

**CLOSING THE GAPS: ENSURING  
PREGNANT AND PARENTING YOUNG WOMEN  
SUCCEED**

**DISCUSSION PAPER**

**Business Community Anti-Poverty Initiative  
Saint John, New Brunswick  
June 2006**

## FOREWORD

The Business Community Anti-Poverty Initiative (BCAPI) extends its appreciation to the many individuals and organizations who worked together on this project to improve supports for pregnant and parenting young women.

The participation of pregnant and parenting young mothers has been integral to clarifying the issues and helping to identify specific actions. Thank you for being so willing to share your stories.

Without the financial support from the Public Health Agency of Canada, our community would not have had the opportunity to further our efforts to assist young mothers in very concrete ways.

Special thanks to the partners who worked closely with BAPI in guiding the project - First Steps, the Greater Saint John Teen Pregnancy Committee and Vibrant Communities Saint John.

Last, but not least are the thanks to the individuals who worked on various aspects of this project - Carole Dilworth with Evaluation Designs Ltd; Cathy Wright and Colleen Gratton Gick (social work intern) with Vibrant Communities and evaluation consultant, Cony Brienza.

Readers are encouraged to review two related documents referenced in this report: [Literature Review – Poverty, Homelessness and Teen Pregnancy](#), and [Influencing Healthy Public Policy for Pregnant and Parenting Young Women: Final Report](#), both of which can be accessed by going to the Saint John section of the Vibrant Communities Canada website at <http://tamarackcommunity.ca/g2s28.html#keydocs>.

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# **CLOSING THE GAPS: ENSURING PREGNANT AND PARENTING YOUNG WOMEN SUCCEED**

## **1. THE PROJECT**

In the fall of 2005, the Business Community Anti-Poverty Initiative (BCAPI) received \$25,000 from the Public Health Agency of Canada for a collaborative project, Developing Healthy Public Policies for Pregnant and Parenting Young Women. The overall goal was to provide a momentum for a comprehensive community strategy to support pregnant and parenting young women in Saint John. The objectives of this initiative were as follows:

- To document ways that the community of Saint John has influenced the development of responsive policies and practices for pregnant and parenting young women.
- To identify the concerns and challenges facing pregnant and parenting young women and
- To bring groups together to champion policy and program changes.

Although the Saint John community is committed to comprehensive services from prevention to supports, this report focused primarily on the continuum of supports needed for pregnant and parenting young mothers and their children.

A key aspect of this project was bringing together young mothers, community organizations, government services and members of the business community to build on their expertise and commitment to champion changes that would make a difference in our next generation.

## **2. METHODOLOGY**

BCAPI involved key partners in guiding the work of this initiative: First Steps, a safe and supportive transitional home established in 2002 for homeless pregnant and/or parenting young women; Vibrant Communities Saint John, a multisectoral initiative to develop and implement a poverty reduction strategy; and the Greater Saint John Teen Pregnancy Committee, a network of agencies and government departments promoting both preventative and supportive initiatives for pregnant and parenting young women.

A literature review provided a comprehensive overview of the studies, reports and best practices on the topics of teen pregnancy, poverty, homelessness, effects of teen parenting and poverty on child development and the societal and financial costs of “doing nothing”. The report, Literature Review – Poverty, Homelessness and Teen Pregnancy, can be accessed by going to the Saint John section of the Vibrant Communities Canada website at <http://tamarackcommunity.ca/g2s28.html#keydocs>.

This discussion paper, **Closing the Gaps: Ensuring Pregnant and Parenting Young Women Succeed**, was developed after gathering information from focus groups of 27 pregnant and parenting young mothers. Also included are the results of interviews with over 20 community organizations and government departments, representing community organizations such as First Steps, the Family Resource Centre, YMCA-YWCA Childcare Centre, and Early Intervention Saint John, and government services such as Public Health, Sexual Health Centre, guidance counsellors, and New Brunswick Department of Family and Community Services (FCS). (See Appendix A & B).

The discussion paper, in its various drafts, has been widely distributed in the community through different networks. It has also begun to be distributed provincially as the Coordinator of the Early Childhood Initiative program of Public Health distributed it to her colleagues throughout the province<sup>1</sup>. The completed report will circulate more widely through community and government networks, locally, provincially and nationally, serving as an awareness tool and a guide for community action.

Moving from concerns to priorities to action is no easy task, yet this was the agenda of **two community dialogues** organized to bring together representatives of young moms, community organizations, government services, family physicians and businesses. There were a total of 39 participants, many of whom attended both dialogues. A complete array of services were represented at the dialogues from pre-natal care to parenting supports and including schools, daycares, public health nurses, and financial services.

The knowledge and commitment of participants, together with the draft discussion paper documenting supports and challenges, provided the necessary

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<sup>1</sup> In this report, Public Health refers to the Health Region 2 Public Health, formerly under the New Brunswick Department of Health and Wellness.

foundation to move forward in identifying an action plan. In addition, the opportunity to come together encouraged stronger working relationships and increased knowledge of existing resources.

### **3. YOUNG MOTHERS IN SAINT JOHN: WHAT DO THE STATISTICS TELL US?**

According to **Poverty and Plenty: A Statistical Snapshot of the Quality of Life in Greater Saint John**<sup>2</sup>, our community, similar to other urban centres across the country, experiences a growing income gap between rich and poor, and the contrast of wealth in the suburbs with the stubborn persistence of poverty in the city.

More than most other urban centres, Saint John houses a significant portion of its poorest residents in neighbourhoods of very high poverty. In these neighbourhoods, the housing stock is generally older and in poor condition, access to the appropriate services is often difficult, and overall economic opportunity is quite limited. In these neighbourhoods, the ratio of families headed by a lone-parent is one in three, compared to one in five throughout the city of Saint John.

Close to 1/2 of the total city population falling below Statistics Canada's Low-Income Cut-Off (LICO) measure is attached to a lone parent family. Among major centres, the Saint John CMA has the **highest incidence of lone parent poverty in Canada**, suggesting that the face of poverty locally is, more often than not, young and female.

More than 60 percent of Saint John's lone-parent families live in poverty; this percentage has changed little in 20 years of census collection. The clustering of lone-parent families in vulnerable neighbourhoods compounds the challenge of poverty; in streets with significant poverty, families are generally more isolated from the city's economic opportunities and social networks.

**Most disconcerting is the trend of increasing births to teen mothers in the Saint John County from 2001 to 2004.** (Source New Brunswick Vital Statistics, see page 36). The number of births to teens has been decreasing in Health Region 2 (Sussex to St. Stephen), however this is not the case for the

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<sup>2</sup> Poverty and Plenty: A Statistical Snapshot of the Quality of Life in Greater Saint John, Vibrant Communities Saint John, 2005

Saint John County, which includes the City of Saint John and surrounding villages of St. Martins and Lepreau.

In 2004, the Saint John County had approximately one in ten females aged 15 to 19 in the province of New Brunswick. Roughly one in five births to teenage mothers in the Province occurred in Saint John. During this period the provincial rate of teen births dropped by 17%, **but in Saint John County the rate increased by 26%** over the same period. In 2004, Saint John had 19.6% of teen births in the province as compared to 12.9% in 2001.

Recent statistics from the Atlantic Health Sciences Corporation report some reduction in births to teen mothers in the city of Saint John in 2005; while encouraging, it does emphasize that this trend needs careful monitoring.

In February 2006, there were 36 pregnant teens and young single parents attending high school in Saint John. This is a group that according to the literature is at risk of not completing high school. We do not know locally how many pregnant and parenting young mothers drop out of school, but we do know that the drop-out rate for all youth in Saint John is above the provincial average; 246 students in 2003/04 or 3.6%, of all students, compared to the provincial average of 2.9%. Furthermore, unlike most other communities across Canada, girls in Saint John are almost as likely as boys to leave school before graduation.

People don't look at my face; instead they look at my stomach. I want to say "Hey I'm up here".  
High School Student in Pregnant and Young Moms Focus Group

While the statistics merit further study, one could suggest that there is a strong correlation between the number of young mothers and the drop out rates. This point is further reinforced by client information from FCS in 2004, where only **25% of parenting youth, aged 21 years and under had completed high school.**

Current information from FCS shows that in 2006, 34 single parents between the ages of 16 and 18 and 352 single parents between the ages of 19 and 24 years of age receive income assistance. Greater Saint John has a higher percentage of single parents on income assistance in both age categories compared to the provincial average.

#### 4. A COMPREHENSIVE LOOK AT OUR CHALLENGES: LITERATURE REVIEW

Evaluation Designs Ltd prepared an extensive literature review for First Steps on poverty, homelessness, and teenage pregnancy. Highlights from the review are summarized in this section of the report.

While the reasons teenage women become pregnant are difficult to categorize, the literature offers a number of key reasons: today more teenagers are sexually active, some teens use less contraception, or have an individual desire to become pregnant. Poverty, school achievement, unstable personal and family relationships and self-esteem were also factors.

When compared to women who delay their childbearing past the teen years, women who become teen mothers are less likely to complete high school, more likely to work at low-income jobs and experience longer periods of unemployment, more likely to receive welfare benefits during the years following birth and more likely to experience single parenthood and higher levels of poverty.

This further perpetuates a generational cycle of living in disadvantaged families, often resulting in negative implications for both the mother and child. The daily life of children living in poverty tends to be very different from that of children whose families are more affluent with better housing, neighbourhoods, material and social resources.

The literature reveals that most single parents are doing a good job of raising their children, and most children of lone parent families show no problems.<sup>3</sup> When a single mother has a **good income**, her child's development is similar to that of a child from a two-parent family. Where differences existed, they are related not to lone parenthood, but to characteristics that are over represented among lone parents such as low income, depression, and lack of social supports.

In an evaluation study of young women who were participants in the prenatal program of Healthy Baby & Me in Fredericton, the two most important factors causing the young women stress were identified as relationships with boyfriend/family followed by money.

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<sup>3</sup> Workshop 1: Family Structure of Investing in Children: A National Research Conference held in Ottawa in October 1998 reporting on the results of the first cycle of NLSCY research.

Teen mothers may have a support network of family and friends as 30 –50% of teen mothers stay with their family up to two years post partum<sup>4</sup>. However, the literature talks about the need for another kind of network – **bridging networks** which connects individuals to different opportunities that can improve their situations, such as access to jobs and educational programs, considering different career opportunities, taking advantage of recreational programs and so on.

Teen mothers are frequently criticized and blamed for welfare dependency and other social problems. But there is **another side to the story** that compels communities to look at the real issues that contribute to and exacerbate living in poverty. Teen mothers are likely to be poor before they become pregnant. They face challenges remaining in the current educational systems. Childcare is primarily non-existent for children under two and there is an absence of after-hours childcare. There are long waiting lists for safe and affordable housing and there are limited labour market opportunities for individuals with minimal levels of education and experience.

Young mothers who become pregnant cross all social and economic strata. Girls growing up in homes where they have witnessed family violence and conflict and have experienced emotional, physical and/or sexual abuse are at a greater risk for future dire consequences. It has been estimated that as many as 68% of teenage mothers have been sexually abused.

Furthermore, a correlation exists between teen parents and youth who were in foster care or whose parents were involved with the child protection system.

The literature also describes how it is difficult to be both an adolescent, with all the peer group pressure and activities that this entails, and a mother.

**Adolescence is often synonymous with acquiring rights and independence and having fun.** In contrast, motherhood involves responsibilities and being tied down. Many pregnant teens have not yet accomplished basic developmental tasks of establishing identity, developing the capacity of intimate relationships, meeting educational and career objectives and developing self-esteem.

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<sup>4</sup> Contemporary Family Trends, One parent Families: Characteristics, causes, consequences and issues. Vanier Institute of the Family, Anne-Marie Ambert, Ottawa, 2006

According to an evaluation study of young women participating in a prenatal program in Fredericton, Healthy Baby and Me, the two most important factors causing the young women stress were relationships with boyfriend/family followed by money.

The health field provides a key example of how reducing and preventing poverty in the first place is more cost-effective than paying for its consequences. It has been estimated that each dollar spent on the prevention of adolescent pregnancy would result in ten dollars saved.

Equally important to prevention is providing the most appropriate service or support. A project at McMaster University studied the effects of direct services on 765 single-mother families and 1,300 children who had been on welfare for four years<sup>5</sup>. The study provided a variety of direct services that are commonly used by families in this situation:

- Subsidized daycare
- Recreation services for the children
- Public health nurses for the mothers
- Employment training for the mothers, or
- A combination of all four types of services.

The study then tracked the health status, health care and social services expenditures and welfare status of the families. After two years, the researchers found that the depression rates of the mothers dropped from 45% to 20%. The social adjustment scores of mothers improved. Individuals moved off income assistance. There was reduced use of physicians, other professionals and the child protection system. **Just providing childcare and recreation services** – even without the combination of other services – proved the most effective and the most cost-effective<sup>6</sup>.

Canada depends on both mothers and fathers entering the workforce and on children growing up to be future productive workers, in order to remain economically competitive..... for every dollar invested in child care there is a two dollar return.  
University of Toronto Economists,  
Gordon Cleveland & Michael  
Krashinsky

<sup>5</sup> National Council of Welfare, (2004), The Cost of Poverty (Winter 2001-02). Ottawa, ON: National Council of Welfare.

[http://www.ncwcnbes.net/htmldocument/reportcostpoverty/Costpoverty\\_e.htm](http://www.ncwcnbes.net/htmldocument/reportcostpoverty/Costpoverty_e.htm)

<sup>6</sup> Browne G., Roulston J., Ewart B., Schuster M., Edward H. J., and Boily L. (2001). Investments in Comprehensive Programming: Services for Children and Single-Parent Mothers on Welfare Pay for Themselves within One Year. *In Our Children's Future: Child Care Policy in Canada*, Chapter 21, University of Toronto Press Inc.

## **5. MOMENTUM FOR CHANGE: STRENGTHS OF OUR COMMUNITY**

Saint John has a reputation for being a very caring community and, equally as important, a community that works together to enhance the quality of life of its citizens.

### ***Comprehensive Focus***

In 2000, BCAPI commissioned Deloitte to undertake a Poverty Study for Saint John. The Study revealed that the majority of people living in poverty in Saint John were single parents and their children. It recommended that BCAPI focus on breaking the poverty cycle and improve opportunities for children, teens, pregnant and parenting teens and young single parent families living in poverty. In 2004, together with other partners, BCAPI was successful in championing an increase in the childcare rate for teen parents to \$25/day for licensed childcare facilities from FCS.

### ***Support***

Under the leadership of a family physician, the GSJTPC initiated the establishment of First Steps, a safe and supportive transitional home for homeless pregnant and/or parenting young women. BCAPI and others joined the intensive community effort to make First Steps a reality and champion its continuing sustainability.

### ***Prevention***

The Greater Saint John Teen Pregnancy Committee (GSJTPC) is a coalition that includes representatives from Public Health, Daycares, School District 8, Atlantic Health Sciences Corporation, First Steps, Family Resource Centre, Family Physicians, The Resource Centre for Youth and Greater Saint John Community Foundation. Started in the mid-90's, its goals are to: prevent teen pregnancy; educate teens and the community about the issues; and support pregnant teens, young moms and their babies.

The GSJTPC has fostered a momentum to better understand and promote ways to prevent teen pregnancy. Preventative programs were established as a result. Baby Think It Over is a program for middle and high school students to experience the challenge of caring for dolls simulated to exhibit real life characteristics. This program costs between \$7,500 and \$10,000 a year to operate, covering the costs of a part-time coordinator and repairs to the dolls. Roses, Rubbers and Rainbows is a series of three “straight talk” workshops for high school students on Relationships, Safe Sex and Homosexuality. The

overwhelming demand from schools for this program has surpassed the allocated resources of the Resource Centre for Youth.

## **6. SUPPORTS FOR PREGNANT AND PARENTING YOUNG PARENTS**

There is a rich array of supports for pregnant teens and young single mothers, but connections can be missed because of lack of knowledge of existing resources, the overlapping requirements for assessments, referral processes, and waiting periods, all of which can result in the young mother losing connections to needed supports. Ultimately, it is the young mother who is called upon to coordinate the services, placing an impossible task in front of her.

### ***Pregnant Teens***

A number of government departments and community agencies are involved with pregnant young moms. The list includes:

- Guidance counselors and teachers
- Sexual Health Nurses from Public Health
- Public Health Nurses and Nutritionist under the Early Childhood Initiative
- Obstetrics Pre-Assessment at Saint John Regional Hospital
- Family Medicine Pre-Natal Clinic at St. Joseph's Hospital
- Family Physicians
- VON Healthy Baby and Me pre-natal class
- Pre-natal benefits at Family & Community Services
- First Steps
- Family and Community Services - Social Services
- Family and Community Services - Income Assistance

**Healthy Baby and Me** is an eight-week pre-natal program of the VON, for pregnant women under 24. On average around 64 pregnant moms participate annually. They are encouraged to bring a significant other, whether a friend, mother, or partner. Individuals are self-referred or referred by doctors, schools, hospital pre-natal screening, and Public Health nurses. Assistance with transportation and food supplements (eggs and juice/fruit) is available through funding from the GSJ Community Foundation. A minimum of three

participants are required to run a program although the numbers are usually larger.

Healthy Baby and Me usually is offered at the Family Resource Centre, which promotes an awareness of their services as well. Programs can also be offered at a school during the noon hour; a program recently started May 1<sup>st</sup> at Simonds High School. The noon hour time period can be difficult for pregnant mothers, conflicting with time spent with friends. Healthy Baby and Me is also offered in the evenings or afternoons, and on a continuous basis throughout the year. The Marco Polo Quilters Guild generously provides a quilt for each expectant mother.

Healthy Baby and Me is a 10 week pre-natal program offered at the Family Resource Centre for women and a significant other – parent, friend, or partner. The girls love the information and support they get from each other.  
Family Resource Centre

The **pre-natal program at the Regional Hospital** is a six week program, open to all ages. A shortened one day session, on a Saturday, is offered for individuals who are unable to attend the weekly sessions. The Regional Hospital often refers pregnant young women to the Healthy Baby and Me program.

Young pregnant mothers are considered a high priority under the **Early Childhood Initiative (ECI)** due to their age, income and educational levels<sup>7</sup>. Pregnant mothers are referred to the ECI program through different sources such as guidance counselors, Sexual Health Nurses (through high schools or the Sexual Health Centre), family doctors, VON, or are self referred.

The ECI coordinator assesses the individual, by phone or in person, for referral to a nutritionist who provides counseling and coupons for milk and vitamins, and/or to a Public Health Nurse (PHN) who provides teaching about healthy pregnancy, growth and development, infant care and referrals to community resources such as the VON Healthy Baby and Me pre-natal program. A nutritionist is available to see all pregnant teens (actually all pregnant women) whereas the PHN only sees the young mothers under 20 who are pregnant for the first time or pregnant for the second time but who have never delivered or parented a baby. Visits can occur in the office, home or in a community location. Depending on the demand an individual may be placed on a waiting

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<sup>7</sup> The Early Childhood Initiative program combines the services of Public Health, Family and Community Services and Mental Health Services.

list after assessment for anywhere from a week to a month. Participation in the ECI program is voluntary, unless ordered through Family Court.

Pregnant mothers of all ages can qualify for the **prenatal benefit program from FCS (Income Assistance)** receiving up to \$81.44 a month for a maximum of 6 months, based on an income level under \$29,000. This benefit is separate from the ECI program but anyone who qualifies for ECI benefits (coupons for milk and vitamins) also qualifies for the prenatal benefit from FCS.

**A case manager from FCS** works with pregnant and parenting teens who qualify for income assistance. Career and support services are also provided, usually until the age of 18, when the individual is then referred to another case manager for similar services. It is difficult for a young mom to then start again with a new case manager; lack of continuity and building trust again are added stresses to their challenges.

### **Young Parents**

All mothers of newborns are offered the **Public Health** Priority Assessment by a Public Health Nurse at the hospital or called at home if they are discharged prior to the PHN's hospital visit. This is a universal assessment and determines if the baby/family qualifies for the ECI program (nursing visits and/or the supplement program).

Mothers under 20 years of age, especially a first time mom, are a priority for followup by the ECI program and again this is voluntary. Under the ECI, nurses do an assessment of how the baby is growing and progressing, provide one on one teaching and support to a young mom in the caring of their child. Public Health Nurses identified the need for their own role to be broadened to include group work with young moms.

Children, two years of age and older, with special needs (developmental, family interaction or congenital) can be referred by PHN to community resources such as integrated daycare services. When assessed as necessary for a child's development, referrals are made to a licensed daycare can include a support person or assistance with transportation. Financial support for the daycare and other supports will depend on the income of the parent (s).

Public Health is also the gateway for referrals to **Early Intervention Saint John**, a community organization contracted by FCS through their Early

Childhood Services Division. Early Intervention Saint John provides different services including individual support in the home, providing parent education and coaching in the developmental support of the children.

Early Intervention Saint John also offers a nurturing group program, Heart to Heart, involving young parents and their children. It originally started in response to their waiting list for individual services. Its purpose is to enhance parenting capacity and strengthen the attachment process with the mother and child. They also offer the program to young moms still in school, which can then be counted as a credit in their academic studies. This has been the experience of young moms at Woodlawn School and also at First Steps. Guidance staff at Harbourview High are interested in this program being offered for their students in the fall.

Maintaining funding for Heart to Heart programs is a challenge; it costs approximately \$15,000 to offer three programs in a year. This covers staff leading the group as well as childcare staff and other costs. Unfortunately the future of this program is uncertain after July 2006. It will continue to be contracted to offer the program for families mandated to attend by FCS; but would not be accessible to others in the community.

The **Family Resource Centre** (FRC) offers a number of programs for young families with children under six years of age including a drop in centre. The Young Moms program runs for ten weeks, three hours per week and childcare is provided on site by the FRC. The program covers information, community resources, parenting and “just” having fun. Mothers find their own way to the Centre and transportation through taxis is provided for going home. The mothers look forward to coming and there is currently a waiting list as the number of parents is related to the number of children they can accommodate in terms of space and staff resources.

Family Resource Centre also offers Moms +22, a followup program to the Young Moms. This program was recently started in response to requests from young mothers for another kind of program. Its focus is to help moms set goals for themselves and their families. Guest speakers provide information on different services in the community. A ‘Barriers to Employment Success Inventory’ is completed to assist moms in preparing for some of the challenges in going back to school or employment, such as planning for childcare,

Having someone interested in what is happening in your life is so important.  
Family Resource Centre  
Young Moms Group

transportation, finances, and personal development. It is an eight week program, one evening a week, with on site childcare and a light supper.

The **VON offers Rock N Talk**, an eight week, two hours a week, support group for young mothers and their babies; transportation and childcare is also provided if needed. The program is held approximately twice a year, in the afternoons and topics include self esteem, growth and development, feeding and information on fetal alcohol spectrum. Rock N Talk is offered at the Family Resource Centre, but can occur at other locations, including schools.

**Baby F&ST** was offered in 2004, with 8 families of teen mothers participating. This included the teen mom and her baby, as well as the mother, father and any siblings of the teen mom. Family Plus and the Atlantic Health Sciences Corporation sponsored the eight week program, which was coordinated by an implementation team of seven community partners. The intent of the program was to build and strengthen relationships between young moms and their own family as well as equip the moms with some essential skills for giving their babies the very best start in life.

The implementation team of Baby F&ST worked with the families each week to ensure attendance, facilitate the weekly activities and provide follow up. Outcomes included: strengthened bonds between teen moms, their babies and their own mothers; great exposure for families that traditionally feel alienated by social and community support systems; and linkage for participants with the most appropriate agencies for ongoing support. The total cost of the program was \$14,000, which included food, transportation, supplies, coordinator's time and costs associated with other resource people. Baby F&ST is one of the national F&ST programs managed by Family Service Canada.

Service providers find that most mothers welcome support and guidance and resistance is experienced most often when a crisis occurs, often due to housing issues, new relationships that are not supportive, domestic violence or addictions. A number of service providers expressed concern about the use of drugs among pregnant and parenting young moms. There is no concrete data and while some wondered whether there was more substance abuse or just more awareness in recognizing the symptoms, other agencies were adamant in describing the use of drugs as a serious issue that has grown significantly in our community. This is clearly an area that needs further understanding and attention.

### ***Need for Mentoring Supports***

Young moms vary in their family, financial and support networks; some young moms have supportive relationships with their own families and others are on their own. Most agencies expressed concern with the level of isolation experienced by young moms, particularly individuals who are not involved in any programs, but also those who complete a program with no next step.

The need for mentoring supports for young moms, to break their isolation and to provide guidance and support in numerous different ways, was also a concern for young moms especially after they leave a program. Currently, there are two small mentoring programs for youth through Fusion Saint John and First Steps.

Fusion Saint John, a group of youth professionals, started a mentoring program in the fall of 2005 for youth who had completed high school and were interested in assistance in planning for their next steps. Currently five trained volunteers are working with youth, one of whom is a single parent. First Steps has six young moms in their apartment program who are matched up with volunteer trained mentors, depending on the number of hours they can commit, the number of hours a young mom might need, and matching of personalities.

During the project a partnership of Early Intervention Saint John, First Steps, Family Resource Centre, and Vibrant Communities Saint John developed to explore the idea of establishing a mentoring program, shared among the three service agencies.

### ***Transportation***

**Transportation needs to be more affordable and user friendly for young moms.** Young moms in focus groups raised many concerns with the adverse reaction they receive from bus drivers and taxis. While there is a policy of free bus rides for children under 5, if a young mom has two children under 5, **she must pay for one of them.** There is reluctance from some drivers to have strollers on the bus. Taxis are not considered to be child friendly, hesitating to provide proper car seats etc.

Young moms, community organizations and government departments have all expressed concerns with the difficulties in transporting young children by bus to and from childcare, particularly in the winter months.

### ***Income and financial supports***

Not everyone is aware of the level of support a single parent receives on income assistance. As previously indicated the Department of Family and Community Services provides the prenatal benefit program of up to \$81.44/month for a maximum of six months to any pregnant woman who has an income of under \$29,000.

Funding for licensed daycare supports at **\$25/day** is available for young moms attending a high school level educational program such as regular high schools, Community Adult Learning Programs (formerly known as CASPS), GED (high school equivalency), and academic upgrading. If relying on a private babysitter, the mother is reimbursed **\$2/hour** for the first child.

While a single parent can continue to receive income assistance if attending post-secondary training, only in special circumstances can they receive supports for childcare and transportation costs, but instead must cover their costs through a student loan.

A single parent living on her own with one child one child generally receives \$762/month from income assistance, plus the child tax benefit of approximately \$280/month. Other supports such as childcare and transportation are separate. A single parent with one child who is living at her parents' home (despite income level of the parents) can receive \$190/month from income assistance plus child tax benefit. Other supports such as childcare can be provided, if appropriate.

### ***Fragility of Services***

Identifying the resources in the community brings us face to face with the fragility or sustainability of services that support pregnant and parenting young mothers as well as the fragility of prevention programs aimed at pre-adolescents and teens in school. For example, the Family Resource Centre closes for the summer due to funding challenges. Moms +22, Heart to Heart Program, and Baby Think It Over are some of the services facing financial challenges. Thus, while the momentum of support can be very powerful, it is also very fragile.

While the momentum of supporting pregnant and parenting young mothers can be very powerful, it is also very fragile.

## 7. ILLUSTRATION OF COMPREHENSIVE SUPPORTS

A network of comprehensive supports circle young women involved with First Steps. First Steps itself provide services, but they also connect pregnant and parenting young mothers to a network of community and government services and at the same time connects these services to the young women. Their role can be likened to that of a holding a ladder and making sure the rungs are there and are strong. As the young mothers move up the ladder, their progress is tracked and supported when necessary.

First Steps is a place to understand what services through the residence and in the community work for young mothers and to learn what is missing. The following illustrates key elements of a comprehensive support network led by First Steps – offering guidance, promoting education, and connecting with others together to address gaps and policies – all of which assist residents in their move to independence.

### Offering Guidance

- First Steps provides shelter and support for homeless pregnant and parenting young women. They provide life-skills and parenting training, and opportunities for formal education until young mothers are confident to live on their own with their child (ren).
- Pregnant mothers are referred to Healthy Baby and Me for their eight-week pre-natal program.
- Young mothers at First Steps participated in a Heart to Heart program offered by Early Intervention Saint John. In this program Mothers and babies come together for weekly sessions in a **nurturing program** to respond to the needs of their children and develop healthy relationships with them. Early Intervention reports that attendance was excellent and there were positive changes in the attitudes and comfort levels of the mothers.
- A number of mothers attend the Young Moms and other programs at the Family Resource Centre
- One of the young mothers was referred to a 6 week intensive **self-esteem** course and successfully completed with excellent attendance.
- Non-profit **affordable housing** has been made available to residents ready to leave First Steps. The program, entitled First Steps Apartment Program, is a partnership with Housing Alternatives and Saint John Non Profit Housing which means a number of women can live safely and affordably with their children in quality housing.

- Young mothers moving to the First Steps Apartment Program are matched up with a **mentor** to support them being on their own.
- Young mothers are assisted in finding childcare.

### Promoting Education

- The community of Saint John **celebrated** the first high school graduate from First Steps in June 2005. Initiatives are in place to help gather the financial supports for post-secondary training.
- Since 2005, First Steps and BCAPI have been working with School District 8 and the New Brunswick Department of Post Secondary Education and Training to develop and pilot an **alternative high school** classroom for pregnant and parenting young women at First Steps. The goal is to enable young women to finish their high school in a supportive, flexible and low-stress environment. On February 13<sup>th</sup>, 2006, the Alternative School began with seven women.
- One of the women leaving First Steps is attending the Saint John Learning Exchange to obtain her **GED**. First Steps and Public Health helped her find childcare. Her child is in a licensed **daycare**, paid by FCS. She lives in the First Steps Apartment Program, and she is determined to go on to post-secondary education. She is also serving as a **peer mentor** at the Family Resource Centre.
- The Margaret-Ann Blaney Bursary was announced by First Steps in the fall of 2005 to help young women continue their education. It was established in recognition of a local member of the Legislature who has been a true champion for the residents of First Steps.

There are seven in school as of today. All of them very excited. (Referring to the opening of the Alternative School at First Steps)  
 Day care is an issue. We are in need of someone to do child care for a 10 month old and a three month old. Right now the children are going to school too and this is not the best situation.  
 Sharon Amirault, Executive Director, First Steps

### Connecting Together to Address Gaps and Policies

- Meetings have been held between First Steps and FCS to **clarify policies** regarding daycare supports for women going to high school or post secondary education, including daycare coverage for full days, when attending high school level programs for four hours a day.
- A partnership of BCAPI, First Steps and Family and Community Services is working to **address the shortage of daycare** options, particularly for children under two.
- A partnership of First Steps, Family Resource Centre and Vibrant Communities Saint John is working on involving other agencies to pilot a mentoring program to support young mothers in our community.

- A partnership of First Steps, BCAPI, and political leaders has led to more secure and sustainable funding for First Steps.

A network of supports can make the difference in assisting young women and their children in their journey out of poverty. The **supports** available to women involved with First Steps are evident. Equally important are the **connections** made with other services in the community, providing for a continuum of care.

The more that we know, the more we realize what further supports are needed in our community for young mothers and their children. The experience of First Steps illustrates that improvements need to be championed to ensure that comprehensive supports are available. Securing additional needed supports requires community and political will, a process which takes time, commitment and dialogue.

## 8. MEETING THE NEEDS OF YOUNG MOTHERS IN HIGH SCHOOL

Encouraging youth to stay in school is a challenge for schools and our community. Supporting pregnant and parenting young mothers to complete school and consider possible career options affects two generations of students as children often follow the example of their parents. A range of options for high school completion and a range of supports responding to the needs of both mother and child are paramount.

Continuing education, that is completing high school as a minimum, and procuring quality infant daycare are huge challenges for pregnant and parenting teens.  
Pat McGill, Chair of Greater Saint John Teen Pregnancy Committee

### *Options*

Different options exist to assist youth and in this situation pregnant and parenting teens in completing their high school. Besides the four regular high schools, there is the Alternative School at First Steps currently operating on a pilot basis; Woodlawn Alternative School for students struggling with the regular school system; a transitional program offered by the John Howard Society; and Youth Choices which offers an empowerment program with an educational component. The regular school system offers a tutor centre to assist on a part-time basis for short periods of time; and tutorial assistance/visiting teacher for special situations.

If a student is unable to remain in high school and decides to return later, a variety of options are available, depending on her level of academic achievement. There are basic education programs, GED (equivalent to a high school diploma) programs and Academic Upgrading (for individuals operating at a grade 11 level). GED is often not sufficient for entrance into post secondary training programs and other courses may be necessary, requiring the young mother to attend the Upgrading program.

Most young pregnant women don't have high school and don't see it as a future. They have grown up in poverty and think that this is their future.  
Public Health Nurse

### ***Maximizing Resources and Simplifying Processes***

A local partnership between Early Intervention and Woodlawn resulted in an eight week Heart to Heart program (one half day per week) for mothers and their babies. This program was considered as a partial credit towards a Child Care Study program and transportation was provided by the school board. The mothers never missed a session and the school observed improved attitudes and school performance from the young mothers.

The example above combined a parenting program and academic course, but there were challenges with both funding and the referral process. Initially, funding came from FCS and individuals had to be referred through Public Health under the ECI which involved an assessment, referral and discharge process, cumbersome for all involved. Funding was discontinued by FCS but the agency was able to access funding from Communities Raising Children (Early Childhood Development Coalition in Saint John). This simplified the referral process, meaning that an individual or an organization could refer directly to Early Intervention.

Schools find that referrals to other agencies can often be frustrating. For example, it is difficult to access immediate help for a student in a crisis situation. A referral to Mental Health Services needs the permission of parents before the referral can be made and with the backlog of a waiting list, it could be several weeks before the student is seen by a mental health counsellor. When an individual is unable to continue living at home and applies for income assistance, it is difficult to avoid missing school for appointments.

The presence of Sexual Health Nurses in the high schools is a very welcomed resource by both staff and students. Sexual health education is provided to grades nine and ten and others are welcome to drop in to the office. The Sexual Health Nurse is usually in the schools for a half- day every week or every two weeks, depending on the school.

### ***Supports in the Schools***

The resources in schools are stretched as evidenced in one high school with two guidance counselors and 1,300 students. There is a desire in the schools to understand the responsibilities facing a young mom and the need for flexibility in attendance and assignments. For example a student in grade 12 could attend part-time, but only in special circumstances in the earlier grades. Transportation can be an issue, although perhaps a simple suggestion such as a pregnant and parenting teen having a bus pass that does not restrict the hours of use (not allowed to use in the morning after nine o'clock) could help add to the flexibility that is needed.

One of the focus groups involved pregnant and parenting young mothers still in school. What was common to almost all individuals was the support from their family to remain in school, which is not universal to all young women. Those who can rely on their parents for childcare are able to get to classes more easily; this arrangement has its own challenges as sometimes the child becomes more attached to the grandmother. Nevertheless, these young mothers experience challenges shared by other teens such as peer attitudes, relationship issues, homework in addition to childcare demands and all the other pressures related to their new responsibilities.

### ***Turning Points: A Best Practice***

Turning Points, a community agency in Moncton, provides support groups for young mothers for one period a week in each of the eight high schools. The sessions are based on the expressed interests of the mothers, covering topics such as healthy relationships and budgeting. The mothers feel less isolated through these regular supportive sessions. Turning Points also offers a daycare for mothers who are in the regular high school system, together with transportation to and from the daycare and school, with some assistance from the local school board. Currently the daycare has 30 children, nine of whom are under 15 months of age.

### ***Balancing Parenthood and High School Completion***

Some of the agencies expressed concern about balancing the needs of young mothers to develop nurturing relationships with their young children versus the urgency of continuing the mother's education. The literature offers very clear evidence that the longer a mother is out of school, the harder it is to go back and the strong correlation between high school completion and moving out of poverty. However, it is paramount to break the isolation for young mothers

who are in school, to promote the different options to assist with high school completion and to also connect them to resources in the community.

### ***Priority or Not?***

Pregnant and parenting youth are a high priority for the Province's Early Childhood Initiative, but not in the school system. In the schools, youth-at-risk, receiving income assistance, are discussed on a bi-weekly basis by representatives from Probation, John Howard Society, the Youth-At-Risk supervisor from School District 8, social worker for youth and case manager, both from FCS. While pregnant and parenting youth are clearly a subset of youth-at-risk they are not identified as a group requiring special attention. In addition, each high school has a School Based Services Team, usually consisting of a guidance counsellor, resource teacher, teacher(s), vice-principal and others appropriate to the situation. Its role is to meet on a regular basis to discuss and develop plans of action for students experiencing difficulties. One of the members of the team directs the plan and follows up. One of these initiatives could include pregnant and parenting teens in their mandate, ensuring that the young mother is linked to the appropriate resources within the school and in the community, and with a followup component.

## **9. ESTABLISHMENT OF AN ALTERNATIVE SCHOOL FOR YOUNG MOTHERS**

The strong correlation between a young mother's ability to move out of poverty and their level of education prompted the BCAPI to explore ways to enable young mothers to complete their high school. Many pregnant and parenting young mothers experience significant challenges within the regular school system and need a program that offers a small student/teacher ratio, independent study, childcare options for the children, transportation assistance and a supportive environment that understands the demands of parenting and school. BCAPI led a partnership of business leaders, First Steps and the Greater Saint John Teen Pregnancy to examine the need of young mothers dropping out of school and best practices.

This project facilitated the development of a business plan and the recruitment of partners to pilot an alternative high school at the First Steps residence. Meetings took place with different government departments at both the local and provincial levels, and the management committee overseeing the project,

all of which resulted in a pilot alternative school opening its doors for seven young moms at First Steps in February 2006.

School District 8 provided computers, hired the teacher and ensured that students could graduate with a high school diploma, associated with one of the high schools. Funding for the teacher was received from J.D. Irving and the provincial department of Post Secondary Education and Training.

Another related and significant challenge to overcome was meeting the childcare needs of mothers going to school. Currently there are openings in licensed centres in Saint John for children under 15 months of age, so First Steps has agreed to apply to government to become a community daycare home. Licensed by FCS, a community daycare home is a small business, where an individual can operate a daycare facility in their residence. There are guidelines for the number of children allowed, based on their ages. This meant that First Steps could hire an individual to look after the children of three young mothers who were unable to access childcare.

At the time of writing of this report, the first semester of the pilot school was nearing completion and it was expected that six of the seven students would successfully complete their semester and one would graduate. BCAPI, First Steps and the management committee will undertake an evaluation of the pilot project and plan the steps for sustainability and growth of the Alternative School.

## **10. ACCESSING EARLY LEARNING AND CHILDCARE**

The cost, flexibility and accessibility of quality childcare, the absence of infant childcare, and the confusion over the criteria for childcare subsidy entitlement are serious impediments to comprehensive early learning and childcare supports in the Saint John community.

The lack of childcare supports for children under two years of age is a crisis situation, as evidenced by

A local daycare operator reported a waiting list of between 40 and 50 children under two years of age. The weekly cost is \$150 per week, higher than what Family & Community Services will cover at \$125/week.

the experience of the Alternative School with First Steps and other schools and community programs. Only six daycare centres in Saint John take children under 15 months, and for a total of 39 spaces<sup>8</sup>.

In 2006, \$25/day is the current rate for any parent on income assistance attending basic education programs up to high school completion. However **the rates of daycares who take children under 15 months are between \$140 and \$150/week, as compared to \$125/week that FCS covers. Babysitters are reimbursed at \$2/hour (\$16 for an eight hour day) by FCS, while actual private babysitter rates range between \$20 and \$40 per day.** Alternative Child Care support is available (\$18.75/day) from FCS but only for parent(s) who are not receiving income assistance and whose income is below a certain level (less than the maximum level as per the Day Care Contribution Schedule). The Alternative Child Care program assists parents who do not have reasonable access to a licensed day care facility, either because of distance, hours of operation or availability of space.

BCAPI, First Steps and members of the Early Childhood Coalition are exploring with FCS other models to meet the immediate needs of families. One option is to establish home-based licensed child care centres, referred to as Community Child Care Homes, of which Saint John has two. Although there are licensed by FCS, there are no requirements for training; an added and important feature could be a training component which ensures quality play-based learning and care and ongoing support.

We need small home-based childcare solutions around each high school. Guidance Counselor

Saint John also has a number of private sitters, arranged by the parent and who are not subjected to any specific standards.

Best practices across the country reinforce the success of daycare centres located in the high schools, with spaces available to students, teachers, and members of the community. A partnership with School District 8, BCIPI, and YMCA-YWCA, established a daycare centre in an elementary school for teen mothers in 2001 with 14 spaces. The daycare was unsuccessful for a number of reasons, in particular the costs of running a small daycare centre, inability to take other children from the community, and the transportation challenges for young mothers from home to daycare to school and back again.

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<sup>8</sup> One of the daycares, the Garderie Au Bourgeonnet which has six spaces for children under 15 months, requires that at least one parent is bilingual.

Currently under the leadership of BCAPI, a “demonstration model” Parent and Early Childhood Learning and Care Centre has been proposed to the New Brunswick Department of Family and Community. It would serve as a model for the province, emphasizing quality early childhood development for families in high poverty neighbourhoods.

The Parent and Early Childhood Learning and Care Centre would have four key components:

- Parent program (information, education, and recreation)
- Early childhood education program (play based learning)
- Child care program (universal with extended hours and new provincial early learning and care curriculum)
- Centre of excellence in early childhood development (training for parents, operators of family childcare centres, and childcare workers and would provide opportunities to attract research dollars)

Quality and affordable childcare is integral to removing the traps that keep individuals living in poverty. At the provincial and national levels solutions are being identified without any clear link to local situations and challenges.

### ***Preparing Young Mothers***

Young mothers need preparation and guidance in identifying the best childcare option for themselves and their child. Focus groups with young mothers showed a high level of concern with where to leave their children. Some expressed concern with negative stories they have heard of day cares, others were hesitant to leave their children in a private situation with someone they didn't know. A pregnant mother, in the early stages of her pregnancy, just assumed that she would be able to place her child in a daycare. Additionally schools and other agencies spoke of the lack of backup plans when the child or babysitter is sick. These concerns suggest the value in a short orientation program for young mothers to better understand options and back up supports.

## 11. CONCLUSION

This initiative, funded by the Public Health Agency of Canada, has accomplished two main purposes. The first was to strengthen the work of existing efforts to better support pregnant and parenting young women. The second was to start new initiatives, thereby enlarging the number of individuals and organizations with a vested interest in bringing about changes to supports for pregnant and parenting young women.

The fact that there is something being done to help young moms get through school and help them so they don't have to worry about poverty just makes me want to push on and stay in school and get to where I would like to be.  
*Young Mother*

The overall goal was to build a stronger community momentum with a specific action plan. The different components of the project – literature review, discussion paper, dialogues, working committees - have enabled the community to agree on five key priorities and provided individuals and organizations who will champion needed changes. The action plan is contained in the report, [Influencing Healthy Public Policy for Pregnant and Parenting Young Women: Final Report](#) which can be accessed on the website of Vibrant Communities Canada at <http://tamarackcommunity.ca/g2s28.html#keydocs>.

There is an urgency for action in our community. The increasing trend of births to teen mothers is worrisome despite a decrease in the past year. Furthermore, there are limited opportunities to access childcare and other resources to complete high school, the first step in the journey to avoid a life of poverty.

The Saint John community has committed to champion the following **five key priorities to better support pregnant and parenting young women:**

- Quality and affordable childcare supports: *availability of quality and affordable childcare is blocking young parents from continuing their education*
- Opportunities to complete high school: *High school completion is hindered by isolation from supportive environments, misunderstanding of academic options and lack of childcare*
- Mentoring supports for young mothers: *Mentors can address isolation of young mothers and their children*
- Information tool for service providers and young mothers: *It is difficult for pregnant and parenting young mothers to understand the scope and depth of available services in our community*

- Enhancing prevention initiatives: *While teen pregnancy is increasing in Saint John, prevention efforts are hampered by lack of resources*

Young mothers experienced immediate benefits during the project through:

- establishment of the pilot Alternative School for Young Mothers at First Steps and the continued momentum for its sustainability;
- increase in childcare options for three young mothers, through the application of First Steps to be a Community Day Care Home;
- support from the Greater Saint John Community Foundation to pilot a joint mentoring initiative;
- many partnerships formed to address specific priorities and
- increased momentum to better understand and support pregnant and parenting young mothers.

With assistance from the Public Health Agency of Canada, our community has been able to better define and articulate the challenges and commit to an action plan to increase the likelihood that pregnant and parenting young mothers and their children will avoid a life of poverty.

## **APPENDIX A: INTERVIEWEES**

Atlantic Health Sciences Corporation

Early Intervention

Family and Community Services – Income Assistance

Family and Community Services – Social Services

Family Resource Centre

First Steps

Pregnant and Parenting Young Mothers (focus groups)

- Family Resource Centre
- Youth Choices
- Harbourview High
- Simonds High School

Public Health Nurses

School District 8

- Co-op Education
- Guidance Counsellors
- Principal
- Head of Guidance

Sexual Health Nurses

Turning Points (Moncton)

VON Healthy Baby and Me

YMCA-YWCA Childcare Centre

## APPENDIX B: QUESTIONNAIRE FOR SERVICE PROVIDERS

### *Guide for interviews with Service Providers*

1. Name:  
Organization:  
Contact information:
  
2. What kinds of supports does Family Resource Centre provide to pregnant teens and young single mothers? Are specific staff working with this group of individuals? Your role?
  
3. How many pregnant and parenting teens and young single mothers are you working with?
  
4. What kinds of concerns are pregnant teens and young single mothers dealing with? What are their most serious concerns? What are yours?
  
5. What does your organization consider works best in supporting pregnant teens and young single parents? What are the challenges?
  
6. When a pregnant teen or young single mother is coming to your program or to see you, do you find that they stop coming? Do you know why? Is there any followup and if so how? If not, why not?
  
7. What other kinds of supports are available in the community for pregnant teens and young single mothers? E.g. family, specific agencies, teachers, daycares, financial? Are these supports being utilized by pregnant teens and young single mothers? Is there a coordinated response to working with this target group?
  
8. Are you seeing any differences in the way our community is supporting pregnant teens and young single mothers? Are you seeing any trends in issues facing pregnant teens and young single mothers?
  
9. What is needed to address some of the challenges facing pregnant teens and young single parents? Specific policies and/or Specific programs
  
10. If Family Resource Centre had additional resources how would you address some of the challenges facing pregnant teens and young single mothers?
  
11. How could our community promote needed changes? Would it be useful to bring young parents, agencies, government and others together to discuss ways to remove some of the key challenges? For what purpose?
  
12. Do you have any other comments? Thank you.

## APPENDIX C: QUESTIONS FOR PREGNANT AND PARENTING TEENS

### Focus Group with Pregnant and Parenting Teens at Simonds High

The community of Saint John is working to improve the way we support pregnant teens and young single mothers. Vibrant Communities Saint John is a community agency working to reduce poverty. One of their staff, Cathy Wright, wants to meet with young single moms to discuss some of their key challenges and suggestions for improvement.

Here are the questions that she would like to discuss with you:

**Changes:** How has your life started to change?

**Options:** Was there someone that you could talk to about your different options?

**Supports:** Who can you count on when you need help? What is available?

**Education:** How important is school to you right now?

**Childcare:** Will it be difficult to find someone to look after your child?

**Housing:** Do you have any concerns with where you are living now or will be living?

**Income:** How will your income change? Will it cover all your costs?

**Future:** What do you want your life to be like in 2 years? What will help?

**Community:** How do you think our community can best help you?

**And:** Do you have other comments and suggestions?

## **APPENDIX D: REFERENCE DOCUMENTS**

**Canada's One-Parent Families – Causes, Consequences, and Remedies,**  
Vanier Institute of the Family, Anne-Marie Ambert, Ottawa, 2006,  
[http://www.vifamily.ca/newsroom/press\\_mar\\_04\\_06.html](http://www.vifamily.ca/newsroom/press_mar_04_06.html)

**Literature Review: Poverty, Homelessness and Teenage Pregnancy,**  
Evaluation Designs Ltd., Prepared for First Steps Housing Project, Inc., Saint  
John, 2006, <http://www.vibrantcommunities.ca> – go to Saint John section

**Poverty and Plenty: A Statistical Snapshot of the Quality of Life in Greater  
Saint John,** Vibrant Communities Saint John, Saint John, 2005

## Appendix E: Births to Teen Mothers in Region 2, AHSC

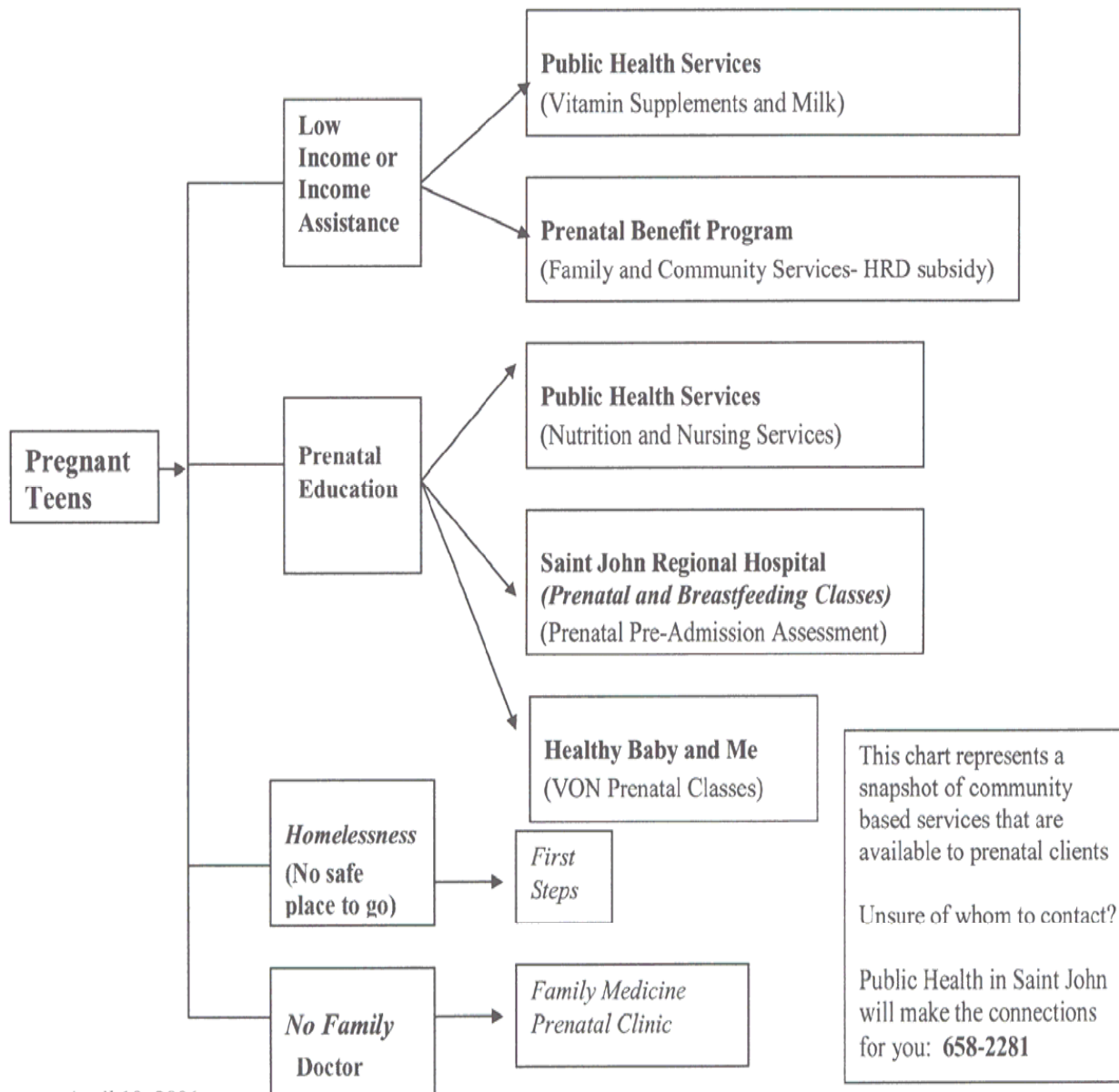
### BIRTHS TO TEENS

Age	92/93	93/94	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06
<b>13 Years</b>	0	0	0	0	0	0	0	1	0	0	0	0	0	0
<b>14 Years</b>	0	2	0	1	1	2	2	1	0	0	0	0	0	1
<b>15 Years</b>	11	10	5	5	6	5	8	3	2	6	1	3	5	3
<b>16 Years</b>	36	35	29	28	27	22	20	8	12	14	9	14	12	8
<b>17 Years</b>	60	46	57	60	39	36	32	29	17	18	31	28	11	20
<b>&lt; 18 Years Total</b>	<b>107</b>	<b>93</b>	<b>91</b>	<b>94</b>	<b>73</b>	<b>65</b>	<b>62</b>	<b>42</b>	<b>31</b>	<b>38</b>	<b>41</b>	<b>45</b>	<b>28</b>	<b>32</b>
<b>18 Years</b>	71	75	67	62	65	49	46	41	52	48	38	43	40	30
<b>19 Years</b>	74	98	90	71	66	72	60	57	53	48	55	50	52	43
<b>18/19 Years Total</b>	145	173	157	133	131	121	106	98	105	96	93	93	92	73
<b>Overall Teen Totals</b>	252	266	248	227	204	186	168	140	136	134	134	138	120	105
<b>Overall Births</b>	2393	2311	2233	2119	2106	1910	1900	1747	1759	1737	1707	1734	1620	1617
<b>% Teen Births</b>	10.5	11.5	11.1	10.7	9.7	9.7	8.8	8.0	7.7	7.7	7.9	8.0	7.4	6.5
<b>% Teen Births &lt; 18</b>	4.5	4.0	4.1	4.4	3.5	3.4	3.3	2.4	1.8	2.3	2.4	2.6	1.7	2.0

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## Appendix F: Flow Chart of Prenatal Services, Public Health

### Region 2 Prenatal Services in Our Community



#### Eligibility Criteria and Contact Numbers

**Public Health Services** – for prenatal women with any one of the following: failure to gain, age under 20 years, insufficient finances, underweight/overweight, prior to pregnancy, poor obstetrical history, multiple pregnancy.

Saint John: 658-2454      Sussex: 432-2003  
 St. George: 755-4022      St. Stephen: 466-7504  
 Grand Manan: 662-7024

**Prenatal Benefit Program** – funding for expectant women whose family income was less than \$29,000 last year, after taxes. Financial support begins at the 14<sup>th</sup> week of pregnancy and continues until the birth of the baby. Written verification of pregnancy and due date by the physician is required. Contact: 1-888-987-6789

**Healthy Baby and Me** - prenatal classes especially for expectant moms 24 years of age and under. No charge.

Saint John: 672-9647      Sussex: 433-6336  
 St. Stephen: 465-7940  
 St. George/Grand Manan: 755-8805

**Saint John Regional Hospital** - for any pregnant women. Prenatal pre-admission assessment, breastfeeding and prenatal classes. Saint John: 648-6378 or 648-6198

**First Steps** – a housing option for pregnant women between the ages of 16 and 29 who have no safe place to live (under 16 will be considered on an individual basis)

Saint John: **693-2229**

**Family Medicine Prenatal Clinic** – 632-5454 – for expectant women without family doctors.

**Community Information Centre** – For confidential and anonymous referrals to health, social, government and community services – 633-4636; 1-877-322-4636; <http://saintjohn.cioc.ca>

## Appendix G: Provincial Statistics on Teen Mothers

### Statistics Related to Births and Dropouts Among Teenagers

Note: The percentages are based on the number of births for every 100 female teenagers aged 15 to 19  
The base population of female teenagers is taken from the 2001 Census, so some of the percentages may be off due to demographic shifts between census collection

### Live Births to Teenagers 15-19, Source: Vital Statistics

2001 Census # of Females 15-19	Jurisdiction	2001	%	2002	%	2003	%	2004	%
2390	Kings	41	1.72%	38	1.59%	33	1.38%	26	1.09%
2410	Saint John	66	2.74%	72	2.99%	80	3.32%	83	3.44%
4030	Westmorland	48	1.19%	61	1.51%	58	1.44%	61	1.51%
3005	York	69	2.30%	52	1.73%	49	1.63%	48	1.60%
925	Charlotte	20	2.16%	22	2.38%	23	2.49%	18	1.95%
1755	Northumberland	49	2.79%	26	1.48%	25	1.42%	26	1.48%
0	6-County Total	293		271		268		262	
0.0%	6-County Total as a % of NB	57.3%		58.4%		58.6%		61.9%	
9.7%	SJ County Pop. as a % of NB	12.9%		15.5%		17.5%		19.6%	
24770	New Brunswick	511	2.06%	464	1.87%	457	1.84%	423	1.71%

When looking at the statistics above, we see that the percentage of NB female teenagers aged 15-19 living in the 6 counties named above is similar to the percentage of NB births to teenagers found in the 6 counties.

**When Saint John county is isolated, we find that while roughly 1 in 10 female teenagers aged 15-19 in NB live in Saint John, according to the 2004 vital statistics, 1 in 5 of the NB births to teenagers aged 15-19 occurred to a mother from Saint John County.**



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