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Commentary

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Three hundred babies born to underhoused mothers in Toronto—understanding the problem and how we can help

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Abstract

Little is known about pregnancy in underhoused women, possibly because the number of underhoused mothers with babies in Toronto has been significantly underestimated. Using a novel data collection method, it has been found that there are approximately 300 babies being born each year to underhoused women in Toronto. This finding has significant public health implications, as these women are at increased risk of multiple issues related to physical health, mental health, child protection, poverty and safety. This commentary presents a new data collection strategy, highlights the importance of accurate data collection and offers suggestions for supports for this over-looked population.

Keywords: *Adolescent health; Advocacy; Child health; Homeless; Social policy; Underhoused.*

Underhoused mothers with babies are a markedly under-recognized population. Data collection systems typically fail to capture their existence and policy discussions rarely include them. However, an innovative data collection method based on interagency collaboration provides evidence of hundreds of births to underhoused women annually in Toronto, exposing a significant public health issue.

The health of these babies is of paramount concern when working with this population. Thus, underhoused mothers must often overcome significant barriers to retain custody, while simultaneously confronting many adversities, including past traumas and limited resources. If separated from their babies, they may experience long-term psychological and social consequences.

This commentary presents a novel but generalizable methodology employed to capture the number of babies born to underhoused mothers in Toronto, highlights the importance of accurate data collection and suggests further supports for this over-looked population.

DEFINITIONS

For this commentary *underhoused* is used and defined as 'anyone without access to safe, secure and affordable housing' (1). Multiple terms have been used to discuss this population including *homeless*, *underhoused* and *street-involved*. Underhoused includes those in detention, shelters and refugee centres, as well as those couch surfing, living temporarily with family/friends and in prenatal homes/parent resource centres.

THE NEED FOR A NEW DATA COLLECTION STRATEGY

Until recently, the number of babies born to underhoused mothers in Toronto was unknown. The two main existing data sources had produced widely disparate results. A 1998 study by Young Parents No Fixed Address (YPNFA), a network of agencies serving these women, estimated 300 such births annually, determined through the use of birth certificate addresses. Unfortunately, these documents became unavailable for further studies. Subsequently, housing information was derived through the Ontario Ministry of Health and Long-term Care (MOHLTC) hospital discharge data, which relied on new parents self-disclosing homelessness. Reports of births in this category ranged between zero and seven in Toronto for the years 2000 to 2015. As this parental declaration could have immediate and serious implications regarding custody of the newborn, the investigators speculated that there was significant under-reporting of underhousing in this database.

In order to address the issue, YPNFA developed a new strategy for collecting data on housing. Seventeen member agencies tracked births to their underhoused clients, recording each baby's initials and birthdate. The current estimate of births is likely higher given the limited number of agencies participating in these studies. By combining these records and excluding duplicates, the number of babies born to underhoused mothers working with YPNFA agencies was estimated to be between 275 and 315 in Toronto, Ontario for each year from 2012 to 2014 (1). These numbers are significantly higher than the estimates provided by the MOHLTC, demonstrating little change since 1998.

WHY DATA MATTERS

The literature suggests that underhoused mothers are more likely to confront multiple adversities, as will be reviewed below. Underhoused status can exacerbate these vulnerabilities and introduce significant child safety concerns. The challenge of mitigating these vulnerabilities is intensified by a lack of data on the true prevalence of underhoused mothers in Toronto. Accurate surveillance data would support advocacy for and inform planning of targeted interventions for this population.

FACTORS ASSOCIATED WITH UNDERHOUSED STATUS

While multiple factors will be presented below, it is important to note that their relationship to underhoused status is complex.

Poverty

The main causes of homelessness for women and families in Canada are poverty and violence (2). Poverty is associated with lack of prenatal care, food insecurity and inadequate family supports (3), all of which amplify negative outcomes in these families (2). Approximately 50% of women living on Toronto's streets become pregnant before finding permanent housing (4).

Youth

Women under age 25 represent about one-third to one-half of underhoused youth in Canada (5). Approximately 50% of these women will become pregnant, particularly during the first year of being underhoused (4). The many risks underhoused adolescents face are heightened by a pregnancy (6). The need for food and shelter often puts these women at risk of involvement in the sex trade as means of support (7).

Mental health and substance abuse

Underhoused women have been found to have higher rates of substance use and mental health problems than their housed counterparts (5). In 2008, it was found that 11% of pregnant women who were homeless consumed alcohol in the past month and up to 5% used illicit drugs during pregnancy (8). After pregnancy, if custody is lost, substances may be used as a coping method (5).

Child protection issues

The odds of mother–child separation are increased with long-term homelessness, drug use and mental health problems. An infant is more likely to be removed from a mother's care in situations of confirmed maternal drug use during pregnancy, lack of prenatal care, lack of proper housing and history of apprehension of previous children (5), all of which are common among underhoused mothers.

Apprehended children may be adopted, live in foster families or group homes, run away from state care and/or end up homeless (5). For the mother, financial benefits are often decreased when a child is taken into care. This income reduction can affect the family's ability to maintain housing, rendering them unable to provide a suitable home for their child's return (5).

INTERVENTIONS TO SUPPORT THIS POPULATION

An enhanced surveillance strategy would provide the necessary data to support and further inform the development of initiatives to address the underlying factors associated with underhousing among mothers.

Collaboration

The 20-year plus history of the YPNFA is a testament to the importance of collaboration in serving homeless families. Like networking facilitated data collection, collaboration among care providers is vital for supporting disadvantaged families. YPNFA agency networking has fostered major collaborative projects among members, including creation of new services like affordable full-service transitional housing, respite care, bereavement courses and educational events. Advocacy efforts have ranged from testimony at a Coroner's inquest to successful campaigns for priority housing. Nonetheless, while networking among agencies has expanded, individual agencies tend to become isolated, with no mandate linking service providers within ministries, let alone across sectors. In fact, many YPNFA agencies compete for the same funding, another barrier to collaboration. Increased efforts must be placed in streamlining care so more efficient services can be provided.

Housing

A major determinant of health is quality housing. Since the 1993 dismantling of Canada's housing program, family homelessness has increased in Toronto, particularly for female led households, due to costs (9). The main contributor is costs; the average rent for a two-bedroom apartment in 2013 was $1,216. Thus, a single parent working full-time at minimum wage would need more than 50% of after-tax monthly income for rent (10).

Pregnant or parenting women often face increased barriers to stable housing, imposing a higher risk of living in substandard units (11). There is a need for supportive, affordable and safe housing for women and children. Supportive housing models integrate services and housing in the same location. An evaluation of two different supportive housing models in Toronto operated through the Jane Tweed Centre (JTC) showed cost savings to the health system with a reduction in hospital Emergency Department visits and use of Withdrawal Management Services, increased housing stability, improved family life and increased sense of safety and well-being (12). Embedded access to addiction treatment has been shown to increase the chance of regaining custody of apprehended children (12). The JTC supportive housing programs use women-centred, trauma-informed and harm reduction frameworks, which take into consideration all aspects of women's lives including trauma, pregnancy, mothering and single-parenting (12); services with these orientations should be the foundation for future initiatives geared toward underhoused mothers.

Another consideration is the Inner City Access Program, which integrates cluster care (same team of care providers for clients living within a certain area/building) and supportive housing models with health care for homeless, underhoused and marginalized populations within the shelter system (13). A pilot evaluation showed initial cost savings and positive client engagement, however this program should be further explored for longer-term outcomes.

Health provider training

Canadian physicians lack sufficient training, resources and awareness of the inequities of the social determinants of health that may impact their ability to care for their patients and communities comprehensively (14). The American Academy of Pediatrics has recommended that paediatricians, nurses and social service workers be trained in screening, assessment and referral of parents living in poverty (5,14,15). In addition, interventions delivered in home settings or through primary care providers are flagged as generally inaccessible to underhoused clients (15). It is important that physicians are aware of the prevalence of underhousing and resources such as particular housing options available for underhoused mothers.

CONCLUSION

Nontraditional, collaborative data collection methods have allowed for the identification of a significant number of underhoused mothers in Toronto. The expansion of a community-based network has facilitated increased service coordination and coverage for this traditionally hard-to-reach population. However, ongoing effective monitoring of this at-risk group will require assistance from

the MOHLTC or other established surveillance programs, as community-based networks may be affected by changes in individual agency policies, management and staffing. There remains a critical need for increased cross-sectoral collaboration and supportive housing to appropriately address the complex needs of the families of underhoused women. Such initiatives hold the potential to pay dividends for families caught in the vicious cycle of poverty and unstable housing and may also prove successful in other areas.

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