A Legacy of Poverty?
Addressing Cycles of Poverty & the Impact on Child Health in Niagara Region

Report prepared for the Region of Niagara,
Department of Community and Social Services
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Susan Arai,
Associate Professor,
Department of Community Health Sciences
Brock University

&

Rishia Burke
Consultant,
Community Health Research, Planning & Evaluation Services

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I. Introduction

The breadth and depth of poverty in Canada and Niagara Region is significant and enduring. Across many nations primary distribution–based on market income–has become less equal than before and the proportion of the population able to achieve subsistence from the market alone has decreased continuously so that in 2003, 15.9% or almost one in six Canadians lived in poverty[1]. This statistic has remained relatively steady for the past thirty years. When viewed across a five year time span the picture of poverty is actually much worse, with 30.7% of Canadians falling in and out of poverty in the years from 1996 to 2001[2]. The poverty rate in Ontario in 2003 was 14.3%, slightly lower than the national average[3], while in Niagara Region, "approximately 14% of Niagara residents had incomes below the low-income cut-off (LICO) in 2004. The incidence of low income in the region has increased since 2000 by approximately 5%." This upward trend in poverty is evident with individuals, couples and lone parent families.[4]

How does Niagara Region fair on the poverty facts? Turn to pages 5 to 22 to read more.

Effective strategies to address poverty require making visible the differences among people who live in poverty. Poverty is often associated with men who are homeless and living on the streets but many who live in poverty are invisible in our society. There is greater poverty among women than men, and poverty is on the rise among young adults. There is a significant portion of the population who are known as the "working poor". The experience of poverty in Canada is greatest among lone-parent families, those receiving social assistance, new immigrants and visible minorities, people with disabilities and mental health concerns, survivors of abuse and trauma, and children.[5, 6, 7, 8] Previously poverty was viewed as an issue affecting older adults in Canada. However, after decades of reform in fiscal policy there has been a significant downturn in this trend such that poverty rates among older adults dropped from 34.1% to 15.1% between 1980 and 2003 (although there was a slight increase between 2001 and 2003).[9] Campaign 2000 describes the success of the Federal government in Canada to reduce poverty among older adults in the 1990's, cutting poverty in half in large part through fiscal policy measures.

What factors contribute to who lives in poverty? Turn to pages 11 to 22 to read more.

We cannot address child poverty independent of family poverty. Families have a direct bearing on whether children live in poverty. In Canada, the poverty rate for families of all types was 12% in 2003.[10] Among the nine most common family types, single-parent mothers have the highest poverty rate (48.9%

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1 National Council of Welfare. (Spring 2006). *Poverty profile, 2002 and 2003*. Available from the National Council of Welfare, 9th Floor, 112 Kent Street, Place de Ville, Tower B, Ottawa, ON, K1A 0J9 or www.ncwcnbes.net.

2 National Council of Welfare, Spring 2006.

3 *Ibid*.

4 *Gaining an Understanding of Poverty in Niagara Region - Preliminary Findings 2007*. (Unpublished). Prepared By Allan Day and Associates for Opportunities Niagara.

5 Breitkreuz, R. (2005). Engendering citizenship? A critical feminist analysis of Canadian welfare-to-work policies and the employment experiences of lone mothers. *Journal of Sociology and Social Welfare*, 32, 2, 147-165.

6 Lee, K. (2000). *Urban poverty in Canada: A statistical profile.* Ottawa: Canadian Council on Social Development (CCSD).

7 Séguin, A. & Divay, G. (2002). Urban poverty: Fostering sustainable and supportive communities. In F. L. Seidle (Ed.), *The Federal role in Canada's cities: Four policy perspectives.* CPRN Discussion Paper No. F27. Ottawa: Canadian Policy Research Networks.

8 Wilton, R. (2004). Putting policy into practice? Poverty and people with serious mental illness. *Social Science & Medicine, 58*(1), 25-39.

9 National Council of Welfare, Spring 2006.

10 *Ibid.*

in 2003). Canada has not seen any significant decreases in child poverty rates in 30 years despite government commitments to eliminate poverty.[11] In 1989, members of the House of Commons voted unanimously to end poverty by 2000, child poverty rates were at 15.1%. By 2003 they had risen to 17.6% and the number of children living in poverty was 1.2 million.[12] Patterns for families in Ontario are similar to that of the nation, with 11.3% of families living in poverty in Ontario in 2003. While this is lower than the peak reached in 1996 (14.6%) it is still higher than the 8.2% rate of family poverty in 1989.[13] In the international context, Canada ranks 12th out of 21 developed countries in the UNICEF 2007 report card on child poverty and well-being.[14]

What are the issues associated with poverty that most impact families? What are the issues associated with poverty that impact healthy child development? Turn to pages 24 to 47 to read more.

Governments have a responsibility for the fulfillment of children's rights. Looking to the United Nations Convention of Children's Rights and the local Charter for Children's Rights the basic necessities for children (0 to18years) include:

- Healthy food, safe water and clean air.
- Secure housing.
- Protection from abuse of all kinds.
- Quality time with their families and other adult role models.
- High quality childhood development opportunities.
- Resources for the best level of health and assurances of those resources for life long health.
- Primary and secondary education so that they work toward their full potential.
- Recreation and leisure opportunities so that they may play, create and develop their skills.
- Protection from racism and discrimination.[15]

It is the responsibility of governments to assist and support families through social policy and fiscal measures. Meeting children's fundamental needs is not a choice; it is a community responsibility.

The UN Convention identifies the family as the primary environment where children are nurtured and provided the opportunity to grow. It is the responsibility of governments to assist and support families[16] through social policy and fiscal measures.[17] Meeting children's fundamental needs is not a choice; it is a community responsibility which has tremendous rewards for all concerned. As stated in the Niagara Children's Charter, "[w]hen our children's fundamental needs are met they are better able to meaningfully contribute to a civic community."[18]

The lack of a comprehensive approach to child poverty through fiscal and program strategies is most often pointed to as the underlying cause of poverty, including child poverty. Drawing from the UN Convention on the rights of the child, the 2007 UNICEF report card states that the child's environment should facilitate, "the development of the child's personality, talents and mental and physical abilities to the fullest potential."[19] Although material well-being or income is an important factor for children, an inclusive community goes beyond income as a measure of child well-being and takes a more holistic approach, ensuring that children are able to "thrive not just survive."[20]

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11 Campaign 2000. (2006). *Child Poverty in Ontario…Promises to Keep*. Available from www.Campaign.2000.ca.

12 *Ibid.*

13 National Council of Welfare, Spring 2006.

14 UNICEF (2007). *Child Poverty in Perspective: An overview of Child Well-Being in rich countries,* Innocenti Report Card No. 7. UNICEF Innocenti Research Centre, Florence.

15 Niagara's Children's Charter 2003, Available at http://www.regional.niagara.on.ca/living/children/pdf/NiagaraChildrenCharter.pdf

16 UN Convention on Children's Rights in Niagara Children's charter, 2003.

17 Government of Canada (2004). A Canada Fit for Children, Canada's plan of action in response to the United nations Special Session on Children.

18 Niagara's Children's Charter 2003, Available at http://www.regional.niagara.on.ca/living/children/pdf/NiagaraChildrenCharter.pdf

19 *Ibid.*

20 Campaign 2000, 2006

We need to act quickly to decrease the lasting impacts of poverty on children, families and community. The experience of poverty has wide sweeping effects on the quality of life and health of individuals, families and communities.[21,22,23] In fact, poverty is often identified as the most important determinant of health, as it is highly associated with diminished access to the other determinants of health (e.g., housing, education, social supports). The UNICEF 2007 report on child poverty compares child well-being across developing nations and concludes that, "[p]rolonged poverty has been shown to be likely to have an effect on children's health, cognitive development, achievement at school, aspirations, self-perceptions, relationships, risk behaviours and employment prospective" (p. 39).[24] Children who live in poverty also experience social and emotional difficulties and decreased access to opportunities for skill building and outlets for creativity and play. In addition, people living in poverty experience high levels of stigma and discrimination and related to this a high degree of stress. When we do not address poverty and embrace all citizens equitably, the broader impact on community can include decreased community health, decreased productivity, increased costs associated with support services, and at a more personal level decreased social capital and capacity to stand together for change.

How does poverty impact the health of adults, children and communities? Turn to pages 24 to 47 to read more.

What can we do about poverty? Addressing poverty requires more than just fiscal measures and approaches. No level of income will completely protect an individual from deficits in health, education or employment. For women subject to multiple layers of systemic oppression higher levels of education will not ensure that she will not live in poverty. Where poverty is defined broadly with an understanding of the social and cultural impacts of the experience of living in poverty an area for intervention becomes possible which focuses on building stronger communities and increasing individual assets and resiliency and access to all of the social determinants of health. This includes employment but also social supports and coping skills among adults. This issue is not just about the provision of supports, it is one of access. This means providing supports that acknowledge differences in need among women, people with disabilities and mental health issues, visible minorities, and those who have experienced trauma. Among children a focus on resiliency means the provision of affordable and/or subsidized community-based programs and services regardless of social economic status. These programs and services must provide opportunities for children and youth to develop social, cognitive, physical and emotional skills necessary to be school ready, as well as provide exposure to positive community role models who demonstrate that children and youth are valued. However, if we focus only on supports for individuals we may slip into victim blaming and leave systemic issues unaddressed. Therefore, we need to build stronger communities to mitigate the enduring impacts of poverty and the stigma and stress associated with living in poverty. Stronger and healthier communities will provide individuals with social supports and access to the broader determinants of health.

What recommendations should you consider to decrease poverty among adults and children? See pages 50 and 53 to read more.

Continued advocacy and consultation with the Provincial and Federal government is necessary to address poverty in a meaningful way. What is our message to policy makers about the necessary measures to tackle child poverty in this country? What is the impact of child poverty in our community? What steps need to be taken locally to monitor and address poverty and the outcomes of child poverty? At the end of this report a series of recommendations appear.

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21 Canadian Council on Social Development (CCSD) (2000). *Urban Poverty in Canada Statistical Profile: Canada*. www.ccsd.ca/pubs/2000/up/b1-1.htm [accessed 1/26/2005].

22 National Council on Welfare (NCW) (2001-02). *The cost of poverty.* National Council of Welfare, 9th floor, 112 Kent Street, Ottawa, ON, K1A 0J9.

23 Williamson, D. L. & Reutter, L. (1999). Defining and measuring poverty: Implications for the health of Canadians. *Health Promotion International, 14*, 4, 355-364.

24 UNICEF. (2007) *Child Poverty in Perspective: A comprehensive assessment of the lives and well-being of children and adolescents in economically advanced nations*. Innocenti Report Card 7, 2007. UNICEF Innocenti Research Centre, Florence.

II. What Do We Mean by Poverty?

How we define poverty has a significant impact on our understanding of the scope of the issue, who is affected, the interventions necessary to alleviate the condition, and to determine who should be involved in the intervention. A national definition of poverty does not exist. Mendelson (2005) argues that we can not fully address poverty until we have defined poverty as a country.[25] Drawing broadly from the social science literature, poverty is defined and described in four main ways. Any approach to decreasing poverty must take aspects of all of these definitions into consideration.

4 frameworks for understanding poverty:

- *Measures of poverty.*
- *Impact on the social determinants of health.*
- *In terms of experiences of powerlessness and social exclusion.*
- *In terms of the impact on community.*

First, poverty is defined as a **measure** used to define who lives in poverty and who does not. Measures of poverty—such as the Low Income Cut-Off (LICO) or Market Basket Measure (MBM)—provide us with an indication of the number of people who are living in poverty and the depth of the poverty experienced. Monetized definitions, or measures of poverty, leave inequality and access to the prevailing standards of life unaddressed. The missing piece is an understanding of what it means to live in poverty, or the understanding that poverty is real for those living below the average standard of the society in which they live. The obvious issue with arbitrary lines drawn in the sand is, if you find yourself just above the LICO or just barley able to afford the market basket of goods are you no longer poor?

Second, a **social determinants of health** framework enables us to see the impact of prolonged experiences of poverty, and broadens possible interventions to those which build resiliency and increase well-being among individuals in community. Poverty can impact access to social support networks, access to social services, children's health outcomes, an individual's coping skills, as well as educational outcomes.

Third, poverty may be defined in terms of the individual's **experience of powerlessness, voicelessness and social exclusion**. This approach considers issues of power and oppression and the stress associated with living in poverty that must be addressed if we are to assist individuals to move out of poverty and experience social inclusion. At the heart of poverty is an issue of power and therefore this approach also considers differences within categories of people and the need for individualized and flexible supports that do not dehumanize or diminish, but rather, further strengthen and support.

Fourth, when viewed at the **community** level we see the broader impacts such as the financial costs of poverty for community, as well as the costs in terms of physical infrastructure, culture, social inclusion and social capital. We can begin to see the ways cycles of poverty, when left unaddressed, may erode the social fabric and safety of community, and the overall health of the community. There are a number of examples throughout the paper where the differences at the local community level are noted, although specifics are not given, the data points to the fact that some communities have higher social risk indicators such as lower levels of residents with at least a high school education, associated lower literacy levels, lower income levels, high proportions of recent immigrants, and higher percentages of lone parent families. Although a formal mapping process has not been done for this paper, there appears to be a correlation between those communities with higher social risk indicators and risk factors associated with healthy child development. More work is required to be able to formalize the link between those risk factors. In addition, when we leave poverty unaddressed, or we blame and judge people who live in poverty, we diminish our community's ability to vision a positive future and to achieve a stronger community. The need to search for new and innovative solutions to more effectively address poverty is evident at this level.

[25] Mendelson, M. (2005). Measuring Child Benefits: *Measuring Child Poverty.* Ottawa, ON: Caledon Institute of Social Policy.

In this report we present a comprehensive understanding of poverty. Much of the data on poverty is based on financial measures which allow one to identify vulnerable populations. The other "poverty frameworks" take the research up a notch by providing the reader with a glimpse of the impact that income has on the lives of individuals, families and community. Those frameworks help us to highlight a broader array of factors, some of which have the capacity to disenfranchise and others that embrace those living with low incomes; either driving them from community or drawing them in.

III. Measuring the Breadth and Depth of Poverty in Canada and Niagara Region

The two main approaches used to define poverty in Canada are measures of poverty. Although Statistics Canada is careful to say the low income cut-off (LICO) is not a "poverty line," it is commonly used as such.[26]

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> Low income cut-offs (LICOs) are income thresholds, determined by analysing family expenditure data, below which families will devote a larger share of income to the necessities of food, shelter and clothing than the average family would. To reflect differences in the costs of necessities among different community and family sizes, LICOs are defined for five categories of community size and seven of family size. [27]

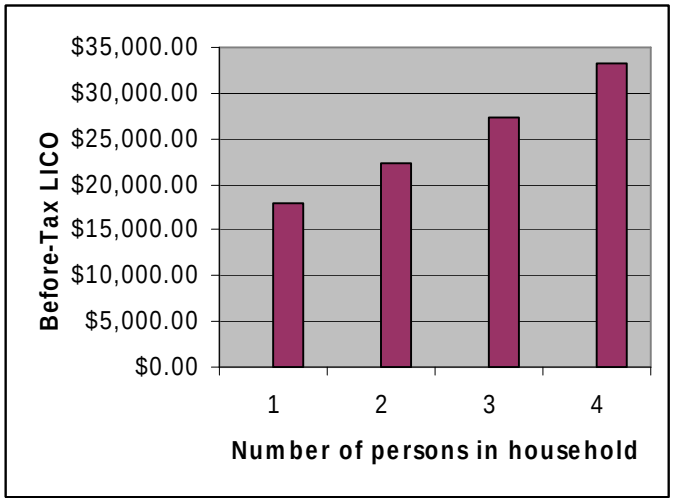

Figure 1. Before tax low income cut-offs, 2005.

The before-tax LICO for an individual living in a community the size of Niagara Region is $17,895. In Niagara Region approximately 14% of the population lives in poverty.

In 2005 the before-tax LICO for a single person living in a community with a population of 100,000 to 499,999 was $17,895.[28] As shown in Figure 1, there is a slight increase in the LICO for each additional person added to the household.

Using the before-tax LICO in 2001, 16.2% of Canadians lived in poverty[29]. The poverty rate for Ontario was slightly lower than the national average (14.3%).[30] In Niagara Region approximately 14% of the population lived in poverty.[31]

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[26] Canadian Council on Social Development, 2000.

[27] Statistics Canada. (2006). Available at http://www.statcan.ca/bsolc/english/bsolc?catno=75F0002MIE2006004

[28] National Council of Welfare, Spring 2006.

[29] The incidence of low income is the proportion or percentage of economic families or unattached individuals in a given classification below the low income cut-offs. These incidence rates are calculated from unrounded estimates of economic families and unattached individuals 15 years of age and over. www.statscan.ca

The Market Basket Measure of poverty considers the cost of food, shelter and clothing and the proportion of the market basket that an individual living on Ontario Works is able to afford. The prices of the necessities in the basket are adjusted for current pricing and location. The market basket on which the Market Basket Measure is based includes specified quantities and qualities of goods and services related to food, clothing and footwear, shelter, and transportation. It also contains other goods and services such as personal and household needs, furniture, telephone service and modest levels of goods related to reading, recreation and entertainment (e.g., newspaper and magazine subscriptions, fees to participate in recreational activities or sports, video rentals, tickets to local sports events).[32] Table 1 indicates the total value of the Niagara Market Basket Measure (MBM) adjusted for different family types.[33]

The market basket includes specified quantities and qualities of goods and services related to food, clothing and footwear, shelter, and transportation.

Table 1
Value of the Niagara Market Basket Measure Adjusted for Family Types

Family Type	MBM Region	Niagara MBM Result
1 adult, 1 child	**Total**	**$17, 178**
	Food	$4,083
	Clothing & Footwear	$1,604
	Shelter	$6,423
	Transportation	$1,152
	Other	$3,917
1 adult, 2 children	**Total**	**$20,859**
	Food	$4,958
	Clothing & Footwear	$1,948
	Shelter	$7,799
	Transportation	$1,398
	Other	$4,756
2 adults, 2 children	**Total**	**$24,540**
	Food	$5,833
	Clothing & Footwear	$2,292
	Shelter	$9,175
	Transportation	$1,645
	Other	$5,595

Using this measure, two-parent families with two children have the lowest ability to meet their basic needs when they are receiving OW.

When the costs of the Niagara Market Basket Measures in Table 1 are compared to the actual dollars that each family type would receive from Ontario Works it is clearly demonstrated that social assistance in Ontario does not provide adequate income for a family to meet basic needs. As shown in Figure 2, two-parent families with two children are the population with the lowest ability to meet their basic needs, with Ontario Works providing only 59.4% of the costs of the Market Basket over the course of one year.

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30 National Council of Welfare, Spring 2006.

31 *Gaining an Understanding of Poverty in Niagara Region - Preliminary Findings 2007*. (Unpublished). Prepared By Allan Day and Associates for Opportunities Niagara.

32 Human Resources Development Canada 2003, supra, note 20 at 4.

33 Source Niagara Region Community Services Department.

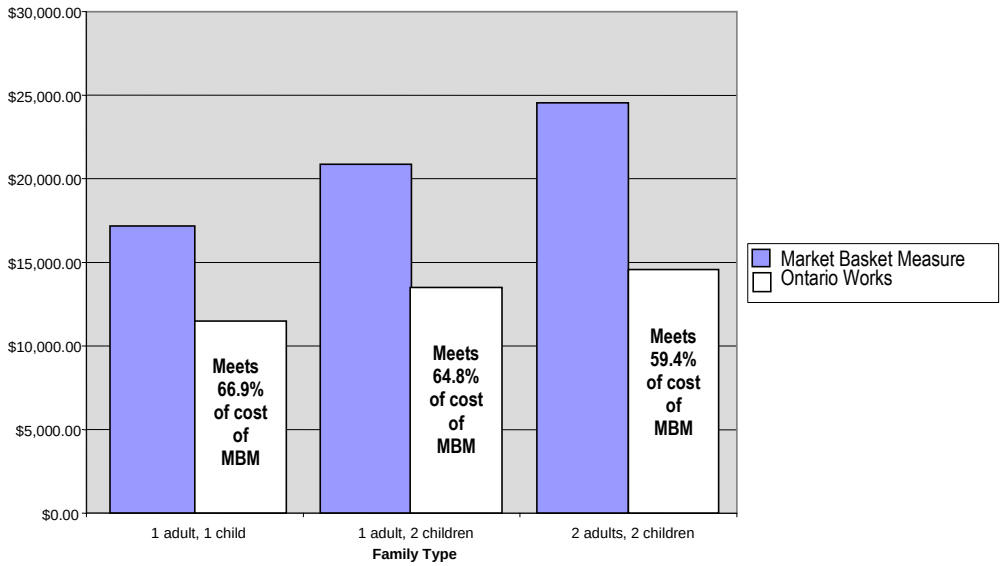

Figure 2. Comparison of income from Ontario Works to the costs of the Market Basket Measure.

The depth of poverty

In Canada, 46% of single people ages 35 to 64 who live in poverty survive on incomes of less than half the poverty line.

While poverty rates measure the percentage of the population who are poor, depth of poverty statistics indicate how far from the poverty line people are living. Measures of the depth of poverty compare the average incomes of poor families or poor unattached individuals with the poverty line (sometimes expressed as a percentage of the poverty line or dollars below the poverty line).[34] We know that across Canada, none of the Provinces have social assistance rates that even come close to the poverty line.[35] There is general agreement that people in Canada living on government transfer payments (e.g., Ontario Works or Ontario Disability Support Program) do not have adequate income through those programs to live above the poverty line.

Among those living in poverty two-parent families and female lone parent families experience the largest depth of poverty.

The depth of poverty is increasing. The number of working-age single adults surviving on incomes less than half the poverty line has risen significantly. In 1989, 28% or 163,000 single adults between the ages of 35 to 64 years had an income less than half the poverty line. By 2003, this statistic had risen to approximately 46% or 552,000 single adults between the ages of 35 to 64 years.[36] Among those living in poverty, two parent families have the largest depth of poverty, falling approximately $9,900 below the poverty line.[37] This situation has not changed for 11 years.

The average female lone parent family is living $9,400 below the poverty line.[38] Although families lead by single-parent mothers have seen some improvement, it is minimal and still unacceptable. Couples over the age of 65, unattached men over 65, and unattached women over 65 are somewhat better off, although

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34 National Council of Welfare, Spring 2006.

35 Freiler, C. and Rothman, L. and Barata, P. (2004) *Campaign 2000 Policy Perspectives Pathways to Progress: Structural Solutions to Address Child Poverty*. Available from www.Campaign2000.ca

36 National Council of Welfare, Spring 2006.

37 *Ibid.*

38 Campaign 2000. (2006) *Oh Canada! Too Many Children in Poverty Too Long…2006 Report Card on Child and Family Poverty in Canada*.

they are still living thousands of dollars below the poverty line.[39] Unattached senior women had the smallest depth of poverty, with an average income $3,300 below the poverty line.[40]

The percentage of people living below the LICO varies dramatically across the Region of Niagara (from 3.4% to 19.9% of the municipal population).

The percentage of people living below the LICO varies dramatically across the Region of Niagara (ranging from 3.4% to 19.9% of the municipal population).[41]

The persistence of poverty

Poverty persists in Canada. Looking over a five year period the risk of poverty is much higher than suggested by the poverty rates in any single year. Between 1996 and 2001, 30.7% or 7.6 million people were poor for at least one year. This is more than twice the annual poverty rate of 15.5% for all persons in 2001. In that same time period, 5.9% or 1.5 million people were poor for all six years.

Over 5 years, 30.7% of Canadians were poor for at least one year.

Children under 18 years appear to be at the greatest risk. In Canada, one out of every three children was poor at least one year between 1996 and 2001.[42] In Ontario, 77% of children living in poverty are there for 2 to 6 years.[43] The impact of poverty worsens the longer a child remains in poverty. Persistent poverty results in more health, emotional, and behaviour difficulties for children, in addition to increased involvement with the legal justice system.[44]

1 out of 3 children lived in poverty for at least one year between 1996 and 2001.

Young adults 18 through 24 years also have a much higher average risk of poverty, 44.8% were poor at least one year between 1996 and 2001.[45] In addition, the experience of one episode of poverty increases the likelihood that the individual will experience another episode of poverty.

In Ontario, 77% of children living in poverty are there for 2-6 years.

We also know that the gap between the rich and the poor is growing in Canada.[46,47] To illustrate the point, in 2004 for every $1 earned by the poorest 10% of families with children, the richest 10% of families with children earned $14.[48] According to the National Council of Welfare (2006), even after the impact of government transfer payments and income taxes, the poorest 20% of the population in Canada had only 5% of the income in 2003, while the richest 20% had 43.7% of the income.

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39 National Council of Welfare, 2006.

40 *Ibid*.

41 Statistics Canada. *2001 Census data*. Ottawa, ON: Statistics Canada.

42 *Ibid.*

43 Campaign 2000, (2006).

44 McCain, M.N, Mustard, J.F., and Shanker, S. (2007).Early Years 2 Study, Putting Science into Action. Toronto, ON: Council for Early Child Development

45 *Ibid.*

46 Robson-Haddow, J. (2004). *The Key to Tackling Child Poverty: Income Support for Immediate Needs and Assets for their Future*. Caledon Institute of Social Policy. www.caledoninstitute.org

47 Campaign 2000, 2006.

48 *Ibid.*

IV. We Cannot Address Child Poverty Independent of Poverty Among Families.[49]

In Niagara Region 15.6% of children live in poverty. This mirrors the national average.

In Canada, the poverty rate for all families in 2003 was 12%.[50] As a result, more than one in six children (17.6%) in Canada lived in poverty in that year[51]. In 2001, in Niagara Region, there were 12,790 children under the age of 18 who were living in low-income households. This accounts for 15.6% of all Niagara children [52] and mirrors the national average.

Single-parent mothers in Canada have the highest poverty rate (48.9%) and account for 80% or more of all single-parent households, and more than 90% of poor single parent families.

Female lead single-parent homes continue to be one of Canada's most vulnerable population groups. According to the National Council of Welfare (2006) single-parent mothers account for 80% or more of all single-parent households, and more than 90% of poor single-parent families. Single-parent mothers have the highest poverty rate (45% in 2001, 52.2% in 2002, and 48.9% in 2003). In comparison the poverty rate for single-parent fathers is usually half, with their poverty rate in 2003 at 20%. Based on 2001 census data, 52% of children living in lone parent families live in poverty. While two-parent families with children are the most common family type with children in Canada, they consistently have the lowest poverty rate of all family types with children (9.8% in 2003).[53]

In Niagara Region 6,582 adults receive OW and 9,608 people receive support from ODSP.

In Niagara Region there are 6,582 people receiving Ontario Works (OW) assistance and 9,608 people with support from the Ontario Disability Support Program (ODSP). Tables 3 and 4 highlight the demographic of the Niagara case load. The majority of people on OW and ODSP in Niagara Region are single adults (approximately 50% and 76% respectively). According to Niagara Region Social Service Statistics 39% of the OW case load are sole support parents and 9% of the ODSP case load are sole support parents.[54] Niagara Region has a lower rate of lone parent families overall; however, there are municipalities in the Region, such as Niagara Falls with a significantly higher rate of lone parent families than the National average.[55,56] In 2001, census data indicated that 18.1% of families in Niagara Falls were lone parent families, compared to 15.2% in Ontario and 15.7% in Canada. [57]

Children and their families constitute approximately 52% of the people receiving social assistance in Canada. In March 2003 there were more than 544,000 Canadian children who relied on social assistance. As indicated in Tables 3 and 4, children under 18 years comprise 42% of the OW caseload and 32% of the ODSP caseload in Niagara. In Niagara Region, the number of children relying on OW payments was 2% higher than the Provincial average (see Table 3). The number of children relying on ODSP was 12% more than the Provincial average (see Table 4).[58]

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49 Economic families include households of 2 or more persons where everyone is related by blood, marriage or adoption; and couples in common-law or same-sex relationships. The five most common types featured in studies of poverty are: couples 65 and older; couples under 65 with no children under 18, two-parent families under 65 with children under 18, families with children under 18 headed by single-parent mothers, and families with children under 18 headed by single-parent fathers. National Council of Welfare 2006.

50 National Council of Welfare, 2006.

51 *Ibid.*

52 Early Childhood Community Development Centre and Opportunities Niagara (2007). *Poverty and child/family outcomes in Niagara*. February 2007

53 *Ibid.*

54 Niagara Community Services Department, 2006.

55 KSI Research International Inc. (2003). *Early Childhood Development in Niagara Falls, ON.* Applied Research Branch, Strategic Policy, HRDC.

56 Early Childhood Community Development Centre and Opportunities Niagara (2007). *Poverty and child/family outcomes in Niagara*. February 2007

57 Statistics Canada (2001) available at http://www40.statcan.ca/l01/cst01/famil54a.htm?sdi=parent

58 Source Region of Niagara Social Services Department.

Table 2
Description of Ontario Works and the Ontario Disability Support Payment

Ontario Works (OW)	Ontario Disability Support Payment (ODSP)
Description: OW provides income and employment assistance for people in temporary financial need. The amount of money someone receives from OW varies based upon housing costs and family size. **Benefits:** People may also be eligible for drug and dental coverage, eyeglasses, hearing aids, and community and employment start-up benefits. **Employment Supports:** All recipients of OW are required to participate in one or more employment assistance activities as a condition of eligibility for financial assistance. **Earnings Exemptions: E**stablished to assist participants to make the transition to employment and self-sufficiency. The exemption rate on employment income or amounts paid under a training program is 50%. Based on how much someone earns, half of the employment income is deducted from their OW financial assistance. **Changes to OW**: In December 2007, the maximum monthly OW rates will increase by 2% for: basic needs allowance for renters and owners, maximum shelter allowance for renters and owners, board and lodging rates, Guide Dog Benefit, Back to School and Winter Clothing Allowances on behalf of a child under the age of 18, emergency shelter per diem rates The maximum amount of financial assistance under the Assistance for Children with Severe Disabilities (ACSD) program, payable to a parent with a child with a severe disability, will increase by 2% to $420 per month, effective Nov. 2007.[59]	**Descriotion:** Designed to meet the unique needs of people with disabilities who are in financial need, or who want and are able to work and need support. A disability is defined as a substantial physical or mental impairment that is continuous or recurrent and expected to last one year or more. The program provides income and employment supports. Income supports provide financial assistance and the amount received varies based on factors such as rent costs and family size. **Benefits:** Include accommodation and basic living expenses, as well as prescription drugs and basic dental care. Other supports include benefits to cover the costs of eyeglasses, hearing aids, special diet allowance, diabetic and ostomy supplies, surgical supplies, transportation to attend medical appointments, and upfront child care benefits. **Employment supports:** Participation is voluntary and the ODSP Employment Supports program works with community service providers to help people with disabilities prepare for and find jobs, keep a job and advance their career.[60]

The number of children in Niagara relying on OW payments is 2% higher than the Provincial average.

Table 3
Comparison of Ontario Works Caseload Demographics- Niagara and Ontario

OW Caseload Demographics	Niagara	Ontario
Singles	50%	53%
Sole Support Parents	39%	36%
Couples with children	8%	8%
Couples without children	3%	3%
Total	100%	100%
Applicants	50%	52%
Dependant children under 18	42%	40%
Spouses	6%	8%
Dependant Adults	2%	n/a
Total	100%	100%

39% of the OW caseload and 9% of the ODSP caseload in Niagara are sole support parents.

[59] Ministry of Community and Social Services. (2007). http://www.mcss.gov.on.ca/mcss/english/pillars/social/programs/ow.htm

[60] Ministry of Community and Social Services. (2007). http://www.mcss.gov.on.ca/mcss/english/pillars/social/programs/odsp.htm.

Table 4
Comparison of *ODSP Caseload Demographics- Niagara and Ontario*

ODSP Caseload Demographics	Niagara	Ontario
Singles	76%	77%
Sole support Parents	9%	8%
Couples With Children	6%	6%
Couples without children	9%	9%
Total	100%	100%
Applicants		63%
Dependant children under 18	32%	20%
Spouses		14%
Dependant Adults	2%	3%
Total		100%

The number of children relying on ODSP is 12% higher than the Provincial average

The typical sole-support family remains on social assistance for approx. 3-4 years.

Welfare-to-work programs are insufficient for women to stay out of poverty. The typical sole-support family remains on social assistance for approximately 3-4 years[61]. Although people receiving social assistance (OW, ODSP) are obtaining jobs, they cannot survive solely on market income and continue to live in poverty after leaving welfare.

V. Acting on Poverty Requires Making the Experience of Systemic Oppression Visible.

Poverty is not fundamentally about the attributes of a person facing economic hardship; rather, it is relational and an integral part of the workings of mainstream society.[62] In short, poverty is the result of oppression. There are systemic issues based on gender, race and ethnicity, and disability which lead to higher levels of unemployment and lower wages, oftentimes regardless of the level of education attained. As a result there is a disproportionate number of: women; people who are new immigrants, visible minorities, or Aboriginal; persons with disabilities or mental illness; and women who have experienced abuse or trauma who live in poverty. In addition, due to a system of low wages and precarious work Canada has a high and growing number of people who are known as the working poor.

In Canada, 17.1% of women compared to 14.7% of men live in poverty.

Women

Addressing poverty requires that we focus on the experiences and needs of women. More than one in six women will live in poverty. The poverty rate for women in 2003 was 17.1%, this was higher than the rate for men (14.7%). Higher poverty rates among unattached women (42.1% compared to 24.0% among their male counterparts) and single-parent mothers (48.9% compared to 20.0% among their male counterparts) account for much of the differences in poverty rates among women and men.

Women who experience multiple challenges—such as being a visible minority, having a disability, or being a new immigrant—are at greater risk of living in poverty. As indicated in Table 5, the impact on women's income is even greater than men who experience the same challenges.

Among women experiencing multiple challenges the poverty rate is much higher.

61 Gorlick, C., & Pomfret, D. (1991). *Responding to welfare: Single mothers in a Canadian context. Diversity, change and strain.* Paper presented at the National Council on Family Relations, 53rd Annual Conference, Denver, CO, November 15–20.

62 Burman, P.W. (1996). *Poverty's bonds: Power and agency in the social relations of welfare*. Toronto, ON: Thompson Educational Publishing.

Table 5
Comparison of Average Incomes and Poverty Rates Among Men and Woman in

	Women		Men	
	Average Income ($)	% Living Below LICO	Average Income	% Living Below LICO
All Canadians	$24,400	17.1%	$39,300	14.7%
Single parents		48.9%	-	20.0%
Aboriginal women	$12,300	44.0% [1]	$15,500	-
New Immigrant	$16,700	35.0%	$38,000[3]	35.0%
Visible minority	$20,000	29.0%	$29,000	28.0%
People with disabilities	$17,200	26.0%	$26,900	20.0%
Foreign-born	$22,400	23.0%	$48,000[1]	20.0%

Canada

Lower incomes among women are the result of: the presence of children, consistently lower wages, cuts to social assistance, and inadequate pensions.

Higher poverty rates among women are the result of systemic inequities. The average earnings of women continue to be 61% that of men[63] regardless of the occupation. Education helps but does not reduce the gender gap in wages. There are clear structural reasons for women's lower incomes[64]:

(1) A main factor is the presence of children, rather than marriage, age or education.
(2) Women are paid lower wages. Women earn less than men even if they work in the same sectors in the same jobs. There are no occupations in which women's average earnings exceed men's, not even in female dominated areas such as clerical work and teaching.
(3) Cuts to social assistance in most provinces which stemmed from federal withdrawal of funds for transfer payments and the elimination of standards of support for people in need.
(4) A higher proportion of women engage in part-time work leading to lower contributions to pensions over their lifetime. Women also tend to earn less income during their lifetimes making it difficult for them to save money through Registered Retirement Savings Plans (RRSPs).

Women are more likely to be employed in precarious work.

In Canada, 34% of the workforce over the age of 15 years engages in non-standard work which includes part-time and temporary employment, self-employment, and holding multiples jobs[65]. More women than men are involved in this type of precarious work. As a result women often do not have protection under labour codes or collective bargaining agreements. In 2003, more than 28% of the women in the Canadian workforce worked less than 30 hours per week compared to men (11%). Young females, 15 to 24 years of age, have higher rates of unemployment.

The current experience at Community Care of St. Catharines and Thorold is an example of the sense that there may be a growing number of men living in poverty in Niagara Region. Community Care reports that they serve approximately 1337 individuals each month or approximately 67 people each day. A current survey conducted at Community Care had 833 respondents. As shown in Table 6, results indicate that the highest proportion of people accessing services were single males. The number of

63 Fournier-Savard (2006). Women with disabilities. In Statistics Canada. *Women in Canada 2005.* Ottawa, ON: Statistics Canada.

64 Statistics Canada 2000 as cited in Canadian Research Institute for the Advancement of Women (CRIAW). (2006). *Women and poverty.* Available from CRIAW, 151 Slater Street, Suite 408, Ottawa, Ontario, K1P 5H3. or http://www.criaw-icref.ca.

65 Cranford, Vosko & Zukewich as cited in CRIAW, 2006.

single males and single-parent families headed by men (310) was almost as high as the number of single women and single-parent mothers (339). This service access pattern may be reflective of a generally limited range of services available for single males in the community and/or a comfort level with this type of service for this particular population.

In a recent survey, Community Care in Niagara Region found that the people using their services included:
- *35.1% single men*
- *2.2 single-parent males*
- *22% single females*
- *18.7 single-parent females.*

Table 6
Usage Rates for Community Care West Niagara

Categories of People Accessing Services	Number responding to Survey	Percent
Single Males	292	35.1
Single Females	183	22.0
Couples without children	61	7.3
Two parent family	123	14.8
Single-parent Family – female lead	156	18.7
Single-parent family – male lead	18	2.2
Total	**833**	**100.0**

Women who have experienced abuse and trauma

There is a relationship between the experience of violence and chronic poverty.

In addition to the multiple challenges that women experience the impact of current or prior abuse or trauma also has a significant impact. Violent offences have a lasting impact on both men and women. Abuse related trauma may have an impact on an individuals' work, career and their personal and social relationships.[66,67] Women out number men nine to one in the experience of trauma,[68] and in 2003, violent assaults against women included common assault (53%), sexual assault (13%), assault with a weapon causing bodily harm (11%), criminal harassment (10%) and robbery (8%). Women are considerably more likely to be victims of sexual assault and criminal harassment than men. While relatively equal proportions of women and men experienced physical or sexual violence by a common-law or marital partner, men and women experience very different types of spousal violence and the impact of the violence is often more significant for women then men.[69]

Niagara Regional Police Services responded to 4223 call of domestic violence involving intimate partners for crisis intervention in 2006. From those calls, 758 charges were laid. Children witness 50% of all domestic calls. In addition,

Table 7 provides 2006 MCSS/MCYS data from six Niagara Region agencies and indicates the frequency of use of three programs provided for women who have experienced abuse, and their children. As indicated in Table 7, approximately 1611 women and approximately 213 children accessed counseling services. Child witness services provided by two agencies in Niagara served approximately 111 women and 149 children. In addition, calls to the crisis line totaled 2754.[70][71]

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66 Center for Addiction & Mental Health (2004). *Women and trauma: The effects of abuse related trauma.* Retrieved Feb. 28, 2005 from http://www.camh.net/about_addiction_mental_health/abuse_trauma_effects.html.

67 Russell, E. H. D. (1999). *The secret trauma: Incest in the lives of girls and women.* New York, NY.

68 Statistics Canada (1993). The Violence Against Women Survey. *The Daily.* Ottawa: Ministry of Industry.

69 Charman, M., Taylor-Butts, A., Aston, C., Johnson, S., Mihorean, K., & Pottie-Bunge, V. (2006). *Women and the criminal justice system. In Women in Canada 2005*. Ottawa, ON: Statistics Canada.

70 This statistic indicates the number of calls to the crisis line not the number of women who have accessed this service. The same woman may have called the crisis line more than once.

Table 7
Niagara 2006 Statistics for Counselling, Child Witness, Shelter and Crisis Line Services[72]

Program Name	# women served	# children served
Counselling	1611.5	212.5
Child Witness Services	111.5	148.5
Shelter	337	
Total	**2060**	**361**

13% of women on welfare with incomes below $15,000 have reported violence by their spouses.

There is a relationship between the experience of violence and chronic poverty. Many women receiving social assistance and living poverty have experienced some form of abuse or trauma. 13% of women with incomes below $15,000 reported violence by their spouses. In general, the average income in adulthood of children who have experienced abuse related trauma is lower than those who did not.[73] In one study, it was found that individuals who have experienced sexual assault also had an income deficit of about $6000 per year. The author argues that since educational attainment is a vital determinant of occupational status, the experience of trauma would lower occupational status. [74]

Understanding the effects of trauma and violence on women is important to the safe and supportive delivery of services.

The presence of OW makes it possible for women to leave abusive relationships. Many abused women turn to welfare when they are attempting to escape an abusive relationship.[75] As a result of abuse-related trauma women were more likely than men to report being denied access to family income.

Understanding the effects of trauma and violence on women is important to the safe and supportive delivery of services. Mosher and Evans, report that women who have experienced trauma often feel re-victimized when negotiating the social assistance system.[76]

Aboriginal families

According to 2001 census data, there are 5,185 people that identify themselves as Aboriginal in Niagara Region, approximately 1.3% of the Niagara Region's population.[77] However, another sources indicates that

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71 Ontario's Early Intervention Program for Child Witnesses of Woman Abuse helps children recover from the effects of witnessing woman abuse. Funding provides approximately 130 support groups and serves approximately 3,000 women and 5,000 children annually. Report available: www.mcss.gov.on.ca/mcss/english/how/help_children_dv

72 Source: Niagara Region Community Services Department, 2007 from reports to MCSS/MCYS

73 Alisen, P. (2003). Finding Courage to speak: Women's survival of child abuse. Boston, MA: Northeastern University Press.

74 Macmillan, R. (1999). Adolescent Victimization and Income Deficits in Adulthood: Rethinking the Costs of Criminal Violence from a Life Course Perspective. *Criminology, 38* (2), 553-587.

75 Mosher, J., Evans, P. & Little, M. (2004). *Walking on eggshells: Abused women's experiences of Ontario's welfare system*. Toronto, ON: York University.

76 *Ibid*.

77 The Aboriginal identity population is composed of those persons who reported identifying with at least one Aboriginal group, that is, "North American Indian", "Métis" or "Inuit (Eskimo)", and/or who reported being a Treaty Indian or a Registered Indian, as defined by the Indian Act of Canada, and/or who were members of an Indian Band or First Nation. From: *Statistics Canada. 2002. 2001 Census Aboriginal Population Profiles.*

> "It is estimated that at any one point in time there may be 9000 to 12000 aboriginal people living in Niagara. The number has a wide spread because Native people tend to migrate across and within geographic areas. Niagara is on the route between Six Nations Reserve in Brant County and the Reserves of the Tuscarora's and Seneca's in Western New York State. If the 0 – 6 population is estimated to make up 7.6% of a total population, then we can estimate that there are approximately 684 to 912 children between 0 to 6 in the aboriginal community."[78]

In 2000, the median income of Aboriginal women in Canada was $12,300 and Aboriginal men $15,500.

The incomes of Aboriginal men and women living on and off reserve in Canada are lower than the average income for non-Aboriginal women. In 2000, the median income for Aboriginal women was $12,300 and Aboriginal men $15,500, both falling below the median income of non-Aboriginal women ($17,300) for that same year. In general, those living on reserve tend to have lower median incomes compared to those living in Census Metropolitan Areas.

Earnings for full-time work among Aboriginal residents are lower than the average for Niagara.

In Canada, the largest share of income among Aboriginal women comes from employment sources (68%); however, this was lower than both non-Aboriginal women (72%) and Aboriginal men (81%). The average earnings for Aboriginal residents in Niagara working full-time, full year is $35,866 compared to $42,126, which is the Niagara average.[79] (The Ontario average is $47,299). In general though, Aboriginal women are less likely than non-Aboriginal women to be part of the paid work force. In Canada in 2001, 47% of Aboriginal women (15 and older) were employed, compared to 56% of non-Aboriginal women and 53% of Aboriginal men.[80] Aboriginal women, like other women, are heavily concentrated in low-paying occupations traditional held by women (sales and service, administration). In addition, unemployment rates among Aboriginal men (21%) and women (17%) who are labour force participants are significantly higher than those of non-Aboriginal women (7%).[81] In Niagara the unemployment rate for the Aboriginal population is 10%. [82]

Unemployment rates among Aboriginal men and women are significantly higher than that of non-Aboriginal women.

A significant proportion of Aboriginal women (27%) receive their income from government transfer payments (i.e., employment insurance and social welfare benefits) compared to non-Aboriginal women (16%) and Aboriginal men (16%).[83] In Niagara, the percentage of earnings from government transfers is slightly higher than the Regional average (13.2%).[84]

A significant proportion of Aboriginal women (27%) receive their income from government transfer payments compared to non-Aboriginal women (16%) and Aboriginal men (16%).

Aboriginal women face numerous challenges including discrimination, difficulty in speaking English or French, a history of abuse or violence, isolation, and a lack of resources. In part, as a result of the continuing impacts of the Indian Act they face insecurities related to housing, and access to services both on and off reserve.[85] In addition, many Aboriginal women bear sole responsibility for child rearing and homemaking, and have twice as many children compared to non-Aboriginal women. As well, childcare services on reserve are poorly organized and non-existent. In Niagara, fewer Aboriginal residents are living in dwellings that they own compared to the Regional average. In Niagara, fewer people who are Aboriginal have a high school diploma than the Niagara average.[86]

The Aboriginal population is growing in Canada, and children represent a much larger proportion of the Aboriginal population than do children of the overall Canadian population. In Niagara Region, 2,046 or

40% of off-reserve Aboriginal children live in poverty.

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78 Best Starts Integrated Community Plan, 2006. Available at http://www.earlyyearsniagara.org/Niagara_Best_Start_Community_Integrated_Plan_Feb__7_2006(1).pdf

79 Niagara Training and Adjustment Board (NTAB), 2007.

80 O'Donnell, V. (2006). Aboriginal women in Canada. In *Women in Canada* 2005. Ottawa, ON: Statistics Canada.

81 *Ibid.*

82 NTAB, 2007.

83 O'Donnell, 2006.

84 Statistics Canada ,2001.

85 CRIAW, 2006.

86 Statistics Canada, 2001.

39.4% of the total Regional Aboriginal population are aged 0 to19 years. 2001 census data shows that 40% of off-reserve Aboriginal children live in poverty. Statistics on the level of poverty for on-reserve Aboriginal children is not available, but reports indicate that they are about double the average, with First Nations families with annual incomes much below the National median. On-reserve families experience housing shortages as well as crowding.[87,88] In addition, mold contaminates almost half of the First Nations homes, and almost 100 First Nations communities must boil their water.[89] Non-reserve Aboriginal children are on average very busy with "extra-curricular activities" such as sport spending time with elders, arts and music activities and volunteering. Self-reports of health show that 83% of off-reserve, Aboriginal parents feel their children have very good to excellent health, which is comparable to the National average.[90]

Statistics are not available on the level of poverty for on-reserve Aboriginal children. Reports indicate they are about double the average.

There are a variety of agencies in Niagara providing programs and services for people who are Aboriginal. Many of these agencies focus on healthy child development. These agencies include:

- Fort Erie Native Friendship Centre
- Niagara Chapter of Native Women
- Niagara Regional Native Centre
- Metis Nation of Ontario – Welland [91]

Best Start consultations with leaders of these organizations indicate that they find it difficult to engage the Aboriginal people. In addition, transportation is a required component for any program as families may not have the resources for transportation to attend.[92]

People who are new immigrants

Niagara Region is distinctive in that it has one of the highest levels boarder crossings in the country.[93]

> "The Peace Bridge Newcomer Centre has seen an exponential increase in families crossing at the Peace Bridge border in Fort Erie. These families are either immigrants or refugees fleeing countries of origin due to war or persecution. In 2005, approximately 500 children between the ages of 0-15 accompanied their parents across the border…. This group of individuals represents an opportunity to address our community's labour shortage and contribute to the economy of Canadian society."[94]

More recent migration patterns show increased number of refugee claimants at the Fort Erie point of entry into Canada. Within the past three years, Fort Erie has become the busiest Canadian point of entry for refugees. Immigration Canada reported the following statistics:

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87 Campaign 2000. (2006) *Oh Canada! Too Many Children in Poverty Too Long…2006 Report Card on Child and Family Poverty in Canada*.

88 First Nations Centre (2005). *Crowding is identified as more than one person that the number of rooms in a home. 32.1% of on-reserve Aboriginal children are living in crowded conditions*.

89 Campaign 2000, 2006.

90 Statistics Canada (2001). *A Portrait of Aboriginal Children Living in Non-Reserve Areas: Results from the 2001 Aboriginal People's Survey (APS)*. Ottawa, ON: Statistics Canada.

91 Best Starts Integrated Community Plan, 2006. Available at http://www.earlyyearsniagara.org/Niagara_Best_Start_Community_Integrated_Plan_Feb__7_2006(1).pdf

92 *Ibid.*

93 Early Years Niagara (2005). *Niagara Nurtures…A Snapshot of Niagara's Children*. www.earlyyearsniagara.org

94 Best Starts Integrated Community Plan, 2006. Available at http://www.earlyyearsniagara.org/Niagara_Best_Start_Community_Integrated_Plan_Feb__7_2006(1).pdf

- 1998-99 Fort Erie had 1,536 refugee claims, Pearson International Airport had 2,246.
- 1999-2000 Fort Erie had 4,656 claims and Pearson had 3,230.
- 2000-2001 Fort Erie had 8,695 claims and Pearson had 5,250 claims.[95]

According to the Niagara District Health Council in 2002, these increased numbers strained the Niagara settlement services to the limit. Settlement workers estimate that approximately 35% of newcomers need mental health services and supports.[96]

Peace Bridge Newcomer statistics for 2006 indicate that 1829 refugees made a claim and were allowed to enter Canada. Of those refugees 383 remained in Niagara. There were 207 refugees that entered Canada at the Peace bridge in 2006 that were deemed high skilled (defined as: teacher, lawyer, engineer, doctor, nurse, accountant, professor, social worker, psychologist, dentist, veterinary).

In Niagara Region in 2001, 17.3% of residents were foreign born.

2001 census data for Niagara Region indicates that 17.3% of Niagara residents are foreign born and 2.4% of the population does not speak one of Canada's official languages at home. In 2000, a relatively large proportion of immigrant women (23%) and men (20%) had incomes which fell below Statistic Canada's LICO compared to Canadian-born women (16%) and men (approximately 13%). Poverty among recent immigrant families in Canada has been increasing (24.5% in 1980 to 35.8% in 2001). Men and women who immigrated to Canada more recently (since 1991) experience a higher degree of poverty with 35% of new-immigrant men and women living below the LICO. According to 2001 census data, 49% of children in recent immigrant families are low income. The factors that contribute to this trend include low wages, barriers to employment (such as for foreign training professional not having training or credentials recognized), and reduced opportunities to enter the labour market.

In 2001, 49% of children in recent immigrant families fell below the poverty line.

When employment earnings, transfer payments and investment income are considered, the average income among all foreign-born women ($22,400) is slightly less than for Canadian-born women ($23,100). For both groups of women, average income is considerably lower than their male counterparts. New immigrants earned only 78% of what non-immigrants earned, with a third of new immigrants working in sales and service jobs, which are more likely to pay lower wages.[97]
Foreign-born women arriving in the last decade have significantly lower income ($16,700) in 2000, which is approximately $6000 less than the average for the overall female immigrant population and Canadian-born women.

A higher rate of poverty is found among people arriving in Canada since 1991 (35%).

Education does not reduce the income gap between immigrant women and Canadian born women.[98] Foreign-born women have attained a higher level of education but are less likely to be employed. Among women 25 to 64 years, 64% of women born outside of the country were part of the paid workforce in 2001, compared to 70% of non-immigrant women and both foreign-born and Canadian-born men (approximately 80%).

Despite having higher educational attainment, foreign born women have a lower employment rate than Canadian-born men and women. They are also more likely to work part-time.

Labour force participation among women arriving in Canada between 1991 and 2001 was lower (58%) compared to women arriving in Canada in the 1970s and 1980s (70%). Women who are new immigrants are overrepresented in temporary, part-time and manual labour work & have higher rates of unemployment. This is referred to by some as the racialization of poverty. Women experience a lack of

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95 Niagara District Health Council. (July 17, 2002). *Niagara Mental Health System Design*. Accessed from the Canadian Mental Health Association-Niagara Branch.

96 *Ibid*.

97 Freiler, Rothman & Barata, 2004.

98 CRIAW, 2006; Lindsay, C. & Almey, M. (2006). *Immigrant women. In Women in Canada 2005*. Ottawa, ON: Statistics Canada.

recognition of foreign credentials, unequal access to labour market, lack of quality jobs.[99] 56% of new immigrant women are most-likely to work part-time compared to less than 45% of immigrant women who arrived prior to 1991. They are also over-represented in the manufacturing sector (11%) compared to women born in Canada (4%), and underrepresented in professional occupations (education, government, social services, religion, recreation and culture). Foreign born women have high unemployment rates (8.1%), especially if they are recent arrivals (12.1%). The unemployment rate for immigrant men is 6.8%, or 9.7% if they are new arrivals since 1991.[100] In Niagara Region, unemployment rates for people who had immigrated to Canada were 12% which is double the rate of the Region's non-immigrant population. Recent trends in immigration in the Region shows newcomers are settling in the larger municipalities.[101]

People with disabilities

12.4% of Canadians live with a disability and report having activity limitations. In Ontario the rate is 13.5%.

In Canada 12.4% of the population lives with a disability and report having limitations, in Ontario the rate is 13.5%. The disability rate increases with age and is higher among women. Mobility problems (difficulty walking, climbing stairs, carrying an object a short distance, or standing in line for 20 minutes) are the most frequently reported disability. Mobility problems are reported by 10.5% of Canadians 15 years of age and older. A similar proportion of Canadians (10.1%) report pain-related disabilities and activity limitations due to chronic pain. Activity limitations due to pain are the most common form of disability among working-age adults (reported by 7.5%), and affects 3 out of every 4 persons with disabilities age 15 to 64 years. The majority of persons with disabilities over the age of 15 report having more than one disability. Only 18.2% of persons with disabilities report having one disability, 29.0% report 3 disabilities, and 27.7% report having 4 or 5, 8% had six or more.[102]

In 2000, the average income for women with disabilities was $17, 2000. This fell $5000 below the income of women without disabilities, and was 64% of the income of men with disabilities.

Among women with a disability (defined as everyday activities limited due to a condition or health problem), the more severe the disability the lower her income.[103,104] In 2000, the average income for women with disabilities (age 15 years and older) was $17,200, falling $5000 below the income of women without disabilities. Women under 35 years of age with disabilities had an average income of $13,800 in 2000 (compared to $15,700 for women without disabilities in the same age category). Women 35 to 54 with disabilities made almost $10,000 less on average than women without disabilities and women over 55 years of age had an average income of $8,000 less compared to women without disabilities in the same age category. In addition, the gap between the incomes of men and women with disabilities (64%) is similar to that which exists among men and women without disabilities. The largest gap is found among men and women with disabilities aged 55 to 64. Women with disabilities in this age category had an average income of $13,000, which is less than half of the average for men with disabilities in the same age category ($29,000). Similar differences were found for women and men with disabilities aged 35 to 54.[105]

Women with disabilities are less likely to be employed in the workforce.

Women with disabilities are less likely to be employed than women without disabilities. In 2001, 40% of women age 15 to 64 with disabilities participated in the Canadian workforce, compared with 69% of women in this age range without disabilities.[106] The likelihood of women with disabilities being employed

99 CRIAW, 2006.

100 Lindsay & Almey, 2006.

101 Niagara Training and Adjustment Board (NTAB) (2007). *Niagara Trends, Opportunities and Priorities Report. January 2007. A Community Action Plan*.

102 Statistics Canada. (2002). *A profile of disability in Canada, 2001*. Ottawa, ON: Statistics Canada. Statistics Canada uses the Participation and Activity limitation Survey (PALS) to collect information on adults and children whose everyday activities are limited because of a condition or health problem.

103 CRIAW, 2006; Fournier-Savard, 2006.

104 Fournier-Savard, 2006.

105 *Ibid*.

106 Statistics Canada. (2006). *Women in Canada: A gender-based statistical report.* Ottawa, ON: Statistics Canada.

declines with age and among those with more serious disabilities. This pattern is also found among men, although women with disabilities are less likely than their counterparts to be employed, whatever the level of disability. Challenges experienced by individuals with disabilities include lack of opportunities, lack of workplace accommodations, and lack of flexible working conditions.

Women with disabilities receive a large share of their income from government transfer programs and a relatively large proportion is considered to have low incomes. In 2000, 26% of all women with disabilities aged 15 and over had incomes below the LICO, compared to 20% for men with disabilities and 16% of non-disabled women.[107] Income on Ontario Disability Support Payments (ODSP) in 2001 was $11,466 which was lower than the ODSP level received in 1989 ($11,880).[108]

Canadian children with a disability had a poverty rate of 28% in 2001.

> "Children with a disability were more likely than children without a disability to live in low income families, both because of the financial stresses related to disability and the earnings lost when (primarily) mothers leave the workforce to care for a child with a disability."[109]

Parents with children (single-parents and couples with children combined) represent 15% of the Region's ODSP case load. The proportion of children living in families supported through ODSP is much higher in Niagara than within the Provincial case load.

People experiencing mental illness

Poverty ensures unemployment, hunger, inadequate housing, mental health issues and violence. Lower educational levels and lower incomes levels are also associated with mental health issues (Government of Canada, 2006). Single-parents are more likely to report having fair to poor mental health (the ability to handle day-to-day demands or unexpected problems).[110,111] Mental health has a further impact on an individual's overall health and well-being.

> *In an integrated and evidence-based model of health, mental health (including emotions and thought patterns) emerges as a key determinant of overall health. … While many questions remain… it is clear that poor mental health plays a significant role in diminished immune functioning, the development of certain illnesses, and premature death".*[112]

Mental illness affects approximately 25% of the population at some point in their lives and about 10% of the adult population has a mental health disorder at any given time.[113] Health Canada reports that 1 in 5 Canadians will experience a mental illness in their lifetime including depression, anxiety, substance abuse or other mental problem. The remaining 4 will have a friend, family member or colleague who will.[114] One

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107 Founier-Savard, 2006.

108 Wilton, 2004.

109 Freiler, Rothman, & Barata, 2004.

110 Government of Canada (2006) *The Human Face of Mental Health and Mental Illness in Canada, 2006.*

111 McCain, M.N, Mustard, J.F., and Shanker, S. (2007).*Early Years 2 Study, Putting Science into Action.* Toronto, ON: Council for Early Child Development.

112 World Health Organization (2001). *The World Health Report 2001*. (ISBN 92-4-156201-3) Geneva. (p. 9).

113 WHO, 2001.

114 Health Canada (2002). *A Report on Mental Illness In Canada* as cited in Canadian Mental Health Association. (2005). *Fact Sheet - Mental Health November, 2005.*

in seven hospitalizations, and one-third of all days in hospital involve patients with a mental illness.[115] Adolescents and young adults aged between 15 and 24 were more likely to report suffering from mental illnesses and/or substance use disorders than other age groups. [116]

The number of Ontarians requiring mental health services is increasing. While the percentage of all health care users in Ontario rose by 4% between 1992 and 1998, the percentage of patients requiring mental health services rose by 13%. [117]

The most direct way to ascertain the need for mental health services is to measure the prevalence of serious mental illness. Prevalence rates can be used as a general estimate of the potential number of people with serious mental illness. It is generally accepted that between approximately 2 to 3% of the general population has a serious mental illness.[118] The Ministry of Health and Long-Term Care recommends that 2.5% be used as the prevalence rate for people with serious mental illness.[119] Niagara's prevalence rates for serious mental illness, based on the 2.5% estimate, are provided in Table 8.

Based on the Ministry's recommended prevalence rate of 2.5%, in 2006 there were 9,133 people in Niagara Region with a serious mental illness.

Table 8
Prevalence Rates for Serious Mental Illness, Niagara[120]

Year	Adult population (15+ years)	2.5% Adult Population with Serious Mental Illness
2001	349 736	8 734
2006	365 343	9 133
2011	379 190	9 480
2016	387 560	9 689

Prevalence rates should be taken as only one indicator. The *Ontario Mental Health Supplement Report* and the *World Health Organisation Report 2001* have linked socioeconomic indicators to incidences of mental illness, also known as population health indicators or determinants of health.[121]

Anxiety and depression disorders take people off the job more than any other medical condition. Depression alone costs the Canadian economy $33 billion a year according to a recent study by the Global Economic and Business Roundtable in Canada. Disability represents anywhere from 4% to 12% of

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115 Canadian Institute for Health Information: *Hospital Mental Health Services in Canada 2002–2003, 2005* as cited in Canadian Mental Health Association. (2005). *Fact Sheet - Mental Health November, 2005.*

116 Statistics Canada (2003). *Canadian Community Health Survey: Mental Health and Well-being*.

117 Lin, E. and Goering, P. (1999). *The Utilization of Physician Services for Mental Health in Ontario*. Toronto: Institute for Clinical Evaluative Sciences. Source: Canadian Mental Health Association. (2005). *Fact Sheet - Mental Health November, 2005.*

118 Niagara District Health Council. (July 17, 2002). *Niagara Mental Health System Design*. Accessed from the Canadian Mental Health Association-Niagara Branch.

119 Source: MOHLTC memo (December 11, 2001) referenced in Niagara District Health Council. (July 17, 2002). *Niagara Mental Health System Design*. Accessed from the Canadian Mental Health Association-Niagara Branch.

120 Source: Population Health Planning Database. This table appears in the report of the Niagara District Health Council. (July 17, 2002). Niagara Mental Health System Design. Accessed from the Canadian Mental Health Association-Niagara Branch.

121 Niagara District Health Council. (July 17, 2002). *Niagara Mental Health System Design.* Accessed from the Canadian Mental Health Association-Niagara Branch. (p. 23)

payroll costs in Canada and mental health claims (especially depression) have overtaken cardiovascular disease as the fastest growing category of disability costs in Canada.[122]

For people experiencing mental illness it can be difficult to find help. Almost half of the people accessing mental health or addictions services must wait for 8 weeks or more – for 18%, the wait can be a year or longer. [123] Only one third of Canadians experiencing feelings and symptoms consistent with a surveyed mental disorder or substance dependence sought help from a health care professional. [124]

Almost half of the people accessing mental health or addictions services wait 8 weeks or more and 18% wait a year or longer.

The existing mental health system is pressured by various challenges. Mental health programs and services in Niagara and the Central South Region continue to be under funded compared with other areas of Ontario. In addition, Niagara is formally designated an under-served area by MOHLTC recognising the severe shortage of family physicians and psychiatrists.[125]

CMHA Niagara serves over 800 clients across Niagara and programs and services include mental health counselling, employment services, housing support, and crisis services. The average wait list for Community Support is 54 days, Phase II housing 313 days, and Lodging 341 days. The waitlist for counselling is 150 days, and employment supports 75 days.[126]

The working poor[127]

The working poor in Canada represent 40% of all individuals who are considered low income in Canada.

People who are working represent 40% of all individuals who are considered low income in Canada; they are known as the *working poor*. The census data for 2001 indicates that there were 653,300 people who were working poor in Canada in that year. When you include their dependants there are 1.5 million Canadians affected by working poverty,[128] and one third of those people are Canadian children. In Ontario, 38% of children living in low income live in a family with a parent engaged in full-time, full year work.[129] One in every four jobs in Canada pays less than $10/hour.[130] There were a total of 192,000 workers in Niagara Region in 2005; 15,091 of them made under $8/hour representing 7.86% of the

7.86% of the workers in Niagara Region made under $8/hour.

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122 Wilson, M., Joffe, R., & Wilkerson, B. (2002). *The unheralded business crisis in Canada: Depression at work. An information paper for business, incorporating 12 steps to a business plan to defeat depression.* Toronto: Global Business and Economic Roundtable on Addiction and Mental Health. Source: Canadian Mental Health Association. (2005). *Fact Sheet - Mental Health November, 2005.*

123 Ontario Federation of Community Mental Health and Addiction Programs (2003). *Outcomes and Effectiveness of Community Mental Health and Addiction Programs.* Source: Canadian Mental Health Association. (2005). *Fact Sheet - Mental Health November, 2005.*

124 Statistics Canada (2003). Canadian Community Health Survey: Mental Health and Wellness - www.statscan.ca. Source: Canadian Mental Health Association. (2005). *Fact Sheet - Mental Health November, 2005.*

125 Niagara District Health Council. (July 17, 2002). *Niagara Mental Health System Design.* Accessed from the Canadian Mental Health Association-Niagara Branch.

126 Canadian Mental Health Association- Niagara Branch. CSM Database Report Card Reporting period: November 1/06 – March 31/07.

127 The low-wage poor or working poor are families and unattached individuals under 65 who receive more than 50% of their total income from earnings. This methodology was adopted by the National Council of Welfare. National Council of Welfare (2006). *Poverty Profile, 2002 and 2003*. Ottawa, ON: National Council of Welfare.

128 The working poor refers to those" aged 18 to 64 who have worked for pay for a minimum of 910 hours and are not full-time students, and whose family's income falls below the low income threshold." Source: Fleury, D and Fortin, M (2006). *When Working is not enough to escape poverty: An Analysis of Canada's Working Poor*. Working Paper. Human Resource and Social Development Canada, Policy Research Group.

129 Campaign 2000. (2006). *Child Poverty in Ontario…Promises to Keep*.

130 Campaign 2000 (2006). *Report Card on Child and Family Poverty in Canada.*

workers.[131] Families with incomes totaling less than $20,000 year make up 15% of the workforce in Niagara.[132]

Families with incomes less than $20,000 year make up 15% of the workforce in Niagara.

The number of working poor families is on the rise across the country, despite a strong economy. [133,134] The factors that most determine poverty among workers are: one earner for the family, a large number of dependant children, self-employment, and recent immigrants, those who are Aboriginals living off-reserve, and those not able to work full-time or a full year.[135]

The Niagara Training and Adjustment Board (NTAB) reports that Niagara's Labour market has made a significant shift from manufacturing to sales and service, which made up the largest segment of the labour force in 2006.[136] Women in Niagara, make up a large proportion of the sales and service, clerical, skilled administrative and business sector positions. Niagara's visible minorities are overrepresented in the sales and service, natural applied science and health sectors.[137] The sales and service sectors are generally lower paying sectors.

3.7% of families with two earners lived in poverty in 2004 compared to 18.4% of families with one earner.

> "The poverty rate among two earner couple families with children held near 3.7% in 2004. The rate for one-earner families with children was a much higher 18.4% … or almost five times more. The poverty rate for these one-earner families is actually worse than it was in 1990. For families with children, the second income is increasingly necessary to stay out of poverty or to at least sustain acceptable living standards. In 2004, about 84% of couple families with children had two or more earners."[138]

VI. Why Do We Need to Act to Decrease Poverty?

Poverty is a key cause and product of powerlessness and social exclusion and it bears a strong relationship to an individual's health and mental health.

Poverty is a key cause and product of powerlessness and social exclusion and it bears a strong relationship to an individual's health and mental health. There are four aspects of social exclusion: (1) exclusion from civil society (legal/institutional mechanism); (2) failure to provide for needs of particular group; (3) exclusion from social production, to participate in social and cultural activities; and (4) economic exclusion or unequal access to normal forms of livelihood and economy. Groups experiencing social exclusion tend to sustain higher health risks and lower health status.[139]

Recent work done by Opportunities Niagara[140] focuses on developing a definition of poverty with the purpose of being better able to understand which steps should be taken to address poverty. The definition of poverty they proposed included:

- Lack of access to, or control of, resources
- Lack of access to basic infrastructure and services
- Feelings of powerlessness, voicelessness, dependency and social humility

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131 Region of Niagara Community Services data, 2006.

132 Opportunities Niagara (2005). *A Community based strategy to reduce poverty and enhance quality of life. Community Plan*.

133 McCain and Mustard, & Shanker, 2007.

134 Fleury & Fortin, 2006.

135 *Ibid.*

136 NTAB, 2007.

137 Niagara College of Applied Arts and Technology - Ventures Division (2004). *An Interpretive Condensation of A Profile of the Labour Market in Niagara Training and Adjustment Board's Area; for the Niagara Training and Adjustment Board*.

138 Sauvé, R. (2007). *The Current State of Canadian Families Finances. The 2006 Report*. The Vanier Institute of the Family http://www.vifamily.ca/library/cft/state06.html#author.

139 Galabuzi, 2004

140 Makhoul & Leviten-Reid, 2006.

- Experiencing barriers to maintaining cultural dignity

The literature also reveals the experiences of stigma and oppression among people who receive social assistance[141, 142, 143] and the challenges people who live in poverty experience in trying to access supports including social assistance, employment supports, education, housing, child care, health and mental health services. [144, 145, 146] In the following quotes, the women living in Niagara speak about their experiences of living on social assistance:[147]

> *"To me [living on welfare is] degrading, it really is…I don't even tell I'm on welfare because I'm that ashamed."* (Julia)
> "*[we need to be] treated like we're still of value, and we're still people, and we're not abusing the system and we are trying to make things better*." (Christine)
> *"it is hard for [people] to understand cause they don't understand the chronic fatigue and they don't understand the fibromyalgia and then, on top of that I got the discs [spinal column] too…they don't understand the illness they don't understand even when you are on Canada Disability. "* (Mandy)

Other researchers point to the destructive emotional effect of poverty and the inequality that falls on children as well as adults.[148] In the Campaign 2000, *2006 Report Card on Child and Family Poverty in Canada*, children described poverty as:

> *"feeling ashamed when my dad can't get a job"*
> *"pretending that you forgot your lunch"*
> *"being teased for the way that you are dressed"*
> *"being afraid to tell your mom you need gym shoes"*
> *"hearing mom and dad fight over money"*
> *"hiding you feet so that the teacher won't get cross when you don't have your boots"*

There is emerging literature on the importance of community approaches to crafting more humane and inclusive spaces for people to flourish.[149, 150] In keeping with this, a strong social inclusion discourse includes a concern with rights, citizenship and restructured relations between marginalized and excluded communities and the institutions of the dominant society; they focus on valued recognition and valued participation by those excluded from full participation in society and from the benefits of society[151]. While

Social inclusion processes emphasize a proactive human development approach calling for more than the removal of barriers and risks at the centre of the research concern.

141 Burman, 1996.

142 Mosher, Evans & Little, 2004 .

143 Polakoff, E. & Gregory, D. (2002). Concepts of health: women's struggle for wholeness in the midst of poverty. *Health Care for Women International, 23*(8), 835-845.

144 Breitkreuz, R. (2005). Engendering citizenship? A critical feminist analysis of Canadian welfare-to-work policies and the employment experiences of lone mothers. *Journal of Sociology and Social Welfare, 32*, 2, 147-165.

145 McMullin, J.A., Davies, L. & Cassidy, G. (2002). Welfare reform in Ontario: Tough times in mother's lives. *Canadian Public Policy, 28*(2), 297-314.

146 Williamson & Reutter, 1999.

147 Source: Arai, S., Burke, R., Gartner, T. Aksir, R. & Miatello, J. (2007). *Women's Voices on Social Assistance and the Social Determinants of Health: A Research Report on Living in Poverty in Niagara Region.* Available from Susan Arai, Department of Recreation and Leisure Studies, University of Waterloo, Waterloo, Ontario. E-mail sarai@healthy.uwaterloo .ca..

148 Frieler, Rothamn & Barata, 2004.

149 Burman, 1996.

150 Frisby, W., Reid, C.J., Millar, S. & Hoeber, L. (2005). Putting 'participatory' into participatory forms of action research. *Journal of Sport Management, 19*, 367-387.

151 Richmond, T. & Saloojee, A. (2005). Introduction and Overview (pp. 1- 32). In T. Richmond & A. Saloojee (Eds.).

the determinants of health identify what people need to be healthy (e.g., income, housing) and quality of life examines how these aspects contribute to health and well-being through a process of unfolding and becoming, social inclusion processes emphasize a proactive human development approach calling for more than the removal of barriers and risks at the centre of the research concern[152]. In a policy context, social inclusion emphasizes opportunities for citizen participation, capacity and agency, and encouraging the tools (economic, social, health, educational and legal) that make autonomy possible.[153]

VII Poverty and the Social Determinants of Health

A framework for understanding poverty focuses on the social determinants of health, with an understanding that the more determinants an individual, family or child has the "healthier" they are. Factors determining individual health include: adequate income, social supports, educational attainment, employment supports, housing, safe living environments, food and nutrition[154,155]. Income has been identified as having the most significant impact on a person's experience of health.[156] However, income supports alone are not enough to help individuals to break out of the welfare cycle[157]. People become and remain homeless due to a combination of macro factors (e.g., lack of affordable housing, lack of employment, low welfare wages) and personal vulnerabilities (e.g., abuse, mental health symptoms, impoverished social support networks, substance abuse).[158] Other authors point to the importance of leisure activities for the health of people on social assistance.[159,160]

Income has been identified as having the most significant impact on a person's experience of health. However, income supports alone are not enough to help individuals to break out of the welfare cycle.

> All families must be part of safe, vibrant communities with well-developed community infrastructure, such as public libraries, accessible recreation/cultural services and well-resourced public schools. It is in healthy, inclusive communities where parents can sustain environments in which their children can thrive, not merely survive." (p. 14)[161]

32% of men and 68% of women made up the part-time workforce in 2005 in Canada.

Social inclusion: Canadian perspectives. Halifax: NS: Fernwood Publishing.

152 *Ibid.*

153 Mitchell, A. & Shillington, R. (2002). *Perspectives on Social Inclusion: Poverty, Inequality and Social Inclusion*. Toronto: Laidlaw Foundation.

154 Hamilton, N. and Bhattie, T. (1996). *Population health promotion: An integrated model of population health and health promotion*. Ottawa, ON: Health Canada.

155 National Forum on Health. (1997). *Canada health action: building on the legacy. The final report of the National Forum on Health*. Ottawa: Government of Canada.

156 World Health Organization. (1997). *The Jakarta Declaration on leading health promotion into the 21st century.* Retrieved Aug. 27, 2005 from, http://www.who.int/hpr/NPH/docs/jakarta_declaration_en.pdf .

157 Browne, G., Byrne, C., Roberts, J., Gafni, A. & Whittaker, S. (2001). *When the bough breaks: provider-initiated comprehensive care is more effective and less expensive for sole-support parents on social assistance.* Social Science & Medicine, 53(12), 1697-1710.

158 Morrell-Bellai, T., Goering, P.N., & Boydell, K.M. (2000). Becoming and remaining homeless: A qualitative investigation. *Issues in Mental Health Nursing*, 21(6), 581-604.

159 Reid, C., Frisby, W., Millar, S., Pinnington, B. & Ponic, P. (2000). *Women organizing activities for women (WOAW): SSHRC Phase 2 Report on community partner profiles and the benefits and barriers of participation in community recreation*. University of British Columbia, Vancouver, BC.

160 Reid, D.G. & Golden L.B. (2004). *Non-work activity and the socially marginalized.* School of Environmental Design and Rural Development, University of Guelph.

161 Frieler, Rothamn,& Barata, 2004.

Income and access to employment

The majority of women are employed in retail services, education, health industries, and in small firms[162] . Most jobs are part-time, temporary, low-paying, and precarious; do not include flexibility, autonomy, or benefits necessary for women—58% of men and 42% of women made up the full-time workforce in 2005 in Canada.[163] In comparison, the part-time workforce in Canada in 2005 was comprised of 32% of men and 68% of women.[164] Only 78% of employed Niagara residents worked full time in 2005. Although this is an increase from 1996, it is low compared to other local municipalities as seen in Table 9.[165] There are no occupations where women's average earnings exceeded that of men's[166]; 83% of Canadians who work for minimum wage are women and youth.[167]

Only 78.8% of employed Niagara residents worked full time in 2005.

Table 9
Proportion of Population Engaged in Full-Time Work, 2005.

Census Metropolitan Area	1996 (%)	2005 (%)
ONTARIO	80.8	81.9
Toronto	84.2	83.9
Oshawa	81.9	82.9
Kitchener	80.6	81.8
Hamilton	78.9	81.6
London	76.5	81.3
Ottawa - Gatineau (Ontario part)	80.0	81.2
Windsor	79.6	80.5
Greater Sudbury	77.1	80.2
St. Catharines - Niagara	76.8	78.8
Kingston	77.2	76.3
Thunder Bay	75.7	75.1

Niagara's median employment income was $23,400 in 2004, the lowest median employment income in Ontario.

In addition, based on information from the Niagara Economic Briefing: Community Benchmarks (February 2007), St. Catharines - Niagara's median employment income was $23,400 in 2004, the lowest median employment income in Ontario.[168] The prevalence of low income across Niagara Region, and the differences across municipalities in the Region are show in Figure 3.[169] The overall prevalence for the Region was at 12.7% in 2003, with the lowest prevalence found in Niagara-On-the-Lake (4.2%) and the highest in St. Catharines (15.5%).[170] In addition, bankruptcies are another indicator of financial stress for

[162] Drolet, 2002.
[163] Statistics Canada, 2001.
[164] Statistics Canada, 2005. Accessed on-line www.statisticscanada.ca.
[165] Gaining an Understanding of Poverty in Niagara Region - Preliminary Findings 2007. (Unpublished). Prepared by Allan Day and Associates for Opportunities Niagara.
[166] Pay Equity Task Force. (2004). *Pay equity: A new approach to a fundamental right. Pay Equity Task Force final report.* Available from the Department of Justice Canada, Communications Branch, 284 Wellington Street, Ottawa, Ontario, Canada K1A 0H8. This document is also available at the following websites: http://www.payequityreview.gc.ca and http://www.canada.justice.gc.ca.
[167] CRIAW, 2006.
[168] *Ibid.*
[169] Source: Regional Niagara Public Health Department, 2003.
[170] Source: Regional Niagara Public Health Department, 2003.

individuals and families. Niagara Region has a higher than average number of consumer and business bankruptcies.[171]

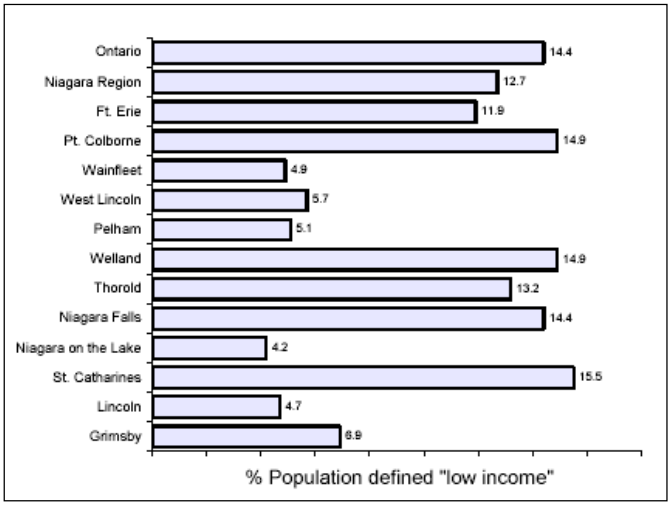

Figure 3. Population prevalence of low income, Niagara Region and Ontario, 2001.

Low income varies across the 12 municipalities as well as across family types.

Figure 4 charts the experience of low income by family type across municipalities in Niagara Region. When thinking about and planning to address poverty in Niagara Region it is important to consider family types and the individual municipalities.[172]

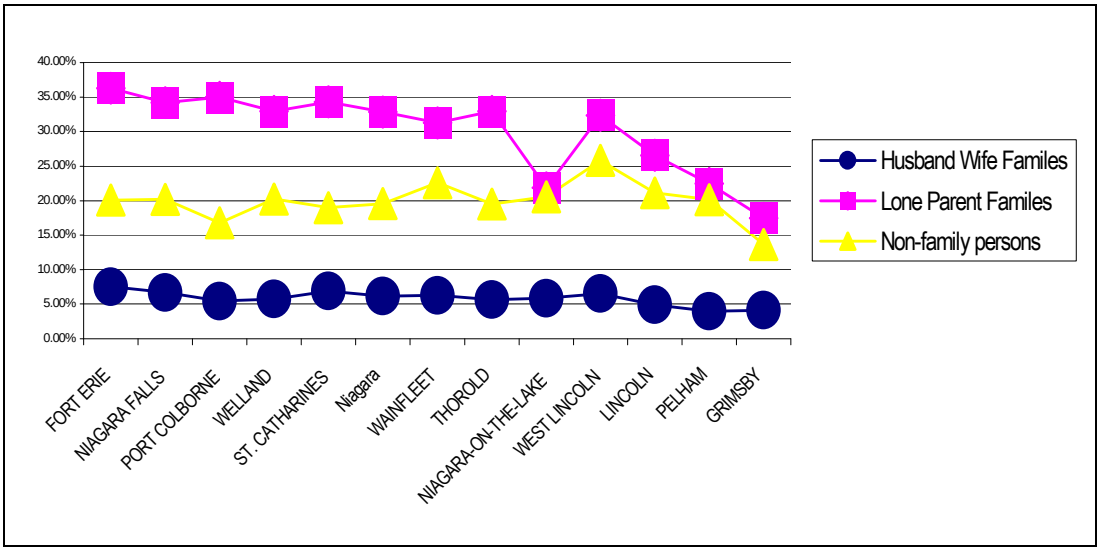

Figure 4. Incidence of low income by family type.

171 *Ibid.*

172 Gaining an Understanding of Poverty in Niagara Region - Preliminary Findings 2007. (Unpublished). Prepared by Allan Day and Associates for Opportunities Niagara. The data in the graph is based on SAAD Database – Custom Tabulation 2002

While many look to increases in minimum wage structures as an approach to addressing poverty, the impact will not be significant enough to address poverty. Instead, the Federal government's proposed idea of a working income tax benefit may be a more central strategy to overcome the systemic inequalities present in the wage structure in Canada including inequalities based on gender, race disability and regional differences (e.g., urban, rural). The journey out of poverty has many roads. Families experiencing poverty will have a variety of different needs. As noted above there is a significant role to be played by governments at all levels through supportive taxation as well as social policy and programs. Governments have a responsibility to assists and support families and children have a right to that support.[173]

<u>Some</u> of the areas requiring reform so that governments can positively impact family income are social policy and taxation measures such as:

- *Employment Insurance*
- *Social Assistance*
- *Canada Child Tax Benefit*
- *Universal Child Care Benefit*

Employment Insurance

Figure 5. Unemployment rates, Niagara Region Municipalities and Ontario, 2001.

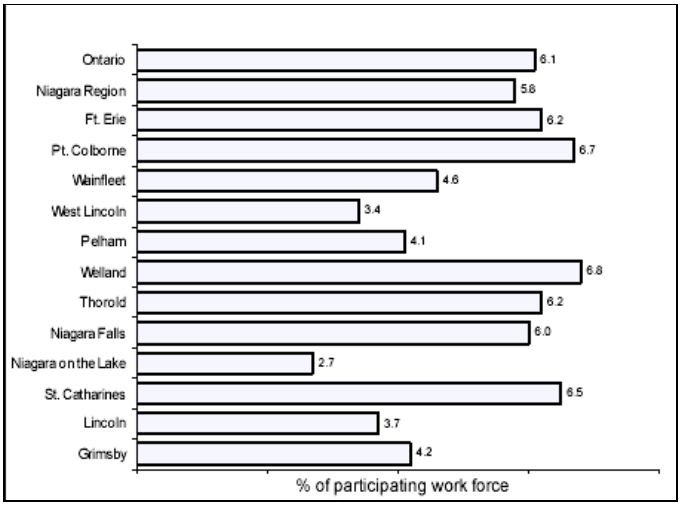

Figure 5 indicates the differences in unemployment rates across Niagara Region. The overall unemployment rate for the Region was at 5.8% in 2003, with the lowest rate found in Niagara on the Lake (2.7%) and the highest in Welland (6.8%).[174]

In the 1990's there were some major changes made to the Employment Insurance program. The program became self-funding through employer and employee contributions, this change was followed by others and the result has been increased eligibility requirements and less coverage.[175,176] Only 27% of unemployed workers in Ontario are eligible to receive employment insurance.[177] The percentage for Niagara Region is even higher at 33% due to lack of hours, the casualization of the work force and seasonal employment. Until 1999, employment insurance was the first wave of the social safety net and social assistance, a second wave, was available to individuals who were unemployed for longer periods of time. However, as a result of changes to policy in 1999, for many individuals their movement is straight to social assistance as a greater proportion of individuals are not eligible for employment insurance. Therefore, this creates a further strain on Municipalities as individuals are relying on social assistance

[173] Niagara's Children's Charter (2003)
[174] Source: Regional Niagara Public Health Department, 2003.
[175] St. Christopher's House and Toronto City Alliance (2006)
[176] Hay, D. (2007). The Feds are Widening, Not Closing, The Prosperity Gap. Canadian Policy Resources Networks www.cprn.com
[177] *Ibid.*

which is funded from provincial income taxes and municipal property taxes not from the federal insurance plan.[178,179,180]

One suggestion is to support the Federal Government's potential budget announcement of a working income tax benefit. This also supports Modernizing Income Support for Working Age Adults (MISWAA) and Ontario Municipal Social Services Association's (OMSSA) proposals.

The increased requirements for employment insurance also impacts individuals hoping to qualify for maternity benefits. Qualification restrictions meant that in 2002 40% of newborns were not covered by benefits. The result for those not able to manage on the maternity benefit of 55% of the wage replacement (up to $413/week) is an early return to work. The way the system is currently delivered the gap has widened between children born into well-off families and those born into lower income families.[181]

Social Assistance

In 1991 the Federal Government made huge cuts to Provincial transfer payments by placing a cap on the Canadian Assistance Program (CAP). In 1996 the Federal government replaced the CAP with an even smaller program, the Canada Health and Social Transfer (CHST).[182] With those changes the Federal government gave away much of their ability to ensure that national priorities could be met, including national standards to ensure an adequate social safety net. The result has been significant cuts to social services and social assistance levels.[183]

Tax policies and income transfers greatly determine the economic well-being of families. Canada is not particularly generous when it comes to supporting its families with children. The average family benefit package in two of Canada's richest provinces, Alberta and British Columbia, came near the bottom in an international comparison of the total value of all tax measures, income transfers, and other financial subsidies to families, excluding universal health care.[184]

While social assistance does not provide adequate income for individuals and families to live, additional challenges arise when people try to make the transition from social assistance to paid employment. The following list is what is described by some as the "welfare wall". When a person is in the position to need the support of social assistance (perhaps because they are not eligible for employment assistance) they are required to liquidate their assets to all but nothing.[185] This means that when they do face re-entry to the labour force they do not have a reserve fund to rely on while they for example, wait for their first pay check, pay for child care, face medical expenses and/or pay for transportation to and from work. A lone parent who leaves social assistance for a job will experience the following:

- Loss of social assistance benefits for adult and each child
- Increased childcare expenses

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178 Brian Hutchings, Commissioner Community Services Department, Region of Niagara 2007

179 *Ibid.*

180 Drummnd, D. and Manning, G. (2005). From Welfare to Work in Ontario: Still the Road Less Travelled, Special Report. TD Bank Financial Group. www.td.com/economics/special/welfare05.jsp

181 Freiler, C., Rothman, L., and Barata, P. (2004). Campaign 2000 Policy Perspectives. Pathways to progress: Structural Solutions to Address Child Poverty.

182 St. Christopher's House and Toronto City Alliance (2006) It's Time for a Fair Deal. Report on the Task Force on Modernizing Income Security for Working Age Adults. May 2006.

183 Canada Council on Social Development (1995). Position Paper. Social Policy Beyond the Budget. www.ccsd.ca

184 McCain et al (2007)

185 *Ibid.*

- Loss of basic dental coverage for the child
- Loss of prescription drug coverage that doesn't require payment upfront
- Loss of back to school benefits
- Loss of winter clothing allowance
- Becomes ineligible for special diet allowances where required
- Loses community start-up benefits for a medically necessary move
- Will begin to pay net federal taxes at approximately $1,600/mo. net income
- Ontario sales tax credits could be reduced[186]"

The Ontario Disability Assistance Program was created to assist those with disabilities to achieve a higher degree of independence. However the eligibility requirements for ODSP make the process to qualify cumbersome and for some, results in the denial of benefits. For many who are able to seek employment to develop that sought after independence, they are concerned about the loss of the designation and the drug and dental benefits in case they fail. There have been improvements made to system ensuring a more rapid reinstatement to ODSP if employment is not sustainable. However, like OW the benefits have eroded with time (although not a severely; -22% versus -46% for OW) and are still well below the benefits for seniors with no other resources.[187]

Canadian Child Tax Benefit

There are two main Federal child benefit programs in Canada. First, the Canadian Child Tax Benefit (CCTB) is paid to approximately 80% of Canadian families. Second, there is a supplement called the National Child Benefit (NCB) that is targeted for low-income families.[188] The NCB benefit has been described as:

> "…a crucial step forward in the evolution of Canadian income security policy…The refundable child tax credit marked a crucial step forward in the evolution of Canadian income security policy. For the first time, the federal income tax system was being used to deliver child benefits to families too poor to pay income tax, in the form of direct cash payments rather than indirectly through a reduction in income taxes. The refundable child tax credit was a progressive, geared-to-income social program designed to help low- and middle-income families. It paid the largest amount to low income families and a lower and diminishing benefit to modest- and middle-income families. [189]

However several challenges exist with both programs. Although the CCTB has been a positive step forward for Canadian children, many critics have noted that it needs to be increased to more adequately meet the needs of low income families.[190,191] The suggested adequate CCTB rate in 2005 was $4,700 versus the projected rate for 2007 at $3,056.[192] In addition, in the majority of Canada's provinces, families receiving social assistance have the NCB supplement clawed back from their transfer payment, despite

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[186] St. Christopher's House and Toronto City Alliance (2006) It's Time for a Fair Deal. Report on the Task Force on Modernizing Income Security for Working Age Adults. May 2006.

[187] St. Christopher's House and Toronto City Alliance (2006)

[188] Freiler, C., Rothman, L., and Barata, P. (2004). Campaign 2000 Policy Perspectives. Pathways to progress: Structural Solutions to Address Child Poverty.

[189] Mendelson, M. (2005). Measuring Child Benefits: Measuring Child Poverty. Ottawa: Caledon Institute of Social Policy

[190] Frieler, C et al (2004)

[191] Mendelson, M. (2005)

[192] *Ibid*.

the fact that social assistance payments have declined over the past decade.[193] Consequently, many are calling for the introduction of an Ontario Child Benefit. This benefit would be a combination of the National Child Benefit plus other provincial child benefits and any social assistance dependent benefits. The benefit looks to redirect the National Child Benefit claw back, much like Saskatchewan accomplished.[194]

Universal Child Care Benefit

In the return to work, decision-making around childcare affects employment decisions and opportunities. Childcare is crucial in determining whether or not a parent will be able to sustain employment after welfare. [195,196]

The Universal Child Care Benefit paid to parents for each child under the age of 6 was announced in the 2006 budget. The child care benefit is a taxable program, increasing a family's taxes by $1,200 each year. As a result, no families end up with the entire $1,200 and the design of the benefit relative to taxes places the greatest tax burden on single-parent families, those who most arguably need child care and receive the least amount. Two parent families with one earner receive the largest after-tax benefit.[197]

Food security and hunger

Food security considers people's access to affordable and nutritious food to avoid hunger. Community initiatives to support people's access to food commonly include food banks, soup kitchens, community gardens and food co-ops.

> *In developed societies, food insecurity is defined as "the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so" (Davis and Tarasuk, 1994). Food insecurity includes problems in obtaining nutritionally adequate and safe foods due to a lack of money to purchase them, or the limited availability of these foods in geographically isolated communities (Campbell, 1991; Travers, 1996).*
>
> *Food insecurity is dynamic in nature and defined by a sequence of events and experiences. These vary among different groups. For poor families, people first feel anxious about running out of food. At the next stage, they begin to compromise on the quality of the foods they eat by choosing less expensive options. As resources get scarcer, food insecure people feel hungry because they are unable to purchase enough food to satisfy their needs. At the most severe stage, food insecurity is experienced as not eating at all. There are negative psychological, social and physical consequences across this continuum (Tarasuk, 2002).[198]*

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193 Frieler, C. et al (2004)

194 Brian Hutchings, Commissioner Community Services Department, Region of Niagara 2007

195 Breitkreuz, 2005.

196 Mosher, Evans & Little, 2004.

197 Battle, K., Torjman, S., and Mendelson, M. (2006). More Than a Name Change: The Universal Child Care Benefit. Ottawa: Caledon Institute of Social Policy

198 Source: Public Health Agency of Canada (2007). *Food security as a determinant of health.* Based on papers and presentations by Lynn McIntyre, Professor, Faculty of Health Professions, Dalhousie University and Valerie Tarasuk, Associate Professor in the Department of Nutritional Sciences, Faculty of Medicine, University of Toronto. The presentations were prepared for The Social Determinants of Health Across the Life-Span Conference, held in Toronto in November 2002. Available at http://www.phac-aspc.gc.ca/ph-sp/phdd/overview_implications/08_food.html.

Local food bank Hunger Count data is taken each year during the month of March. It represents a snap shot of monthly food bank usage throughout the year. In Canada people receiving Ontario Works benefits account for 53.5% of food bank use, followed by the working poor (13.4%) and then persons with disabilities. Across those groups children under the age of 18 represent 41% of the people who use food banks.[199] The Hunger Count points to inadequate social benefits and the increase in Canada's low-wage market as some of the reasons behind the persistent need for food banks for these groups. There has been a 13% increase in food bank usage across the country's 649 food banks (in 2006) since 1997.[200]

Approximately one third of visits to food banks in Niagara Region are made by children.

Table 10 includes the Hunger Count data from the 13 food banks from across the Niagara Region for the past two years. As shown in this table, food bank usage has remained fairly consistent during this time period with 4,047 Niagara households being served through 9037 visits in 2006. In addition, across Niagara Region there are more than 100 sites throughout the Region where nutrition programs are delivered to more than 7,000 students.[201]

Children under the age of 18 represent 41% of the people who use food banks.

Table 10.
Food Bank Use, Niagara Region, 2005-2006

In 2006, just over 4000 households utilized the 13 food banks across Niagara Region.

	2005	**2006**
Number of visits	9357	9037
Number of households using food banks	4021	4047
Number of children using the food banks	3421	3391

Inadequate housing

When adequate housing is available it, "brings children both shelter and a social environment." [202]

It would be fair to say that Canada's affordable housing situation is in a state of crisis. The number of social housing units built since the 1980's has declined, with a sharp drop in the early 1990's as a direct result of government decision making. In 2003 some small steps were taken to increase spending by the Federal government; however, we have not yet arrived at a National program that is required to address the situation.

Within the Region of Niagara, the Regional Municipality owns or is the system manager for 5,501 housing units that are subsidized as of December 31, 2006; of which 2200 are occupied by families, whose average family income is $15,680.

When families have housing costs that stretch their budgets it results in difficult decisions related to purchasing food and other necessities. In 2005 in the Province of Ontario there were 64,864 tenant households evicted because they could not pay the rent – a new provincial high.[203]

Within the Region of Niagara, the Regional Municipality owns or is the system manager for 5,501 housing units that are subsidized as of December 31, 2006; of which 2200 are occupied by families, whose average family income is $15,680. The 2006 LICO for a family of four in Niagara Region is 27,532.[204] The need for rental assistance is high within Niagara. There were 4000 households on the waiting list in June of 2004. The number of new rental units being built has not kept pace with the projected need. In addition, "[o]ne in three households has an income of less than $30,000. With an average price of

199 HungerCount 2006 available at www.cafb-acba.ca.
200 *Ibid.*
201 Niagara Region Community Service Department statistics.
202 Frieler, Rothamn,& Barata, 2004.
203 Campaign 2000, 2006.
204 Statistics Canada. Income Research Paper Series, *Low Income Cut-Offs for 2005 and LIM for 2004*. Income Statistics Division, Accessed on-line at www.statscan.com

$231,000 in 2003, single detached homes are generally beyond the reach of households earning less than $70,000."[205]

When a family is required to pay more than 30% of their income for rent they are often considered "at risk". The 2001 Census indicates that a "higher percentage of Niagara residents are at risk than residents of nearby municipalities." Table 11 provides data for Niagara in comparison to other municipalities.[206]

Based on the indicator of paying more than 30% of income for rent, there are a higher percentage of Niagara residents are a risk than residents of nearby municipalities."

Table 11.
Proportion of Niagara Residents Spending a Significant Portion of Income on Rent[207]

CMA	Pays > 50% of Income on Rent	Pays > 30% of Income on Rent
St-Catharines Niagara	21.5%	45.6%
Hamilton	20.7%	43.8%
Toronto	20.0%	42.2%
Kitchener	17.2%	36.6%

The Canada Mortgage and Housing Corporation has developed an indicator of housing affordability within communities. The indicator identifies the amount that a worker would have to work each month, making the average community wage in their community, to be able to purchase an averaged priced home in their community. Based on that indicator, Niagara residents would need to work 171 hours a month. While Niagara's hour requirement is similar to neighboring communities, it is important to note that the standard number of full time hours in a month is 168. The graph below provides the comparison to neighbouring communities[208]

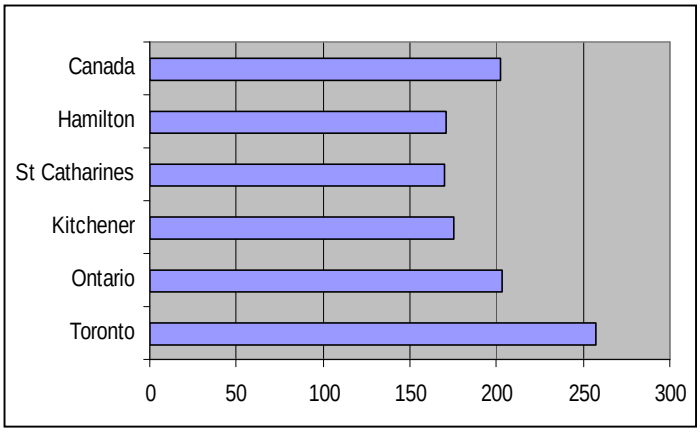

Figure 6. Number of weekly hours at average wage to bring mortgage to 30% of income. [209]

In 2006, Niagara Region Social Service Department staff worked with families to address the following housing related issues.

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[205] Early Years Niagara (2005). N*iagara Nurtures…A Snapshot of Niagara's Children*. Accessed on-line at www.earlyyearsniagara.org.

[206] *Gaining an Understanding of Poverty in Niagara Region - Preliminary Findings 2007.* (Unpublished). Prepared By Allan Day and Associates for Opportunities Niagara.

[207] *Ibid.* Source: 2001 Census data.

[208] *Ibid.*

[209] *Ibid.* Source: Housing Now April 2006: Based upon 2005 data.

Table 12.
Housing Incidences Addressed by Niagara Region Staff.

Housing Incidences Addressed	# Families
Families experiencing homelessness	1291
Families living in temporary accommodation	687
Families living on the street	610
Families facing imminent risk or risk of homelessness	505
Families relocating from the street to temporary accommodation	167
Families relocating from temporary to permanent housing	77

In 2006, Niagara Community Services staff worked with 1,291 families experiencing homelessness.

Education

Education has a direct impact on future income, and lower income is a risk factor for lower education.[210,211] Even when the unemployment rate has varied over time, it is consistently higher for people with lower education than all other education groups. When those with the least education are employed, statistics show that they are more likely to be in lower paying positions.[212]

When those with the least education are employed, statistics show that they are more likely to be in lower paying positions.

Despite having more Canadians with post secondary education than ever before it no longer guarantees one from avoiding the perils of low income.[213] There is a growing emphasis on having a workforce with life-long learning opportunities. Those with a university degree are five time more likely than those with a high school diploma or less to be involved in adult learning.[214] Table 13 compares Niagara Region education levels with Ontario data.[215]

Table 13.
Education Levels by Age Group, Niagara and Ontario, 2001.

Age Group	Less than high school (%)		High school diploma (%)		Trades certificate (%)		College diploma (%)		University (%)	
	Niagara	ON	Niagara	ON	Niagara	ON	Niagara	ON	Niagara	ON
20-34 yrs	13.3	13.2	38.9	33.7	9.8	7.9	20.8	19.5	17.2	25.7
35-44 yrs	18.1	17.3	29.6	25.6	14.3	11.5	22.8	21.2	15.2	24.3
45-64 yrs	30.1	27.5	24.8	22.9	13.9	11.6	16.8	16.6	14.5	21.5

The Niagara population has a higher percentage of people with a high school diploma but fewer with a University education, compared to Ontario averages.

When compared to the Ontario averages, Niagara residents have higher percentages over the age of 20 years who have completed high school. There are also a larger percentage of Niagara residents with trades certificates. However, compared to the Provincial averages, there are significantly fewer people in Niagara Region with a University education. It is important to note that there are varying levels of

210 Frieler, Rothamn,& Barata, 2004.
211 Peel District School Board (2004) *Pathway Schools. Pathways to Stem Success, Elementary and Secondary Social Risk Index. Assessment and Accountability – Curriculum*, Instruction and Special Education Support Services, Peel district School Board.
212 Myers, P. and de Broucker, P. (2006). *Too Many Left Behind: Canada's Adult Education and Training System.* Canadian Policy Research Networks Inc, Ottawa. www.cprn.org
213 Frieler, Rothamn,& Barata, 2004.
214 Myers & de Broucker, 2006.
215 Statistics Canada, 2001.

education across the Regions' municipalities, with some communities having lower percentages of adults without high school diplomas.[216]

Literacy

1 in 5 Canadians cannot read and write well enough to function adequately in our society.

Literacy Niagara notes that 1 in 5 Canadians cannot read and write well enough to function adequately in our society. Literacy levels are divided into five levels. Functioning at levels 1 and 2 is not adequate for the individual to understand prose, numbers and/or documentation (e.g., access program information or read a prescription or health instructions). The result is that 39.2% of Canadians in the workforce lack the literacy skills for their position, and 15.5% of workers do not have the literacy skills that actually meet the demands of their positions.[217] ABC Canada (2001) reports that National demands for the economy require literacy levels 3 or higher and that job opportunities for literacy levels 1 & 2 have decreased since the 1990's. The personal impact of poor literacy skills includes the likelihood of lower paying positions, less income, and more unemployment[218]

Poor literacy skills can lead to low paying jobs, less income and more unemployment.

> "Studies have shown that low literacy skills have a direct socio-economic impact. Canadians with the lowest literacy skills have higher rates of unemployment (26 per cent) and those with the highest skills have lower rates of unemployment (4 per cent). Those Canadians on social assistance show markedly lower literacy skills than those on employment insurance or those in the general population. Also, Canadians with low literacy skills are more likely to have lower incomes than those with higher skills. Over 80 per cent of Canadians in the lowest literacy level, and over 60 per cent of those in the second lowest level, have incomes of less than $27,000. Literacy affects the well-being of Canadians in so many different ways, from self-esteem issues to serious inability to find a job."[219]

Niagara Region has lower literacy rates compared with Ontario, particularly when comparing level 1 and level 2 rates.

Niagara Region has lower literacy rates compared with Ontario, particularly when comparing level 1 and level 2 rates. Table 13 provides comparison data for Niagara and Ontario across many categories. On average, approximately 50% of the population in Ontario functions at a level of 1 or 2 literacy. A higher proportion of Niagara residents function at a level 1 or 2 literacy level for prose, documents and numeracy compared to Ontario as a whole.[220]

Caution must be taken when interpreting these literacy statistics. Literacy rates tend to change with age and educational level. In Niagara Region, literacy rates for individuals who are 15 to 24 years old are very similar to the Ontario average at all literacy levels. The literacy rates for people ages 25 to 34 years show a slightly higher proportion of individuals at level 1 and level 2 compared to the provincial averages (17.7% versus 16.8% prospectively for level 1, and 27.9% and 26.8% prospectively for level 2). Other older age groups in Niagara also show slightly higher rates at level 1 and level 2 compared to the Ontario average.

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216 Source: *Celebrating Literacy for Healthy Economy, Literacy in the Niagara Region, profile for Employers and Community Organizations*, from Employment Ontario, NTAB and Literacy Link Niagara.

217 *Ibid*

218 Available: http://www.abc-canada.org/media_room/literacy_qanda.shtml#stats

219 *Ibid.*

220 Statistics Canada – Census 2001 and IALSS in Knafelc, P. and Picard, D. (2007). *Literacy in the Niagara Region A profile for Employers and Community Agencies*. Prepared for Niagara Training and Adjustment Board and Literacy Link Niagara

Table 14
Literacy Rates, Niagara and Ontario.

		Niagara	Ontario
Category	**Level**	**%**	**%**
Prose	1	22.9	21.3
	2	29.0	28.1
	3	33.5	34.4
	4/5	14.7	16.2
Document	1	24.7	23.0
	2	28.1	27.3
	3	31.9	32.6
	4/5	15.3	17.1
Numeracy	1	29.0	27.1
	2	30.1	29.4
	3	28.5	29.5
	4/5	12.4	14.0
Average	1	25.5	23.8
	2	29.0	28.3
	3	31.3	32.2
	4/5	14.1	15.7

As a result, in the Niagara Region over 80,000 English speaking adults cannot:

- Fill out a job application
- Read important directions
- Read maps or road signs
- Write a letter
- Read a book, or use a telephone directory
- Take part in a training program[221]

The evidence suggests that Niagara has a literacy disadvantage compared to Ontario averages. There is cause for concern related to available skills for the local labour market.

There appears to be evidence that Niagara Region is disadvantaged in terms of literacy, compared to statistics for Ontario. Literacy rates vary across the Region with some municipalities having higher literacy challenges than others. Those challenges are often related to lower income levels and education rates.[222] Consequently:

> "There is. . . cause for concern with respect to available skills to meet increased demands in the labour market. The figures presented above do not suggest that individuals with lower literacy levels are unemployed – in fact most are employed. The concern, however, rests with the ability of these workers to adapt to changing skill demands with their jobs." (p.8)[223]

[221] Source: http://www.literacyniagara.org/

[222] Source: *Celebrating Literacy for Healthy Economy, Literacy in the Niagara Region, profile for Employers and Community Organizations, from Employment Ontario*, NTAB and Literacy Link Niagara

[223] Knafelc, P. and Picard, D. (2007) *Literacy in the Niagara Region A profile for Employers and Community Agencies.* Prepared for Niagara Training and Adjustment Board and Literacy Link Niagara

Health care

Socioeconomic status, whether described by income, education or occupation, has repeatedly been found to be an important determinant of health outcomes, and an indicator of the use of health services.

There is strong evidence that obesity is connected to socio economic factors, in particular family income. Family income has a significant bearing on food security, access to nutrition food and physical activity all of which impact healthy weights.[224] Based on data from the Canadian Community Health Survey, in 2003, 29.2% of Niagara youth age 12 to 17 were considered overweight or obese, compared to 21.2% in Ontario. Due to the overlap of confidence intervals of the two estimates, the difference is not statistically significant. The sample size in 2005 was insufficient to provide a reliable estimate of youth overweight/obesity for the Niagara Region; the provincial rate was 19.7%.[225]

There is evidence to suggest that obesity is connected to socioeconomic factors.

> "Childhood obesity has become an "epidemic" in Canada. Obesity rates are increasing worldwide, but Canada has one of the highest rates of childhood obesity in the developed world, ranking fifth out of 34 OECD countries. Recent data reveals that 26% of young Canadians aged 2 to 17 years are overweight or obese. Even more distressing is the evidence that about 55% of First Nations children on reserve and 41% of Aboriginal children living off reserve are either overweight or obese."[226]

In 2003, 29.2% of Niagara's youth aged 12-17 were considered overweight or obese, compared to 21.2% in Ontario.

Children living in income-assisted households are also likely to receive more treatment for acute conditions and less preventative care.[227] Incidence of disease and injury is estimated using hospital inpatient separation and emergency department visit data, which are the most accessible and comprehensive source of morbidity information available. These are only crude estimates, as a person may not be seen in a hospital or ED for their illness or injury, or the individual may visit multiple times (or multiple hospitals) for the same illness or injury. In 2005, there were 49,625 emergency department visits in Niagara by children and youth aged 0 to 17 years. Selected reasons for the visits and the rate per 100,000 are presented in Table 15.

Table 15.
Emergency Department Visits in Niagara, Children and Youth Ages 0 to 17 years, 2005[228]

Reason for visit	Number of visits	Rate per 100,000
Falls	4765	5310.5
Asthma	1237	1378.6
Accidental poisoning	192	214.0

In 2005, there were 7,531 hospital inpatient separations in Niagara children and youth aged 0 to 17 years. Selected reasons and the rate per 100,000 are presented in Table 16.

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224 Canadian Standing Committee on Healthy. Healthy Weights for Healthy Kids Available at http://cmte.parl.gc.ca/Content/HOC/committee/391/hesa/reports/rp2795145/hesarp07/05_Report-e.htm#title

225 Stephanie Totten, Epidemiologist (PREP Unit), Niagara Region Public Health Department. Overweight and Obesity in the Niagara Region, prepared in 2006

226 Canadian Standing Committee on Healthy. Healthy Weights for Healthy Kids Available at http://cmte.parl.gc.ca/Content/HOC/committee/391/hesa/reports/rp2795145/hesarp07/05_Report-e.htm#title

227 Guttman, A (2001). Child Poverty, Health and healthcare use in Canada. *Pediatrics and Child Health.* Vol. 6, No. 8.

228 Data Source: National Ambulatory Care Reporting System Data 2005, Provincial Health Planning Database (PHPDB) Extracted: June 2007, Knowledge Management and Reporting Branch, Ontario MOHLTC.

Table 16.
Hospital Inpatient Separations in Niagara, Children and Youth Age 0-17, 2005[229]

Reason for visit	Number of visits	Rate per 100,000
Asthma	285	317.6
Infectious diseases	169	188.3
Diabetes	58	64.6
Cancer	48	53.5

There is no data available at this time to link the incidences of hospital visits to socio economic factors or other issues related to poverty.[230]

A Canadian study of children and poverty and health care use found that in urban areas low income children had fewer physician visits, decreased rates of immunization, and children from poor communities received a lower rate of continuity of care (known to have negative impact on health care outcomes). There are some good things happening in Niagara Region related to access to health care for those at risk.

92% of CPNP participants in Niagara Region delivered babies with healthy birth weights and there was a 73% breastfeeding initiation rate.

The target populations of Niagara Region's Health Bus are the homeless and people not using the health system. The mobile service is able to provide nursing, dental, and mental health services, and to make referrals to physicians and other specialists. In 2006, the health bus had 3,183 encounters with Niagara residents with 12.8% under the age of 17 years. Anecdotally staff report that children come most often with their family and approximately 75% of children received immunizations through the health bus. Other reasons for visits include: ear infections, respiratory concerns and head lice.[231] Older youth access the Health Bus for sexual health reasons.[232]

There are three sites for the Canadian Prenatal Nutrition program (CPNP) in Niagara Region. Access to health care during pregnancy is an important factor in healthy child development. The estimate on the cost of treating each low birth weight baby is $675,000. When 40 low birth weights are prevented the total cost for the CPNP would be recovered. The CPNP works with high risk mothers (women in poverty, teens, women living with violence) to support them in pregnancy with the goals of positive health for women, decreased numbers of low birth weights, increased incidence of breastfeeding and increased access to health care services and programs.

Between April 2006 and March 2007 there were 132 women participating across the three sites, of which 26% of participants were born outside of Canada; 45% of participants have less than a grade 12 education; 65% of participants have less than $1,000 income per month; 24% of participants were teenagers; and 34% of participants were single, divorced, separated or widowed. The results of participation were impressive with 92% of participants delivering babies with healthy birth weights (between 5lbs 9oz and 9lbs 15oz according to Health Canada); and there was a 73% breastfeeding

[229] Data Source: Hospital In-Patient Data 2005, Provincial Health Planning Database (PHPDB) Extracted: June 2007, Knowledge Management and Reporting Branch, Ontario MOHLTC

[230] Stephanie Totten, Epidemiologist (PREP Unit), Niagara Region Public Health Department, June, 2007.

[231] Source: conversation with Alan Spencer, Sexual Health Manager, Niagara Region Public Health Department and the publication *The Regional Niagara Health Bus – Health care " where the rubber hits the road"*, Regional Public Health Department, Winter 2002-2003.

[232] Lipman EL, Offord DR, Dooley MD. *What Do We Know about Children from Single-mother Families? Questions and Answers from the National Longitudinal Survey on Children and Youth. Growing Up in Canada*. Ottawa: Statistics Canada, 1996.

initiation rate.[233] Region of Niagara information from the Integrated System for Children data base shows, breastfeeding initiation in 2004 were 3097 babies out of 3752 births. In 2005, breastfeeding initiation occurred in 3002 births out of 3711 births. However, there are limitations to the data because, many mothers indicate that they intend to breastfeed when the Parkyn is done postpartum, but in fact do not continue once they are home.[234]

Appendix I provides an overview of the Region's Public Health programs and services that focus on children and youth health, safety and parental support. The programs and supports are broad and touch on many determinants of health using many primary prevention approaches.

Healthy babies

There are a variety of significant relationships between poverty and negative health outcomes for children as demonstrated in 2004 Niagara statistics focused on newborns. The Integrated Services for Children Information System (ISCIS) contains information on virtually all infants born in the Niagara Region. One of the major components of ISCIS is the Parkyn Postpartum Screening Tool, which identifies factors associated with developmental difficulty. One of the items is "financial difficulties," which is selected if there is indication of a family receiving social assistance, parents working in low-income occupations, not having a telephone, or otherwise having trouble financially. Infants born to families with financial difficulties are less likely to be breastfed and are more likely to experience developmental risk factors than those whose families did not have an indication of financial difficulty on the Parkyn; these differences are statistically significant.[235] The Niagara ISCIS data reveal that 50.8% of children born into a family with financial difficulties had a Parkyn score greater than nine.[236] Of those births with a Parkyn score of greater than 9:

In Niagara Region, more than half of the babies born into families with financial difficulties, developmental difficulties, and/or parenting problems are considered at risk.

- 89.1% were to single moms with no reported social support
- 42.1% to moms with some social support
- 24.3% to two parent families with no social support.

In Niagara Region, in 2004 there were 211 babies born under 2500 g, totalling 5.3% of births. In 2005 there were 226 babies under 2500 g, totalling 5.8% of births. Table 17 outlines the infant developmental risk factors associated with parental financial difficulties in Niagara Region between 2004 to 2006 (n=11,655).

[233] Canada Prenatal Nutrition Program (CPNP) *Healthy From the Start.*

[234] Niagara Region, Healthy Babies Healthy Children response to request for data, June 4, 2007

[235] Selected Child Health Indicators**.** Prepared by Stephanie Trotten, Epidemiologist (PREP Unit) Niagara Region Public Health Department June, 2007

[236] The Parkyn Postpartum Screen is usually done by hospital maternity nurses and identifies factors associated with risk of developmental difficulty and parenting problems. A score of more than 9 is considered a high risk birth.

Table 17
Infant Developmental Risk Factors Associated with Parental Financial Difficulties in Niagara Region between 2004 to 2006[237]

Domain	Financial Difficulties	
	Yes (%)	No (%)
Breastfeeding initiation	68.9	83.3
Mother less than 20 years old	21.3	2.6
Maternal alcohol or drug use	4.4	0.7
Family history of a health challenge	1.1	0.6
Low birth weight	7.5	5.5
Low maternal education status	12.9	0.7
Marital distress	1.6	0.4
Maternal undernutrition	5.8	0.7
Parental mental illness	6.3	3.0
No prenatal care received before sixth month	5.8	0.7
Did not attend prenatal class	33.1	14.7
Parenting difficulties	6.9	0.6
Maternal smoking during pregnancy	34.1	10.1
Unstable social situation (e.g. lone parent, lack of support)	56.3	8.8

Other risk factors have been identified. Local data on new parents with mental illness shows that 65.5% of those that report having a mental illness gave birth to a baby with a Parkyn score of greater than nine, compared to 12.5% of those without a mental illness. Other risk factors are related to the age of the mother when she gives birth. Research has demonstrated that smoking during pregnancy is a significant factor in low birth weight babies. The ISCIS data shows that in 2004/05, 31.5% of mothers aged 15-19 smoked during pregnancy. There is a significant relationship between high Parkyn scores and smoking during pregnancy; all preterm births to mothers who smoked during pregnancy were low birth weight. Young mothers (aged 15-19) were less likely to attend prenatal classes. Related to prenatal class attendance, 83% of mothers who attended prenatal classes, breastfeed versus 74% of those who did not attend. There is a significant relationship between attendance at prenatal classes and breast feeding and lower Parkyn scores.[238]

Comparisons across the municipalities show that there are differences in risk factors, particularly in the category of single-parents with support, with some municipalities having a significantly higher proportion than others.[239] "The highest proportions of financial difficulty overall are found among those in single-parent families with no support, regardless of age group." (p. 18)[240]

All babies born in Ontario are to be screened using the Newborn Fact Sheet with the Parkyn assessment tool. Completed by a maternity nurse, the baby receives a score based on physical, socioeconomic factors as well as the health, age, mental health, and education of the mother, and other factors such as smoking and drug use. Any baby with a score at 9 or more is considered high risk for potential developmental delay and the information is taken into account by the Healthy Babies Healthy Children

[237] ISCIS January, 2004 to December, 2006, Extracted: June, 2007
[238] Vik, J. (2006). *Analysis of 2004-2005 Integrated System for Children, Information System (ISCIS) Data*, PREP Unit, Niagara Regional Public Health Unit.
[239] *Ibid*.
[240] Vik, J. (2006). *Analysis of 2004-2005 Integrated System for Children, Information System (ISCIS) Data*, PREP Unit, Niagara Regional Public Health Unit.

program when mothers are contacted postpartum. This data is collected and managed in the Niagara Integrated Service for Children Information System (ISCIS).

The Healthy Babies Healthy Children program is a provincial program offered by local public health units and has 2 components. The first component is the universal component whereby every mother who consents is contacted by a public health nurse within 48 hours of being discharged from hospital after giving birth. In Niagara approximately 98% of mothers are contacted. All of these mothers are in turn offered a home visit by the nurse to offer information and support around postpartum issues such as infant feeding, health of the baby, and community resources. Approximately 40% of families accept this visit.

The second component of the HBHC program is the targeted component for high risk families. Those families deemed high risk either through prenatal, postpartum or other assessments are offered a blended home visiting program delivered by a public health nurse and family home visitor (peer visitor who is a parent with training re: child development, and working with families). These visits occur in an approximate ratio of 1:3 nurse visits to visitor visits. Families are offered support and guidance regarding issues such as positive parenting, nutrition, safety, budgeting, and attachment, and also information and referrals to appropriate community services and agencies such as Ontario Early Years Centres, housing help, food banks, child care, parenting classes. Currently Niagara Region has approximately 600 families on the HBHC caseload, with the program performing approximately 6000 home visits last year (2006).[241]

Regional Best Start information indicates that there is a 4 month waiting list for infants identified to be at risk of healthy development. Those families are waiting to make an initial contact with Infant Education Parent Teaching Services. "This delay is in part a result of the mandate change for this program (serving children up to 5 years of age) as well as the perception that a significant number of children with special needs may not be accessing child care."[242]

There are 16 early years sites located throughout the Region. An Ontario Early Years Centre (OEYC) is a place for all children (birth to age six) to attend with their parents, grandparents, and caregivers. The Early Years Centres offer a large scope of programs. There are 30 programs listed as related to healthy child development (some run in partnership with Public Health and CAPC). These programs are listed in Appendix II.

Healthy child development

The research is clear that children living in families with low socio-economic status are more vulnerable in relation to their healthy development. The development issues are far ranging from short-term to long term issues such as speech and language development through to high school completion success rates.

Children living in families with a low socio-economic status are more vulnerable.

> "In general, the relationship between many health outcomes and poverty tends to be linear, such that with every incremental increase in income there is an improvement in outcome; although, for some conditions there seems to be a threshold level of deprivation under which the association is strongest. For example, work on psychosocial morbidity in a cohort of Ontario children revealed an important threshold level of deprivation at less than $10,000/year in family income."[243]

241 Healthy Babies Healthy Children program information 2007.

242 Best Starts Integrated Community Plan, 2006. Available at http://www.earlyyearsniagara.org/Niagara_Best_Start_Community_Integrated_Plan_Feb__7_2006(1).pdf

243 Guttman, A (2001). Child Poverty, Health and health care use in Canada. *Pediatrics and Child Health.* Vol. 6, No.8.

A Human Resources Development Canada (HRDC) report on the impact of poverty on three child outcomes (physical health, hyperactivity-inattention and mathematics test scores) concluded that:

> "Experiencing long-term poverty has statistically significant effects on all three of the child outcomes, as well as on measures of family stress and some indicators of parenting style…The results show that the effects of long-term poverty upon these child outcomes occur partly because poverty increases dysfunction and depression among family members. Hostile-aggressive parenting is associated with worse child outcomes but does not appear to mediate the effects of long-term poverty though it may mediate aspects of family stress."[244]

Poverty has a significant effect on child outcomes (physical health, hyperactivity-inattention and mathematics test scores) as well as family stress.

The early years are critical for healthy child development. When children grow up in poverty they are more likely to have experienced developmental difficulties before they enter grade one, compared to their more affluent cohorts. In fact, longitudinal studies have shown that socio-economic position in early life has an influence for decades and, in the case of people on low incomes, early negative experiences may, "override those of adult life."[245] In other words, without interventions children living in poverty may be on a set trajectory for life.

When children grow up in poverty they are more likely to have experienced developmental difficulties before they enter grade one.

Children from families led by single-parent mothers were more likely to experience hyperactivity, conductive disorders, school difficulties and emotional disorders. Young mothers, mothers who themselves had a high level of aggression in school, those who smoked during pregnancy, and low income couples with conflict issues are at highest risk for having children with aggression problems. Those children with chronic aggression are less likely than others to receive their high school diploma.[246]

School Readiness factors as measured in the Early Development Instrument (EDI) (physical health and well-being; social competence; emotional maturity; language and cognitive development and communication skills and general knowledge) also show outcomes in relation to risk factors such as poverty. One quarter of children are considered vulnerable when they enter grade one according to National EDI scores as well as the NLSCY. Of the poorest children in Canada, 32% are found in the lowest 10th percentile of at least one of the EDI measures compared to 14% of children from affluent families.[247]

"Low family income is associated with poor outcomes for children and the longer the child lives in poverty the more pronounced the difficulties" (McCain, Mustard and Shanker, 2007).

Niagara Region EDI results show overall positive results with "[c]hildren in the Niagara Region scoring significantly higher than the national averages on all five of the school readiness to learn domains." The 2006 results show that 77% are ready to learn and 23% are not ready for school. When the results are broken down by domain areas the strengths and the challenges are indicated in Table 18:

Niagara Region EDI scores show that 77% of kindergarten children are ready to learn and 23% are not ready for school.

[244] Jones, C., Clark, L., Grusec, J., Hart, R., Plickert, G., Teppermen, I. (2002). *Poverty, Social Capital, Parenting and Child Outcomes in Canada*. Applied Research Branch, Strategic Policy, Human Resource and Development Canada.

[245] McCain et al (2007).

[246] *Ibid.*

[247] *Ibid.*

Table 18
Early Development Instrument (EDI) Scores, Niagara Region.

EDI Domain	Vulnerable[248]	At Risk[249]	On Track
Communication and General Knowledge	16%	9%	74%
Physical Health and Well-Being	14%	5%	81%
Language and Cognitive	12%	14%	74%
Emotional Maturity	10%	12%	78%
Social Competence	9%	15%	76%

The EDI scores vary across the 12 local municipalities and demonstrate the relationship between social risk factors (e.g., parents with less than high school education and/or lower income) and lower EDI scores for children.

The Understanding the Early Years Niagara Falls Report [250] highlights the following:

- The most important variables related to the scores in the cognitive domain included: the parents' level of education, whether the parents were working outside the home, social support, and use of community resources.
- Positive parenting was by far the most important factor explaining the outcomes in the behavioural domain, followed by the mother's mental health, and community social capital.
- The impact of family income and fathers level of education were the two factors with the largest impact on physical health and well-being.

Positive parental presence is a buffer against children's potential risk and vulnerability.

Although family income has a significant impact on child vulnerability, parenting style is even a larger factor independent of income according to the 2007 Early Years 2 study.[251] A 2003 research report on the early years focused on Niagara Falls used EDI and NLSCY indicators to look at child development. Although there were a significantly high proportion of single-parents in the community (compared to the National average) students scored above the national average on a number of indicators. The authors in-part concluded when seeing higher than average parental engagement scores for the community that the positive parental presence was a "buffering" factor against their children's potential risk and vulnerability.[252]

In Niagara Region there are a variety of community supports for parents, some of which are delivered through the CAPC Niagara Brighter Futures Family Help Centres. This particular program objectives focus on parents/caregivers and their children aged 0 to 6 years and touch on the prevention of low birth weight babies, child abuse and family violence, as well as the improvement of parent/caregiver and child bonding, parenting skills, community involvement and self-reliance. The program targets low income families, teenage parented families, individuals at risk or individuals with developmental, social, emotional or behavioural problems, people who have been neglected or abused, newcomers and parents/families living in isolation. Between April 2006 and February 2007 (11 months) the program worked with 906 adults and 1,245 children representing 816 different families across the Region.[253]

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248 Vulnerable is defined as in the lowest 10th percentile on one or more domain.
249 At risk is defined as between the 25th and 10th percentile on one or more domains.
250 http://uey.copperlen.com/research_study.htm
251 *Ibid.*
252 KSI Research International Inc., 2003.
253 CAPC Niagara. (2006). *Brighter Futures and Healthy Start Program Statistics.*

Early Years Centres provide a variety of programs across the Region many of which are focused on school readiness. Appendix III provides details on those school readiness related programs.

There are an additional 39 programs that are related to parenting, 18 of which are run in partnership with Healthy from the Start. *Some* examples of those programs include:

- Blastoff Workshop - JK, and SK children develop language skills.
- Family Spirit Program – Problem solving, employment, search techniques, parenting, child abuse education, nutrition, hygiene and physical care are topics that will be included in this workshop.
- Communicating and Limit Setting Workshop - Explore communication and limit setting techniques with the public health department
- Positive Parenting - A course focusing on positive reinforcement. This course outlines the goals of positive behaviour and communication with your child.
- Right From the Start – Skill building for interacting with your child.
- SOS – Skills of Success - Provides important life skills' that capitalizes on women's strengths resulting in individualized goals planning for increased personal and economic independence. Women benefit from increased confidence, self-respect and an improved quality of life for both themselves and their children.
- Zap Family -. Comfort is how parents help children feel secure, loved and valued. Play is how parents help children discover the world. Teaching is how parents help communicate and solve problems.
- Positive Discipline – A speaker from Niagara Child Development Centre for an informative session on development in children and positive discipline.
- Asset Building - Join us for a two session workshop on Asset Building. It is a set of 40 developmental tools and resources that are proven to help children be successful throughout their lives. This workshop will give you hands on ideas of how you can instill these assets into your children. [254]

Best Start is a federal/provincial/municipal initiative designed to:

- assist parents to help their children be successful in school;
- expand licensed child care spaces and introduce innovative approaches to healthy
- child development and early learning; and
- bring community services together in a comprehensive, flexible, integrated and seamless way, accessible to children and parents at familiar neighbourhood locations.

A key component of Best Start is to strengthen early development, learning and care services so that Ontario's children arrive in Grade 1 ready to learn and excel. Best Start will improve and support the healthy development of children by emphasizing quality child care service that is based on the developmental needs of the child and is accessible both in cost and location for parents. It builds on existing prevention and early intervention programs of Healthy Babies, Healthy Children, Preschool Speech Language and Infant Hearing Programs and Ontario Early Years Centres. It will be delivered over the next ten to fifteen years with Phase 1 emphasizing more quality and affordable child care for children 0 to 4 including Junior and Senior Kindergarten located in schools where ever possible for the 2005 -2008 period.[255]

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[254] Donna Dagleish, Ontario Early Years Centre, June 2007

[255] Best Starts Integrated Community Plan, 2006. Available at http://www.earlyyearsniagara.org/Niagara_Best_Start_Community_Integrated_Plan_Feb__7_2006(1).pdf

Niagara Region faces some challenges with children's services specifically in the area of mental health services. Early identification and treatment programs for children with behavioural/emotional issues have been identified as gap in Niagara Region. High need behaviour and a lack of trained staff mean that not all children can be accommodated in child care or other community resources. According to Contact Niagara information for the period April 1, 2005 to Nov 14, 2005, psychiatric services are the most frequently identified future priority for children.[256]

Early identification and treatment programs for children with behavioural/ emotional issues have been identified as gap in Niagara Region.

Other information *Niagara's Best Start Plan: An Early Learning and Child Care Plan 2005 – 2008* shows the need for Special Needs Resource Teacher Child Care Support as there is:

- A higher number of children with multi-complex needs in JK/SK who are being expelled from school and returned to licensed child care settings needing additional supports and services.
- Limited mental health services (particularly those focused on tertiary and residential services).
- A higher than expected numbers of children with complex needs enrolled in the Region's six directly operated licensed programs.[257]

Access to resources and services

An individual's poor access to community resources and low participation in community is because of their low income, which often results in isolation from the community.

A report from the Federation of Canadian Municipalities indicates that for individuals to be able to participate in the community, sustain good health, form a stable base, and access adequate food and shelter, it is important to have an adequate income. An individual's poor access to community resources and low participation in community is because of their low income. This often results in isolation from the community.[258] For example; individuals with low income are not able to afford transportation costs, preventing them from participating within community life, recreational activities, and access to technology.

The current lack of a comprehensive approach to addressing child poverty through fiscal and program strategies is most often pointed to as the underlying cause of poverty, and thus child poverty. Prolonged poverty has a lasting impact on children's health, cognitive development, school achievement, aspirations, self-perceptions, relationships, risk behaviours and employment prospects.[259]

The UN Convention on the rights of the child says that the environment in which a child lives should facilitate, "the development of the child's personality, talents and mental and physical abilities to the fullest potential."

Although material well-being or income is an important factor for children, an inclusive community goes beyond income as a measure of child well-being and takes a more holistic approach, ensuring as others have said that children are able to "thrive not just survive."[260] Based on the UN Convention on the Rights of the Child, UNICEF argues that the environment in which a child lives should facilitate, "the development of the child's personality, talents and mental and physical abilities to the fullest potential." [261] Further, UNICEF argues that "there appears to be little relationship between levels of employment and levels of child poverty." (p. 8) UNICEF points to the distribution of employment, the proportions of those earning low wages as well as government benefits for the unemployed and low paid as the factors that "contribute

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256 Best Starts Integrated Community Plan, 2006. Available at http://www.earlyyearsniagara.org/Niagara_Best_Start_Community_Integrated_Plan_Feb__7_2006(1).pdf

257 *Ibid.*

258 Arundel, C. (2003). *Falling Behind: Our Growing Income Gap*. Hemson Consulting Ltd. and Federation of Canadian Municipalities. Retrieved February 17, 2006 from http://www.fcm.ca/english/documents/falling.pdf.

259 UNICEF, *Child Poverty in Perspective: A comprehensive assessment of the lives and well-being of children and adolescents in economically advanced nations*. Innocenti Report Card 7, 2007. UNICEF Innocenti Research centre, Florence. The 2007 UNICEF report card on child poverty measures material well-being, child health and safety, educational well-being, relationships (with family and peers), behaviours and risk taking, as well as children's subjective well-being.

260 Campaign 2000, 2006

261 *Ibid.*

most to differences in child poverty rates between countries." (p.8)[262]

> "The consensus among policy experts and researchers is that government investments in social programs and quality labour markets account for the differences in child poverty levels among countries, not democratic changes or patterns of family formation."[263]

Only 20% of children from low income families participate in organized recreation services and programs, compared to 67% of children from affluent families

Children from low income families are less likely to participate in early childhood development programs such as preschools, and playgroups (38% compared to 60% of affluent children). Only 20% of children from low income families participate in organized recreation services and programs, compared to 67% of children from affluent families. Socio-economic disadvantage is the number one constraint for children to participation.[264,265]Children with a socio-economic disadvantage are also more likely to participate in riskier activities such as smoking and drug use.[266] However, recreation has a role in providing more meaningful activity as outlined in the list of benefits.[267]

Participation in recreation and arts activities can contribute towards the development of protective factors for children and adolescents.

> "Participation in organized recreational activities at age 5 is linked to high vocabulary, communication skills, number knowledge and symbol use scores particularly for low income children." (p.79) [268]

Parents with children involved in subsidized programs used less health and social services. The services that are available will get used. If we do not provide quality programs for children in our communities then parents will use health and social services instead. The point the researchers make is that it is more cost effective to provide quality recreation and child care services than to serve parents and their children through the health and social services sector.[269]

Browne et al (1999) found that parents and children who were provided with quality subsidized recreation and child care used less health and social services.

The work done by Gina Browne and her colleges in Hamilton and Halton in the 1990's focused on the impact of providing subsidized access to recreation and child care. They found that there was an increase in the number of quality programs that children were involved in and that the results of participation were a "significant protective factor for children with behavioural disorders".[270]

Other researchers note the connection between involvement in community-based recreation and leisure activities and increased resilience.

> Participation in sports, joining clubs or groups and taking music, dance or art lessons are examples of ways in which young people can participate in their community, learn new skills, and socialize beyond their family boundaries. In addition to building healthy bodies and acquiring

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262 UNICEF, 2007.

263 Freiler,C. Rothman,L. and Barata, R. (2004). *Pathways to progress: Structural Solutions to Address Child Poverty. Campaign 2000 Policy Perspectives.* (See page 12 for this quote.)

264 Donnelly, P and Coakley, J. (2002). *The Role of Recreation in Promoting Social Inclusion. Working paper Series, Perspectives on Social Inclusion*. Laidlaw Foundation.

265 Offord, D., Lipman, E., and Duku, E. (1998). Sports*, The Arts and Community Programs: Rates and Correlates of Participation.* Applied Research Branch Strategic Policy, Human Resources Development Canada.

266 Robinson, K. (2002). *Understanding Youth in Canada*. Prepared for the SMC Group and the Canadian Forces Personnel Support Agency.

267 McCready, K. (1997). At-Risk Youth and Leisure: An Ecological Perspective. *Journal of Leisurability*. Vol. 24 (2).

268 Information from the National Longitudinal Study of Children and Youth Cycle 5 (2004/05) found in McCain, Mustard and Shanker (2007)

269 Browne, G.,Bryne, C, Roberts, J, Gafni, A, Watt, S, Halane, S, Thomas, I, Ewart, B., Schuster, M., Underwood, J., Flynn Kingston, S., and Rennick, K. (1999). *Benefiting All the Beneficiaries of Social Assistance: The 2-Year Effects and Expense of Subsidized Versus Nonsubsidized Quality Child Care and Recreation.* National Academies of Practice Forum Vol. 1, No. 2 April 1999 p. 131-142. (p. 141)

270 *Ibid.*

> valuable skills, children's involvement in cultural and recreational activities can protect them from emotional and social problems.[271]

The Search Institute provides a list of 40 developmental assets, or qualities that are present in youth who are more resilient. The theory behind the assets framework is that young people who have more assets will do better at school, are less likely to engage in high risk behaviours and demonstrate positive, thriving behaviour. Participation in recreation opportunities provides the potential for the development of assets.[272]

Access to community services can positively impact childhood development independently of socio-economic status. Equal access regardless of income, to program and services within ones own community is regarded as a best practice to healthy child development. Children from low income families do better if they live and participate in more affluent neighbourhoods. Neighbourhood style "hubs" for early childhood development programs and services where community partners work together to wrap around a child and their family for school readiness are one way to ensure easy access to programs and services.[273]

Access to community services can positively impact childhood development independently of socio-economic status.

> "…children's development is more likely to flourish if families have access to educational, cultural and recreation resources. These are important not only because they contribute directly to children's development, but also because they foster social support and increased social capital within the community. (p.34)[274]

In 2006, Niagara Region there were 4521 children representing 3235 families receiving subsidized child care. The Regional Municipality of Niagara's Community Services Department has the responsibility for Niagara's child care system for children from birth to 12 years of age and is managed through Children's Services. Management of the child care system includes:

In 2006, Niagara Region there are 4521 children representing 3235 families receiving subsidized child care.

- Planning and coordination to ensure that a range of high-quality options are available including licensed centre based child care, licensed home based child care, recreation services and family resource centres.
- Financial assistance/ fee subsidy for eligible families
- Supports for the inclusion of children with Special Needs
- Resource Centres that provide services for parents and caregivers, including playgroups and professional development
- Wage Subsidy distribution to service providers to support staff employed in licensed child care programs.

Services are provided through 86 service providers at 166 sites across the Niagara Region. More than 100,000 children and adults are being supported with child care, recreation, cultural and early years resource services. At the end of 2006, Niagara's licensed child care system had 7,195 available spaces for families to access in all twelve municipalities.[275]

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271 Canadian Council on Social Development (2001). *Recreation and Children's Youth Living in Poverty: Barriers, Benefits and Success Stories*. Produced for The Canadian Parks and Recreation Association, Ottawa. www.cpra.ca. (p. 6)

272 Search Institute (2003). *Asset Categories.* Retrieved from the Search Institute Website www.search-institute.org

273 McCain et al (2007)

274 KSI Research International Inc. (2003). *Understanding the Early Years in Niagara Falls, Ontario.* Applied Research Branch, Human Resource Development Canada.

275 Niagara Community Services Department information received June 7, 2007.

There are a number of age groups for which there has been a decrease in the number of spaces since 2004, these include infant and toddler spaces. In addition, spaces for all age groups are not available in all of the 12 municipalities. For example, six of 12 municipalities do not have infant care and four municipalities do not have toddler care.[276]

There are some age groups where child care spaces have decreased since 2004 and some municipalities where infant and toddler care are not available.

There are 16 Ontario Early Years Centre (OEYC) sites and an additional other 5 drop-in centres across the Region providing programs for parents/caregivers with children aged 0-6. Information on the programs offered by OEYC are described in the sections on healthy babies and healthy child development.

Table 19 highlights the number of children and parents served across the region in the past year at Early Year Centres.

Table 19
Service Provision, Niagara Early Years Centres, 2006-2007.

Service Provision Targets	Actual 2006-2007
Number of Children Served	**11,855**
Number of Visits Made by Children	**90,402**
Number of Parents/Caregivers Served	**10,235**
Number of Visits Made by Parents/Caregivers	**62,289**

Family resource centres also offer a variety of child development and parenting support programs. Information on family resource/drop-in centres was not available for this report.

Local municipal recreation departments may offer fee assistance for children and youth programs.[277] No specific statistics or details on subsidy program or how well municipal recreation departments are accessed were available for this report.

When we look at poverty from a community perspective we see the impact on:
- *community health*
- *stability and safety*
- *family mobility*
- *oppression*
- *limited choices*
- *the erosion of democracy.*

VIII. Understanding Poverty at the Community Level

In the Campaign 2000, 2006 Report Card on Child and Family Poverty in Canada, children described their experience of poverty as, *"feeling ashamed, pretending, being teased, being afraid hearing mom and dad fight over money, hiding."* These emotions tied to poverty expressed so well by Canadian children speak to the need to understand poverty within the context of the society in which an individual or family lives. The expectations for a decent level of quality of life will variety from country to country. The Opportunities Niagara definition of poverty and the statement by children about the meaning of poverty also speak to concepts such as social exclusion and social capital.[278]

When we turn a blind eye to poverty and leave unaddressed root causes such as the growing inequity in incomes or the systemic inequity experienced by women there are six main ways that continued cycles of poverty begin to erode community. In this sense, poverty affects us all, it is not the isolated experience of the individual who lives in poverty.

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[276] Best Starts Integrated Community Plan, 2006. Available at http://www.earlyyearsniagara.org/Niagara_Best_Start_Community_Integrated_Plan_Feb__7_2006(1).pdf

[277] http://www.informationniagara.com/Community%20Connections%202005.pdf

[278] Makhoul & Leviten-Reid, 2006.

- **Poverty has an impact on community health**. Acute and chronic health, being susceptible to infectious and other disease, increased heart disease, clinical depression, stress, vulnerability to mental illness and self-destructive coping behaviours are common impacts of poverty. The experience of overcrowding leads to diseases such as tuberculosis which has begun to re-emerge among people living in poverty in Canada.
- **Poverty decreases an individual's stability and safety and places him/her at increased risk of violence and abuse**, especially among women and children, as poverty traps and limits their choices and "hidden homelessness" makes people transient temporarily staying with family, friends or a other individuals. This might increase their vulnerability to conflict or violence.[279]
- **Poverty leads to constant moves which break down the social fabric of a community.** The urban poor tend to be more transient and their lives are disrupted by constant moving.[280] Nearly 30% of children have changed schools three times before the age of 11, in contrast to 10% of higher-income children.[281]
- **Poverty impacts the community environment.** The infrastructure in any given nighbourhood can be an influencing factor in the way people feel about themselves and their connection to place. The neighbourhoods that people live in, what conditions those places are in, the roadways, the parks, and/or the lack of them should be important considerations when thinking about local poverty issues. Well know that authors such as Jane Jacobs, John Kretzmann and John McKnight point to the importance of community parks and mixed-use public spaces in creating vibrant community life. They provide a common space for people from diverse backgrounds to meet and build community together.[282,283]

- **As a community we have the knowledge and awareness about the complex causes of poverty. If we enable a culture of blame and judgment to continue we limit our own future.** Poverty is the result of oppression, and it imposes further stigma and oppression. When people are blamed for being poor it erodes their spirit and self esteem and becomes internalized turning into self-abuse. It robs people of the very spirit that they require to move out of poverty.[284] When individuals are blamed for being poor it takes attention away from the state of the economy, social policy and unemployment and the impact of poverty on our children. Therefore, we limit our future potential for improving our own communities.
- **Chronically limiting people's choices may lead to the experience of higher crime by the community.** Only a minority of people turn to crime to supplement their income. However, a long term study has shown that the most frequent criminal offenders came from the poorest families with the worst housing.[285] Studies have revealed that most female offenders are women with low levels of education, few job skills, no economic resources, live alone in poor conditions and unable to support themselves.[286]

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279 CRIAW, 2006.
280 CRIAW, 2006.
281 Campaign 2000, 2006.
282 Jacobs J. (1992). Death and Life of Great American Cities. Vintage Books Edition
283 Kretzmann, J and McKnight, J. (1993. Building Communities From the Inside Out. A Path Towards Finding and Mobilizing A Community's Assets. Centre for Urban Affairs and Policy Research, Neighbourhood Innovations Network, Northwestern University, Evanston, Illinois.
284 CRIAW, 2006
285 CRIAW, 2006
286 Chunn, D. & Gavigan, S. (1995). Women, crime and criminal justice in Canada. In M. Jackson & C, Griffiths (Eds.), *Canadian criminology*. Toronto, ON: Harcourt Brace.

- **Democracy is eroded when so many people living in poverty are excluded from decision-making structures in our communities**. One of the strength of our communities is the diversity within it. When women, new immigrants, people with disabilities, single-parents, Aboriginal people, and people who are working poor are excluded from decision-making structures we lose valued assets and our strength as a community.

IX. What Can We Do About Poverty?

Addressing poverty in a meaningful way requires a comprehensive and multi-pronged strategy that includes: (1) advocacy to create healthy public policy[287], (2) the development of programs and services to prevent poverty and enable adults to access the broader determinants of health, (3) strategies to mitigate the effects of poverty of children, and (4) we must also improve the ways in which we are able to monitor and keep track of our progress over time. The following recommendations are offered in each of these four areas.

1. Decrease poverty through advocacy

1A: The people of Niagara Region need to advocate for the coordination of a universal set of comprehensive healthy public policies that bring social assistance to a level that allows individuals and families to live with dignity; that supports workers with wages that allows them to provide for their families; that makes child care affordable; and that do not discriminate against recent immigrants with skills to contribute to the Canadian economy. Advocacy could include:

- **Support for the Federal Government's potential budget announcement of a working income tax benefit. This also supports Modernizing Income Support for Working Age Adults (MISWAA) and Ontario Municipal Social Services Association's (OMSSA) proposals.**
- **Lobby the federal government to change employment insurance regulations as per MISWAA's recommendations. Thirty-three percent of Niagara citizens are not eligible for employment insurance due to a lack of hours, the casualization of the work force and seasonal employment. Many individuals are now not eligible for employment insurance since the regulations changed in 1999, increasing reliance on social assistance which is funded from provincial income taxes and municipal property taxes not from the federal insurance plan.**
- **Introduction of an Ontario Child Benefit. This benefit would be a combination of the National Child Benefit plus other provincial child benefits and any social assistance dependent benefits. The benefit looks to redirect the National Child Benefit claw back, much like Saskatchewan accomplished.**

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[287] Healthy public policy refers to a combination of "… diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments. Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well." Source: Ottawa Charter 1st International Conference on Health Promotion (Ottawa, Canada, November 1986) http://www.ldb.org/iuhpe/ottawa.htm.

Rationale: *We know that good policy does make a difference. Income is not the largest factor behind poverty. It is the inequitable distribution of wealth and labour markets that perpetuates the cycle of poverty that stand behind Canada's abysmal record on addressing this issue. There also appears to be little relationship between levels of employment and levels of child poverty. It is the distribution of employment among different kinds of households, the proportion of people working for low-pay, and the level of state benefits for people who are unemployed or low-paid that contributes most to differences in child poverty rates between countries.*[288]

Without a comprehensive, coordinated and universal approach to programs and healthy public policies with a long term vision of addressing poverty we will never reach the Canadian government's 1989 goal of eliminating child poverty. Variation in government policy appears to account for most of the variation in child poverty levels between OECD countries. According to the 2007 UNICEF Report Card on Child Poverty, higher government spending on family and social benefits is associated with lower child poverty rates. No OECD country devoting 10% or more of GDP to social transfers has a child poverty rate higher than 10%. No country devoting less than 5% of GDP to social transfers has a child poverty rate of less than 15%.[289]

1B: We need to tell Niagara Region's story about people living in poverty. Establishing a poverty coalition or panel for Niagara Region will help to ensure that the experiences and needs of people living in poverty are heard and that with a unified voice we speak to Provincial and Federal ministries about the needs in the Region in a variety of areas (e.g., housing, employment, healthy child development).

Rationale: *Funding for Niagara Region is not keeping up with people's needs and growth in Niagara Region. This is consistently found across many areas of human service provision including health care services, mental health services, and supports for people with disabilities.*

1C. Advocate for a Niagara wide transportation system that will enable people to access employment but also other community supports across the Region.

Rationale: *We have moved to thinking about economic development and community supports on a region-wide basis and the result of this is that a man living in St Catharines must be able to access three transportation systems to access a workplace in Niagara Falls. Similarly, a woman living in St Catharines is not able to access the Women's Resource Centre in Beamsville unless she has a car.*

2. Appropriate and flexible supports which address the broader determinants of health for adults living in poverty

2A: We need economic development initiatives to ensure that people have access to full-time employment in their own communities.

Rationale. *What keeps many people, especially women, living in poverty is employment which is part-time and precarious. These jobs do not provide people with access to health*

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288 UNICEF, Child poverty in perspective: An overview of child well-being in rich countries, *Innocenti Report Card* 7, 2007 UNICEF Innocenti Research Centre, Florence.

289 *Ibid.*

benefits and low wages decrease the individual's ability to contribute to pension plans and RRSPs over time.

2B: Increase people's access and attachment to education and the labour force through (a) education supports, skill development programs, (b) supports which enable people to stay in the workplace (e.g., counseling supports and treatment), (c) adequate wages, (d) healthy work conditions, and (e) improved access to health benefits.

Rationale: *People will benefit from programs that are flexible in design to accommodate differences in family structures, in health and mental health status, and that are financial accessible. In addition, changes in the economy have created career paths that are no longer linear and women experience many career interruptions due to the challenges of raising children. Opportunities for life long learning will help to increase attachment to the workforce and enable people to be competitive in the market place and strengthen the Niagara economy.*

2C: Create a local housing strategy. In Niagara, 30% of households are unable to afford a home. The 12 municipalities must pull together to advocate for the province to assist in the poverty area by supporting or lobbying for a national housing strategy.

Rationale: *As a determinant of health, housing provides individuals with stability and increases the likelihood of an adult's attachment to the labour force. For children, stable and adequate housing is essential to their overall well-being, and stable housing increases their attachment to schools and attachment to a peer network and has an overall impact on their resiliency and health.*

2D: Provide diversity training for staff to increase understanding of the different experiences of poverty and oppression based on gender, ethnicity and immigration, sexual orientation, single-parenting, and previous experiences of abuse and violence.

Rationale: *Make difference visible. When community supports consider individual differences and needs related to gender, race and ethnicity, abuse and trauma histories, family structure, and disability they will be more successful in supporting individuals to access the various determinants of health. Literature has begun to document the ways in which systems of social assistance and social supports continue to oppress the people they were designed to serve when they do not acknowledge or understand people's experience.*

2E: Increase access to social supports and social capital among marginalized adults. Mentoring programs will help to bridge the gaps and provide people with a flexible and consistent bridge to paid employment and community inclusion.

Rationale: *The result of oppression, as a result of disability or mental illness, trauma and abuse or being a single-parent, ethnicity and poverty, is social isolation. This limits people's social supports and social networks which enable people to find and secure paid employment and access broader community supports (health care, housing recreation etceteras).*

2F: Broaden the focus of poverty initiatives beyond employment options to include other ways of contributing to community through volunteer work, involvement in community initiatives, and leisure opportunities. If the emphasis is on building positive skills for coping we may be successful in helping people to take steps toward being able to cope in the workplace.

Rationale: *Oppression experienced, whether through poverty, abuse and trauma, racism, mental health issues or disability, has an impact on not only income, but also self-concept and self-esteem, a tendency toward isolation and decreased access to social supports, and a*

greater experience of stress and challenges in coping. It is important to consider the importance of non-work contributions to community for people who have experienced poverty and other forms of oppression.

3. Mitigate the negative effects of low income on children and youth through programmes and services

3A: Decrease the cost of essential supports and services such as housing and food security

Rationale. *Increasing people's access to the broader determinants of health will help to alleviate the impacts of living in poverty on the health of individuals, families and community. For example, stable housing provides stability and safety for children and their families and also through more consistent social bonds creates a stronger social fabric in community.*

3B: Provide families with a coordinated and equitable access to parenting resources with the goal of increased parental and family attachment and positive influence on healthy child development.

Rationale: *Parenting style can be a positive influence on healthy child development regardless of social economic status. There is already a broad array of parent supports in the Region. A coordinated approach to ensuring easy access for all parents is a step towards healthy child development.*

3C: Ensure equitable, affordable and subsidized where needed child care, school readiness and recreation and leisure programs and services to increase the resiliency and developmental assets for all of Niagara's children and youth. Continue to invest in the Best Start Early Learning and Child Development Plan and to lobby the Federal government for additional investment in this area.

Rationale: *When we provide families with affordable opportunities to access program and services that allow their children to learn and develop, they will use them. Participation leads to increased resilience and favorable health outcomes in children and youth. If these services are not provided then parents will access more costly health and social services for their children.*

3D. Recognize the varying degrees of need across the 12 municipalities of Niagara Region regarding family and child poverty.

Rationale: *As many local community agencies already understand, knowing where people are most in need is a sound foundation to effective program and service planning.*

4. Monitor our progress.

4A: Develop a comprehensive, Niagara Region-wide approach to assessing data and indicators of poverty and social inclusion.

Rationale: *To understand poverty at the community level we will need to draw on a wider spectrum of measures and indicators, as well as a wider array of research methods. Accessing data for this report to examine poverty and the impacts on the determinants of health has been drawn from many different sources (Region, service providers, Statistics Canada) and challenges exist in the uniformity of the data. This has made comparisons*

difficult. Solid health promotion practice is built on a foundation of evidence. Base-line data will allow the Region to more effectively map progress.

Appendix I **Support and Education Programs run by various PHD divisions for parents of children 0-18 yrs.**[290]	
Child Wellness Drop-in Clinics	These clinics provide visits with a speech language pathologist, a behaviour consultant, a public health nurse and a dental hygienist for children from 0-4 years of age. A free consultation on a first come, first serve basis.
Baby Talk Program	Parents of newborn babies and infants up to 6 months of age are encouraged to attend the Baby Talk program, a free 4-6 week parenting course, led by a public health nurse.
Nurture Your Newborn workshop	A workshop for parents-to-be & parents of newborns (up to 6 weeks of age) where Public Health Nurses talk about a variety of topics such as understand your feelings as a new parent and reading your baby's signals and respond to your child's needs.
The "Right from the Start" (RFTS) Course	An 8 week course that helps parents connect socially and emotionally with their baby. Parents learn how to interact with their baby in ways that will help them develop to their full potential.
H.O.P.E. (Helping Others Parent Effectively)	The Niagara Region Public Health Department offers a support group for parents of children with ADHD. H.O.P.E has been supporting the ADHD community in Niagara for over 15 years.
M.O.M.S. (Moms Offering Moms Support)	A Prenatal/postpartum mood disorder support group
Early Beginnings Program	Focuses on development and parenting. Provides opportunities for parents to meet other parents, consult with a variety of professionals and experience circle time, songs and social play with their child. Assessment of the child's skill development is also provided.
Nobodies Perfect	Parents meet to share their experiences and find ways to make parenting easier and more fun. Topics depend on needs assessment of group.
Breastfeeding Support/Clinic	Information and support on breastfeeding. Promotes the breastfeeding and problem solving.
Car Seat Education Sessions	Educates and promotes skill building about the importance and effectiveness of the proper use of car seats.
Immunization Clinics	Immunization clinic for all ages.
Public Health Services for young Children and Parents	
Infant and Parent Teaching Program	A family centered early intervention program designed for children under 6 years of age who may be developing more slowly than expected, or their development is at risk because of birth or medical problems, genetic disorders, pre-maturity, hearing and/or visual impairment, limited parenting experience, or for reasons unknown.
Healthy Babies Healthy Children	Healthy Babies Healthy Children is a prevention/early intervention initiative designed to help families promote healthy child development and help their children achieve their full potential.
Public Health Program/Service for Children and Youth	
The Youth Connection	Each school in Niagara Region has an assigned Youth Connection Nurse (Public Health Nurse) who works to provide quality mandated health programming consistent with Ontario Curriculum, and recognizes the connection between health and learning and health as an important resource for daily living.
Substance Abuse Injury Prevention program	Web site information and links
Children In Need of (Dental) Treatment Program (CINOT)	Dental preventive and treatment services are provided by dental staff and private practice dentists. To participate in the CINOT Program, children must be in urgent need of dental care. The program is offered to students from junior kindergarten to Grade 8. Parents must have no dental insurance and declare that the cost of dental treatment would pose a financial hardship.
Sexual Health Centres (4 across Niagara Region)	Provides free, non-judgmental, and confidential services to Niagara's citizens. Services promote personal responsibility in sexual health choices and relationships, and enhance the sexual health of the community. Centres offer Sexually Transmitted Infection testing and treatment, contraception counselling, pregnancy testing, choice counselling, emergency contraception and sexual health assessment and follow-up by a physician or nurse practitioner. Free condoms are available, and birth control pills sold at a reduced price (when a doctor's prescription is provided).
Immunization and Infectious Diseases	The Vaccine Preventable Disease program and the Infectious Disease program work together to eliminate the incidence of disease in the Niagara Region.
The Roots of Empathy	An innovative classroom-based parenting program that aims to reduce aggression through the fostering of empathy and emotional literacy. The heart of the program is a neighbourhood infant and parent, who visit the classroom once a month for the full school year.

[290] Source: Region of Niagara's Public Health website www.regional.niagara.on.ca

Appendix II **Early Years Centres- Niagara.**[291]	
Infant Massage for Dads	Infant massage is an ancient tradition transmitted by parents from one generation to the next. Infant Massage promotes nurturing touch and communication between parent/caregiver and child. This is an interactive workshop is for parents/caregivers and infants from birth to 8 months of age.
Infant Mother Goose	Are you interested in having fun, learning new songs and rhymes with your child? This is a 4-session workshop based on oral language traditions through the use of songs, rhymes and stories. All learning is done through listening and participating with your child. It is intended for children birth to 1 year of age with their parent/caregiver.
Toddler Mother Goose	Are you interested in having a great time, learn new songs, stories and rhymes with your child? The Mother Goose program is based on oral language songs, stories and rhymes. All learning is done through listening and participating. This workshop is for parents or caregivers and children 2 to 4 years of age.
Connect with Baby	This program is designed for parents of children birth to age one. Connect with your Baby has four individual sessions two hours in length. The first half of each session is for parents alone, providing them with information and activities to stimulate and nurture their child. During the second half the parents, with the support of the facilitator will practice with their own children what they have learned. Attachment, Communication, Stimulation, and Motor Skills are part of the program.
Fathering Kits	New dad's come out to discover all the exciting possibilities available to you and your infant as we learn together about the many activities found in the Fathering Kits.
Child Wellness Clinics	Parents and their children 0-4 years of age are invited to drop in and meet with several professionals regarding their child. Come in to consult with a Public Health Nurse for child development information, a behaviour Specialist, Speech Services, and Dental, a wellness Drop-In Clinic can provide a brief consultation, recommendation, or referral to other community agencies, information and education and a chance to network with other families. The Clinic is a free service, and children are seen on a first come first serve basis. All families are welcome.
Early Beginnings Program	The Early Beginnings Program is a family centered program which provides service and service co-ordination for premature babies. For more information please call the Public Health Department.
Healthy From the Start	Healthy from the Start is a support program for pregnant women and new moms. Provides access to food and vitamin supplements, nutrition counseling, food preparation skills, knowledge and education, social support and assistance with access to services, and assist new parents with their transition into parenthood. This program is run through CAPC Niagara Brighter Futures Program.
Multicultural Program	CAPC Niagara Brighter Futures runs a Multicultural Program in our centre. If you require more information on this program please call the Centre for more details

[291] Donna Dagleish, Ontario Early Years Centre, June 2007

Appendix III **Early Years Programs- School Readiness.**	
Name of Program	**Program Details**
Literacy Book Bags	Parents, grandparents and caregivers come out for a fun and informative morning to learn about our Literacy Backpacks
Esso Family Math	The program uses everyday math and teaches about the need for a good foundation to succeed in this busy and changing world.
Creative Storytelling	Early Literacy is an important component of your child's development. Join us this morning for an informative and fun workshop on creative storytelling. You will leave the workshop with different creative storytelling techniques as well as different bookmaking ideas. You will have an opportunity to make a story that can be shared with your child**.**
Getting Ready for Kindergarten Series	Success in Kindergarten is a program for parents of children entering Junior or Senior Kindergarten. The sessions give parents information about what they can do to help their child develop learning readiness skills and ultimately succeed in school.
Make & Take File Folder Games	File folders are a fun and compact way to add educational materials and games to your child's resources.
Play Based Learning Workshop	Program focused on gaining a better understanding of what your child is learning when they are at play.
Pedestrian Safety Backpack	Teaching our children the importance of pedestrian safety with STOP, LOOK, and LISTEN EB Monkey. This backpack is a part of our lending library which you as parents and caregivers will be able to use as a teaching tool.
Bookmaking with Young Children	Interactive hands on opportunities to explore a wide variety of bookmaking with young children.
Hugs and Tugs Workshop	An interactive social and emotional skills program.
Play Safe Be Safe	Teaches children 3 to 6 years old fire safety behaviors and related concepts (interactive program).
Playful Preschool Program	An interactive program to explore reading, writing, and math activities.
Interactive Play Program	Families, caregivers and home childcare providers with children from 0-6 years of age are invited to attend any Ontario Early Years Centre to participate in interactive play. Adults are asked to follow their child's lead when playing with them.
Family Literacy Event	Thousands of people come out and participate in a fun filled day, of book making, book sales, special story telling, and interactive play time. You can also see some of your favorite story characters at the events.
Off to School Event	This special evening is for children entering JK in the new school year, along with their families. The adults are given information from the different school boards, public heath, Ontario Early Years Centres and early literacy consultants. The children participate in a program held in the Jr. Kindergarten classroom.
Get Ready For School	During the months of July and August, there is a 6-week program for children entering JK in September.
Count Me In	The Count Me In Program is community based for preschool aged children which enhances their experiences and success in math and social skills. Parents and children work together and participate in a variety of math and social skills activities.
All About Me	A program for children 3 to 6 years. The program's focus is to help children become aware of their independent identity, help foster independence and practice the independence they have gained in a safe and loving environment.
Creatively Thinking with Music & Art	This is an interactive child and parent/caregiver school readiness program developed for children 3 to 6 years. The program will provide children with a variety of media – paint, markers, clay, scissors, glue & fabric to create.
Let's Grow, Fine & Gross Motor Development	This is an interactive child and parent/caregiver school readiness program developed for children 3 to 6 years. The program will help children develop and use both fine & gross motor skills. Children will focus on becoming proficient in hand-eye coordination and use of balance in manipulating the small and large muscle groups.

Appendix III **Early Years Programs- School Readiness.**	
Name of Program	**Program Details**
Early Numeracy, Knowledge and Understanding of the World	This is an interactive child and parent/caregiver school readiness program developed for children 3 to 6 years. The program focus is to help children recognize patterns, shapes and colours in the world around them; understand and use mathematical processes like sorting and matching; become aware of daily time sequencing and identify, recognize and print numbers from 0 to 10.
Let's Experiment, Science, Technology and Computers	This is an interactive child and parent/caregiver school readiness program developed for children 3 to 6 years. The program will help children to develop their skill of observation using all of their senses; become aware of everyday uses of technology and learn how to use it appropriately; and create small experiments using everyday materials.
Early Literacy and Language	This is an interactive child and parent/caregiver school readiness program developed for children 3 to 6 years. The program focus is to help children develop an awareness of letter names and sounds; recognize familiar words and verbalize their feelings. Children will experiment with printing, reading, telling stories and recognizing the link between the written and spoken word.