

Creating a System to Record the Number of Children Born to Under-housed Mothers in Toronto

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The purposes of this document are:

- (1) to summarize previous studies estimating the numbers of babies born to homeless mothers annually in Toronto.
- (2) to introduce a new year of data collection in 2013, working toward a permanent system of surveillance.

INTRODUCTION

The Young Parents No Fixed Address (YPNFA) is a network first convened by Toronto Public Health in 1997. At a time when homelessness was becoming more visible in the city, there was widespread concern regarding the perceived increase in pregnant, homeless women. * Adding to this concern was the starvation death of Jordan Heikamp, a newborn baby living with his mother in a downtown Toronto shelter. The purpose of forming the YPNFA network was to better connect and coordinate prenatal and postpartum services to under-housed* mothers, to enable them to retain custody, where appropriate and ensure the best possible future for their babies.

The fourteen agencies originally involved in this collaboration have grown to more than thirty. As a result of the years of collaboration of YPNFA members, several new services have been developed, along with increased collaboration across many vital areas of this highly disadvantaged sector².

STUDIES DETERMINING THE NUMBER OF BABIES BORN TO UNDERHOUSED MOMS

One of the first undertakings of the YPNFA was a coordinated effort to count the number of babies born to under-housed mothers in Toronto annually. The main impetus for this project was the lack of any credible data, either locally, provincially, or nationally, to get an idea of the true size of the problem.

Methods, 1997

The sole source of data was the birth certificates issued to all babies born in the Metropolitan Toronto area for the year 1997. It is noted that Toronto encompassed six cities pre-amalgamation, including the former downtown Toronto, and the former cities of East York, Etobicoke, North York, Scarborough, and York. At that time, birth certificates were received by the Public Health office in mother's city of residence. A baby was considered to be homeless if the maternal address listed on the corresponding birth certificate belonged to a Toronto shelter or maternity home, or if the address was listed as NFA (No Fixed Address).

Results, 1997

Using this information, a preliminary count of 200 homeless babies was derived. Based on discussions with a wide variety of service providers, this estimate was increased to 300, given the many untapped resources, which included women who lived temporarily with family or friends, group homes and detention centres, those in homes for assaulted women, immigrants and refugees, as well as other women who were living with precarious financial supports. Although this number was considered a rough estimate at best, with many segments of the population unaccounted for, the number continues to be widely reported,^{3,4,5,6,7,8} given the lack of other comparable measures

* The working definition of under housed used for this project anyone without access to safe, secure, and affordable permanent housing.

Methods, 2012

An evaluation of Toronto Public Health's outreach programming to homeless, pregnant women was completed in December, 2010. Among the recommendations was the following:

" To develop an approach to better understand the prevalence of pregnancy among homeless and under-housed women across Toronto."
-HARP Evaluation¹⁰

This recommendation resonated strongly with members of the YPNFA, who continue to use the 1998 benchmark, despite the 15 years since this estimate was made, along with the downturn in the economy in the intervening period. Numerous discussions of the YPNFA network were devoted to this topic, as well as how this could be attempted again, given the birth certificates used in the first study were no longer available to Toronto Public Health, and thus the YPNFA network in general.

While the Ministry of Health and Long-Term care had, in the intervening years, begun to collect information on under housed mothers, the statistics (shown below) are clearly not capturing a significant portion of this high risk population.

Number of Babies Born to Homeless Mothers in Toronto*

YEAR	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
#babies	0	1	0	3	2	6	6	3	4	7

*Intellihealth Data, Ministry of Health and Long-Term Care, Received 2010

A new strategy was developed. The methodology used for this surveillance system is summarized as follows:

- (1) Each member of the YPNFA spoke with their own agency about the possibility of sharing data regarding the births of their clients. All potential ethical concerns were addressed within each organization. In addition, the ethics of keeping this information, and using it for analysis, were reviewed by Toronto Public Health, as the designated lead agency for the research.
- (2) In order to miss as few births as possible, there was a concerted effort to reach out to contacts among the YPNFA members, to recruit other relevant service providers in reporting as well.
- (3) In order to minimize the inconvenience to those participating in the system, and thus to aim for a more practical, sustainable system, each agency that expressed some interest in the project was visited, in order to speak to all relevant parties, including case workers, managers, and data personnel. To minimize the burden to individual agencies, as well as to respect client confidentiality, only three pieces of data were requested from each agency; these were (i) the baby's date of birth, (ii) the baby's birth weight, and (iii) the mother's initials. As recommended by the ethics process, all information was kept securely by Toronto Public Health. The number of unique dates of birth were recorded; for cases where two or more births were recorded on the same date, matches in the additional information were checked, and duplicates were eliminated.
- (4) Reporting forms were also kept to a minimum. Each agency sentinel received a monthly Excel reporting sheet and reminder to submit their month's data. The reporting format was non-standard; some agencies used the spread sheet provided while many simply sent a short email with the results.

Results, 2012

Over the course of 2012, representatives from 18 agencies participated in this study. (Please see Appendix I for these participants) These agencies entered the surveillance project at different points in time, as several visits to agency staff and management were generally required to ensure active

participation. Had each agency started reporting on January 1, 2012 and submitted reports for each month, a total of $17 \times 12 = 204$ monthly reports would have been submitted. However, given the pattern of staggered study admission, a total of 108 monthly reports were contributed by the 17 participating agencies. Thus, to derive an annual estimate based on this data collected, the following methodology was used:

1. As noted above, one-hundred-eight monthly reports were received from a total of 17 agencies. Given the potential for two-hundred-four monthly reports from these agencies, it was estimated that $108/204 = 52.9\%$ of the babies born to clients of these agencies were likely reported.
2. A total of one-hundred-fifty-three individual births were recorded, with duplicates eliminated as explained above.
3. The total of 153 babies, therefore, represents 52.9% of the babies born to clients of these agencies this year.
4. Therefore the total number of babies born is estimated as $15300/52.9 \text{ approx} = 289$.

This number is somewhat lower than the 300 estimated in the 1997 study, however, there are many potential reasons for this difference. They include:

- (i) Only seventeen agencies actively participated in the study. Thus, this is somewhat below a city-wide estimate.
- (ii) Children born to moms in shelters for abused women, youth, immigrants, and refugees were not included, as they would have been in the 1998 study.
- (iii) Missing monthly reports were interpreted as reports of zero births.

Discussion

The extension of this surveillance to 2013 has begun. All seventeen participating agencies have agreed to be a part of this continuing YPNFA project. In addition, recruiting has begun among several new agencies, including youth shelters, shelters for abused women and families, shelters for newcomers and social workers working with maternity departments in local hospitals.

While the YPNFA will be repeating this study in 2013, the long-term goal is to establish a permanent format for collecting this vital information, in order to ensure proper resources for this extremely high risk population of mothers and children.

References

1. Report of the Mayor's Homelessness Action Task Force, "Taking Responsibility for Homelessness: An Action Plan for Toronto," January, 1999.
2. Toronto Public Health Weekly, volume 3, No. 17, May 2, 2013.
3. <http://www.stmichaelshospital.com/partners/caps/wac-cap.php>,
4. "A Visceral Grief: Young Homeless Mothers and Loss of Child Custody", Centre for Urban and Community studies, University of Toronto, Oct.2006.
5. Johnston, Rene, "Reaching Out to the Homeless and Pregnant" Toronto Star, Mar.13, 2010.
6. Vanderbird, Melinda, "Balancing Homelessness and Motherhood in Toronto," DispatchesInternational.org, 2011.
7. Burke, Jill-Marie, "Grassroots Nursing for Impoverished Parents", Registered Nurse Journal, July/Aug2010, pp12-17.
8. "On Her Own: Young Women and Homelessness in Toronto," Canadian Housing and Renewal Association, March, 2002.
9. Little, Merry et al (2005), "Adverse Perinatal Outcomes Associated with Homelessness and Substance use in Pregnancy," *Canadian Medical Association Journal*, v 173(6): pp.615-618.
10. Mill, Catrona et al, "Homeless At-Risk Prenatal Program: A Formative Program Evaluation, December, 2010, Toronto Public Health.

APPENDIX I – 2012 Study Participants

Beatrice House
Birkdale Residence
Breaking the Cycle
Central Toronto Community Health Centre
Covenant House
Family Residence
Humewood House
Jean Tweed Centre
Jessie's Centre
Massey Centre for Women
Ministry of Community Safety and Correctional Services
Robertson House
Rosalie Hall
Toronto Public Health – Healthiest Babies Possible (HBP) Program
Toronto Public Health – Homeless At Risk Prenatal (HARP) Program
Yorktown Family Services
Yonge Street Mission's Evergreen Centre for Street Youth