

**HAMILTON  
COMMUNITY ACTION PROGRAM FOR CHILDREN  
EVALUATION**

Spring 2011



*Community Action  
Program for Children*

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Funded by:



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## EXECUTIVE SUMMARY

Housing and food are two of the social determinants of health, meaning that they are factors that lead to unequal health outcomes, and both are affected profoundly by adequate income, which is a third and possibly most important social determinant of health. Housing, food, and income are three areas in which many households in East Hamilton face serious challenges.

The Hamilton Community Action Program for Children (CAPC) provides services and supports to families with children 6 years of age and under in East Hamilton, focusing particularly on families with lower incomes or who experience social or geographic isolation. CAPC is a national program aimed at promoting child health and wellbeing through early, preventative interventions with children 6 years of age and under and their families.

The purpose of this evaluation is to explore the nature of issues related to housing and student nutrition programs as they relate to child development and well being in East Hamilton. This evaluation integrates an independent evaluation of the Hamilton Partners in Nutrition program in the CAPC area into a broader evaluation focusing on housing issues. The research supports recommendations for improving housing conditions in the CAPC catchment area, and improving Partners in Nutrition and CAPC programs more generally to enhance healthy child development.

Many 'solutions' are programmatic, and most do not address some of the underlying conditions of good or ill health, such as housing and poverty. This research is a modest attempt at getting at some of the roots of the challenges faced by families who access CAPC programs. Methods used in this evaluation include: a literature review; a profile of new clients accessing CAPC services in the last year; analysis of several quantitative background data sources; analysis of the CAPC outreach worker's notes on client visits; key informant interviews; focus groups with residents; a focus group with CAPC service provider partners; and an independent evaluation of Hamilton Partners in Nutrition (PIN) programs operating within the catchment area. The PIN evaluators interviewed 25 parents, 4 principals from two Hamilton school boards, and 22 student nutrition program coordinators.

Several key findings emerge. Housing issues are common for households accessing CAPC programs. Many residents who access CAPC programs are newcomers with limited English, making language a further barrier to addressing housing issues. These and other challenges affect child health and well being in a variety of ways.

Supporting child health in marginalized areas requires dealing with adequate, affordable housing in those areas. This should include construction of and conversion to affordable housing, especially 3 to 5 bedroom units to accommodate larger households; tenant education; improving the property standards complaints process with mandatory follow-up procedures; and proactive property standards enforcement. Working together across agencies and with the City - such as through the Housing and Homelessness Action Plan – to plan to meet housing needs as a system rather than on an individual basis is vital. CAPC should also work with the City of Hamilton and/or community partners to negotiate extended language supports for housing issues.

The client intake form used by Hamilton CAPC in its current form does not serve the purpose for which it was intended, which was providing detailed information about clients being served. CAPC should consider redesigning or abandoning the client intake form. This may include defining what information from clients is truly needed and what alternate ways of obtaining that information might be.

This evaluation demonstrates that there is a continuing need for preventative supports and services aimed at children's health and well being in East Hamilton.

## 1.0 INTRODUCTION

The Hamilton Community Action Program for Children (CAPC) provides services and supports to families with children 6 years of age and under in East Hamilton, focusing particularly on families with lower incomes or who experience social or geographic isolation. CAPC is a national program aimed at promoting child health and wellbeing through early, preventative interventions with children 6 years of age and under and their families.

A lack of adequate, affordable, and well-maintained housing is a challenge facing many families in East Hamilton's CAPC catchment area. Housing is one of the social determinants of health, meaning that it is one of many factors that lead to unequal health outcomes. Food is another significant determinant of health, and inadequate or unaffordable food is another challenge that many families in CAPC's catchment area face.

The purpose of this evaluation is to explore the nature of issues related to housing and student nutrition programs as they relate to child development and well being in East Hamilton. This evaluation integrates an independent evaluation of the Hamilton Partners in Nutrition program in the CAPC area into the broader evaluation focusing on housing issues. Rather than concentrating on what individual programs are doing as part of CAPC, this evaluation focuses on the two broad issues of housing and food, which are key factors influencing community and child health. In this way, this research is a modest attempt at getting at some of the roots of the challenges faced by families who access CAPC programs. The research supports recommendations for improving housing conditions in the CAPC catchment area, and improving Partners in Nutrition and CAPC programs more generally.

### 1.1 Project Description

CAPC is a national project originally funded by Health Canada in 1994<sup>1</sup>. The project takes a preventative approach in early intervention to promote child health. Provinces develop their own set of priorities and guidelines. Ninety-two programs currently operate in Ontario.

The priorities for CAPC programs in Ontario are:

- To promote the growth of healthy babies
- To decrease the incidence of low birth weight babies
- To increase the capacity of parents to relate positively to their children
- To provide support for parenting including support for parents of children with special needs
- To promote the recognition of child abuse and encourage effective community responses

The CAPC project in Hamilton is funded by the Public Health Agency of Canada. The sponsoring agency of the project is the Social Planning and Research Council of Hamilton. Direction for CAPC is also provided by the Riverdale CAPC Council comprised of residents living within the catchment area. The Riverdale CAPC Council acts as a liaison to the community, identifies community needs and develops strategies and recommendations that promote the project's goals.

The target population for the CAPC project is families with children between the ages of 0 to 6 years. In particular, CAPC is intended to address the needs of families who are considered to be at-risk due to limited income and/or social or geographical isolation although all families can access services. The CAPC catchment area is East Hamilton and Stoney Creek with the area boundaries of Lake Ontario (north), 50 Road (east), the Hamilton escarpment (south) and Strathearne Road (west).

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<sup>1</sup> The remainder of this section is an adapted excerpt from the 2010 Hamilton CAPC Evaluation report, prepared by Patti McNaney of the Social Planning and Research Council of Hamilton (SPRC, 2010).

## 1.2 Project Mission

The mission of the CAPC project is as follows:

- CAPC provides the opportunity for residents of East Hamilton/Stoney Creek to play an active role in planning for their communities.
- CAPC believes that families/community want to provide the best for their young children, but there is a reality of barriers to resources, which is a serious restriction to goal achievement.
- CAPC feels that active involvement of community residents (living or working in the area) is the key to reducing these barriers and improving child health.

## 1.3 Project Goals and Objectives

The goals and objectives of the CAPC program are:

- To improve the health and well being of children aged 0 – 6
- To work with parents to make parenting easier
- To reduce child abuse and neglect
- To work collaboratively with community members to direct and improve CAPC so as to best serve the needs of parents and children

## 1.4 Program Descriptions

Hamilton's CAPC project currently provides ten partnering programs for children and families in the CAPC catchment area. The programs are babyshowers, Community Access to Child Health (CATCH), Boys and Girls Club of Hamilton, Hamilton Public Library, Home Management Workers, Skills Through Activities and Recreation (S.T.A.R.), Today's Family Early Learning and Childcare, Catholic Family Services, St. Joseph's Immigrant Women's Centre, and Hamilton Partners in Nutrition.

### *babyshowers*

babyshowers is an independent, nonprofit organization committed to helping families meet the basic needs of their children. They collect new and gently used baby and toddler items to give through established community agencies in Hamilton. Referrals are made through Public Health Nurses, Family Home Visitors, Hamilton Health Sciences, St. Martin's Manor, the Maternity Centre, St. Joseph's Immigrant Women's Centre, CATCH, and The Hamilton Children's Hospital.

### *Community Access to Child Health (CATCH)*

CATCH is a community development program in East Hamilton and Stoney Creek. The goal of the program is to work together with community residents in promoting healthy children, families and community support. CATCH strives to create safer environments for children both inside and outside the home by offering a variety of programs including a Parent and Tot Interactive Playgroup.

### *Boys and Girls Club of Hamilton*

Boys and Girls Club of Hamilton operate a Lunch and Life Skills Program which offers the opportunity for parents to prepare nutritious lunches and snacks. They also provide a Multicultural Parent Education Program that addresses the needs of newcomer families in the areas of education and employment.

### *Hamilton Public Library – Red Hill Branch*

The Hamilton Public Library offers the Multicultural Early learning Development Project (MELD) intended to reach newcomer families and provide parents with supports for their children's early learning and school readiness development. Supports include dual language family workbooks, accessible dual language collection and family based programs including the Summer Reading Club and Storytime for Newcomer Families.

### *Home Management Program*

The Home Management Program offered by the City of Hamilton Public Health Services is designed to support and assist parents with children ages 0 to 6. Home Management Workers meet with parents in

their homes and focus on the development of life skills, child rearing skills and household management skills. In addition, they assist parents in the development of action plans for returning to school or finding employment.

*Skills Through Activities and Recreation (S.T.A.R.)*

S.T.A.R. provides skill development programs for children between the ages of 5 to 15 in order to address the challenges faced by low-income families. S.T.A.R.'s goal is to provide children with opportunities for participation in recreational activities and to promote an interest in positive activities for children. Their partnership with CAPC enables the participation of 5 and 6 year olds in the programs.

*Today's Family Early Learning and Child Care*

Today's Family is a multi-service agency that strives to meet the diverse cultural, social and economic needs of families. In partnership with CAPC, Today's Family provides supports to enable local residents to start up small childcare businesses in their own homes including regular home visits. This partnership addresses the issues of a lack of childcare spaces in the area and the difficulty experienced by the newcomer population finding work in Canada.

*Hamilton Partners in Nutrition (PIN)*

Hamilton Partners in Nutrition (PIN) is a partnership of community agencies and community members that supports and facilitates local student nutrition programs for children and youth in Hamilton. Hamilton CAPC offers some financial support to PIN programs in the catchment area to help address need for nutritious food as part of healthy child development.

*St. Joseph's Immigrant Women's Centre (IWC)*

St. Joseph's Immigrant Women's Centre (IWC) works with immigrant and refugee women and their families towards their mission of clients fully participating in a just and supportive Canadian Society. The partnership between CAPC and IWC seeks to strengthen connections between services aimed at immigrant and refugee women and services aimed at families with young children. This work is particularly important given the recent closure of Settlement Integration Services Organization (SISO), which had an office in the ethno-racially diverse CAPC catchment area.

*Catholic Family Services (CFS)*

CAPC's partnership with Catholic Family Services (CFS) supports modest enhancements to a partnership between St. Martin's Manor and Angela's Place in order to provide additional services and participation incentives for programs offered to Angela's Place tenants and young parents in the community. These supports are for a fathering group and a young mother's respite service.

## 2.0 METHODOLOGY

This evaluation focuses on how the issues of housing and school and community-based nutrition programs affect the health and wellbeing of children 0-6. The evaluation research was comprised of eight (8) distinct phases using both quantitative and qualitative methods: a literature review; a profile of new clients accessing CAPC services in the last year; analysis of several quantitative background data sources; analysis of the CAPC outreach worker's notes on client visits; key informant interviews; focus groups with residents, facilitated by the Facilitating Inclusion Cooperative; a focus group with CAPC service provider partners; and an independent evaluation of Hamilton Partners in Nutrition (PIN) programs operating within the catchment area.

A literature review focusing on the relationship between housing and health in general, and children's health and development in particular was conducted. The review also explored literature on which population groups are more affected by housing issues, where, and why.

Profiles of clients accessing CAPC programs for the first time between April 2010 and March 2011 were generated using the client intake forms completed by three service provider partners (CATCH, S.T.A.R., and the Home Management Program). These forms collect a range of demographic information about clients.

Four quantitative background data sources were analyzed as part of this evaluation. The first is social housing data, which was available only at the level of the City of Hamilton, which gives a sense of the need for affordable housing in the city. Secondly, data on school readiness using the rates of vulnerability of children in the CAPC catchment area was obtained from the City of Hamilton's Early Development Instrument (EDI) information. Thirdly, educational progress was examined for all primary and secondary schools in the catchment area from both the public and Catholic school boards using Educational Quality and Accountability Office (EQAO) scores. Median scores for all primary and secondary schools combined were used to reduce stigma of individual schools and to generate a picture of academic performance without distortion from drastically high or low scores (as can be the case with averages). Finally, three health indicators from the Spectator's Code Red series on health in Hamilton neighbourhoods were analyzed to compare city-wide results to those of the census tracts within the CAPC catchment area: percentage of low birth weight babies, rate of emergency room visits for trauma for children under 16, and high school dropouts.

In terms of qualitative methods, the CAPC outreach worker's notes were analyzed for the kinds of issues for which residents approached CAPC for support. The evaluator also interviewed the CAPC outreach worker and a community development worker from the Housing Help Centre. These key informant interviews were semi-structured, focusing on the prevalence of housing issues in the CAPC catchment area and how housing affects child health and well being. A focus group was also held with CAPC service provider partners, focusing on benefits, challenges, and suggestions relating to the client intake form, and also on the prevalence and nature of housing issues. The Facilitating Inclusion Cooperative was also engaged to conduct three focus groups in the area with residents with young children, both users and non-users of CAPC programs. The focus groups asked a range of questions about assets and needs for services in the area in general as well as about housing issues in particular. The social planner for CAPC was consulted periodically for background information about the program, and also to provide more detailed descriptions of services being developed with the three newest program partners, IWC, CFS, and PIN. These descriptions are found in the 'New Partnerships' section.

The evaluation of Hamilton Partners in Nutrition (PIN) was conducted by Marina Granilo and Corinna Stroop, independent of the CAPC evaluation. In total, these researchers interviewed 25 parents, 4 principals from two Hamilton school boards, and 22 student nutrition program coordinators. Among the 22 program coordinators interviewed were 5 principals, 1 director, 5 teachers, 4 secretaries, 9 program coordinators, and 8 parent volunteers. Their report has been integrated into this evaluation (Section 11.0).



### 3.0 LITERATURE REVIEW – HOUSING AND CHILD HEALTH

This review of literature aims to summarize the knowledge to date about the relationship between housing and child health and well being. Many researchers agree that housing does impact health, but conclusive evidence on exactly how this occurs is less common. As Hwang and colleagues explain, “[b]y their very nature, social, economic, and cultural housing factors are complex, multidimensional, and interrelated. Any effort to isolate a single mechanism by which any of these factors exerts an influence on a specific health outcome is extremely difficult if not impossible” (Hwang et al, 1999, p.vi-vii). Overall, much of the research on the connections between housing quality and children’s health specifically is not rigorous enough to be able to generalize from findings and apply them to other situations (Leventhal and Newman, 2010). Still, research does offer useful frameworks and strong evidence for some factors that clarify the connections between housing and health.

A commonly accepted framework for understanding how health outcomes are influenced is called ‘the social determinants of health.’ A recent Canadian report describes the framework in this way: “The primary factors that shape the health of Canadians are not medical treatments or lifestyle choices but rather the living conditions they experience. These conditions have come to be known as the social determinants of health” (Mikkonen and Raphael, 2010, p.7).

Housing itself is one of the social determinants of health because “living in unsafe, unaffordable or insecure housing increases the risk of many health problems” (Mikkonen and Raphael, 2010, p.29). Having fewer financial resources is the main cause of housing challenges, largely because the majority of housing is allocated in a market system, such that fewer resources mean fewer housing choices. A prominent scholar on the health effects of homelessness explains this simply, saying, “if the nation has an almost pure market allocation process for housing access, then health status and SES [socioeconomic status] are serious barriers to obtaining appropriate (and healthy) housing” (Hwang et al, 1999 p.iv).

It is no surprise, then, that among the 14 determinants used in the recent Canadian report discussed above, including income, housing, food security and early childhood development, income is identified as one of the most important determinants because it shapes general living conditions and affects other determinants such as housing and food security (Mikkonen and Raphael, 2010). A comprehensive literature review of the evidence by Hwang et al. (1999) conceives of socioeconomic status, which is constituted by income, education, and other social characteristics, as the basis for understanding the relationship between housing and health. Socioeconomic status both impacts and is impacted by physical and mental health and housing status. Several factors mediate the direct relationship between housing and health such as chemical exposures, biological exposures, physical characteristics of housing, social and economic characteristics of housing, and psychological factors relating to housing. Health can also affect housing, such as when tenants are discriminated against because of physical or mental health challenges they face (Hwang et al., 1999).

#### 3.1 Who is affected most, where, and why?

Because socioeconomic status affects housing and health strongly, populations living in housing and in neighbourhoods with higher concentrations of poverty are more likely to experience worse health outcomes.

A recent study by the United Way of Greater Toronto presents empirical evidence of how growing income inequality affects housing, as discussed in the literature above (United Way 2011; Hwang et al., 1999). Looking at Toronto’s high-rise apartment building stock, the study finds strong connections between poverty and poor housing conditions and demonstrates that poverty continues to be concentrated both in inner-suburban neighbourhoods in Toronto and vertically in high-rise apartment buildings. The study shows declining incomes and increasing rates of poverty among tenants over the last several decades, aging buildings, and growing household density. Average rents in Toronto have been increasing while tenant incomes have been decreasing, resulting in growing financial pressures on tenant households. The study also found that housing conditions were worst in high-poverty clusters, slightly better in ‘other high-poverty’ areas, and best in low poverty areas (United Way 2011).

Living in poor housing conditions resulting from poverty is not experienced proportionately by all groups, however: the United Way Toronto study revealed that households with children – particularly lone parent households – are more likely to experience such conditions than other groups (United Way 2011). The study also revealed that those living in higher poverty areas were “somewhat more likely to be: female; single parents; families with children living at home; have very low incomes; rely on social assistance as their main source of income; be older immigrants; racialized communities; and have less than high school education” (United Way 2011, p.viii). This is consistent with a range of literature demonstrating that racialized communities and newcomers experience disproportionate levels of unemployment, income inequality, poverty, and poor neighbourhood selection (Galabuzi, 2009).

Conditions in many apartment buildings have been getting worse since building construction in the 1950s and afterward. Combined with rising household densities, many buildings may be wearing out somewhat sooner than expected because of greater demands that more people in the same number of units entails. Unfortunately, no systematic evidence of physical decline in these buildings exists, though pro-active by-law inspection and enforcement can spur landlord action on maintenance issues more quickly (United Way 2011).

A range of specific characteristics of poor housing quality exist among the buildings in the United Way study (2011). Frequent elevator breakdowns, common areas in severe disrepair, widespread in-unit repair issues, poor ventilation, high temperatures in summer, vermin, and difficulties getting landlords to tend to maintenance issues were common challenges. Almost half of the privately-owned apartment buildings in the study did not have a common room or recreation space for tenants. Residents emphasized how important such common spaces are for offering “healthy and safe activities for children and youth”, and also for building community and reducing social isolation (United Way 2011, p.vii).

### **3.2 Housing conditions affecting child health and development**

Literature on the social determinants of health has established that early childhood experiences “have strong immediate and longer lasting biological, psychological and social effects upon health” (Mikkonen and Raphael, 2010, p.23). This section discusses evidence demonstrating how various housing factors negatively impact children’s health.

#### *General housing conditions*

The built environment and physical design of housing can impact physical and mental health of children and parents. Characteristics or exposures in housing that had strong or definitive causal evidence of leading to negative physical health impacts included: asbestos, radon, home safety, stairways, heating systems, smoke detectors, and cold and heat (Hwang et al., 1999). One study suggests that high-rise apartment buildings have negative psychological effects for women with young children, and that inadequate sunlight may increase depression (Evans 2003). The interior condition of residences and the physical quality of the neighbourhood have also been found to be related to children’s behaviour problems, as shown consistently across differences in income and education levels of parents by a study for the Canada Mortgage and Housing Corporation (Gifford 2003). Despite not being able to draw causal conclusions, “the study empirically demonstrates that poorer quality housing and neighbourhoods are clearly associated with more behaviour problems and therefore worse socioemotional health in Canadian children” (Gifford 2003, p.iii). One study found that worse housing conditions were associated with residents feeling less connected to a neighbourhood, and encouraged people to move out of the area (United Way 2011).

#### *Toxins*

Environmental toxins have been shown definitively to cause damaging effects on children’s intellectual capacity and emotional wellbeing (Leventhal and Newman 2010; Hwang et al. 1999). Lead paint has been connected to neurological and cognitive impairments (Leventhal and Newman 2010), and exposure to chemicals such as lead and mercury in young children has been shown clearly to reduce intellectual capacity and increase social and emotional behaviour problems (Evans 2006). Some toxins (e.g., lead, solvents) also cause behavioural disturbances (e.g., self-regulatory ability, aggression) (Evans 2003, p. 436).

### *Crowding*

Overcrowding, measured by number of people per room, in housing has been associated with poorer health outcomes for children, especially in transmitting infectious diseases (Gove, Hughes and Galle, 1979; Baker et al., 1998; Mann, Wadsworth and Colley, 1992; Leventhal and Newman 2010). Crowding has also been linked with challenging behaviour at school and poorer academic performance, even when data is controlled for income (Evans et al., 1998). Crowding can also increase psychological distress (Evans 2003).

### *Poor air quality*

Poor air quality is associated with respiratory problems in children (Wu and Takaro, 2007), and environmental tobacco smoke has strong evidence linked to both respiratory problems and low birth weight in young children (Hwang et al. 1999).

### *Vermin*

The presence of vermin such as dust mites, cockroaches, bedbugs, and mice in the home is thought to be a determinant of negative health outcomes (Hwang et al., 1999; Mikkonen and Raphael, 2010). Vermin tend to increase stress, which is one of the most significant factors in determining health, and in extreme cases vermin can cause mental health problems (Wallace 2008).

### *Moving*

Residential mobility (moving) has been shown to impact children's academic performance and social/emotional wellbeing in the short-term (Leventhal and Newman, 2010). Moving does not likely cause behaviour problems in children, but rather the experience is thought to intensify pre-existing emotional or behavioural challenges (DeWit, Offord and Braun, 1998).

### *Subsidized housing*

Several studies show that children in families who receive rental housing subsidies or public housing have better health outcomes than children in families who must seek housing in the market (Leventhal and Newman, 2010). Children from families with rental housing subsidies or public housing are less likely to be underweight (Meyers et al. 2005) and more likely to have better outcomes in educational attainment, work, and earnings (Currie and Yelowitz, 2000; Newman and Harkness 2002). Although tenants in non-profit housing pay lower rents than tenants in private sector housing, lower incomes in a recent study meant that tenants were as likely as private sector tenants to do without necessities regularly in order to pay rent (United Way, 2011).

### *Strained family relationships*

When housing problems are examples of economic hardship they often cause or intensify conflict between parents and children, which can increase children's likelihood of experiencing emotional and school problems (Conger, Patterson and Ge, 1995; Elder 1974; Elder and Caspi 1998; Evans et al., 1998; McLoyd, Jayaratne, Ceballo and Borquez, 1994; Evans, 2006; Leventhal and Newman 2010). Strained family relationships are widely seen as the key way that lower incomes lead to poorer health outcomes.

## **3.3 Key Findings – Literature Review**

- Living in unsafe, unaffordable or insecure housing increases the risk of many health problems.
- Poverty is the main cause of housing challenges because most housing is allocated in a market system, so fewer resources mean fewer housing choices. Income is one of the most important determinants because it shapes general living conditions and affects other determinants such as housing and food security
- Poverty continues to be concentrated both in inner-suburban neighbourhoods in Toronto and also vertically in high-rise apartment buildings.
- Racialized communities and newcomers experience disproportionate levels of unemployment, income inequality, poverty, and poor neighbourhood selection.
- Common spaces in apartment buildings offer healthy and safe activities for children and youth, and also space for building community and reducing social isolation.
- General housing conditions, toxins, crowding, poor air quality, vermin, moving, and subsidized housing have all been shown to affect child health.

- Strained relationships between parents and children are seen as key processes that connect inadequate and crowded housing to poor health or behavioural outcomes in children

## 4.0 CLIENT PROFILES

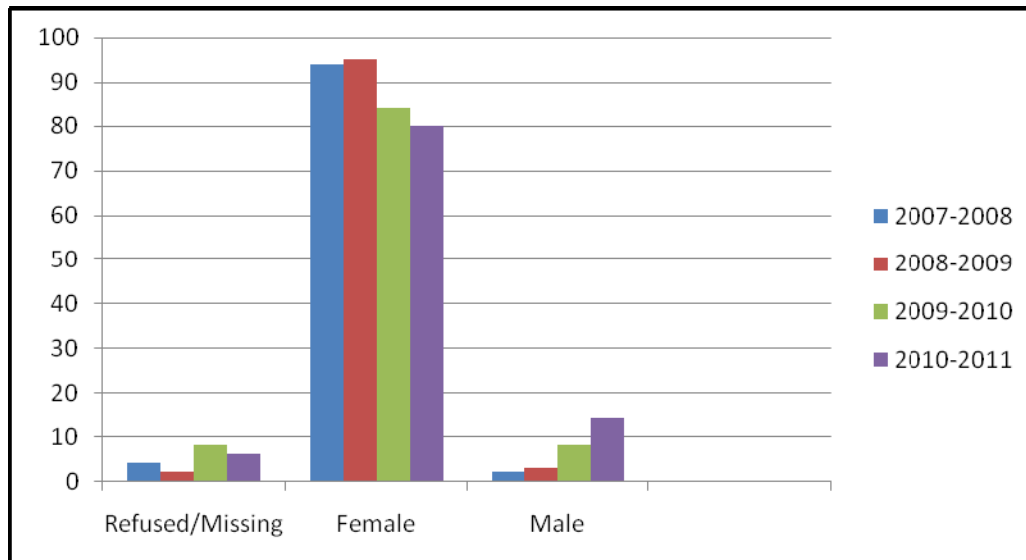
This section summarizes information collected from client intake forms and discusses changes in findings over the last several years. Client intake forms are completed by three CAPC partners with clients when they first access a CAPC supported service.

**Figure 1. Number of New Participants**

Year	2007-2008	2008-2009	2009-2010	2010-2011
Number of New Participants	209	105	74	<b>64</b>

The number of new intakes in Hamilton's CAPC programs declined somewhat in the last year, but is in the same range as the previous year. The number of new intakes has decreased considerably over the last four years. The intake numbers are not reflective of actual program participation since intake information is only collected when participants first access a service, and many participants continue with programs beyond the first year.

**Figure 2. Gender of Parent/Caregiver**



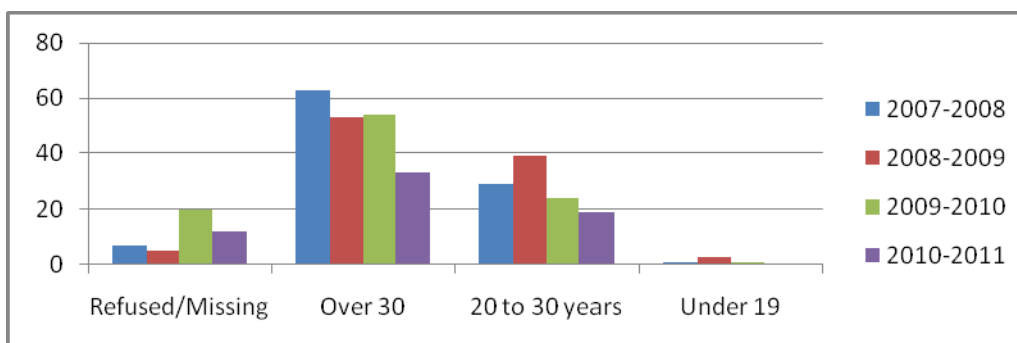
Refused/Missing  
 2007/2008 = 4%  
 2008/2009 = 2%  
 2009/2010 = 8%  
**2010/2011 = 6%**

Female  
 2007/2008 = 94%  
 2008/2009 = 95%  
 2009/2010 = 84%  
**2010/2011 = 80%**

Male  
 2007/2008 = 2%  
 2008/2009 = 3%  
 2009/2010 = 8%  
**2010/2011 = 14%**

In all four periods female parents or caregivers have been the majority users of the CAPC programs. In the last two years male participation has started to increase while female participation has started to decline slightly.

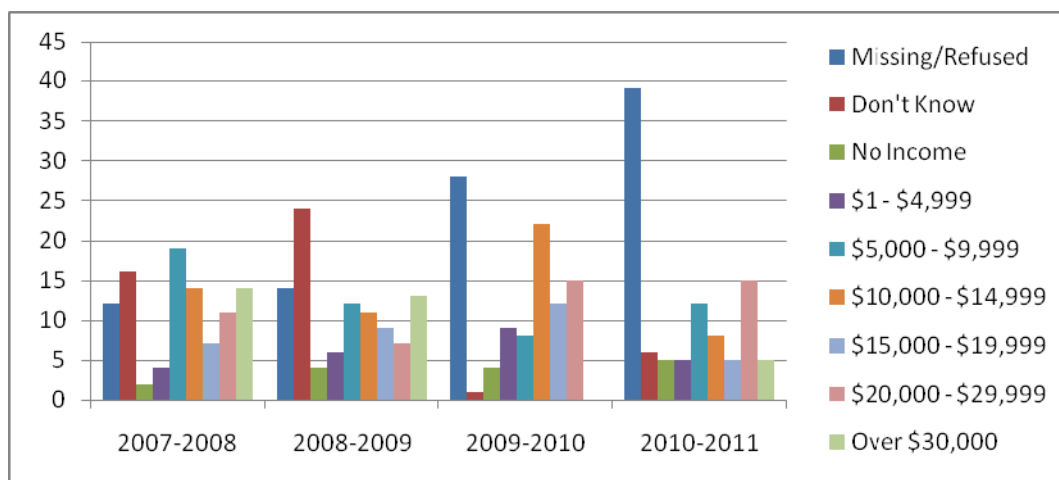
**Figure 3. Age of Parent/Caregiver**



Refused/Missing	Over 30	20 to 30 Years	Under 19
2007/2008 = 7%	2007/2008 = 63%	2007/2008 = 29%	2007/2008 = 1%
2008/2009 = 5%	2008/2009 = 53%	2008/2009 = 39%	2008/2009 = 3%
2009/2010 = 20%	2009/2010 = 54%	2009/2010 = 24%	2009/2010 = 1%
<b>2010/2011 = 19%</b>	<b>2010/2011 = 51%</b>	<b>2010/2011 = 30%</b>	<b>2010/2011 = 0%</b>

The majority of parent participants in Hamilton's CAPC programs the previous four years were over 30 years of age. The number of 20 to 30 year old participants has increased slightly from last year, while there were no new young parents under 19 who participated in CAPC programs this year. In 2010/2011, 19% of participants either did not respond to this question or chose the "refused" option, similar to last year's findings of 20% of participants who chose the same option.

**Figure 4. Family Income**



<u>Missing/Refused</u>	<u>Don't Know</u>	<u>No Income</u>	<u>\$1 - \$4,999</u>	<u>\$5,000 - \$9,999</u>	<u>\$10,000 - \$14,999</u>
'07/ '08 = 12%	'07/ '08= 16%	'07/ '08= 2%	'07/ '08= 4%	'07/ '08= 19%	'07/ '08= 14%
'08/ '09 = 14%	'08/ '09= 24%	'08/ '09= 4%	'08/ '09= 6%	'08/ '09= 12%	'08/ '09= 11%
'09/ '10 = 28%	'09/ '10 = 1%	'09/ '10 = 4%	'09/ '10 = 9%	'09/ '10 = 8%	'09/ '10 = 22%
<b>'10/ '11 = 39%</b>	<b>'10/ '11= 6%</b>	<b>'10/ '11= 5%</b>	<b>'10/ '11= 5%</b>	<b>'10/ '11= 12%</b>	<b>'10/ '11= 8%</b>

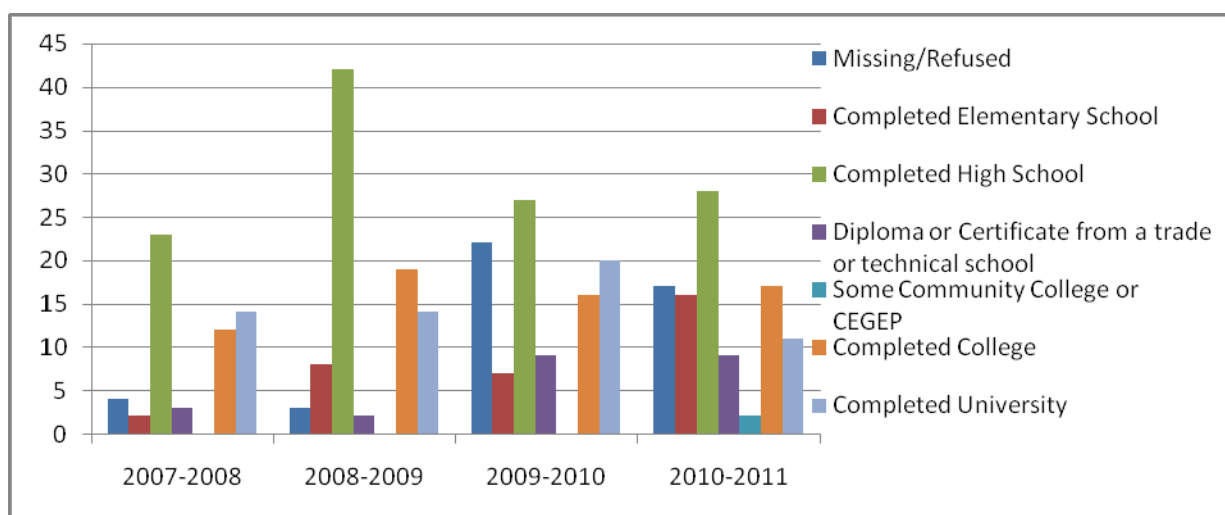
  

<u>\$15,000 - \$19,999</u>	<u>\$20,000 - \$29,999</u>	<u>Over \$30,000</u>
'07/ '08= 7%	'07/ '08= 11%	'07/ '08= 14%
'08/ '09= 9%	'08/ '09= 7%	'08/ '09= 13%
'09/ '10 = 12%	'09/ '10 = 15%	'09/ '10 = 0%
<b>'10/ '11= 5%</b>	<b>'10/ '11= 15%</b>	<b>'10/ '11= 5%</b>

One of the primary risk factors identified for the neighbourhoods served by Hamilton CAPC programs is poverty. This is demonstrated by the fact that 50% of respondents reported earning less than \$30,000 in annual household income, while only 5% of respondents reported household incomes over this amount. Unfortunately, the category with the largest growth in this year's client intake forms is 'missing/refused.' An additional 6% of respondents answered 'don't know' to this question. This means that not only are fewer clients completing intake forms, but also of those who do, fewer are providing information about household income. Other income data in the chart above is skewed by the significant proportion (39%) of respondents who declined to answer the question.

Of clients who responded to this question, in 2010/2011 most families in CAPC programs had incomes under \$19, 999. Over the last 3 years families with an income of \$20,000 to \$29,999 have begun to increase. Again, this finding is unlikely to be reflective of clients participating in CAPC programs because so few clients are volunteering information about family income.

**Figure 5. Education Level of Parent/Caregiver**

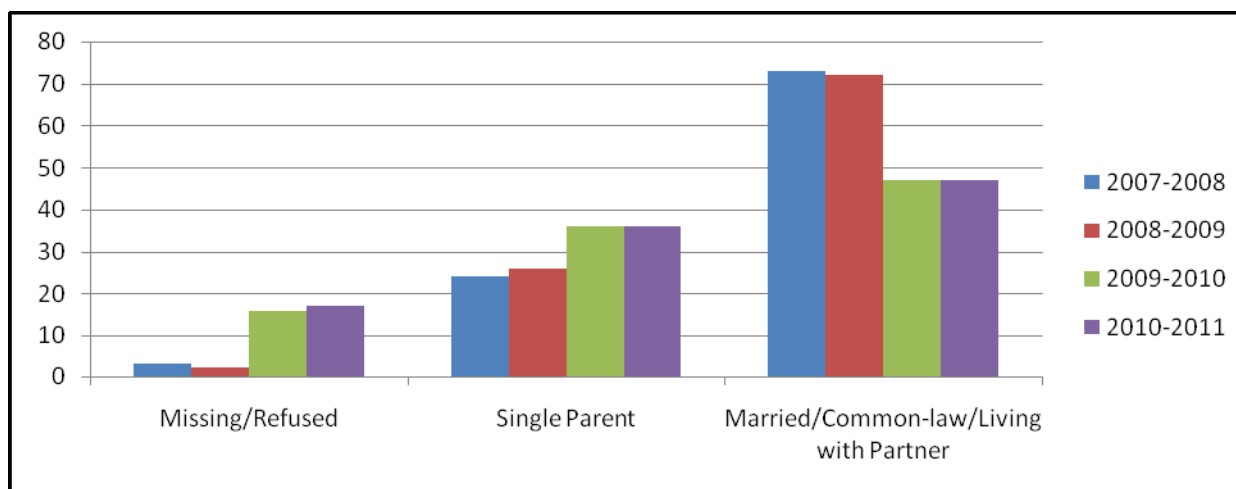


<u>Refused/Missing</u>	<u>Completed Elementary School</u>	<u>Completed High School</u>	<u>Trade/technical certificate/diploma</u>
2007/2008 = 4%	2007/2008 = 2%	2007/2008 = 23%	2007/2008 = 3%
2008/2009 = 3%	2008/2009 = 8%	2008/2009 = 42%	2008/2009 = 2%
2009/2010 = 22%	2009/2010 = 7%	2009/2010 = 27%	2009/2010 = 9%
<b>2010/2011 = 17%</b>	<b>2010/2011 = 16%</b>	<b>2010/2011 = 28%</b>	<b>2010/2011 = 9%</b>

<u>Some Community College</u>	<u>Completed College</u>	<u>Completed University</u>
2007/2008 = N/A	2007/2008 = 12%	2007/2008 = 14%
2008/2009 = N/A	2008/2009 = 19%	2008/2009 = 14%
2009/2010 = N/A	2009/2010 = 16%	2009/2010 = 20%
<b>2010/2011 = 2%</b>	<b>2010/2011 = 17%</b>	<b>2010/2011 = 11%</b>

The highest percentage of participants in Hamilton CAPC programs has a high school diploma education. The number of participants in 2010/2011 that have completed university has decreased from last year. In comparison, the number of participants that have completed college has stayed in the same range for the past 3 years.

**Figure 6. Marital Status (%)**



Refused/Missing

2007/2008 = 3%  
 2008/2009 = 2%  
 2009/2010 = 16%  
**2010/2011 = 17%**

Single Parent

2007/2008 = 24%  
 2008/2009 = 26%  
 2009/2010 = 36%  
**2010/2011 = 36%**

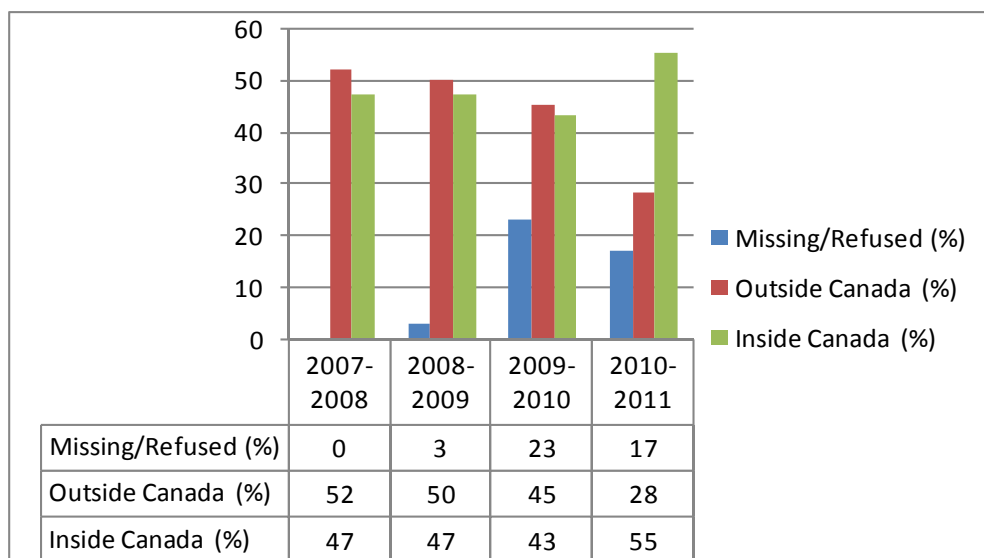
Married/Common-Law/Living with Partner

2007/2008 = 73%  
 2008/2009 = 72%  
 2009/2010 = 47%  
**2010/2011 = 47%**

Most participants in Hamilton’s CAPC programs report being married, common-law, or living with a partner. The percentages in all three categories are the same in 2010-2011 as they were in 2009-2010. Before 2009, there was a shift in the number of single parents which rose by 10%, and the number of participants who were married, common-law, or living with a partner, decreased by 25%.

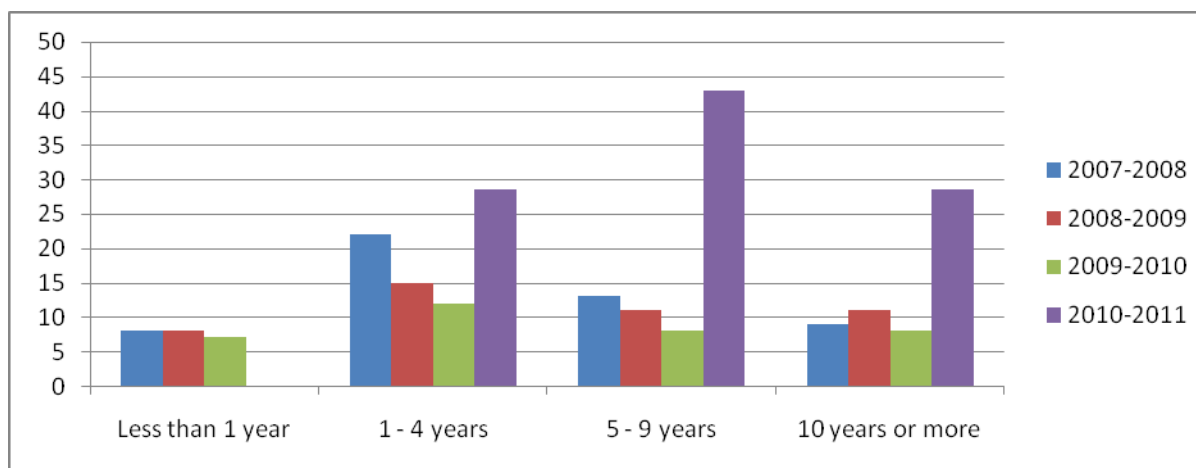
**Figure 7. Place of Birth**

As seen in Figure 7 below, a growing proportion of new participants in CAPC programs were born in Canada, while the proportion of those born outside Canada declined significantly (17%) over the last year. A significant portion (17%) of participants did not answer this question. Again, these figures are skewed by the large number of clients who did not respond to this question.





**Figure 8. Length of Time in Canada (Years), Percentage of Respondents not Born in Canada**



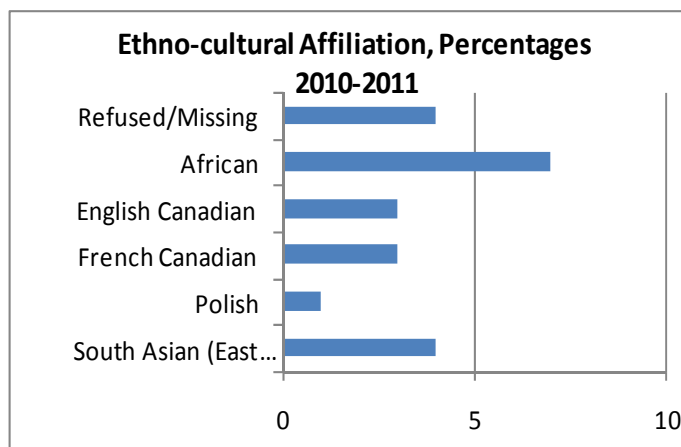
The majority of program participants who were born outside of Canada have been in Canada for 5-9 years, according to the 2010-2011 percentages. There was a significant increase in all categories greater than 1 year. No participants in 2010-2011 stated they have been in Canada for less than 1 year.

There were 14 participants who stated how long they have been in Canada. The 2010-2011 percentages are based on the 14 participants who completed the question. Participants who were born in Canada were instructed to skip this question.

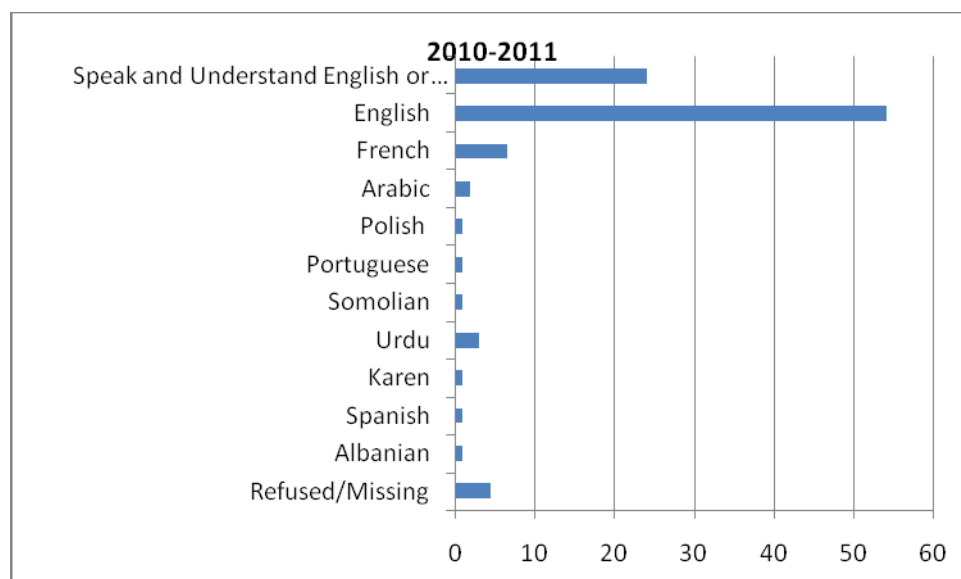
**Figure 9. Ethno-cultural Affiliation**

Refused/Missing = 4%  
 African = 7%  
 English Canadian = 3%  
 French Canadian = 3%  
 Polish = 1%  
 South Asian = 4%

In 2010-2011, the highest percentage of ethno-cultural affiliation is African. Each year the responses vary therefore it is difficult to determine the ethno-cultural affiliation of CAPC participants. It is also difficult since each year there is a high non-response rate. In 2010/2011, there were 18 participants out of a total of 64 participants who completed this question.



**Figure 10. Languages Spoken**



Fifty-four per cent (54%) of CAPC program participants indicated English as their home language in 2010-2011. There were 93 responses to the “languages spoken question” although there were only 64 new participants who completed intake forms. This suggests that some participants indicated that they speak more than one language. It is also possible that participants spoke other languages that are not reflected in the intake form. While the data in this question may not be completely comprehensive, the range of different languages spoken is significant.

#### 4.1 Key Findings

- The number of new participants decreased in 2010-2011 from the previous year, and has been declining since 2007. This does not capture total participation in CAPC programs.
- Most caregivers are female, though the proportion of male caregivers is growing.
- Poverty remains a significant risk factor for participants in CAPC programs. Half of respondents reported household incomes below \$30,000.
- Nearly half (45%) of respondents did not provide household income information (including ‘missing/refused’ and ‘don’t know’ categories). This question yielded the highest percentage of missing information of any question.
- The largest group of participants in terms of highest levels of education is those with a high school diploma. The number of participants who completed university has declined.
- Just under half (47%) of respondents are married or living in common-law relationships, which is much lower than figures from 2007/08 and 2008/09. The proportion of single parent participants has increased over the same period.
- Over half (55%) of respondents this year were born inside Canada, an increase over last year. The proportion of respondents born outside Canada has declined significantly over the last several years from 52% of respondents in 2007/08 to 28% in 2010/11.
- Among participants who identified an ethno-cultural affiliation, the two most common affiliations were African and South Asian. Only 18 respondents answered this question, however.
- Most respondents speak English at home, although many other languages such as Urdu, Arabic, Polish, Portuguese, and Albanian are spoken by respondents at home.

## 5.0 CONTEXT AND BACKGROUND DATA

This section analyzes quantitative data from various sources relating to housing or early childhood development. These findings are described in order to explore the extent and geography of challenges experienced in communities in the CAPC catchment area.

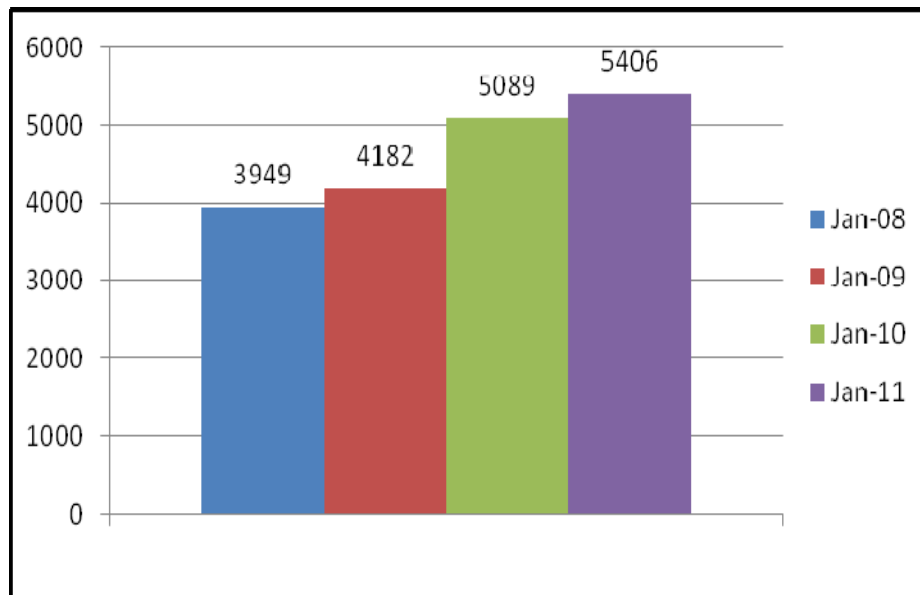
Relevant data sources were identified in part from the provincial poverty reduction strategy, which uses eight measures to assess progress towards the goal of reducing child poverty by 25% in five years (2008-2013). Three of those indicators are used here to assess conditions of child health and well-being in the CAPC catchment area: school readiness, educational progress, and rates of low birth weight babies. We also examine social housing data for Hamilton and emergency room visits for children under 16 in the CAPC catchment area.

### 5.1 Social Housing

As discussed in the literature review (Section 3), housing is one of the social determinants of health. This means that having good quality, safe, affordable housing has a significant impact on households' health status.

Local data is available on social housing in Hamilton. Social housing is one of the ways that cities try to address the need for affordable housing. Hamilton has more than 14,000 social housing units providing affordable housing to more than 30,000 residents (SPRC, forthcoming). As seen in the chart below, Hamilton's waiting list for social housing has seen nearly a 37% increase (from 3949 to 5406) in the last four years, mainly due to the recession.

**Figure 11. Number of active applications on the waitlist for the City of Hamilton Social Housing Providers Buildings, January of each year, 2008-2011. Source: City of Hamilton.**



The total number of households on the waiting list for social housing in Hamilton as of March 2011 was 5,512 (Access to Housing, personal communication, March 2011). As Figure 12 below shows, 12% of applications are seniors households, 41% are households without dependents, and 46% are households with dependents.

**Figure 12. Hamilton social housing waiting list, March 2011**

<b>Group</b>	<b>Number of applications</b>	<b>Percentage</b>
Seniors	677	12%
No dependents	2,283	41%
With Dependents	2,552	46%
<b>TOTAL</b>	<b>5,512</b>	<b>100%</b>

Waiting times for households on the social housing waiting list vary widely, partly because tenants apply and are housed under various categories with different levels of priority. Waiting times can range from one week or less in emergency situations to over 7 years. Recent data on those housed between January 2010 and March 2011 shows that 580 – or 47%, were households with dependents. This means that households with dependent children are being housed proportionately to their presence on the waiting list.

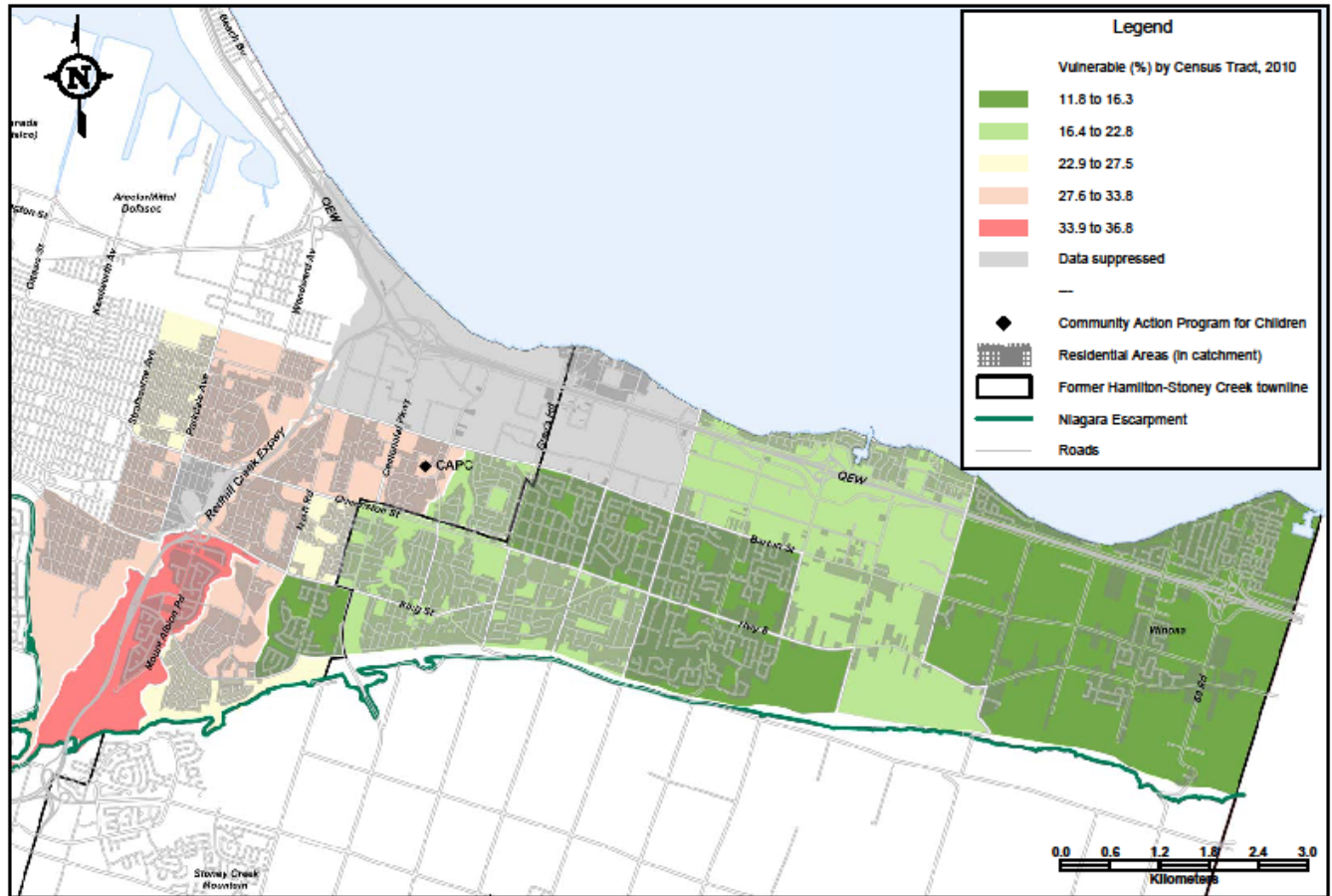
The growing demand for social housing indicates that there is greater need for subsidized housing as families experience the full impacts of the recession and making ends meet becomes more difficult. The insufficient supply of affordable housing in general and social housing in particular inhibits many families from providing their children with the conditions necessary for healthy development and longer term success.

## **5.2 School Readiness**

The City of Hamilton collects data on various areas of child development – and school readiness in particular - using the Early Development Instrument (EDI). The EDI measures the vulnerability of groups of children across five domains of development: physical health and well-being, social competence, emotional maturity, language and cognitive development, communication skills and general knowledge. Because the common measure used is the percentage of children who are vulnerable in one or more of these domains, lower percentages are more desirable.

Figure 13 below shows the percentage of children who are vulnerable in one or more of the domains measured in the census tracts within the CAPC catchment area. This map shows that there are higher levels of child vulnerability (the yellow and pink areas) in the western portion of the CAPC catchment area, in the old municipality of Hamilton, while the areas in former Stoney Creek to the east generally have lower levels of vulnerability. The CAPC outreach office, located in the Dominic Agostino Riverdale Community Centre, is situated in Riverdale, which, as shown in the map, is an area where need is higher than in most other census tracts at 27.6-33.8%. This strengthens the reasoning for basing the CAPC outreach office in that area, as need for supports with early childhood development can be expected to correspond with higher levels of child vulnerability. The highest rate of vulnerability is along the east side of the Red Hill Valley Expressway at the base of the escarpment. This may suggest that residents in this area could benefit from more concentrated supports that are close by.

Figure 13. Child Vulnerability in CAPC catchment area



### Vulnerable on one or more domains (%), Early Development Instrument, 2010 Community Action Program for Children catchment

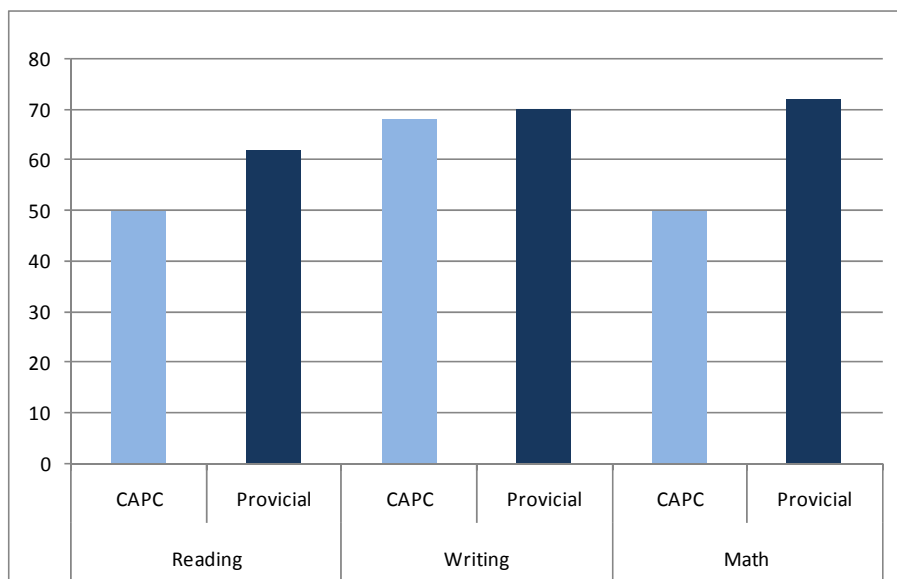
City of Hamilton, Community Services, Social Development & Early Childhood Services, Social Development

#### 5.3 Educational Progress

Data on academic achievement for primary and secondary schools within the CAPC catchment area was collected for this evaluation. This section presents findings from academic achievement scores from the provincial Education Quality and Accountability Office (EQAO) for catchment area schools for the year 2009/10. This included 12 elementary schools and 4 secondary schools.

Academic achievement is part of assessing children’s well-being, both because physical and mental health problems can often interfere with academic success, and because strong academic performance often leads to other successes later in children’s lives.

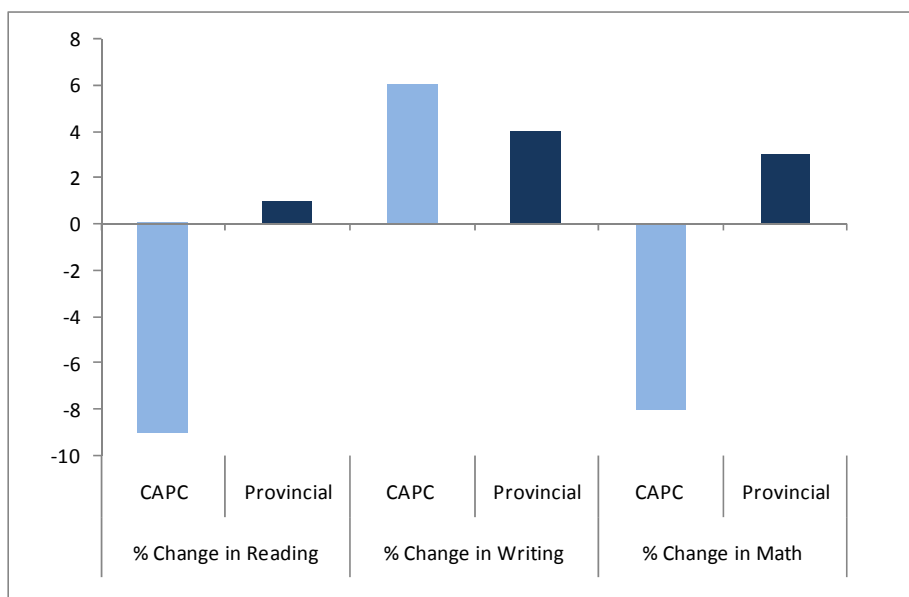
**Figure 14. Percentage of Grade 3 students achieving provincial standard**



Note: CAPC scores are the medians of scores at schools in CAPC catchment area. Provincial scores are the averages of all students' scores across the province. Source: <http://www.eqao.com/>

Figure 14 above shows that CAPC schools generally have lower academic achievement than the provincial average in reading, writing, and math scores for Grade 3 students. Although Grade 3 students fall outside of the 0-6 age group that is CAPC's focus, because CAPC programs have been operating in east Hamilton for over a decade, it is reasonable to suggest that a portion of students attending CAPC area schools have benefited directly from CAPC programs. In this way, work remains to be done by CAPC programs and other partners to reach the provincial averages.

**Figure 15. Percentage change in Grade 3 scores over three years**

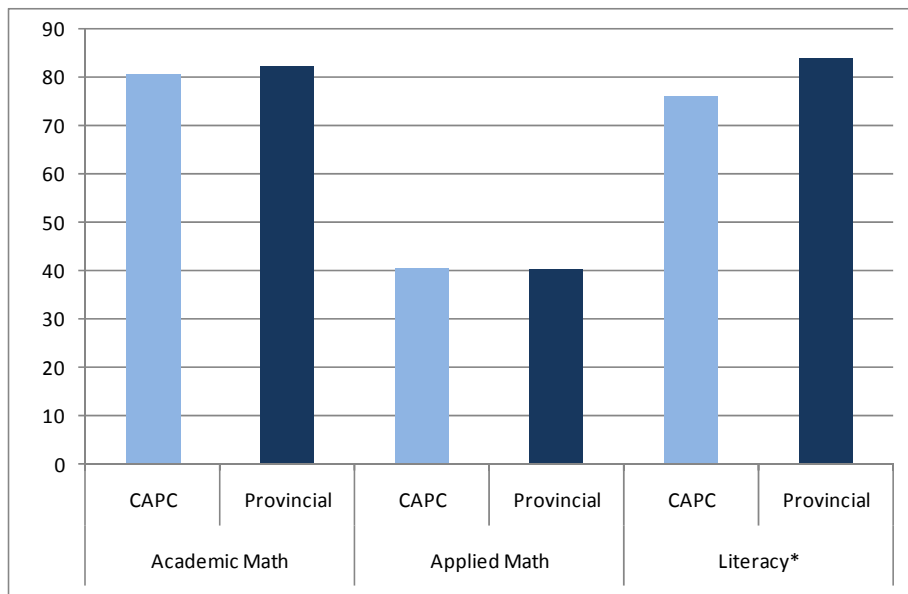


Source: <http://www.eqao.com/>

It is important to remember that the scores shown in Figure 14 change over time. Figure 15 above shows the percentage change for schools in the CAPC catchment area and the province in reading, writing, and

math. While provincial averages showed some slight improvement in all three areas over the past three years, CAPC area schools actually show a decline in scores for reading and math. In writing, though, CAPC had a higher rate of improvement than the provincial average.

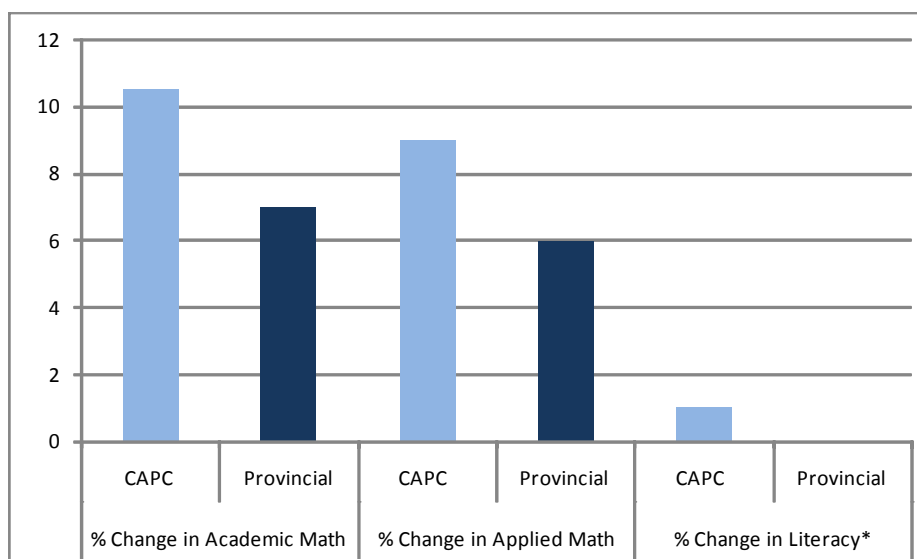
**Figure 16. Percentage of Grades 9 and 10 students achieving provincial standard**



\* Literacy scores represent the percentage of students who pass the test on their first attempt. Source: <http://www.eqao.com/>

Academic achievement in the area is more positive when we look at secondary schools. Figure 16 above shows that grade 9 math scores and grade 10 literacy scores show that CAPC area schools either meet or are only slightly below the provincial averages.

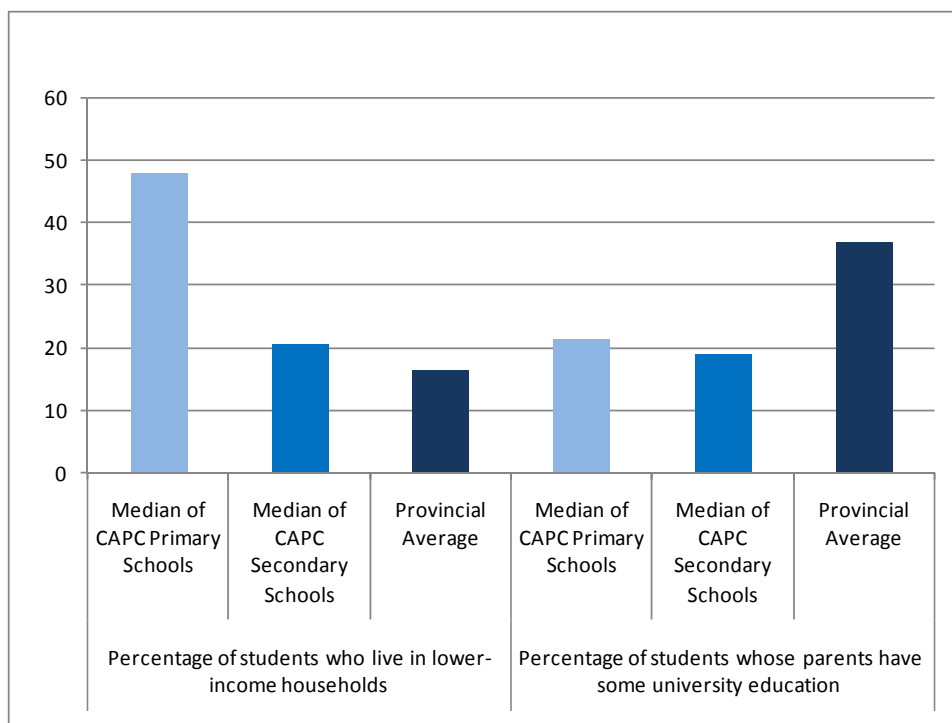
**Figure 17. Percentage change in Grades 9 and 10 scores over three years**



\* Literacy scores represent the percentage of students who pass the test on their first attempt. Source: <http://www.eqao.com/>

Figure 17 above shows an even more positive picture: CAPC area high schools have been improving their EQAO scores at a higher rate than the provincial average. This data suggests that the gap between the academic achievement of CAPC area schools and the provincial average is narrowing.

**Figure 18. Percentage of students who live in lower-income households, and whose parents have some university education**



Source: <http://www.eqao.com/>

Of course children and youth’s academic performance is influenced by their circumstances at home, and not all students have access to the same supports to their learning and achievement.

Figure 18 above shows some of the differences in circumstances for students in CAPC area schools compared with provincial averages, specifically in terms of students who live in lower-income households and whose parents have some university education. For example, the median percentage of students who live in lower-income households in CAPC area primary schools (48%) is nearly three times the provincial average of students living in lower-income households (16.5%). The median of students living in lower-income households at CAPC area secondary schools is also above the provincial average, though only by 4% (20.5%). In contrast, the provincial average percentage of students whose parents have some university education is significantly higher (36.9%) than the median percentages for students in CAPC schools (21.5% for primary, 19% for secondary). Together these figures show that fewer students in CAPC area schools have the same advantages to support strong academic achievement than in the province as a whole. Again, although these scores do not reflect the academic achievement of all children who benefit from the CAPC program directly, they do provide some context for understanding the opportunities and challenges experienced by young people of all ages in the area, and especially how these are changing with the continued support of CAPC programs.

#### 5.4 Child and Youth Health Data

Using data from the Hamilton Spectator’s Code Red series, Figure 19 below shows various measures of health and well-being for children and youth in the CAPC catchment area. This analysis looked at the median percentages of low birth weight babies as a percentage of total births, the number of emergency room visits for children under 16, and high school dropouts.

This data is divided into four groups of census tracts: those within the Hamilton CAPC catchment area; those that fall in the former municipality of Hamilton within the catchment area; those that fall within the former municipality of Stoney Creek within the catchment area; and the entire Hamilton CMA.



For each of these health and wellness indicators, the area within the catchment area that shows the highest numbers is in the former municipality of Hamilton. This means a higher percentage of babies are born with low birth weights, more children under 16 go to the emergency room for trauma, and more high school students drop out in this area than in the comparison areas.

**Figure 19. Child and youth related Code Red Data, CAPC catchment and Hamilton CMA**

	Low birth weight babies, % of total births	Emergency room visit rate for trauma for children under 16 per 1,000 people	High school dropouts
CAPC median	7.295	181.7	47.52
Hamilton CAPC Median	<b>8.01</b>	<b>196.6</b>	<b>59.8</b>
Stoney Creek CAPC Median	6.08	179.7	26.39
Hamilton CMA Median	6.715	153.55	59.63

As with the EDI findings outlined earlier, these findings suggest CAPC catchment area that falls within the former municipality of Hamilton experiences greater need for supports with early childhood development. This further strengthens the rationale for continued CAPC services in the area, and for the location of the CAPC office in this area.

### 5.5 Key Findings

- Hamilton’s waiting list for social housing has seen nearly a 37% increase (from 3949 to 5406) in the last four years, mainly due to the recession. Almost half (46%) of current applications are households with dependents.
- Higher levels of child vulnerability are found in the western portion of the CAPC catchment area within the former municipality of Hamilton. The CAPC outreach office, situated in Riverdale, is in an area where need is higher than in most other census tracts in the catchment area.
- Students in CAPC area schools have higher levels of poverty than Hamilton as a whole, and generally have lower – but in some cases improving – academic scores.
- The population in the CAPC catchment area have higher rates of low birth weight babies, emergency room visits for trauma for children under 16, and high school dropouts than Hamilton as a whole.

## 6.0 OUTREACH WORKER'S NOTES

The CAPC outreach worker has developed a detailed system of record-keeping to track visits to the CAPC office by clients, staff and others, including issues raised or dealt with at each visit. This is an important source of data on what issues are most prevalent for families accessing CAPC programs. These notes were analyzed thematically.

From April 1, 2010 to March 24, 2011 the CAPC outreach worker made 368 entries. Common themes among these visits included instrumental supports (computer, fax machine, etc.); housing; child care and children's programs; employment; immigration issues; abuse; and language training. These themes are discussed further below. Forty-three per cent (43%) of visits were labelled as 'Other' because they were not these themes, but simply noted general visits such as people seeking information or referrals, asking to be let into the community centre where the CAPC office is located or students or employees visiting the site.

**Figure 20. Prevalence of themes from outreach worker's notes**

Theme	% of entries on the issue (total number)
Instrumental supports (computer, fax, etc.)	19% (69)
Housing	15% (56)
Child care/children's programs	10% (37)
Food	6% (21)
Employment	3% (10)
Immigration issues	3% (8)
Abuse	2% (6)
Language training	1% (3)
Other	43% (158)

Many clients come to CAPC to use the computer and fax machine, which may be a small way to bridge the 'digital divide' (the unequal access to digital communication technologies that are seen as key ways to participate fully in society, including connecting with the labour market). The CAPC computer is also often used for searching for housing online, meaning that residents come to CAPC for supports with housing in excess of the 15% of visits discussed above.

Issues related to housing are also brought to the CAPC outreach worker fairly often. While only 15% of the visits recorded over the year were directly related to housing, this figure does not capture the depth of how severe and long-lasting housing issues are for residents in the area. When residents come to the CAPC office looking for support in dealing with housing issues, the CAPC outreach worker opens a file for that resident in order to track the progress on the relevant issues. Some of the most extreme examples have required extensive repairs that have taken over a full year to have completed. The extent of housing challenges facing these residents and the fact that housing issues are brought to the outreach worker more frequently than issues related directly to programming for children or child care highlights the important role that housing plays in providing a safe and supportive context in which to raise children.

Not surprisingly, clients also come to the CAPC office for issues related to child care and children's programming. A smaller number of residents come to the CAPC office seeking supports related to food, such as donations of food or information about food banks, employment, and abuse. Visitors also seek support at the CAPC office for issues relating to immigration and language training, which highlights the continuing need for supports for newcomers in the area.

### 6.1 Key Findings – Outreach Worker's Notes

- Housing is a common issue for which residents come to the CAPC outreach worker for support. Maintenance issues and applying for subsidized housing are the most common types of housing support sought by residents.

- There is continuing need for supports for newcomers and the economically marginalized in the CAPC catchment area.
- The neighbourhood where the CAPC office is located, Riverdale, has a concentration of high-rise rental apartment towers and some owned townhouses. Residents of the towers often approach the CAPC outreach worker when they experience difficulty in getting maintenance in their units performed. The outreach worker may then contact the appropriate property manager and negotiate with them for the repairs to be completed, following up if residents request it.
- Another common housing issue is that many families are 'under-housed', meaning that the number of bedrooms is inadequate for the number of family members living in one dwelling.

## 7.0 KEY INFORMANT INTERVIEW FINDINGS

### *CAPC Outreach Worker Interview Findings*

A semi-structured interview was conducted with the CAPC outreach worker on housing issues experienced by CAPC participants and how those are or are not being addressed. The outreach worker reported that she began keeping detailed notes about visitors, including the date and purpose of each visit, in part to help keep track of tremendous and complicated challenges experienced by participants with housing issues for which they come to the CAPC office for support. Some housing-related issues that are regularly brought to the outreach worker include the quality of current housing, maintenance needs, residents seeking better housing by moving, and residents seeking support in completing applications for social housing. Although housing is not directly in the CAPC mandate, it is one of the most common issues for which residents come to the CAPC office for support. Many residents also visit the office to use the computer, although much of the computer use is related to searching for housing or applying for social housing.

The neighbourhood where the CAPC office is located, Riverdale, has a concentration of high-rise rental apartment towers and some owned townhouses. Residents of the towers often approach the CAPC outreach worker when they experience difficulty in getting maintenance in their units performed. In one extreme case, a series of repairs needed by a tenant took over a year to be fully completed. In such cases, the outreach worker asks residents to complete a comprehensive maintenance request form in which they describe all maintenance needs in their apartment unit, room by room. The outreach worker may then contact the appropriate property manager and negotiate with them for the repairs to be completed, following up if residents request it. The outreach worker also described partnering with a worker from the Housing Help Centre, a non-profit organization that offers a wide range of supports with housing issues.

Another common housing issue is that many families are 'under-housed (or overcrowded)', meaning that the number of bedrooms is inadequate for the number of family members living in one dwelling. Most apartment buildings in the area have only a few three bedroom units, and none have four bedroom units, which would accommodate a larger family more comfortably. This means that larger families living in the area often do not have the option of renting an apartment with a more suitable number of rooms.

### *Housing Help Centre Community Development Worker Interview*

A semi-structured interview was also conducted with a community development worker from the Housing Help Centre (HHC) focusing on the nature and extent of support the worker offers in the CAPC catchment area, connections between those housing issues and child well being, and suggestions for what changes could be made to better address housing needs in the area.

The HHC worker is in regular telephone contact with the CAPC outreach worker on housing issues, in particular to provide information about the Residential Tenancies Act. The HHC worker explained that residents often approach the CAPC outreach worker about housing issues because "that's how communities work once people find someone who they can get an answer from." Much of the HHC worker's work is teaching groups of residents about tenant rights and options in terms of action within the housing system. The two organizations have also partnered by organizing several events such as community information nights, at which representatives from various public services and organizations make brief presentations on the services and supports they offer and residents have an opportunity to ask questions and get information from presenters.

Most of the challenges in Riverdale are around landlords not fulfilling their responsibilities around maintenance and repairs. Examples include mould kitchen cabinets, ceilings caving in, lack of proper flooring, or a lack of screens on windows.

A complementary challenge described by the HHC worker is that tenants often do not know or are afraid to assert their rights as tenants. This challenge is often exacerbated by language barriers, which the high proportion of newcomers experience. To help address this issue when dealing with housing issues, HHC (along with Hamilton legal clinics) has access to a 'language line,' which provides telephone translation in

a range of languages. On at least one occasion the HHC worker facilitated communication between a resident with limited English and the CAPC outreach worker on housing issues through the language line.

For the HHC worker, these challenges are often compounded further by current property standards enforcement, which operates on a complaint system that can be difficult to navigate. When a resident calls in a complaint, an inspector may come to examine the issue, but there is no follow-up with the resident who made the initial complaint. A copy of the inspector's report can be obtained at the city clerk's office by filing a freedom of information request and paying a \$5 fee. In the HHC worker's view, this process is not transparent or easily accessible, especially for residents who may be challenged by limited financial resources and/or language barriers.

The HHC worker indicated that many residents are concerned about housing issues precisely because of potential negative impacts on their children. In one severe example, a low-rise apartment building had been experiencing a bedbug infestation for over a year, and a couple with a newborn baby had not brought the baby home to the apartment in order to protect the child from the bedbugs. Bedbugs are a common challenge experienced in Riverdale.

More broadly, the HHC worker explained how the prevalence and severity of housing issues in the CAPC catchment area impact children, and why housing is a key issue in child development, saying:

*“Children are inherently connected to the folks who raise them. Folks that raise them have all of these issues, and so in order to change the lives of children, we need to change this [housing].”*

Lack of financial resources is crucial to what makes households choose to live in the area; households with lower incomes seek lower rents, which are available for more limited, more geographically isolated, and sometimes less well maintained dwellings. The HHC worker also conveyed that residents in the CAPC catchment area, and Riverdale in particular, expressed not being able to afford to take their children for outings that cost money. In the words of the HHC worker “that’s why places like CAPC matter so much, because there is a space that’s relatively affordable that’s a community space they can access with their children, but they can also access any of the services or programs that CAPC is providing.”

Both the housing-related work that the CAPC outreach worker does and the physical location of the CAPC office were seen as important assets to the community. For the HHC worker, no other service besides CAPC offers tenants support on housing issues in the area. The CAPC office is a nearby and accessible source of information and events that residents in the area have become familiar with and go to for support.

Four suggestions for improving effective action on housing issues in the CAPC catchment area were then discussed. The first suggestion was that CAPC frontline staff, volunteers, and service provider partners undertake tenant rights and housing supports information training to ensure that accurate and useful information is conveyed to clients.

The second suggestion was that the property standards enforcement could have mandatory follow through with individuals who file complaints.

Related to this was a third suggestion to expand a current pilot project of proactive property inspectors currently operating in two neighbourhoods near postsecondary institutions in the city to include Riverdale. Riverdale was seen as a prime location for such a program because of the considerable volume of maintenance work to be done on buildings in the area and the relatively limited inspections occurring there at this time.

The fourth suggestion was around improving translation services for residents with housing issues, which could include partnerships with community agencies with staff who speak languages spoken by various newcomer groups. Some of these agencies have in fact offered to partner with the City of Hamilton on proactive property standards enforcement by offering translation services. Another way to support this

work could be through seeking financial support for the CAPC outreach worker to gain access to the language line. These could be more efficient and certainly more effective ways of improving access to information and better housing outcomes for residents who access CAPC programs.

### **7.1 Key Findings – Key Informant Interviews**

- Most housing challenges in Riverdale are around landlords not fulfilling their responsibilities around maintenance and repairs.
- Tenants often do not know or afraid to assert their rights.
- Housing challenges are often exacerbated by language barriers, which many newcomers in the area experience.
- The property standards enforcement system operates on a complaint system that can be difficult to navigate.
- Property standards enforcement could have mandatory follow through with individuals who file complaints.
- CAPC frontline staff, volunteers, and service provider partners could undertake tenant rights and housing supports information training to ensure that accurate and useful information is conveyed to clients.
- A current pilot project of proactive property inspectors currently operating in two neighbourhoods near postsecondary institutions in the city could be expanded to include Riverdale.
- Improving access to translation services would help residents with limited English resolve housing issues more quickly. This could be achieved through partnerships with other agencies or by seeking funding to support CAPC access to the language line.

## 8.0 RESIDENT FOCUS GROUPS FINDINGS

The Facilitating Inclusion Collective was engaged to conduct focus groups with residents in the CAPC catchment area on a variety of issues, including housing. This section will briefly analyze feedback from these focus groups related only to housing issues. The full record of findings from those focus groups is included as an appendix to this report (See Appendix 2).

### *General Housing Issues and Responses*

When asked what kinds of housing problems they face, participants described challenges in four main themes: pests, undesirable behaviours, maintenance, and accessibility. In terms of pests, participants described problems with cockroaches, mice, asbestos, ants, and bedbugs.

Undesirable behaviours of other tenants and neighbours were also a significant concern for participants. Specific undesirable behaviours included fighting, vandalism, drug trafficking, cursing, littering, the presence of weapons, and bullying.

As in the key informant interviews, maintenance was an issue for focus group participants, who complained of rundown and inadequate housing and lack of service with respect to housing issues.

In terms of accessibility, residents were concerned that many apartment buildings are not accessible, forcing mothers to carry strollers and wheelchairs of their children up stairs.

Participants were also asked how they cope with these problems, and these responses also fell into four categories: direct or interpersonal supports, programs, enforcement of laws, and the built environment. Several examples were given for how participants cope with housing challenges through direct or interpersonal supports, including self defence and standing up for oneself, neighbours, family, and also more institutional supports such as the approaching police, Members of Parliament, and landlords.

Programs were also described as sources of support by participants. Specifically, S.T.A.R. in McQuesten, Ontario Early Years Centres, and Brownies were mentioned. Participants noted that programs such as Brownies are generally too expensive, and that taking family outings that are inexpensive or free, and having children participate in after school extra-curricular activities are preferable.

Suggestions to improve enforcement of by-laws were also made. Participants discussed enforcing housing inspections to look for pests, renovation/maintenance needs, and abused pets. The tenant act was also mentioned in relation to approaching landlords as a way of dealing with housing issues. Participants also mentioned enforcing laws around smoking and dog issues.

Three suggestions were offered to deal with some of the accessibility issues discussed above. The first was to build a place for families to store strollers on the ground floors of apartment buildings. The second was to build ramps for wheelchair users and seniors. A third suggestion was that families with children with disabilities that require wheelchairs should have access to first floor apartments or otherwise accessible units.

### *Needs of Children 0-6 Related to Housing*

Focus group participants were asked to brainstorm around the needs of children 6 and under. Housing and shelter was one theme into which brainstormed responses fit, and issues and concerns within this theme can be further categorized into five basic categories: social housing, challenging relationships, maintenance, vermin, and garbage.

Two issues in particular were identified relating to social housing. The first was a concern about long wait times to access social housing, which were described as being between 6 months and 5 years. Participants were also concerned about housing subsidies being reduced without notification to families.

Some participants who were not in subsidized housing expressed the difficulty finding housing in the private market because of bad credit history.

Challenging relationships were another theme emerging from this discussion. Housing staff were described as being judgmental and degrading of tenants. Some participants also described the neighbourhood as noisy, and linked this to frequent police visits, which may indicate a lack of relationships or difficult relationships between neighbours.

Concerns relating to maintenance were raised again here. Participants described waiting lists for repairs and repairs often taking a long time to be completed. One participant also stated that their superintendant simply does not perform minor maintenance such as door and window handles or broken toilets. One maintenance issue that can affect large numbers of households at a time is basement flooding and sewer damage. Participants mentioned this issue and stated that money distributed to cover the costs of repairing damage from basement flooding is sorely inadequate, barely covering the costs of replacing food that was lost in the flooding. There was also concern about a lack of usable parks in neighbourhoods, in some cases because they are not well maintained.

As mentioned above, vermin such as bedbugs, cockroaches, and ants were raised as a concern relating to housing needs of young children. In addition to basic concerns about the presence of such infestations, participants also pointed out that at times pest control services want all residents to be at home at one time in order to spray multiple dwellings at one time, but this is often not realistic for tenants.

Garbage was a final concern for some participants, particularly with respect to the recently imposed limit of two garbage bags collected weekly per household. Some felt that staying within this limit was difficult for a family to achieve, and wondered about having more frequent garbage collection. Part of participants' concern about the limit was that it seemed to be increasing garbage dumping in common areas and around apartment buildings.

### **8.1 Key Findings – Resident Focus Groups**

- When asked what kinds of housing problems they face, participants described challenges in four main themes: pests, undesirable behaviours, maintenance, and accessibility.
- Participants were also asked how they cope with these problems, and these responses also fell into four categories: direct or interpersonal supports, programs, enforcement of laws, and the built environment.
- Resident focus group participants raised concerns about five broad housing issues that impacted children's needs: social housing issues (wait times and subsidy reductions); challenging relationships between neighbours; maintenance; vermin; and garbage restrictions and dumping.



## 9.0 CAPC SERVICE PROVIDER FOCUS GROUP FINDINGS

A focus group with service providers whose programs are supported in part or in whole by CAPC was conducted to discuss two issues: the CAPC client intake form and housing issues. Service providers who participated in the focus group included the Home Management Worker, CATCH, S.T.A.R. and Today's Family. Boys and Girls Clubs of Hamilton and Catholic Family Services responded to the questions at a later time.

### *Client Intake Form - Benefits*

The CAPC client intake forms were revised after last year's program evaluation found that the number of completed forms was declining, and service providers indicated that the newer forms take less time to complete than the old forms, which is a benefit.

### *Client Intake Form - Challenges*

However, service providers also discussed several challenges with the client intake forms. The key finding here is that the numbers of forms submitted by service provider partners do not reflect the number of new clients accessing service. Several service providers expressed this view, and some said that overall need is actually going up, even as form completion is declining.

Several factors contribute to this gap between clients served and intake forms submitted. Firstly, only three of the ten program partners associated with CAPC are mandated to complete the client intake forms (S.T.A.R., CATCH, and Home Management Workers)<sup>2</sup>. Among the three who do submit intake forms, some have several other forms that clients are required to fill out at their services, which may burden clients accessing the programs. The partner that submits the greatest number of intake forms, S.T.A.R., rarely has direct contact with parents of the children who access their programs, which makes completing intake forms with parents challenging. Service providers also described language barriers further constraining their ability to complete intake forms with parents. In some cases, the intake form is sent home with a child to give to the parent and the form is never returned to the service provider. When this approach results in a completed and submitted intake form, however, the form is not filled out by the service provider with a parent as designed, but rather by parents on their own.

Service providers described situations in which a service provider refers a client to a second agency, and both agencies assume that the other has completed an intake form on the client, when in fact neither have done so. Similarly, some service providers felt that the intake form was redundant because the City collects extensive information on clients already.

Another important factor leading to fewer intake forms being completed is that many clients simply do not want to complete them, either because they fear negative consequences or because they are tired of completing forms. At times even when clients agree to complete an intake form they will refuse to answer many of the questions on the form. Service providers also explained that some clients find the questions invasive, particularly those about income levels, ages of caregivers and children, and number of people in a household. Providers stated that clients were sometimes afraid to complete the forms because of concerns that information from the intake form could be used to deny clients social assistance benefits or subsidized housing, for example.

In addition, some children who began coming to programs when they fell within the 0-6 target age range for CAPC programs have continued to attend programs after they aged beyond 6 years, which would not be captured in an intake form.

Finally, completing intake forms is simply not realistic for some service provider partners, such as babyshowers. The organization is comprised entirely of volunteers, and by design (in order to protect

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<sup>2</sup> Programs that do not submit client intake forms still submit numbers of participants and other information to CAPC as part of the national evaluation process.

confidentiality and reduce stigma of households receiving babyshower items) their services do not bring them into direct contact with clients, precluding an opportunity to complete an intake form.

#### *Client Intake Form - Suggested Changes*

Service providers offered suggestions for changes that could improve the client intake forms. Shortening the form further to only one page was suggested as a way to make it easier for clients and service providers to complete. Some questions were also seen as unnecessary by service providers, specifically the language spoken at home and the number of years in Canada. Service providers also suggested that offering ranges in which clients could place themselves for questions of income and age may make clients more likely to answer questions.

#### *Housing Issues*

Service providers reported that housing issues are raised by their clients frequently. One service provider stated that housing “comes up all the time,” while another said that the issue comes up at least weekly across several sites they operate. Examples of housing issues raised are general financial issues, increasing cost of rent, bedbugs and other vermin, difficulties with landlords or neighbours, and accessing housing when clients need to move. Service providers also conveyed that many families in the CAPC catchment area also experience overcrowding in their homes.

Social housing was another issue raised by service providers, in particular the long waiting list for residents to access housing. They described some residents accepting market rent units in City Housing and then waiting for a subsidized unit in the same building to become available so that moving is easier. Service providers also expressed concern about subsidized units becoming vacant and remaining so for six months or more. Given the considerable need for subsidized housing in the city, such prolonged vacancy was not well understood and service providers suggested that perhaps residents on the subsidized housing waiting list refused units in some areas because of geographical stigma.

Because housing issues are usually closely related to insufficient incomes, service providers also discussed issues related to social assistance. Service providers stated that shelter amounts of Ontario Works (OW) and Ontario Disability Support Program (ODSP) are too low for market rent, forcing recipients to use the basic needs amounts to pay rent or work for cash under the table. There is often not enough money for food after rent is paid, driving clients to access food banks regularly to meet chronic food shortages. Service providers also described clients getting into arrears with hydro providers, which clients may then pay off with OW payments. Institutional trustees who assist clients in arrears were also described as being backlogged by overwhelming demand for their support.

In an example of how poor housing conditions can affect clients' ability to earn income, Today's Family relayed that sometimes clients are not able to open home-based child care centres because they are refused due to housing conditions such as mould, ceiling problems, or dripping water, especially in apartment buildings.

#### *Addressing Housing Issues*

The group was then asked if they felt that their staff or clients could benefit from training or education about housing support services or tenant rights. Most felt that their staff was aware of relevant information and services, and that the current referral system is working well. Many clients also obtain information they need on their own through online research or word of mouth. When clients have issues for which they need support, service providers often look up information with clients in ways that clients are comfortable with, whether on the phone or online. One service provider reported that their staff is using the 2-1-1 municipal services information number more and more to obtain information.

In-person tenant education events already take place through the partners, though service providers agreed that attracting participants to these events was challenging and often required incentives such as

food gift cards. Some service providers felt that residents would not attend events only to get information on housing.

Two service providers expressed being open to getting training or resources related to housing issues, adding that the CAPC outreach worker is already quite helpful in this area. With respect to the usefulness of clients receiving tenant education, one service provider indicated that this would only be useful when specific issues came up with multiple clients, which is not often the case.

Several service providers felt that their clients would be better equipped to deal with or avoid housing issues by receiving training in budgeting. The group also reflected that many parents disagreed with this view and felt that they did not need help with budgeting. Because the topic is contentious between some clients and some service providers, one participant recommended not including a budgeting component in any housing education or outreach activities.

Finally, opportunities for assisting parents with housing issues are limited for many CAPC service providers are limited because many services only bring them into contact with children but not their parents.

### **9.1 Key Findings - Service Provider Focus Group**

- The numbers of forms submitted by service provider partners do not reflect the number of new clients accessing service. Several service providers expressed this view, and some said that overall need is actually going up, even as form completion is declining. Only three of the ten partners complete client intake forms at this time.
- Client intake forms could be shortened by removing some questions.
- Service providers reported that housing issues were raised by clients often, particularly issues relating to social housing and insufficient incomes.
- Most service providers felt that their staff were aware of relevant housing information or had the ability to find necessary information and did not require training on these issues.
- Many service providers felt that budgeting training would help clients deal with or avoid housing issues.
- Opportunities for service providers to support parents with respect to housing issues are limited because most CAPC partner programs have contact only with children, not parents.

## 10.0 NEW PARTNERSHIPS

Three new partnerships were introduced this year with Catholic Family Services (CFS), St. Joseph's Immigrant Women's Centre (IWC), and Hamilton Partners in Nutrition (PIN). The social planner for Hamilton CAPC was consulted for information about these developing partnerships. Representatives from CFS and IWC partner agencies were also consulted by about activities of the partnership.

### 10.1 Catholic Family Services

CAPC's contract with Catholic Family Services (CFS) states that CFS agrees "to provide programs to enhance the partnership between St. Martin's Manor and Angela's Place in order to provide additional services and enhancements to programs offered to Angela's Place tenants and young parents in the community."

CFS runs a fathering group at Angela's Place to which CAPC provides supports for enhancements to improve participation, including bus tickets and food. The group is for men under 25 who are fathering, whether or not they are the biological father, and focuses on positive role modeling and interactions with children. Activities are father-led and interactive, and staff members from the Ontario Early Years Centre are on-site at the same time to provide other supports. Activities that are part of this drop-in program might include making musical instruments out of household items. Topics relevant to parenting are also discussed in the group, such as nutrition and discipline.

CFS also runs a respite service for young mothers where they can bring their children in for a break. CAPC provides some funding for some additional hours per week of this service.

Angela's Place also offers weekly programming for residents and young mothers in the community, and CAPC gives funding for enhancements to these programs as well, such as bus tickets, food, and resource materials as incentives to increase participation.

Finally, CFS is developing additional programming for young parents in east Hamilton/Stoney Creek, and is looking particularly for opportunities to provide programming within the catchment area by partnering with existing programs. This is a developing part of the partnership.

### 10.2 St. Joseph's Immigrant Women's Centre

CAPC's contract with St. Joseph's Immigrant Women's Centre (IWC) states that IWC agrees "to provide programs to enhance the partnership between settlement support services offered to recent immigrants and refugees that provide support and access to programs for residents of east Hamilton who are parents of young children in the community."

Currently IWC offers support to CAPC clients from an on-site employment counsellor once a week at the CAPC office. The employment counsellor offers supports such as resume writing and information about working in Canada.

With funding from Canadian Immigration Canada, IWC recently opened a new centre at 2255 Barton Street in order to better serve immigrant and refugee women and their families in the area in which many such women live. Prior to the centre's opening, nearly 200 women commuted to other IWCs to access supports since SISO closed because there was no point of access to such services in east Hamilton (Hamilton Spectator, April 12, 2011). The centre helps immigrants obtain personal documents, helps clients seeking affordable housing. The centre also has services available in several languages including Punjabi, Arabic, Pashto, Kurdish, Hindi, Bengali and Urdu. The significant gap in left in the settlement services sector in Hamilton since the collapse of the Settlement Integration Services Organization (SISO) makes this centre one all the more important.

### **10.3 Partners in Nutrition**

Hamilton CAPC provides some financial support to Hamilton Partners in Nutrition (PIN) as an investment preventative child health and development through universal nutrition programs. A more comprehensive assessment of benefits and areas for improvement in the PIN program are provided in the PIN evaluation section of this report (Section 7.0).

## 11.0 PARTNERS IN NUTRITION EVALUATION

In March of 2011 the SPRC initiated a research project on student nutrition programs within Hamilton's Community Action Program for Children (CAPC) catchment area. Two research assistants collected information about nourishment program operations at the school and neighbourhood levels in the CAPC area of east Hamilton and Stoney Creek. Children learn their eating habits in their first few years of life. These habits have a lasting effect on how they grow and develop.

The first objective was to explore strengths, weaknesses, benefits of the program and suggestions for how to make the program better. Researchers focused especially on benefits of programs for children 0-6 years of age. The second objective was to examine awareness of nutrition programs at schools among the parents and parent involvement with the programs.

### **Benefits and Challenges of Nutrition Programs Serving Children 6 and Under**

Findings from interviews conducted as part of this evaluation suggest that children ages 4-7 are in most need and that nourishment programs provide a significant nutritional benefit to younger children. As one program coordinator described, "Many kids do not eat fresh fruits and veggies at home at all. Some kids eat just food from cans. Children 4 to 7 years old are in most need. They come hungry. They eat whatever we offer to them. They benefit from a program because they learn healthy eating habits at young age and they learn it for life."

It was reported by all of the programs with this age group that their nutrition program provides healthy foods such as fresh fruits and vegetables, which children may not eat at home, in a friendly environment. One parent program coordinator said, "We have full day JK and SK every day. They are getting exposed to different kinds of foods like broccoli, peppers - green or red, different fruits like strawberries, blueberries and plums for example. So they get a chance to try variety of foods as opposed to normal everyday foods in an environment where they have a choice. If they don't eat, nobody will get mad at them. They decide what to eat and how much. JK and SK eat most of the food. Their eating habits are changing. Children are learning about healthy foods at young ages."

Children in JK or SK tend to eat the food they are offered children are less hesitant to try new foods. One principal said: "JK and SK are less hesitant to try new foods. They like hard boiled eggs for example while grade 7 and 8 students don't."

Children learn routine, including proper hygiene, manners and eating healthy snacks regularly throughout the day. One program coordinator said: "Kids get a nutritional meal. This is a great learning experience for them. They try different kinds of food that they don't have the opportunity to try at home. Kids learn the routine. They learn that they have to wash their hands before the meal, that they have to sit when they eat, not run around. They see other kids eating. They eat at the same time every day. They develop healthy eating habits. We also teach parents. We have cooking classes for parents. Parents participate in food preparation. Parent volunteers also get the opportunity to try food with their children."

In the school year 2010-2011 JK and SK run all day, 5 days a week. There are more kids participating in the program now. Most kids are being exposed to nutritious foods 5 days a week. One principal said, "It is a huge difference between now and when we didn't have a program. From this year we have 3 kindergarten classes full day. More than 60 children use the program. They eat everything - fruits, veggies. The program is a good example to teach them about healthy foods from a young age." A secretary also said, "We have 72 to 100 children in this age group who use the program. They like the program."

Since children are eating healthy foods at school, they are taking healthy eating habits home. One program coordinator said: "Kids are talking about nutrition and they are bringing it home. We show them that nutrition can be good and they can show it to their parents."

In terms of expanding a program one program coordinator had a suggestion, saying, “We should open up the program to single moms with children 0-6 who come to food bank. They could come to the breakfast program after visiting the food bank. This way the program would be more community than just a student thing. This way we could attract more moms as volunteers and also educate them about healthy eating. Because the school moved, the number of children at the breakfast program dropped from 55 and more to 20.”

It was found that student nutrition programs increase knowledge of healthy foods; they promote healthy eating habits that children bring from school to their home. Teachers also report positive changes in children’s behavior and school atmosphere. Many schools stated that they cannot imagine not having a program in their school. One program coordinator stated: “This program is so needed for some children. The importance of the program really shows when you see some students selecting one or two days out of the month that they are able to purchase milk and counting their pennies to do so.” In the 2010/2011 school year the number of students participating in student nutrition program increased as a result of JK and SK students going to school full day 5 days a week.

Several factors influence rates of student participation in nutrition programs. These factors include bus schedules, student tests, long commutes and student perception that nutrition programs are only for poor kids. One program coordinator stated: “Some kids walk more than 2 km to school and come to school hungry. This program helps them get through the day.”

A number of programs expressed a need for some kind of tool that can help them connect with other programs so they can share ideas and in turn run their programs more effectively. We learned that workshops are hard to attend by program coordinators themselves because they often do not have time to attend because of work commitments. As a result, volunteers are sent instead, and sometimes there is disconnect of information passed through the program. One program coordinator said, “I would suggest information sharing between the programs. There should be something on the HPIN website where we could all share the information and be able to communicate with each other. We need email newsletter. We need to see what other programs are doing. We can share recipes this way. We can also learn about different ways of introducing healthy foods.” This view was shared many coordinators that were interviewed.

## **Parent Interviews**

Twenty-five (25) parents whose children participate at 15 of the area’s 22 nutrition programs area were interviewed. These parents have 24 children aged 4-7 and 29 children aged 8-14.

Outreach strategies influence parent participation rates at student nutrition programs. Parent respondents identified three major barriers to participation: work schedules, lack of information about the programs, and general attitude. This research found that participation helped parents involved with the programs overcome feelings of stigma.

Only 45% of the parents reported that they are aware that there is a nutrition program at their child’s school. Generally, there is no understanding of the program operation details such as what is served, how much is served, or that the program is universal. Most parents interviewed thought that the program was for hungry children or children in need. Some parents think that their children participate in the program just because they want to socialize with other children. As one parent said, “My kids are not hungry. I guess they eat because other children eat.”

Parents felt that the program is beneficial. It provides nutritious food for the children and is a great opportunity to learn about food that they may not experience at home. One parent said, “The program is a great opportunity for learning. My kids started eating some food that they didn’t like before. Now they ask me to buy it for home.” Most of the parents interviewed rely on this food supplement as a part of their child’s daily intake.

Parents are generally aware that schools do some fundraising events, but of parents who were aware of nutrition programs, many do not know where the money goes. All but one of the parents interviewed stated that they were not aware of any fundraising going specifically to the nutrition program.

Thirty-six percent (36%) of parents interviewed reported that they were asked to donate to the program or volunteer. Only 2 out of the 25 parents interviewed stated that they are regularly asked to contribute financially to the nutrition program at their child's school. Parents are involved in volunteering but in limited numbers. Parents volunteer in just 2 out of 15 programs. Eight (8) out of 15 programs asked parents to volunteer for the nutrition program.

Parents indicated that better outreach to parents and more detailed information about program operation (i.e. volunteer recruitment, financial support) are needed. Some parents said that they would be happy to volunteer or provide financial support if they were asked. Out of all the parents who were aware that there was a nutrition program, just one knew that there were three food groups offered.

### **Schools with no programs**

We interviewed 4 schools that did not have a nutrition program. Two (2) were from the Hamilton Wentworth District School Board and 2 from Hamilton Wentworth Catholic District School Board.

All of the schools interviewed had some awareness of other schools in Hamilton having a nutrition program. One (1) out of the 4 schools reported that there is a need for a nutrition program in their school. The other schools felt there was no need at this time because children are bringing their lunches and school staff has not reported any students that are hungry throughout the school day.

Schools report that different kinds of educational activities like cooking classes or guest presentations by nurses are already happening. One respondent did report that even though there is no need for a nutrition program in their school, he does feel there is a need for more awareness on healthy eating practices. He is communicating with a Public Health Nurse working with the school to try to ensure that the students bring healthier food choices to school.

One principal stated that he will talk to the school council about getting a nutrition program in his school, serving fresh fruits and vegetables to the students in a snack program one day a week. Even though students bring their lunches he was not aware if their lunches are healthy or not. One of the schools reported that they would like to see a 'grab and go' snack program at their school because the demographics of their school have changed; a contact from the school has observed a growing number of students from lower-income households and, consequently, growing need for student nutrition programs. They do have an after school cooking club for children that focuses on teaching them how to prepare healthy meals. Public Health is also involved in this program.

All of the schools reported that they do have some food available at the school for any children that may have forgotten their lunch or may be hungry throughout the day. One school occasionally has some fruits and vegetables or muffins and bagels donated from Tim Horton's available.

The barriers that were reported were getting volunteers to help run the program as well as infrastructure and space to operate the program. Two of the schools had concerns with the nutrition guidelines and serving sizes being a challenge to run the program. They learned from other schools with nutrition programs that nutrition guidelines are hard to follow and serving sizes are a challenge to understand. It is hard to serve variety of foods because nutrition guidelines are strict and healthy foods that meet the guidelines are fairly expensive.



## Common Issues

Three major issues identified are volunteer management, fundraising, and nutrition guidelines.

### *Volunteer Management*

Principals, program coordinators and parent volunteers who were interviewed identified lack of outreach – reaching parent volunteers, connecting with community organizations, recruitment and training. Lack of organization like not having schedules and job descriptions is still apparent. Volunteers sometimes do not show up. This puts extra pressure on teachers and schools staff to fill in so the program can continue running. Schools still need volunteers for shopping, food preparation and cooking.

For example some programs are running 5 days a week with 4 volunteers, while other programs with 9 to 11 volunteers are running only 3 days a week. There are programs with 14 volunteers but they still need volunteers for clean up. It was found that having one person in charge of each program or more support would ensure that their programs would run more efficiently. One principal said: “We need help with getting more volunteers. Change in people is a problem. With every new person you have to start all over again. Volunteer management is an issue. We need one person in charge with the program.” Another program coordinator said: “We need help with volunteers. We need them for purchasing, delivery and cleaning. We need somebody to bring volunteers.”

Gas and time costs are obstacles to recruiting volunteers for shopping. At some programs principals, teachers, and program coordinators are doing it. They are spending their own money and time to do the shopping for a program because they cannot ask parent volunteers to do that. One secretary said: “I don’t even have kids going here, but I find myself driving around on weekends, chasing sales to maximize on the money to make sure our money stretches and feeds the kids.”

In terms of increasing parent volunteers it was suggested by one coordinator: “We need more education sessions for parents on nutrition value of fruits and veggies.” “We need more outreach. This would raise awareness and build interest in volunteering.”

Schools still need support in the area of volunteer management so that they can recruit, train and retain volunteers in a more effective and sustainable way.

### *Money and fundraising*

Nutrition programs are generally managing to operate with the money they have because they are looking for bargains, which takes money and time. Coordinators often spend their own money for gas and time to make two or three trips in a week. It was reported that cultural foods, and fruits and veggies are very expensive. Some of the programs pointed out that they would not be able to expand their programs and add variety of foods with the money they are currently receiving.

Breakfast for learning vouchers help with some food costs. One parent program coordinator said, “We follow nutrition guidelines. It is hard because of the cost of healthy foods, fruit and veggies. Without [the breakfast for learning] vouchers we wouldn’t be able to buy yogurt that we can serve, or milk for example.”

One of the programs does fundraising for their nutrition program 3 times a year. Another program was not aware that they were supposed to fundraise. A small number of programs get food and cash donations. Most of the programs do not do fundraising for their nutrition program at all. Schools feel that they are already asking too much from parents for other programs at school. One program coordinator said, “How can we expect students to bring money to fundraise for a nutrition program that is supplying food for these very same families that need food?”

All the programs would appreciate help with fundraising and help with finding corporate sponsors because they do not have the capacity to find extra funding while running their programs. The need for

financial support and volunteers was voiced in many of the interviews. One coordinator said, “I must sound like a broken record. Money, volunteers, money, volunteers”. Fully 81% of the programs consulted identified that having somebody to help them with volunteer management and fundraising would increase capacity of the programs.

Three possible avenues for addressing these needs are: a broader range of funding sources; accounting for cost savings from in-kind contributions; and wholesale purchasing agreements with local food distributors.

#### *Nutrition Guidelines, Menus and Recipes*

Respondents reported that nutrition guidelines are confusing and hard to follow. Coordinators reported that receiving a guideline book is confusing and overwhelming as they do not have time to read it. Additionally, foods that meet guidelines are expensive. It is hard to ensure that sufficient quantities and variety of foods can be served when it is unclear what a proper portion is. Buying cultural foods that meet guidelines is even more expensive. Some programs reported that they had to refuse some food donations because they do not meet the guidelines. More practical help with serving sizes and guidelines would make it easier to run the program. One program coordinator stated, “We need something handy - shorter instructions rather than huge books that people do not have time to read. Some laminated posters that we can put on a cupboard with the instructions on ingredients, measures, etc.” A parent program coordinator said: “We need more educational resources on nutrition values. We need small, quick nutritional kind of thing. Nutrition values in existing nutrition guidelines are very complicated. We can never be sure if we are doing the right thing.” It was also reported that more menus and recipes that meet the nutrition guidelines are needed. One program coordinator communicated that there is a lack of ideas and activities for youth in nutrition guidelines.

#### **Other issues identified: Variety of Food, Wholesale Suppliers and Infrastructure Money**

Most programs expressed that they would like a wider variety of foods available to order from Lococo’s. High prices and difficulties with filling up the order was also a concern. One program coordinator stated, “It would be helpful if Lococo’s could add more products to their offer so we have variety of foods that we can choose from.”

Another program coordinator said: “I am totally confused when it comes to filling up order form for Lococo’s. For example, 30 cases, what does it mean? I don’t know how many kilograms is that, or how many pieces of fruit, or how many juice boxes? They need to be more specific.”

It was stated by many program coordinators that having a wholesale supplier that can cater to the nutrition programs in Hamilton would help reduce costs of the program. Some programs also identified the need for more infrastructure money to have the tools to run their program more effectively.

#### **11.6 Key Findings – Partners in Nutrition Evaluation**

- Successful programs have a coordinator responsible for volunteer management, budget management and community liaison. In order to retain volunteers programs should have a system in place to recognize them. Other supporters in the community need to be recognized as well. Parental involvement, community partnerships and cooperation are elements that contribute to a successful program. Program sustainability has been addressed through the creation of partnerships between schools, local businesses and community organizations.
- Several coordinators indicated that information sharing between programs could be improved, possibly through the HPIN website or an e-newsletter. This could facilitate sharing recipes, ways to introduce healthy foods, and general program practices.
- Three possible avenues for addressing program-wide needs are: a broader range of funding sources; accounting for cost savings from in-kind contributions; and wholesale purchasing agreements with local food distributors.

- In terms of expanding a program one program coordinator had a suggestion, saying, “We should open up the program to single moms with children 0-6 who come to food bank. They could come to the breakfast program after visiting the food bank. This way the program would be more community than just a student thing. This way we could attract more moms as volunteers and also educate them about healthy eating. Because the school moved, the number of children at the breakfast program dropped from 55 and more to 20.”

## 12.0 CONCLUSIONS AND RECOMMENDATIONS

Based on the preceding analysis, this section outlines recommendations for improving services delivered by Hamilton CAPC and its community partners.

1. *Conclusion:* Housing impacts child health, and is crucial issue for CAPC program participants. Housing issues are usually connected to poverty, which continues to be a challenge for many households in the CAPC catchment area. Many 'solutions' are programmatic, and most do not address some of the underlying conditions of good or ill health, such as housing, food insecurity, and poverty.

**Recommendation:** Supporting child health in marginalized areas requires dealing with adequate, affordable housing in those areas. This should include construction of and conversion to affordable housing – especially 3 to 5 bedroom units to accommodate larger households, tenant education, improving the property standards complaints process with mandatory follow-up procedures, and proactive property standards enforcement. Working together across agencies and with the City - such as through the Housing and Homelessness Action Plan – to plan to meet housing needs as a system rather than on an individual basis is vital.

2. *Conclusion:* Housing issues are compounded by language barriers. The CAPC catchment area has a fairly high concentration of newcomers, many of whom have limited English.

**Recommendation:** CAPC should work with the City of Hamilton and/or community partners to negotiate extended language supports for housing issues.

3. *Conclusion:* Demand for subsidized housing in Hamilton has grown nearly 37% over the last 4 years, and half of households on the waiting list are families with dependents. The CAPC catchment area in particular continues to experience higher levels of poverty, low birth weight babies, and high school dropouts, and lower – but improving – academic scores.

**Recommendation:** The Hamilton CAPC office should continue to offer service in its current location to address the concentration of need in the catchment area.

4. *Conclusion:* Poverty is becoming increasingly concentrated in inner suburban neighbourhoods and high-rise towers within those neighbourhoods in Toronto. Key informant interviews indicate that these trends are present in Riverdale, where the CAPC outreach office is located.

**Recommendation:** Housing related initiatives in the CAPC catchment area may be most effective if targeted initially in high-rise apartment buildings.

5. *Conclusion:* Opportunities for service providers to support parents with respect to housing issues are limited because most CAPC partner programs have contact only with children, not parents.

**Recommendation:** CAPC and its service provider partners should consider designing and implementing coordinated actions to connect with parents of the children they serve in order to improve outreach and information sharing, particularly about housing issues.

6. *Conclusion:* The client intake form in its current form does not serve the purpose for which it was intended; providing information detailed information about clients being served. Only three of the ten partners complete the forms, and all three report that the completed forms were not reflective of the level of clients being served. CAPC receives fairly extensive reports and participation counts from all partners for another of the annual reports delivered to Public Health.

**Recommendation:** Consider redesigning or abandoning the client intake form. Define what information from clients is truly needed and what alternate ways of obtaining that information might be. Our 'solutions' are programmatic, and most do not address some of the underlying

conditions of good or ill health, such as housing and poverty. Working together across agencies and with the City - such as through the Housing and Homelessness Action Plan – to plan to meet housing needs as a system rather than on an individual basis is vital.

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## **APPENDIX A: PROGRAMS CONSULTED FOR PARTNERS IN NUTRITION SECTION**

### **Programs consulted for Partners in Nutrition section**

- Bishop Ryan Catholic Secondary School
- CATCH
- CATCH/Chill Hill
- Dominic Agostino Riverdale Community Centre
- Elizabeth Bagshaw School
- Glen Brae School
- Glen Echo School
- Glendale Secondary School
- Green Acres School
- Hillcrest Elementary School
- Lake Avenue School
- McQuesten Community Centre
- NIWASA AHS
- Parkdale School
- Roxborough Park School
- S.T.A.R. Hamilton
- Sir Isaac Brock School
- Sir Wilfred Laurier School
- Sir Winston Churchill Secondary School
- St. Luke's Catholic Elementary School
- Viscount Montgomery School
- Orchard Park School



**APPENDIX B: FACILITATING INCLUSION FOCUS GROUP**

**COMMUNITY ACTION PROGRAM FOR CHILDREN (CAPC)**

**Riverdale, McQuesten and Quigley Community Conversations addressing  
The experience and perspectives of families with children aged 0-6 with regards**

**To:**

- Strengths of community (not CAPC program specific)
- Assets, resources and programming currently available to families with children aged 0-6
- Weaknesses, gaps, and existing needs for families with children aged 0-6
- Housing experiences – a conversation addressing, but not limited to :strengths, challenges, barriers, and safety, tenants rights, housing security – all with relation to children aged 0-6

## **A Transcript of discussions held on March 18<sup>th</sup>, March 31<sup>st</sup> and April 2<sup>nd</sup>, 2011**

### **Presented to: Social Planning and Research Council (SPRC)**

A total of 30 participants was recruited, 27 participated in the community conversations.

#### **Composition of participants was as follows: Total number of Participants = 11 +4 + 12**

- Participants at McQuesten and Quigley/Mt. Albion Neighbourhood were recruited through the OEYP programs at Hill Crest and Elizabeth Bagshaw Elementary Schools while participants in Riverdale Community were recruited randomly by word of mouth and door-to-door canvassing
- Languages spoken in addition to English were Urdu, Punjabi, Arabic, Mandarin, German
- Length of stay in the communities ranged from less than 1 year to 10 years with the majority of participants having resided in their neighbourhood for less than 5 years
- 80% of participants had children within 0-6 year range, 20% were expectant mothers
- Favourite family activities include:
  - o community events such as the summer festival, SISO summer camps, family potlucks, swimming, using the Park, family trips/picnics, museum trips, indoor/outdoor rides
  - o creative play
  - o participating in free programs at local centers such as swimming and karate programs

After introductions, which were designed to break the ice and understand group dynamics that may be at play during the conversations. Facilitators learned that most of the participants were not familiar with CAPC services in these neighbourhoods.

The conversations started by facilitators asking participants to call out in a single word or two, what comes to mind when they hear the words “community action program for children”.

Responses are tabulated below:

<b>Introductions</b>	<b>Name one thing that comes to your mind when you hear the following words: “Community Action Program for Children</b>
	<ul style="list-style-type: none"> <li>- Safety</li> <li>- Health</li> <li>- School</li> <li>- Sports</li> <li>- After School Program</li> <li>- Interaction</li> <li>- Pre-school (early year resources)</li> <li>- Daycare</li> <li>- Opportunity</li> <li>- Social Activity</li> <li>- Support System</li> <li>- Community events that support physical exercise (free and less cost)</li> </ul>

**Information gathered on strengths of the community, assets, resources and programming currently available to families with children age 0-6**

<b>Brainstorm activity</b>	<b>What makes life good (now) for children 0-6 years in your neighbourhood?</b>	<b>What do you like about living in your community?</b>	<b>What are some things you consider strengths of the community?</b>
<p><b>Information gathered on strengths of the community, assets, resources and programming currently available to families with children age 0-6</b></p>	<ul style="list-style-type: none"> <li>- A Multicultural O.E.Y.C. program</li> <li>- Parks</li> <li>- Parkdale arena, swimming, skating (ice), skateboard park</li> <li>- Food bank</li> <li>- Multiple schools</li> <li>- Churches</li> <li>- Daycare built into schools</li> <li>- Library</li> <li>- Summer day camp</li> <li>- McQuesten Recreation Centre</li> <li>- Supies in Parks</li> </ul>	<ul style="list-style-type: none"> <li>- All the community programs</li> <li>- Girls/Boys clubs</li> <li>- Everything close together</li> <li>- Charitable help/volunteers</li> <li>- Work is being done on Parks</li> <li>- After school programs</li> <li>- Everyone wants the same things for their kids (family, community, everyone helps each other)</li> <li>- Local stores (sense of community)</li> <li>- Police driving around, feel safe</li> <li>- 'some' friendly people</li> <li>- Lots of other kids (youth oriented community)</li> <li>- Parks</li> <li>- Festivals</li> <li>- Bollyrama but it is expensive</li> <li>- A lot of activities at the Centre but too expensive – need subsidy to participate for example swimming costs 49.00, karate \$120.00</li> </ul>	<ul style="list-style-type: none"> <li>- O.E.Y.C.</li> <li>- KIWANIS</li> <li>- Bowling ally</li> <li>- Parks</li> <li>- French immersion</li> <li>- Bus routes</li> <li>- Lots of grocery stores</li> <li>- Native center</li> <li>- Skating arena</li> <li>- Swimming</li> <li>- Police</li> <li>- Politicians – MPP</li> <li>- Difference houses available</li> <li>- Schools-movie night</li> <li>- Garage sales</li> <li>-</li> </ul>

Participants were not responsive to strengths with regards to housing in these neighbourhoods. The conversations were facilitated towards gathering information on issues and how participants problem-solved around these issues.

Responses are tabulated below:

	<b>What are some things about this community that help you cope when you or your family have problems relating to housing? What are problems you face?</b>	<b>How do you cope with these problems?</b>
<b>Housing experiences</b>	<ul style="list-style-type: none"> <li>- Pests: Cockroaches, Mice, asbestos, threatening ants, bed bugs</li> <li>- Run down houses</li> <li>- Lack of service</li> <li>- Fights</li> <li>- Drugs/drug dealers selling in front of schools and children</li> <li>- Vandalism</li>   <li>- Littering of inappropriate items in front of kids – condoms, needles, residue bags, beer and liquor bottles</li> <li>- Nasty language: nasty people – prostitutes</li> <li>- Guns, knives</li> <li>- Bullies</li> <li>- Buildings are not accessible – mothers have to carry strollers and wheelchairs of disabled children up the stairs</li> <li>- Families with disabled children should have access to first floor apartments or special housing</li> <li>- Garbage limit imposed by the city. Large families not able to stay within the 2 bags limit – as a result garbage is being damped around buildings</li> <li>- Housing units not adequate,</li> <li>- pets in apartments</li> <li>- Sometimes cannot choose paint colours, if you paint your own colours, must paint neutral when you leave</li> </ul>	<ul style="list-style-type: none"> <li>- Neighbours support</li> <li>- Family support systems</li> <li>- Approach MP</li> <li>- Approach landlords – tenant act</li> <li>- McQuesten Star Program</li> <li>- OEYC rooms</li> <li>- Take family to free/cheap outings</li> <li>- Stand up for self and others in the neighbourhood</li> <li>- Call Police</li> <li>- Self defense</li> <li>- After school/extra curricular activities</li> <li>- Brownies/cubs – although these program is too expensive</li> <li>- Enforce housing inspections to look for pests, renovations and abused pets</li> <li>- build place to keep strollers on the ground floor</li> <li>- build ramps for wheel chairs and seniors</li> <li>- Dog issues: enforce law</li> <li>- Smoking: enforce law</li> <li>- Playground area is uneven – not good for soccer playing etc</li> </ul>

	<p><b>Other issues relating regarding neighbourhoods:</b></p> <ul style="list-style-type: none"> <li>- Swimming schedules at the recreation centers not good/supportive of seniors. Time for swimming is very short, need more women only swim</li> <li>- Toronto has free swimming, why not Hamilton? We like to go swimming occasionally without having to pay</li> <li>- Bicycles are a good means of transportation – why are there so many rules, and requirement for special equipment such as for carrying children on the bike – ‘dragging a child behind you on a bike makes ‘me’ apprehensive, prefer to have child close to me’</li> <li>- There are not many Chinese people in these neighbourhood – would benefit from connecting with other Chinese people</li> <li>- Career counseling services and programs should be available in high schools for students – student career counselors are too theoretical and have no hands on experience</li> <li>- 2-bag garbage limit is not working for large families as garbage is picked up once a week. Because of this, there is garbage thrown around buildings</li> <li>- After SISO closed, information about different programmes is not readily available</li> <li>- Vocational training for teenagers - Pay teenagers to clean up neighbourhood, cut grass</li> <li>- Supies program – be supported and promoted</li> <li>- Organized sport is too expensive – encourage ‘organized volunteers’ for ‘organized sports’</li> <li>- Mentorship programs would be nice</li> <li>- Create a vocation centre</li> <li>- Drug items (empty bags, needles) and cigarette butts all over neighbourhood – people don’t follow established smoking laws</li> <li>- Group willing to establish a community group to clean up – need support mobilizing community</li> </ul>	

**Leading up to a discussion on what services are missing in the community, participants participated in a brain storm activity regarding the needs of a child between ages 0-6 years.**

The Chart on the next page was used to guide discussions on identifying what is working and what could be improved.

The results are tabulated as follows.

**Needs of Children:**

- Food, Shelter, Safe Parks, Love, Doctor, Education, Structured-routines and Stability, Family support, Clothing, Different languages, Multiculturalism, Community Health Bus, Good parents/parenting.
- Increased no fee activities such as dancing
- Means of family transportation such as a family car
- Safety, for children who walk home from school
- Jobs for their parents – job search support
- Multicultural school programs for children to learn language e.g. Chinese
- Dental care
- Community garden, neighbourhood trip excursions
- Sports such as karate instill discipline
- Free eyes glasses – right now only eye tests are free

We categorized the above information into following groups:

1. Food/nutrition
2. Shelter/housing/long term housing
3. Social/family supports
4. Education
5. Medical (health)

## What is working and what needs improving?

	Good Things	What needs improving/missing/concerns
<b>Food and Nutrition</b>	<ul style="list-style-type: none"> <li>- OEYC provides good nutritious lunch and snacks daily. Lunch is a full meal according to the Canada Food guide</li> <li>- Multicultural food is available in the community e.g. halal foods</li> <li>- Snack programs in schools – half a dozen schools in the area are participating</li> <li>- Fresh vegetables and fruit available in stores, grains</li> <li>- Toonies for tummies program – donate a toonie, and you receive a coupon towards your grocery purchases. The money goes to support food banks</li> <li>- Food banks are available</li> <li>- Good Shepherd Centre soup kitchens</li> <li>- Increased food drives in schools</li> <li>- Cooking classes</li> </ul>	<ul style="list-style-type: none"> <li>- Grocery prices going up</li> <li>- Food banks require a membership/registration – why? ‘we don’t like to disclose personal information at food banks’</li> <li>- Food banks are rationing – only 1 or 2 visits a month</li> <li>- Lack of response to peanut allergy requests</li> <li>- Programs like OEYC provide 6 bus tickets per family a month; most parents cannot afford therefore to go to the OEYC centers regularly to benefit from the services such as good nutrition for the children. For example, “in the Chinese community, children 0-6 years are taken care of by their grandparents while parents are at work. In China transit is free for seniors. China is not as rich as Canada but still provides free transit for seniors. Canada should provide free bus services for seniors, then I can take my grandchildren to programs”</li> <li>- Meals at school. Provide breakfast and for children staying after school, provide dinner</li> </ul>
<b>Housing/Shelter</b>	<ul style="list-style-type: none"> <li>- Emergency housing is available and is subsidized</li> </ul>	<ul style="list-style-type: none"> <li>- Long wait times ranging from 6 months – 5 years</li> <li>- Rent discrepancy</li> <li>- Lack of organization</li> <li>- Waiting list for repairs while houses are falling apart – repairs not done on time. Building superintendent does not do minor repairs e.g. door and window handles, broken toilets etc.</li> </ul>



	<b>Good Things</b>	<b>What needs improving/missing/concerns</b>
		<ul style="list-style-type: none"> <li>- Bedbugs, Cockroaches, ants</li> <li>- Basement floods, sewer damage – money issued to cover damage costs is not even enough to buy food</li> <li>- Housing staff are judgmental and degrade people</li> <li>- No playground or park in the housing surveys</li> <li>- Park is torn out</li> <li>- Pest control people want everyone to be home at the same time to clean the bedbugs and ants, that is unrealistic</li> <li>- Can't find places to rent/live because of bad credit</li> <li>- Garbage limited to 2 bags per family. Most families not able to stay within limit, as a result there is garbage all around the buildings</li> <li>- Garbage is picked once a week, can this be improved?</li> <li>- Neighbourhood is very noisy. Police are called on a weekly basis</li> <li>- Housing subsidy reduced without notice to families</li> </ul>
<b>Family/Social Support</b>	<ul style="list-style-type: none"> <li>- A variety of children from different backgrounds and cultures has increased chances for our children to interact with others and they can play</li> <li>- Big brother/big sisters organizations</li> <li>- Many programs for children but some cost money</li> <li>- ID festivals organized last time</li> </ul>	<ul style="list-style-type: none"> <li>- Need positive role models – encourage more volunteers</li> <li>- Long waiting list for actual big brothers/big sisters program</li> <li>- Child minding: government should provide free child care especially for parents that are in school</li> <li>- Child care should be subsidized for everyone</li> <li>- Provide bus tickets for families. For</li> </ul>

	<b>Good Things</b>	<b>What needs improving/missing/concerns</b>
	<p>was popular but not open to all – registration was limited. More funding should be allocated to this activity so more people can participate</p> <p>-</p>	<p>example, in China, Seniors ride on the bus for free – that is not the case in Canada – why? Canada is better off economically than China</p> <ul style="list-style-type: none"> <li>- Immigration processing of spouses taking too long. Immigration Canada does not respond and agents only speak English. Immigration Canada does not have any agent that can speak Arabic or Urdu?</li> <li>- Free legal help is not available to follow the immigration status on behalf of residents</li> <li>- Drugs (older children). Kids go to party and have drug use. If parents don't let them go, they feel isolated. Need better control of drugs and guns available to children</li> <li>- Children age 13 have lots of rights – a concern to parents</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>- HWCDSB</li> <li>- HWDSB</li> </ul>	<ul style="list-style-type: none"> <li>- Children not getting one-on-one help in school – school staff</li> <li>- School system is disorganized – we have to argue with teachers as they 'know best'</li> <li>- Teachers come and go – don't stay long enough for children to get used to them</li> <li>- Increased help in French immersion is not available – they kick the child out of school</li> <li>- No help like speech/pronunciation – the child has to go to English system</li> <li>- Advanced English for adults and children</li> <li>- After school homework club</li> <li>- School uniform is not subsidized,</li> <li>- Student bus pass is expensive</li> <li>- Teachers call children names such as stupid and monkey. Children come home crying but teacher not listen or stop</li> <li>- Most parents not aware that there are</li> </ul>

	Good Things	What needs improving/missing/concerns
		volunteer opportunities at school
<b>Medical (health)</b>	<ul style="list-style-type: none"> <li>- Children’s hospital in Hamilton</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- Dental care is too expensive – need dental services that are affordable</li> <li>- Hospitals, family doctors and pharmacists – most of them do not communicate in time regarding appointments, medication and physiotherapy</li> <li>- Students who fall sick at school should be bussed home – most moms don’t drive and dad’s go to work</li> <li>- Parents have concern about the availability of marijuana for medicinal purposes</li> <li>- 2-hour activities for little ones (0-6) – school gyms can be used for this – exercise, therapeutic play etc.</li> <li>-</li> </ul>
<p><b>Other Issues:</b></p> <ul style="list-style-type: none"> <li>- Want to know if child can walk alone from school. What is the system or regulations on that?</li> <li>- Want to know what is legal issue of leaving the child alone or walking alone from school, getting on and off school bus and walking home from school unsupervised. “I know that a child under 13 years cannot be left alone but I have seen children younger than this walking alone on streets when they get off the bus.</li> <li>- Too much electronics video games for teen time. Children are addicted to computers and video games. Vocational activities especially in summer time for example painting, sewing, knitting, crafts etc be made available</li> <li>- Working families need transportation for kids e.g. a bus to drive kids to activities because men working and most women don’t drive</li> <li>- 90% of population live in apartment buildings need a lot of activities in the summer 9am – 3pm so kids can get outdoors. Many volunteers are available to staff activities if they can be provided free for the children</li> <li>- Participants from the Riverdale community shared that the neighbourhood is very untidy and dirty looking</li> </ul>		

	Good Things	What needs improving/missing/concerns
	<ul style="list-style-type: none"> <li>- because of litter and garbage thrown around</li> <li>- Dog poo was a major concern to Riverdale community participants as well. All the green spaces are littered with dog poo. They cannot risk walking on green areas because dog owners do not clean up. By-law and finds must be enforced and dog owners train their dogs properly.</li> <li>- Dogs in apartments are noisy, they bark at night and from their balconies</li> <li>- Playground is very untidy and uneven. Grass is not cut properly, the ground surface is uneven</li> <li>- A properly enforced law could limit the amount of smoking and drug use on the playground</li> <li>- Most parents work nightshifts and are sleeping during the day, as a result, the children are confined inside the apartments with little opportunity for them to go to theatres, parks or museum trips. A free bus every month that could take kids around town would be something nice to have</li> <li>- Potluck. Once a month in community centre open for everyone – service providers could participate to mingle without having to be running a program or gathering information</li> </ul>	

**Facilitator notes:**

- Majority of participants have been living in their neighbourhood for less than 5 years
- Families in these communities could benefit from having a mediator between school and parents
- Schools can actively promote open house events and make space friendly to newcomers/immigrants to participate in their child's education. Participants shared that due to language barriers, most hesitate to participate in school initiatives requiring their participation
- User friendly resource centers at schools be encouraged so resource material for parents can be made available and parents can learn to familiarize themselves with school system
- More information about how to get involved in the school could be beneficial to newcomer residents of these neighbourhoods, as well as legality of leaving children alone. There seems to be little awareness about programs. Parents interested in career counselling for themselves and their teenage children
- Neighbourhood needs occasional activities for teenagers. There is a lot of programming for kids 0-6 and women, minimal for teenagers – perhaps organizations such as YMCA could introduce programming here
- A vocational centre in the neighbourhood would be welcomed by for those who need sewing, painting, cooking classes for teens and more