appreciation and actively participated in wellness activities: personal and work-related wellness boards, wellness walks, high tea, potluck breaks and neighborhood activities. Human Resources sent out information to staff related to health and safety. The Committee will continue to promote staff wellness in conjunction with the Human Resources Department.

## **Employee Assistance Program**

The Employee Assistance Program was renewed and continues to be valued by staff.

## **Employee Complaints Process**

Five years ago, the Board of Directors approved a formal complaints process for employees as part of the development of Human Resources policies and procedures. The process is reviewed as part of the orientation program for new employees. There were no employee complaints this year as compared to one complaint in 2014-2015.

## **Student Interns**

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

This year Elizabeth House received five students in our internship program within the Residential, Education and Family Assistance programs. The total number of stage hours dedicated to Elizabeth House by students amounted to 1337 hours.

## **Volunteers**

Volunteers take on many important roles in the Elizabeth House community from governance to respite for mothers, from corporate volunteers to the many community volunteers to donate time, food, clothing, baby equipment, Christmas and other holiday gifts. We couldn't do the job we do without these contributions and we sincerely thank those who are so generous of spirit.



## SECTION 8 Financial Resources

### Management's Report

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

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

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

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

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

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

*Linda Schachtler*

Linda Schachtler  
Executive Director

*Joanna Giammaria*

Joanna Giammaria  
Coordinator, Administrative & Auxiliary Services

# Financial Statements and Report from the Independent Auditor

RICHTER

## Independent Auditor's Report on Summary Financial Statements

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

The accompanying summary financial statements, which comprise the summary statement of financial position of Maison Elizabeth House as at March 31, 2016 and the summary statement of revenues and expenses and summary statement of accumulated surplus for the year then ended, and related notes, are derived from the audited financial statements of Maison Elizabeth House for the year ended March 31, 2016. We expressed a qualified audit opinion on those financial statements in our report dated June 20, 2016 (see below).

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

### *Management's Responsibility for the summary financial statements*

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

### *Auditor's Responsibility*

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

### *Opinion*

In our opinion, the summary financial statements derived from the audited financial statements of Maison Elizabeth House for the year ended March 31, 2016 are a fair summary of those financial statements, in accordance with the basis of presentation described in the summary of significant accounting policies in note 3. However, the summary financial statements are misstated to the equivalent extent as the audited financial statements of Maison Elizabeth House for the year ended March 31, 2016.

The misstatement of the audited financial statements is described in our qualified audit opinion in our report dated June 20, 2016. Our qualified audit opinion is based on the fact that the Organization does not amortize the property and equipment, does not present a statement of cash flows and does not present a comparison of the results for the accounting period with those originally planned, all of which constitute departures from Canadian public sector accounting standards. It is not practicable to determine the impact of these departures. Our qualified audit opinion states that, except for the effects of the described matters, those financial statements present fairly, in all material respects, the financial position of Maison Elizabeth House as at March 31, 2016 and the results of its operations and the changes in its net financial assets for the year then ended in accordance with Canadian public sector accounting standards.

Our qualified opinion states that, except for the effects of the described misstatements, the audited financial statements present fairly, in all material respects, the financial position of Maison Elizabeth House as at March 31, 2016 and the results of its activities in accordance with Canadian public sector accounting standards.



Montreal, Québec  
June 20, 2016

## Maison Elizabeth House

Summary Statement of Financial Position  
as at March 31, 2015

<b>Financial Assets</b>	<b>Operating Fund</b>	
	<b>2016</b>	<b>2015</b>
	<b>\$</b>	<b>\$</b>
Cash	133,676	126,258
Term Deposits	108,604	190,402
Due from Other Funds	92,870	9,959
Amounts due from Elizabeth House Foundation	0	0
Accounts Receivable	22,752	48,886
Due from Agence de la santé et des services sociaux	149,129	149,129
	<b>507,031</b>	<b>524,634</b>
<b>Liabilities</b>		
Accounts Payable	392,986	422,918
Due from Other Funds	0	0
Deferred revenues		
Agence de la santé et des services sociaux	7,681	6,640
Other	15,294	15,294
	<b>415,961</b>	<b>444,852</b>
Net Financial assets	91,070	79,782
Property and equipment	0	0
Prepaid expense	6,202	7,703
Accumulated Surplus	97,272	87,485
<b>Accumulated surplus</b>		
Unliberated	66,274	56,487
Liberated	30,998	30,998

## Maison Elizabeth House

Summary Revenues and Expenses  
for the Year Ended March 31, 2015

Revenues	Operating Fund	
	2016	2015
	\$	\$
Agence de la santé et des services sociaux	1,431,586	1,421,208
Contributions from Elizabeth House Foundation	721	30,000
Other Revenues	3,009	5,573
	<b>1,435,316</b>	<b>1,456,781</b>
<b>Expenses</b>		
Residential Services	605,268	608,726
Administration expenses	361,893	373,657
External Services – Day Centre	185,236	186,167
External Services – Family Assistance	96,985	97,472
Maintenance and repairs	66,213	71,889
Food Services	19,047	17,628
Housekeeping	12,572	16,104
Building Operations	24,990	37,883
Information Systems	42,551	34,892
Other	10,774	12,164
	<b>1,425,529</b>	<b>1,456,582</b>
<b>Ancillary activities</b>		
Revenues	5,944	5,710
Salaries and employee benefits	(5,944)	(5,710)
<b>Excess (deficiency) of the ancillary activities</b>	<b>0</b>	<b>0</b>
<b>Excess (deficiency) of revenues over expenses</b>	<b>9,787</b>	<b>199</b>

## Budget Equilibrium

We ended our year with a small surplus of \$9,787 which will add to our accumulated surplus once the year-end financial analysis/ analyse financière has been completed by the Ministry.

## Bill 100: The Balanced Budget Act

As of September 2010, the Ministry of Health and Social Services put measures in place to obtain budgetary equilibrium and reduce the debt in the *réseau* by 2014. Establishments have reduced administrative and information systems expenses, as well as realized reductions through the non-replacement of retirees, reductions in training, publicity and travel expenses. Elizabeth House staff has made every effort possible to reduce costs. Since 2010, Elizabeth House has received a cumulative reduction of \$50,599 related to Bill 100. This cut, along with the \$8,653 cut to administrative expenses in 2014-2015, bring the total reductions to \$59,252.

## Annexe 1 Code of Ethics

The Elizabeth House Code of Ethics and Professional Conduct guided staff, board, volunteers, consultants and *stagiaires* as they fulfilled their respective roles and responsibilities over the course of the year. They incorporated the Code of Ethics and ethical considerations into the decisions that they made, in the way they intervened with clients and their families, in the way they interacted with each other as colleagues and co-workers, and in the way they carried out professional acts. They constantly strived to create an atmosphere of understanding and caring within Elizabeth House.

There were no ethical issues affecting the organization that arose over the course of the year.

## Elizabeth House Code of Ethics (Basics)

### Introduction

The code of ethics sets out the rules and standards of behaviour for everyone at Elizabeth House. Our code of ethics tells clients what rights they have and what their responsibilities are, and what they can expect from Elizabeth House (in terms of treatment, professionalism of staff, respect of confidentiality etc.). Everyone who works for or at Elizabeth House (all full-time, part-time or on-call staff, all volunteers, *stagiaires* (students completing an internship program), members of the Elizabeth House board of directors, as well as contractual workers) must follow the code of ethics.

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

## Organizational Commitments

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

1. We believe that a pregnant woman or adolescent 14 and over has the right to determine her plans regarding her pregnancy. We will provide the information and support she needs to make a decision (regarding continuing the pregnancy to term, and the custody of the child), without imposing personal views or judgments.
2. We care about and are committed to the wellbeing of our clients, recognizing their physical, emotional, spiritual, social and cognitive needs.
3. We help the young woman (and the young man) who chooses to become a parent to assume this role, while ensuring that the baby has a healthy, stable and safe environment.
4. We involve the client in developing intervention and service plans, listen to what the client has to say and take the client's needs, opinions and desires into account.
5. Our prime concerns are optimizing the healthy development of the child and the young parent.
6. We advocate with and on behalf of our clients according to their needs.
7. As part of the discharge process when a client leaves an Elizabeth House program, appropriate post-discharge services will be determined with the client, and the necessary services will be arranged.
8. We promote ongoing collaboration among youth, families, and colleagues within and outside the health and social service system, in order to provide the best possible services.

## Ethical Standards

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

## Respect for others

1. We treat everyone with dignity, care and respect, regardless of their race, religion, ethnic origin, socio-economic status, disability, age or what their plans or views regarding the pregnancy are.
2. We provide a residential, educational, and employment environment free from all forms of intimidation, hostility, offensive behaviour, discrimination and sexual harassment.
3. We recognise that everyone is unique. We act in a manner that respects and promotes the understanding of differences and reflects the cultural diversity of our clientele.
  - We work towards the elimination of prejudice, discrimination, and racism.
  - We respect the values, religious beliefs and sexual orientation of our clients.

## **Professionalism and Objectivity**

4. We acknowledge that we are accountable for our actions and decisions. We are aware of the impact of our actions on others, and act in a manner that exemplifies integrity, consistency and caring. We are all role models for our clients.
5. We act in a dependable and trustworthy manner while maintaining professional boundaries and objectivity.
6. We exercise care, prudence, diligence and skills in the performance of our duties, and act honestly and in good faith in the best interest of Elizabeth House and its clients.
7. We know and respect the laws, standards and ethics of our particular professions or occupations, and Elizabeth House policies and procedures.
8. We invest in our personal and professional development in order to carry out our respective roles.

## **Conflict of Interest**

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

## **Confidentiality and Privacy**

10. We respect the confidentiality of clients. We communicate – whether verbally, non-verbally, or in writing – in ways that respect the privacy of individuals, as well as their right to confidentiality.
11. We do not discuss (confidential) agency business with anyone who does not have a legitimate need to know the information. We respect Elizabeth House policies and procedures regarding communication with the media.

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

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

12. We act with the knowledge that parents retain primary responsibility for their children.
13. The mother or father who is a direct client of Elizabeth House is always part of the process when decisions are made regarding intervention plans and about services to her or him, or her or his child.
14. We act with the knowledge that family bonds are vital. We encourage grandparents, siblings, members of the extended family and significant others to be involved in the care and services we provide.

## **Client Needs and Development**

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



16. We recognise the potential vulnerability of the clients we serve and use our authority in an appropriate and responsible manner as we carry out Elizabeth House mandates.
17. We provide care and services according to the individual needs of the client, in the most appropriate setting for the client.
  - Clients do not remain in the residential program longer than is necessary to meet the needs assessed at intake, and the purpose for which placement was provided.
  - Development and growth are possible, but the driving force for change has to come from within; we work with the clients to help them achieve their goals. We help them take responsibility and learn to find solutions.
18. We promote a safe and secure environment.
19. We promote responsibility and autonomy.
20. We provide the necessary information and support to allow access to services and resources, and the exercise of individual rights.
  - We communicate – whether verbally, non-verbally, or in writing – in ways that improve the quality of our services. We use clear, accessible language, devoid of condescension.
21. In any intervention the protection and interests of the child take precedence over all other considerations. In any conflict between the rights and interests of a child, and the rights and interests of the child’s parent, the rights and interests of the child shall prevail.

### **Application of the Code of Ethics**

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

### **Avoiding Conflicts of Interest**

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

### **Reporting Conflicts of Interest**

Any person who believes that a conflict of interest may or does exist must bring the situation to the attention of their supervisor or the Executive Director (for employees, volunteers and persons employed by or under contract to Elizabeth House), or to the attention of the President or Vice-President of the board (for board members, and any real or potential conflict of interest involving the Executive Director).



## **Investigating Conflicts of Interest**

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

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

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

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

## **Disciplinary procedures**

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

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

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

All inquiries and any penalties imposed are to be confidential.

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

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

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