



PROPOSAL

to

The MINISTER of FAMILY and COMMUNITY SERVICES

PROVINCE OF NEW BRUNSWICK

February 2006

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Saint John, New Brunswick

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Mission Statement

First Steps Housing Project Inc. in partnership with the community offers a supportive residential environment enabling pregnant, homeless youth and their babies to reach their full potential.

Core Values

1. Safe and Healthy Environment

- Healthy and safe living conditions
- Healthy lifestyle
- Access to health resources
- Free of violence

2. Self-sufficiency

- Self-esteem
- Belief in self and others
- Full potential
- Self-worth
- Independence

3. Community and Partnerships

- Values community
- Seeks and utilizes appropriate supports
- Resources
- Volunteers

4. Empowerment/Knowledge

- Access to information/resources
- Education
- Knowledge
- Learning opportunities
- Informed decision making

5. Social Justice/Acceptance

- Advocacy
- Non judgmental
- Rights
- Self-determination

6. Family and Supports

- Recognize importance of parenting
- Values parenting
- Values family and other supports

While it is heartening to see that the births to teens is declining in Region2, it is important to remember that for those teens who are pregnant and/or parenting, a comprehensive program of supports is crucial to postpone subsequent pregnancies and to maximize their own healthy development and that of their children. Continuing education [completing high school at a minimum] and procuring quality infant daycare are huge challenges for these young women. It is even more daunting for homeless teens in this situation. The 1st steps Program has made a huge difference in our community, providing shelter, support and hope for this homeless population and their young families. The Saint John community is very proud and supportive of 1st Steps and the leadership they have shown to address the issue of teen pregnancy both for our region and the rest of the province.

...Pat McGill, Administrative Director, Women and Children's health Program, AHSC and Chair, Greater Saint John Teen Pregnancy Committee

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1.0 PURPOSE FOR THIS PROPOSAL

The **First Steps Housing Project Inc.** (hereafter referred to as **First Steps**) in Saint John, New Brunswick is the only facility of its kind in the Atlantic Provinces whose focus is to provide a safe, secure and nurturing environment for homeless pregnant and parenting young women. The goal of **First Steps** is to support and mentor young, homeless adolescent parents toward a life of independent living and effective parenting. It is a “transition” home, albeit not in the manner of other transition homes in New Brunswick where length of stay is relatively short and where clients are not necessarily homeless. Instead, it is an establishment where homeless pregnant and parenting teens live for a period of time while receiving life-skills training, parenting experience and formal education until they are confident to live with their child(ren) on their own. The home offers elements that are otherwise missing in the lives of these homeless, adolescent mothers: socialization in a healthy environment, nurturing and support, and structure and discipline. As shown in the data presented later in this document, **First Steps** deals with the reality of young mothers’ lives. Most of the young women who come to its doors have been poorly nurtured and subjected to violence in the family home, in “trusting” relationships and on the streets. **First Steps** provides a safe haven for these unprotected young women.

The financial sustainability of **First Steps** is a concern for those involved in providing for this vulnerable population, and it is particularly a concern for children born to homeless mothers who, through birth circumstances, are potentially at risk to fail in life. With these concerns in mind and based on empirical evidence, the Board of **First Steps** is requesting that the Government of New Brunswick incorporate **First Steps** under the umbrella of the annual Transition House budget with the designation that **First Steps** is a “specialized transition home” serving **two** highly vulnerable populations in New Brunswick – homeless young women and their children.

2.0 BACKGROUND

2.1 Teen Pregnancy

Data provided in the 2001 Annual Report of Vital Statistics for New Brunswick showed that Health Region 2 (Regional Health Authority) which includes the City of Saint John,

had one of the highest rates of live births in New Brunswick in 2001 (23.1/1000) for young women aged 15-19¹. The provincial rate of live births for this cohort in the entire Province (i.e., not including abortions and stillbirths) was 20.0 /1000 live births during the same period.

For many years, the Greater Saint John Teen Pregnancy Committee and concerned groups and citizens of the City have worked tirelessly to reduce the rate of teen pregnancy through preventative measures and educational methods.² Although the rate of teen pregnancy, especially for teens less than 18 years, both in the City and the Province has declined from the earlier rates of the 1990s, the City of Saint John's rate still remains relatively high. The following information gives the most recent data for births to this cohort for all of Health Region 2, which includes the City of Saint John.

Health Region 2 Birth to Teens

	1996/97	2004/05
# Births Overall	2119	1620
# Births to Teens < 18 Years	94	28
# Births to Teens 18 & 19	133	92
Total # Births to Teens	227	120
% Of Teen Births to Total Births	10.7%	7.4%

Data source: Health Records, Atlantic Health Science Corporation (January 2006)

Teenage pregnancy has many attendant risks and consequences. The risks cross two generations simultaneously: that of the young mother and that of her child. For the mother, pregnancy at an early age may mean leaving home, dropping out of school, social isolation, poor health and little or no access to prenatal care. For the child, it may

¹ N. B. Vital Statistics 2001 Annual Report; 2001 Census, Statistics Canada

² <http://www.firststepshousing.com/>

mean low birth weight or premature birth³ with its associated impact on subsequent development, and other congenital conditions brought on by the mother's poor socio-economic condition and exposure, in some cases, to risky behaviours such as alcohol and drug abuse during pregnancy.

Children in these circumstances may be poorly nurtured due to the mother's inexperience to make appropriate decisions and high expectations of the child, and many will be 'scripted' to repeat the lives of their parents.⁴

Research shows that teen pregnancy may set the mother and her child on a trajectory that leads to a future life of poverty and long-term dependency.⁵ Young single mothers and their children make up the single largest group of persons living in poverty in Saint John.⁶ And, in fact, just over 60% of lone-parent families in Saint John live below the Statistics Canada Low Income Cut-Off (LICO), a measurement of low income and poverty line. In 1980 and again in 2000 this was the highest percentage when compared with other metropolitan areas in Canada.⁷

Poverty rather than maternal age at birth has been shown to be one of three major causes of the negative consequences of teen pregnancy, with race and ethnic background being two other important variables.⁸ Most young mothers are single parents and thus, do not have the economic support found in a two-parent family structure. Without support from community organizations or from the family, pregnant adolescents face barriers in accessing affordable housing due to lack of enough money for the damage deposit and the first month's rent.⁹ Even when employed, young women are apt to be working at minimum wage that is insufficient to support an independent

³ Lowenthal, B. (1997). Teenage parenting: Challenges, interventions and programs. Childhood Education, Fall.

⁴ Sylvester, K. (1995). Second Chance Homes: Breaking the Cycle of Teen Pregnancy, Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, June.

⁵ Dryburgh, H., (2000). Teenage Pregnancy. Health Reports, Vol. 12, No. 1, Statistics Canada, Catalogue 82-003; Second Chance Homes: Providing Services for Teenage Parents and their Children, U. S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, October, <http://aspe.hhs.gov/hsp/2ndchance/homes/>

⁶ 2001 Census, Statistics Canada; Peacock, K., (2005), Poverty and Plenty: A statistical snapshot of the quality of life in Greater Saint John, Vibrant Communities Saint John and Saint John Human Development Council.

⁷ Ibid, p. 11

⁸ Bissell, M. (2000). Socio-economic outcomes of teen pregnancy and parenthood: A review of the literature. The Canadian J Human Sexuality. 9(3), 191-205.

⁹ Miller, P. (2005). Experiences of being homeless or at risk of homeless among Canadian youths. <http://www.findarticles.com>.

lifestyle for them let alone a child. A recent publication by Canadian Food Banks and Emergency Food Programs stated:

*Inadequate minimum wages perpetuate the plight of the working poor. The national economy has been paying poverty level wages - less than \$10/hr - to 1 in every 6 full-time workers for more than 20 years.*¹⁰

Sadly, in addition to poverty, a disproportionately high number of pregnant and parenting homeless youth have grown up in dysfunctional family home environments. Adolescents who become pregnant cross all social and economic strata in society. But girls growing up in homes where they have witnessed family violence and conflict and have experienced emotional, physical and/or sexual abuse are at greater risk for future dire consequences. The pre-pregnancy life situation and family status lead to negative consequences for pregnant teens and for their children. When compared with teen mothers who have supportive families and come from stable home environments, studies show that teenage moms' children have, in turn, relatively higher reported incidences of abuse and neglect, higher rates of foster care placement, and are more apt to run away from home.¹¹

2.2 Homeless Teens

In a comprehensive report released in 2003 by the Status of Women, Canada, the authors said:

*While women's particular experience of homelessness and its gendered nature are beginning to be explored, there is still a strong tendency in the literature on youth homelessness to ignore gender... there are virtually no Canadian studies on homelessness among young women. Furthermore, little is written about pregnancy among homeless adolescents, despite its high prevalence.*¹²

A Canadian study using data from the Children's Aid Society of Metro Toronto explored homelessness as it related to youth who leave the child welfare system at age 16.

Despite the best intentions of workers in the child welfare system ... youth formerly in care who become homeless have not been properly prepared

¹⁰ Annual Survey of Food Banks and Emergency Food Programs. "Time for Action: Hunger Count 2005". <http://cafb-acba.ca/documents/HC05-eng.pdf>

¹¹ Moore, K., Miller, B., Morrison, D., and Gleib, D. (1997). Effects on the Children Born to Adolescent Mothers In R. Maynard (Ed.) (1997). *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC: Urban Institute Press.; Goerge, R. and Lee, B. (1997). Abuse and Neglect of the Children In R. Maynard (Ed.) (1997). *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC: Urban Institute Press.

¹² Status of Women, Canada. (2003). On Her Own: Young Women and Homelessness in Canada. March .

for independent living and these youths are less likely to have a supportive network of family and friends.¹³

Among a small sample of youth formerly in care, more than half of the young women were parenting a child on their own. Most youth were between the ages of 16 and 18 years of age. These young women experienced more moves than young men and reported more incidents of homelessness.¹⁴

The pathway to homelessness for youth are multiple and complex.¹⁵ In a Canadian study, Rosenheck *et al.* suggested that it is difficult to provide a typical profile of homeless youth, although some attributes seemed to be prevalent: the average age is 16 years, the majority have not completed grade 9, many have been forced out of the parents' home and most have experienced emotional, sexual and /or physical abuse. In addition, many have come in contact with provincial child welfare systems either by being placed in temporary care, or as longer-term foster children or as a client of child protection programs.¹⁶

In relation to the danger of abuse in homeless youth, a study of 104 homeless youth in Sydney, Australia, showed that 73% of girls reported being physically abused and 82% had been sexually abused.¹⁷ Just over a quarter experienced their first sexual abuse between the ages of 12 and 15 years with the abuser usually an older male. Furthermore, according to the same report, about one-half of homeless youth cited family breakdown as critical to their homelessness.

In New Brunswick, homelessness among teen girls let alone all youth between the ages of 16 and 18 years inclusive is not within the sights of decision makers nor does it receive enough media attention. In spite of years of recognition that "something" needs to be done to help these youth (Report to the Intergovernmental Committee Project Report for Youth, 1991)¹⁸, no progress appears to have been made. Recently (fall,

¹³ Leslie, B. and Hare, F. (2000). *Improving Outcomes for Youth in Transition from Care*. Toronto: Working Group of Children's Aid Society of Toronto, Covenant House and Ryerson University Research Project 1995-1999.

¹⁴ Martin, F. (1996). *Tales of transition: Leaving public care*. In *Youth In Transition: Perspectives on Research and Policy*. B. Galaway and J. Hudson (Eds). Toronto: Thompson Educational Publishing.

¹⁵ Rosenheck, R., Bassuk, E. and Salomon A. (1999). <http://aspe.hhs.gov/progsys/homeless/symposium/2-Spelpop.htm>

¹⁶ <http://www.swc-cfc.gc.ca/pubspr/0662318986/2002-03>.

¹⁷ The Salvation Army. 1995 Report: "No Place That's Home".

¹⁸ Province of NB. Interdepartmental Committee Project for Youth. 1991 Report: "At Risk Youth 16 up to 19 Years, Service Needs".

2005) the issue was raised in the Throne Speech of the NB Legislature, although no specific strategies were announced at that time.

Youth between 16 and 18 inclusive who have been clients of the provincial child welfare system, in particular, are at risk. Most must leave this support system at age 16 years unless there are mitigating circumstances such as disability, if they are still in school or if they are in a training or work-related program. Yet the age of majority in NB is 19 years. As pointed out in a 2000 NB Government report:

*...while there is recognition that these youths have specific welfare needs, there is no consensus as to what the services should be or who should have the mandate to deliver them.*¹⁹

Consequently, youth who were formerly clients of the welfare system – foster homes and/or under child protection – and now living on their own and between the ages of 16 and 18 inclusive are just that...on their own.

According to the United Nations definitions, there is an “ABSOLUTE” and a “RELATIVE” definition of “homelessness”. For this proposal, the latter definition fits the clients of the ***First Steps*** program. It applies to situations where:

*...” the basic standards of physical adequacy, security of tenure, personal safety and accessibility to employment, and health care are not met.”*²⁰

3.0 FIRST STEPS HOUSING PROJECT INC.

3.1 History

On May 21, 2002, the ***First Steps Housing Project Inc. (First Steps)*** opened its doors in Saint John to homeless pregnant and parenting teen girls. The community’s efforts to open a residence for this target group really began in 1999 after Dr. Christine Davies, a family doctor in Saint John, noticed the prevalence of pregnant teens with no place to live safely, coupled with a lack of support facilities for homeless young mothers and their babies. With financial help from both the provincial and federal governments, ***First Steps*** came into existence.

¹⁹ Dilworth, C., Quigg, D., Caissie, M. and McKendy, C. (2000). *Children Come First: Child Welfare Comprehensive Review and Redesign*. Fredericton, NB: NB Health and Community Services.

²⁰ Charrette, C. (1991). *Research initiative on homelessness: International Year of Shelter for the Homeless*. Occasional Paper No. 27. Winnipeg: Institute of Urban Studies, Univ. Winnipeg.

The residence, a former Sisters of Charity convent, is located next door to the St. Joseph's Community Health Centre on Coburg Street in Saint John. The building is four stories and contains 12 private bedrooms, a common kitchen area, a common dining room, three living rooms, study areas, a child development room, laundry facilities and office space.²¹

An Executive Director is hired by the Board and is accountable to the Board for the overall management of the residence, staff and program. At present, there are nine full-time and four part-time staff. The home operates 24/7, 365 days a year. Staff is trained in first aid, non-violent crisis intervention, addictions counseling, parenting techniques and are trained to recognize and counsel residents who have experienced family violence and abuse. They also deliver education on recognizing boundaries, and they reinforce teaching associated with proper nutrition, food management and budgeting.

3.2 Target Group

First Steps serves both pregnant teens and parenting teens with young children. The majority of residents who come to the door of **First Steps** are teen mothers parenting a young child with no place to live for either the mother or the child. They are homeless. *It is the only home of its type in all the Atlantic Provinces*, and because of this, it attracts residents from other points in the Province of NB. It is also beginning to attract young women from other provinces in the region.

All homeless teens that have come to the residence are living in poverty, some have problems with drugs and alcohol, are ill and most are fleeing abuse. A profile of the residents is presented in more detail in a later section.

3.3 Mandate and Goal

First Steps provides a safe, supportive, transitional home for homeless pregnant and/or parenting young women. For pregnant teens, **First Steps** ensures that the teen will have a healthy pregnancy and a healthy baby. Access to prenatal care is guaranteed, as is the provision of proper nutrition throughout the pregnancy. As part of the success story of this facility, formerly homeless teens who have delivered babies while living in the **First Steps** program have all delivered babies with healthy birth weights. This is a

²¹ Makhoul, A. (2005). *Community Action in Saint John: Making a Difference in the Lives of Young People*. Ottawa, ON: The Caledon Institute of Social Policy.

significant achievement when viewed in the light of the research from the Massey Centre for Women, an award-winning, non-profit community agency located in Toronto, that the estimated costs to support a premature infant before leaving the hospital is approximately \$200,000.²² This estimate does not take into account the cost later to society in terms of poor development of the child with the added possibility of a marginalized future.

Education on child care and child development is provided for all residents whether they are expectant or parenting teens. Because **First Steps** is dedicated to supporting the transition to independent living, young mothers are strongly encouraged to continue their education, to further their personal development by acquiring the skills necessary to improve themselves as individuals and to become effective parents. At this time, **First Steps** has developed a business plan for an on-site education program in cooperation with the School District that will be in place by winter, 2006. This program will assist young women in receiving their academic high school diploma, which will lead to a brighter future for them and their child.

In meeting the long-term goal of **First Steps** to help homeless teen parents make the transition to a stable and sustainable life for themselves and for their children, important partnerships with existing community services have been established. Housing Alternatives Inc. and Saint John Non-Profit Housing make subsidized apartments available that enable the mother and child to move into independent living while at the same time **First Steps** staff continue to provide on-going encouragement, mentoring and instruction in matters of budgeting, daily living activities and childcare. A representative from Housing Alternatives Inc. sits on the Board of **First Steps**.

At this time, there are five former residents in the Apartment Program. The **First Steps Apartment Program** is a Second-Stage Housing program for residents of **First Steps**. Once a young woman lives in the home for a long enough period of time to be assessed by staff in such areas as parenting, schooling, community supports and other areas, they have an opportunity to live in a subsidized apartment and still be considered a resident of **First Steps**. Staff routinely visit the mother, and one-on-one mentors are assigned to each resident in the program. Financial management and parenting practices are

²² <http://www.massey.ca>

continually being evaluated to ensure that the young woman succeeds in this phase of the program.

3.4 Criteria for Acceptance

Young women come to **First Steps** through several avenues that include: referrals from social workers (primary referral agent), family members, public health nurses and self-referral. Friends and family members may also refer. The selection of residents is done on the basis of individual interviews and the completion of a risk assessment. Homeless, pregnant young women or mothers who are between the ages of 16 and 29 who meet the eligibility criteria can be admitted.

Guidelines used for admittance:

- Must be pregnant or a parenting young mother with one child who is one year old or younger; (will accept those with children up to 2 years old under special circumstances)
- Must be homeless or have no safe place to live;
- Must be a youth between the ages of 16 to 29;
- Must be mentally and physically capable of caring for themselves and their child;
- Must be willing to stay in school or return to school or a schooling alternative;
- Must not pose a threat to themselves or others;
- Must be willing to attend all programs or services offered; and
- Must be willing to follow all house guidelines.

“Risk Factors” for prioritizing admissions:

- Homeless and/or no safe place to live;
- Preference given to residents of New Brunswick;
- Interpersonal difficulties, e.g., no family support, abandoned by father of baby;
- Health risk, e.g., poor nutrition, use of nicotine, alcohol, and or drug use;
- Presently being abused by partner or someone they are living with;
- History of emotional, physical or sexual abuse;
- Lack of prenatal care;
- Previous involvement with child protection;
- School drop out; and
- Other individual circumstance(s).

3.5 What the Project Offers

In order to provide support and guidance for the mothers and their children, a number of programs and services are provided either directly by **First Steps** or through partnerships with community and government organizations. Examples of these are the Victoria Order of Nurses “Healthy Baby & Me” Project which offers both prenatal and postnatal information and education, Gentle Path which offers counseling and self-worth programming, Coverdale, Family Resource Centre, Community Health Centre, Family and Community Services, Early Intervention and many others.

The following list describes the services and programs offered by **First Steps** either alone or through community partnerships:²³

- a clean and friendly home with nutritious meals and shared cooking and chore responsibilities;
- 24 hr-a-day staff experienced in working with women in crisis;
- immediate support and links to counseling services;
- a safe place away from physical, verbal, emotional and sexual abuse;
- drug and alcohol information;
- access to programs and services in the community to promote a healthy pregnancy and baby;
- a place where friends and family are welcome to visit and share in prenatal and parenting classes;
- social networks and support from other pregnant and parenting young women;
- assistance with continued education and career aspirations; and
- computers and Internet for career and educational resources.

3.6 Recognition

In December of 2005, **First Steps** was recognized nationally for providing a homelessness initiative which demonstrates strong sustainable partnerships. The National Secretariat on Homelessness in collaboration with Human Resources and Skills Development Canada, selected **First Steps** as one of 20 projects which make up the

²³ <http://www.firststepshousing.com/>

2005 Phase II Promising Approaches Project across Canada. They were selected from 99 project nominations that were received from 10 provinces and territories.²⁴

3.7 Governance and Accountability

First Steps Housing Project Inc. is incorporated under the laws of New Brunswick and is administered by a volunteer Board of Directors (**Appendix 1**). The Board operates under a Constitution and By-Laws. Prospective member's names are brought forward by the Nominating Committee and voted upon by the Board at the Annual Meeting. Members may be voted in throughout the year if a vacancy occurs. The Board meets monthly and Minutes are taken and approved at the following meeting. All decisions are made by motions and passed by a majority vote.

Accountability to funding organizations occurs through submission of statistics and reports as required by the respective organizations. An evaluation of the Project was completed by an staff member assigned from the NB Department of Family and Community Services in 2004. The evaluation report concluded that not only was **First Steps** achieving its objectives, but that an unexpected positive impact was that in some cases:

...staff identified early signs of parenting concerns and the need for support and early intervention from the Department of Family and Community Services. It was felt that without the First Steps Housing Project these children could have become abuse victims.²⁵

3.8 Operating Budget

Expenditures for **First Steps** for the fiscal year 2004-05 were in the order of **\$442,137**. The major funding sources were the Province of New Brunswick and the Supporting Community Partnerships Initiatives (SCPI). In 2004-05, **\$200,000** was provided through the budget of the Department of Family and Community Services, and an additional **\$150,000** was received from SCPI. SCPI funding will end March 31, 2006, while the funding from the Province is on a year-to year basis with no guarantee of continuance. The Sisters of Charity have been generous in their support since operation began, and each year provides **\$5000** for operation.

²⁴ http://www.homelessness.gc.ca/promisingapproaches/mpap_e.asp

²⁵ Evaluation Report, First Steps Housing Project Inc., New Brunswick Department of Family and Community Services, May 2004.

In addition some funds are received that are designated funds for special projects. The Greater Saint John Community Foundation and the NB Protestant Orphans' Foundation have both contributed these monies. For example, the NB Protestant Orphans' Foundation provided a grant of \$20,000 to replace windows in the house.

Meanwhile, **First Steps** has also "stepped up to the plate" to support itself. This past year (2005) was the third year that the Board organized a Gala Evening in November to raise funds. Once all bills are paid, it is anticipated that the 2005 Gala will have earned between \$28,000 and \$35,000. Through other fundraising efforts that include the annual April Showers Campaign, the Christmas Campaign, the Diaper Drive and applying for grants, **First Steps** also raised an additional \$70,000.

The budget for operational expenses for this current fiscal year (2005-06) is **\$408,935**, with a projected budget based on added costs, ex., fuel, of **\$429,381 for 2006-07**. Further details on financial status are in the 2004-05 Auditor's Statement (**Appendix 2**).

4.0 PROFILE OF RESIDENTS from 2002 to PRESENT

The following information describes the clients served by **First Steps** from the beginning of operation up to and including September 4, 2005. These data have been extracted by **First Steps** staff from the Intake Forms. No identifying information was released to *Evaluation Designs Ltd.*, the firm that prepared this submission.

Note that with the following information, all percentages have been rounded using conventional rules that govern rounding.²⁶ Also note that the upper case N refers to the entire cohort, whereas the lower case "n" is used to denote a fraction of the cohort.

4.1 Age

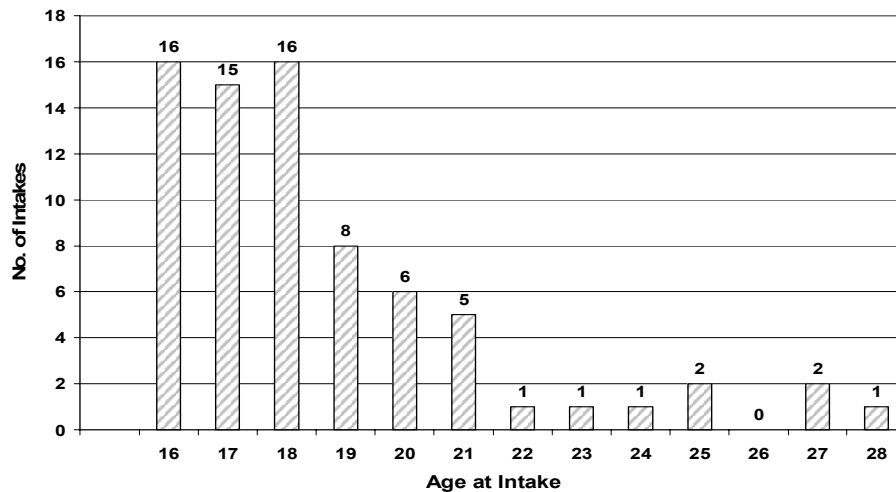
The median²⁷ age of the resident clients (N=74) was 18 years, with a range from 16 to 28 years (**Figure 1**). Forty seven (64%) of the clients were 16-18 years of age, 20% (n=15) were 19 or 20 and 16% (n=12) were 21 or older.

²⁶ Pagano, R. (1994). *Understanding Statistics in the Behavioral Sciences*, 4th Ed. New York: West Publishing Company.

²⁷ Median refers to the cut-off number below which or above which 50% of the results fall.

The median age of clients who were emergency intakes was 19, with a range from 16 to 26 years. There were 11 young women who were classified each as an “emergency intake”. An “emergency intake” refers to those who come for a short term stay (escaping violence or unexpected homelessness, for example) or those who come after hours and have not gone through the intake process. Some emergency intakes end up staying on, but many are in need of just a 48-hour respite.

Figure 1. Age of resident (in years) at time of intake. (Source: First Steps)



Data source: First Steps

4.2 Locality

To date, the majority of resident clients have come from an urban background (n=65, 88%) with the remainder (12%; n=9) from rural areas. **Table 1** summarizes the localities where the young women were living before coming to **First Steps**. All emergency intakes (N=11) were from the City of Saint John. Of residents from within the Province of NB, 59 (87%) were living in Health Region 2 (Saint John area), 7 (10%) were living in Health Region 3 (Fredericton area) and 2 (3%) were living in Health Region 1 (Moncton area).

The six residents who were from outside the Province of NB were from Nova Scotia (5) and Ontario(1).

Table 1. Localities of the residents before coming to First Steps.

Locality	Number	Percent (%)*
Out of the Province	6	8%
Outside of Saint John City	24	32%
Saint John City	44	59%

* Percentages are rounded

Data source: First Steps

4.3 Referral Agents/Agencies

Most referrals of the 74 residents came from social workers (20%) followed by friends (18%) (**Table 2**). About 14% were classified as “self-referrals”. As referral agents, family members and public health nurses were about equal at 8%. Other sources of referrals and their frequency are shown in the list which follows the Table.

Table 2. Source of referral to First Steps for residential clients.

Referral Source	Number	Percent (%)*
Social Worker	15	20%
Friend/s	13	18%
Self	10	14%
Family Member	6	8%
Public Health Nurse	6	8%
Other**	24	32%

* Percentages are rounded

Data source: First Steps

** “Other Agencies” – 4; Hestia House – 3; Birthright – 2; Doctor – 2; Department of Family and Community Services, Child Protection – 2; Hospital – 2; Past resident – 2; Youth Choices -1; Boys and Girls Club of Saint John – 2; Fundy Crisis Pregnancy Centre – 1; Group Home – 1; Probation – 1; VON – 1

4.4 Social Profile

4.4.1 Level of education at time of intake

Research has shown that one of the devastating consequences facing homeless teens is that their education is compromised. Living in poverty and on the street and/or moving from the home of friends each night does not bode well for those trying to stay in school.

As shown in **Table 3**, only five (7%) young women had completed high school graduation at the time of intake. The majority (91%) who came to **First Steps** was not in school. Yet many of these young women were either school age, or they were moving into adulthood without the benefit of a high school diploma. *It is noteworthy that since being in residence, program statistics show that 43% of the 67 residents have returned to school. First Step staff report that this percentage would be higher if it were not for summer months and/or the timing of pregnancy/birth (i.e., they were either too pregnant or just had the baby).*

Table 3. School status of residents at time of intake (N=74).

Variable	Yes	% Yes *
High school graduate	5	7%
Still in school	2	3%
Not in school	67	91%
Total	74	100%*

*Percentages are rounded.

Data source: First Steps

4.4.2 Contact with the Child Welfare System

A review of the information gathered at the time of intake shows that almost one-half of all the young women at **First Steps** had been clients of the Child Welfare System at some point in their childhood. Thirty-two (32) reported that they had been in foster homes and 24 indicated that they had been placed under Child Protection services. Information on this variable was unavailable for nine other clients.

4.4.3 Experienced abuse

As cited earlier, abuse - physical, sexual and/or emotional - is one of the main reasons why young women leave the parental home. As shown in **Table 4**, about 80% of the young women who have come to **First Steps** reported being victimized by an abuser. Of those fleeing current abuse, 24 of the 30 women were being abused by a boyfriend.

In relation to all abuse - both past abuse and those on intake presently fleeing abuse - 87% of the 60 residents were abused by a boyfriend, 37% had been abused either by a mother or a father, 13% had been abused by an uncle and 10% were abused by a stepfather. To a lesser degree (under 7%) the abuser had been a brother, mother's boyfriend, stranger, a friend or other family member.

It is important to note that some women do not always realize and understand what constitutes "abuse".²⁸ They may not be aware that behaviours directed to them by others are abusive. Consequently, many residents on intake have indicated no abuse only to realize later that they were, in fact, abused. This realization arises once they have counseling or are in discussions with staff and/or other residents.²⁹ As a result, the number fleeing abuse is probably underestimated, i.e., it is much higher than indicated by the young women at the time of intake and collection of these data.

Table 4. "Abuse" as a reason for coming to First Steps.

Locality	Number	Percent (%) [*]
No experience of abuse	14	19%
Previous abuse, but not fleeing current abuse	30	40%
Fleeing current abuse	30	40%

^{*} Percentages are rounded

Data source: First Steps

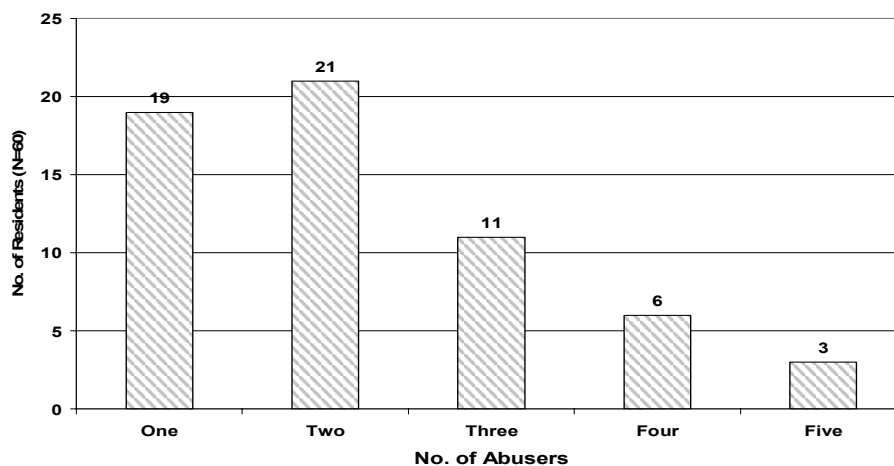
For most residents, including those who were emergency intakes, more than one person was reported as an abuser. The information for 60 of these young women revealed that 19 of the 60 (32%) identified one abuser only. All others (68%) were abused by more

²⁸ Health Canada. (2001). A Handbook for Health and Social Services Professional Responding to Abuse During Pregnancy. Ottawa: National Clearinghouse on Family Violence.

²⁹ Staff at *First Steps*

than one person, with most of these (35%) experiencing abuse from at least two people. Twenty of these young women had been abused by three or more people. These results are shown in **Figure 2**.

Figure 2. Number of abusers per resident as reported by residents of *First Steps*.



Data source: First Steps

4.4.4 Young mothers with children

About 45% of the resident young women came to **First Steps** with a child(ren). The children’s ages ranged from 5 days to 22 months, with a mean age of 5.7 months and a median age of 4 months. In other words, one-half of the children who arrived with their young mothers were below the age of 4 months, while the other half were above the age of 4 months.

4.4.5 Other data on social variables at time of intake.

Data concerning a number of other variables are collected at the time of assessment and intake. Some of these data are shown in **Table 5**. As illustrated, about one-third of residents came to **First Steps** with a history of alcohol (34%) and drug use (30%); and, over one-half (58%) of these young women presented with some type of mental health issue. As well, over one-half (55%) of the women were pregnant.

Table 5. Data collected on social variables at time of intake of residents (N=74.)

Variable	Yes	Percent Yes (%) [*]	No	Unknown
Cigarette smoking	14	19%	60	0
Drug use	22	30%	51	1
Alcohol use	25	34%	48	1
Experiencing issues with mental health	43	58%	0	31
Pregnant at intake	41	55%	33	0

**Percentages are rounded*

Data source: First Steps

4.5 Births While Living in Residence

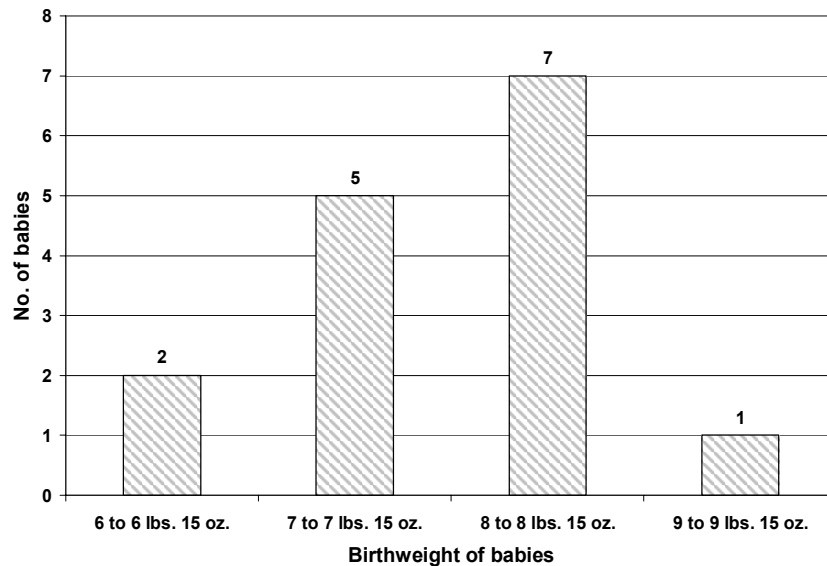
As of September 4, 2005, 15 moms have delivered while living in residence. The distribution of birth weights is shown in **Figure 3**.

As illustrated, the majority of babies born to residents were between 7 and 9 lbs. A healthy birth range is considered by Health Canada to be in the range of 5lbs.9oz. to 9lbs.14oz.³⁰ It is noteworthy, therefore, that the birth weights of the babies ranged from 6lbs.14oz to 9lbs. 9oz., all within the healthy birth range. None has been premature or of low birth weight.

While a direct “cause and effect” relationship between living in residence and birth weight cannot be attributed definitively to **First Steps**, it is reasonable to assume that the prenatal care and access to good nutrition contributed to the positive birth outcomes. According to literature, babies born to homeless mothers without supports often are premature or many do not survive the pregnancy.

³⁰ Health Canada. 2003. Canada Prenatal Nutrition Program (CPNP). CAPC/CPNP Atlantic Provinces Evaluation Framework document.

Figure 3. Birth weights of babies born to residents.



Data source: First Steps

4.6 Length of Stay (LOS) in Residence

Sorted by those who did deliver while in residence and those who did not deliver while in residence, the data for LOS are as follows: The median LOS for residents (N=15) who delivered while in residence was 225 days, with a LOS ranging from 31 to 334 days. In addition to these 15 clients, there is an additional resident who delivered while in residence and is still living at **First Steps**.

The median LOS for residents who did not deliver a baby while in residence (n=47), i.e., they came to the residence already with a child, was 64 days. LOS ranged from 2 to 563 days.

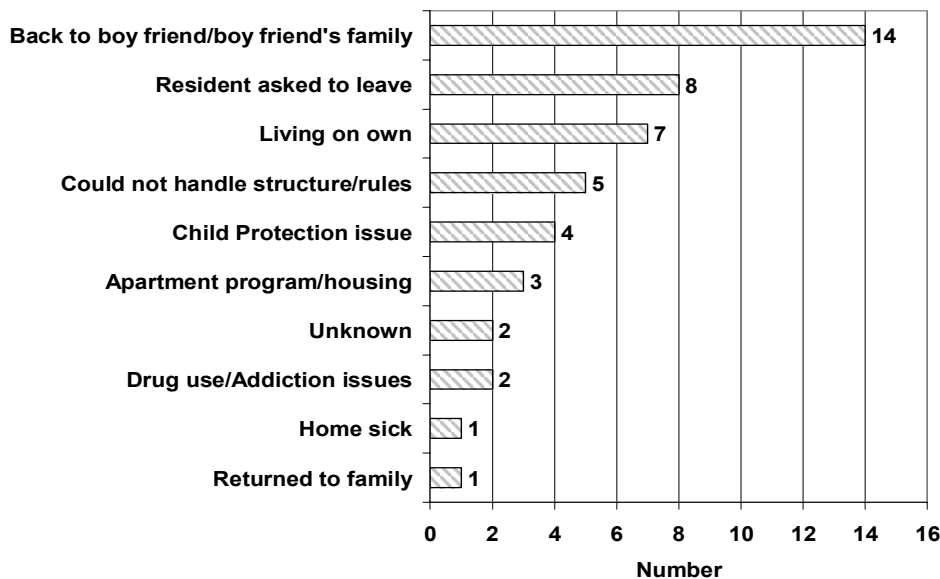
Altogether, 61 have left **First Steps** since its beginning three years ago. There are 12 clients presently in residence. Of the 61, 26% (n=16) stayed less than one month.

4.7 Reasons for Leaving **First Steps**

Figure 4 summarizes the reasons for leaving for those who did not have their baby while in residence. About 30% (n=14) of these young mothers returned to live with the boyfriend or boyfriend’s family; 17% (n=8) were asked to leave because of violence, threats of violence, addictions and unwillingness to deal with the addiction, or unable to

follow rules; 15% (n=7) are now living on their own with most maintaining communications with and receiving mentoring from the staff at **First Steps** and 11% (n=5) left because of the demands of the program and the house rules. Other reasons included that the child (n=4) was placed under Child Protection, some (n=3) entered the next step of the Project, i.e., the apartment program; and still others had addiction issues (n=2). Only one mom returned to her parental home.

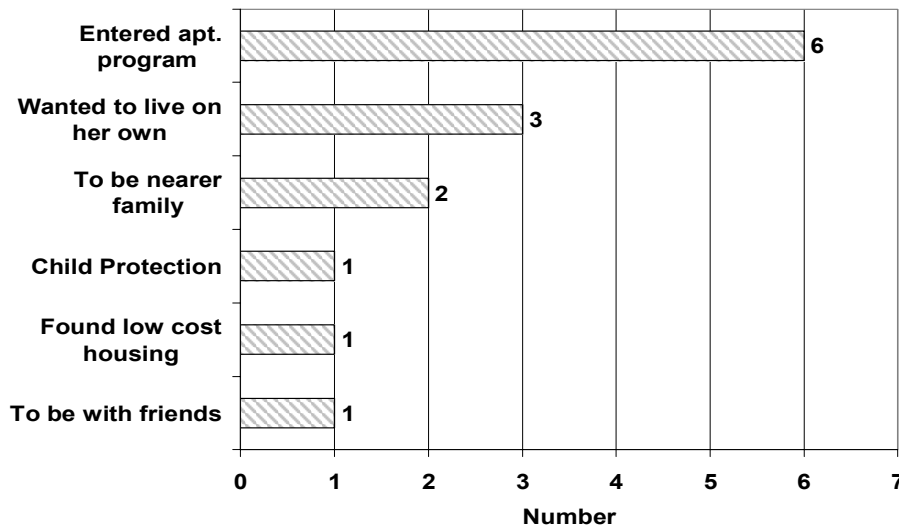
Figure 4. Reasons for leaving the *First Steps* facility for clients who did not have a baby while living in residence (N=47).



Data source: First Steps

The reasons for leaving for clients who had babies while in residence are shown in **Figure 5**. It would appear from these data that these mothers are a different cohort from those who delivered before coming to **First Steps**. The young women who delivered while in residence did not return to the boyfriend, but rather 43% (n=6) chose to enter the next step, i.e. the Apartment Program or live on their own (21%; n=3). Other reasons included the desire to be nearer their family or their friends.

Figure 5. Reasons for leaving the *First Steps* facility for clients who did have a baby while living in residence (N=14).



Data source: First Steps

4.8 Programs Attended While in Residence

Of the 74 residential clients of *First Steps* since 2002, 55% (n=41) have participated, while in residence, in a number of programs apart from the secondary education schooling which was addressed earlier in **Section 4.4.1**. The statistics are as follows:

- about one-half have attended/are attending prenatal classes (n=21);
- about 39% (n=16) have received/are receiving training and nutrition education from the Early Childhood Initiatives programs (public health nurses and nutritionists); and,
- about 39% (n=16) have also attended/ are attending the “Young Moms” programs sponsored under the Community Action Plan for Children and delivered at the Family Resource Centre in Saint John.
- Seven of the residents have attended/are attending programs at Coverdale. Coverdale offers G.E.D., self-esteem building, anger management, relapse prevention and strengthening relations programs for women.

Summary of these data - The median age of all residents of **First Steps** was 18 years with a range from 16-28 years. A majority of the residents were from an urban environment. Most were from the City of Saint John with the balance from other locations in New Brunswick (32%) and out of the Province (8%). Most referrals were by social workers followed by friends, or were self- referrals. About half or more had been clients of the Child Welfare System in their childhood. Only 5 had completed high school on intake, and 91% were not in school when they first came to **First Steps**. Since being in residence about 43% have returned to school. Eighty percent (80%) of the residents reported either previous abuse or current abuse where the abusers were primarily boyfriends and immediate family members.

About 45% of residents came to **First Steps** with a young child. Fifteen moms have delivered while living in residence. The birth weights of their babies have ranged from 6lbs.14oz to 9lbs.9oz. None has been premature or of low birth weight.

The median length of stay for residents who delivered was 225 days with a range from 31-334 days. The median for residents who did not deliver was 64 days with a range from 3-563 days. The reasons for leaving for those residents who did not deliver while in residence were: to return to live with the boyfriend or boyfriend's family; asked to leave because of violence, threats of violence, addictions and/or unwillingness to deal with the addiction, and unable to follow rules.

Of the 15 young women who delivered while in residence , 43% chose to enter the next step, i.e. the Apartment Program or to live on their own with most maintaining communications with and receiving mentoring from the staff at **First Steps**.

5.0 EXAMPLES OF LIFE HISTORIES

The three narratives that follow serve to illustrate the types of childhoods that most clients of **First Steps** experienced. In a word, these stories are typical and describe the complex situations that young women at **First Steps** faced in their formative years and early youth. To protect the personal identity, names have been changed and other identifying information deleted. The stories, however, are accurate and were provided for this Proposal from the records of **First Steps**.

Anne is 19. She is a mother, daughter, a girlfriend, a friend, a high school graduate and a full time worker. She lives in the **First Steps** Apartment Program with her baby girl. Two years ago –at 17 years of age - her life wasn't where she expected it to be. In fact even before that, life wasn't all that perfect. Anne had a difficult upbringing. Her mother and father divorced which resulted in her living with her mother, and a life of abuse and neglect. She then lived in foster care until her father took her to live with him. When she was 15 she became pregnant. Life became difficult with little support, no finances and no day care in the town where she lived. A public health nurse told her about **First Steps**. It was difficult moving to a city where she knew no one, being young and parenting a small child. She was scared and lonely, but began to make friends at **First Steps** and learned to trust the staff. She was able to find a day care and enrolled herself in school. She eventually played on a school sports team. Anne found school difficult and says that she would not have been able to do it without the support from **First Steps**. She was assisted with child care when her child was sick or she had to study and **First Steps** paid for a tutor. Anne is working full time and is accepted into college for the fall. She is glad for the home for “troubled teens” and states she would not be as good a parent or as confident a woman without the support she received from this Project.

Jane was 20 years old, four months pregnant and fleeing an abusive relationship when she came to **First Steps**. She had been abused by her parents as a child and was then abused by relatives in her adoptive family. When she was 18, she was prostituting and addicted to drugs. She became pregnant and due to her lifestyle was unable to care for the child, who was eventually adopted. When she came to **First Steps** she had been living in an abusive relationship with her boyfriend and pregnant a second time. The first few months were very difficult as she was depressed and lacked self-esteem. Jane was finding it hard to trust anyone and was scared of losing her second child. Eventually, after a few months, she was able to trust staff and co-residents and started receiving mental health counseling and attending courses in building healthy relationships, self-esteem and other helpful programs. Jane lived at **First Steps** until her infant was four months of age. She then moved to an apartment, got her child in day care and attended school. She is thankful for the support and guidance she received. She is aware that she is still vulnerable and at risk of being involved in unhealthy relationships again, but feels she has more courage and strength.

Sally was 24 when she first came to live at **First Steps**. At the time she was struggling with a drug addiction, living in an abusive relationship and the mother of a brand new baby. There were very few supports in her life and a long history of addictions. Sally's mother was an alcoholic and according to Sally, was not a good mother. Sally was moved from relative to relative and eventually found herself addicted to drugs in her early teens. Her life became more difficult when her mother died. Looking for love, she became involved in one abusive relationship after another. She was fleeing an abusive relationship with the father of her child and was distraught when she came to **First Steps**. She and her child lived in the house for three months. During this time she attended NA meetings, counseling and parenting classes. She was also able to see a doctor and visited a dentist for the first time in years. Sally left **First Steps** and returned to the baby's father. One year later she returned to **First Steps**, saying that she "left too soon" the previous time. She is attending NA meetings again, the first time in over a year, and is looking forward to living a healthy abuse and drug free life. She states that she...*needs support and guidance and that even the best moms need a helping hand.*

6.0 WHAT RESIDENTS- PRESENT AND PAST- SAY ABOUT *FIRST STEPS*

In October, 2005, two consultations were held with young women who were or had been residents in the **First Steps Housing Project**. One group was comprised of three past residents, and the other group was made up of eight young women who are presently either living the House or are in the Apartment Program (second phase of **First Steps**). An interview guide of questions was developed beforehand and reviewed by the Executive Director prior to the consultations. Participants were invited to participate through a personal approach made by the **First Steps** staff. The criteria used for selection were that the person had to have been involved long enough to have experience with **First Steps**, and they had to be willing to talk about that experience. The process was explained to the participants on the day of the consultation. A consent form was read to the groups and individual signatures obtained after receiving assurance that they (the participants) understood the purpose of the discussion and the intended use of the information. No one refused to participate. Each participant was given \$20 as a token of thanks for attending the session.

Question #1: What brought you to **First Steps** in the first place?

I had no place to live and I was pregnant.

I was sleeping on a friend's floor and pregnant.

I had no choice but to come here. My older child was in foster care and I was at risk of losing my second child to foster care as well.

I was fighting with my boyfriend and living in my uncle's house. It was not a good environment so the Public Health Nurse referred me to First Steps.

I was molested and moved for safety to a Transition House. My Child Protection worker knew about First Steps in Saint John and encouraged me to go down there.

I had no place to live. My social worker told me about First Steps.

Question #2: If **First Steps** had not been there, what would you have done?

Without First Steps my baby would have died. I had no place to live and had no medical care. I didn't know what I would have done. Killed myself I guess.

I was living in a boarding house and paying \$250 in rent. I only had \$300 to live on so there was no money to look after myself let alone have a baby, too. I couldn't go home. Dad is abusive and a drunk.

My child would probably have been dead in 6 months. I had no food and no place to live. All my babies would be in foster homes. Because of First Steps I now have my family with me.

I would not have kept my child and I would not be where I am today.

Question #3: How exactly has **First Steps** helped you?

I'm on my own now and have better bonding with my child. I had attachment issues and they worked with me to overcome my problems.

They helped me build my self-confidence. They brought out my inner self by being helpful and kind. They know you can do it.

You had to follow rules and learn how to adjust. It was really stressful at first but I did it and now it is helping me to live on my own. You have got to have discipline and rules. I think I am more responsible now. First Steps kind of grounded me. It prepared me for life.

All of us have to do some kind of education. You've got to be in an education program or completed a program or be in school. They help you get to school and stay in school. I am in anger management and it's helping.

They took the time to listen.

They helped me set goals. Some I've met, others not.

Even now I call them regularly. They are like a 'second' mother. They give me a sense of what a normal home is like.

This is the first time I have been on my own. I have made it 10 months so far.

Question #4: How exactly has **First Steps** helped your child?

They told me about resources and programs that would help me with parenting.

My child is more sociable and happy due to the stimulating situation provided by living in First Steps.

I tried breastfeeding and my baby wouldn't latch. They provided me with great support.

My child was in foster care when I came. They helped me build trust with him when I got him back.

I was scared when I moved out of First Steps. But you can call them anytime. I call them when I am having a problem with the baby.

Question #5: If you were to approach an organization or a person for support of **First Steps**, what would you say to that person in order to convince them to support this project?

I would say that until you've been there, you don't know what it's like to have no home and no help.

They haven't been there so they don't know what it's like. Government don't (sic) come and see what First Steps can do.

I'd tell them that people don't recognize the number of teenagers in trouble in New Brunswick. They have no stability at home and no place to go.

It's not just the teenager that's being helped. It's the child too. If First Steps stops there will be lots more kids in foster homes. They've got to realize that this costs money when kids are in foster homes.

A lot more kids will be born with problems. Getting the right food and seeing a doctor helped me have a healthy baby.

7.0 SIMILAR CANADIAN MODELS

St. Mary's Home / Maison Sainte- Marie (Ontario)

St. Mary's Home is located east in the City of Ottawa. Since its establishment by Les Soeurs de la Providence in 1933, the home has provided specialized residential and community support services to high-risk pregnant and parenting women between the ages of 13-25 years, and their infants. The Home is the only licensed residential maternity home in Eastern Ontario. It accommodates 15 young women and 5 newborn infants at a time, and assists approximately 60 youth and their infants annually. Another 250 pregnant and/or parenting youth each year take advantage of community support programs at the Community Parent/Child Outreach and Program Centre. The building

was acquired by means of a pay-back loan from the Sisters of Charity. The Sisters of Charity continue to be supportive and take an interest in the Home and the Outreach programs. The residence alone is run by a 17-member staff, of which 10 are full-time. A Residential Director reports to the Executive Director who is responsible for both the Home and the Community Outreach Centre.

St. Mary's Home (not including the Centre) requires about \$700,000 a year to run, with about \$550,000 under its operating budget. Funds are received from federal, provincial and municipal governments, with the majority of operating monies coming annually in multi-year funding from the Ontario Ministry of Community Services and social Services and from the Ministry of Children's and Youth services. They also receive funding from the United Way of Ottawa and the City of Ottawa.

In addition, the Board is in a continuous fund-raising mode with monies received privately from major foundations for designated projects. For example, a significant grant was received from the Ontario Trillium Foundation to help build the professional and organizational expertise of staff working in the Home. Ontario's Early Years Challenge Fund has also contributed \$715,089 over a three-year agreement for the development of the Parent/Child Outreach and Program Centre. In addition, St. Mary's administers the Health Canada funds and programs under the Community Action Plan for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) for the Ottawa region. A multitude of programs are now offered at this Centre.³¹ Clearly, unlike New Brunswick, there are in this Province a number of avenues where St. Mary's can turn for funding.

Villa Rosa (Manitoba)³²

The Sisters of Misericorde founded a home for unwed mothers in Winnipeg in 1898. The former facility operated until 1965 when a new facility was constructed on Wolseley Street in Winnipeg, and renamed Villa Rosa. Though no longer operated by the Sisters of Misericorde, the home continues as a refuge for young, single women during and after pregnancy. According to a recent interview with the Executive Director, the teens that

³¹ <http://www.stmaryshome.com/programs.html> and face-to-face and telephone conversations with the Executive Director

³² Telephone conversation with the Executive Director

make up their clientele have lived complicated tragic lives, similar to those who come to the door of **First Steps**: i.e. abuse by family members and boyfriends, substance abuse, and living on the streets and homeless. The Villa has 25 beds and a 9 suite apartment building, eight of which are for moms and their babies and one is for the night shift staff.

The core funders are the Provincial Government (approximately \$600,000 per annum) and the United Way (\$230,000 per annum). Combined, the funds from these two sources provide 70% of the 1.2 million dollars required to run the home. The agreement with the Provincial Government is for 3 years and for the United Way is 2 years. The final one third of the budget comes from fund raising and donations. The Villa has been trying to get federal funding but have not be able to secure any funds from that source as it has been in operation for a long time and federal funding is usually tied to new initiatives. They have managed to obtain some funding from the Supporting Communities Partnership Initiative (SCPI) and the Urban Aboriginal Strategy (UAS) – Homelessness. Both of these were through the Aboriginal Initiative.

Massey Centre for Women (Ontario)³³

The Massey Centre provides housing and resources for pregnant teens, young single mothers, and their babies. After almost a hundred years in operation under a different name, the services were expanded and its name was changed in 1989 to The Massey Centre for Women. The agency moved from simply a maternity home into a full resource centre for single mothers and their children. The home has always provided prenatal care to pregnant teens. In 1976, a postnatal unit was added and the services now include a secondary school program, subsidized child care, post-natal supportive housing project, and a residential complex of 27 units for mothers and babies. Presently, there is space for 76 moms and children, 48 spaces for day care, secondary school and a drop in centre for neighbourhood teens. The teens and their babies can stay at the Centre for 2 months and then move to an apartment and town house building managed by the Centre's administration.

The total budget for the Centre is \$3.2 million. They fund raise for \$400,000 while the remainder is core funding from three levels of government – federal, provincial and local.

³³ Telephone conversation with the Executive Director

The Ministry of Community and Social Services provide the provincial funding. The City of Toronto operates the day care centre. The core funding of \$3 million is automatic (federal, provincial and local). They seek funding from several foundations every year. The United Church pays the first mortgage on the Centre and they hold the second mortgage as well. Over its years of operation, the United Church Women's Groups, outreach committees and congregations throughout Ontario have contributed significantly.

Salary and benefits account for \$2.5 million of the \$3.2 million. They have 55 full time equivalent positions for staff. Regulations dictate how many staff is needed to run their programs.

8.0 WHY FIRST STEPS IS IMPORTANT

The information presented in this Proposal shows that:

- homeless of pregnant and parenting young women affects two generations : the teen mother and the child. Poverty and poor life circumstances for the mother, which most often includes abuse in the parental home in the early years and throughout adolescence, leads to serious consequences for the young mother and for her child(ren);
- supportive, safe environments where life skills can be taught and where self-esteem and confidence can be nurtured can have positive outcomes both for the young parent and for the child;
- **First Steps** is the only home in the Atlantic Provinces that focuses on providing shelter and training for homeless and at-risk pregnant and parenting young women;
- **First Steps** provides a transition to independent living whereby through mentoring, training and assistance in accessing affordable public housing, young mothers can achieve a more stable and sustainable positive lifestyle;
- **First Steps** reaches and serves the at-risk population of youth recently identified in *Speech from the Throne* in the 55th Legislative Assembly of New Brunswick, i.e., youth 16 to 18 years inclusive and beyond;

- **First Steps** increasingly is drawing youth from other parts of the Province as well as from other Atlantic Provinces where such facilities do not presently exist; and importantly,
- for those young women who have “graduated” from **First Steps**, their assessment of the Project is that without this facility, its programs, its focus on education and the on-going support they would not have any chance to succeed in life;
- **First Steps** works with young mothers to prevent their children coming to the door of the Welfare System.

9.0 THE COST OF DOING NOTHING

What are the implications of “doing nothing” in regard to the impact on children born to homeless mothers? In short, what are the costs to society? The spectre of homeless engendered by poverty limits ...*access for single mothers and their children to safe and affordable housing and this in turn, can affect a parent’s ability to care for their children.*

³⁴ A study by the Children’s Aid Society of Toronto and R. Singer at the University of Toronto revealed that ... *inadequate or lack of housing was a factor in children being placed in temporary care in over 20% of cases in the year 2000.*³⁵ As set forth in Singer’s paper,

...poverty clearly plays a role in the number of children placed into care. Parents who cannot provide the financial, social and health care support for their children may be forced to place their child into the care of the Children’s Aid Society. Yet it is much more financially and socially viable for the child to remain in the family and receive home and community-based supports. The Metropolitan Toronto Children’s Aid Society states that the cost involved with the care of a child within his or her own home may be under \$200 per month. Yet, the cost of providing care outside of the children’s own home is at least ten times as much per month. (ref. to the Ontario Assoc. of Social Workers 1996, Philip: 2001)

The issue of fear of losing their children because of no place to live was a recurring theme in the focus group consultations with **First Steps** clients. And in fact, some of the residents had experienced this temporary loss.

³⁴ Singer, R. Campaign 2000: The impact of poverty on the health of children and youth. Faculty of Social Work, University of Toronto.

³⁵ Ibid, R. Singer.

But the answer is not just financial. Importantly, there is a human cost to the child, and this is illustrated (**Table 6**) by data derived from the National Longitudinal Survey of Children and Youth (NLSYC), 1994-95, and analysed by the Canadian Council on Social Development.³⁶ These data do not take into account the emotional health difficulties, the lack of self-esteem, loneliness and alienation from peers that are associated with children and youth living in poor homes.³⁷

Finally, it is important to emphasize that **First Steps** encourages independent living and preparation for entry into the working life of the community through supporting formal education, teaching of life skills, insistence on self-discipline and adherence to house rules. The Project works toward a long term goal of developing independence in place of life-long assistance. Why is this important? For one thing, social assistance, even with the added benefits of income through the Canada Child Tax Benefit, the National Child Benefit Supplement and the GST rebate cannot guarantee that single parents and their children won't live at the LICO or lower, i.e. in poverty.

Table 6. Family Income and its relation to child health outcomes.

<i>Ranges of Family Income</i>			
<i>PER CENT OF CHILDREN WITH:</i>	<i>Less than \$20,000</i>	<i>\$20,000to \$39,999</i>	<i>Over \$80,000</i>
Lower functional health	13.4%	8.6%	5.1%
Above average hyperactivity scores	63.6%	53.8%	45.8%
Delayed vocabulary skills	30.2%	18%	12.1%(over \$40,000)
Low math scores	No data	20.6% (<\$40,000)	11.1%
Infrequent participation in organized sports	69.2%	53.3%	21.6%
16-19 year olds not employed and not in school	15.6%	8.3%	3.6%

³⁶ Ibid, R.Singer

³⁷ Dilworth,C. and Dilworth ,T. 2005. Old North End One Change Committee and Health Canada. Report: *Supporting Health in the Olde North End.*

Data Source: NLSCY, 1994-95 and the Canadian Council on Social Development

As stated in the report, Welfare Incomes 2004:

...most provincial and territorial welfare benefits went down slightly because benefits were not increased in line with the cost of living. New Brunswick froze welfare rates so all recipients lost purchasing power. For a single parent with one child the welfare benefits in 2004 constant dollars were \$9922 per annum, representing a -1.9% change from 2003-2004.³⁸

Pulling children and their young mothers out of poverty is a daunting goal, but one that **First Steps** is committed to helping address.

10.0 IN CONCLUSION: WHAT IS NEEDED

The Board of the **First Steps Housing Project Inc.** strongly believes that based on sound information and documented results, it is imperative to secure the financial sustainability of this facility and where possible, to increase its outreach to the community both in Saint John and elsewhere in New Brunswick. It believes that the intention to develop strategies to address at-risk 16-19 year olds as recently announced in the Throne Speech fits well with the mandate of **First Steps**. The Board also sees links with fostering wellness in these clients as per the Government's Wellness Strategy whereby primary health care issues such as stress management, healthy eating and addictions cessation can be achieved. The clients of **First Steps** also have a need to learn how to access quality day care such as that provided by the Early Child Development Initiatives under the Department of Family and Community Services. Achieving the assurance of protected, multi-year support either all or in part would provide the financial resources needed to continue this service, and where resources permit, expand the services to assist others in this age group across the Province.

One possibility to consider is, beginning in the next fiscal year, to position **First Steps** under the existing program that funds the 13 Transition Houses in the Province with the proviso that the home be recognized as a "specialized" transition house where the length of stay is dependent on the young mother's readiness to move to independent living.

³⁸ Report: National Council of Welfare. Government of Canada. (Spring, 2005). Welfare Incomes 2004. ISBN 0-662-39895-5.

This would be in contrast to the existing policy for conventional transitions homes of 30 days maximum stay.

The Board is prepared and would be pleased to enter into discussions with appropriate government officials to discuss the merits of this request, and strategize either on this or other possibilities. Contact information for this Proposal is presented at the beginning of the document.

APPENDIX 1

Board of Directors
2005-06

<p>Dr. Christine E. Davies Physician Chair</p>	<p>Work: 28 King Street, #3B Saint John, NB, E2L 1G3</p>	<p>Work: 634-8670 Fax: 634-7101 Email: ecdavies@nbnet.nb.ca</p>
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<p>Elaine E. Daley, CA Chartered Accountant, Grant Thornton Treasurer</p>	<p>Work: 4th Floor, Brunswick House, 44 Chipman Hill Saint John, NB, E2L 2A9</p>	<p>Work: 634-2900 Fax: 634-4569 Email: edaley@grantthornton.ca</p>
<p>Kathleen A. (Kit) Hickey Executive Director, Housing Alternatives Inc. and Rehabitat Inc. Board Member</p>	<p>Work: 28 King Street, Suite 3C, Saint John, NB, E2L 1G3</p>	<p>Work: 632-9393 Cell: 636-0276 Fax: 632-1785 Email: khickey@nb.aibn.com</p>
<p>Monica A. Chaperlin Coordinator, Business Community Anti-Poverty Initiative (BCAPI) Board Member</p>	<p>Work: 10th Floor, 300 Union Street, PO Box 5777, Saint John, NB, E2L 4M3</p>	<p>Work: 633-5588 Fax: 634-4245 Email: chaperlin.monica@jdirving.com</p>
<p>Margo H. Emrich Teacher Board Member</p>	<p>Work: Lakewood Heights Elementary School</p>	<p>Work: 658-5348 Email: margo.emrich@nbed.nb.ca</p>
<p>Pamela J. (Pam) Pastirik Assistant Prof., Depart. of Nursing UNBSJ Board member</p>	<p>Work: 1 Tucker Park Road, UNBSJ- Department of Nursing, Irving Hall, Saint John, NB, E2L 4L5</p>	<p>Work: 648-5828 Fax: 648-5784 Email: pastirik@unbsj.ca</p>

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Sharon F. Amirault Executive Director Ex-Officio	Work: 120 Coburg St. Saint John, NB, E2L 3K1	Work: 693-2228 Fax: 693-2232 Email: firststeps@nb.aibn.ca
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APPENDIX 2

Audited Financial Statement
2004-05

APPENDIX 3

Letters of Support