



SHEWAY

Sheway's partnership initiative bringing government and community together continues to be a testament to sustainability and success in collaborative service delivery. Established in the Spring of 1993, Sheway has demonstrated success in meeting the complex health and social needs of women and their infants struggling with issues or impacts of chemical dependency.

Sheway provides comprehensive health and social services to women living in Vancouver who are either pregnant or parenting children less than 18 months old and who are experiencing current or previous issues with substance use. It operates in a client-centered, woman-focussed environment. The program dedicates both time and energy to creating positive relationships with women based on trust and mutual respect.

Services are delivered through both outreach and drop-in. Key program areas are: Food and Nutrition Services, Primary Health Care Services, Counselling Services, Healthy Child Development, Advocacy, Community Education and Fundraising.

The philosophy of Sheway services is based on the recognition that the health of women and their children is linked to the conditions of their lives and their ability to influence these conditions. Hence, Sheway staff work in partnership with the woman as she makes decisions regarding her health and the health of her child.

SERVICE HIGHLIGHTS

CURRENT STAFFING

Sheway experienced significant staffing challenges early in the year. Many positions were vacant: Cook/Peer Support Worker, Medical Office Assistant, two Community Health Nurse positions and the Infant Development Consultant. As well we experienced staff turnover with our Administrative Assistant and relief for our Receptionist who was off for 4 months and our Community Research Facilitator who was also off for 3 months.

The uniqueness of the partnership extends to the staffing as its various partners provide all of Sheway's human resources:

The Ministry of Children and Family Development provides:

- 2 full-time Social Workers

Vancouver Coastal Health provides:

- 4 Community Health Nurses (2 Full-time, 2 Part-time). One full-time position is focussed on targeting SIDS education and awareness of risk factors for child ill health in the Aboriginal population. This position is currently vacant.
- 1 full-time Nutritionist
- 1 full-time Addictions Counsellor

- Physicians - sessional (currently provided by 3 physicians) - available 5 afternoons per week
- 1 full-time Coordinator

YWCA of Vancouver provides:

- 1 full-time Outreach Worker
- 2 Infant Development Consultants (1 full-time, 1 part-time)

Vancouver Native Health provides:

- 1 full-time Administrative Assistant
- 1 full-time Medical Office Assistant
- 1 Receptionist – this position only receives part-time funding however funds have been stretched for the past three years to full-time to meet operational needs
- 1 Cook/Peer Support Worker – this position receives part-time funding through Health Canada, CPNP funds. For the past 3 years funds have been stretched from Sheway program dollars to make the position full-time in order to meet operational needs
- 1 part-time Family Support Worker (This position exists thanks to funding from the United Way of the Lower Mainland)
- 1 part-time Community Support Worker – this is a new position created this year. (Funding for this position is provided by VCH following recommendations from the Healing Ways report)
- 1 part-time Community Research Facilitator (this is a 3-year position funded through McMaster University and currently shared by 2 staff)

VNHS also provides Sheway with a Music Therapist once a week. This Music Therapist also provide support to other VNHS programs.

COUNCIL CHANGES

This year saw the departure of two long-standing members of Sheway Council: Val Munroe from Vancouver Coastal Health and Robert Wilmot from the Ministry of Children and Family Development. These were replaced by Heather Hay from VCH and Karen Fleck initially, and, most recently Paul Hutton from MCFD. As well, not mentioned in the previous year's report, Council saw the departure of another long-standing member, Marion Taylor from the YWCA. Marion was replaced by Marnie Marley who sat on Council in the early years of Sheway. Marnie was replaced this year by Cindy Soules. We welcome all of the new Council members and thank and bid adieu to those who have left us.

CASELOAD INFORMATION

Demands for services continue. In the Spring of this year, despite having a cap of 100 on the client caseload, our active caseload crept up to 130 clients in an attempt to meet the continuing demand. This increase coincided with the same period where 5 positions were vacant. The Team discussed sustainability at great length from demand and resource perspectives. In March the Team came to an agreement that we would increase the cap of the active caseload to 120 clients while at the same time restricting access to the food and nutrition program to active clients and their children; this meant we were not serving partners nor closed clients. In December after another review of the budget, the food and nutrition program was opened once again to the partners of

active clients. This change was due, in large part to the ongoing donations that had come to Sheway in the preceding months.

- The weekly average of active, open clients was 113.
 - 112 new intakes in past year (this number is not fully accurate as data for 3 weeks of the year is missing)
 - 125 discharges (this number is not fully accurate as data for 3 weeks of the year is missing)
 - 46% of the women were 20-29 years of age. This is a decrease of 7% last the previous year and a total of a 14% decrease in the past 2 years. We have seen a rise of 5% in the 30-39 age group and 1% increases in both the under 20 and over 40 age groups.
 - 70% of the clients continue to be Aboriginal. This percentage remains unchanged for the past two years.
 - Drop-in average is 66 people per day. 80% of these are our active clients and their babies.
 - 77 babies were born
 - 54 (70%) had healthy birth weights (>2500g)
 - 48 (62%) were born at term (37 weeks gestation or later)
 - 29 (38%) babies were born premature
 - 23 (30%) were born with low birth weights (<2500g)
 - 19 (25%) were born both premature and with low birth weights
 - 8 (10%) were born premature with healthy birth weights
 - 3 (3%) were born at term with low birth weights
 - 2 (3%) sets of twins
 - 2 (3%) deaths – 1 stillbirth, 1 death of 1 member of a twin set in early infancy
- Of 75 infants:
- 42 (56%) remain in their mother's care
 - 26 (35%) have been in the care of MCFD
 - 9 (12%) are in the care of family or friends

The gathering of statistical information continues to be challenging. Our SW and IDP staff have begun to collect statistics that include removal rates and identification of delays in infants. This data was not available at the time of printing. The PARIS system implemented last year cannot yet provide the level of detailed reports required for analysis of impact.

Food vouchers are provided to all pregnant women weekly and milk vouchers are given to post partum women twice a month. In the Spring of this year we experienced an excessive output of bus tickets resulting in severe limitations of access to bus tickets for the remainder of the year. It is our hope to find a donor or funder who would provide consistent funding for bus ticket supply as these are crucial for women to access our program.

PROGRAM INFORMATION

Events

- Sheway held its 11th Anniversary Celebration in May of this year. Over 250 people attended from the community, the four partner organizations, neighbours, agencies, and families. There was singing, dancing, tours

and speeches. Potluck Café of the Portland Hotel Society catered the event and the food was fabulous.

- A Family Picnic was held once again at McLean Park. We were able to hold the event once again as a result of continued community support through financial donations. We will continue this summer event provided there are funds to support it. A good time was had by all who attended. We did experience a decrease in numbers this year and discovered it was likely due to the fact that we had identified the park by three different names and a number of families then had difficulty locating us, an easily rectifiable situation for future picnics.
- The annual Christmas Party was held again at the Maritime Labour Centre. Over 300 people were fed a turkey dinner with all of the trimmings, the North Shore Choir kept the mood festive with seasonal songs, Santa appeared and all present received gifts. Thanks go to our faithful donors without whom such an event would not be possible.
- HYHO Graduation – the ‘Helping Yourself, Helping Others’ participants of the pilot project had their graduation ceremony in June. Families and friends were invited to witness and share in the event for the 8 women who completed the program. For more on the HYHO project see below in the Neighbours and Partners section.

Research

- ‘Healthy Communities, Mothers and Children’ – At the time of this writing, Sheway is entering its third and final year of a three-year national research study examining a solution-based brief intervention therapy for post-natal First Nations women targeting alcohol use.
- ‘Healthy Mums’, the research with the physician from UBC’s Department of Family Medicine was completed in the Spring. The research involved women defining what makes them healthy and what makes them ill through the use of photographs. As yet, we have not received the results of the research as yet.
- ‘The Child Project – Training and Outcomes for early Identification of Infants with Neuromotor Delays’. One of our Infant Development Consultants is engaged in this research project. Staff from the University of Victoria and the Centre for Ability are the principal investigators. The two aims of the project are to compare in-person and Internet based methods of training for effective and efficient screening of infants to detect motor delays and to follow groups of infants from 4months to 36months for the purpose of exploring early screening, referral and early intervention. We have 6 Sheway children involved in the study.
- Dr. Janice Hare of UBC received a small research grant to examine in what ways Sheway needs to be, or can become, more culturally sensitive. This recommendation came of the evaluation in 2000 as well as the review of Infant Services in 2003. Dr. Hare held focus groups with present and previous clients as well as our Aboriginal staff in the late Fall. We have received no results from this research as of yet.

Volunteering

- UBC’s Trek Program continues to provide us superb volunteers from UBC’s student population. UBC is supportive of the concept of creating ‘global citizens’ and these students enrich our program and, we hope, we enrich their experience of being a global citizen. While the majority of Trek’s volunteers continue to support our Food and Nutrition Program, we have had the pleasure of having many more students

supporting the maintenance of our donations room. This is a formidable task and the students, like those in the kitchen, bring their energy, enthusiasm and warm smiles to all of the tasks at hand.

- We had the privilege of having two additional students from UBC's Trek Program who focussed their attentions on fundraising for our Annual Client Christmas Party. Under the gentle and supportive tutelage and guidance of our Administrative Assistant, the students organized a very successful fundraiser on campus, solicited support from various departments and gave much of their time to 'cold calls' to prospective donors. Their work was unflinching and, along with the perseverance of our Administrative Assistant, Sheway raised more donations than ever before for its annual fundraiser.
- We have a new Tree of Life thanks to one of our clients. She took it upon herself to create the Tree for the Open House and has since retrieved it to put final touches on it. She volunteered to do this commenting that Sheway has done so much for her in the past; she would like to create this for us. The tree's leaves are photos of our Sheway children, women and families.
- We continue to have the volunteer support of a clinical psychologist who donates one afternoon per week of his time to the women of Sheway. His support has proven to be invaluable for the women who have been able to access his skills.
- As a result of the growth in our volunteer base, we attempted to create a Coordinator of Volunteers position to develop a framework for a more formalized volunteer program and to provide consistent support to our growing volunteer population. We sought funding for this position and were unsuccessful. We created a temporary position from existing funds however, the person in the position went on sick leave and the position was not sustainable. Currently one of our volunteers from the community has agreed to take on the responsibilities voluntarily and she organized a small token of recognition at Christmas for some of our longstanding volunteers. We are very grateful for her commitment to us and continue to seek funds to compensate this much-needed role within our program.
- On average we have approximately 30 active volunteers who, over the course of the year, provided us with approximately 3750 volunteer hours.
- The community at large continues to support our families. Sheway is a regular recipient of food, clothing and financial donations. Many donors are anonymous while others are well known to us and have been unflinching in their support. We are grateful to the numbers of new donors who discover us and our families monthly.

Neighbours and Partners

- HYHO – Helping Yourself, Helping Others, the peer mentoring pilot program that was initiated last year through funding from MCFD to support 'graduates' of Sheway completed its 12-week pilot project in June. This program was developed in partnership with UBC's Learning Exchange and UBC's Women's Resource Centre. A Coordinator was hired who developed the curriculum, facilitated the program and wrote an evaluation. Feedback from the participants was positive; two of the graduates are returning to school while two others have established homes and new lives for themselves in other communities. Currently the Coordinator has been rehired and is meeting with the graduates and those women who did not complete the program to explore how best to go about the development of 'phase II'. While the pilot was exciting and creative it was also somewhat costly and, all three partners agreed, it would not be sustainable in its pilot format.

- Our one year anniversary in the building was celebrated with a co-facilitated meeting of the staffs of the 4 major programs in our new building: Sheway, Crabtree Corner community services, Crabtree Corner DayCare and Sheway/Crabtree Housing. The group came together for a full-day in October to honour the previous year, identify common challenges and begin to develop plans for collaborative strategies and solutions for the future.
- Through the diligent efforts of long-time supporter of Sheway, Dr. Christine Look, Sheway families now have access to a general paediatrician, Dr. Grace Yu, who provides services to our children at Sheway one afternoon per week.
- Sheway/Crabtree Housing has been a significant addition to resources available to pregnant women. 25 Sheway women have been able to access this transitional housing in the past year, 56% of these were Aboriginal.
- Our partnership with Fir Square at Children's and Women's Hospital continues to develop. Entering its third year of operation, Fir Square has made significant differences in the lives of pregnant women with substance use issues and their ability to access in-patient health care without stigmatization or judgment. We look forward to a long and rewarding relationship with our colleagues in the Provincial Health Services Authority.
- The chicken factory, our neighbour in the alley, experienced its challenges this year with the Avian Flu. We have found them to be supportive and courteous neighbours as we all jockey for access to our respective worksites in the lane.

Challenges

- Increasing the cap on the active caseload to 120 from 100 (20% increase) in the Spring of last year has presented ongoing challenges for the entire team and the program resources. It is evident that this current level is maximizing the demands on the current services (e.g. 1 Nutritionist for 120 clients, 1 Addictions Counselor, 2 FTEs of Nursing to meet the demands of 120 women and ~ 150 children).

We will continue to assess this ongoing challenge and may need to readjust our cap if funding and resources remain unchanged. This will result in fewer women having access to the program which creates other impacts. These issues will continue to be addressed at, and by, Council.

- Funding for essential programs like the daily hot lunch have been stretched to the limit and have resulted in severe limits being placed on the distribution of bus tickets in order to ensure adequate funds for food. Of note, many of our funders have not increased funding to the program in some years while our population of active users has doubled.

The Year Ahead

- We continue to monitor the changes taking place with MCFD and VACFSS. Our clients are served by both organizations. Council has begun to discuss what changes may need to take place at the Council level given that our clients are the recipients of services from both of these organizations. Council will be examining

the need to alter the makeup of Council to include a member of VACFSS in the future.

- Prior to the end of the year, Sheway submitted proposals to MCFD for one-time funding for the following: a feasibility study to determine the nature and cost of resources to create a comprehensive health and social service program for families in Vancouver's Downtown Eastside; research looking at the removal rates and reasons of our active caseload coupled with the removal rates and reasons for children who have been discharged from Sheway in the past 1-2 years; the implementation of a Hanen program to enhance communication between parents and infants. At the time of printing we learned that we had received approval for these projects. All must be completed by March 31, 2005.
- PARIS will move into Phase II, which means that more of our documentation will become electronic. We anticipate these changes in the Fall.

IN CONCLUSION

A year in the new building and, amazingly, we have outgrown the space. There is a great need to build in more infrastructure supports for the program like a Coordinator of Volunteers and a Kitchen Assistant. As well, in terms of service need, the outstanding service needs are supports for experiences of trauma including grief and loss, mental health issues and ideally, the inclusion of a Ministry of Human Resources person on staff to address the critical and overwhelming financial needs of the clients. Given that this were to happen, Council would likely undergo another manifestation to incorporate MHR into the mix.

We will continue to explore and examine the reasons for the changes in our birth weights this past year and will change those pieces over which we have control to improve our the birth weights of our babies in the future. We recognize that many of the issues of low birth weights and premature births are beyond our control and are influenced by the pressures of the environment and the complexity of issues that our women face every day. We will continue to advocate for changes in attitudes and systems to better support our women, children and families.

As has been said in the past, Sheway is a successful testimony to the benefits of partnerships. We encourage other programs to seek ways and means of sitting at common tables and targeting the combination of services to best meet the needs of the community it is serving.



Sheway Christmas Party 2004