

# INVESTIGATING THE EXPERIENCE OF TEENAGE PREGNANCY IN PRINCE GEORGE, BC



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*A Report for Community Members*

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A UBC/UNBC Collaboration

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# Acknowledgements

First and foremost, we would like to acknowledge and thank the young mothers and service providers who participated in the interviews and shared their experiences with us. Your willingness to share your stories and your time is greatly appreciated. We also wish to thank School District 57, the Northern Health Authority, and the Prince George Elizabeth Fry Society Young Parenting Program—in particular, the Teen Mothers' Alternative Program (TMAP), Focus, and Healthiest Babies Possible—for helping us to carry out this study. We also want to thank the BC Medical Services Foundation (Vancouver Foundation) for their generous financial support of this research. We hope that this project marks the beginning of a long and successful partnership.

This community report is organized into 3 sections:

## About This Report

1. Description of our study participants,
2. Summary of the key research findings, and
3. “Potential Next Steps” that service providers, policy makers, young parents, and members of the Prince George community could consider in order to assist young mothers and their children. These suggestions were made by study participants, as well as the research team.

Throughout this report, we include quotations from young mothers and service providers who participated in this study. These quotations provide insights and illustrations in the study participants' own words. None of the participants are identified by their real names, and we have made every attempt to protect their privacy by removing personal information that may identify them.

## Research Team

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# Introduction

While many areas in northern BC have high rates of “teenage motherhood”, this project was conducted in Prince George (PG). The age-specific fertility rate in PG (18 live births per 1,000 women aged 15-19 years) significantly exceeds the provincial average in BC (10 live births per 1,000 women aged 15-19 years)<sup>1</sup>. PG is “home” to a large proportion of young mothers, including those that may migrate from other communities in order to give birth and to raise their children in PG. As BC’s largest northern community, PG represents an important and unique community in that it is both urban and yet remote from many services that are centralized in the Lower Mainland. This study created a new opportunity to investigate the experience of young motherhood in a setting that has not yet been explored extensively .

We conducted this study in order to learn about the factors that affect young mothers’ experiences and hopes related to education, employment, parenting and housing. Instead of viewing the age at which young women have their children as *the* problem (e.g., “babies having babies”), this study tried to look at the issues from a new angle. We asked questions about the ways in which young mothers are affected by the world that they live in. Through in-person interviews, we heard the stories of 25 young mothers (15-25 years of age) living in Prince George.

From listening to them, we learned about the complex lives that young mothers in PG lead and the sophisticated strategies they use to manage their situations. Unlike many of their peers, young mothers juggle multiple roles and responsibilities. They are learning to parent, going to school, working, providing for their children, and often they are looking for housing. They described themselves as mothers, daughters, students, workers, partners in intimate relationships, sisters, and members of their particular social and/or ethno-cultural communities. For young mothers who identified as Aboriginal, they often said that their heritage helped to “ground” them and put their identities into context (e.g., this is where I come from and this is what my place is in the world). Idealized notions of what it means to be a “good mother” and an “ideal woman” often came up during our interviews, especially when young women described how public attitudes towards young mothers and government policies shape their lives.



## Research Methods

Prior to beginning this study, members of the research team contacted service providers at three local programs that serve young mothers—Healthiest Babies Possible, Teen Mothers’ Alternative Program (TMAP), and Focus—to determine whether or not they would be interested in allowing us to conduct research at their agencies. Members of the research team made presentations to staff at each recruitment location and received administrative approval from the Northern Health Authority and School District 57 to conduct research at these sites. Ethical approval to conduct this study was also granted by UBC’s Behavioural Research Ethics Board.

Young mothers were recruited to participate in our study through our community partner agencies. Recruitment posters and pamphlets posted at each agency invited young mothers who were interested in participating to contact the researchers at a toll-free telephone number or in person. From November 2004 to June 2005, the research team completed a total of six weeks of fieldwork. Researchers observed daily life patterns in PG and attended a range of programs that serve young mothers. We made detailed notes about the everyday life events they observed, informal discussions with young mothers and service providers, and the interactions of participants had with their physical, cultural and social environments. Materials such as newspaper articles, community-based reports and productions, and pamphlets of local resource for young mothers were also collected and analyzed.

<sup>1</sup> BC Vital Statistics. (2004). Table 10, Live Birth Fertility Rates by Local Health Area. *Selected Vital Statistics and Health Status Indicators, 133rd Annual Report*. Retrieved November 23, 2005, from <http://www.vs.gov.bc.ca/>

Over this eight-month period, we conducted 76 in-depth interviews with 25 young mothers (ages 15-25 years), as well as 14 service providers who work with young moms. Most of the young mothers completed 2-4 interviews. Interviews were usually tape recorded and then transcribed and checked for accuracy. All personal identifiers were removed from the transcripts. Copies of interview transcripts were given to participants who requested them, and they were given the opportunity to have changes made to their transcripts, if they wished. The transcripts were then coded and analysed by members of the research team. We returned to PG twice to share our emerging findings and receive feedback from our study participants and community partners. Their insights have informed the study findings and potential next steps we present in this report.

## Description of Study Participants

### Participant Recruitment

The 25 young mothers who completed in-depth interviews were recruited from three local agencies:

- ⇒ TMAP (18 women)
- ⇒ Healthiest Babies Possible (5 women)
- ⇒ Focus (2 women)

One other participant learned about our study from a friend.

The 14 service providers we interviewed worked in a number of agencies in Prince George that provide services to young mothers (as well as other individuals). These service providers worked in the fields of education, health care provision, parenting programs, social services, outreach, and addiction services.

Our sample included people from various family, social, and ethnic backgrounds, although the programs that we partnered with to recruit participants were primarily used by mothers who live in low-income situations.

While very few of the young mothers had actually been born in Prince George, many of them had spent the majority of their lives in PG. A few of these young women had moved to PG so that they, or a family member, could access services that were not available in their home communities (e.g., health care or further education).

### Number of Children

During the interview period, 18 of the 25 young mothers lived with their children. Most of these mothers had custody of their children, or shared custody with the child's father or his/her parents.

Two of the 25 women were pregnant with their first child. In addition, two participants were pregnant with their second child.

Figure 1. Number of young mothers who participated by age

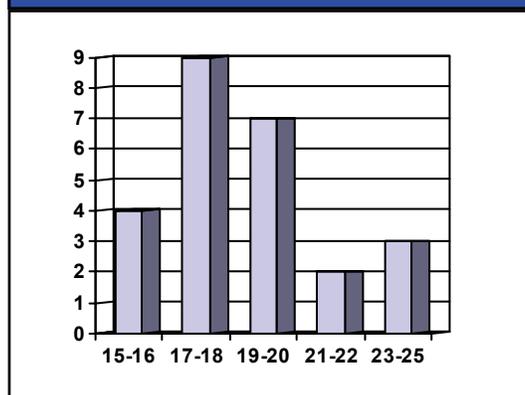


Table 1. Young mothers' ethnicities

	# of women	% of women
Aboriginal	15	60%
White	9	36%
Other	1	4%

Table 2. Number of children per participant

	# of women	% of women
Pregnant with 1st child	2	8%
1 child	13	52%
2 or more children <sup>1</sup>	10	40%

<sup>1</sup> This includes mothers who are caring for stepchildren or younger relatives

# Key Findings

## *Young Mothers' Relationships with Service Providers*

Most of the young mothers said that they had at least one service provider that they could turn to for help no matter what, which was often described as “meaning the world” to them. Service providers also identified the importance of connecting with young mothers – maintaining professionalism, while being willing to go the extra mile to help. Both mothers and service providers described how funding cuts (in social services, education and human resources) had negatively affected their relationships with one another. As the rules change and resources shrink, these relationships come under increased strain. Young mothers live in a world that is increasingly hostile towards their needs, yet often need to seek help as a result of unmet needs. Service providers are also operating in a similarly hostile environment, where they are more frequently being forced to become “gatekeepers” and “managers” of services; they also are frustrated because paperwork cuts into the time they want to dedicate to providing direct service to young mothers.

*The teacher I met was really...she was supportive and she was really understanding about everything that was going on, and she helped me out with a lot of the issues that I've had...like with my children...me being in care. We did weekly meetings and we all sat down in a room and talked about my issues and what I need to overcome and, you know, just my work and everything. It helped me out a lot.*

*(Jamie)*

## *Childcare is a Determinant of Young Mothers' Success*

The provision of childcare through the Elizabeth Fry Society was widely recognized by mothers and service providers as being critical to young mothers continuing their formal education. Knowing that their children were safe and well cared for within very close proximity helped young mothers to concentrate on their studies, while continuing to bond with their children (e.g., breastfeeding, having lunch with their children, receiving parenting advice from workers). A few mothers were frustrated that they could not secure full-time placements for their children and others found it difficult to find good childcare when they were not able to be at school (e.g., when they attended appointments during school hours). Limited subsidized childcare options also make it challenging for young mothers to continue their education beyond high school and to seek employment.

*You get stressed out...Like the other day – oh, I was just so stressed...I just felt overwhelmed...like looking after him, it's hard by yourself. [pause] I even thought of putting him in care for like once a week or whatever. [My friend] does that, but there's too many creeps out there. I don't know if I could trust to leave my kid with somebody I don't know.*

*(Hope)*

## *Flexible Parenting Programs are Needed*

Young mothers appreciated being able to access services and supports when needed, but they did not want service providers to assume that their parenting skills required “fixing” de facto because they were *young* mothers. A few service providers acknowledged that this assumption sometimes occurs, and said that many young mothers may often benefit from having access to longer-term supports, rather than a being expected to participate in a number of intensive programs in a short period of time, which may feel overwhelming. It can also be difficult to build trusting relationships with service providers during short-term programs, especially when young mothers are mandated to participate in multiple programs simultaneously.

Many young mothers said they would also prefer to receive parenting classes that are tailored to their children's current stage(s) of development. Mothers of *newborns* would prefer to receive parenting advice that focuses on *newborns*, rather than more general classes that provide an overview of parenting during the “early years”.

*There's huge assumptions without people really digging to find out what's really going on for that mum, whether she needs all these supports thrown at her... “Okay, you better go to this parenting program. You better commit with this and this and this and this,” to the point where that poor young person isn't provided the opportunity to be normal, to be human, to enjoy having a baby. I mean she's already got enough challenges and issues, but when you've got people coming in and out of your home every day...you can have as many as five outreach workers, it gets a little much.*

*(Ruby)*

## Flexible Approaches to Reach Educational Goals

During the study period, 19 of the 25 young mothers we interviewed were enrolled in school. The majority of participants said they had completed Grades 10 or 11, and were enrolled in TMAP, Focus, or one of School District 57's Continuing Education programs.

Young mothers and service providers strongly believed that flexible approaches to teaching and learning are important. Flexibility allows room for young mothers to meet their parenting demands, participate in other parenting and social services, work part- or full-time, and move forward through the curriculum at their own pace. However, tensions can occur when students do not meet basic standards that are required to remain eligible for a program or service. Both service providers and students often become frustrated when young mothers' IEPs are not completed on schedule and/or when the minimum attendance requirements are not met.

Before enrolling in their current programs, a few students had been out of school for an extended period, sometimes up to two years. When they enrolled in TMAP or Focus they were assessed and Independent Education Plans (IEPs) were designed. Sometimes this meant that they were completing courses from different grade levels simultaneously (e.g., English 10 and Math 11). This also meant that some students had to "catch up" by taking courses at a grade level lower than their previous classmates. These two factors sometimes made it difficult and/or embarrassing for participants to identify what their "last completed level of education" was.

	<b># (%)</b>
<b>Grade 7</b>	1 (4%)
<b>Grade 8</b>	1 (4%)
<b>Grade 9</b>	4 (16%)
<b>Grade 10</b>	14 (56%)
<b>Grade 11</b>	2 (8%)
<b>Grade 12</b>	1 (4%)
<b>1-2 yrs post-secondary</b>	1 (4%)
<b>Post-secondary degree</b>	1 (4%)

## "Ageing Out" is a Significant Policy-Related Problem

"Ageing out" occurs when a young mother no longer qualifies for service because she has turned 19 – for example, MCFD youth agreements end on a recipient's 19<sup>th</sup> birthday. Ageing out creates a "pressure cooker" situation for many young mothers. For example, a woman who becomes a mother on her 17<sup>th</sup> birthday has about 20-24 months to complete her high school education before age 19. Since many of the mothers in our study previously had been expelled or dropped out of school, the prospect of rapidly catching up and completing their high school requirements before age 19 was daunting. For some Aboriginal mothers, access to funding for post-secondary education depended on successful completion of high school before they "aged out". It is ironic that current policies dictate that young women who bear children at "too early an age" become "old enough" to manage on their own by age 19. Mothers who had "aged out" found it very difficult to complete their high school education and, subsequently, were not able to access post-secondary job training – something they viewed as being essential for securing better housing and getting out of poverty.

*I see these girls that are ageing out and it doesn't mean that they have any more skills but they're 19 and, "Oh, your services are done," and that makes me kind of, you know, wonder.... Like, I have a couple of girls that would love my services but can't access me...because they're not technically 'teen' mums, right?*

*(Erica)*

## Pragmatic Educational Plans

After completing high school, most of the young mothers planned to enroll in short-term job training programs, reflecting their pragmatic approach to quickly finding employment. Young mothers also described their plan to take a "staged" approach to completing their post-secondary education (e.g., starting with a certificate program, then moving into a diploma or degree program, if they could afford to). Sometimes, however, young mothers excluded themselves from thinking about the possibility of enrolling in university or other longer-term training programs (e.g., trade programs, co-op degrees). During our interviews, many young mothers described a

*Then after I'm done [Grade 12] I'm going to get into college, take the year course first for Social Services certificate, and then I can work with that for a while and then go back to school in a couple of years after that to further my education.*

*(Alison)*

“Catch 22” situation whereby they have aspirations about continuing their education, but must look for work (as required by the Ministry of Employment and Income Assistance—MEIA), to support themselves financially. This was viewed as a serious source of frustration for some participants, who described their educational futures as being cut off.

## Barriers to Employment and Financial Independence

The number of young mothers employed full- or part-time during the study period varied, depending on their parenting and education responsibilities, as well as the flexibility of their employers. Low wages, coupled with job insecurity, heavy debt loads, and few prospects for well-paid employment in the future created a vicious cycle for many of the young mothers in our study.

When our study began, two young mothers were working full-time in the service industry but by the time we completed our interviews eight months later, one of these women had to quit her job because she could not find reliable childcare and affordable transportation that accommodated her shift work schedule.

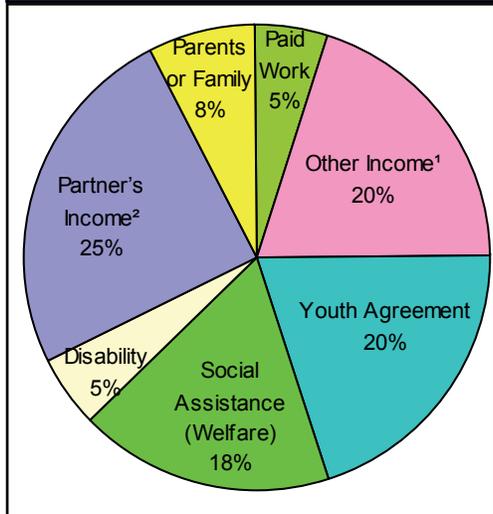
Because many young mothers have difficulties completing high school, they do not qualify for many post-secondary training and educational opportunities. For mothers in our study who had partners, the seasonal and/or temporary nature of their partners’ work (because of local employment and economic environments) meant that there was limited financial stability for their families. Juggling paid work and unpaid work, in addition to the demands of completing their schooling, created stress. This also had an impact on their relationships with others (e.g., children, partners, friends, family, co-workers, etc).

When we asked about their aspirations for future employment, many of the young mothers wanted to pursue careers in the helping professions (e.g., social work, child care). Others suggested that they would potentially plan to switch to another career later in life (once their children are in school; once they get on their feet financially; once they gain work experience). In nearly every interview young mothers pointed out that finishing their high school education was the most essential step forward for them in achieving their personal employment goals.

## Ageism and Racism

The most common examples of discrimination toward young mothers in our study came up when they described how they resented being stereotyped as incapable of parenting well, often because they were seen as too young and immature. This stereotype also included the belief that young mothers had engaged in sexual activity at too early an age, as well as the misconception that young women who “let themselves get pregnant” were irresponsible and/or promiscuous. In addition to being “too young” to be a “good mother”, some Aboriginal women described how they felt stereotyped because of their ethnicity. These stereotypes also made it difficult for some young mothers to ask for help (even when they really needed it) because they wanted to resist being labeled as a “bad mother”.

**Figure 2. Young mothers’ sources of income**



<sup>1</sup> Includes babysitting, GST, and Child Tax Credit.

<sup>2</sup> Includes partner's income and child support payments.

*It's like, you know, what can I show my kid if I don't finish high school?... You can't get anywhere in this world now without high school or at least your Grade 12. You can't even work at McDonald's full-time without your Grade 12.*

(Kelly)

*Like if [my son] went anywhere with me, people were looking at us...and that just wants to make me say, "I had sex twice, you know!" ... They're like, "Little girls having little babies," sort of thing and I don't think they give us nearly enough credit as they should. It's hard for 30 year olds, let alone teenagers, you know?*

(Jenny)

Many young mothers were also told that the “best thing” they could do for themselves and their children was to give their babies up for adoption, a suggestion they disagreed with. This sometimes contributed to disconnections between *some* service providers and young mothers, which was further complicated when some mothers indicated that they had wanted to have their children at this point in their lives rather than waiting until later.

Many service providers spoke about the importance of challenging the stereotype that young mothers are “bad mothers”. They told us that not only can negative societal attitudes toward young mothers influence the amount of funding service agencies depend upon to adequately meet their clients’ needs; ageism and racism can also discourage some young mothers from seeking services when they need them.

*There’s a mindset out there that “if you can’t afford to have children then you shouldn’t have children...if you can’t afford to parent independently, let’s take the kid away from them and get it adopted out to a “good” family. We battle so many of those kind of perceptions that underlie a lot of our social policies.*

(Ruby)

### Barriers to Affordable, Quality Housing

Housing was a major concern for most of the young mothers. The majority of them rented suites, apartments, or townhouses in lower income neighbourhoods. No participants were living in social housing during the interview period, although some were on waiting lists for this type of housing. Mothers were worried about the unhealthy and unsafe conditions of their homes (e.g., mould in basement walls, broken windows and doors, thefts).



Landlords often delayed making repairs, ignored tenants’ requests, or did shoddy work. In a few instances, women told us that their housing was not accessible (e.g., one mother lived in a third floor apartment where there was no elevator). Many mothers were concerned that their poor quality housing would put their children at increased risk of being apprehended.

*Welfare would be like, “Oh, you live in a trashy looking house.” “Well, what if it’s not my fault that it’s trashy when I moved in here?” You know, if there’s holes in the walls...maybe it’s not from me and like it’s very complicating.*

(Angela)

When looking for housing, many young mothers faced discrimination (based on their age, ethnicity and social position). We heard that many landlords do not want to rent to “teen” moms, especially if they are of Aboriginal heritage and/or receiving social assistance.

*I had nowhere to go and all my damage deposits were used up ... I couldn’t go look for a place without a damage deposit. So, it took me like almost three months to save up for our damage deposit.*

(Tracy)

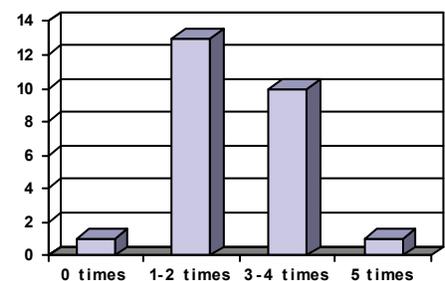
Good quality, affordable housing in child-friendly, centrally-located neighbourhoods in PG is very limited. Low incomes meant that many mothers could not afford to live in “good places,” had trouble saving up for damage deposits and utility hook-up fees, and furnishings. Sometimes they felt like they had to “settle for” a sub-standard apartment because of these and other barriers (e.g., lack of transportation).

On average, young mothers in our study had moved 2-3 times in the previous year. Many young mothers did not have access to vehicles, so they resorted to whatever means possible in order to complete their moves (e.g., shopping carts).

*We moved from one place to another. And, that alone was stressful. We didn’t have enough money to get a moving truck. [Interviewer: How did you move?] By [shopping] cart. We didn’t have a lot of furniture then. We just had my bed, a table, a toy box.*

(Andrea)

Figure 3. Number of times young mothers moved in the last 12 months



## *Relationships with Intimate Partners, Family, and Friends*

There is a strong inter-connection between the well being of young mothers and the stability of their intimate partners (especially those who are the fathers to their children). Contrary to stereotypes, some intimate partners were described as being devoted and involved fathers. However, some mothers described experiencing intimate relationships that were profoundly problematic and sometimes dangerous. Many of the young mothers were angry about MCFD's "spouse in the house" policy, which was seen to create barriers to including fathers (or intimate partners) in parenting.

The majority of participants did not report having experiences of violence or trauma; however, some participants' life stories did include reports of such experiences. These stories involved descriptions of trauma (e.g., death of a loved one) or violence (e.g., being abused or witnessing abuse). While none of the study participants disclosed "reportable information," a few of the mothers told us that during their childhoods they had previously been "in care" of the Ministry of Children and Family Development (MCFD). As adults, these young women consistently reinforced that they were dedicated to stopping the "cycle of abuse."

*Kids who grew up in care have a hard time parenting because they've never been parented appropriately in their family of origin.... I definitely see children who grew up in care or spent a portion of their lives in care [...] and then have difficulties parenting because they never had an appropriate role model.... [But] we also see it the other way.*

*(Ellen)*

Like many mothers, the young mothers in our study viewed family as an important potential source of support (including financial, emotional and parenting supports); however, they also described how it was challenging to maintain their autonomy when their parenting styles clashed with those of their own parents or older relatives (e.g., grandparents). Providing parenting advice is complicated. Many young mothers wanted to live independently because they wanted to be the primary caregivers for their children. Sometimes when they received "helpful" advice from family members (or service providers) they were afraid that their role as parent was being questioned or challenged. Like many first-time parents, the mothers in our study said that they would appreciate it if parenting advice was *shared with* them, rather than *told to* them.

*We were living with his parents and [my partner's mother] wouldn't let me raise my kid by myself. It was always, you know, "Oh Natalie, I think he needs his bum changed. I think he needs a bottle." It was just always what she thought. It wasn't very nice.*

*(Natalie)*

Being a young mother also meant learning how to manage diverging interests and the competing demands of motherhood. This often affected their relationships with friends. Some regretted losing touch and found it difficult to make new friends. Others actively chose to end friendships that they felt were negative influences on their lives.

## *Improving Sexual Education and Services*

Every mother that we interviewed suggested that young people should be able to receive good quality sex education in school and that it could be an important part of their growth and development. However, the complexities of delivering sex education programming were not lost on the mothers (e.g., age-appropriate sex education; balancing parental values and public health responsibilities).

*I was like, "Yeah, yeah, whatever...", like I never thought I'd get pregnant. I was like: "ovulation? Isn't that what old people do? I don't ovulate. What the hell is that? And, then, poof...it happens."*

*(Angela)*

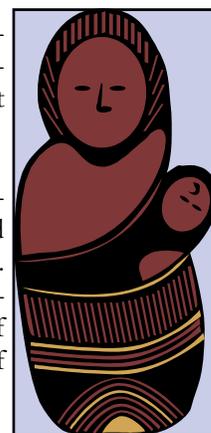
Most mothers agreed that sex education in schools (and that also provided by parents) needed to be improved. Most young mothers recalled how sex education focused on physical, not emotional, issues. For example, they remembered how their sex education classes focused on male and female anatomy, menstruation, and

*Like I want my child to be able to come up to me and tell me if he needs to have condoms or something, you know... if I only told him when he was 14, then he probably wouldn't. But, if I told him [about sex] when he was 8, then he'd probably feel comfortable talking to me.*

*(Faith)*

abstinence. They also recalled how teachers were embarrassed and uncomfortable with the material, an issue that some service providers also identified as a problem. Many of the young mothers said they plan to provide their own children with more information about sex and hope that their children will feel more comfortable approaching their parents for advice and assistance.

During our discussion about services, a few of the mothers that free condoms should be available in schools, as well as in other settings (e.g., youth clinics, doctors' offices). They suggested that free birth control might help some young people access it and alternately choose to use it. Because the issue of "choosing to use" any type of birth control is complicated by power relationships (both within intimate relationships and with health care providers) as well as a host of other factors (e.g., cost and availability), no single solution will adequately address the needs of young people.



## *Experiences with Substance Use and Harm Reduction*

Those whose lives have been touched by substance use (through their own addictions and/or those of friends, family or intimate partners) described how substance use had or continues to intersect with nearly every aspect of their lives, including parenting, interpersonal relationships, employment, and housing. For example, one young mother who had not used alcohol or drugs for a number of years, relapsed when she lost her housing and, subsequently, custody of her child. We also heard stories from some service providers and young mothers that seeking help for drug/alcohol problems was sometimes a trigger for MCFD investigations. As a result, some mothers may be hesitant to access treatment services because they are afraid their children might be apprehended.

Some young mothers with substance use issues told us that having a baby was a "turning point" in their lives. Service providers noted that when a woman became pregnant or gave birth, many more options for addressing substance use problems (and related issues such as homelessness) became available. Although most formal interventions regarding mothers' problems with drug/alcohol "kick in" after the birth of their children, service providers told us that efforts are being made to identify a specific set of criteria that substance-using mothers (and other women labeled as "high risk") need to meet in order to reduce the chance of having their children apprehended at birth (e.g., having a safe environment to bring their babies home to). There are complexities associated with this type of preventive intervention, as most service providers and mothers acknowledged.

Several service providers and young mothers expressed frustration at the slow progress of implementing harm reduction approaches. While the context of drug/alcohol services and policies in Prince George is changing (e.g., new approaches are forthcoming that merge alcohol/drug services with mental health services, etc.), most of the service providers and mothers that we interviewed described how difficult it is currently for many young mothers to access appropriate drug/alcohol treatment facilities (i.e., programs that adopt woman-centred care as well as address the child(ren) as part of addicted mothers' lives).

*I think if it wasn't for me getting pregnant, I probably would have died because I would have...kept going down and down and down, down, down and ended up working the streets and probably doing a lot more drugs.*

*(Hope)*

*Like the nurses at this clinic here, they're trying to get a place up and running for pregnant moms that are on drugs and alcohol at the time. And help them get into this house that they want to happen to deal with the pregnancy by living there for at least six months and...do parenting and stuff like that, instead of them on their own. So that they have help right in the house. So that's what they're trying to set up right now. That's really good. 'Cause I never had that this time, or last time.*

*(Krista)*

*We had a wonderful program called NWIC, Northern Women and Infants' (Treatment) Centre, and they built a beautiful addition onto the uh detox unit.... It was live-in treatment for mom and baby.... When they went in and they agreed to it, they didn't go out for the first week at all. And so social workers could make arrangements for the moms to be with their children 'cause they had a day-care there and all that kind of stuff. And we sent a couple of girls through it. They graduated from the program successfully.... But they closed it down after two years.*

*(Maria)*

# Potential Next Steps

The following suggestions are meant to stimulate discussion amongst various stakeholder groups. The suggestions represent a starting place from which we can move forward together. Many of the suggestions come directly from interviews with young mothers and service providers, while others have been identified as a result of combining their ideas with what is known in the research and policy domains.

## *Improve Levels of Support for Service Providers*

In many programs, service providers are overworked and under-resourced. Despite the heroic efforts of many service providers, young mothers and service providers expressed frustration about the ways in which service provision mechanisms are designed to “kick in” primarily when situations become dire. Funding levels for the provision of *preventative* support services should be increased and their stability should be guaranteed within a minimum of 3-5-year funding windows.

## *Enhance Support for Childcare*

**Childcare provided on-site.** The provision of childcare services during school hours is crucial to the educational success of mothers and the continued development of healthy relationships with their children. The expansion of on-site care and/or complementary forms of childcare could make significant contributions to educational opportunities for young mothers (e.g., provide on-site childcare for young parents enrolled in programs at the Centre for Learning Alternatives; daycare for the children of TAPS students). This is a long-term project, but it could have significant, positive effects on mothers’ educational outcomes as well as outcomes for their children.

**Childcare subsidy.** In situations where low-income mothers and parents are trying to qualify for childcare subsidy, policy makers should take into account the effects of working in temporary and/or seasonal jobs on annual reportable income. Although revisions to MCFD’s Child Care Subsidy Program appear promising for young parents (especially those living in northern communities), we were unable to ascertain how the new agreement would affect parents working in temporary and/or seasonal jobs.

*I don't think it's fair to offer...a school for teen moms if you're not gonna take their kids.... And they expect me to go on a regular basis. I don't think that's fair. I tried so hard to get my kids in there and then the government wouldn't fund it.... I can't afford two babysitters. I can't afford a work babysitter and a school babysitter.... I want my kids to be around me more than they are, more than the babysitter.*

*(Melanie)*

## *Provide Ongoing Tailored Support for Young Mothers*

Programs that adopt upstream, preventative and empowering approaches (e.g., E. Fry’s Family Development Program) hold good promise to address needs in proactive and ongoing ways. Young mothers want to be able to access these types of supports as their children grow and develop – rather than receive general information about the “early years” within a short period of time.

**Offer graduated and age-appropriate approaches to the development of parenting skills.** This kind of approach might help enhance the effectiveness of parenting skill-building efforts.

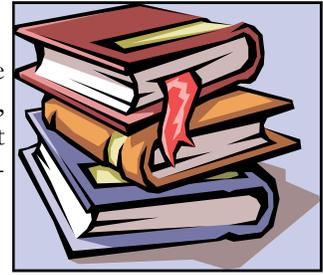
**Offer young mothers the option to attend prenatal classes that are tailored for their age group.** Some young mothers said that they would be more comfortable attending prenatal classes that included only mothers less than 25 years, rather than classes provided to the public.

*If it was like all younger people that might make it [prenatal class] more, more suitable... 'cause a lot of times they're just like, "These young people shouldn't be in here, period." ... most of them were like older, in their twenties, thirties and married with good jobs and here we are, we're...just getting off drugs and everything else.*

*(Tracy)*

## Students Request Quiet Study Spaces & Times

The flexibility offered through community alternative educational programming, like Focus, should be complemented by the provision of some forms of quiet study space, where students can work silently and individually. Another suggestion was to implement specific time slots during the teaching day to allow for extended periods of concentration and/or silent study.



## Develop New Post-Secondary Educational Opportunities

In a community that has the benefit of having a local university campus and a well-established community college, there may be great potential for outreach, mentoring and recruitment of young mothers into university and trade school training. For example:

**Mutual mentoring opportunities** could be nurtured between young mothers enrolled in the Community Alternative School Programs and the College of New Caledonia (CNC) and/or University of Northern British Columbia (UNBC) students and faculty. Practicums within university/college programs could provide opportunities for young mothers to engage in mutual-mentoring relationships with post-secondary students. This would help young mothers gain practical advice from similar-aged students about accessing local, post-secondary educational training (e.g., how to access different kinds of student funding; partnering young mothers who are interested in becoming social workers with post-secondary students enrolled in social work programs).

This approach could offer *mutual* mentoring and leadership benefits. For example, a young mother could mentor her university/college counterpart on the realities of housing searches that could be used as a basis for a plan to provide information to young mothers regarding strategies to find an apartment (e.g., how to apply for hydro; what services require deposits; which agencies can assist with moving). Credit or recognition could be provided to both partners in the mentoring relationship. For example, young mothers could receive academic credit (e.g., towards Dogwood completion) and university/college students could also receive academic credit. This could acknowledge both partners for their efforts to become and stay involved in mutual mentorship.



**Reduce structural barriers.** To complement any educational efforts, institutes of higher learning would also need to structurally facilitate the inclusion of young mothers on their campuses by offering: new financial aid opportunities (e.g., bursaries) that are targeted towards young women with children; expanded childcare on campus; as well as additional on-campus facilities designed to encourage family living (e.g., housing, grocery outlet, family support groups, family-oriented recreational opportunities, 7-day, year round transit service).

## Create Improved Transition Plans for Mothers Who Are “Ageing Out”

Transition plans should be in place for 18-year-old mothers who are about to turn 19. Transition plans should provide young mothers with uninterrupted access to outreach and financial assistance for at least one year past their 19th birthday. This strategy would need to be supported by policy change that would extend the time allocated to support young mothers who wish to continue their secondary and/or post-secondary education. This could mean that young mothers who currently “age out” would maintain their eligibility to continue their involvement in programs, like E. Fry’s Young Parents Program.

*I’m kind of worried about the transition from 18 to 19 ‘cause then I’m just going to be left hanging there...There’s not much supports after you turn 19. [It] would be good if there was some kind of supports where there could be someone to help you from the transition from 18 to 19 or something like that, to help you get everything together.*

*(Anna)*

## ***Improve Young Mothers' Job Prospects and Rights in the Workplace***

New opportunities could be fostered so that young working mothers could learn about their rights as workers. Information would need to be tailored to address the circumstances of young mothers (who may be joining the workforce for the first time) and could be presented through a variety of channels. This would help young mothers to learn how to best respond to issues of discrimination and unfair treatment in the workplace. Creating opportunities for young mothers to hear from employers, trade unions and other young workers also could allow young mothers to learn about strategies for seeking employment as well as identify upcoming trends in the job market.

For those young mothers who are on social assistance, the Ministry of Employment and Income Assistance (MEIA) should reinstate the earnings exemption. This would help facilitate more successful transitions into employment and improve their overall income-related living circumstances.

*I see [some service sector employers] doing things like not telling them like they tell them that they can qualify for health and dental benefits and then...not telling them that if they take a sick day in that three-month period, the three month period has to start all over again.... Yeah, like all kinds of little, little glitches and hinky kind of behaviour.... I have one client right now who has medical and dental but now they keep switching her shifts on her and I think it's calculated...to get her to quit or to miss time.... It really, really floors me because they're just surviving.... And I understand that money is the bottom line for a lot of these companies but it just drives me mental.*

(Erica)

## ***Increase Anti-Discriminatory Education in Service Providers' Training Programs***

While the majority of participants told us that their health and social service providers treated them with respect, there were still a number of Aboriginal young mothers who said they have experienced discrimination based on their ethnicity.

To address this issue, we suggest developing training programs for both new service providers, as well as those who are already working in the community. This might be an action that the newly-established Northern Medical Program and other, more established programs at UNBC (e.g., First Nations Studies, Nursing, Educational Program, Social Work) could consider taking leadership on. Such locally-developed approaches could focus on educating service providers about northern Aboriginal peoples' traditions and cultural perspectives on health care, child-bearing, and parenting, as well as increased instruction about reducing social inequalities among Aboriginal peoples.

*Like when I was pregnant with [my child] I went [to a new doctor and] he asked me if I was Aboriginal. And I was like, "Yeah." Then he asked me if I was a smoker, and he was like, "How many kids are you planning on having? Twelve? It wouldn't matter if one comes out demented, eh?" The exact words he told me.*

(Alison)

## ***Improve Access to Affordable Quality Housing***

**Assistance with moving.** In Prince George, young mothers who are accessing services through Reconnect can ask for help on "moving day." This service includes the provision of a truck and a driver to help people move their furniture. This kind of innovative and practical intervention should be adopted and supported on a larger scale in order to improve young mothers' access to this type of service.

**The Ministry of Employment & Income Assistance should end its requirements for social assistance recipients to repay their damage deposits.** This requirement often places young mothers in jeopardy – they cannot afford to have the cost of their damage deposits recovered from their monthly welfare cheques. Some young mothers have told us that this MEIA regulation prevents them from leaving sub-standard housing situations or delays their efforts to find their own place to live (e.g., stop couch-surfing).

**Establish a lending network.** Sometimes the idea of having access to everyday implements for cleaning and maintaining a home is taken for granted; but, many young mothers struggle to be able to afford some basic household appliances and equipment. One strategy



to address this could be to establish a network or co-op where young mothers could borrow (on a short-term, sign-out basis) basic household equipment (e.g., stepladder, paintbrushes, tools, vacuum) and access affordable cleaning supplies (e.g., bulk-purchased; child-safe cleaners). This network could operate in a similar fashion to the Aboriginal Infant and Family Development Program's baby toy and furniture lending depot.

## ***Provide a Range of Affordable Housing Options***

***Supportive Living.*** The purpose of assisted living options would be to serve the needs of “at risk” mothers and would be designed to assist them in their efforts to make healthy transitions into independent living. Models such as this could be especially helpful to young mothers who are recovering from substance use and want to keep their families intact. There are a variety of models that could be considered, which may be more or less appropriate to pursue depending on the needs of the young mothers and the context within which the housing units could be situated. For example, single, family dwellings could be remodeled to allow a young mother and her children to live in self-contained units, with 24-hour support workers also residing in another self-contained unit within the home. Other models could operate as multiplex, family-oriented dwellings that include “common space” to facilitate interactions with other parents as well as the live-in support workers.

*Some more say 24-hour supported housing would be a great benefit to them to then work on house-cleaning skills, child-rearing skills. All of those things in a, you know, like a quasi-family or a supported environment. That I think they would be more successful in that transition to adulthood.*

*(Caroline)*

***Social Housing.*** More opportunities to access affordable, social housing options represent another way for young mothers to find good places to live. Young mothers also require help to identify existing social housing opportunities and to navigate the application processes. Currently, a variety of agencies work hard to address this issue; however, a centralized, coordinated effort might be capable of reaching more young mothers in more effective ways.

***Co-op Housing.*** Co-op housing options could be introduced in Prince George. Co-ops that incorporate into their mandate efforts to build relationships with young mothers and offer young mothers priority consideration during the application process would be well positioned for improving young mothers' access to good quality housing. Co-op communities also offer young mothers chances to engage in positive community building and cooperative decision making, as well as to develop organizational, administrative and advocacy skills (e.g., working on committees, budgeting, grant writing).

## ***Improve Access to Affordable Transportation***

Some strategies might include taxi companies offering flat rates for travel within specific parameters (e.g., downtown to Superstore) and/or offering frequent-user discounts (e.g., through a loyalty card program). As well, grocery stores could offer young mothers preferred access to free-delivery options. Young mothers and service providers could work together to undertake a letter writing campaign (for example) to lobby for improved bus services in the areas where many young mothers live. Corporate-sponsorship of a vehicle could also improve access to transportation (e.g., a car dealership could donate the use of a mini-van). This kind of approach might best be delivered via a network of volunteer drivers, along the lines of the Canadian Cancer Society's volunteer drivers program.



## ***Improve Access to Healthy Foods***

There are many strategies that could be used to address this issue and various organizations are currently working to improve access to healthy foods in Prince George. One great model that exists is the Good Food Program at Healthiest Babies Possible. This kind of approach should receive additional funding in order to allow more young mothers and their children access to healthy, lower-cost foods. Finding ways to en-

*[The Good Food Store] helped me out a lot when I was pregnant. Like to be able to go there and get everything for pretty cheap.... Because I could get like, a lot of stuff there. And even like, milk, cheese...you know cheese is so expensive.*

*(Lisa)*

courage the establishment of additional public space for community gardens that would be accessible to young mothers might also enhance their abilities to access healthy foods and provide a family-friendly leisure option.

### ***Improve Access to Couples Counseling***

Currently, there are few options for young mothers and their intimate partners to engage in couples counseling, something that many study participants said could be beneficial. The few opportunities that exist are overwhelmed with requests and are not easily accessible for many low-income couples who also lack transportation. Additional support is needed for existing programs that attempt to reach out to young fathers (e.g., a re-introduction of funding support for the Fathers' Outreach Program at John Howard Society). As well, new and creative opportunities should be explored to enhance relationship building amongst young parenting couples. Service providers should tailor these efforts to the needs and situations of young couples.

*There's one guy who does relationship counselling, couples counselling here, in all the city, unless you want to pay for it. They obviously don't have money to pay for it. He's working...up in College Heights, which isn't very convenient either, to get there... And he kind of works by donation. But there is nobody else who will work with couples [at an affordable cost].*

*(Priscilla)*

### ***Create New Opportunities for Families to Socialize***

While there are many youth-oriented recreation and social options in Prince George, there is a need for additional, affordable and *family-focused* options that address the recreation and social needs of young parents specifically. For example, recreational and social opportunities that include music, dancing, and other chances to exercise together as a family. As well, existing recreational outlets should provide free, on-site childcare to facilitate young mothers' participation.

*I wish that they could have had something out there for me [like the arts or sports]. That's what upsets me, you know, there's not much out there for low-income people. Like it's sad. It makes me mad.*

*(Anna)*

### ***Improve Sex Education and Services***

***Provide good quality sex education.*** Young mothers suggested that sex education (school-based or otherwise) should not simply focus on physiology, but should also tackle the emotional and relational aspects of sex in non-judgmental ways. Young people need to be able to access good-quality sex education in many different venues in their community, in addition to their schools. Access to community-based sex education is especially important for youth who have left school (e.g., dropped out or graduated).

***Offer more options for birth control.*** While they recognized that the issue of providing condoms at school continues to be controversial, some young mothers advocated for the provision of free birth control, not just through schools, but also in other settings (e.g., youth clinics, doctors' offices). They suggested that expanding current efforts to provide free birth control might help some young people access it and ultimately choose to use it (e.g., providing more than a 3-month supply of oral contraceptives per visit).

***Improve communication with young people.*** Health service providers need to better communicate the risks associated with some forms of birth control and provide young mothers with viable alternatives, where appropriate. For example, health care providers should clearly tell young women about Depo-Provera's link to bone density loss and Health Canada's warning about its use by young women. As well, young women should be informed by their service providers that the Emergency Contraceptive Pill does not cause abortion (a commonly-held misperception) and is now available at pharmacies in BC without a doctor's prescription.



***Involve young mothers in planning and action.*** Some young mothers that we interviewed also expressed an interest in taking on leadership roles in efforts to promote improvements related to sex education and enhancing the availability of birth control. Therefore, we recommend that those who are interested in advancing this agenda should connect with and potentially *employ* young mothers during the early planning stages for launching new interventions.

## ***Expand Woman-Centred Drug and Alcohol Prevention & Treatment***

Many study participants recommended improving alcohol and drug awareness programs in schools, particularly with regard to the effects of crystal methamphetamine and crack cocaine.

While the context of drug/alcohol services in Prince George is changing, service providers and young mothers emphasized the need for more age-appropriate and woman-centred treatment options. Further training for health and social service providers about the issues facing young mothers with substance use problems (e.g., racism, abuse, sexual exploitation, homelessness) is also recommended. In addition, our study participants described the need for health care and social service providers to receive additional training to provide culturally-appropriate, non-discriminatory service to substance-using young mothers and/or pregnant young women.

One model to consider for substance-using pregnant women is that developed by the Fir Square Pregnancy & Substance Use Program at BC Women's Hospital. This innovative program provides antepartum to postpartum care for mothers and their newborns withdrawing from substances, providing space for babies to stay with their mothers whenever possible. Counseling is provided to mothers, as well as parenting, coping, and life skills. The staff at Fir Square operates within a harm reduction framework and is trained to provide non-judgmental care for mothers and children from a variety of cultural backgrounds.

A few young mothers and service providers also said that more services are needed to help youth and adults experiencing Fetal Alcohol Spectrum Disorder (FASD). This is a very difficult condition to diagnose and people who are diagnosed with FASD frequently experience discrimination and stigma. More supportive services for youth and adults with FASD are required, and should be tailored to each person's needs. Health care and social service providers, as well as teachers, should receive additional training about the needs and challenges facing people with FASD. Service providers must also keep in mind that symptoms resembling FASD may be caused by something else (e.g., crystal methamphetamine use).

## ***Develop Parenting Representation Agreements***

This type of agreement may make it possible for mothers who experience problems (e.g., substance use relapse or a mental health problem) to proactively plan for their children's welfare and potentially avoid having their children go into foster care. A representation agreement could be based on the British Columbian *Representation Agreement Act*, which allows adults with mental illness to authorize representatives (e.g., a family member or trusted friend) to exercise particular powers agreed to in advance. A similar type of agreement could be used by a young mother to appoint a representative to arrange for the temporary care, education, and financial support of her children. Depending on the conditions of the agreement, a lawyer may need to be consulted, so young mothers who choose to exercise this option also may need access to legal aid.

## ***Create Short-term Respite-Style Care for Young Parents***

Currently, respite care is only available through MCFD to qualifying parents of children with special needs. An expanded service could provide an intermediate option for mothers who do not need to place their children in foster care, but do require on occasion some form of short-term respite from the stresses of parenting. This might be particularly helpful to those mothers who lack other supports (e.g., extended family, friends).



# Appendix: Resources for Young Mothers

The following list contains just some of the resources that provide services to young mothers in Prince George.

## Education

**School District 57 (Prince George):** [www.sd57.bc.ca/EdPrograms/alternated.php](http://www.sd57.bc.ca/EdPrograms/alternated.php)

⇒ **Centre for Learning Alternatives:** This centre runs a number of Learning Alternative Programs designed for students aged 16-19 years, including educational programs for young mothers and fathers, aged 16-19 years. Students can work toward the regular graduation diploma or the adult diploma, depending on their age and academic progress at time of enrollment to one of the Learning Alternative Programs.

*Program Location:* Centre for Learning, 1270 – 2nd Avenue

*Contacts:* Lynne Anderson, Youth Care Worker for the Community Team at Youth Around Prince George (565-6299)

Carol Kozak, Youth Care Worker at Centre for Learning Alternatives (564-6574)

⇒ **TMAP (Teen Mothers' Alternative Program):** "This program focuses on life-skills, career skills and academic upgrading to Grade 10 equivalency for pregnant and parenting teenaged mothers." Eligible students can apply for on-site daycare at the Elizabeth Fry Society.

*Contact:* Ruth Mason, teacher (563-1113)

*Program Location:* Elizabeth Fry Society, 1575 - 5th Avenue

⇒ **TAPS (Transition Alternative Program: Secondary):** "Students must be 17-19 years of age, in need of an alternative to the regular school and must have the requisite academic skills to achieve a Dogwood or Adult Dogwood graduation. The focus is life skills, social skills, work study, work experience and academic upgrading leading to Grade 12 graduation. Length of stay is dependent on need. Students must apply to TAPS for the program; screening occurs monthly."

*Contact:* Dave Holmes, teacher (561-5851)

*Program Location:* College of New Caledonia, 3320 - 22nd Avenue, Rooms 2-907 & 2-908

**College of New Caledonia:** CNC offers a training programs in health and social services, trades and technology, and business, as well as university transfer credit and continuing education programs. Their website includes information about programs offered at CNC, applying for admission, and how to access financial assistance (e.g. scholarships, bursaries, and loans), and their cooperative education program.

*Location:* 3330 22nd Ave., Prince George, V2N 1P8

*Phone:* 561-5867

*Website:* <http://www.cnc.bc.ca/homepages/home.asp>

**University of Northern British Columbia:** UNBC offers undergraduate and graduate degrees in a wide variety of disciplines, as well as diploma and certificate programs. Their website includes information about their programs, applying for admission, childcare services (for children aged 18 months to 5 years), student residences (there is currently no family housing), and financial assistance (e.g. scholarships, bursaries, and loans).

*Location:* 3333 University Way, Prince George, V2N 4Z9

*Phone:* 960-5555

*Website:* <http://www.unbc.ca>

## Employment

**Future Cents:** "Hires at-risk/high risk youth who have acquired a degree of self-awareness and who are working toward leading healthy lives. Future Cents assists them in acquiring the experience, skills and information they need to prepare them for employment. Future Cents youth provide services to their community, specifically to their peer group or other at-risk youth based on their life and street experience which, rather than hindering them, help them assist other youth facing similar difficulties."

*Contact:* Franca Letendre, Manager (565-6278)

*Program Location:* YAP (Youth Around Prince George), 1160 7th Ave.

*Website:* <http://www.futurecents.ca/index.html>

**PG Native Friendship Centre's Employment Services:** Provides employment counselling, assistance with job searching, and tailored programs (e.g., interpersonal skills, communication skills, time management) for clients seeking work.

*Program Location and Phone Number:* Lower Level, Room 21, 1600 3rd Ave.

*Phone:* 564-7440

*Website:* <http://www.pgnfc.com/employment.htm>

## Housing

- ⇒ **Active Support Against Poverty (ASAP):** Assists people in finding long-term low-income housing and has an emergency shelter for women, men, and families.  
*Location:* 590 Dominion St., Prince George  
*Phone:* 563-6112
- ⇒ **Association Advocating for Women and Children (AWAC):** A shelter and outreach service for women and female youth.  
*Location:* 144 George St., Prince George  
*Phone:* 562-6262
- ⇒ **BC Native Housing:** Social housing programs for Aboriginal and non-Aboriginal people in BC.  
*Location:* 906-299 Victoria St., Prince George, V2L 5B8  
*Phone:* (250) 562-9106
- ⇒ **BC Housing — Northern Office:** Provides a variety subsidized housing options throughout BC.  
*Location:* 1539-11th Ave., Prince George, V2L 3S6  
*Phone:* 562-9251  
*Website:* <http://www.bchousing.org>
- ⇒ **Elizabeth Fry Society of Prince George and District:** Has 2 transition houses for women, as well as 80 safe and affordable housing units for individuals and families.  
*Location:* 1575-5th Ave., Prince George, V2L 3L9  
*Phone:* 563-1113
- ⇒ **Friendship Home:** A 6-bed co-ed long-term residential service for 12-18 year-old youth.  
*Location:* 1010-4th Ave., Prince George, V2L 3J1  
*Phone:* 562-2538
- ⇒ **Prince George Métis Housing & Waskahikan Management Society:** Offers a variety of affordable housing options for Métis people living in Prince George.  
*Location:* 730-2nd Ave., Prince George, V2L 3A3  
*Phone:* 564-9794  
*Website:* <http://www.ahma-bc.org/pg.htm>
- ⇒ **Phoenix Transition House:** Provides temporary emergency shelter to women (and their children) in crisis.  
*Location:* 1770-11th Ave., Prince George, V2L 3S8  
*Phone:* 563-7305
- ⇒ **Reconnect:** Culturally-appropriate services (some emergency housing) for Aboriginal youth 15-18 years old.  
*Location:* 1010-4th Ave., Prince George, V2L 3J1  
*Phone:* 562-2538 OR 613-7725

## Parenting

**Healthiest Babies Possible:** A registered nurse, a registered dietitian and outreach workers provide education and support to women with high risk pregnancies.

*Location:* 1152-3rd Ave., Prince George, V2L 3E5

*Contact:* Sheila Robinson, nurse leader (561-2689)

*Website:* [http://www.nfhs-pg.org/healthiest\\_babies/healthiest\\_babies.htm](http://www.nfhs-pg.org/healthiest_babies/healthiest_babies.htm)

**Prince George Prenatal Registry:** Provides information and support for all pregnant women living in Prince George.

*Contact:* Rose Perrin, nurse (565-2910)

*Location:* Room 202 Prince George Regional Hospital, 1475 Edmonton Street

**Wazdidadilh Aboriginal Infant and Family Development Program:** “Wazdidadilh is an early intervention program funded by Ministry of Children and Family Development (MCFD), Northern Region Early Childhood Development Initiative.” This program offer a range of services, including parenting education, early childhood development support, language & culture services, food services, early family literacy services, and infant and child development assessments. There is also a clothing exchange, a toy and resource lending library, and a healthy meals program.

*Location:* 138 George Street

*Phone:* 564-5941

*Website:* <http://www.pgnfc.com/aifdp.htm>

**Young Parents Program:** Provides parenting support and outreach to eligible young parents up to 19 years of age.

*Location:* Elizabeth Fry Society

*Contact:* Shannon Smith, coordinator (563-1113)



You can download an electronic copy of this report from:  
<http://youthsexualhealth.ubc.ca/Publications/Default.aspx>.

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