



Hera Process and Application



Background

Hera is a unique partnership setting between Trellis and the Calgary Board of Education helping youth who are vulnerable to commercial sexual exploitation and are experiencing several physical, social, emotional and psychological challenges. Youth must be:

- female identifying;
- between the ages of 13 -17;
- open and willing to accept the placement and acknowledge their at-risk behaviours;
- parents and guardians open and willing to accept supports provided through Hera.

There is no expectation that youth have an identified Alberta Education code to be accepted into the Hera Program or that they have status with Children's Services. The Hera Program runs all year around for the Experiential Learning portion of the program and for individual support through Trellis. Academically Hera follows the CBE traditional school calendar with our staffed operating hours from 8:30am – 4:30pm. The program day generally runs:

- 9:00am – 3:15pm Monday through Thursday
- 9:00am – 1:30pm Fridays

During the spring and summer break, experiential learning activities are offered 2-3 times a week but is not mandatory to attend. The Hera Program has no fees attached.

Please note that Hera is a voluntary program and all applications must be discussed with the youth prior to sending in the application. Sending in an application does not mean that the applicant has been admitted into the program.

On the next few pages you will find the Application Process for admittance into our Program as well as the Application itself. If you have any questions or need further clarification about The Hera Program please feel free to contact the Program Manager by email at tbracanovic@growwithtrellis.ca or by phone at 403-801-3676.

The Hera program is a confidential location and no tours can be granted.

Application Process

1 | Complete the application

- Complete the 6 page application, with signatures and contact information. Be sure to list who the best person to connect with regarding the applicant.
- Email the completed application to tbracanovic@growwithtrellis.ca

2 | Application Review

- Once the application is received the Hera Team will review the application and gather more information if necessary. This may include contacting current or last school attended or connecting with guardians and other services providers.
- After all needed information is gathered the Hera Team will decide to move forward with the application or not. If at this point the youth is not a fit for our program, you will receive a call or an email with an explanation for why we are unable to proceed and will be provided with some additional resources.

3 | Readiness Assessment

- Next the applicant or applicants' guardian will receive a phone call requesting a Readiness Assessment. This is where the applicant and their support person will meet with the Hera Program Manager and the CBE Strategist in person to discuss the program. This helps us gauge the interest and willingness that the applicant has regarding accessing Hera. We also explain the program expectations, rules and answer any questions. This is a very important step, as Hera is a voluntary program and the youth needs to want to come to Hera

4 | Intake

- Once the Readiness Assessment is completed the Manager and Strategist will determine whether to proceed with an intake. We also ask the youth to connect with us after reflecting on the readiness assessment and let us know if they would like to come to the Hera program. If it is decided to not move forward, you will receive a call or an email with an explanation for why we are unable to proceed and will be provided with some additional resources.
- Next, you will receive a phone call to set a date to sign the Intake paperwork. Paperwork is needed for both Trellis and for the Calgary Board of Education.
- Generally, the day after the paperwork is signed the youth will start in The Hera Program.

Youth Information				
Name				
Birthdate (M/D/Y)		Current age		
Address		Phone / Email		
Sexual Exploitation Risks	Yes	Suspected	No	Unsure
Has an older (5 years or greater age difference) boyfriend /girlfriend/ partner/adult friend ?				
Has had sex /done sexual acts in exchange for food/ clothing/ shelter?				
Has exchanged sex/sexual acts for cigarettes, drugs / alcohol?				
Has had sex/done sexual acts in exchange for money?				
Has received clothing, money, and/or gifts from unknown persons?				
Has had sex/done sexual acts to prevent violence towards self/friends/ family?				
Has sent nude photos via text or social media?				
Has been asked to send provocative photos?				
Has been involved in sexting over cell phone/social media?				
Has attended inappropriate parties? (with older people and/or at hotels/unknown residences or out of town)				
Has been given rides home by unknown persons?				
Had AWOLS to unknown locations? With unknown people?				
Has disclosed sexual exploitation?				
Has a lack of awareness/understanding of being safe?				
Has physical injuries without plausible explanation?				
Has had a change in appearance: weight gain/loss, hygiene, new clothes, makeup, oversexualized dressing?				

Sexual Exploitation Risk	
As the referee, make an assessment of the current level of risk for sexual exploitation with an x on the scale	
Low _____	_____ High
Expand on our assessment above, including sexual exploitation risks and sexualized behaviours	

Drug & Alcohol Abuse				
As the referee, make an assessment of the current level of risk for drug and alcohol abuse with an X on the scale				
Low _____		_____ High		
Drug(s) of Choice				
Frequency of Use	Daily	Weekly	Unknown	
Attended treatment facility for drug use?	Yes (see questions below)		No	
Number of stays / visits		Duration of stay(s)	Days	Months
Name of treatment facility				
Location of facility				
Approximate date of stay		Voluntary	Mandated	
Other drug / alcohol use? Explain				

Mental Health
As the referee, make an assessment of the current level of risk for mental health; stability; wellness; with an X on the scale Low _____ High
Diagnosed Mental Illness or queries by professionals (Doctor, Psychologist, etc)
Undiagnosed Mental Illness? (Unofficially diagnosed but suspected)
Describe any treatment the youth is currently receiving for your mental health (counselling, group therapy, medications, etc)

Justice / Probation Involvement			
Street / Gang Involvement	Yes	No	Unknown
Details			
Criminal / Justice Involvement	Yes	No	Unknown
Details			
Carries weapons	Yes	No	Unknown
Details			

Justice / Probation Involvement (cont'd)			
Has the youth been charged with or suspended from school for violent behaviours?	Yes	No	Unknown
Details			
Does the youth have a probation officer or part of the Diversions Program?	Yes	No	Unknown
Details			

Family Information			
Legal Guardian Name		Relationship	
Phone / Cell Phone		Lives with Youth	
Legal Guardian Name		Relationship	
Phone / Cell phone		Lives with Youth	
If youth does not reside with legal guardian(s), list below where and with whom?			
Name		Relationship	
Phone /Cell Phone		Address	
Other relevant information regarding current living situation (is youth living on the streets, couch surfing, family, guardians, friends etc.) Details			
Positive family / Friend supports? List full name(s) and relationship			
Name		Relationship	
Name		Relationship	
Name		Relationship	

Education and Learning Needs			
Name of Last School Attended		Grade	
Currently attending school	Yes	No	
If yes, frequency of attendance	Daily	Monthly	
When attending, remains in classroom?	Yes	No	
When attending, remains for full school day?	Yes	No	
Participates in a Specialized Program?	Yes	No	
If attends, name of Specialized Program			
Are there any (psycho) educational assessments, medical reports, or diagnostic letters in school file?			
Year	Document Type	Diagnosis/Findings	
Additional school information that may help us understand this youth:			
School Contact		Phone	

Current Government or Social Agency Involvement and Supports

List any current Social Workers, Youth Support Workers, PSECA Workers, etc.

Name	Role / title / organization

Summary

Has this application been discussed with the youth?	Yes	No
Does the youth want to be part of the Hera program?	Yes	No
Does the parent(s) want the youth to be part of the Hera program?	Yes	No

Please note that as part of the referral process, the details around the referred student may be discussed by several agents, including the Calgary Board of Education, Youth Justice, and Child and Family Services.

The information discussed is confidential and will not be discussed further than required.

Referral Information			
Referral submitted by			
Title / Position / Relationship		How long known youth?	
Contact Number		Email	

Parent Consent – if consent is not available, indicate reason (safety concerns, no parental involvement, etc.)			
Parent Name			
Parent Signature			
Date		Reason for no consent:	

Next Steps
<p>We will contact you after review of the referral to either set up a Readiness Assessment for the Hera program, or provide information on other programs or resources.</p> <p>If available, attach the following:</p> <ul style="list-style-type: none"> ▪ PSH Assessment Copy of PSECA Agreement ▪ Info Con/Case Summary Probation Orders ▪ Course Summary Health Assessments ▪ Educational Assessments Service Plans IPP <p>Return completed referral form and documentation to:</p> <p>The Hera Program c/o Trellis Email: tbracanovic@growwithtrellis.ca Attention: Tara Bracanovic, Program Manager</p>