Ontario Association of Young Parent Agencies
serving infants, children and young parents - together

l'Association Ontarienne des Agences pour Jeunes Parents
servir nourrissons, enfants et jeunes parents - ensemble

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Building strong foundations: Recommendations based on the current state of live-in/intensive day programs for pregnant and parenting youth, their infants and children in Ontario

POLICY BRIEF

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Terms and Definitions

community-based	• support services open to the public and live-in clients for the agency • community-based services are located at the organization as a virtual or at-home component (e.g., educational programming)
intensive day programming	• interchangeable with **intensive treatment services** in government policies • refer to services with a strong component of mental health support
live-in	• interchangeable with **residential** and **out-of-home (OOH) care** in government policies • refers to programming delivered in the agency's residence or shelter • "live-in treatment" has replaced the term "residential treatment" due to the association with the legacy of residential schools, colonial trauma and harms to Indigenous people across Canada
participants and residents	• interchangeable with **clients** in government policies • the term "participants" is seen to represent a broader range of service users • refer to people who are accessing the supports and services; "residents" is reserved for people who access live-in programs and treatment
support services	• interchangeable with **supplementary support services** in government policies • refer to services designed to meet residents'/participants' needs, available with or without a live-in component
supportive housing	• housing programs and services that provide housing assistance (e.g., rent subsidies) and/or support services (e.g., mental health services)
pregnant and parenting youth (PPY)	• referring to pregnant and/or parenting youth ages 13-29 in the context of this study

Abbreviations/Acronyms

CMHO	Children's Mental Health Ontario
MCCSS	Ministry of Children, Community and Social Services
MMAH	Ministry of Municipal Affairs and Housing
OAYPA	Ontario Association of Young Parents Agencies
YPIA	Young Parent and Infant Agencies
YPS TPR	Young Parent Services Transfer Payment Recipients
PPY	Pregnant and Parenting Youth

Executive Summary

Experiencing pregnancy and having a child at a young age can impact developmental and life trajectories for both the birthing parent and their child(ren). Research shows that pregnant and parenting adolescents, also referred to as pregnant and parenting youth (PPY), experience a four-fold higher prevalence of mental health disorders than their age-group peers without children. PPY are more likely to have a history of substance use and child welfare involvement than those aged 21 years and older. Evidence also shows that children born to PPY are more likely than children born to older birthing parents to develop cognitive and language delays, including developmental disabilities such as fetal alcohol spectrum disorder. Providing adequate support and programming that enhance transition-aged parents' skills, knowledge, and relationships, and provide them with a sense of stability, can promote positive life outcomes for both the birthing parent and their child(ren).

The Ontario Association of Young Parent Agencies (OAYPA) is a coalition of 20 member agencies dedicated to advocating for and supporting PPY (ages 13–29) and their children across Ontario. OAYPA member agencies provide comprehensive, community-based services focusing on mental health, early childhood development, housing, education, employment, and childcare. By promoting preventative strategies and systemic reforms, OAYPA aims to enhance the well-being and life outcomes of young parents and their children, using evidence-based interventions to ensure sustainable, positive impacts for vulnerable families.

Despite limited funding, with half of the agencies relying on private donations and fundraising, OAYPA supports the development of provincial policies and tools to ensure effective data collection and advocacy. However, there is a significant disparity in service availability across Ontario, with most MCCSS-funded agencies concentrated in the Greater Toronto Area and Eastern Ontario, leaving Northern regions and other parts of the province underserved. This regional disparity exacerbates inequitable access to essential services, perpetuating cycles of disadvantage for young parents and their infants and children.

PPY face numerous challenges, including mental health issues such as postpartum depression, anxiety, trauma, and substance use disorders, often compounded by minimal support and adverse childhood experiences. Their children are at higher risk for developmental delays in speech, language, and cognitive skills, making early identification and intervention critical. Structural and social inequities, such as socioeconomic disadvantage and minority status, are key drivers of health disparities for young families. The societal costs of inadequate support are significant, with stigma further harming vulnerable groups like racialized young mothers. However, investing in early childhood and family programs yields high returns, both economically and in terms of improved mental health outcomes.

OAYPA member agencies are well-positioned to provide these essential services, addressing developmental needs and reducing risk factors to create healthier, thriving families.

A number of Young Parent and Infant Agencies (YPIAs) receive funding from MCCSS to deliver services, as well as from other funders. Young parent services are funded by MCCSS as part of the ministry's healthy child development mandate. MCCSS is currently working with contracted YPIAs to develop standard descriptions for services delivered and target populations served.

OAYPA reached out to the Laurier Hub for Community Solutions to conduct research and use the research findings to inform a policy brief. A research team conducted three studies to inform policy recommendations: 1) a **rapid review** to synthesize global promising practices based on evidence-based literature; 2) an **environmental scan** of live-in and intensive day programs that serve PPY across Ontario, as well as public databases that report on PPY in Ontario; and 3) a **mixed-methods study** involving online surveys and interviews with PPY and staff at OAYPA Young Parent and Infant Agencies (YPIAs).

The **rapid review** identified 58 studies reporting on promising practices of young parent programs globally. The review revealed that effective programs were founded on the four principles of trauma-informed practice: 1) trauma awareness, 2) safe and trusting environments, 3) opportunities for choice, collaboration, and connection, and 4) strengths-based approaches and skill-building opportunities. The **environmental scan** found that despite decreasing pregnancy rates in Ontario, the proportion of youth under age 25 who experience mental health concerns during pregnancy has nearly doubled in the last ten years. The most frequent requests made by pregnant/parenting youth were for housing and support for mental health and substance use disorders. The top unmet need was housing. The **mixed-methods study**, which included 411 former/current PPY clients of YPIAs and 153 YPIA staff, revealed that the most helpful service that PPY reported accessing was housing support, followed by mental health and counselling services. Parenting youth reported that the most helpful service was childcare, followed by parenting skills, healthy eating, and nutrition. Youth confidence improved after accessing YPIA programs and services. Findings across all three studies support the need for increased financial, human, and time resources that agencies do not currently have. The following four recommendations are informed by this research.

Recommendations

Note to reader: Detailed rationale and actionable recommendations can be found on pages 39-43.

Recommendation 1: Improve equitable access to Young Parent and Infant Agencies and services (Immediate/Urgent)

Provide equitable access and core services for pregnant and parenting youth through increased funding from Ministry of Children, Community and Social Services (MCCSS).
Currently, only 11 of 20 young parent agencies receive consistent funding from MCCSS while the others rely on donations and private funding. Despite YPIAs' vital role in providing early interventions for PPY and their children, many regions of Ontario remain underserved. This recommendation highlights the need for strategic planning to address service gaps, the need for increased funding to account for cost-of-living adjustments, and collaboration with key partners to ensure a cohesive, province-wide support system for young families. Specifically, ***equitable access and service delivery can be improved through the expansion of targeted funding to all 20 OAYPA member agencies, alongside strategic planning and investments in Young Parent and Infant Agencies (YPIA), Programs and Services across the province to address critical service gaps.***

Recommendation 2: Enhance mental health services within Young Parent and Infant Agencies for the parent, child and dyad (Short-term)

Many PPY are disproportionately affected by mental health disorders, often exacerbated by structural challenges like adverse childhood experiences (ACEs), trauma, and systemic discrimination. The absence of mental health professionals across YPIAs limits the ability to address these issues. Early mental health interventions, especially those focused on parent-child dyads and trauma-informed care, are essential for improving both immediate and long-term outcomes, and studies show these investments yield significant societal and economic returns. To successfully implement this recommendation, resources must be dedicated to hiring qualified professionals who can provide low-barrier, trauma-focused care and reduce the impact of mental health and systemic challenges on young parents and their children. It is recommended ***that specialized mental health professionals (i.e. clinicians with expertise in dyadic mental health interventions) for PPY who attend YPIAs are funded. Mental health professionals can offer trauma-informed mental health supports focused on parent-child dyads, including infant and early childhood mental health services.***

Recommendation 3: Revise policies, funding, and eligibility to reflect changing demographics (Short-term)

While adolescent pregnancies have declined, many PPY accessing YPIA services are older and require long-term, intensive mental health and wraparound services, especially those with cognitive or developmental disabilities. Current regulations under the Child, Youth and Family Services Act do not account for infants in live-in treatment, despite evidence supporting the effectiveness of infant mental health and parent-child attachment interventions. To improve outcomes and keep families together, policies must be updated to reflect these demographic shifts, adjust age restrictions, and adapt eligibility criteria to better meet the needs of young parents and their children. Therefore, it is recommended that ***live-in treatment care policies, funding and eligibility requirements for YPIAs are revised to better align with the evolving demographics of young parents and their infants/children.***

Recommendation 4: Establish partnerships to develop and implement housing strategy (Long-term)

Housing insecurity was cited as the #1 reason PPY accessed services at YPIAs. Safe, stable housing is essential for well-being and helps prevent long-term negative outcomes associated with housing instability, such as mental health challenges, trauma, and child welfare involvement. Housing instability can strain parent-child relationships, disrupt child development, and perpetuate cycles of poverty. To implement this strategy, collaboration with federal and municipal governments is needed to reform housing policies, prioritize pregnant and parenting youth, and ensure housing is located near essential services. The strategy should include a range of housing support options, from independent living to live-in treatment, and wraparound services that include job readiness, education, and mental health support, along with converting existing buildings into housing stock for young families. It is recommended that ***MCCSS partner with OAYPA and the Ministry of Municipal Affairs and Housing (MMAH) to create and implement a housing strategy for young equity-deserving families; a strategy that includes providing priority access to affordable, long-term family-friendly housing with wraparound support.***

Background Context

This policy brief was initiated by the Ontario Association of Young Parent Agencies (OAYPA). OAYPA is an association of 20 Young Parent and Infant Agencies (YPIAs) dedicated to promoting optimal mental health for young parents and their children in Ontario through support, education, and advocacy. Members of OAYPA collaborated with a multidisciplinary team of researchers led by Dr. Melody Morton Ninomiya to develop this policy brief.

Despite what is documented about the social determinants of health and the importance of trauma-, culturally-, gender-, and disability-informed care, there is limited research on the needs of pregnant and parenting youth (PPY) from support services and programs (1–3).

OAYPA reached out to the Laurier Hub for Community Solutions in September 2023 to conduct research. Dr. Morton Ninomiya and her team agreed to conduct research and write this policy paper to 1) synthesize promising practices based on evidence-based literature, 2) provide an overview of live-in and intensive day programs that serve pregnant and parenting youth (PPY) across Ontario, 3) examine the strengths and challenges faced by PPY and agency staff at live-in and intensive day programs, 4) summarize what is working well, and 5) make evidence-informed recommendations. This policy paper offers system-level recommendations to improve the health, wellness, lives, and conditions of current and future PPY who need access to live-in and intensive day treatment programs and services.

Overview of OAYPA

OAYPA member agencies, also called YPIAs, provide comprehensive, community-based services for PPY and their infants/children. OAYPA works collaboratively to tackle the root causes of the challenges faced by under-resourced and vulnerable young parents. By focusing on preventative strategies and systemic reform, the OAYPA aims to enhance the health, well-being, and life outcomes for young parents and their children. OAYPA is committed to advocating for policy changes and strengthening the capacity of YPIAs to deliver mental health interventions including supports for infants, early mental health interventions, early childhood developmental services, housing, education, employment and childcare services. YPIAs offer interventions and developmental services that are evidence-based and -informed to help facilitate sustainable and positive impacts on the lives of young families across Ontario.

Mission and Goals

YPIAs primary goals are to provide timely and equitable care, early identifications, and support for children at risk of poor mental health outcomes by providing strengths-based, culturally safe parent-child programs and services. These efforts are designed to break the cycle of disadvantage that affects not only the young parents and their children but also society as a whole.

Current Challenges and Disparities

Despite operating on a modest annual budget from membership fees, OAYPA supports YPIAs in developing provincial tracking tools, policies, and procedures to ensure timely data collection, reporting, and advocacy, while aligning with provincial initiatives. Approximately half (nine) of OAYPA member YPIAs do not receive MCCSS funding, requiring them to rely heavily on private donations and fundraising efforts to sustain their staffing, programs, and services. Financial shortfalls exacerbate staff recruitment and retention issues, particularly with experienced mental health professionals.

A significant disparity exists in the availability of services across the province. Currently, the 11 MCCSS-funded YPIAs are concentrated primarily in the Greater Toronto Area and Eastern Ontario, leaving the rest of the province and particularly Northern regions underserved, reflecting a regional disparity. Inconsistent resource levels and funding formulas are evident in the inequitable access to young parent and infant services across Ontario, perpetuating a cycle of disadvantage for PPY and their infants/children (4–6).

The Needs of PPY and their Infant/Children

PPY often face a complex web of challenges that can hinder their abilities to provide optimal care for themselves and their infants/children. Challenges include mental health challenges such as postpartum depression, anxiety, trauma, and substance use disorders. Many young parents enter parenthood with minimal support and carry the burden of complex developmental trauma and adverse childhood experiences (1–3). Children born to adolescent parents are at a higher risk of developmental delays in speech, language, and cognitive skills. Early identification and intervention are crucial for mitigating these risks and ensuring equitable, timely and resource-efficient support (7,8).

Health outcomes for PPY were previously attributed to maternal age; however, outcomes are now linked to structural and social inequities. Social determinants of health (SDOH) and the compounding effects of intersectionality, in particular socioeconomic disadvantage, minority status and childhood adversities are identified as primary drivers of health inequities (4,9–14).

The societal cost of inadequate support is substantial. Stigma, as a social determinant of health, negatively impacts minority populations, including racialized young mothers, who experience poorer health outcomes. Investing early in effective child development programs benefits individual families and yields significant economic returns (10,15). For example, parent and early child education and family support programs beget better mental health outcomes, with return on investment ratios ranging from $1.80 to $17.07 for every dollar invested (16–18).

YPIAs are uniquely positioned to provide the necessary programs and services that significantly improve lifelong outcomes for PPY and their infants/children. By addressing specific developmental needs and associated health issues of young parents and their children, particularly those facing social determinants of health inequalities, YPIAs can prevent and reduce risk factors while removing barriers and increasing protective factors to support thriving and healthier families.

Brief Overview of Studies Conducted

To inform evidence-based recommendations to better support PPY and their children, a research team conducted three complementary studies: 1) a **rapid review synthesizing** global promising practices, based on evidence-based literature; 2) an **environmental scan** of live-in and intensive day programs that serve PPY across Ontario, along with an analysis of public databases reporting on PPY in Ontario; and 3) a **mixed methods study** involving an online survey and virtual interviews with PPY and staff at YPIAs. The findings from these studies informed our recommendations for how to better meet the needs of PPY and their infants/children, offering early interventions that lead to healthier individuals, families, and communities.

About Study #1: The Rapid Review

A rapid review is a timely and systematic synthesis of available literature (19). We conducted a rigorous rapid review to identify evidence-based practices, interventions, and supports for PPY globally. Similar to a systematic review, we developed a search strategy for Medline, PsycINFO, Sociological Abstracts, Social Work Abstracts, and Web of Science with an experienced university librarian. The database search strategy yielded 6374 papers. After removing duplicates, we identified all papers that **met** all of the following criteria:

- ☐ PPY aged 13-29 that were pregnant or had children aged 0-6
- ☐ promising, evidence-based practices within programs, services, and interventions

- ☐ outcomes and/or impacts of programs, supports, and interventions (e.g., promotion of maternal/paternal and child development, reduction of negative health behaviours)
- ☐ primary research methodologies (excluded discussion papers, commentaries)
- ☐ peer-reviewed articles or reports published between 2014-2024

We extracted relevant data from the 58 studies that met all of the criteria and synthesized the extracted data. The results from this rapid review are summarized in this policy brief and a fuller description of the rapid review methods and results will be submitted for publication shortly after this policy brief is released. A summary table and figure showing how many papers were gathered, screened, and analyzed can be found in Appendix A.

About Study #2: The Environmental Scan of Ontario Landscape

An environmental scan was conducted to gather:

1. information about PPY in Ontario, based on data found in public databases across Canada. The databases examined included 211 Ontario (i.e., 211 Business Intelligence Dashboard), Public Health Ontario (i.e., Reproductive Health Snapshot, Alcohol Harms Snapshot, and Maternal Health Snapshot), and Statistics Canada (e.g., the Canadian Alcohol and Drugs Survey, the Canadian Addiction Survey, and the Canadian Community Health Survey); and
2. comparable information about all YPIAs across Ontario gathered from organizational websites, annual reports, and executive directors. A comprehensive directory of YPIAs is found in Appendix B.

About Study #3: The Mixed Methods Study with YPIA Youth and Staff

We conducted a mixed methods sequential study involving 1) an online survey (Appendix C) for YPIA staff and PPY accessing or previously accessing YPIAs and 2) interviews (Appendix D) with a purposive and convenient sample of survey respondents. After receiving Research Ethics Board approval from Wilfrid Laurier University, we recruited participants through a widespread distribution of survey invitations via email, QR codes on social media posts, and paper posters at agencies. All youth participants were compensated $10 for completing the survey and $25 for participating in an interview.

Surveys for PPY gathered demographic information, current and previous experiences with YPIAs, reasons for accessing services, and barriers to accessing support. Surveys for staff gathered demographic information, direct work experience with PPY, supports offered by agencies, and barriers they face in providing adequate support. Interviews were conducted to gather rich and nuanced insights to

complement the survey responses. Youth participants were from diverse agencies and geographies, program types (intensive day and live-in), ethnicities, cultures, and genders. Staff participants were selected from different YPIAs and worked in diverse roles (e.g. manager, frontline staff, executive director) within their agency. Interview transcripts were thematically analyzed to identify key themes and explain survey findings.

Study Results

In this section, we provide an overview of key findings from each of the three studies.

Literature on Promising Practices for Pregnant/Parenting Youth and Their Children (Rapid Review)

Study Demographics (see Appendix A)

Studies that met the inclusion criteria were conducted across six continents and 17 countries as shown in Table 1.

Table 1. Countries reflected in rapid review results (n = 58)

North America	• United States (n = 22) • Canada (n = 4) • El Salvador (n = 1) • Dominican Republic (n = 1)
South America	• Brazil (n = 4)
Europe	• Germany (n = 3) • United Kingdom (n = 1) • Italy (n = 2) • Russia (n = 1) **often considered part of Europe and Asia*
Asia	• Iran (n = 7) • Indonesia (n = 3) • Thailand (n = 1)
Africa	• Zimbabwe (n = 2) • Nigeria (n = 1) • Kenya (n = 1) • Malawi (n = 1)
Oceania	• Australia (n = 3)

Interventions and Program Demographics

The settings of the interventions and programs in the included studies were diverse and adaptable, emphasizing flexibility and accessibility in service delivery. Intensive day programming was most common (n = 7) as compared with live-in programs (n = 1). Community-based interventions included home-based (n = 10), virtual/web-based (n = 8), and community-based (n = 19) programs. Programs offered a combination of service delivery methods such as drop-in services, home-based programming, and support services such as food and transportation. Support services such as transportation to and from appointments and grocery delivery to the homes of PPY played a crucial role in the success of outcomes for youth. Supportive housing with rent and utility assistance as well as mental health counselling proved to be highly important to the success of youth.

Themes Across Literature

Existing literature highlighted the reality that adolescent parents tend to experience higher rates of trauma, abuse, and mental health challenges compared to adolescents who are not parents, which emphasizes the importance of employing trauma-informed approaches when responding to the needs of this population (20). Using a deductive approach to thematically analyze the findings from the 58 included studies for this rapid review, we organized findings around trauma-informed principles as outlined in the Trauma-Informed Practice Guide and described in Figure 1 (21). The principles include: (1) trauma awareness (n = 15) (22–36); (2) emphasis on safety and trustworthiness (n = 33) (10,22,23,29,29,30,33,37–63); (3) opportunity for choice, collaboration, and connection (n = 30) (10,22,23,26,27,29,32,33,35,37,39–41,43–45,48,52–54,60,64–72); and (4) strengths-based approach and skill building (n = 47) (10,22,24–33,37–39,41–57,64,65,67–79). By organizing the literature in this manner, it becomes evident how trauma-informed principles put into practice are foundational to the success of interventions and programs supporting PPY and their children, while also highlighting the nuances of these approaches.

Figure 1. Principles of trauma-informed practice in supporting PPY

Trauma Awareness

As the foundation of trauma-informed practice, trauma awareness means understanding how trauma is widespread among PPY (e.g., economic hardship, social stigma, and past abuse), the various ways PPY respond and adapt to it, and the impact this can have on service delivery, such as challenges in relationship building.

Lesson(s) learned from rapid review papers:

Trauma-aware practices enabled integration of therapeutic approaches such as 1) counselling to address underlying barriers (e.g. mental health challenges) and 2) practical approaches – such as tangible assistance – which address immediate barriers (e.g. transportation, food, childcare).

Opportunity for Choice, Collaboration, and Connection

Trauma-informed services actively involve PPY in shaping their support. This includes offering choices relevant to their parenting challenges, and ensuring their rights and concerns, such as childcare and financial support, are addressed. These practices promote collaboration and ensure that services are responsive to the unique needs of PPY and their child(ren).

Lesson(s) learned from rapid review papers:

Involving PPY and their infant(s) in program design and offering informal, responsive learning opportunities enhanced both engagement of, and effectiveness in, supporting PPY and their infant(s).

Emphasis on Safety and Trustworthiness

For PPY, creating a safe environment involves providing secure spaces with essential resources, offering non-judgmental support tailored to their parenting challenges, and respecting their diverse backgrounds. Ensuring physical safety through secure childcare and reliable transportation, emotional safety with supportive counseling, and cultural safety by integrating their practices into program activities fosters trust, encourages active participation, and supports their healing and development.

Lesson(s) learned from rapid review papers:

Group-based programming and peer support groups effectively created safe and trusting environments on a physical, emotional, and cultural level, ultimately promoting enhanced engagement and outcomes.

Strengths-Based Approach and Skill Building

Strengths-based approaches for PPY emphasize their resilience and parenting abilities. It involves recognizing and building on their skills (problem-solving and stress management) to help them overcome challenges. This approach fosters emotional and social learning by providing tailored support that increases confidence, helps in managing trauma-related stress, and encourages active participation within parenting programs.

Lesson(s) learned from rapid review papers:

Shifting away from deficit-based approaches and instead leveraging the strengths of PPY enhances emotional and social learning, increased confidence and improved outcomes.

**Adapted from Trauma-Informed Practice Principles (Centre of Excellence for Women's Health, 2017) https://cewh.ca/wp-content/uploads/2017/05/TIP-principles-Reflective-questions-2017.pdf*

Trauma awareness

To be trauma aware means to understand how widespread trauma is in society, and to recognize the various ways people respond and adapt to trauma (21). *The Cradle to Kinder* program in Australia, evaluated by O'Donnell (2023), acknowledged the profound impact of trauma on young families struggling with poverty, family violence, and mental health challenges (29). By employing a multidisciplinary whole-of-family approach, the *Cradle to Kinder* program offered long-term case management, practical support, and evidence-based therapeutic interventions (29). This holistic strategy effectively addressed the complex interplay of stressors faced by these families, demonstrating a deep understanding of the multifaceted nature of trauma and its effects (29). Trauma awareness also encompasses recognizing how trauma affects service delivery, such as challenges in showing up for scheduled appointments and implementing targeted solutions to address these challenges (21). By addressing immediate and underlying challenges, trauma-aware practices can significantly improve outcomes for PPY and their child(ren).

Emphasis on safety and trustworthiness

Establishing a safe environment is essential for fostering trust, building meaningful relationships, and promoting engagement and healing; thus, ensuring physical, emotional, spiritual, and cultural safety is crucial in trauma-informed practice (21). This principle is exemplified through peer support groups and group-based programming which have been shown to build meaningful relationships and promote engagement and healing by ensuring physical, emotional, spiritual, and cultural safety. The *Centering Pregnancy Plus* program (43) demonstrated the importance of safe and trustworthy environments by providing prenatal care in a group-based format. This randomized controlled trial found that group sessions, as compared to individualized care, enabled more in-depth discussions on critical issues such as nutrition, physical activity, and parenting, creating a sense of community and mutual support (43). These group sessions were associated with greater reductions in depressive symptoms compared to individualized care, suggesting group-based programming may be an effective non-pharmacological approach for reducing perinatal depressive symptoms among pregnant adolescents (43).

Opportunity for choice, collaboration, and connection

Trauma-informed services actively promote collaboration with individuals across all ages, genders, and cultures (21). Services focused on offering choices and fostering connections are often done by way of involving participants in the evaluation process, creating advisory councils to influence service design, and ensuring that users' rights and concerns are addressed. The *Young Parents Program* (YPP) used a

collaborative design process where young parents played a key role in co-creating program topics, activities, and excursions (33). This participatory model included joint activities, informal learning opportunities, and community engagement. Alongside the staff, young parents were given the opportunity to collaboratively design topics for discussions (e.g. sleep and nutrition) as well as plan excursions like library visits and swimming lessons that both the parent and child(ren) can enjoy together (43). The YPP demonstrated how young parent contributions to program designs are empowering and improve outcomes because their needs are being met (33).

Strengths-based approach and skill building

A strengths-based approach to service delivery highlights the abilities and resilience of trauma survivors, empowering them and fostering a culture of 'emotional learning' and 'social learning' (21). Encouraging resilience and coping skills aids individuals in navigating triggers from past traumas and promotes healing and self-advocacy. An example of an effective strengths-based intervention that fostered emotional learning is journaling. When youth answered prompts such as "what's on your mind?" and participated in creative drawing exercises while developing coping skills, their self-expression and reflections led to improvements in self-understanding and parenting confidence (39).

Authors of all 58 studies included recommendations that we thematically organized into three levels (individual, agency, and system) as shown in Table 2 below.

Table 2. Recommendations by Authors in Rapid Review Studies

Level	Recommendation(s)
System	**Housing First Models:** Prioritize stable housing as a foundation for addressing other needs. Interventions are more successful after the environment has been stabilized (29,32,58,72). **Maslow's Hierarchy of Needs:** Ensure basic needs (e.g., food, shelter) are met before/while supporting higher-level goals (e.g., self-actualization) (32,58,72). **Interdisciplinary and cross-sectoral collaboration:** Implement policies that mandate cross-sectoral collaboration (e.g., therapists, psychologists, infant neuropsychiatrists, etc.), ensuring that mental health services are readily available and easily accessible. Doing so will create a more cohesive and responsive support system for PPY, their infants and child(ren), and the parent-child dyad (30,31)
Agency	**Inclusive program development:** Ensure program designs and implementation include a collaborative and ongoing process involving young parents to ensure needs are being met (22,23,33,39,40,64,65). **Cultural sensitivity:** Ensure programs recognize and understand the unique and diverse backgrounds/circumstances (i.e. social determinants of health) of young parents. For example, staff training and the inclusion of staff/volunteers with lived/living experience with/as young parents (10,23,29,33,52). **Paraprofessional approach to service delivery:** Hire trained individuals (e.g., peer support workers) to provide accessible and non-clinical mental health support for young parents and their child(ren). Often with shared living experiences, these professionals can foster trusting relationships, connect families to resources, and facilitate emotional well-being (64,67).
Individual	**Counselling and skills training:** Offer tailored emotional and psychological supports to both the young parent and their infant(s) to support infant mental health, parental mental health, improve parenting skills, support healthy parent-child attachment, and enhance self-care practices (10,22,24–33,37–39,41–57,64–79).

Conclusion (Rapid Review only)

Over the past decade (2014-2024), studies involving PPY who accessed live-in or intensive day treatment globally echoed and affirmed evidence-based principles and practices for trauma-informed supports. In

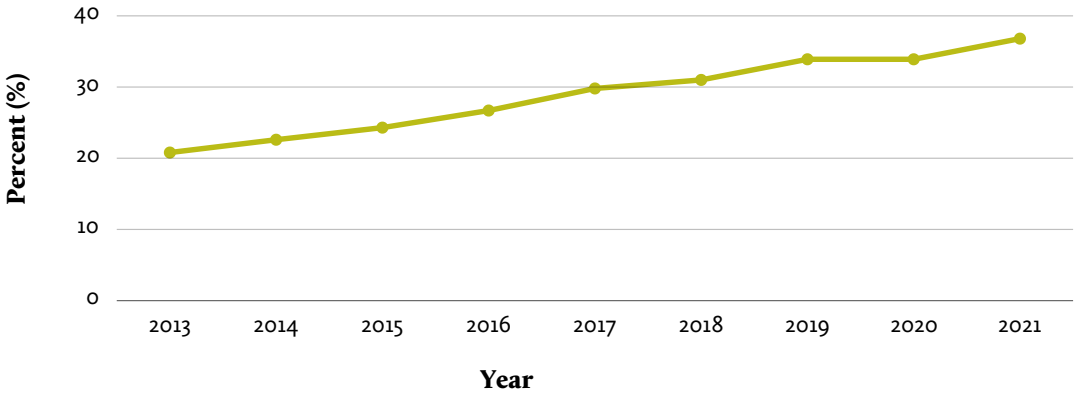
other words, programs and interventions should be trauma aware, foster safe and trustworthy environments, provide opportunities for choice and collaboration, and utilize strengths-based approaches to effectively support young parents, and enhance their parenting and self-advocacy skills.

At the system level, there must be well-resourced approaches to support these efforts and ensure long-term success. Literature points to the fact that in the absence of adequate funding, training, and cross-sectoral collaboration, the efficacy of such programs decreases. Systems must provide comprehensive, integrated, and adaptable resources to address the unique needs of PPY and their child(ren), such as comprehensive mental health supports. Investing in well-resourced services would serve to address immediate needs while also promoting long-term success and empowerment.

Ontario and YPIAs At-a-Glance (Environmental Scan)

Data from Public Health Ontario and 211 Ontario databases helped to provide an overview of the experiences and existing needs of females across Ontario. The average age for people giving birth for the first time is approximately 30, the highest since reporting began in 2013. Pregnancy rates for youth ages 15-19 dropped from 19.8% in 2013 to 6.3% in 2021 and for youth ages 20-24, the pregnancy rate dropped from 60% in 2013 to 28.3% in 2021 (80). **Despite decreasing pregnancy rates in Ontario, the proportion of youth under age 25 who experience mental health concerns during pregnancy has nearly doubled.** Reported mental health concerns include addiction, anxiety, depression, bipolar disorder, and schizophrenia. As seen in Figure 2, 36.8% of women under 25 who gave birth in 2021 reported experiencing **at least one** mental health concern, as compared with 20.8% in 2013. According to Public Health Ontario (2024), the rate of mental health concerns for females under age 25 is comparably higher than the mental health concerns reported for females ages 25-34 (22.1%), and for females ages 35 and older (20.5%).

Figure 2. Concerns about Mental Health During Pregnancy in Youth Under 25 Years of Age



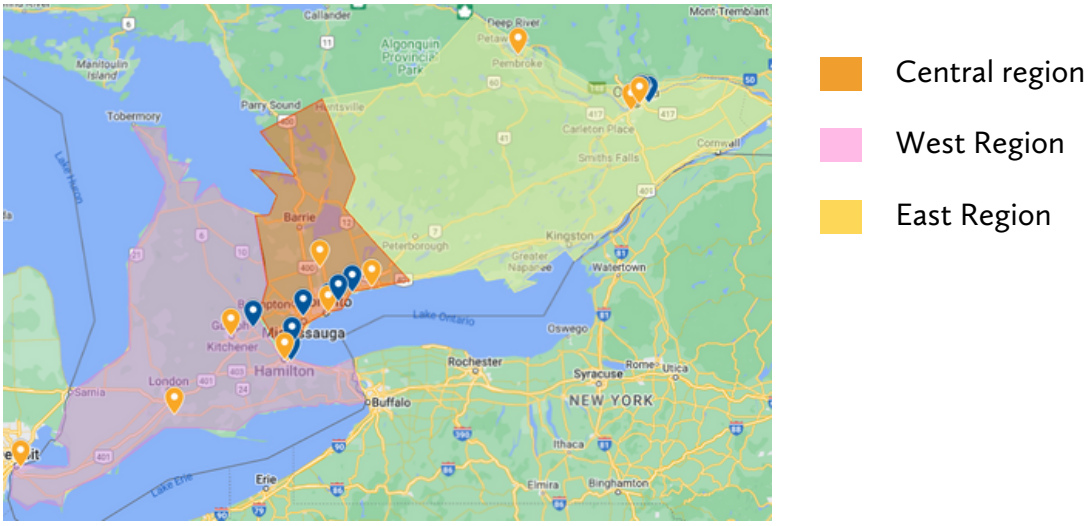
Note: This figure was obtained from Public Health Ontario data.

Information collected by 211 Ontario, an organization that connects Ontarians with social services, supports, and programs, highlights the requests of female youth under age 18, and their unmet needs. For example, from January 2021 to June 2024, 211 Ontario received 3,121 requests from female youth in Ontario (81). **The most frequent requests made by young women were for housing (18.49%) and support for mental health and substance use disorders (17.24%)** (81)**.** During that time, 211 Ontario reported 111 instances where they could not connect appropriate resources for female youth in Ontario, leaving their needs unmet in multiple areas. **The top unmet need for young women in Ontario was housing, where 45.1% of youth did not have access to housing even after reaching out to 211 Ontario.** Barriers to accessing housing included housing programs that were already full and with long waitlists (31.5%), no available resources (20.7%), or ineligibility of the youth needing housing (19.8%) (81).

An environmental scan of YPIAs revealed that 11 of the 20 agencies are current MCCSS Young Parent Services Transfer Payment Recipients (YPS TPRs) delivering Young Parent and Infant Services on behalf of the province. The remaining 9 OAYPA members do not receive reliable, predictable, or public funding and instead must operate based on fluctuating donations and private sources.

YPIAs span mostly across southern Ontario with Columbus House in Pembroke, Ontario being the most northern agency. The Greater Toronto Area (GTA) has the largest proportion of YPIAs at 40% (8/20), followed by the East at 25% (5/20), the Central Region at 25% (5/20), and the West at 10% (2/20). The observed disparity in publicly funded service availability results in inequitable access across regions in Ontario, due to differing resource levels, funding formulas and absence of a system-level approach to support young families (see Figure 3 below).

Figure 3. Map of OAYPA member agencies in Ontario



A Birds-Eye View of Young Parent and Infant Agencies Across Ontario

This page highlights demographic data that paints a picture of YPIAs across Ontario, based on data gathered from the environmental scan and survey responses from agency staff.

Services offered by agencies (n = 20)

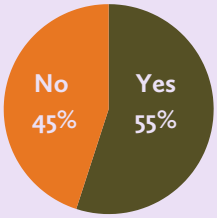
85% (n = 17) Community-Based
(i.e., located at the agency or another live-in setting)

50% (n = 10) In-Home

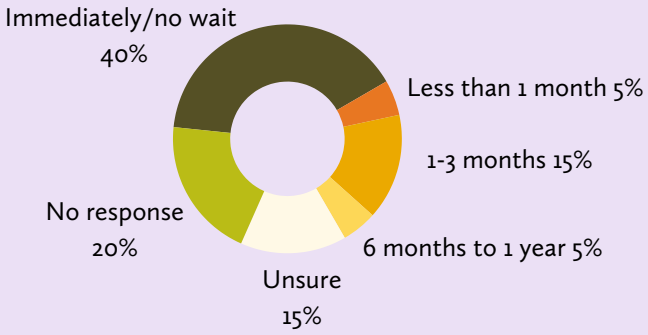
45% (n = 9) Virtual

40% (n = 8) Residential/Live-in
(i.e., programming delivered in agency's residence/shelter)

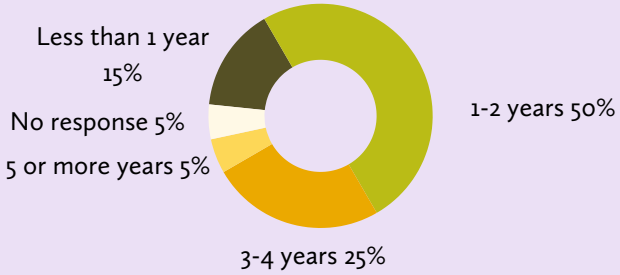
Under MCCSS funding (n = 20 organizations)



Average wait time/wait list for a client to access services (n = 20)



Average length of time clients utilize services (n = 20)



Areas of support that PPY access at an agency (n = 20)

Life skills (e.g., budgeting, cooking)	85% (n = 17)
Safe and healthy relationships	85% (n = 17)
Connecting with other young parents	85% (n = 17)
Mental health services/counselling	80% (n = 16)
Housing support	80% (n = 16)
Schooling (high school or secondary)	80% (n = 16)
Women's crisis/gender-based violence services	75% (n = 15)
Information about pregnancy, labour, delivery	75% (n = 15)
Crisis counselling	60% (n = 12)
Employment	55% (n = 11)
Work-related skills	55% (n = 11)
Substance use services	55% (n = 11)
Other*	45% (n = 9)

*"Other" included 1-2 mentions of the following, across 9 agencies: medical supports, dental services through partnership, Dad's programs, spiritual care, case management, life navigation, Parenting Prep & Infant Care (Baby Bots), play groups, infant and child milestone assessments, Baby Love group, attachment support, advocacy at schools for children.

Areas of support that PPY access *for their children* at an agency (n = 20)

Learning how to access social services	85% (n = 17)
Trauma-related support	85% (n = 17)
Developmental services for children	80% (n = 16)
Healthy eating and nutrition	80% (n = 16)
Parenting	75% (n = 15)
Infant & early childhood mental health services	75% (n = 15)
Healthy attachment/relationship with my child	75% (n = 15)
Childcare 50% (n = 10)	50% (n = 10)
Co-parenting 45% (n = 9)	45% (n = 9)
Access to a nurse or doctor	45% (n = 9)
Respite supports	40% (n = 8)
Other*	20% (n = 4)

*"Other" included 1-2 mentions of the following, addiction and treatment day programs for mom's and children, home visits, infant and child milestone assessments, Baby Love groups, medical and dental care through partnerships, and access to psychiatry.

Examples of OAYPA Success

OAYPA's successful proof of concept pilot (i.e. Ujima Project) has demonstrated significant outcomes in supporting young families and effectiveness in serving vulnerable communities (82). The pilot demonstrated OAYPA's ability to adopt a system-level approach in implementing a standardized, evidence-based practice across YPIAs as well as facilitating knowledge exchange, resource sharing, and cross-sectoral collaboration. Much like the services offered through Complex Special Needs funding, the Ujima Project was designed to support parents and children with complex social and developmental needs while building on family strengths and supporting family goals to improve outcomes for the child/parent. The Ujima Project highlights how the Young Parent and Infant sector aligns with the first pillar of Ontario's Child Welfare Redesign - to provide responsive community-based services with a focus on prevention and early intervention and keeping families together, in their community.

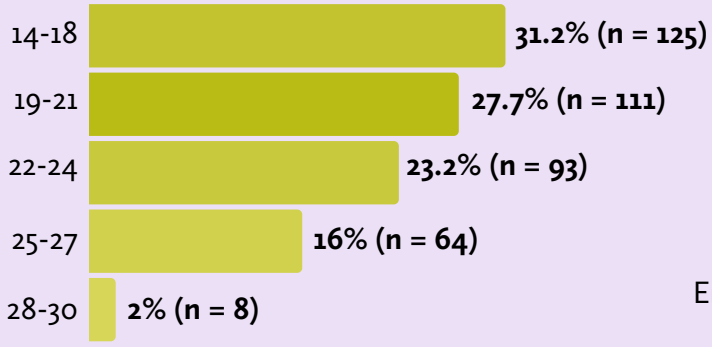
Pregnant/Parenting Youth and Staff Experiences (Survey and Interview Study)

A total of 411 youth completed an online survey between April 12th, 2024 and May 3rd, 2024. Of the 411 youth, each member agency of OAYPA was represented. Fifty-nine percent of the youth were currently accessing programs, 29% previously accessed programs, and 11.3% preferred not to say. Five youth were interviewed to add context, nuance, and insight to the survey responses. When inviting participants to be interviewed, they were selected based on diverse characteristics such as program enrolment, age, and current or former client status. The following demographic data provides a brief overview of the youth who informed the results. [Note: not all responses are mutually exclusive and some participants may have selected multiple answers.]

Demographics

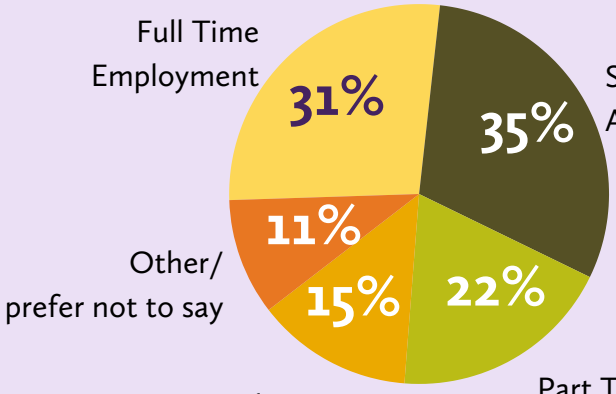
PPY Demographics

Age when first became a parent

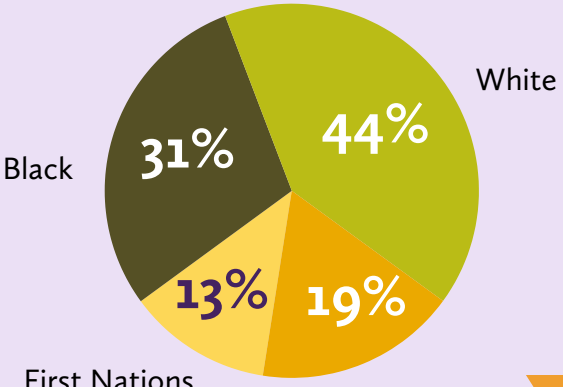


56% Age 22-27

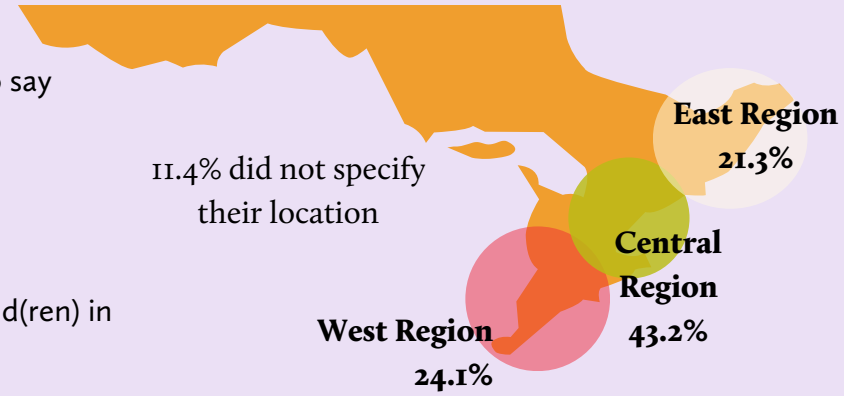
Main Sources of Income



Race/Ethnicity



Where participants live



11.4% did not specify their location

57%

Lived with their child(ren) in the community

Staff Demographics

A total of 153 agency staff completed an online survey between April 12th, 2024 and May 3rd, 2024. There was at least one staff member who participated from each member agency. Three staff were interviewed to provide context, nuance, and insight to the survey results. Of the staff invited to participate, each were from different geographical locations, and had different positions within the agencies. The following demographic data provides a brief overview of the staff that informed the study results.

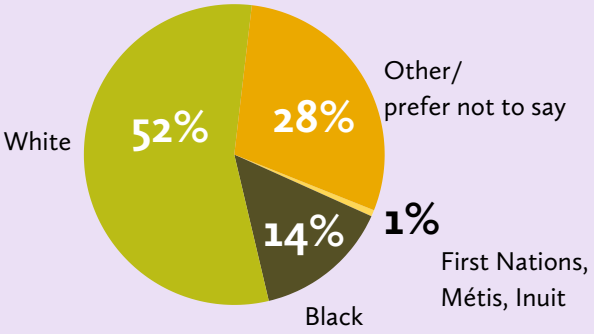
51% Age 30-49

79% College diploma or University degree

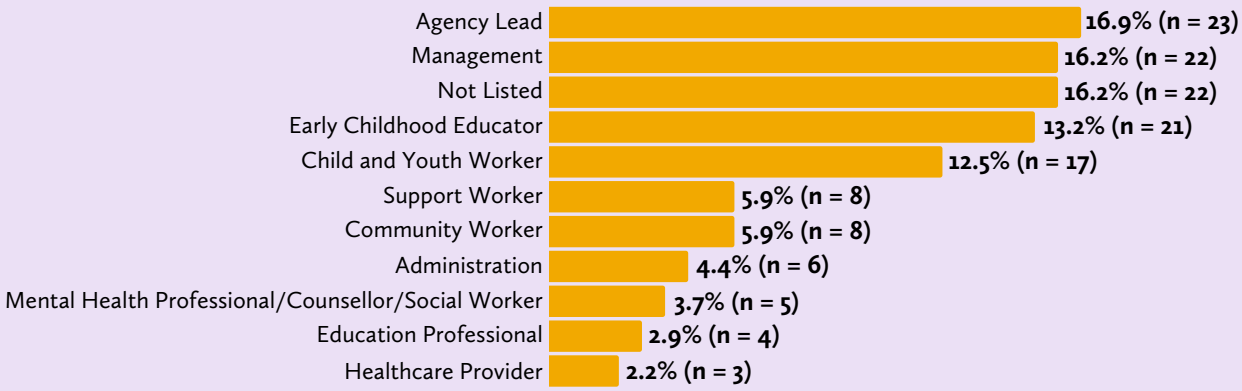
89% Full-Time Staff

56% Have been in their position for 1-5 years

Race/Ethnicity



Position at Agency



Accessing Services

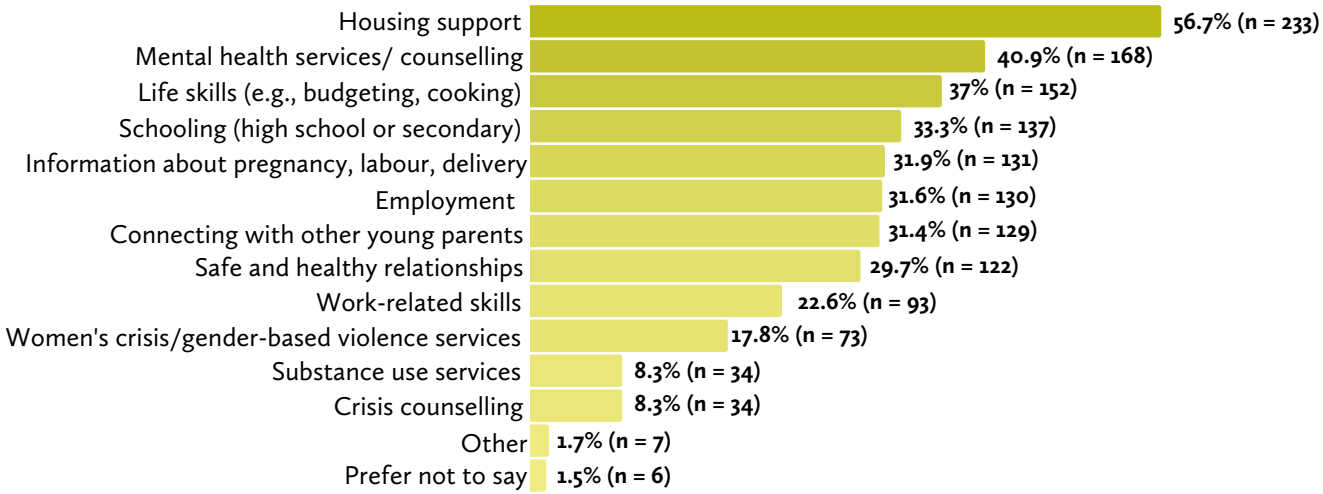
Survey and interview data from PPY helped identify a) what supports were sought out, b) what participants engaged in once they were enrolled in services, and c) what PPY found most helpful to themselves and their children. In each of the three categories, **the most frequently mentioned supports were housing, mental health supports, and life skills**. Furthermore, the **most frequently mentioned supports for children were parenting support, childcare and healthy attachment**. While these areas were the most frequently mentioned on average, it is important to note that there was some variation across different regions in Ontario.

Why PPY sought supports

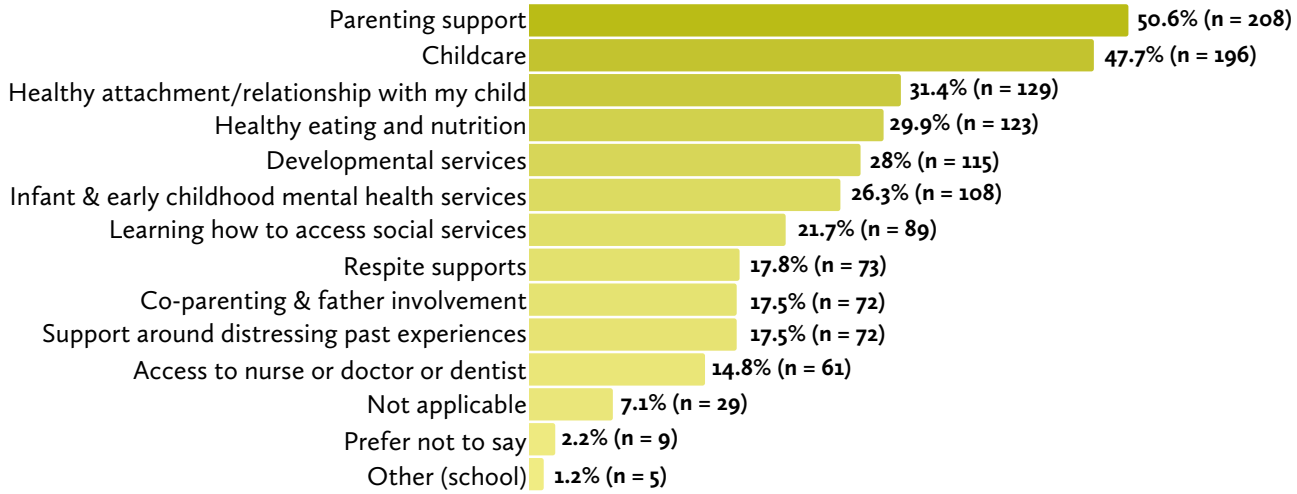
Of the 411 PPY survey respondents, 56.7% identified that they **initially reached out to YPIAs for housing support**. The other primary reasons for accessing services included **mental health services and counselling** (40.9%) and **life skills** (37%). When asked about support for their children, 50.6% of participants indicated that they reached out for services for **parenting support** and **childcare** (47.7%).

Figure 4. Reasons PPY Access Program - for themselves versus for their children (n = 411)

Why young parents reached out for support (for themselves)



Why young parents reached out for support (for their children)

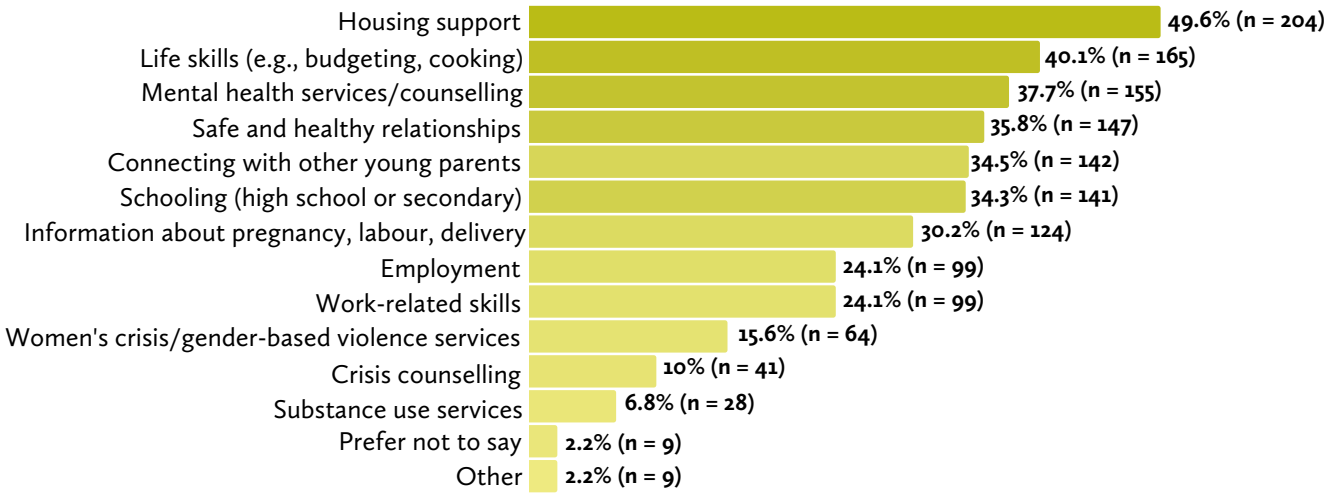


Supports accessed by PPY

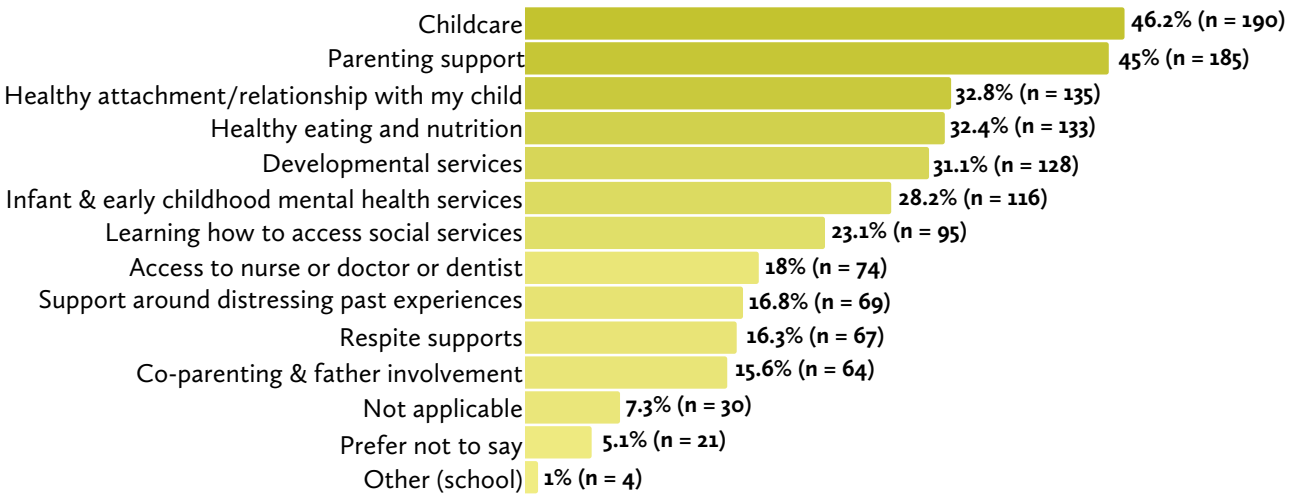
Of the 411 PPY surveyed, 49.6% identified that they accessed housing support once they were enrolled in services. The other primary supports accessed included life skills (40.1%) and mental health and counselling (37.7%). When asked about support for their children, 46.2% of participants indicated that they received support with childcare and parenting (45%). Services accessed by PPY once they enrolled in services for themselves differed slightly across the province.

Figure 5. Programs Accessed After Program Enrolment (n = 411)

Programs accessed after young parents were enrolled (for themselves)



Programs accessed after young parents were enrolled (for their children)

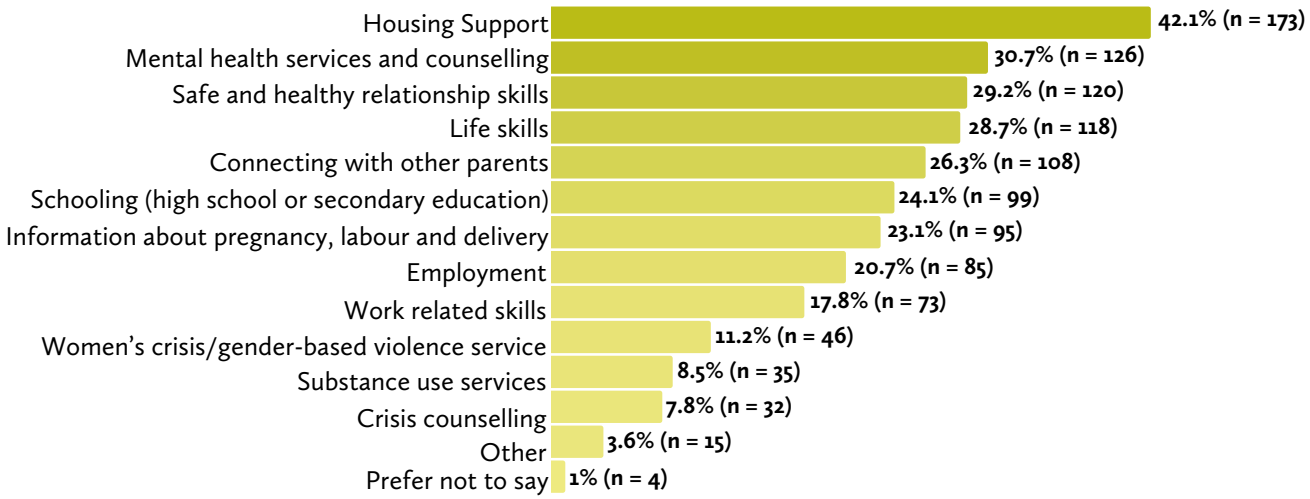


Helpful supports and services for PPY (self-reported)

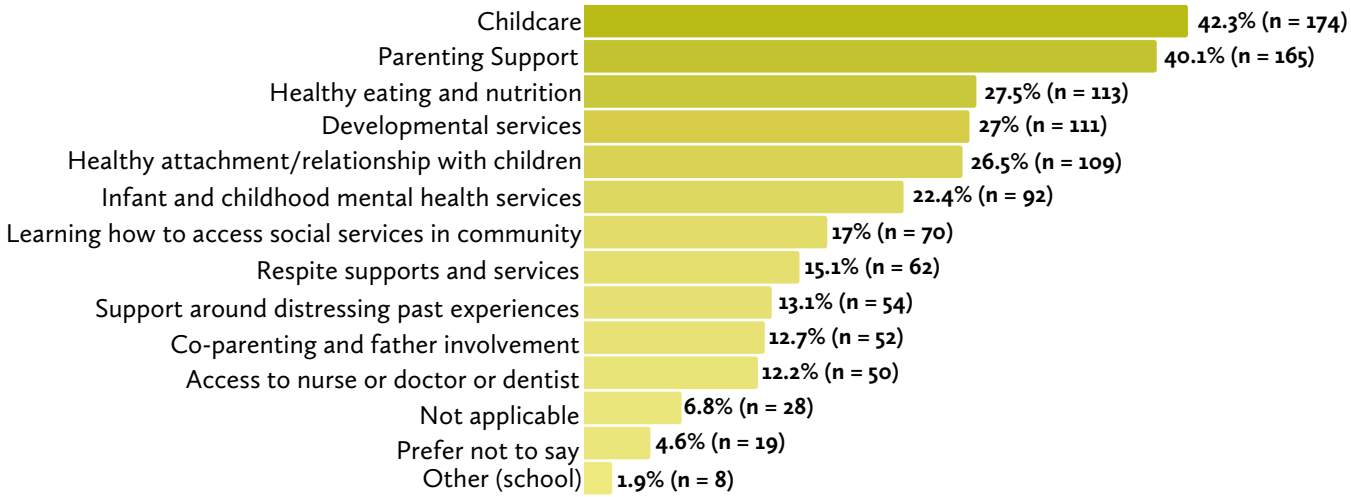
Of the 411 PPY surveyed, 42.1% identified that the most helpful service that they accessed while enrolled in programming was housing support. The other services identified to be most helpful were mental health and counselling (30.7%) and safe and healthy relationship skills (29.2%). When asked about support for their children, 42.3% of participants indicated that the most helpful service was childcare, while the other most helpful supports included parenting support (40.1%), and healthy eating and nutrition (27.5%).

Figure 6. Helpful Supports and Services - Self-Reported by Youth (n = 411)

Supports that PPY found most helpful - Services for parents



Services that PPY found most helpful - Services for children



Effective Strategies for Current Live-in and Intensive Day Treatment Programs - Perspectives of Youth and Staff

The following graphs highlight how youth and staff experience and observe the effectiveness of live-in and intensive day treatment programs.

Figure 7. Effective Strategies - PPY Perspectives (n = 411)

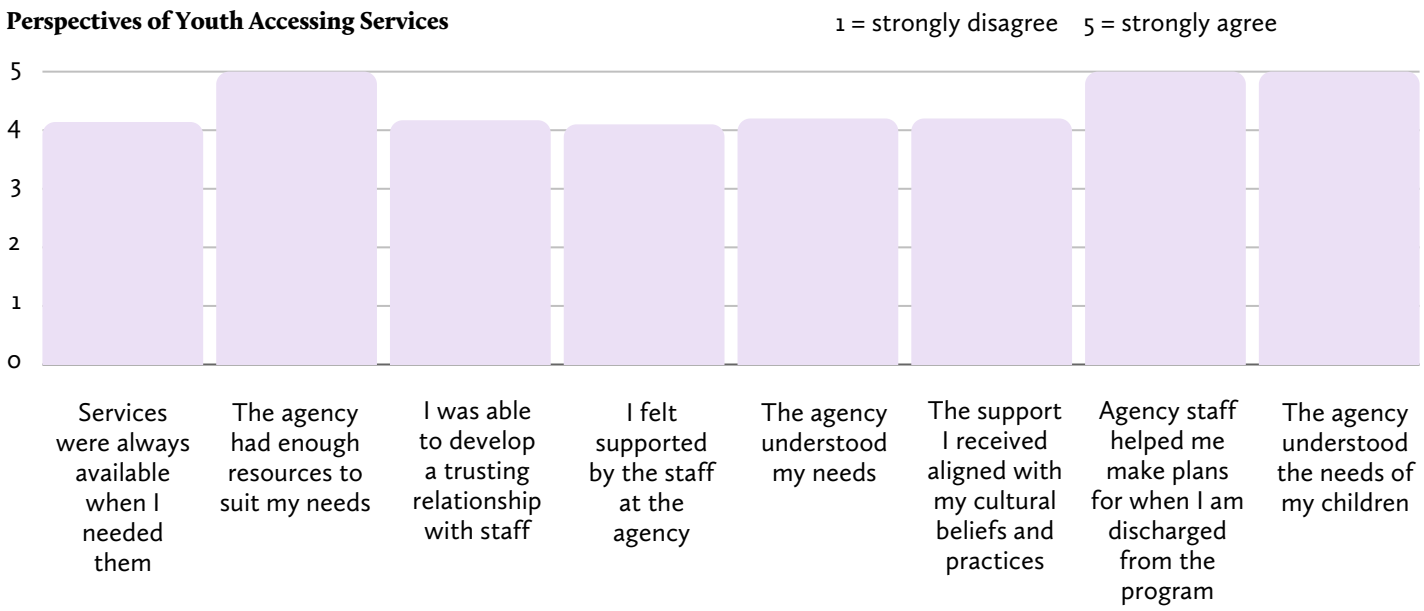
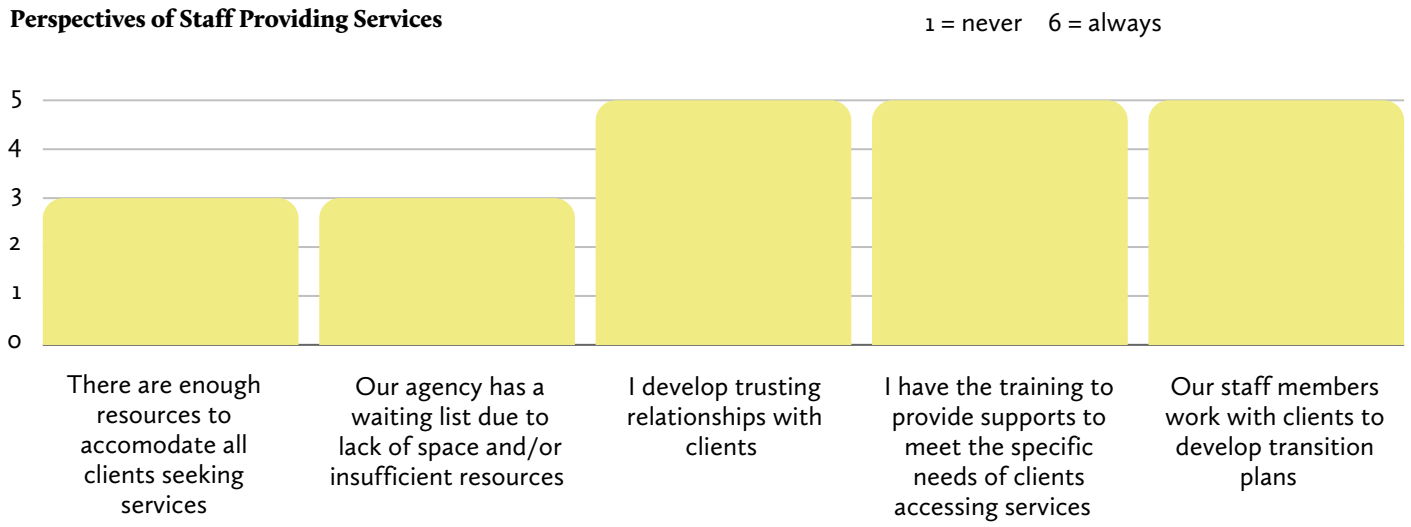


Figure 8. Effective Strategies - Staff Perspectives (n = 153)



In the surveys, both youth and staff were asked to identify how strongly they agree or disagree with certain statements about program offerings. We used these questions to better understand **how trauma-informed principles are embedded in programs.** On average, PPY indicated that they can often develop trusting relationships with staff members while staff identified that they almost always develop trusting relationships with clients. Interview data suggested a similar finding as some PPY shared that they can approach staff members with any concerns. From a staffing perspective, there is a great amount of effort among staff, particularly leadership, to promote relationship building between PPY and staff.

When this young parent was asked in interviews about their relationship with staff members they expressed that they always feel respected:

> *I feel like everyone is definitely respectful. I appreciate people who, you know, they're able to take their business cap off for lack of better words. But I feel comfortable when I'm in the space. I feel like I can talk to everybody. Everyone's very respectful. And, you know, they can advocate for you, and it's a supportive environment, for sure.*
>
> -Former Client

A staff member expressed the efforts that they have been making with staff to ensure that they understand and emphasize the importance of relationships between themselves and the clients:

> *We have worked and worked and worked with this team to understand that building the relationship is the work. That is the work. Safety, collaboration, trust, that is your work. And we are seeing changes in our youth, because they feel safe, they feel trust, they feel accepted and appreciated, they get someone working alongside them to teach them things, instead of 'I told you to clean this up, and if you don't do it, we're going to have to call [child welfare agency], so I'll come check again tomorrow'. Instead, 'Hey, can I come in and can we figure this out together, how to keep your little ones safe?'.*
>
> -Program Director

Overall, PPY accessing services reported that supportive services often emphasize safety and trustworthiness. Most importantly, both staff and PPY observed that agencies are working to continuously improve in this area. PPY identified that the staff at the agencies often understood their unique needs and that services aligned with their cultural beliefs. Staff reported that they often feel they have the training available to meet the unique or varying needs of their clients, suggesting that agencies do value **trauma awareness** of staff providing supportive services. Interviewed staff highlighted the importance and use of feedback from former youth who accessed services to improve services to suit their specific needs.

Changes From Before, During, and After Program Completion

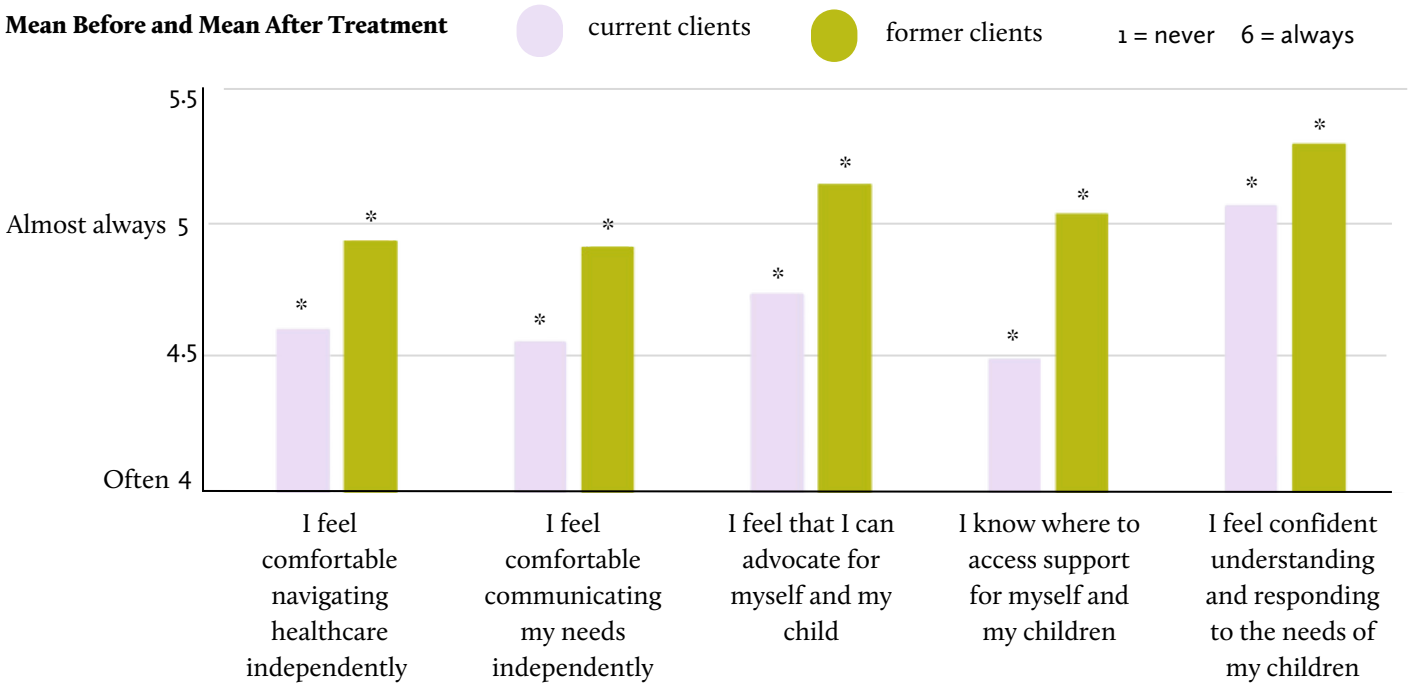
To analyze the **effects of Young Parent and Infant services on perceived confidence** in areas such as navigating healthcare, supportive services in the community, and responding to and advocating for the needs of their children, a paired samples t-test was conducted. Participants self-reported their confidence levels from **before** they sought support to the present (i.e. accessing or completed supports). Across all categories, there were **statistically significant improvements on self-reported confidence after engaging in young parent services** ($p<0.001$), as shown in Figure 9. An interview with a participant who had aged out of young parent services described the invaluable skills that they developed by accessing services:

> *I'm learning that every day, it's a struggle, but I try my best with my kids, and that's something that I've learned, you know, attending the workshops and stuff. I've grown to understand myself, for sure. Attending that facility for many years, as I'm thinking about it, wow. It's been 10 years since I've been attending. But in those 10 years, it's like, I've definitely grown to know who I am, and just trying every day to be a better person. And, you know, a great mom to my kids.*
>
> -Former Client

Whereas another young parent who is currently accessing live-in treatment described the improvements that she's made in her personal development specifically in therapy, saying:

> *I've learned a lot through [agency] such as different coping mechanisms. How to handle a stressful situation and knowing that it's okay to not be okay. And I've only been at [agency] for a very short period of time, so, I've only had three visits with the psychotherapist. I've talked to her about some stuff that was hard as well as we went through the intake. So that was hard, but she helped me with some grounding techniques. [...] I'm learning about boundaries, how to keep those boundaries because I know about boundaries, but how to keep those in place, and what a healthy relationship is..*
>
> -Current Live-In client

Figure 9. Ratings Comparing Pre-Treatment Versus During/Post-Treatment (n = 411)



Note: *statistically significant improvements on self-reported confidence after engaging in young parent services ($p<0.001$). This means that there is a *very* strong likelihood that the results are real and not due to random chance.

Areas of Improvement for Current Live in Treatment Programs

Both staff and youth were invited to share their perspectives on areas of improvement with current young parent services. Youth responses were organized into six categorical themes:

1. accessibility
2. resources
3. staff support
4. targeted programming
5. outreach
6. childcare

Out of these six mentioned, the most common suggested area of improvement by youth was **accessibility** which included aspects such as strict eligibility criteria, transportation, and more flexible programming times (Figure 10). The main area for improvement expressed by staff was **structural barriers** which included limited space, accessibility, and staffing resources (Figure 11).

Figure 10. Areas For Improvement - PPY Perspectives (n = 411)

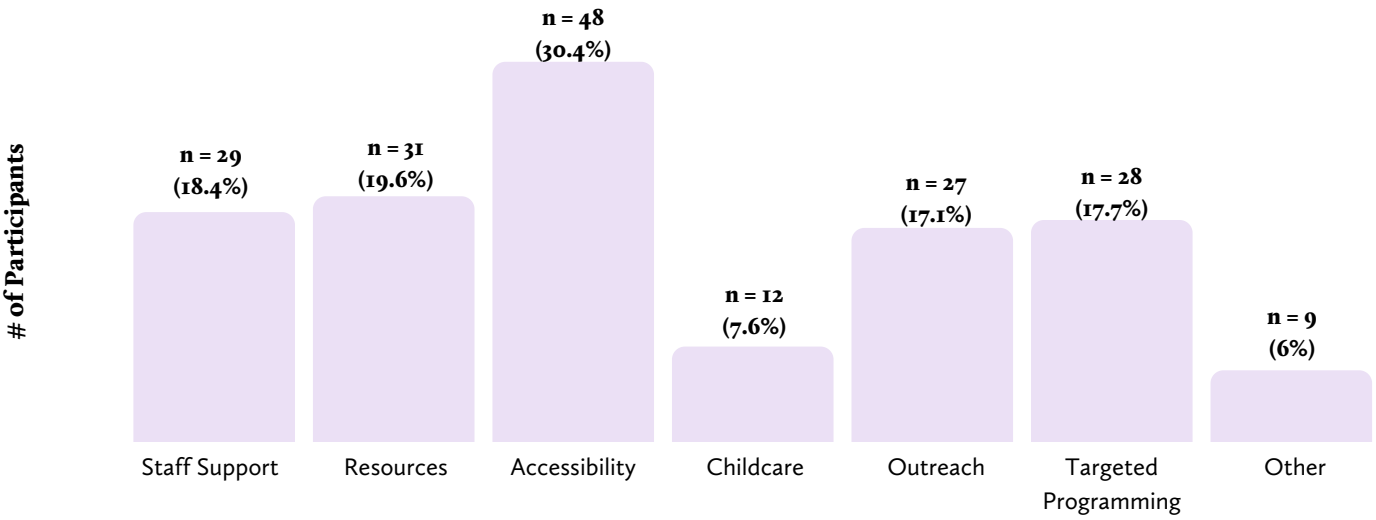
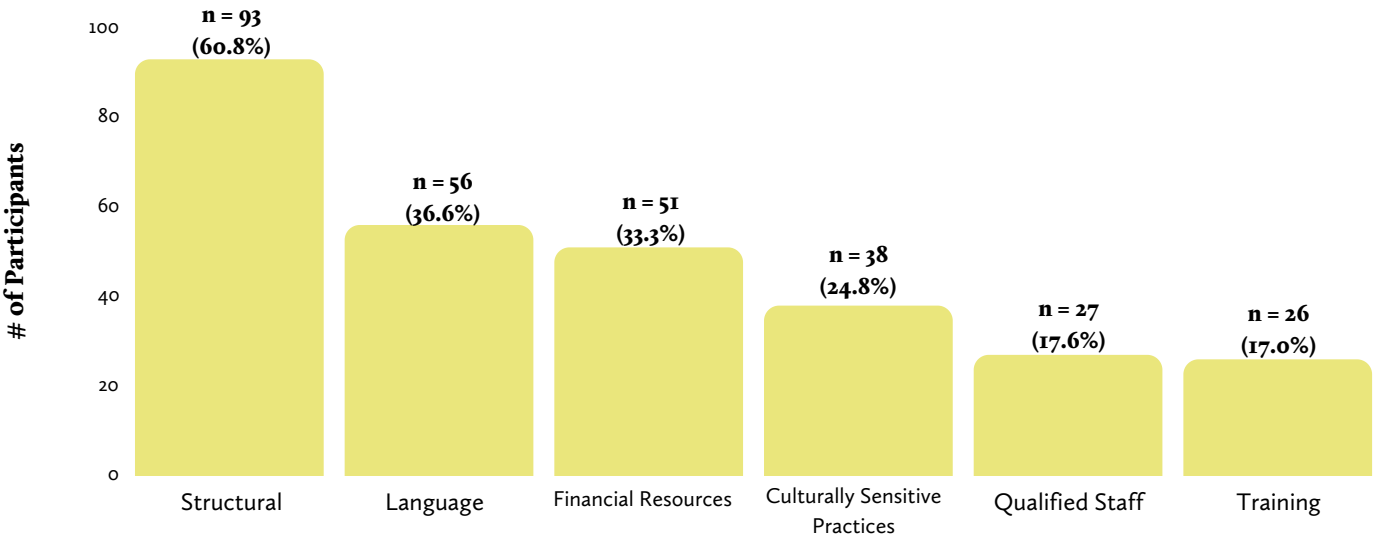


Figure 11. Areas For Improvement - YPIA Staff Perspectives (n = 153)



Youth and staff, in both the surveys and interviews, were invited to share recommendations that would improve the conditions for and sustainability of positive outcomes for PPY – ultimately investing in healthier future generations (i.e. a significant return on investment). The recommendations were thematically organized and analyzed. This policy brief highlights system level recommendations made by youth and staff.

Mental health services is a key support that PPY originally sought from agencies. Similarly, staff observed an increase in complex mental health needs that youth are presenting when reaching out to agencies. Staff explained that most complex mental health needs are required to be addressed by professionals with specialized mental health, attachment, and/or early childhood development training. By having a complement of staff with specialized training, a well-rounded team can better draw on a staff strengths and successfully work as a team to support clients. One agency of those who participated in interviews indicated that they recently brought on a skilled mental health professional and have seen noticeable results:

> *"[Program unification] has helped streamline our services and programs. We now have a counselor or a therapist from our previous clinical team that specializes in pregnant and parenting youth programs. She splits her time between [two agency locations], which is wonderful and we share resources and referrals and all of that much more easily.[...] Now we're having conversations with other community partners too. And I think people are becoming more aware of how much they do beyond the scope of what they're funded to do, and where maybe those are spaces where it's like, well, this isn't our bread and butter, so who can we intentionally connect with to provide that support?"*
>
> -Program Supervisor

Staffing resources was a key theme. There is a need to prioritize staffing resources, especially staff retention strategies to address the high turnover of staff. A major issue raised across all agencies is the lack of financial resources to hire mental health practitioners, support larger teams so staff can invest in their own self-care (connected to staff retention), and invest in ongoing and advanced training. One staff member noted that the **staff ARE the services** while another shared the importance of relationships with pregnant/parenting youth. Adequate staffing resources including skilled and trained professionals, targeted and comprehensive training, and healthy sized teams that allow staff to take personal days to avoid burnout will increase the efficacy and better model a culture of care and compassion for youth. One staff participant described some of the struggles their agency experienced when there was an acute staffing shortage, and the effect on youth residents:

> *"And when you asked about was there a time that I found it hard to respond to their needs, that year [of staffing shortage] was horrible, because what [the clients] told me is, 'there's nobody here when I need them, I never know who's going to be working'. There's only one person on at a time, and there's so many people with so many needs. 'There's nobody when I need help. My mental health is not good. I need someone to play games with me. I need someone to talk to me. I need someone to listen to me'. And hearing that was horrible, because you're failing them. And they were letting me know very clearly."*
>
> -Program Director

Frequent staff turnover was linked to burnout, and burnout was tied to the work conditions in an under-resourced context where agencies are not financially resourced to attract and retain highly experienced workers with the level of advance training needed to work with youth, and support each other, as staff. Having more qualified and trained staff will take the burden off current staff that are struggling to provide targeted and specific supports.

Shifting Demographic Needs

A common theme that arose during interviews and surveys was the need for agencies to adjust and respond to shifting needs and realities of the PPY population accessing their services. While agency programs and environments work to adapt to the changing needs and realities of PPY and evidence-informed promising practices, many changes require increased financial, human, and time resources. Agencies are making efforts to implement and adapt programs and services in areas such as the inclusion of programs and services for fathers and ensuring that the agencies are safe, welcoming places for gender-diverse PPY.

Research participants recommended that eligibility criteria threshold be raised (i.e. remove some strict requirements) so that PPY can access supports before their needs escalate and they are in crisis. One staff member expressed concern that by not prioritizing prevention and early-intervention, youth eventually develop complex needs that require significantly more time and financially intensive resources. Youth expressed concern and worry about their ability to access services after "aging out" or falling outside of the "youth" ages that agencies support. One youth said:

> *"That's the only thing that kind of concerns me, is like, you know, other families that may come and they've been accessing for a couple of years, like myself, and, you know, I don't want them to feel like, okay, now that I'm reaching that aging out stage, what's going to happen to me and my kids later on? I hope by then they can maybe extend the age, or just don't put a limit on there at all. I don't know. I just think it's a center for everybody to enjoy and, you know, access for whatever needs."*
>
> -Former Client

There is a clear need to coordinate and connect PPY with available programs and supports as youth age out of an age-restricted system. Some people raised the issue of reconsidering the age ranges of supports aimed at PPY. Comments stemmed from the understanding that current PPY programs were **initially designed** to support pregnant/parenting youth who were very young and with one child. There is an increased **need for updated** eligibility criteria and programs that include pregnant/parenting youth who are on or near the cusp of "aging out" and/or have multiple children, including school-aged children.

Housing

A key finding from both the surveys and interviews was the need for more **safe, affordable and secure housing**. While housing is a province-wide challenge, it is pronounced for pregnant/parenting youth. Since changes in housing structures, affordability, and availability are not issues that can be resolved at the agency level, a system-wide change in policies and resources are needed for sustainable and preventative efforts that would improve the health and wellbeing outcomes of PPY and their children.

> *But really, the biggest solution that we need is safe places for our young parents to live. But, we can't do that with our little [agency] dollars.*
>
> -Program Director

All interviewed staff spoke about how supportive services are beneficial for young parents and their children, yet without safe and secure housing, there are minimal long-term impacts. Staff suggested a need to reduce the number of live-in programs in **institutional settings** and increase the number of supportive, in-community, and transitional housing models with wraparound supports or hub-like models. Housing models that reflect and support a sustainable and home-like environment are trauma-informed and have shown to have long-term and lasting positive outcomes. Sustainable housing models promote dignity, skill building, confidence, health and wellbeing, and promote a sense of agency and control over the lives of those who access them.

> *I really think that as a province, we need to look at whether live-in services are the best use of those precious resources. Or are there bigger solutions that would better meet the needs of young parents? I found that those models are based on 50 years ago, and a demographic that no longer exists. And I feel terrible about contributing to recreating or re-traumatizing the young parents who grew up in residential settings, group settings, you know, violent and unsafe settings. And I think we need to look at better solutions for young parents, because their mental health needs are so complex. I think partnering with really experienced housing providers and then surrounding young parents with our expertise, attachment and trauma and early childhood development and youth and working together to create beautiful and safe places to live with all kinds of supports wrapped around them, as opposed to this rule-based dorm style setting that just does not set them up for success. They need sustainable housing. They need something they can rely on overtime. I know its a big ask.*
>
> -Program Director

Study Strengths, Limitations and Conclusions

Strengths

This policy brief is informed by a rigorous review of literature, public databases that include Ontario-specific data, an environmental scan of all OAYPA member YPIAs in Ontario, and a mixed methods study involving PPY and staff connected to YPIAs in Ontario. The examination of interventions, strategies, and supports for PPY at global, national, regional, and agency levels provided in-depth insights into the existing landscape of support for these individuals, as well as evidence-informed promising practices needed for young parent agencies to offer supports that facilitate the best possible outcomes for PPY.

Rigorous methods were used throughout the rapid review, secondary analysis of public databases, and primary source data from a large number of survey respondents and some purposive interviews with youth and staff. The search strategy for the rapid review was developed with the help of a university librarian with extensive review and knowledge synthesis expertise. All rapid review, survey, and interview analyses were completed by at least two university graduate students with input from the principal investigator. The responsiveness of YPIAs was instrumental in filling knowledge gaps in the environmental scan and dissemination of survey invitations, resulting in a high number of survey respondents in a short period of time.

Limitations

Public databases (i.e., 211 Business Intelligence Dashboard; Public Health Ontario's "Reproductive Health," "Alcohol Harms," and "Maternal Health" sections; Statistics Canada's Canadian Alcohol and Drugs Survey, the Canadian Addiction Survey, and the Canadian Community Health Survey) provided us with limited demographic information, such as cultural/racial and gender identities of PPY and individuals who might need services offered by the YPIAs. Data only reflects the number of people who access supports and not the number of individuals in need of services or who tried to access services. Similarly, the databases are reliant on limited sources of information that is not harmonized with other relevant databases (such as electronic healthcare records). Another limitation is the number of interviews conducted. Given time constraints, we used purposive and convenient sampling that cannot be used to generalize interview findings alongside survey results. Nonetheless, the purposive sampling method is a helpful and important method of gathering information about youth, staff, agencies, and the systems that impact PPY and the agencies - from people who are direct service users or employees.

Conclusions

Funding to continue and enhance YPIA services is essential to nurturing and supporting PPY and their children to **thrive in sustainable ways** – instilling confidence, skills and tools, to build and sustain healthy relationships and environments. PPY who engaged in YPIA services indicated significant improvements in their parenting skills confidence between, before, and after they accessed YPIA programs. Programs and staff supported and built PPY capacity in ways that prevented child welfare involvement. Given that reported rates of mental health concerns for young parents (defined as under age 25) in Ontario almost doubled from 2013 to 2021, plus the growing need for housing supports, our research offers up-to-date local, provincial, and global evidence-informed policy recommendations. It is essential that PPY are provided with supports that address housing insecurities and complex mental health needs while building capacity needed to maintain or regain custody of their children and thrive as families. With added system-level resources invested in prevention and early interventions, the return on investment in PPY and their infants/children will be significant. In short, all study findings highlight the importance of trauma-informed principles embedded at all levels of practice and policy. Youth and staff at YPIAs highlight how the agencies are working to embed trauma-informed and strengths-based supports with room for improvement that require additional resources (financial, human, and time) to better facilitate long-term successful outcomes for youth accessing services.

Evidence-Based Recommendations:
Building Strong Foundations

Recommendation 1: Improve equitable access to young parent and infant agencies and services

Provide equitable access and core services for pregnant and parenting youth through Ministry of Children, Community and Social Services (MCCSS) funds dedicated to young parent and infant services. Specifically, we recommend that **target funding be expanded to include all 20 YPIAs**, **with strategic planning and investments in YPIA programs and services to address critical service gaps**.

Timeframe: Immediate/Urgent

Rationale:
Current YPIA Funding Access Ontario

- Currently, 11 of 20 YPIAs are MCCSS Young Parent Services Transfer Payment Recipients (YPS TPRs) delivering Young Parent and Infant Services on behalf of the province. The remaining 9 agencies members do not receive reliable public funding and must operate based on unpredictable donations and private funding.
- All YPIAs play a crucial role in Ontario's System of Care, serving individuals from birth to young adulthood by offering early interventions. Early interventions are well-evidenced as leading to immediate improvements in individual and family well-being, long-term societal gains and economic returns – a sound return on investment (16,83). Upstream investments and early interventions have the highest rates of return of any mental health spending and have been identified by the province as a significant area of focus (84).
- Canadian Mental Health Ontario's 2024 pre-budget submission highlighted that *"Young Parent and Infant Agencies have not received funding increases in two decades and were overlooked in recent funding increases offered elsewhere in the child and youth mental health systems"*.
- Most YPIAs are clustered in the Greater Toronto Area, South and Eastern Ontario, leaving Western, Central, and Northern Ontario regions grossly underserved.

Young Parent and Infant Agencies are a Distinct Sector

- CMHO Insights Report (2023) highlights that the child, youth and mental health sector is poorly understood by other parts of the health system, which complicates YPIAs' engagement with provincial initiatives such as Ontario Health Teams, SmartStart Hubs, and long-term service integration planning.
- As of April 1, 2023, policy and program oversight for services for pregnant and/or parenting youth and

their children were transferred to the Healthy Families Transfer Payment line under the responsibility of the Children with Special Needs Division, MCCSS.

- Establishing YPIAs as a distinct unit within the Children with Special Needs Division will improve alignment with other sectors, enhance integration in provincial initiatives, and help facilitate equitable support for PPY and their infants and children across Ontario.

Strengths of Community-Based YPIAs

- OAYPA represents 20 member agencies offering evidence-based programs and services that are reflective and responsive to the voices, wishes and needs of pregnant/parenting youth.
- YPIAs intersect with various sectors including education, child welfare, health, complex special needs, and youth justice, working together to enhance child, youth and family well-being and help keep families together.
- Due to their relatively small size, YPIAs are often overlooked in provincial and regional policy and funding discussions and initiatives (e.g. child welfare redesign, coordinated service planning for children with special needs). YPIAs have valuable knowledge and experiences working with parent-child dyads as well as children and youth in equity-deserving populations, with developmental needs, and/or involved in child welfare systems.

Need for Equitable Access to Public Funding Across Ontario

MCCSS-funded YPS TPRs received a much needed 21% increase in base funding, after two decades of no increased funding; however:

- It does not align with the increased cost of living (over 50%).
- YPS TPRs are experiencing a declining workforce and talent drain, with skilled Young Parent and Infant professionals migrating to better-funded sectors.
- The 21% funding is needed to retain current staff and continue operation of YPIAs, but will not afford service or program expansion.
- A system-level provincial approach is needed to facilitate equitable access and core services delivery to PPY and their infants/children across Ontario.

Implementation Considerations

- **Expand YPS TPR funding** to all 20 YPIAs and account for incremental increases for all MCCSS-funded YPS TPRs to keep up with cost-of-living inflations.
- **Collaboration between MCCSS and OAYPA to strategically plan Young Parent and Infant programs and services across Ontario**. Strategic planning would benefit from:

  ☐ A **gap analysis/needs assessment** to determine scope and range of services across province needed for equitable outcomes for young families across Ontario.

- ☐ A **cost analysis assessment** to evaluate the feasibility and financial requirements to **establish/identify a YPIA in Northern regions of Ontario.**
- ☐ **OAYPA participation in meetings with provincial and regional organizations and ministries** to ensure young family's needs are embedded in initiatives.
- ☐ **Increased awareness and understanding** of the Young Parent and Infant sector and its role across MCCSS.
- ☐ A presence on the **MCCSS website of all publicly funded YPIAs and programs**.

Recommendation 2: Enhance mental health services within Young Parent and Infant Agencies for the parent, child and dyad

Provide increased funding (from MCCSS) for specialized mental health professionals for pregnant/parenting youth within YPIAs. Mental health professionals can offer trauma-informed mental health supports focused on parent-child dyads, including infant and early childhood mental health services.

Timeframe: Short-Term

Rationale

- Adolescent mothers are four times more likely to experience mental health disorders compared to their adult counterparts.
- Many adolescents and PPY face structural and systemic challenges including adverse childhood experiences (ACEs), gender-based violence, stigma, intergenerational trauma, systemic racism and limited access to safe and supportive services. As such, they often present with postpartum depression, anxiety, substance use, trauma, PTSD, borderline personality disorder and self-harm, and enter parenting with mental health conditions, minimal support, complex developmental trauma, and child welfare involvement.
- Most pregnant/parenting youth accessing YPIAs are seeking and/or needing mental health care.
- There is a current absence or shortage of mental health professionals across all YPIAs due to fiscal limitations.
- Current staff retention challenges are partially linked to presentation of mental health issues of PPY, while the lack of mental health care and treatment negatively impacts PPY and their mental health outcomes.

Mental health as an early intervention

- Investing early in effective parent/child mental health programs not only benefits individual families but also yields significant economic returns. In Canada, studies show that every dollar invested in health generates a return of $3.30 to the population (85).
- Mental health professionals trained in low-barrier, infant and early childhood mental health services, and attachment-focused parent-child therapy is a form of early intervention and investment; it

improves immediate and long-term health and wellbeing at individual, family, and societal levels.

- Low barrier mental health programs and services can mitigate young parents' hesitancy to access mental health services due to past negative experiences, fears of being judged, not being seen as an active partner in care decisions, and child protection involvement.
- Onsite mental health professionals can improve access to other specialists and navigation of the healthcare system.

Implementation Considerations

Increase resources and funding for YPIAs to hire and retain qualified infant and young parent mental health professionals and clinical supervisors to provide low-barrier, onsite, and longer-term mental health and trauma treatment. Qualified mental health professionals within YPIAs will:

- Provide specialized treatment to reduce the impacts and/or mitigate the complex interplay between mental health, substance use, developmental trauma, child welfare involvement, structural and systemic barriers (e.g. childcare, healthcare), and discrimination.
- Provide attachment-focused parent/child dyad therapy.
- Create a community of practice with clinical supervision (e.g. SickKids Young Families Program; Ujima Project piloted by OAYPA).

Recommendation 3: Revise policies, funding, and eligibility to reflect changing demographics

Revise live-in treatment care policies, funding and eligibility requirements for YPIAs to better align with the evolving demographics of PPY and their infants/children.

Timeframe: Short-Term

Rationale

- While there has been a decline in adolescent (<age 20) pregnancies over the last 20 years in Canada, PPY seeking YPIA services are older (<age 30), often with very complex needs and challenges.
- Current PPY and YPIA staff identified a clear need for long-term, intensive, and 24/7 mental health services, particularly for youth with cognitive, developmental, and/or intellectual disabilities.
- Complex needs link to past and present trauma, adverse childhood experiences, and mental health conditions requiring specialized care. Specialized care requires timely access to mental health services and wraparound care. Without specialized care, pregnant/parenting youth are more likely to experience social isolation, trauma, violence, delayed education, limited job opportunities, poverty, and child welfare involvement.

- Current Child, Youth and Family Services Act regulations do not account for infants or children in live-in treatment programs, despite established evidence to support the effectiveness of infant mental health, parent/child attachment, and parental mental health support.
- Timely, long-term, and intensive support through live-in treatment care improves outcomes for PPY and their children, keeping families together.

Implementation Considerations

- Age restrictions must be adjusted to reflect the ages of PPY seeking and needing live-in treatment care.
- Allow agencies to adapt policies, including eligibility criteria, to respond to demographic shifts over time.
- Child, Youth and Family Services Act regulations and MCCSS reporting requirements must account for infants and children in live-in treatment programs.

Recommendation 4: Establish partnerships to develop and implement housing strategy

MCCSS must partner with OAYPA and the Ministry of Municipal Affairs and Housing (MMAH) to create and implement a housing strategy for young equity-deserving families; a strategy that includes providing priority access to affordable, long-term family-friendly housing with wraparound support.

Timeframe: Long-Term

Rationale

- Housing was one of the main reasons PPY accessed services at YPIAs.
- Social housing in Ontario operates on a first-come, first-serve basis rather than need (except for victims of abuse, who receive priority). The chronic stress and uncertainty associated with housing instability can lead to long-term negative outcomes (e.g. mental health, physical health, increase risks to trauma) for both parents and children, perpetuating cycles of poverty and disadvantage.
- **Parents** experiencing housing instability may struggle to provide the emotional support their children need, leading to strained parent-child relationships, impacting their ability to meet their children's emotional, developmental, and educational needs, potentially leading to child welfare involvement.
- **Infants/children** experiencing housing instability, particularly in cases of eviction, homelessness, or living in unsafe environments, can face significant trauma. Such trauma often leads to long-term effects on emotional regulation, behaviour, and abilities to form healthy and secure relationships. Stress associated with unstable housing/moves can disrupt cognitive, emotional, and social development.

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Appendices

Appendix A: Rapid Review PRISMA Figure and Summary Table

Figure 12. PRISMA flow diagram of included/excluded studies

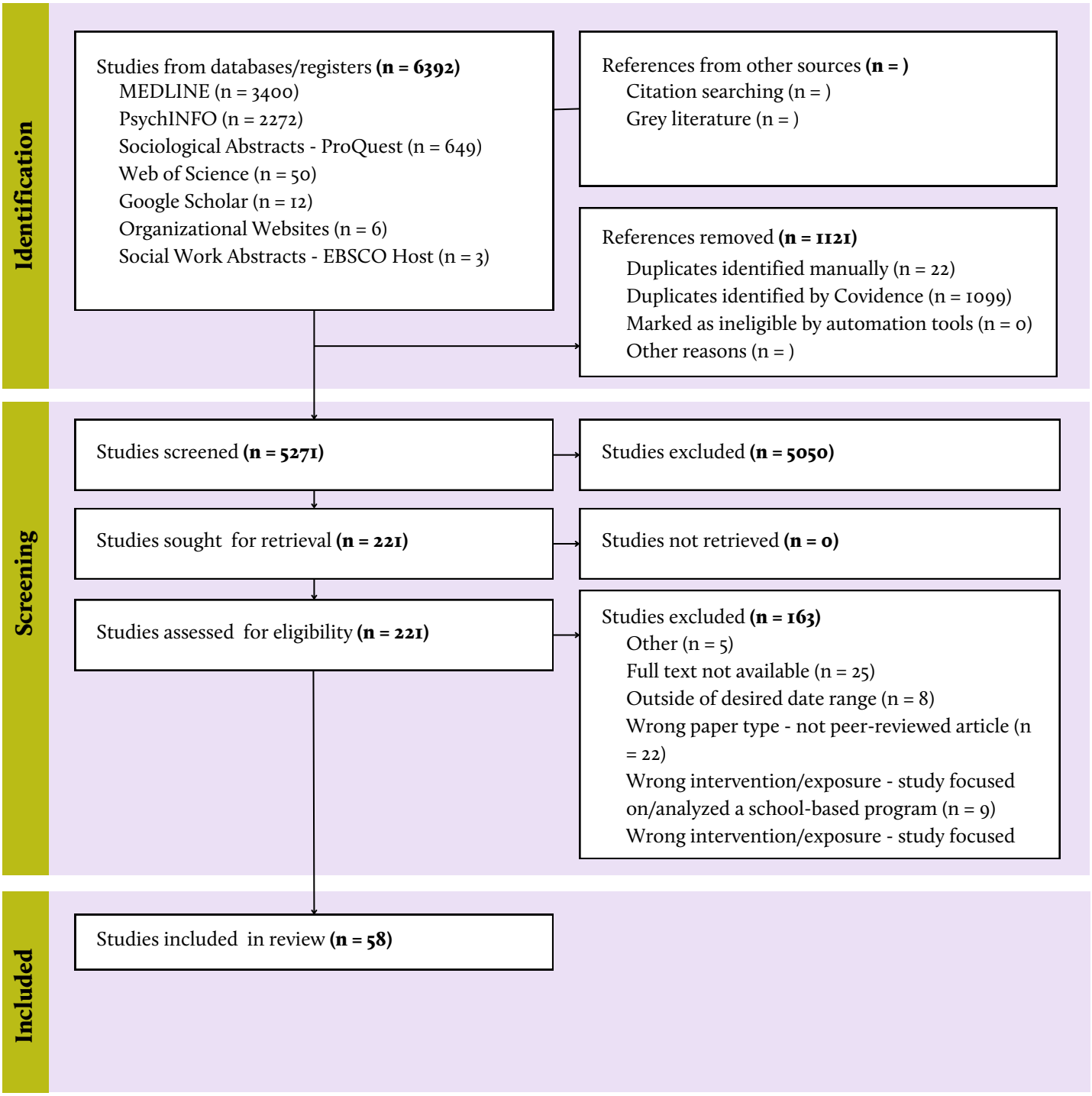

Table 3. Summary table of Included Studies (n = 58)

Author; Country	Study Type; Objective	Study Population	Key Theme(s)	Evidence-Based Recommendations
Aitken, 2023; United States of America	Randomized controlled trial; to assess how a Safety Baby Shower (SBS) intervention affects behaviours at home.	Pregnant teenagers (13-19 years of age) in their second or third trimester.	**Strengths-based approach and skill building:** In learning about safe sleep practices, young mothers' attitudes, beliefs, self-efficacy, and intentions and behaviours related to sleep increased.	Interventions should address challenges and barriers during the pre-natal period to promote self-efficacy and enhanced parenting practices during the post-natal period.
Allan-Blitz, 2022; United States of America	Pilot study; to determine if offering transportation to teenage mothers for medical appointments decreased the number of missed clinic visits.	Adolescent parents from racial minority groups and socioeconomically disadvantaged backgrounds.	**Trauma awareness:** Young parents were offered free transportation to scheduled clinic visits, which they reported as crucial for attending their appointments.	Clinics should offer transportation services to ensure healthcare accessibility.
Asheer, 2020; United States of America	Mixed-methods study; to examine the implementation of a redesigned case management program for expectant and parenting young women.	Pregnant and parenting young women.	**Emphasis on safety and trustworthiness:** The first two phases of the program focused on building healthy relationships (for example, building rapport between the youth and case manager). **Opportunity for choice, collaboration, and connection:** Participants were actively involved in shaping their support through goal setting. **Strengths-based approach and skill building:** All phases were strengths-based, youth-focused, and emphasized self-sufficiency and resiliency. Participants were surprised when they were able to identify how their strengths could be leveraged in their daily lives to solve problems.	Programs should be flexible and tailored to meet the specific needs of young parents, rather than rigidly structured

Barlow, 2015; United States of America	Randomized controlled trial; to report on outcomes of a paraprofessional-delivered home-visiting intervention.	American Indian teenaged mothers and children from four southwestern reservation communities in Arizona.	**Opportunity for choice, collaboration, and connection:** The Family Spirit Intervention was developed over a decade through community-based participatory research **Strengths-based approach and skill building:** Positive parenting lessons were focused on reducing behaviours (i.e. harsh or unresponsive parenting) associated with early childhood behaviour problems.	Home-visiting programs should adopt a paraprofessional approach to improve child development and maternal health among resource-limited and high-disparity populations.
Barr, 2014; United States of America	Non-randomized experimental study; to evaluate "The Baby Elmo Program", providing incarcerated teen fathers with parenting training and visitation.	Incarcerated teenaged fathers – located in juvenile detention centers located in three California counties: Fresno, San Bernardino (three sites), and Sacramento (two sites) – and their infants.	**Emphasis on safety and trustworthiness:** The program's overarching goal is to foster father-child interactional quality improvement, secure attachments, and positive father-child relationships during incarceration. **Strengths-based approach and skill building:** The intervention includes sessions on attachment, infant exploration, and following the child's lead. Participants experienced positive changes in interactional quality, associated with the incorporation of targeted parenting skills.	To increase parent support, infant engagement, and positive father-infant interactions over time, strengths-based parenting training and visitation programs should be provided for incarcerated teenaged fathers.
Bica, 2014; Brazil	Randomized controlled trial; to assess the influence of a breastfeeding promotion strategy directed at adolescent mothers living with their mothers.	323 adolescent mothers (<20 years old) who lived with their mothers.	**Strengths-based approach and skill building:** Mothers and their mother/grandmother experienced counselling and educational sessions about the importance and details around breastfeeding with healthcare providers. **Opportunity for choice, collaboration & connection:** mothers were encouraged to express their opinions, experiences, and beliefs. While infant feeding was the primary topic addressed in the program, other topics were addressed as necessary according to the personal experiences and doubts of each mother.	Interventions should incorporate lactation consultations for adolescent mothers to help prevent early weaning.

Bute, 2014; United States of America	Mixed-methods study; to report on the formative evaluation of a journaling program used as a means of communicating health information to pregnant and parenting adolescents while also providing participants with a means of self-expression.	Pregnant and parenting adolescents (aged 15-19).	**Emphasis on safety and trustworthiness:** Journals provided young parents with a safe space for self-expression. 93% of participants agreed that writing in the journal helped them express their feelings about pregnancy or parenting. **Opportunity for choice, collaboration & connection:** This journal was implemented using feedback from young parents, suggesting a strong preference for the journal as a means of both conveying and gathering health-related information. **Strengths-based approach & skill building:** Writing and self-expression are tools for self-understanding and improvement; this journal is an active learning technique that provides pregnant and parenting adolescents with the capacity to communicate their feelings and experiences, while at the same time providing opportunities for providers to respond to unmet needs.	Tailor interventions to the unique needs of young mothers by including personalized prompts and activities that resonate with their individual experiences and challenges.
Chingono, 2022; Zimbabwe	Non-randomized experimental study; to explore how participation in a self-help group intervention affected vulnerable young mothers' experiences and perceptions of mental health stressors.	Pregnant and/or parenting adolescent girls and young women (aged 16-19) who sell sex for money, and who live in high-density communities in Harare, Zimbabwe	**Trauma awareness**: The uptake of clinical and psychosocial support services was encouraged by staff, who also referred participants to other services, such as subsidized education and vocational training. **Opportunity for choice, collaboration & connection:** Formative work was conducted over 1 month to assess acceptability and understand the Adolescent Girls and Young Women (AGYW)'s preferred design and content of self-help groups to ensure the intervention met local needs and preferences. **Emphasis on safety and trustworthiness:** The aims of the intervention were to reduce feelings of isolation, and to build social support networks. Joining the self-help group represented an opportunity to enter a socially supportive space, engaging with peers and friendly, non-judgmental staff.	To successfully tailor self-help groups to young parents, they should target the intersecting susceptibilities they face (e.g., young pregnancy/parenthood, sex work, etc.).

			Strengths-based approach and skill building: The intervention also aimed to improve participants' life skills including parenting, financial literacy and self-care. The study found that introducing an opportunity to provide practical and material assistance helped meet many of AGYW's needs related to their struggles to cope with looking after their children in a context of severe economic deprivation.	
Chyzzy, 2020; Canada	Randomized controlled trial; to describe adolescent mothers' perceptions of a Mobile Phone-Based Peer Support (MPPS) Intervention designed to prevent postpartum depression (PDD).	Pregnant adolescents between the ages of 17-24.	**Opportunity for choice, collaboration & connection:** Participants were matched with a peer mentor based on availability and age (if possible). The intervention was individualized based upon maternal need and desire (for instance, contact between the participant and the peer mentor was made as frequently as necessary). **Emphasis on safety and trustworthiness:** The intervention consisted of individualized support provided by a trained peer mentor. Participants perceived positive relationship qualities with their peer mentor such as trustworthiness, acceptance, empathy, and commitment. **Strengths-based approach and skill building:** In this intervention, peer support was defined as a specific type of social support (informational, appraisal, and emotional support), which majority of participants acknowledged receiving.	Peer support should only be provided based on a participant's individual needs, as too much support could lead to feelings of inadequacy and incompetence.
Cluxton-Keller, 2018; United States of America	Quasi-experimental study; to explore effectiveness of a video-delivered family therapy intervention on reducing maternal depressive symptoms and improving family functioning and emotional regulation	Families from the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program; Mothers ages ranged from 18-25 years.	**Trauma awareness:** The use of technology permits convenient access to treatment for mothers and their families in rural areas, thereby overcoming logistical barriers to increase treatment access. **Strengths-based approach and skill building:** The intervention included "skills training sessions" which addressed cognitive functioning, emotion, and behaviour.	Video-delivered family therapy interventions are a safe and collaborative method to improve family functioning and promote skill-building.

Cynthia-Lodgson, 2018; United States of America	Non-randomized experimental study; to test the effectiveness of an internet-based depression intervention on seeking treatment for adolescent mothers.	Adolescent mothers (aged 13-21 years) who had a child under one year of age, in urban, suburban, and rural counties in Kentucky.	**Opportunity for choice, collaboration & connection:** The design and implementation of this intervention was an iterative process, involving a team of interdisciplinary researchers, community partners, and adolescent mothers. The website also included a "Resources" component (including referrals for counseling services and suicide and child abuse prevention hotlines). This component was designed to increase perceived behavioral control by facilitating opportunities to seek depression treatment. **Emphasis on safety and trustworthiness:** The website's homepage included videos of other adolescent mothers describing their experience(s) with depression and how they successfully sought treatment. This component aimed to decrease stigma and to increase normative beliefs about seeking treatment.	Internet-based interventions are efficacious in decreasing symptoms of depressions, while promoting treatment seeking behaviours.
Darra, 2020; United Kingdom	Mixed-methods study; to report on a phase of a mixed-methods study into the work of the multi-agency project.	Young women and young men between the ages of 15-24.	**Emphasis on safety and trustworthiness:** Participants described how staff members were encouraging, supportive and non-judgmental, which gave them confidence to talk and ask for advice about issues and any problems they were having. **Strengths-based approach and skill building:** MAP offered one-to-one home midwifery support, pre- and post-natal care, nursery nurses, and speech and language development workers. Participants therefore reported that they were educated about everything they needed to know for pregnancy, childbirth, and parenthood.	Multi-agency programs effectively address health and social inequalities among young parents through collaborative, multi-disciplinary efforts.
Diasde Oliveira, 2014; Brazil	Randomized controlled trial; to evaluate the efficacy of multiple breastfeeding counselling sessions with adolescent mothers and their mothers.	Adolescent mothers, their babies, and their mothers (maternal grandmothers)	**Strengths-based approach and skill building:** Breastfeeding counselling sessions were given in accordance with WHO guiding principles, encompassing many aspects of breastfeeding, such as breastfeeding importance and duration, factors that interfere with the production of milk, and the technique of breastfeeding.	Counseling sessions within the first four months of infants' lives effectively increase exclusive breastfeeding (EBF) duration among adolescent mothers.

Easterbrooks, 2021; United States of America	Randomized controlled trial; to determine if "Healthy Families Massachusetts (HFM)" home visits reduce parenting stress and risky behaviours.	First-time young parents under 21 years of age	**Trauma awareness:** Addressing other stressors (e.g., housing, economic hardship) that increase the likelihood of relational violence, home visiting reduced tensions and stress in the broader family context. **Strengths-based approach and skill building:** The program aimed to (a) prevent child abuse and neglect by supporting positive, effective parenting; (b) promote optimal child health and development; (c) encourage parental educational attainment and life skills; (d) prevent repeat teen pregnancies; and (e) promote parental health and well-being	Incorporate strategies to reduce intimate partner violence (IPV) into home visiting programs, as addressing IPV can positively impact parenting stress and risky behaviors.
Edwards, 2020; United States of America	Randomized controlled trial examines the impact of a doula home visiting intervention on various maternal and child outcomes related to child development.	Young, low-income mothers from diverse racial/ethnic backgrounds	**Strengths-based approach and skill building:** The doulas partnered with home visitors (Parent Educators or Family Support Workers), who offered home visits to the mother starting that capitalized on the mother's strengths.	Community doulas working in family homes can positively impact the parenting behavior of low-income, young mothers.
Fahim, 2023; Iran	Parallel randomized clinical trial; to determine the effect of breastfeeding counselling based on the Ready Set Baby (RSB) education program on self-efficacy and breastfeeding performance in adolescent mothers.	Pregnant teenagers under 19 years of age and between 30-33 weeks (about 7 and a half months) gestation.	**Opportunity for choice, collaboration & connection:** The counseling sessions were personalized to the individual needs and interests of the participants, with the counselor asking questions before each topic to determine their thoughts and adjust the discussion accordingly. **Strengths-based approach and skill building:** Sessions encompassed a wide range of domains, including preparation for childbirth, knowledge about breastfeeding, and self-care practices, all of which ultimately increased breast-feeding practices.	Breastfeeding counseling for pregnant adolescents significantly boosts their breastfeeding self-efficacy and performance
Felder, 2017; United States of America	Randomized controlled trial; to examine impact of CenteringPregnancy®	Young mothers aged 14-21 years across community	**Opportunity for choice, collaboration & connection:** Participants engaged in self-care activities, including taking their own weight and blood pressure, charting their progress	Group prenatal care may be an effective non-pharmacological option for reducing depressive symptoms among perinatal adolescents.

	Plus group prenatal care on perinatal depressive symptoms compared to individual prenatal care.	health centers in New York City	in health records, and completing a brief self-assessment activity to spark group discussion. **Emphasis on safety and trustworthiness:** All care occurred within a group format, except for concerns requiring privacy. Each group included 8 to 12 women around the same gestational age (e.g., all with expected due dates in the same month). **Strengths-based approach and skill building:** Facilitated discussions covered a variety of topics including nutrition, physical activity, relaxation techniques, communication and self-esteem, interpersonal violence, parenting and childbirth preparation, infant care and feeding, and postpartum challenges (including contraception).	
Firk, 2021; Germany	Randomized controlled trial; to evaluate a mother–child intervention (STEEP-b) program in high-risk adolescent mother–infant dyads.	Adolescent mothers between 14 and 21, with a child between 3 and 6 months old.	**Strengths-based approach and skill building:** STEEP-b was modularized, with every session focusing on one of four modules (child development, maternal sensitivity, frightening and intrusive behaviors of the mother, and sensitive parental discipline practices). This intervention involved video feedback, which provided opportunities for parents to practice observational skills and to reinforce sensitive behaviours.	Develop specific, intensive early interventions for adolescent mother-child dyads. The idea of "less is more" may not be appropriate for adolescent populations with diverse psychosocial challenges; high-risk young mothers require longer, and more comprehensive programs combined with substantial psychosocial support to improve parenting behaviors.
Giugliani, 2019; Brazil	Randomized controlled trial; to assess the impact of an intervention for teenage mothers with the involvement of maternal grandmothers on the prevalence of pacifier use in the first six months of life.	Young mothers under the age of 20.	**Emphasis on safety and trustworthiness:** The intervention involved 6 sessions, all conducted by the same professional. Also, the intervention did not reduce pacifier use when only the teenage mother was involved, showing the role of social support in intervention efficacy.	Involving grandmothers in intervention promotes safety and trust, thereby eliminating any negative influence young parents may have on the subject.

Gureje, 2022; Nigeria	Randomized controlled trial; to evaluate the effectiveness of a psychosocial intervention for perinatal depression designed specifically to address the unique needs of adolescents.	Pregnant adolescents aged <20 years.	**Emphasis on safety and trustworthiness:** The intervention involved a "neighbourhood mother" – an experienced older woman – who provided social support to the adolescent mother through home visits and regular phone calls. **Opportunity for choice, collaboration & connection:** **A**dolescents were guided through a step-by-step process of breaking down current psychosocial stressors and exploring options for their resolution. The maternal care provider worked with the adolescents to explore options of self-identified pleasurable activities and to gradually increase their engagement in such activities. **Strengths-based approach and skill building:** Parenting skills support was a large component of this intervention and included topics such as personal and health care needs (nutrition, rest etc.), preparing for childbirth, and care of the newborn.	Implement age-appropriate psychosocial intervention packages for adolescents with perinatal depression, particularly in resource-constrained settings.
Guttentag, 2014; United States of America	Randomized controlled trial; to assess the impact of the My Baby & Me intervention on changes in parent responsiveness behaviours and in children's social–emotional, cognitive, and language skills.	Adolescent mothers aged 18 years or younger.	**Emphasis on safety and trustworthiness:** The intervention began during the prenatal period by providing a range of supports for mothers (e.g., home safety, establishing daily routines, etc.) prior to the intervention component targeting both the mother and child, thereby fostering trusting relationships between mothers and providers**.** **Opportunity for choice, collaboration, and connection:** This intervention utilized the Play and Learning Strategies (PALS) curriculum, which helped mothers generalize their use of the target skills in new contexts that were not explicitly practiced during intervention. **Strengths-based approach and skill building:** The core focus of was on building responsive parenting in a structured, step-by-step approach through a combination of video modeling, interactive discussion, live coached practice, and video self-reflection, promoting the active engagement of parents in learning new skills.	Interventions should begin during the prenatal period, offering comprehensive support (e.g., problem-solving skills, daily routines, home safety) before training in parent responsiveness.

Hoffman, 2020; United States of America	Randomized controlled trial; to compare the effects of a combined language-monitor curriculum with texting and formative linguistic feedback on infant 12-month language outcomes.	Young mothers aged 15-19 and their child(ren) less than 30 weeks (about 7 months)' gestation.	**Strengths-based approach and skill building:** The interventions aim to empower adolescent mothers by providing them with knowledge and skills related to early language enrichment and motor development. This strengths-based approach focuses on enhancing the mothers' abilities to support their infants' development	Implement interactive and individually tailored interventions in social environments to promote child language development, as these approaches lead to higher levels of sustained behaviors.
Jacobs, 2016; United States of America	Randomized controlled trial; to estimate the effects of Healthy Families Massachusetts (HFM), a statewide home visiting program serving first-time adolescent parents, on parenting, child development, educational attainment, family planning, and maternal health and well-being.	Adolescent parents.	**Opportunity for choice, collaboration & connection:** This home visiting program is tailored to the needs of each individual family, providing linkages to other services as needed. **Strengths-based approach and skill building:** HFM provides home visiting services that include goal setting, curriculum-based activities and family support, ultimately striving to prevent child abuse and neglect by supporting positive, effective parenting, achieve optimal health, growth, and development in infancy and early childhood, encourage educational attainment and enhance job and life skills among parents.	Expanding home visiting programs, and including paraprofessional staff in such programs, enables effective home visits to ensure young parents receive comprehensive support for better outcomes in parenting and child development.
Kachingwe, 2021; Malawi	Mixed-methods study; to assess the impact of a community project conducted by the Young Women's Christian association of Malawi in providing	Adolescent mother-child dyads (adolescent mothers < 18 years of age)	**Emphasis on safety and trustworthiness: The** "Community model for fostering health and well-being amongst adolescent mothers and their children." Intervention took place at safe and inclusive community centers. As well, psychosocial programs were used to build self-esteem and mutual support among the participants. **Opportunity for choice, collaboration & connection:** The sessions were not designed as lectures but applied principles	Interventions and programs should adopt holistic approaches that target multiple life domains.

	psychosocial support to adolescent mothers and their children.		of adult learning, offered craft activities, small group talks, and repeated opportunities to practice positive parenting.	
Kan, 2021; United States of America	Randomized controlled trial; to comprehensively adapt the evidence-based Safe Dates intimate partner violence (IPV) prevention program and conduct a pilot study of the adapted program with female teens who were pregnant or parenting.	Young pregnant and/or parenting teenagers between the ages of 14 – 19 years.	**Trauma awareness:** Staff incentivized attendance through various methods chosen by each site to be most effective for their participants (such as food and transportation) **Emphasis on safety and trustworthiness:** The staff had many years of experience serving teenagers who are pregnant or parenting. The staff all had previous experience facilitating other programs with the teens in the study (including group-based programs or evidence-based home-visiting curricula). **Opportunity for choice, collaboration & connection:** The intervention was developed and implemented with input from pregnant and/or parenting teenagers. Their experiences and needs were implemented into the curriculum's scenarios and activities, offering support that was tailored to their needs.	Implement a trauma-informed, skills-based IPV prevention program with culturally relevant content and peer support components for pregnant and parenting teens to enhance engagement and effectiveness.
Kemmis-Riggs, 2024; Australia	Non-randomized experimental study; to evaluate a dyadic intervention – Holding Hands Young Parents (HHYP) – for young parents with a history of complex trauma,	Young mothers aged 17-22 years, and their toddlers aged 12-33 months (about 3 years).	**Trauma awareness:** The intervention incorporated several adaptations to meet the needs of younger parents who have experienced complex trauma, including an explicit focus on skills to improve parent emotion regulation and tailored education about child socio-emotional development. **Opportunity for choice, collaboration & connection: The intervention** incorporated 8 individual modules that were able to be delivered in varying order depending on the needs of the family. Also, an optional bi-weekly telehealth check-in was provided for additional observation of parent–child play and the problem-solving of any pressing parental concerns. **Strengths-based approach and skill building:** The intervention included video feedback and in-vivo coaching, offering parents the opportunity to practice and strengthen	Interventions should utilize a combination of delivery methods, including in-vivo coaching, video feedback, and separate sessions tailored to individual needs, to enhance the effectiveness of IPV prevention programs for pregnant and parenting teenagers.

			skills learned in session while receiving real-time feedback on skill development	
Kenanga-Purbasary, 2017; Indonesia	Randomized controlled trial; to determine the effect of education about Kangaroo Mother Care (KMC) on the confidence and abilities of mothers to implement KMC.	Young mothers aged <25 years and their low birth-weight babies (LBWB).	**Opportunity for choice, collaboration & connection:** The intervention was gradual, wherein mothers were given basic information about KMC and KMC was simulated, then mothers performed KMC under guidance, and finally mothers performed KMC by themselves. **Strengths-based approach and skill building:** The intervention group was offered education about how to implement Kangaroo Mother care (KMC) in the form of booklets and KMC training. KMC increased the mother's confidence, thereby positively affecting the growth and development of the baby.	Education should be consistently and continuously used to help the mother understand her baby individually, create a positive interaction pattern with their baby and encourage mothers to feel more confident performing parenting tasks.
Khayat, 2022; Iran	Quasi-experimental study; to compare the effect of face-to-face training and telemedicine on selfcare in adolescent pregnant women.	Pregnant adolescent women with a gestational age of 15-20 weeks (about 4 and a half months).	**Opportunities for choice, collaboration, and connection:** Recognizing the need for methods to encourage adolescent mothers to participate in care, this intervention offered face-to-face training as well as telemedicine training – depending on the preference of the mother. Both covered the same content areas, however, the telemedicine intervention providing content through audio, images, videos and animations through WhatsApp messenger. **Strengths-based approach and skill building:** The content of the training included: Personal hygiene, nutrition, physical activity and exercise, routine pregnancy care, pregnancy risk symptoms, smoking cessation, and drugs. The training sessions were in the form of lectures, questions and answers, and an educational booklet.	Interventions should utilize a combination of educational methods to promote optimal outcomes for adolescent women who are pregnant.
Khojasteh, 2022; Iran	Quasi-experimental study; to determine the effect of cognitive behavioural training on fear of childbirth and sleep quality of pregnant adolescent	Pregnant adolescents between 11 and 19 years old at 24-28 weeks (about 6 and a half months) gestation.	**Emphasis on safety and trustworthiness:** Cognitive behavioural training sessions were conducted in small groups, where friendly, trusting relationships were established between participants. **Strengths-based approach and skill building:** The success of the intervention was attributed to the fact that the participants developed a more realistic attitude toward the	Implement cognitive-behavioral training to reduce fear of childbirth and improve sleep quality among pregnant adolescents, providing an accessible method to enhance overall health.

	slum dwellers who visited the slum health centres.		coming labor and delivery, greater self-confidence, and more active coping strategies.	
Kumar, 2016; Canada	Randomized controlled trial; to evaluate the effectiveness of the Reach Out and Read (ROaR) program among adolescent mothers and their children.	Adolescent mother-child dyads in downtown Toronto. Children were aged 6-20 months (about 1 and a half years).	**Emphasis on safety and trustworthiness:** This intervention provided direct benefits to adolescent mothers (such as a safe and trustworthy mother-child relationship through the enjoyment of shared reading time with their children) which in turn positively influenced their children's development. **Opportunity for choice, collaboration & connection:** A literacy-rich environment was created by modelling shared book reading with families in their examination rooms, counselling and troubleshooting with mothers about reading techniques, informing mothers about local library services and literacy support programs, and signing each child up for a public library card in his/her name. **Strengths-based approach and skill building:** This intervention significantly decreased maternal depression scores, and improved child language development.	Incorporate anticipatory guidance that considers the unique developmental stage of adolescent parents to enhance the effectiveness of intervention programs.
Lazzeri, 2021; Brazil	Randomized controlled trial; to evaluate the effect of a pro-breastfeeding (BF) and healthy complementary feeding intervention performed during infants' first months of life on ultra-processed food (UPF) consumption at 4–7 years.	Adolescent mother-child dyads, and the maternal grandmothers (when cohabitating).	**Opportunity for choice, collaboration & connection:** Mothers were encouraged to breastfeed, when appropriate, to provide the interviewer with an opportunity to observe the BF and provide guidance on proper positioning and handling. **Strengths-based approach and skill building:** The intervention involved discussing several aspects related to breastfeeding (BF) practices, for example, its importance; frequency and recommended duration; factors that interfere in milk supply; and BF techniques. In addition, support material was delivered, which included an illustrated booklet, and a serial album designed for the study intervention. The materials were developed after a pilot study conducted previously with adolescent mothers focus groups, adapting the language and content for this specific population.	Integrate educational sessions on breastfeeding and complementary feeding into maternal and child health programs for teenage mothers and provide support through both maternity ward and home visits.

Leonard, 2018; United States of America	Randomized controlled trial; to examine the effectiveness of mobile technology used as an adjunct to in-person, provider-delivered sessions fostered adolescent mothers' adaptive emotion regulation strategies under real-life conditions.	Homeless adolescent mothers.	**Trauma awareness:** Participants – all of whom were experiencing homelessness – highly valued the accessibility of the Calm Mom app both alone and in combination with the sensor band. For many adolescent mothers, the app became an integral part of the ways in which they dealt with heightened emotions in stress-inducing situations. **Opportunity for choice, collaboration & connection:** The Calm Mom technology consisted of a mobile app developed for the study and a biosensor band, wherein elements were delivered to participants using both push-in (notifications and requests are sent by the system) and pull (requests are made by the user) designs. **Strengths-based approach and skill building:** Adolescent mothers reported that use of the app in combination with the sensor band increased their identification and understanding of their emotions in a variety of stressful situations with their children, peers, and family, which in turn helped them engage in more adaptive emotion regulation and behavioral strategies.	Delivering interventions to adolescent mothers virtually is a convenient method of supporting emotion regulation and provides stress management techniques that can be applied in real-life situations.
Locher, 2020; United States of America	Mixed-methods study; to describe the feasibility and acceptability of Special Delivery, a longitudinal nutrition intervention that delivers healthy foods to pregnant youth (aged 14-24 years) with low incomes.	Pregnant youth aged 14-24 years with low incomes.	**Trauma awareness:** Recognizing that many young mothers are unable to adequately access healthy foods due to logistical barriers (e.g., lack of transportation, financial hardship), this intervention provide healthy foods directly to youths' homes throughout their pregnancy. **Opportunity for choice, collaboration & connection:** Participants were asked to share their food preferences at enrollment and again via text message 2 days prior to each grocery delivery. Deliveries were tailored to accommodate participant choice whenever possible.	Grocery delivery is an inexpensive service that has the potential to increase access to healthy foods for young pregnant women who face significant logistical barriers to obtaining healthy foods.
Mackinnon, 2014; Russia	Qualitative study; to evaluate The Pskov	Young disadvantaged	**Emphasis on safety and trustworthiness:** The mothers emphasized that the Program met their need for social	Social capital theory, emphasizing the benefits of positive social networks, can guide effective intervention programs by fostering behavioral

	Positive Parenting program	mothers aged 16-22 years.	connection, by reducing social isolation and helping them form valuable social connections. **Strengths-based approach and skill building:** The evaluation revealed that the Program met its goal of helping the women learn sensitive caregiving behaviors.	change and improving resource access across diverse cultural contexts.
Madigan, 2015; Canada	Randomized controlled trial; to examine if Trauma-Focused Cognitive Behavior Therapy (TF-CBT) typically applied to posttraumatic stress disorder (PTSD), could also be applied to unresolved states of mind in a sample of socially at-risk pregnant adolescents.	Pregnant adolescents aged 12-18 years.	**Trauma awareness:** Recognizing the psychosocial, educational, and financial risks among adolescent parents, this intervention aimed to improve the psychosocial circumstances (e.g., reduce maternal stress and increase accessibility to support and resources) while also supporting the mother-infant relationship. **Strengths-based approach and skill building:** The intervention group received treatment as usual (i.e., 12-week parenting course) plus the TF-CBT.	It is critical to consider the psychosocial circumstances of pregnant adolescents to promote their ability to engage and ability to gain from treatment.
Malchi, 2023; Iran	Randomized controlled trial; to evaluate the effect of group prenatal care (GPNC) on the empowerment of pregnant adolescents.	Pregnant adolescents aged 15-19 years.	**Emphasis on safety and trustworthiness:** The adolescents were split into groups of 5–6 at about the same gestational age. The ample time spent with a midwife and peers in GPNC allowed the mothers to talk freely with each other and be more comfortable asking their questions. **Opportunity for choice, collaboration & connection:** GPNC provided participants with more time and opportunities to actively participate in self-care, increasing feelings of empowerment. A topic that was relevant to the gestational age of the group members was introduced, and the women were asked to present their experiences about it **Strengths-based approach and skill building:** Participants gained many useful skills and important information, such as how to measure their weight and blood pressure.	Implementing alternative prenatal care such as group prenatal care can improve maternal empowerment and consequently minimize maternal and neonatal adverse outcomes among adolescent pregnant women.

Mattheß, 2021; Germany	Randomized controlled trial; to evaluate the need for parent-infant psychotherapy (PIP) and to explore its impact on the mother-infant relationship.	Young mothers and their children under 7 months of age, living in mother-child facilities.	**Emphasis on safety and trustworthiness:** Parent-infant psychotherapy (PIP) is a psychotherapeutic intervention in which mother-child dyads are treated together. It aims at fostering the parent-infant relationship by promoting parental self-reflection and sensitivity to support the parent-infant relationship.	It is important to first fulfill basic needs such as shelter and safety, before implementing a psychotherapeutic intervention.
Moudi, 2020; Iran	Quasi-experimental study; to explore the effect of a brief training program for primigravid adolescents on parenting self-efficacy and mother-infant bonding.	Married, pregnant adolescents.	**Strengths-based approach and skill building:** At the end of each session, the mothers were given pamphlets and CDs containing the content of that session, all of which promoted positive parenting self-efficacy.	Implement brief, easily integrable parenting training programs for adolescent mothers, especially in low-income regions. Continuous support from experts post-childbirth is also crucial, particularly for mothers with lower education or those who had cesarean sections**.**
Mwedna, 2023; Kenya	Quasi-experimental study; to assess the efficacy of an interactive mobile text messaging platform and support groups in improving adolescent mothers' knowledge and practices as well as infant growth and development.	Young parents aged 16-19 years.	**Opportunity for choice, collaboration & connection:** The interactive feature allowed the adolescent mothers to engage experts on the platform to seek clarification, ask questions, or obtain guidance on various aspects of their health or that of their children, at no cost on their side **Strengths-based approach and skill building:** The intervention consisted of (1) the delivery of targeted messages on childcare and nurturing through an interactive text messaging platform and (2) psychosocial support groups for the adolescent mothers, moderated by trained personnel, all of which aimed to improve their knowledge and practices in childcare, and enhance the development of their children.	Mobile health (mHealth) technology is a feasible mechanism of improving the overall health of adolescent mothers and their children in low- and middle-income countries (LMICs)**.**
O'Donnell, 2023; Australia	Non-randomized experimental study; to evaluate the effectiveness of the	Young mother and/or fathers aged <25 years.	**Trauma awareness:** Recognizing families' varying risk factors, this intervention aimed to promote psychosocial improvements (such as housing stability and connections to the community).	Multidisciplinary, trauma-informed, long-term, holistic interventions effectively support high-risk families.

	Cradle to Kinder program.		**Emphasis on safety and trustworthiness:** All practitioners had extensive trauma-informed and cultural sensitivity training**.** **Opportunity for choice, collaboration & connection:** Visitation frequency varies greatly across families throughout the engagement period, depending on each family's unique needs (e.g., intensity of support may increase when responding to families during crises). **Strengths-based approach and skill building:** During home visitations, practitioners implemented a range of trauma-informed and evidence-based interventions (e.g., psychoeducation, attachment-based strategies; emotion regulation strategies; motivational interviewing etc.), to address families' risk factors and support various areas of parenting.	
Rezaie, 2021; Iran	Randomized controlled trial; to investigate the effects of self-care counselling on health practices, attitudes towards motherhood and pregnancy, and pregnancy symptoms in adolescent pregnant women.	Pregnant adolescent women.	**Emphasis on safety and trustworthiness:** The intervention took place in a quiet and private room within a health centre, thereby promoting both physical and emotional safety. These self-care groups also promoted safety and trust by encouraging participants to share their personal experiences with each other. **Strengths-based approach and skill building:** Various content areas were explored, such as health practices during pregnancy and childbirth, self-care practices, relaxation techniques, etc.	Group counselling sessions can improve the health practices of adolescent pregnant women and enhance their attitudes towards maternal role and pregnancy.
Riva-Crugnola, 2016; Italy	Non-randomized experimental study; to examine the effectiveness of an attachment-based intervention program - "Promoting	Adolescent mother-infant dyads. Mothers were between the ages of 14 and 21.	**Trauma aware**: The intervention encourages mothers to reflect on their past trauma, to better understand their areas of need. **Strengths-based approach and skill building:** The intervention utilizes a combination of delivery methods, such as video intervention, developmental guidance, and	Interventions should incorporate the use of a range of different techniques (such as video interventions, counselling, and developmental guidance).

	Responsiveness, Emotion Regulation and Attachment in Young Mothers and Infants" (PRERAYMI) - based on video technique, psychological counselling and developmental guidance in improving the style of interaction and emotion regulation of adolescent mothers and their infants after 3 and 6 months of intervention.		psychological counseling, all of which promote the active participation of mothers in skill building.	
Riva-Crugnola, 2021; Italy	Non-randomized experimental study; to examine the effectiveness of PRERAYMI (Promoting Responsiveness Emotion Regulation and Attachment in Young Mothers and Infants) attachment-based intervention programme aimed at adolescent mother-infant dyads.	Adolescent mother-infant dyads. Mothers were between the ages of 14 – 21 years.	**Trauma aware**: The intervention encourages mothers to reflect on their past trauma, to better understand their areas of need. **Emphasis on safety and trustworthiness:** The long-term outcomes of this intervention promoted healthy mother-infant attachment and interaction styles. **Strengths-based approach and skill building:** The intervention utilizes a combination of delivery methods, such as video intervention, developmental guidance, and psychological counseling, all of which promote the active participation of mothers in skill building.	Interventions should incorporate the use of a range of different techniques (such as video interventions, counselling, and developmental guidance).
Ritanti, 2023; Indonesia	Quasi-experimental study; to identify the effect of the	Pregnant, married adolescents	**Emphasis on safety and trustworthiness:** Spousal/partner support was a significant component of this intervention. Teenage pregnancy class with the husband's assistance is a	Pregnant teenagers must receive support from health workers and regular training on the provision of youth-friendly antenatal care to

	development of Pregnancy Classes with the Husband's Assistance on the Outcome of Teenage Pregnancy	between the ages of 10 – 19 years.	face-to-face learning tool for mothers and partners, that ultimately promoted positive pregnancy outcomes.	promote the provision of equitable and high-quality antenatal care.
Rokhanawati, 2023; Indonesia	Randomized controlled trial; to examine the effect of the parenting peer education (PPE) program on young mothers' parenting self-efficacy and behaviour, and the growth and development of children under five.	Young mothers who have a child <5 years of age.	**Emphasis on safety and trustworthiness:** The PPE program is a process of peer education for young mothers **Strengths-based approach and skill building:** This intervention provided parents with skills in educating and caring for their children.	Enhanced parental peer education programs (PPE) should be implemented to improve young mothers' parenting skills, focusing on their children's cognitive and motor development. These programs should include emotional strategies, peer support, and mental health support.
Rutman, 2019; Canada	Mixed-methods study; to evaluate findings of the Co-Creating Evidence project, a multi-year national evaluation of holistic programs serving women at high risk of having an infant with prenatal alcohol exposure.	Baby Basics: women under age 25 and their children aged 0–6	**Trauma awareness:** Baby Basics is one of many programs that work with women who have substance use, mental health, or trauma and/or related social determinants of health issues, and use harm reduction approaches and provide outreach and "one-stop" health and social services on-site or through a network of services **Emphasis on safety and trustworthiness:** It is a weekly drop-in parenting program, that has an overarching goal of reducing social isolation by providing connection to peers, culture, and personal identity. **Opportunity for choice, collaboration & connection:** Drop-in models of care enable participants to access support services flexibly and conveniently, without the need for prior appointments or long-term commitments. This approach allows individuals to seek help when they need it most.	Pregnancy is a critical juncture in women's lives and a time in which a multi-disciplinary, multi-dimensional, integrated approach can make a difference.

			Strengths-based approach and skill building: This program provides knowledge about parenting and child development.	
Sangsawang, 2022; Thailand	Randomized controlled trial; To evaluate the effectiveness of a midwife-family provided social support programme (MFPSS programme) for first-time adolescent mothers on preventing postpartum depression (PPD) at 3-month postpartum.	Adolescent mothers.	**Emphasis on safety and trustworthiness:** The intervention provided social support in two ways: (1) Social support activities for the adolescent mothers during their hospitalization with telephone contacts and home visits after they returned home by the midwives; and (2) social support activities for the mothers after they returned home by the primary family members.	Midwives or nurses should encourage adolescent mothers to express their need for social support and encourage primary family members to adequately provide social support to adolescent mothers**.**
Slesnick, 2023; United States of America	Randomized controlled trial; to determine whether housing with the addition of supportive services results in better outcomes for young mothers than housing-only or service-as-usual (SAU).	Mothers were between the ages of 18 and 24 years, met the criteria for homelessness, had physical custody of their biological child(ren) aged 6 years or younger, and met criteria for substance use disorder as classified by the DSM-5.	**Trauma awareness:** Providing supportive services is beneficial when offering housing to homeless mothers, as these supportive services enabled women to maintain their housing and stabilize in other ways which could have reduced stressful life events, and thus decreased substance use and improved self-efficacy. **Opportunity for choice, collaboration & connection:** This intervention is consistent with the Housing First philosophy, such that increasing choice among women regarding how and where they live, increases their confidence in their ability to succeed with their goals. **Strengths-based approach and skill building:** Housing in combination with supportive services promoted greater self-efficacy and skill building than housing alone.	Combining housing with supportive services leads to better substance use outcomes and increased self-efficacy compared to standard services.
Smith-Battle, 2017; United States of America	Mixed-methods study; to test the effectiveness of Moms Growing	Young, African American mothers.	**Trauma awareness and Emphasis on safety and trustworthiness:** MGT involves group therapy sessions that allow teen mothers to connect with others and share life stories.	Action-based, multi-sensory approaches to care effectively support teen mothers, enhance emotional regulation, and ensure cultural sensitivity.

	Together (MGT), an intervention to prevent and reduce psychological distress in teen mothers.		**Opportunity for choice, collaboration & connection:** MGT includes therapeutic modalities of action methods and the expressive arts. Both approaches are action-based forms of therapy that invite the body to be a part of the therapeutic process. MGT activities include movement, dramatic enactment, art, music, storytelling, and ritual. These auditory, visual, kinesthetic, and tactile experiences connect mind and body. Using action methods and expressive arts, MGT helps teen mothers become attuned to the inner life of self and others, and discover their own creativity. **Strengths-based approach and skill building:** Using action methods, expressive arts, and a strength-based approach, MGT helps teen mothers affirm personal strengths.	
Soltani, 2021; Iran	Quasi-experimental study; to investigate the effectiveness of group counselling on knowledge and performance of pregnant adolescents in prenatal care.	Pregnant adolescents.	**Emphasis on safety and trustworthiness:** Group discussion was conducted in a convenient and relaxed environment with proper arrangement of chairs. **Opportunity for choice, collaboration & connection:** The educational needs of adolescents were evaluated and provided with appropriate counseling and a training plan, and their questions were answered. At the end of each session, individual counseling was also provided at the request of each individual. **Strengths-based approach and skill building:** Group counselling provided adolescents with a way to gain information related to pregnancy, thereby improving prenatal care and pregnancy outcomes.	To improve knowledge regarding prenatal care among pregnant adolescents, there is a need for ongoing group counselling and training sessions.
Stonbraker, 2020; Dominican Republic	Mixed-methods study; to determine if participation in a digital educational support group administered through	Young mothers aged 15-20 years old.	**Emphasis on safety and trustworthiness:** This intervention provided participants with emotional support, for example, by increasing their self-esteem. **Opportunity for choice, collaboration & connection:** Moderators encouraged participants to respond to the	Interventions utilizing WhatsApp promote privacy and interactivity, ultimately effectively engaging adolescent mothers through informational messages, moderator support, and interactive activities.

	WhatsApp Messenger centered on the specific needs of new adolescent mothers was a feasible and efficacious method to improve their health knowledge and behaviours.		informational messages with questions, comments, and their own experiences. **Strengths-based approach and skill building:** The intervention provided informational messages and associated images to the WhatsApp groups on weekdays. Intervention moderators interacted with participants by providing support and answering questions in the group chat.	
Strange, 2019; Australia	Qualitative case study; to evaluate the short to medium term outcomes of the Young Parents Program (YPP).	Young parents aged 18-25.	**Trauma awareness:** The program offers intensive family support, including advocacy, home visits and transport if needed – based on an understanding of varying family circumstances. **Emphasis on safety and trustworthiness:** While not exclusively for Indigenous parents, the program is culturally safe for parents from Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) backgrounds. The program is linked into an Aboriginal family playgroup in the area and has support from the service provider's Aboriginal liaison Officer. **Opportunity for choice, collaboration & connection:** The parents co-design with staff the topics for talks (such as age-related sleeping, feeding, importance of nutrition, immunization and dental care), incursions (such as health and education visitors) and excursions (community activities such as library, parks, swimming and water safety lessons). **Strengths-based approach and skill building:** Program content is strengths-based, and focuses on parenting knowledge and skills, child development, as well as the needs of the parents, which may include speakers from local service and education sectors.	Young parent programs should be non-judgmental, include informal opportunities to learn about parenting and build friendships, and be responsive to parent needs by encouraging their input about program content.

Suess, 2016; Germany	Quasi-experimental study; test the effectiveness of the STEEP™ intervention on attachment patterns using the Ainsworth Strange Situation Procedure (SSP) and the Waters Attachment Q-Sort (AQS) and its continuity throughout the second year of children's life.	Young mothers-infant dyads.	**Strengths-based approach and skill building:** This intervention promoted the development of parenting skills and healthy mother-child attachment.	A variety of treatment approaches are beneficial; a "one size fits all" treatment approach will not improve practice.
Tingao, 2023; Zimbabwe	Quasi-experimental study; to test the effectiveness of a community-based peer support intervention to mitigate social isolation and stigma of adolescent motherhood.	Adolescent mothers aged 15 – 18.	**Emphasis on safety and trustworthiness:** This intervention involved peer-support groups, facilitating trust and connection. **Strengths-based approach and skill building: The intervention covered many topics, such as** healthy relationships, depression, substance abuse, family planning, sexual health, healthy parenting, income generation, hygiene, and moving forward as an adolescent mother.	Community-based peer-support intervention can mitigate social isolation and stigma and thereby improve mental health and social support of adolescent mothers.
Valades, 2021; El Salvador	Randomized controlled trial; to assess the outcomes of an intervention previously shown to enhance maternal sensitivity and infant security.	Young parents aged 14 – 19.	**Emphasis on safety and trustworthiness:** Mothers were given support in sympathetically managing infant caregiving challenges (sleeping, feeding, and crying), providing emotional safety. **Strengths-based approach and skill building:** The visits provided basic supportive guidance, including topics such as the mother's support structure, the birth process, infant care, and early child development. Also, where appropriate, the facilitator modelled certain interactive behaviours, and guided the mother in using them.	To effectively improve child development outcomes by strengthening parental sensitivity during early childhood, parenting-support interventions should be implemented early on.

Wambach, 2021; United States of America	One-group quasi-experimental longitudinal study; to examine momHealth, an innovative multiple health behaviour change (MHBC) education and support mHealth intervention, focused on breastfeeding, healthy eating and active living, and depression prevention among pregnant and parenting adolescents.	Young parents aged 16 – 19.	**Emphasis on safety and trustworthiness:** There was a weekly virtual support group among study participants to enhance content sharing. **Strengths-based approach and skill building:** Nine educational modules, three in each area (breastfeeding, healthy eating/active living, and stress management and self-care for depression prevention) were delivered via narrated slide presentations pre-loaded on the tablet and web-based applications and resources.	Simultaneous, integrated interventions concurrently address various health behaviours.
Williams, 2020; United States of America	Randomized controlled trial; to examine the impact of infant carrying or baby wearing on attachment type at seven months of age.	Low-income adolescent mothers	**Emphasis on safety and trustworthiness:** The study emphasizes the importance of physical contact in fostering secure infant-mother relationships and reducing disorganized attachment behaviours.	Healthcare providers and policymakers should consider promoting infant carriers as a cost-effective and culturally accepted tool for enhancing secure attachment in infants**.**
Zhang, 2023; United States of America	Randomized controlled trial; to examine the effects of an integrative housing intervention on the co-occurring pattern of housing stability and parenting stress among substance-using young mothers.	Young mothers between the ages of 18-24, experiencing homelessness, had custody of a biological child > 6 years of age, and met the criteria for substance use disorder.	**Opportunity for choice, collaboration, and connection:** Increasing choice among women regarding how and where they live, increases their confidence in their ability to succeed with their goals. **Strengths-based approach and skill building**: Supportive housing services with additional services was provided with 3 months of utility and rental assistance. Mothers received therapy sessions and other sessions. Over time, housing stability increased, parenting stress decreased and children internalizing and externalizing behaviours decreased	Housing with supportive services leads to greater benefits than housing alone.

			regardless of treatment outcome. Those who were in the group with additional support were more likely to show a greater increase in housing stability and decreased parenting stress.	

Table 4. Demographic breakdown (location, methodology, and setting) of included studies

Category	Frequency
Continents and Countries	**n_{total} = 58**
North America	(n = 28)*
United States of America	(n = 22)
Canada	(n = 4)
El Salvador	(n = 1)
Dominican Republic	(n = 1)
Asia	(n = 12)
Iran	(n = 7)
Indonesia	(n = 3)
India	(n = 1)
Thailand	(n = 1)
Europe	(n = 7)
Germany	(n = 3)
Italy	(n = 2)
United Kingdom	(n = 1)
Russia	(n = 1)
Africa	(n = 12)
Zimbabwe	(n = 2)
Nigeria	(n = 1)
Kenya	(n = 1)
Malawi	(n = 1)
South America	(n = 4)
Brazil	(n = 4)
Oceania	(n = 3)
Australia	(n = 3)

Study Design	
Randomized Controlled Trial	(n = 29) *
Quasi-Experimental Study	(n = 10)
Mixed-methods Study	(n = 8)
Non-randomized Experimental Study	(n = 7)
Qualitative Research Study	(n = 2)
Other primary research methodology	(n = 2)
Study Setting	
Community-Based Programming	(n = 37) *
Community-Based (e.g., community center)	(n = 19)
Home-Based / Home-Visiting	(n = 10)
Virtual / Web-Based	(n = 8)
Intensive Day versus Live-in Programming	(n = 8)
Intensive Day	(n = 7)
Live-in	(n = 1)
Support Services	(n = 7)
Group Settings / Peer Support Groups	(n = 5)
Transportation	(n = 1)
Grocery Delivery	(n = 1)
Combination	(n = 4)
Virtual / Web-Based Components and Community-Based Components	(n = 3)
Drop-in day programming, home-visiting, and support services (transportation)	(n = 1)
Supportive Housing	(n = 2)

Note: * denotes the most frequent location, methodology, and setting of included studies.

Appendix B: OAYPA YPIA Summary Table

Table 5. Summary Table of Ontario Association of Young Parent Agencies Member Agencies (YPIAs)

Agency	Setting	Live-in?	Types of programs for live-in	Under MCCSS?	Beds/space available at a time	Average wait list/time	Length of service use	Areas of support for parents	Areas of support for children
Abiona Centre for Infant and Early Mental Health	Community based, in-home, live-in, virtual	Yes	Intensive mental health services, development, attachment, pre/post-natal support	Yes	15 beds Over 50 spots otherwise	1-2 weeks	1-2 years	Housing support, schooling, employment, work-related skills, life skills, relationship skills, women's crisis and gender-based violence services, information about pregnancy, connecting with other parents, mental health, crisis-counselling	Parenting, childcare, infant and early childhood mental health services, respite services, healthy attachment/relationship, developmental services, healthy eating and nutrition, learn how to access services in community, trauma-related support
Banyan Community Services	Located in a residential Neighborhood, upper west escarpment of Hamilton	No	NA	Yes	NA	None	Centre only open for a year so data is unavailable	Education, Navigation to community connections/ support/ housing, Mental Health and substance support, Psychiatric support, Nursing support, social work (TIC, MH, Parenting, family dynamics, social skills, safety planning) Work with Youth Justice/probation, emotional regulation programs, food, clothing, hygiene, social gatherings	Daycare, Emotional Regulation Support, Health Assessment, Food, Hygiene, clothing support
Camino Wellbeing + Mental Health	Community-based, in-home, virtual	Yes	N/A	Yes	0	None	3-4 years	Housing, schooling, employment, work-related skills, life skills, safe and healthy relationship skills, crisis and gender-based violence, information about pregnancy, connecting with other young parents, mental health services/counselling, substance use, crisis counselling	Parenting, infant and early childhood mental health services, respite services, co-parenting and father involvement, healthy attachment/relationship, developmental services, healthy eating and nutrition, learn how to access services in community, trauma-related support, access to psychiatry
Columbus House	Community-based, in-home	Yes	N/A	Yes	N/A	No wait time but no services July and August	1-2 years	Housing, schooling, employment, work-related skills, life skills, safe and healthy relationship skills, crisis and gender-based violence,	Parenting, childcare, infant and early childhood mental health services, healthy attachment/relationship, developmental services, healthy

								information about pregnancy, connecting with other young parents, mental health services/counselling, substance use,	eating and nutrition, learn how to access services in community, trauma-related support
Emily Murphy Non-Profit Housing Corporation	Community-based, in-home, virtual	Yes (supportive housing)	development, attachment, pre/post-natal support	Yes	38 townhomes for independent living	Wait is based on housing list. Once they are housed, services are available immediately	Five or more years	Housing, schooling, employment, work-related skills, life skills, safe and healthy relationship skills, crisis and gender-based violence, information about pregnancy, connecting with other young parents, mental health services/counselling, substance use, crisis counselling	Childcare, respite supports and services, infant and early childhood mental health services, development, nutrition and healthy eating, learning how to access social services in community, trauma-based support, advocacy at schools
Fresh Start Support Services	Community-based, in-home	No (supportive housing)	N/A	No		None	1-2 years	Housing, employment, work related skills, life skills, safe and healthy relationships, information about pregnancy, connecting with other parents	Parenting, infant and early childhood mental health, healthy attachment, healthy eating and nutrition, learning how to access social services in the community, trauma-related support, access to nurse or doctor
Ifarada Centre for Excellence	Community-based, in-home, virtual	No	N/A	No	N/A	N/A	Less than 1 year	schooling, life skills, relationship skills, women's crisis and gender-based violence services, connecting with other parents, substance use, mental health services, crisis counselling, dental and medical	Parenting, co-parenting and father involvement, infant and early childhood mental health services, healthy attachment/relationship, developmental services, healthy eating and nutrition, learn how to access services in community, trauma-related support, access to nurse or doctor
Jessie's – The June Callwood Centre for Young Women	Community-based	No	N/A	No	12 classroom spaces	No wait	3-4 years	Counselling & Mental Wellness Goal setting & system navigation Health Services Education Support Early learning & Parenting Housing Support Financial assistance and Budgeting Youth Leadership Personal development groups Peer Support Groups Practical supports	Childcare and Early learning programs Parent/Child groups/workshops Health & wellness services Nutritional support Family support

La Maison Ste Marie/St. Mary's Home	Community-based, in-home, residential/live-in, virtual	No – just closed	N/A	Yes	15	Changes depending on housing	Less than 1 year	Housing, schooling, life skills, relationship skills, women's crisis and gender-based violence services, information about pregnancy, connecting with other parents, substance use, mental health services, crisis counselling, dental and medical	Parenting, childcare, respite supports and services, co-parenting and father involvement, infant and early childhood mental health services, healthy attachment, developmental services, healthy eating and nutrition, learning to access social services in community, trauma-related support, access to nurse or doctor
Michael House	Community-based, in-home, residential/live-in, virtual	Yes	Pre/post partum support, healthy child development/attachment	No	13 total beds in 2 different locations 5 residential and 8 supportive housing plus beds for their children. 70 clients on the list for Aftercare	Residential program: 6 months Supportive housing: 1 year	1-2 years	Housing, schooling, employment, life skills, safe and healthy relationships, information about pregnancy, connecting with other young parents, mental health services and counselling, crisis counselling	Parenting, childcare, infant and early childhood mental health services, healthy attachment, developmental services, healthy eating and nutrition, learning to access social services in community, trauma-related support
Regina's Place and Jeanne Scott Parent and Child resource Centre, Good Shepherd Service	Community based, residential/live in	Yes	Parenting/life/social skills, child development, education, school program, mental health clinician supports, housing	No	14 self-contained units	3-5 people currently on waitlist	1-2 years for students, 3-4 years for live in clients	Parent supports: housing helps, education, applying for childcare, mental health clinician, parenting, child development programs, life skills programs, community building, substance use counselling, legal advice, employment search, medical services, advocacy, appointment attendance, food, clothing, and baby and children supplies. Transition supports include apartment searching, attending viewings with them, what to look for during a viewing, budgeting, available benefits, setting up accounts, community resources and Landlord Tenant Board information. goal planning (education and life), parenting and life skill programming, money management, self-care	ASQ, child minding, programs around outdoor activities/art/ swimming, activities for developmental growth as well as social and emotional, snacks, lunch, activities for parent and child to come together, referrals, ELS for speech skills, activities to build on developmental milestone skills

								and meditation, advocacy, food, clothing, college applications,	
Rosalie Hall	Community based, in-home, live-in, virtual	Yes	Intensive Mental health, development, attachment, pre/post natal support	Yes	12	Very short if there is a wait at all	1-2 years	Housing support, schooling, employment, work-related skills, life skills, relationship skills, women's crisis and gender-based violence services, information about pregnancy, connecting with other parents, mental health, substance use	Parenting, childcare, co-parenting and father involvement, infant and early childhood mental health services, healthy attachment/relationship, developmental services, healthy eating and nutrition, learn how to access services in community, trauma-related support
Rose of Durham Young Parents Support Services	Community-Based	No	N/A	No	N/A	No waitlist	1-2 years	Housing, schooling, life skills, relationship skills, women's crisis and gender-based violence services, information about pregnancy, connecting with other parents, substance use, mental health services, crisis counselling	Parenting, respite services, co-parenting and father involvement, infant and early childhood mental health services, healthy attachment/relationship, developmental services, healthy eating and nutrition, learn how to access services in community, trauma-related support, access to nurse or doctor
Rose of Sharon Services for Young Mothers	Community-based, virtual,	No	N/A	No	0	No wait-time, services are by appointment	3-4 years	Housing support, schooling, employment, work-related skills, life skills, relationship skills, women's crisis and gender-based violence services, information about pregnancy, connecting with other parents, mental health, substance use, crisis-counselling	Parenting, childcare, respite services, co-parenting and father involvement, infant and early childhood mental health services, healthy attachment/relationship, developmental services, healthy eating and nutrition, learn how to access services in community, trauma-related support, access to nurse or doctor, infant and childhood milestone assessments
Salvation Army Bethany Hope Centre	Community-based	No	N/A	Yes	0	No waitlist	3-4 years	Housing support, schooling, employment, work-related skills, life skills, relationship skills, women's crisis and gender-based violence services, information about pregnancy, connecting with other parents, spiritual care, food and nutrition	Playgroups, Parenting, childcare, co-parenting and father involvement, infant and early childhood mental health services, healthy attachment/relationship, developmental services, healthy eating and nutrition, learn how to access services in community, trauma-related support, respite supports and services, access to nurse or doctor

Shifra Homes	In-Home	Yes	Intensive Mental health, development, attachment, pre/post-natal support	No	17	6-8 weeks	1-2 years	Life skills, relationship skills, women's crisis and gender-based violence services, information about pregnancy, connecting with other parents, mental health services, substance use, crisis counselling	Parenting, childcare, healthy attachment, development, healthy eating and nutrition, learn how to access services in community, trauma-related support, access to a nurse or doctor
The Inn of Windsor	Residential/Live-in	Yes	Intensive mental health services	Yes	8 residential, 15 semi-independent beds	2 weeks	Less than a year	Housing, schooling, life skills, relationship skills, women's crisis/gender-based violence support, mental health services	Learning how to access social services in the community, trauma-related support
The Salvation Army Hamilton Grace Haven Young Parent Resource Centre	Community-based, in-home, virtual	No	N//A	Yes	Different for each program	1-2 months	1-2 years	Housing support, schooling, work-related skills, life skills, relationship skills, women's crisis and gender-based violence services, information about pregnancy, connecting with other parents, substance use, mental health, crisis counselling, dad's programs, spiritual care	Parenting, co-parenting and father involvement, respite services, infant and early childhood mental health services, healthy attachment/relationship, developmental services, healthy eating and nutrition, learn how to access services in community, trauma-related support, personal development
Vita Centre	Community-based	No	N/A	No	Parenting groups – 8 per group x8 groups per year. Counsellors have 42 clients available for caseload	6 week waitlist for counselling, no waitlist for parenting program	1-2 years	*Not Reported*	*Not Reported*
Youville Centre	Community-Based	No	N/A	Yes	48	0-3 months	1-2 years	Housing support, schooling, employment, work-related skills, life skills, relationship skills, women's crisis and gender-based violence services, information about pregnancy, connecting with other parents, mental health, substance use, crisis-counselling, foodbank, medical	Parenting, childcare, infant and early childhood mental health services, healthy attachment/relationship, developmental services, healthy eating and nutrition, learn how to access services in community, trauma-related support, access to nurse or doctor

Appendix C: Survey Questions (Youth and Staff)

Youth Survey

Demographics

1. How old are you? _____
2. How old were you when you became a parent? _____
3. What is your race/ethnicity? Check all that apply.
   - First Nations
   - Métis
   - Inuit
   - Black (African, African Canadian, Black Canadian, Afro Caribbean)
   - East/Southeast Asian (Chinese, Korean, Japanese, Cambodian)
   - Middle Eastern or North African (Arab, Persian, West Asian Descendant, Afghan, Egyptian, Iranian)
   - South Asian (East Indian, Pakistani, Bangladeshi, Sri Lankan)
   - Latino/a/x (Latin American, Hispanic descent)
   - White (European descent, Russian)
   - Prefer not to say
   - Not listed (please specify): _____
   - Prefer not to say
4. Were you born outside Canada?
   - Yes
   - No
   - Prefer not to say
5. If yes, what country were you born in? _____
6. What city/town and province do you live in? _____
7. Are you **living** at a young parent/infant agency?
   - Yes
   - No
   - Prefer not to say
8. What is the level of education that you have completed?
   - Elementary school
   - Some high school
   - High School Diploma
   - Some college/university
   - College/university degree

- Prefer not to say

9. What are your main sources of income? (choose all that apply)
   - Ontario works
   - Ontario Disability Support Program (ODSP)
   - Part Time Employment (under 30 hours per week)
   - Full time employment (more than 30 hours per week)
   - Financial support provided by a partner or family member
   - Not listed (please specify): _____
   - Prefer not to say

10. What young parent/infant agency or centre do you access? Select all that apply.
    - Abiona Centre for Infant and Early Mental Health (Toronto)
    - Banyan Community Services (Hamilton)
    - Camino Wellbeing + Mental Health (Kitchener/Waterloo/Cambridge)
    - Columbus House (Pembroke)
    - Emily Murphy Non-Profit Housing Corporation (Gloucester/Ottawa)
    - Fresh Start Support Services (St. Thomas)
    - Ifarada Centre for Excellence (Pickering)
    - Jessie's – The June Callwood Centre for Young Women (Toronto)
    - La Maison Ste Marie/St. Mary's Home (Ottawa)
    - Michael House (Guelph)
    - Regina's Place and Jeanne Scott Parent & Child Resource Centre, Good Shepherd Service (Hamilton)
    - Rosalie Hall (Scarborough)
    - Rose of Durham Young Parents Support Services (Oshawa)
    - Rose of Sharon Services for Young Mothers (Newmarket)
    - The Salvation Army Bethany Hope Centre (Ottawa)
    - Shifra Homes (Burlington)
    - The Inn of Windsor (Windsor)
    - The Salvation Army Hamilton Grace Haven Young Parent Resource Centre (Hamilton)
    - Vita Centre (Mississauga)
    - Youville Centre (Ottawa)
    - None of the above
    - Other (please specify): _____
    - Prefer not to say

11. Which of the following best describes you?
    - I am a **current** client of a young parent/infant agency.
    - I am a **former** client of a young parent/infant agency.
    - Prefer not to say

**Will pop up if they say "current"*

12. Is this the first time that you have been a client of a young parent/infant agency?
    - Yes
    - No
    - Prefer not to say

**Will pop up if they say "No"*

13. How many times have you been a client/enrolled in a young parent agency?
    _____

14. If you have used other young parent/infant agencies in the past, which ones did you use?

*Include same answers as question 10 in a drop-down menu

15. What was the length of time that you were last enrolled in young parent agency?
    _____

16. How old were you when you first accessed services at a young parent/infant agency? (e.g., live-in treatment, day programs or services, drop-in, group programming, family navigation)?
    _____

17. How many children do you have?
    _____

18. Please choose the statement that best applies to you and your child(ren) right now.
    - I live with my child(ren) in the community
    - I live with my child(ren) in supportive housing through a young parent/infant agency
    - I live with my child(ren) at a live-young parent/infant agency
    - My child(ren) live with another family member/my spouse/their father
    - My child(ren) live in kinship care/foster care
    - Prefer not to say

19. Does your child(ren) participate in services offered by a young parent/infant agency?
    - Yes
    - No
    - Prefer not to say

20. If yes, what services/supports do they access?
    _____

Please select all of the statements that relate to your experience

21. I reached out to the young parent/infant agency to get help with… [select all that apply]

<u>Supports for me:</u>

- Housing support
- Schooling (high school or secondary education)
- Employment
- Work related skills
- Life skills (e.g. budgeting, cooking)
- Safe and healthy relationship skills
- Women's crisis/gender-based violence services

- Information about pregnancy, labour, delivery
- Connecting with other young parents
- Mental health services/counselling
- Substance use services
- Crisis counselling
- Prefer not to say

<u>Supports for Me and my Child(ren)</u>

- Parenting support
- Childcare
- Respite supports and services
- Co-parenting and father involvement
- Infant and early childhood mental health services
- Healthy attachment/relationship with my child
- Developmental services for children (e.g. understanding my child's development, speech and language)
- Healthy eating and nutrition
- Learning how to access social services in the community (e.g. how to apply for ODSP, getting a health card, birth certificate etc.)
- Support around distressing past experiences
- Access to a nurse or doctor
- Other (please specify): _____
- Prefer not to say

22. Once I started at the young parent agency, I **got help** with…
    *Same answers as above in a drop-down menu

23. The **most helpful** programs/services for me and my child(ren) were…
    *Same answers as above in a drop-down menu

24. Select the statement that best applies to you.
    - I sought out services independently.
    - I was ordered to access services
    - Prefer not to say

25. I experienced the following **concerns/challenges** when accessing services at the young parent/infant agency. Select all that apply.
    - I didn't have challenges accessing services
    - Program/services not currently accepting new clients
    - Long wait times
    - Services not designed to meet my individual needs
    - Services were in a location that I did not feel safe/comfortable
    - Inaccessible (e.g. transportation, location)
    - Worried about losing housing
    - Nobody to look after my child(ren)
    - Did not know about services
    - Did not want to access services
    - Fear of being judged or what others would think about me

- My partner/family were not supportive of me participating
- Not listed (please specify): _____
- Prefer not to say

26. **For the questions below, we would like to see how strongly you agree or disagree with the following statements. (Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree) – add prefer not to say**
    a. As a result of the services I received, I developed valuable skills that I can use.
    b. Services were always available/accessible when I needed them.
    c. The agency where I accessed support had enough resources to suit my needs (e.g. food, beds, clothing).
    d. I feel confident accessing community services after leaving the young parent agency.
    e. Mental health services were available to me at the agency
    f. I was able to develop a trusting relationship with staff members
    g. I feel/felt supported by staff at the agency.
    h. The agency understood my needs
    i. The support that I received aligned with my cultural beliefs and practices.
    j. The agency understood the needs of my child(ren)

27. **For the following questions below, please indicate how often you experienced the following statements before I sought help (Never, almost never, sometimes, often almost always, always) – add prefer not to say**
    a. I felt confident navigating health care independently
    b. I felt confident communicating my own needs to others independently
    c. I felt that I could advocate for myself and my child(ren)
    d. I knew where to access support for myself and my child(ren)
    e. I felt confident understanding and responding to the needs of my child(ren)

28. **For the following questions below, please indicate how often you experienced the following statements after I sought help. (Never, almost never, sometimes, often, almost always, always) – add prefer not to say**
    a. I feel confident navigating health care independently
    b. I feel confident communicating my needs to others independently
    c. I feel that I can advocate for myself and my child(ren)
    d. I know where to access supports for myself and my child(ren)
    e. I feel confident understanding and responding to the needs of my child(ren)

Hopes for the Future

29. For the questions below, we would like to see how strongly you agree or disagree with the following statements.
    a. I would access young parent services from the same agency again
    b. I would recommend the services from which I received support to a friend.
    c. I would access young parent services again if I needed them.
    d. Prefer not to say

30. How did you find out about these services?
    - Internet
    - Healthcare Provider
    - Family
    - From a friend or someone I know
    - Public Health
    - Family and Children Services
    - Library
    - Other (please specify): _____
    - Prefer not to say

31. What would the agency need to improve for you to access services in the future?
    _____

Staff Survey

Demographics

1. How old are you?
    - 18 – 29
    - 30 – 39
    - 40 – 49
    - 50 – 59
    - 60 +

2. How would you describe your race/ethnicity? Check all that apply.
    - First Nations
    - Métis
    - Inuit
    - Black (African, African Canadian, Black Canadian, Afro Caribbean)
    - East/Southeast Asian (Chinese, Korean, Japanese, Cambodian)
    - Middle Eastern or North African (Arab, Persian, West Asian Descendant, Afghan, Egyptian, Iranian)
    - South Asian (East Indian, Pakistani, Bangladeshi, Sri Lankan)
    - Latino/a/x (Latin American, Hispanic descent)
    - White (European descent, Russian)
    - Prefer not to say
    - Not listed (please specify): _____

3. What is your highest level of education?
    - High School or GED
    - Some college/university
    - College Diploma
    - Post-graduate certificates
    - Undergraduate Degree
    - Master's Degree
    - Doctorate

- Not Listed (please specify): _____

4. How would you describe your current employment status?
   - Part-time
   - Seasonal
   - Full-time
   - Casual/relief staff
   - Prefer not to say.
   - Other (please specify): _____

5. Which agency do you work for? Select all that apply.
   - Abiona Centre for Infant and Early Mental Health (Toronto)
   - Banyan Community Services (Hamilton)
   - Camino Wellbeing + Mental Health-(Kitchener/Waterloo/Cambridge)
   - Columbus House (Pembroke)
   - Emily Murphy Non-Profit Housing Corporation (Gloucester/Ottawa)
   - Fresh Start Support Services (St. Thomas)
   - Ifarada Centre for Excellence (Pickering)
   - Jessie's – The June Callwood Centre for Young Women (Toronto)
   - La Maison Ste Marie/St. Mary's Home (Ottawa)
   - Michael House (Guelph)
   - Reginas' Place and Jeanne Scott Parent & Child Resource Centre, Good Shepherd Service (Hamilton)
   - Rosalie Hall (Scarborough)-
   - Rose of Durham Young Parents Support Services (Oshawa)
   - Rose of Sharon Services for Young Mothers (Newmarket)
   - Salvation Army Bethany Hope Centre (Ottawa)
   - Shifra Homes (Burlington)
   - The Inn of Windsor (Windsor)
   - The Salvation Army Hamilton Grace Haven Young Parent Resource Centre (Hamilton)
   - Vita Centre (Mississauga)
   - Youville Centre (Ottawa)
   - None of the above.
   - Other (please specify): _____

6. What category below best describes your position?
   - Management (Lead)
   - Administration
   - Education Professional
   - Child and Youth Worker
   - Support Worker
   - Community Worker
   - Healthcare Provider
   - Mental health professional
   - Early Childhood Educator
   - Not Listed (please specify): _____

7. How long have you held this position?
   - Less than one year
   - One to five years
   - Six to ten years
   - Ten to fourteen years
   - 15+ years

**the following questions will be only for those who identify themselves as management/lead*

8. What kind of setting does your agency deliver services in? Select all that apply
   - Community-based (i.e. located at the agency or another live-in setting
   - In-home
   - Residential/Live-in (i.e. programming delivered in agency's residence/shelter)
   - Virtual

9. Does your agency operate live-in programming for young parents and their children?
   - Yes
   - No

*if yes,

10. What programs are clients enrolled in the agency's live-in program to receive? Select all
    - Intensive mental health services to support psychological, emotional, social or behavioural challenges
    - A range of services and supports to support pre/post-partum health, healthy child development, parenting, or parent/child connection
    - Other (please describe): _____

11. Is the agency licensed under the Ministry of Children, Community, and Social Services under the Child, Youth and Family Services Act?
    - Yes
    - No

12. How many beds/spaces does your program have available at a time? _____

13. How long is the average wait time/wait list for a client to access services/enroll in services? _____

14. On average how long do clients utilize services?
    - Less than one year
    - One to two years
    - Three to four years
    - Five or more years

15. What are the areas of support for which clients access services at your agency? Select all that apply.
    <u>Supports for young parent:</u>
    - Housing support

- Schooling (high school or secondary education)
- Employment
- Work related skills
- Life skills (e.g. budgeting, cooking)
- Safe and healthy relationship skills
- Women's crisis/gender-based violence services
- Information about pregnancy, labour, delivery
- Connecting with other young parents
- Mental health services/counselling
- Substance use services
- Crisis counselling

<u>Supports for young parent and child(ren):</u>

- Parenting
- Childcare
- Respite supports and services
- Co-parenting and father involvement
- Infant and early childhood mental health services
- Healthy attachment/relationship with my child
- Developmental services for children (e.g. understanding my child's development)
- Healthy eating and nutrition
- Learning how to access social services in the community (e.g. how to apply for ODSP, getting a health card, birth certificate etc.)
- Trauma-related support
- Access to a nurse or doctor
- Other (please specify): _____

16. Is there a staff member(s) whose role is to stay in touch with clients after discharge?
    - Yes
    - No
    - Unsure

17. Is there anyone at the agency who would have more knowledge about these questions?
    - Yes (please indicate their name and email address)
    - No

**End of questions for leads*

18. How much of your work is directly with and for young parents and their child(ren)?
    - None
    - Almost None
    - Some
    - Most
    - All

19. Have you ever received formal training to specifically serve young parents and/or their child(ren) (ages 13-29)?
    - Yes

- No

**If they say yes,*

20. Please specify where you received training (e.g. through your workplace, post-secondary education) _____

21. What was the main focus of the training? _____

**If they say no,*

22. What prevented you from obtaining training?
    - Did not know about it
    - Did not want to
    - Was not offered
    - I was not available when it was offered
    - Inaccessible

23. Have you received trauma-informed care training?
    - Yes
    - No
    - Unsure

24. Have you received any training in infant/child mental health or healthy growth and development?
    - Yes
    - No

25. For the following questions, please indicate how often you experience the following statements (never, almost never, sometimes, often, almost always, always)
    a. I develop trusting relationships with clients
    b. I have the necessary training to provide supports that meet the specific needs of clients accessing services
    c. Our staff members work with clients to develop transition plans
    d. There are enough resources to accommodate all clients seeking services
    e. Our agency has a waiting list due to a lack of space and/or insufficient resources

26. What are some primary barriers to providing adequate care for clients accessing services? Select all that apply.
    - Structural (e.g., not enough space or inaccessible location)
    - Lack of training
    - Lack of financial resources
    - Lack of qualified staff
    - Lack of culturally sensitive practices
    - Language barriers

27. What resources do you think would improve service delivery at your agency?
    _____

28. **For the questions below, we would like to see how strongly you agree or disagree with the statements. (strongly disagree, somewhat disagree, disagree, neither agree nor disagree, somewhat agree, agree, strongly agree)**
    a. If provided with additional resources and/or funding, our agency would be able to accommodate a greater number of clients.
    b. Clients develop skills from services that they will use in the future.
    c. Services are targeted at both pregnant and parenting youth and their children.
    d. There is evidence of improved wellbeing and mental health of clients and their children after they transition out of services.

Appendix D: Interview Questions (Youth and Staff)

Youth Interview Questions

1. What would a typical day look for you at _____ Centre?

2. What programs or services do you like the most? Which do you find the most difficult? Which were the most helpful?

3. How would you describe your relationship with the staff members? How comfortable are you speaking and working with staff members? How much do you trust staff members?

4. Does [insert agency] have programs for any of your child(ren) while you are participating in meetings/services/attending groups?

5. Does _____ agency offer parenting programs? If yes, how beneficial are they? What are the main things you took away from these programs? Do you find you are learning things from the program? What types of things?

6. How did you find out about the agency?

7. Did _____ agency have mental health services? Did you use them? Do you find that you can cope better with feelings of stress, anxiety and depression now?

8. Can you identify any skills that you have developed that you will use in the future?

9. What were your expectations of the Agency/Centre when you decided to come here? Would you say the agency has met your expectations and if not, what can they do to better meet your expectations?

10. What do you hope will be different or better when you complete this program?

11. Did you feel that you were ready for discharge when you left the program? Did you feel more prepared to care for your baby and yourself when you left the program?

12. What is one goal that you have for the next year?

13. Is there anything else that you would like to share at this time?

Staff Interview Questions

1. What is your name and what is your current role including your responsibilities at the agency?

2. What does an average work day look like for you?

3. Describe the program(s) and the demographics of pregnant and parenting youth who access services at your agency.

4. How does your job at the agency help clients day to day? What aspects do you struggle to support them in? What are they having the most success or challenges with?

5. What is your educational background? Did you complete any training specific to young parents and their child(ren)? What type of additional training would benefit you in this role?

6. What are some potential areas for improvement in the programs and services that you offer for clients? What about some areas for improvement at the agency for the staff?

7. Assuming that financial resources were available, what would It take to make the areas of improvement for both clients and staff, a reality?

8. Is there anything else that you would like to share?

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Ontario Association of Young Parent Agencies
serving infants, children and young parents - together

l'Association Ontarienne des Agences pour Jeunes Parents
servir nourrissons, enfants et jeunes parents - ensemble