

Downtown Parent-Child Coalition

Community Profile and Report on the Healthy Development of Children in the Downtown Community of Winnipeg, Manitoba

We want all children and youth to feel loved, be safe, be confident and be well. We want our communities to promote the fullest health and enjoyment of childhood and youth. We want our society to protect all the rights of children and youth in a sustainable environment (Canadian Institute of Child Health, 2000).

Introduction

The current project is an initial effort on behalf of the Downtown Parent-Child Coalition to gain an understanding of the child development and family support needs of the residents of the Downtown community. The Coalition hoped that the project could be used to inform them about the most equitable and effective means to distribute funds made available to them by Healthy Child Manitoba to enhance the healthy development of children in the community.

The coalition hired a research team to collect information that would assist them in reaching their goal. Three methods of data collection were utilized. These were:

1. Review of previous community survey and consultation reports
2. Secondary analysis of community data
3. Implementation and summary of a community questionnaire

As opposed to being a final report, the project is intended to be used as a work in progress. That is, the issues introduced in this report and brought to the attention of the Coalition will need to be prioritized and studied more comprehensively.

Several questions about child development and family support needs in the Downtown Community emerged during the data collection and writing phases of this report. These include the following:

- What are the needs of children and their families?
- Are the needs of children and families in downtown being met?
- Do neighbourhood differences exist?
- What are the needs of different sub-populations?
 - Single parents
 - Dual-income earners
 - Children with special needs

- Aboriginal families
- New immigrant families
- Families on social assistance
- Low-income wage earners
- What other sub-populations should be considered?
- What policies and practices can best meet the holistic needs of children and their families?
- How can the “hard-to-reach” families be reached?
- Do current programs and services adequately and equitably meet the needs of people in different neighbourhood areas?
- Is public transportation readily accessible?
- What kinds of initiatives will build collaboration and foster relationships between members of community, providers and policy-makers?

Questions regarding the organization and functions of the Coalition i.e., team building, prioritizing recommendations/action plans and developing conceptual frameworks or philosophical underpinnings to their projects will also need to be considered prior to embarking on the task of enhancing child development and family support in the community. Questions to consider include the following:

- How will team building/development occur within the Coalition?
- What recommendations will be carried out? In what order?
- Who will carry out these recommendations? How?
- How will the Coalition function to meet the needs of the community (i.e., issues of knowledge transfer, accountability, dialogue/networking)?
- What are the short- and long-term plans?
- How will the activities of the Coalition be evaluated?
- Will the Coalition’s activities include fundraising for additional community development activities?

The report begins with descriptions of Healthy Child Manitoba and the Downtown Parent-Child Coalition. Next, current and relevant literature on the topics of child development and population health is reviewed. A community profile is included and offers insight into infrastructure and population dynamics. The implementation of a community questionnaire is explained then its contents are summarized. Finally, recommendations for action plans are suggested.

Healthy Child Manitoba

Healthy Child Manitoba (HCM) is committed to improving the well-being of Manitoba's children and youth through partnerships with families, service providers and policy-makers. These partnerships are realized through the formation of community coalitions. The Coalitions represent a new way of working together – across government departments and with the community – to develop policies, programs and services that encourage healthy child development. Because no single department or program can meet the holistic needs of children and youth as they grow, their success depends on these partnerships.

HCM focuses on child centered public policy through the integration of financial and community-based family supports. Best practices for Manitoba's unique situation (i.e., the most effective ways to achieve the best possible outcomes for our children) are informed through quality research and evaluation. Child centered public policy prioritizes the best interests of children and youth. Through financial and community-based family supports, HCM helps families and communities raise children who are healthy, safe and secure, successful at learning, socially engaged and responsible. Implementing a lifespan perspective, a continuum of supports extends beyond childhood to adolescence and focuses on early childhood development, from conception to the preschool years.

A collaborative service delivery philosophy emphasizes such concepts as holism, inclusion, diversity, empowerment and community development. Rather than to add new services to an already overloaded formal support system, this philosophy states that we, as families and communities, must coordinate our resources to support the healthy development of our children. In order to support healthy child development, children and their parents will require a full range of services. The quality and coordination of these services to efficiently meet the diverse needs of children in Manitoba communities is the primary focus of HCM.

New research indicates that support for healthy child development is best achieved through:

- ❖ Multiyear, early intervention for families: prenatal to age 6, including home visiting and nutrition programs
- ❖ High quality childcare and preschool experiences
- ❖ A holistic, accessible, integrated system, involving partnerships with parents, children and youth, and communities

Parent-Child Centered Approach: A Core Commitment of Healthy Child Manitoba

The parent-child centered approach encourages new and supports existing community-based programs and activities for children, youth and their families. The approach combines the resources of a particular community within a geographical boundary through partnerships or coalitions between groups from different sectors. Through its various developmental stages, implementation and evaluation, the parent-child centered approach supports existing activities and initiates new activities that reflect each community's diversity, unique needs and strengths.

Parent-child centered activities focus on culturally appropriate parenting and family supports, nutrition, literacy and community capacity building as priority areas for healthy child development. A variety of activities are encouraged. These can be organized according to the following four pillars:

- ♣ **Parenting** – Activities to support and enhance parents' ability to nurture children's healthy development. For example, parent education programs, parent support groups, information and referral services, parent-child groups and activities, toy and resource libraries, and drop-in centers.
- ♣ **Nutrition** – Activities to promote good nutrition and healthy lifestyles through education, community supports and skills training. For example, parent education programs, lifestyle counseling, nutrition guidance, including food preparation and budgeting, breastfeeding promotion and support.
- ♣ **Literacy** – Activities to further the learning success of children through opportunities to improve family literacy and numeracy. For example, creative play and recreation programs, reading, writing and storytelling activities, and lending libraries.
- ♣ **Capacity Building** – Activities to encourage community capacity through leadership opportunities, volunteerism and community service, community economic development and civic engagement. Examples are skills training, education, networking, and exchanging information on research and practice.

Program goals of the parent-child centered approach are:

- To engage community partners from the public, private, volunteer and other sectors in a shared vision to support healthy children, families and communities.
- To establish a working coalition of community stakeholders to identify needs and priorities and to develop a sustainable plan for addressing those needs in an individual manner appropriate to the community.
- To support early child development and parenting activities that complement, build upon and enrich existing programs or introduce new programs to address gaps in services or resources.

- To promote healthy outcomes for children and families through the priority activities listed above, i.e., parenting, nutrition, literacy and capacity building.
- To demonstrate the impact of the initiatives through evaluation of programs and outcomes.

The Downtown Parent-Child Coalition

The Downtown Parent-Child Coalition was formed in response to Healthy Child Manitoba's commitment to the parent-child centered approach described above. The Coalition is composed of a network of organizations and individuals working together towards the best possible outcomes for children in the Downtown community by supporting the various needs of their families.

Coalition membership includes representation from:

Sexuality Education Resource Center
Manitoba Education, Training and Youth
Winnipeg Regional Health Authority
Manitoba Metis Federation
Pregnancy Distress Family Support Services
Journeys Education Association
Kid Gloves Day Care Incorporated
Manitoba Culture, Heritage & Tourism – Recreation & Wellness Promotion Branch
Klinic
Understanding Early Years
West End Development Corporation
Winnipeg Child and Family Services
Knox Day Nursery
MGEW
Healthy Baby
Healthy Start for Mom and Me
YM-YWCA of Winnipeg
Health Action Center
Wolseley Family Place
Healthy Child Manitoba
St. Matthews Kid Korner

The Downtown Coalition represents a community with a very diverse population. Neighbourhood areas within the community differ in terms of their strengths and needs. Their vision and mission is to promote healthy child and youth development through enhancing family and community capacity. This vision/mission is encompassed through the four pillars of parenting, nutrition, literacy and capacity building. In implementing their vision/mission, the Coalition holds the following values:

- Accessibility and inclusiveness so that all community residents have equal opportunity for involvement
- Non-discriminatory practices that allow for diversity (language, ethnicity, and cultural practices)
- Encouraging collaboration
- Maximizing community involvement
- A holistic approach respecting individual differences

- A transparent coalition process
- Safety and security for all children and their families

The Coalition's Purpose

The purpose of the Coalition is to partner with HCM to develop a cohesive and coordinated approach to planning an accessible, inclusive and holistic service strategy for families and children in the Downtown area. Specifically:

- o To provide a focus for the collaboration and coordination of activities and services in the Downtown area.
- o To share information and resources that assist in supporting and achieving the healthy child and family vision.
- o To coordinate and distribute Healthy Child funds in accordance with the Government of Manitoba's Healthy Child Program and the Downtown Coalition's vision and values.
- o To research, plan and implement a Healthy Child strategy in the Downtown area.

The following review of the literature provides background information to assist in the development and implementation of community child development and family support strategies. The information provided explains a broad conception of health and human development, one that is dependent upon environmental conditions, economics, and political and social circumstances. Determinants of health are discussed in some detail to assist the Coalition in deciding upon the strategies that will contribute to the health and development of children and their families.

Literature Review

The Population Health Perspective

The population health perspective forms the rationale upon which the research process is based. According to the Federal, Provincial and Territorial Committee on Population Health (1999), *the population health perspective focuses on the interrelated conditions of health and then uses these to suggest actions that will improve the health and well-being of populations.* The approach utilizes both short- and long-term strategies to improve conditions in our physical and social environments. Environments are improved to enable populations to be healthy and to reduce inequities in the conditions that place some people and not others at a disadvantage for attaining and maintaining health.

The population health perspective encourages broad policy initiatives and actions related to health. It can inform healthy child development – theory, advocacy, policy-planning, and program/service delivery. We add several essential premises, which underpin the actions put forth in this research project. These are:

- *Human ecology* – the healthy development of children can be studied within the context of their environments and the people and events that surround them. Healthy child development is a central determinant of health; which in turn has its own determinants. These determinants of healthy child development include income, social status, social support networks, adult and peer relationships, parental employment and working conditions, social and physical environments, biological and genetic factors, personal health practices, coping skills, health services, culture, parenting, attitude and personality characteristics.
- *Life cycle approach* – a population health approach looks at life in its entirety. Although we study specific points in the life cycle, it is understood that health at any developmental stage in an individual's life is informed by his/her health at the preceding stage. Hence, the *Early Years Study*, released by the Ontario Children's Secretariat in 1999 announced that the early years of development from conception to age six will set the base for competence and coping skills that will affect learning, behaviour and health in the following years of life. Similarly, health and well-being throughout the teen years will inform adult health and well-being and so forth.
- *Life-long learning* – children learn to appreciate life because they see their parents and the people in their community appreciating life. Focusing on education, recreation, social and economic support for parents is important precisely because these activities encourage healthy child development. There is a direct relationship between a parent's opportunity to live a rich and meaningful life and the healthy development of his/her children. Communities can work together to support parents in realizing this potential.

- *Parenting communities* – while families are responsible for raising their children, they do not do it alone. A range of formal and informal supports is needed to raise healthy children.
- *Equitable Distribution* – resources and opportunities in the community must be equitably distributed, available and accessible to all members of the community regardless of race, language, religion, educational attainment or family structure. The Downtown community will function most efficiently and will thrive from a genuine respect and interest by the community for its diversity.
- *The right to be a contributing member of society* – all members of a community have a need to contribute to their own lives, to the lives of their children, and to the lives of others in their community. Opportunities for meaningful participation in the community’s workforce, development strategies, and recreation, etc are essential for individual and community health and well-being. A community will thrive if the majority of its people are actively engaged in community life and if their opinions are heard.

Health

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” This definition is taken from the preamble of the World Health Organization as adopted by the International Health Conference in New York, 19 – 22 June, 1946; signed on 22 July 1946 by the representatives of 61 states (official records of the WHO, no. 2, p. 100) and entered into force on 7 April 1948. It is interesting to note that the definition of health has not been amended since 1948.

Indicators of Health

Because health is not in itself observable and measurable, it is necessary to identify *indicators* to describe aspects of it. To qualify as an indicator, research must have shown a strong relationship between the conditions the indicator describes and differences in health status. For example, how many babies were born of a low birth weight in a given year or how many people felt satisfied with their body weight in a given year. Indicators can represent health determinants (i.e., poverty) or health outcomes (i.e., behavioural problems). Indicators are very useful when surveying a population’s health status (Canadian Institute of Child Health, 2000).

Determinants of Healthy Child Development

The health of children is widely affected. For example, social, economic, political, psychological, genetic and biological factors, personal health practices, community resources and the physical environment all affect the health of children (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994). Thus, these factors are known as the determinants of health. Health is a relational concept, however, leaving the explanation of health to lie in the inequitable access of the determinants of

health (due to such factors as gender, family income, maternal education, and ethnicity). Although the terminology can be intimidating many determinants of health are familiar to all of us, i.e., nutritious food, feeling a safe home, love and belongingness (Canadian Institute of Child Health, 2000).

Physical and Social Environments

The interest of the present report is on physical and social environments and their effects on children and their families including the cohesiveness of the community as a whole. Several characteristics of environment affect the health and development of children.

Children are exposed to and affected by three major social environments from the time they are born to the time they reach adulthood. These environments shape them, and teach what is valued and expected of them by their families, community and society. Alternately, the value we as their caregivers and teachers have for our children is revealed through the importance we place on creating safe and friendly spaces for them to grow and to learn.

The three major social environments are the household, neighbourhood, and school. In each there are caregivers and teachers (whether these are parents, siblings and extended family or school teachers, daycare providers, instructors, coaches, counselors and the like) who will affect the child's lifelong development and motivations, interests and ability to succeed in all areas of life.

The prominence of the social environment shifts with a child's age. For example, in preschool both the household and neighbourhood within which the child resides (including all that is contained in and around these environments) are the primary social environments. Whereas, as the child develops throughout the school years, that environment, and the adults and peers within it, will begin to have increasing effect on the child.

It is important to understand that the environments are not mutually exclusive but that each is nested within the other. Each of the environments affect and are affected by the other. For example, parenting is influenced by the support and the value given to it by the society with which the parents are a part. Our society is criticized often as one that does not value children and families as much as it should! The present project is the Coalition's effort to recognize this concern and put the needs and strengths of children and their families first.

Family Environments

The important role and responsibility of the family in child development cannot be overstated. Political regimes over history and in areas around the world have attempted to alter (forcibly) or to altogether do away with the family. All of these efforts resulted in the social degradation of communities and of the societies of which they were a part. The

family is usually the child's first social environment. For better or for worse, it is here that the child's earliest development is usually shaped. The experiences within family life have the potential to affect the individual's development over the life course.

Nurturing the Child

Within the family, the child experiences love, acceptance and responsibility (to self, others and the environment). As such, the family is the child's first school and mirror, reflecting the self as contributor to one's community and greater society. Largely the family nourishes how the child develops – including the security of that development and the capacity for further development.

The twentieth century has seen several important social trends that have fundamentally changed the structure and function of the family. These trends include women's increased labor participation, the absence of men from some families, (alternately, in other families) the increased involvement of fathers in their children's lives, and increased cultural diversity in Canadian communities. Each of these trends has the potential to affect children's developmental trajectories. These trends, in turn, are affected by the socio-historical and economic contexts within which parenthood develops (Cabrera, et. al., 2000).

Positive Care Giving

Positive care giving has often been correlated with healthier child development. Positive care giving refers to the attitudes and actions of caregivers that carefully monitor children's performance, provide a caring and safe environment, and encourage independence.

Children's development is influenced by the health and well-being of their primary caregivers, extended families, community and society. The supports (formal and informal) caregivers provide over the course of children's lives will influence them in their overall health. Care giving, in turn, is enhanced by the formal and informal social supports available to caregivers (Marcil-Gratton, et. al., 2000; Mustard, et. al., 2000; Lugtig & Fuchs, 1992; Frankel & Kreklewetz, 2000; Onyskiw, et. al., 1999).

Care giving, as a determinant of healthy child development, matters to everyone, regardless of one's income bracket. Factors affecting care giving include access to suitable, adequate paying employment, flexibility of the employer to family needs, access to quality child care, formal and informal support programs and services, access to health services, ability and opportunities to be in control and feel good about the decisions one makes regarding self and family, and the presence of safe neighbourhoods and play spaces.

Questions emanating from this information are:

- Through what mechanisms does care giving affect healthy child development?

- As a community, how can we work together to increase the level of support to suit the needs of every child and his or her family?
- How can we encourage the development of stronger, healthier neighbourhoods and whole communities to assist positive care giving?

The Care giving Crunch

In a study carried out in the Assiniboine South community of Winnipeg, Manitoba (2002), the researchers found that a significant proportion of caregivers surveyed felt a real time and energy conflict between their simultaneous responsibilities as employees, caregivers, family and community members. This finding was reflective of a national trend. A “parenting crunch” has been identified in the Canadian research. This crunch refers to the shrinking amount of time and energy that caregivers have to spend with their children. Positive care giving becomes more difficult to achieve because it requires not only time, but also meaningful time with children.

The care giving crunch is caused by issues facing many of today’s families such as greater numbers of single parent families and dual-earner families, the pressures of employment, household chores, and family life that cut into the time and energy needed for quality care giving. Many care givers are also caring for older relatives, adults or children with activity limitations that require additional attention.

- o What is the potential impact of the care giving crunch on child health and development?
- o How can parents be supported so that they can enjoy more meaningful time with their children?

Child Poverty

Child poverty is a central determinant of healthy child development. Poverty affects the families of children financially and psychologically. It affects a family’s access to supports such as child care and other recreational and educational supports (The Kamloops Women’s Action Project Summary Report, 1996; Social Planning Council of Winnipeg, 1998).

More than a decade ago, on November 24, 1989, the Canadian House of Commons unanimously passed a resolution to achieve the goal of eradicating child poverty by the year 2000 (Social Planning Council of Winnipeg, 2000). Rather than realizing this goal, poverty has increased in most Canadian communities and the gap between the richest and the poorest families is increasing.

In 1996, the richest 20% of Canadians received 44.5% of the total income in Canada while the poorest 20% received 4.6%. Canada does not impose a level playing field for

children. If children are to develop into healthy contributing adults, they must all have access to equal opportunities (Social Planning Council of Winnipeg, 2000).

In Manitoba, between 1995 and 1996, the rate of child poverty rose by 3.4%, despite an increase in economic growth of 4.9%. This means that in 1996, 9,000 more children in Manitoba were subjected to a life in poverty.

Since the government of Canada made the commitment to eradicate child poverty, the rate in Manitoba increased from 22.7% to 26.6%, or 72,000 children (according to 1996 census). Manitoba's poverty rate is the highest of all Canadian provinces – 3.1% higher than Nova Scotia, which is the second highest, and 5.5% higher than the national average (Social Planning Council of Winnipeg, 2000).

Poverty is associated with many factors including unemployment, low wage employment, low opportunity for education and training and receipt of social assistance. Available employment is often inequitably distributed in terms of geography and type and level of skill required. These facts act as barriers to employment that are usually beyond the individual – i.e., in the former, employment is not available in the region while in the latter, education and training opportunities are not available to prepare the individual for employment. In Manitoba, these barriers are most prominent in rural and reserve communities.

Child Poverty and Health – Research has revealed a strong association between living in poverty and a child's low level of health. Children living in poorer families and neighbourhoods have higher incidences of morbidity (including illness and injuries) and mortality than children from wealthier environments.

Researchers from the Manitoba Center for Health Policy, in their research on child health (2000) observed that with regards to the effects of income on health, for the majority of indicators studied, the higher the neighbourhood income level, the better the outcomes for the children. It was not just the case that children living in poverty had poor health while the rest of the children were indistinguishable. Rather, with every increase in neighbourhood income level there appeared an increase in positive health outcomes. The impact of income on child health and development was evident from conception throughout the childhood years.

Neighbourhood Environments

The neighbourhood environments of children include their homes and schools as well as the programs, services, indoor and outdoor play spaces, green spaces, businesses and the homes of their neighbours in their local geographical area. The infrastructure and physical characteristics within a neighbourhood could help or hinder child development.

Residential mobility is an important factor with regard to the physical quality of past and present neighbourhoods. Issues of mobility that may affect child development include

the frequency of moves and whether or not the relocation was to a neighbourhood that would be better or worse for fostering development.

Safety is an important component of a healthy community. Safety, fear, and in a general sense, whether or not the neighbourhood is a good place to raise children has been linked to children's performance at school (Understanding Early Years, Early Childhood Development in Winnipeg, 2001). Neighbourhood safety can affect children directly (if they are victimized) or indirectly through the parent's reactions to or fears of victimization (Connor & Brink, 1999).

Parental perceptions of their neighbourhoods are important as they influence their behaviour and level of comfort in daily activities. As well, when children are young and are spending a major proportion of their time with their parents, these perceptions can influence the way the children perceive their community.

Natural environments play a crucial role in the well-being of children. According to Nancy Wells, a professor of design and environmental analysis in the College of Human Ecology, "When children's cognitive functioning was compared before and after they moved from poor- to better-quality housing that had more green spaces around, profound differences emerged in their attention capacities even with the effects of the improved housing were taken into account" (quoted by Lang, 2003).

Available, affordable, and accessible child friendly resources within the community are key to healthy development. The presence of libraries, sports and craft programs, resource and parent drop-in centers can all enhance child development.

Childcare – There is a great deal of research available that deals with the question of the effects of out-of-home childcare on the development of children. As a matter of fact, in North America, so much evidence has been collected on these benefits that the research has begun to focus on questions of childcare quality instead. For example, taking the benefits of childcare on child development for granted, the current research asks such questions as, "How does the quality of care affect child development?" and "How does child care quality interact with family factors to impact on child development?"

It is important to note, however, that the study of out-of-home childcare is susceptible to social, economic, political, and cultural changes and public interests. Our ideas about what is best for our children are shaped by the ways we conceive of our children and their developmental processes, our beliefs, assumptions, and goals for our children (Rosenthal, 1999).

Much of the debate and discomfort around out-of-home childcare in Western society stems from the evolution of the mother-based childrearing system and ideology our society has developed around it. This 'mother as primary caregiver system' is very much threatened by the concept of a shared responsibility for children.

The present family trends described above (including a greater involvement of women with children in the workforce, greater numbers of preschool children in formal childcare arrangements, and the changing role of the father as caregiver) have challenged this Western conception of the mother-based child rearing system.

Besides allowing for the enrichment of a child's development and education throughout the lifespan; multiple, quality childcare arrangements allow parents to continue to grow as individuals and as caregivers by permitting them greater freedom to work, study and contribute in diverse ways to their community. Opening the doors to the possibility of a shared childcare responsibility allows for greater integration and cohesiveness of community.

Three central issues are of interest to researches in the area of child care and healthy child development. These are:

- ✓ *Universal Access* – Early childhood education and care must be available and accessible to children who need and desire it rather than to those who can afford to pay for it only.
- ✓ *Quality Childcare* – Childcare programs must guarantee the highest standards in education and care. Quality can be ensured through regular communication between community centers and the provincial licensing body, opportunities for upgrading and ongoing education and training for professionals, increased parent participation opportunities, and pay and benefits to staff that reflects the value that we place on the care and education of our children
- ✓ *Collaboration and Integration Between Services and Programs* – Collaboration between families, policy makers (i.e., governments) and community professional in health, education, social, psychological and recreation services is essential in order to ensure that programs delivered are meeting the needs and strengths of parents and children in the community and working towards fostering healthy child development and academic excellence.

Childcare for Children with Special Needs – A child's special need or exceptionality may stem from a physical disability, specific medical condition or illness, or a developmental delay, mental disorder, learning, socialization or behavioural issue. The exceptionality may be visible (e.g., Downs Syndrome or epilepsy) or not (e.g., fetal alcohol effects or attention deficit disorder). It may be apparent at birth or it may emerge later as a result of injury or illness. The cause of the exceptionality may be known (e.g., it may be genetic), it may be speculative (e.g., environmental) or it may be unknown.

Caring for a child with exceptionalities varies according to the nature of the disability or development issue. Many parents of children with disabilities, for example, say the experience has enriched their lives in many ways. However, most parents with children with disabilities say they face additional challenges. These include:

- *Daily Care Giving* – Children with disabilities may require more physical care and for longer periods of time than children without disabilities. Parents may need to take on the multiple roles of caregiver, therapist, teacher, playmate, and advocate. They may also struggle with behaviour problems, increased susceptibility to illness, sleep disorders, and medical emergencies. These additional demands may result in physical and emotional exhaustion for the parent(s). It can also strain relationships between spouses and other family members. The added cost to raising a child with a disability can cause financial strains. The special needs of the child may force one parent to quit or seek part-time employment. Single parents face even greater challenges. Where parents have more than one child with disabilities and/or developmental issues, stresses may be multiplied.
- *Services* – Parents often have to work hard to locate, access and sustain health, education, and social services for their children. Most parents spend hours searching for help. With current cutbacks in services, gaps and disintegration in service delivery, parents may face long waiting lists, or depending on where they live, have to travel substantial distances. Some required services are not available.
- *Childcare* – Accessible, affordable childcare, as noted above, is an issue for many families with young children. However, for parents of children with special needs, this is an even greater issue. Although some childcare centers will do all they can to try and accommodate children with disabilities, others will refuse them. While the need for childcare disappears for most children, as they get older, it remains a key issue for children with special needs. Policies and practices around childcare need to reflect the needs of children with special needs and their families.

School Environments

School is the main environment for children to learn cognitive, social, emotional, and physical competencies and develop skills for adult life. Interactions with peers and teachers provide children with opportunities to develop and refine a sense of identity and direction, and ability to reason and use abstract thinking, and to develop critical thinking, problem-solving and communication skills. Participation in extra-curricular activities (e.g., recreation activities) also provides children with opportunities for citizenship, partnership and leadership roles and responsibilities. A positive and enriching school environment can work to strengthen these competencies and skills (Federal, Provincial, Territorial Advisory Committee on Population Health, 2000).

Alternately, a school environment that does not appreciate a child's unique development, threatens or lacks support for the child, may lead that child to feel disengaged from the school. Children come to school with many strengths and weaknesses. They come more or less ready to learn and to listen and interact with teachers and peers. Some have had experiences in school-like environments or have grown up in homes where the values and expectations of the school are understood and appreciated – others have not had such experiences.

A supportive school environment can act as a buffer against potentially harmful conditions in the home and in other non-school environments. Successful schools are characterized by a number of common elements related to social support. These include higher levels of parental involvement, higher teacher expectations of student achievement and relevant curriculum content with emphasis on specific literacy skills. These also include collaboration among administrators, teachers and students, a positive climate where students feel safe and have a sense of belonging, integration of students from differing social class backgrounds and ability levels, and an emphasis on prevention over remediation (Health Canada, 1999).

Supportive school environments may include:

- Partnerships between families, early childhood educators, health, and social services;
 - Increased and varied opportunities for voluntarism and parent participation in the schools and in their children's education;
 - Communication between families, teachers and community program and service providers so that the challenges and strengths of each are appreciated and supported;
 - Opportunities for alternative education and child development, including music and artistic studies, enriched academic curriculum, and recreational activities. After school programs should also be made available that include parents and families; and
- Schools operate within finite budgets and human resources. In order for schools to support children and their families, schools, in turn, require the support of families and services in the community. Teachers and administrators need to engage parents and other professionals in the community as well as policy-makers in discussions to improve the chances of children for healthy development and academic success. Plainly stated, the schools need to open their doors to the community so that family members and community professionals are a part of the education and activities of the school. Doing so will enhance children's perceived relevance of schools to their daily lives.

The Impact of Recreation and Physical Activity on the Health of Children

Canadian official discourses define recreation in terms of all socially acceptable activities in which individuals may choose to participate that will enhance their leisure time i.e., make it more interesting, enjoyable and satisfying. There are several diverse forms of recreation. These include hiking, camping, biking, snowboarding, playing sports, reading, designing crafts, drawing, surfing the web and playing music.

According to the Canadian National Longitudinal Survey on Children and Youth (2001), children who participate in organized activities outside of school i.e., sports, music, art clubs, tend to have higher self-esteem, interact better with friends and perform somewhat better in school. They are also less likely to smoke.

Participation in recreational activities among children tends to peak in the early teen years, with almost 92% of children 10 – 13 years of age engaging in some type of activity. This proportion drops to 83% at age 14 and 15. Gender differences are most apparent in the teen years where one in five adolescent girls is not participating in any type of recreational activity as opposed to one in ten boys. Among participants, girls were more likely to be participating in art and musical activities whereas boys were more likely to participate in organized and unorganized sports.

The most popular activities for youth, according to the 1998/99 National Population Health Survey are walking (74%), bicycling (51%), swimming (49%), jogging and running (46%), social dancing (41%), home exercise (38%) and volleyball (36%). Youth valued hanging out with friends, listening to music and laughing as primary sources of enjoyment. Television viewing and reading are also common activities for many youth.

Analysis of a Winnipeg community survey revealed that significant discrepancies exist between the availability and accessibility of recreation programs for children of different income brackets. Several barriers left children living in lower income households and neighbourhoods unable to participate in recreation programs. The most common barriers identified include cost of programs, lack of transportation and childcare for younger siblings. For many parents, especially those who work evenings and week-ends, employment conflicts are a problem (Eni & Wilson, 2002).

Community Recreation and Parental Health

The importance of recreation and leisure activities for parents has also been well documented. Adults can benefit from improvements to their physical fitness, stress reduction, relaxation, and socialization opportunities. Besides the benefits to themselves, parents become healthier role models for their children (Eni & Wilson, 2002).

A lack of recreation programming for children has been indicated to adversely affect the health of their parents. This relationship is evident in a Winnipeg study done by Forsyth in 2001. According to Forsyth, the results of her study suggest that a

Lack of access to recreational activities for children in low-income families will adversely affect the health of their mothers. Ninety-six percent of the study participants experienced negative psychological or physical changes in their usual state of health when they attempted to find recreation activities for their children. ... 20% of the women linked the strain of getting their children into programs with an adverse physiological event (p. 69).

Forsyth goes on to suggest:

In a two year study, Browne (and colleagues), found that when the children of women on social assistance were provided with subsidized childcare and recreation services, the women experienced measurable gains in mental health, economic adjustment, and expenditures on their health and social services. In Brown's study, the \$1000 per person per annum immediate saving from the parents reduced use of total direct services was far in excess of the annual cost of the subsidized recreation in Hamilton, Ontario. At this time, in Winnipeg, there is no city-wide or province-wide program that will assist in providing recreation activities for the children of low-income families. The results of (the present study) and the research done in Hamilton indicate that

the lack of an 'access' program adversely affects the health of low-income women, and it costs the healthcare system more money than would a program to assist low-income families to access recreation opportunities (p. 69 and 71).

'Active Living' and Supportive Strategies for Communities

A study by the Social Planning Council of Winnipeg for Health Canada, Health Promotions and Programs Branch in 1998 entitled *A Situational Analysis of the Active Living Needs of Children 6 – 12 Years of Age* sheds light on the concept of 'active living' and suggests difficulties in an individual's ability to fulfill such a lifestyle due to inequities in social, economic, cultural and political circumstances. The study includes a focus on the Downtown community of Winnipeg and makes recommendations based on an assessment of the support system/infrastructure and the population characterization of that area. These recommendations are pivotal to the development of a comprehensive strategy for programming in the Downtown area.

Active living incorporates features of physical activity, recreation, sports and related activities that promote children's healthy lifestyles. Other features include parental ability to meet the basic needs of their children, familial cultural values and influences. Broader socio-economic and political systems/infrastructures within which children and families live are also included. 'Active living' points to a need for a holistic approach to child rearing, based on a human-ecological perspective.

- ❖ How can communities develop and enhance opportunities for all children to engage in active living?

In the Downtown community, there is an existing infrastructure that provides economic, health, education, childcare, social, psychological, and spiritual services to children and their families. Several of the programs and activities are developed from a preventive and developmental philosophy. Safety issues are of major concern, as are providing a nurturing environment and a sense of home and belonging for the children.

Some partnership arrangements are present in the community as well as some new developments and plans to revitalize existing programs and services. While much strength within the existing infrastructure is noted, the need to strengthen and sustain the infrastructure is also noted. Funds come from a variety of sources. Nevertheless, there is a measure of uncertainty regarding long-term sustainability and the types of resources necessary to build on strengths in the existing system of programs and service delivery.

There is unequal development between neighbourhoods characterized by poverty conditions. Perhaps the inner city neighbourhood programs and services are most developed. Nevertheless, program operations do not meet the demand. Issues in the distribution of quality programs and services include:

1. Problems of inequitable distribution of resources
2. Need for affordable, universal, and accessible programs and services

3. Lack of sharing of information, raising awareness of programs and services
4. Inflexibility of the programs schedules
5. Need for outreach
6. Expansion limitations
7. Need for a comprehensive service and programs delivery strategy
8. Lowered community capacity, leadership potential or interest.

The authors concluded that recreation programs and activities are paths to healthy living for children in the out-of-school hours and that participation in such activities provides children with experiential learning which enhances their growth and development. Active living therefore should be promoted and a coherent system should be developed to support it. Also, it is at the neighbourhood level that meaningful experiences occur for children. Therefore, there is a need to further develop active living, recreation, and out-of-school activities to ensure that the unique needs of the neighbourhood's constituents are met. This is best done when local neighbourhoods are involved in the development process. The process itself indicates a need for leadership development, skill building, parental support, and support for voluntarism among community members.

Youth and Governance – Opportunities for Children in Tomorrow's World

Part of the responsibility for healthy child development includes the preparation of youth opportunities in communities and abroad. When considering the health of youth, alienation, unemployment, poverty and gender equality are major challenges facing the new millennium. Several recent reports lead us towards an understanding of the need to include youth in every aspect of policy and practice development so that their voices – needs and strengths - are included (for example see Reports of the Institute on Governance in Ottawa, and the National 4-H Youth Directions Council, USA, and Wignaraja, 2002).

Questions asked by health researchers include the following: Are youth looking for opportunities in the limited employer/employee sense (i.e., as laborers, workers, even managers in private or public sector generated economic activities that are capital intensive) or are they looking for creative options to become involved in doing 'something important and meaningful in the world'? Can the organized private and public sectors provide the growth and formal employment for such large numbers? Is there a third sector, where youth voices are expressed, that can also contribute to growth and work, through alternative patterns of development?

According to Wignaraja, participation in community health and development activities and in political structures will

open up possibilities for youth to bring about changes through their own reflections, collective actions and assertions of the right to resources to which they are entitled. The results form a new learning process, a process of further awareness raising and self-transformation. In this sense participation is also a basic human need. The extent of participation will depend initially on the political space that is available for the participatory process to start, particularly at the local level, and on the opportunities for an intervention in the existing socio-economic system by those who have a higher awareness and are empowered (2002, p. 16).

Summary of the Literature Review

Healthy Child Manitoba's commitment to improving the health and well-being of children in the Downtown community are to be recognized through the activities of the Downtown Coalition. This commitment includes a focus on building collaboration and partnership between the community's residents, programs and services. Strategies will include those that target children directly and indirectly through their families.

Community is defined as an extension of family and as a mechanism of support to children and their families. In community, resources and opportunities are distributed equitably regardless of personal socio-economic, ethnic, or other characteristics. All residents are made to feel 'belonging' and individual strengths are acknowledged and included in the community's development strategies.

Healthy Child Manitoba encourages the development of activities within the Downtown community that go beyond the boundaries of individual programs and services and meet the needs of community as expressed by its membership. Recall that according to HCM's mandate

A collaborative service delivery philosophy emphasizes such concepts as holism, inclusion, diversity, empowerment and community development. Rather than to add new services to an already overloaded formal support system, this philosophy states that we, as families and communities, must coordinate our resources to support the healthy development of our children. In order to support healthy child development, children and their parents will require a full range of services. The quality and coordination of these services to efficiently meet the diverse needs of children in Manitoba communities is the primary focus of HCM.

The parent-child centered approach encourages new and supports existing community-based programs and activities for children, youth and their families. The approach combines the resources of a particular community within a geographical boundary through partnerships or coalitions between groups from different sectors. Through its various developmental stages, implementation and evaluation, the parent-child centered approach supports existing activities and initiates new activities that reflect each community's diversity, unique needs and strengths.

HCM's four pillars are the focus of healthy child development strategies. These are *parenting, nutrition, literacy and capacity building activities*. These pillars are to be met through several programs and services that target all age, ethnic and socio-economic groups within the Downtown community.

The Downtown Parent-Child Coalition's purpose is to partner with HCM to develop a cohesive and coordinated approach to planning an accessible, inclusive and holistic service strategy for families and children in the Downtown area. Specifically to provide a focus for the collaboration and coordination of activities and services in the community, to share information and resources that assist in supporting and achieving the healthy child and family vision, to coordinate and distribute HCM funds in accordance with the Government of Manitoba's Healthy Child Program and the Coalition's vision and values, and to research, plan, and implement a healthy child strategy in the Downtown community.

The literature review provides background information to assist the Coalition in realizing their purpose as outlined above. The information allows for a broad conception of health and human development, one that is dependent upon environmental conditions, economics, and political and social circumstances. Determinants of healthy child development discussed in the report include characteristics of individuals, families, and neighbourhoods. Components of the community's infrastructure i.e., social support, recreation opportunities, support for literacy and training as well as an acknowledgement of the struggles parents experience in trying to manage conflicting responsibilities (e.g., employment, childcare, caring for other members of the family, i.e., aging parents, family members with special needs/disabilities) are also discussed in the report in terms of their effects on healthy child development. Each of the determinants of health is discussed in some detail to assist the Coalition in deciding upon the strategies that will contribute to the health and development of children and their families.

Community Profile

The Downtown Community Geography –

The Downtown area is 16.2 kilometers in size. The area is formed within the boundaries of the Assiniboine River on its southern side and a combination of Notre Dame Avenue, McPhillips Street and Logan Avenue on its northern side. The eastern side of the area is shaped by the Red River and the border for the western side is primarily composed of St. James Street and the Canadian Pacific Rail mainline.

The area has numerous important landmarks including The Forks, Polo Park Shopping Center, the Winnipeg Stadium, Old Market Square, the Legislative Buildings, and the University of Winnipeg. Portage Avenue and Main Street are major traffic arteries included within the area.

The community profile described in this section of the report includes graphs and maps depicting the community's population dynamics and infrastructure. Population dynamics refer to descriptions of people and their activities. Examples included in the report are age, ethnicity, family structure, employment, and level of education. Infrastructure refers to the community's natural and human-developed physical environments. Examples of infrastructure included are green space, public transportation, child development and family support programs i.e., health services, daycares, educational services, food banks and recreation facilities.

Data for the community profile was made available to the researchers through several sources. These include:

- Census statistics from the City of Winnipeg, collected and compiled by Statistics Canada
- Crime Statistics from the City of Winnipeg Police Department
- Winnipeg Regional Health Authority Demographic Profiles Report
- City of Winnipeg Land Planning Department
- City of Winnipeg Community Services
- Province of Manitoba Family Services
- Manitoba Education and Training

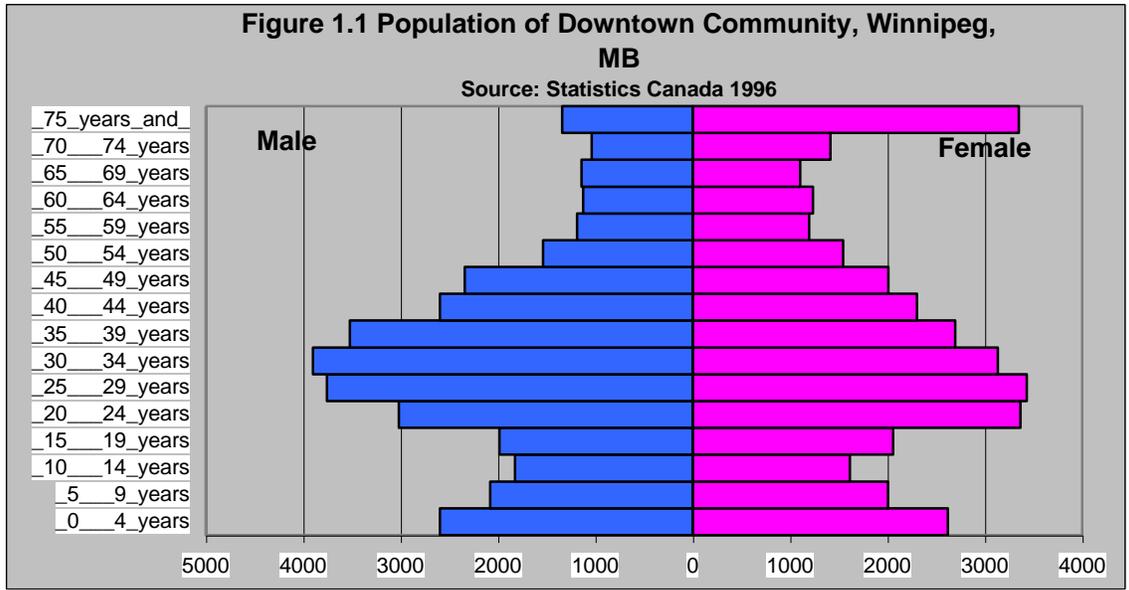


Figure 1.1

The figure shows the population distribution for the Downtown community. The bulge in the pyramid indicating the 20 – 49 year old age groups is a healthy one for a population, generally representing the presence of a larger workforce than dependent population. The higher female population in the 75 year old plus age cohort is also noteworthy. The total population for the Downtown Community is 70,385. There are approximately 17,000 children 19 years of age and younger residing in Downtown. (Data Source: Statistics Canada, 1996).

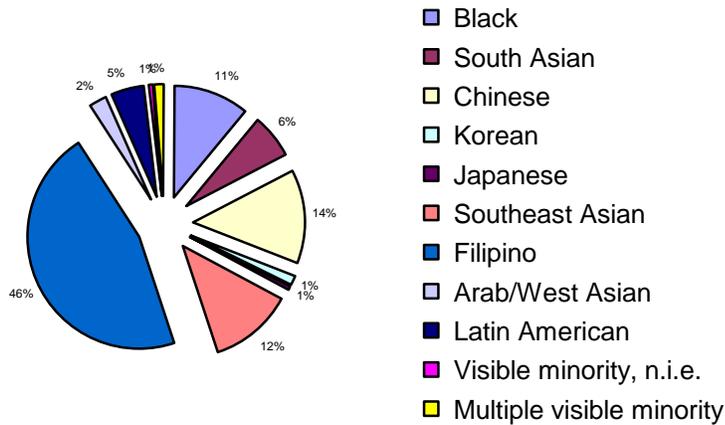


Figure 1.2 Visible minorities in Downtown Winnipeg.

The major ethnic groups represented in the downtown community are English, Scottish, North American Indian and German. Ethnic origin categories with less than one percent of total responses were grouped into

Visible Minority NIE. Other Ethnic Origin may include Chinese, South Asian, Korean, Japanese, Filipino, Latin American, Southeast Asian, Arab\West Asian and those expressing multiple cultures.
 (Data Source: Statistics Canada, 1996).

Figure 1.3 Education Attainment in Downtown Winnipeg
 Source: Statistics Canada 1996

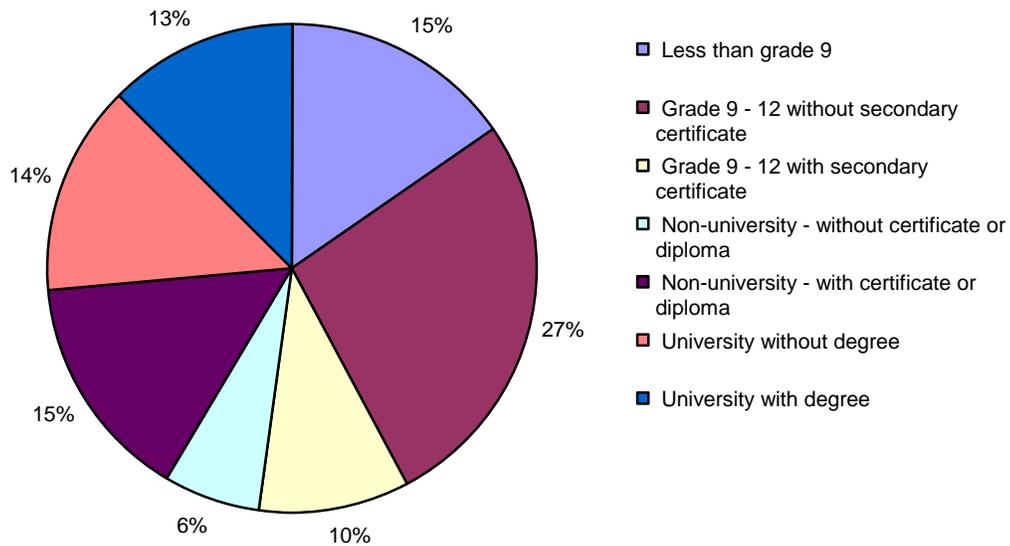


Figure 1.3

This figure reveals education levels in the Downtown Community for individuals aged 15 and older. Forty-two percent of the population has less than a high school education and an additional fifteen percent has attained less than grade nine. Alternately, over one quarter of the population has attained at least some university education.

(Data Source: Statistics Canada, 1996).

Low Income Cutoffs – Downtown Households	
Observation	Downtown
Total Economic Families	14585
Low Income among Economic Families	5635
Incidence of low income among Economic	35%
Total Unattached Individuals	17835
Low Income Unattached Individuals	11455
Incidence of Low Income Unattached Individuals	58%
Total Population in Private Households	63100
Low Income in Private Households	29290
Incidence of Low Income in Private Households	44%

Table 1 Low Income Cutoffs of Downtown Households

The Low Income Cut-off (LICO), also known as the poverty line, is based on the average percentage of income that a Canadian household spends on basic needs such as food, shelter and clothing, plus 20% of that value. Statistics Canada assumes that a household paying 20% more than the average for the basics would be in economic duress. Low Income Cut-offs are based on household and community size and not by province or age group. In Winnipeg, a single person has a LICO of \$16,874, a two-person household has a LICO of \$21,092, a three person household has a LICO of \$26,232 and a four person household has a LICO of \$31,753. A greater proportion of households in the Downtown Community (51%) live below the poverty line compared to the average for the City of Winnipeg (28%).

(Data Source: Statistics Canada, 1996).

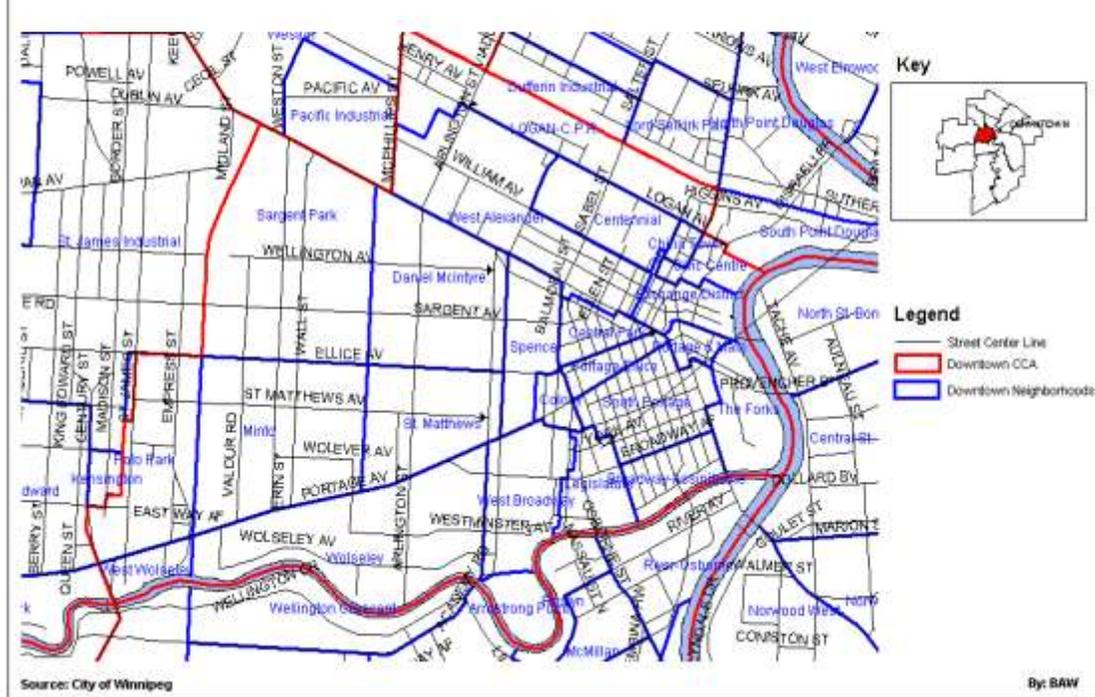
Observation	Downtown
In Labor Force	31775
Employed	27010
Unemployed	4755
Not in the Labor Force	21460
Unemployment Rate	14%
Employment to Population Ratio	50%
Participation Rate	58%

Table 2 Employment in Downtown Winnipeg

Employment status is based on all persons aged 15 and older who are actively seeking employment or are employed within the work force. In Downtown, a lower percentage of people are employed than within the city of Winnipeg. The City of Winnipeg average unemployment rate is 8.2%.

(Data Source: Statistics Canada, 1996).

Street Navigation Map City Of Winnipeg: Downtown Characterization Area Downtown Coalition Child Development Project



Physical Infrastructure –

The following maps depict the physical infrastructure of the Downtown community. Variations will be revealed regarding population needs and the distribution of services and programs. Available green space is portrayed. Green space (i.e., parks) allows community residents to relax in natural settings and open spaces and to engage in various recreational activities. Transportation routes are also portrayed. Public transportation provides a source of transport to residents linking them to commercial services and community program sites.

The maps are a first step towards community planning for healthy child development. After using the maps to view the community layout and resource distribution, further analysis is required in order to determine whether and how to add new or adjust existing program infrastructure and service delivery.

**Public Transportation: Bus Stops and Bus Routes
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**



Figure 2 portrays the public transportation infrastructure in the downtown community. The convergence of the street network public transportation service for ample choices in the east side of the community. The distribution of public transportation opportunities is not even, leaving fewer transportation opportunities in the west end of the community.

**Community Schools
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**



Figure 3 shows the distribution of schools in the downtown community. Elementary and secondary schools are included. Schools seem to be concentrated in the central part of the Downtown community. This is especially relevant when considering opportunities available to children and families of extracurricular activities outside of school hours and the availability of drop-in/family resource programs.

**Social Programs Supporting Child Development
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**

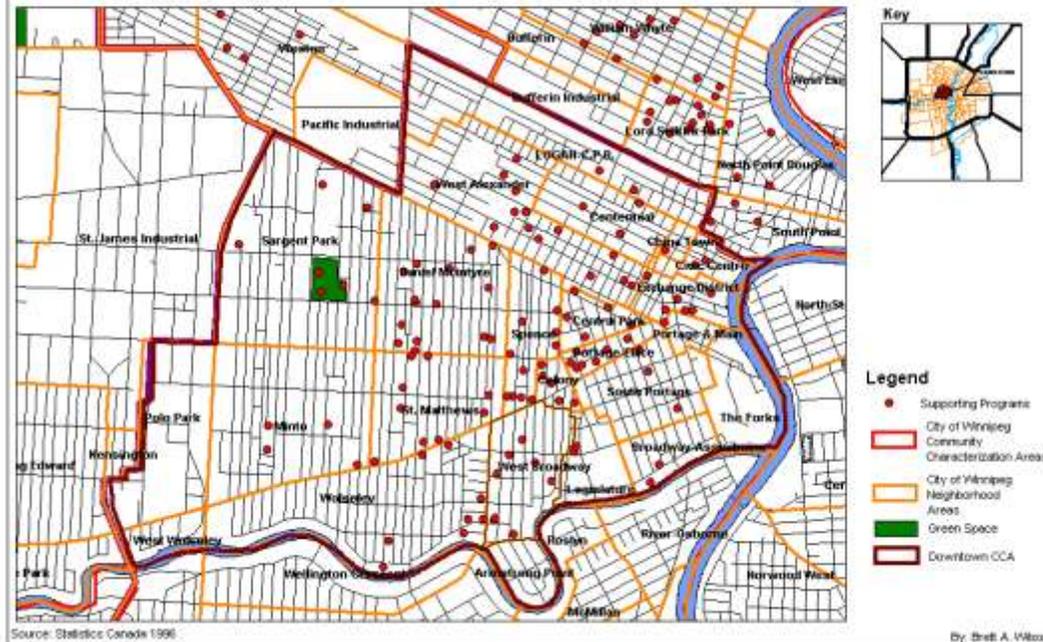


Figure 4 shows the distribution of community programs in the Downtown community that encourage healthy child development and family support. Such programs include licensed family and center-based child care, family resource centers and drop-ins, recreation facilities, adult education/literacy, health and medical, social/emotional and rehabilitative services, financial support, religious/spiritual and programs for children with special needs. Program density is greatest in the eastern neighbourhoods of the community. The map reveals the least densities in the south-west and western neighbourhoods including Sargent Park and Minto neighbourhoods.

**Child Care Programs
Less Than 5 Years Old Population Density 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**

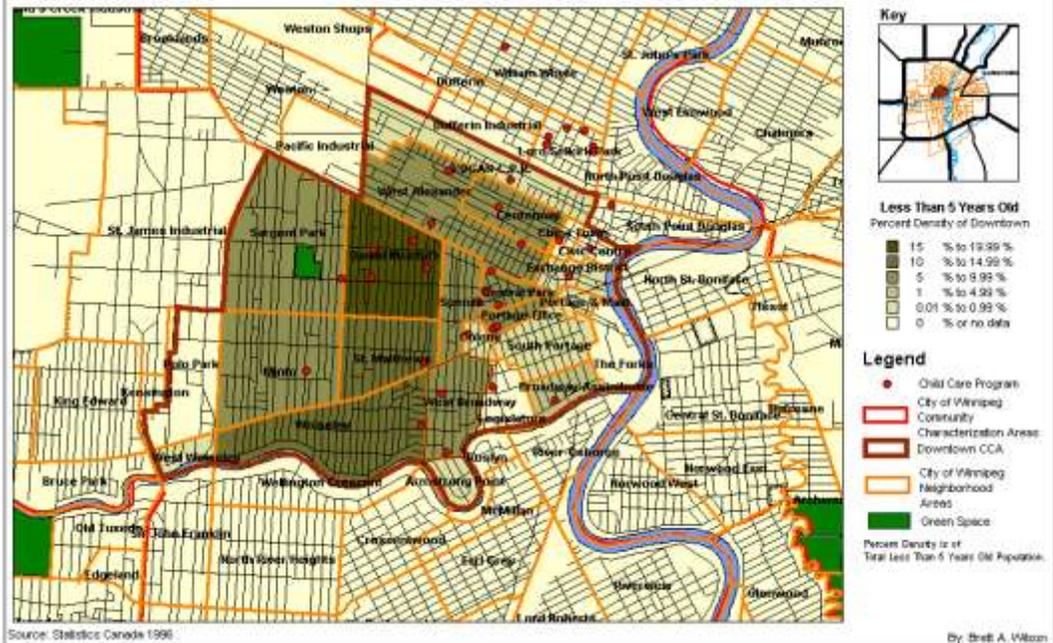
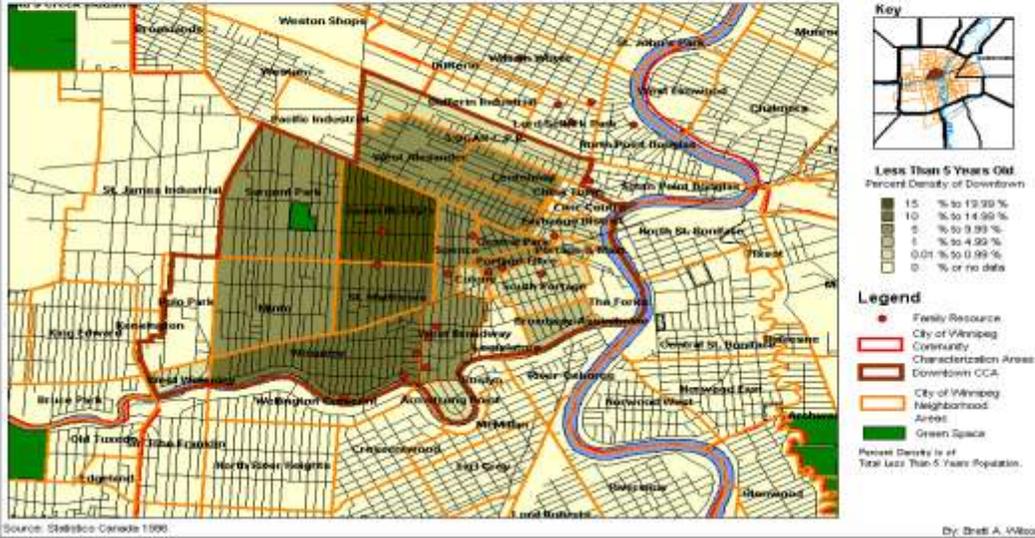


Figure 5 represents the location of Child Care Programs in the downtown community, with the 1996 *less than 5 years old population density* theme. The most obvious characteristics of the population distribution theme are the higher densities of the under five year old population in the Daniel MacIntyre, St. Matthews and Wolsley neighborhoods and lower densities in the eastern neighborhoods, i.e., South Portage. The map indicates that there are more childcare programs in the eastern neighbourhoods of the community.

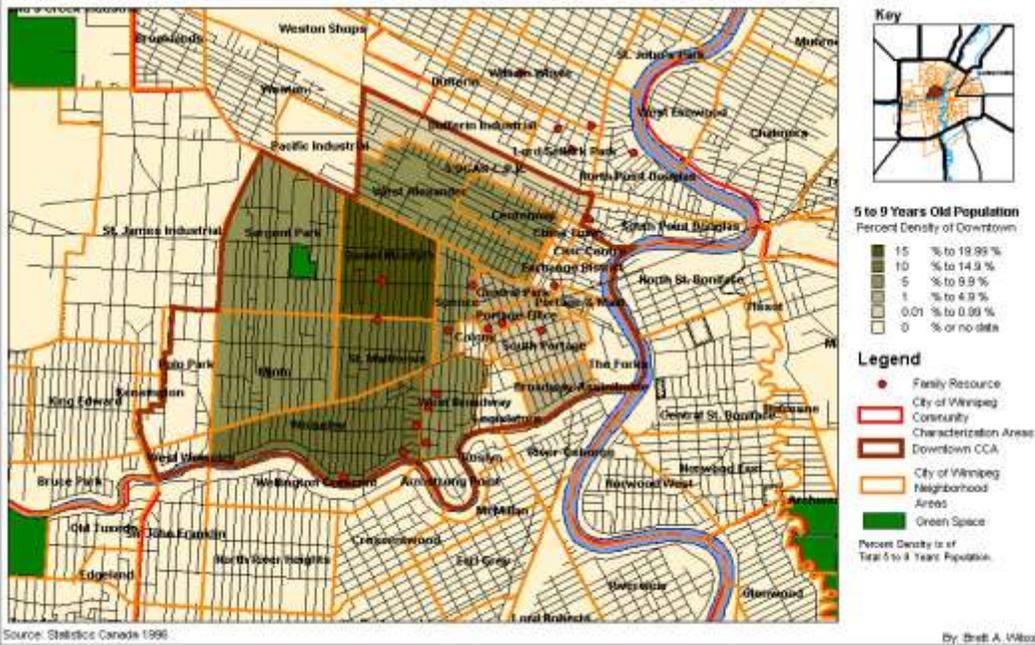
Figures 6 to 14 overlay Family Resource Programs maps and population density maps to reveal program location and population needs relationships. Densities distributed in the following maps include age, Aboriginal and income differences.

The distribution of family resource programs reveals a concentration in the eastern neighborhoods of the community. The least programs exist in the Minto, Sargent Park and St. Matthews neighborhoods.

**Family Resource Programs
 Less Than 5 Years Old Population Density 1996
 City Of Winnipeg: Downtown Characterization Area
 Downtown Coalition Child Development Project**

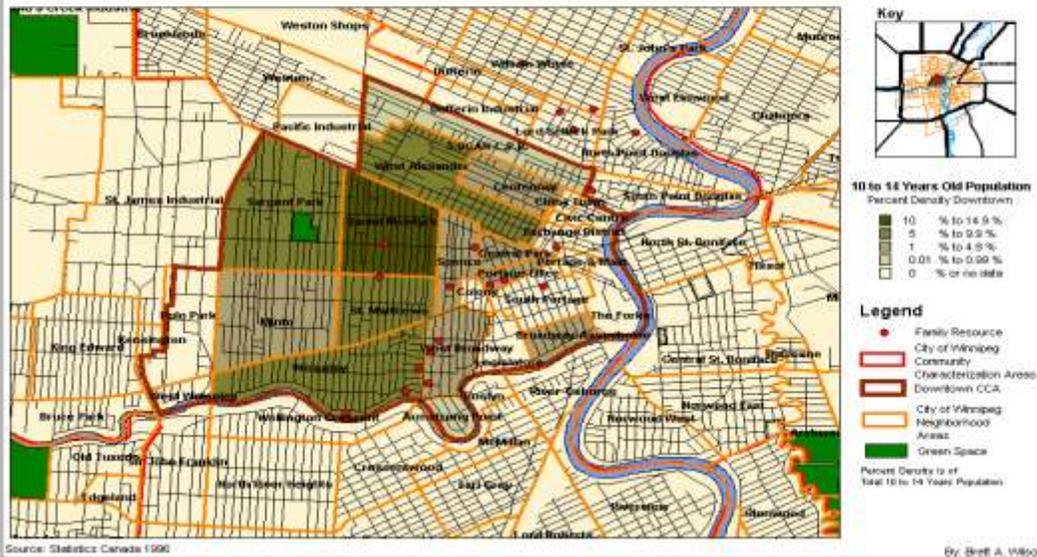


**Family Resource Programs
 5 to 9 Years Old Population Density 1996
 City Of Winnipeg: Downtown Characterization Area
 Downtown Coalition Child Development Project**

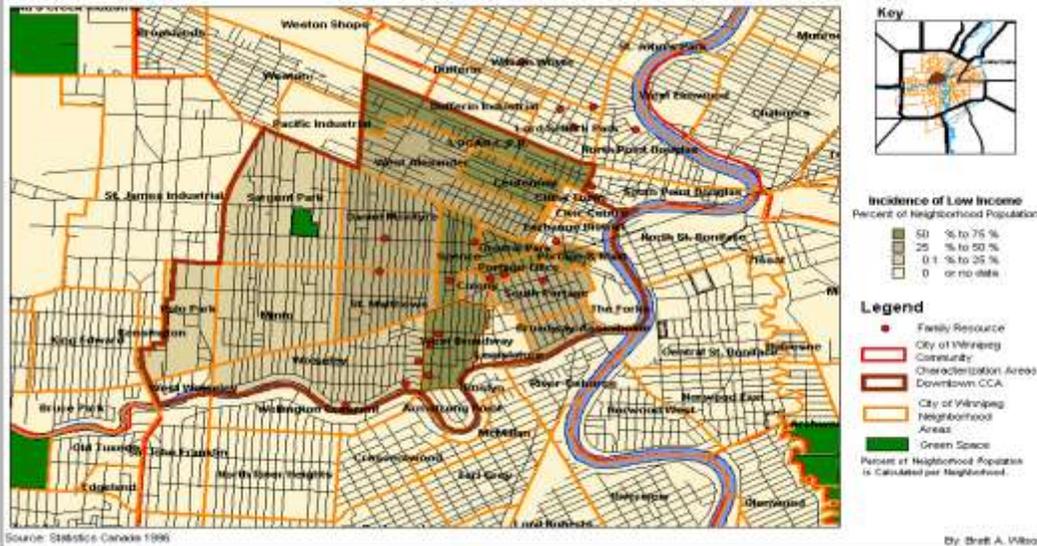


Figures 6 and 7.

**Family Resource Programs
10 to 14 Years Old Population Density 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**

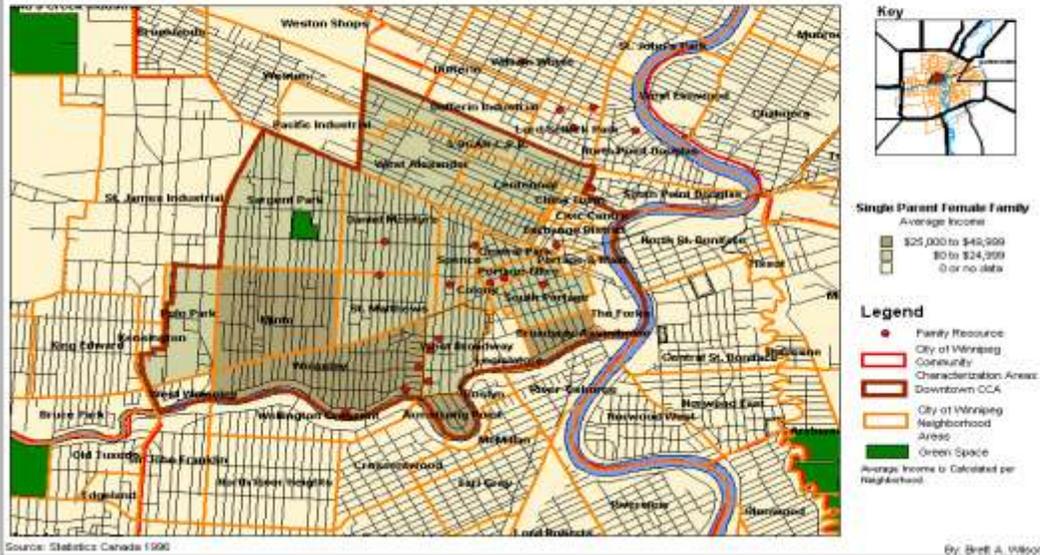


**Family Resource Programs
Incidence of Low Income 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**



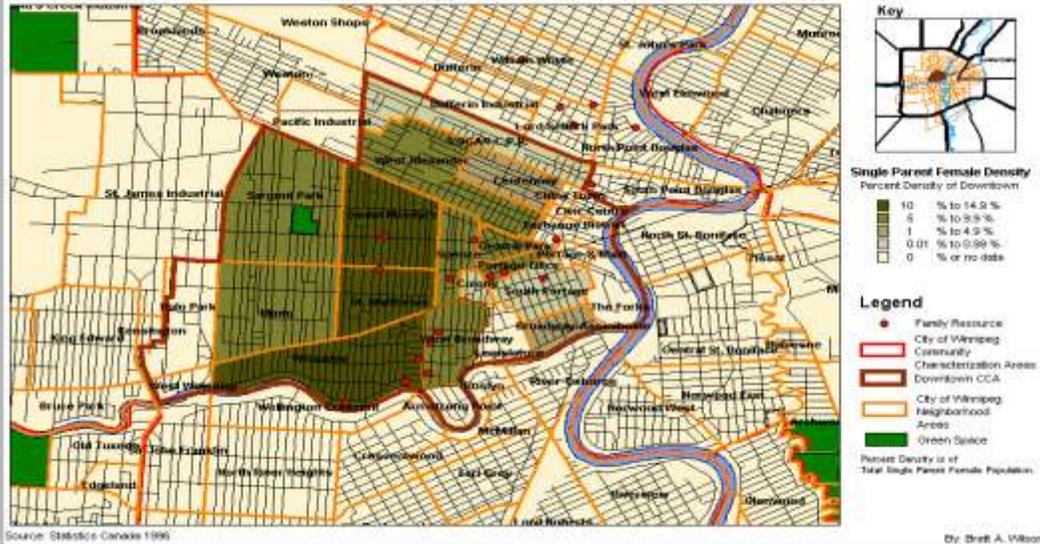
Figures 8 and 9.

**Family Resource Programs
Single Parent Female Average Income 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**

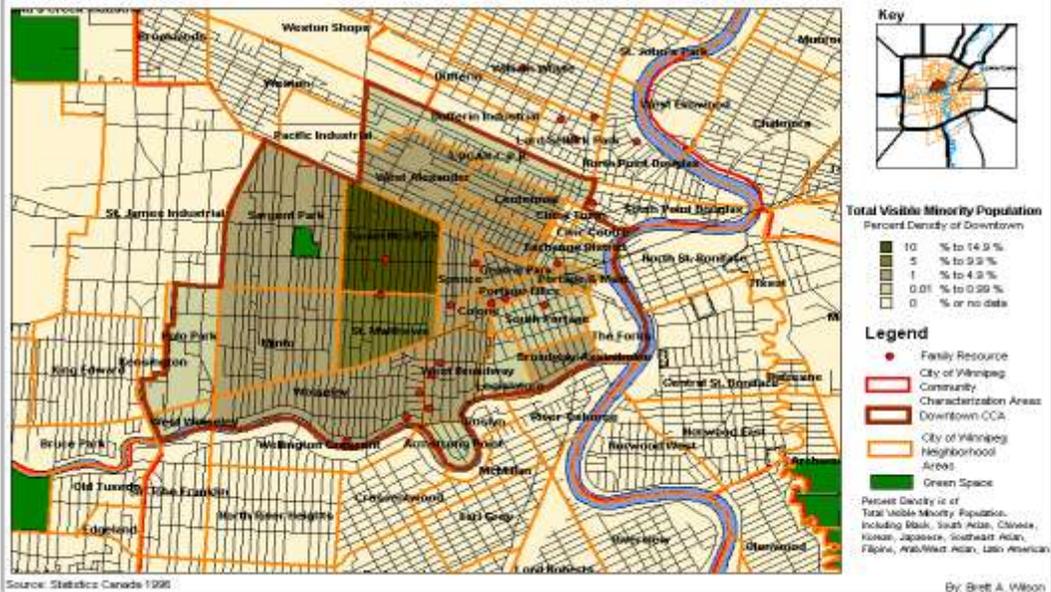


Figures 10 and 11.

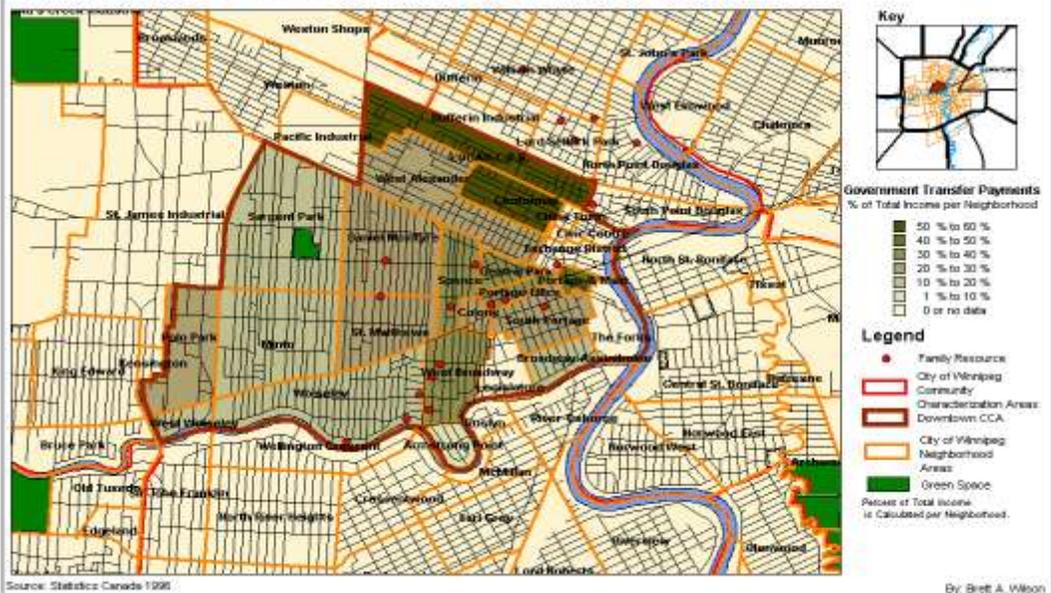
**Family Resource Programs
Single Parent Female Population Density 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**



**Family Resource Programs
Total Visible Minority Density 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**



**Family Resource Programs
Government Transfer Payments as Percent of Total Income 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**



Figures 12 and 13.

**Family Resource Programs
 North American Indian Response Population Density 1996
 City Of Winnipeg: Downtown Characterization Area
 Downtown Coalition Child Development Project**



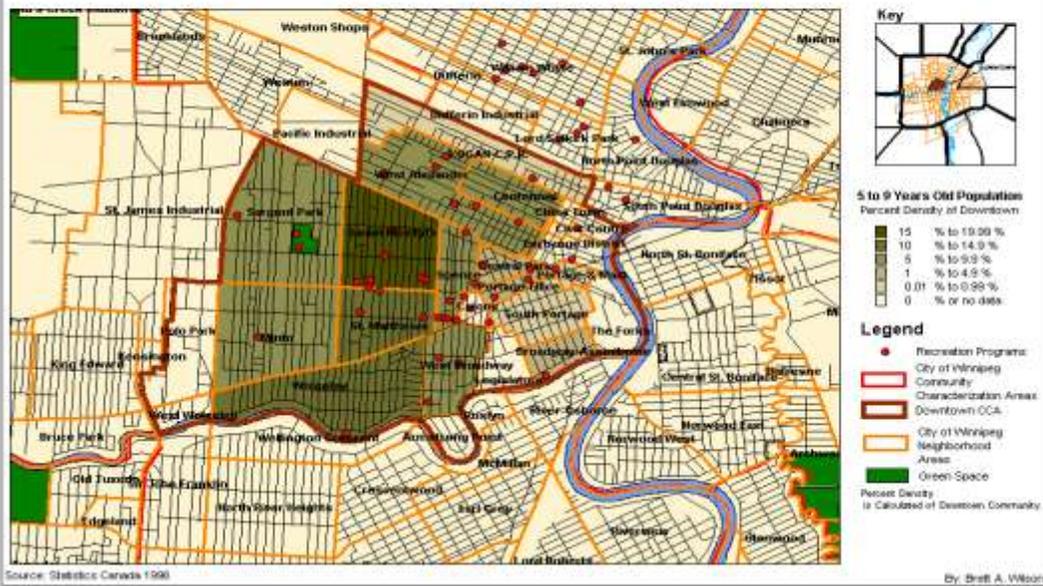
Figure 14.

Figures 15 -17 identify recreation programs available in the Downtown community, with the 1996 population *density* themes (age and single parent status). The recreation program distribution is more dense in the eastern-central neighborhoods, i.e., Spence and Daniel MacIntyre. Lower density distributions are in the south-western and south-eastern neighborhoods.

**Recreation Programs
Less Than 5 Years Old Population 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**



**Recreation Programs
5 to 9 Years Old Population 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**



Figures 15 and 16.

**Recreation Programs
Single Parent Male Population 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**

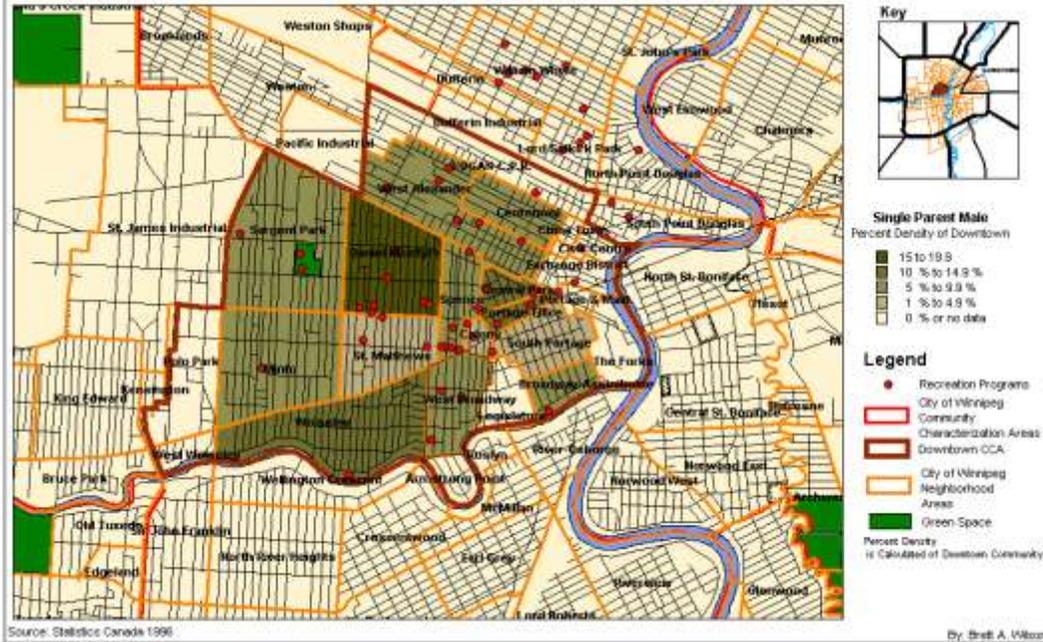
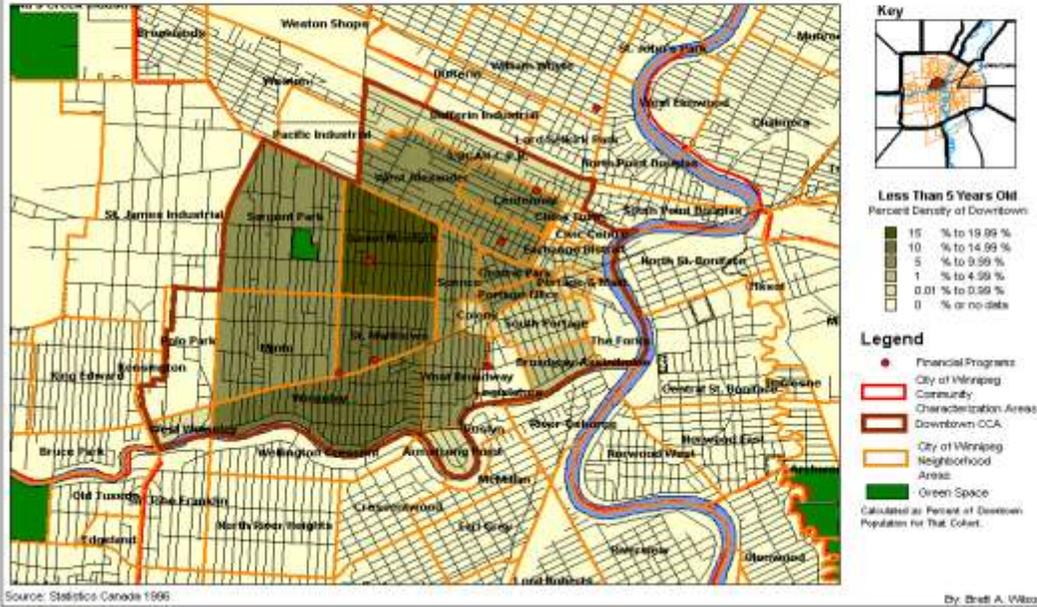


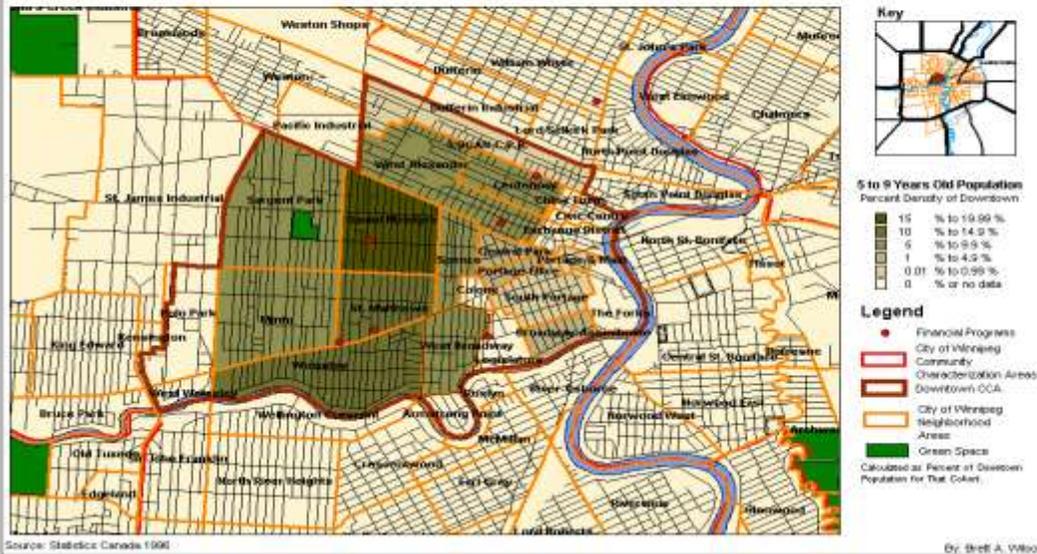
Figure 17.

The following maps, figures 18 – 22 reveal relationships between financial support program distribution in the Downtown Community and population dynamics (i.e., age, income and marital status). There are few financial support programs with distributions seeming to concentrate in the central region.

**Financial Support Programs
Less Than 5 Years Old 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**

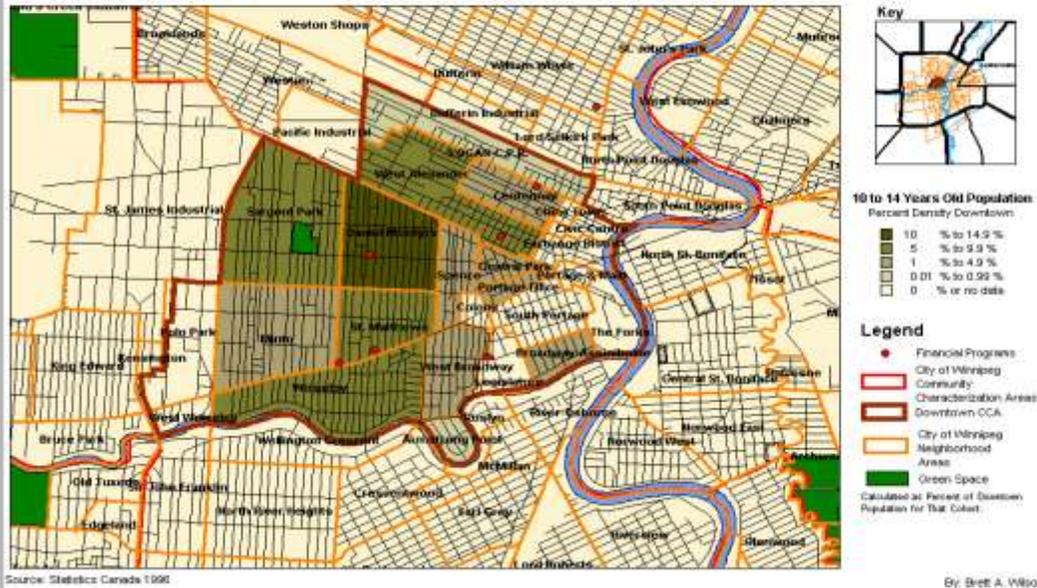


**Financial Support Programs
5 to 9 Years Old 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**

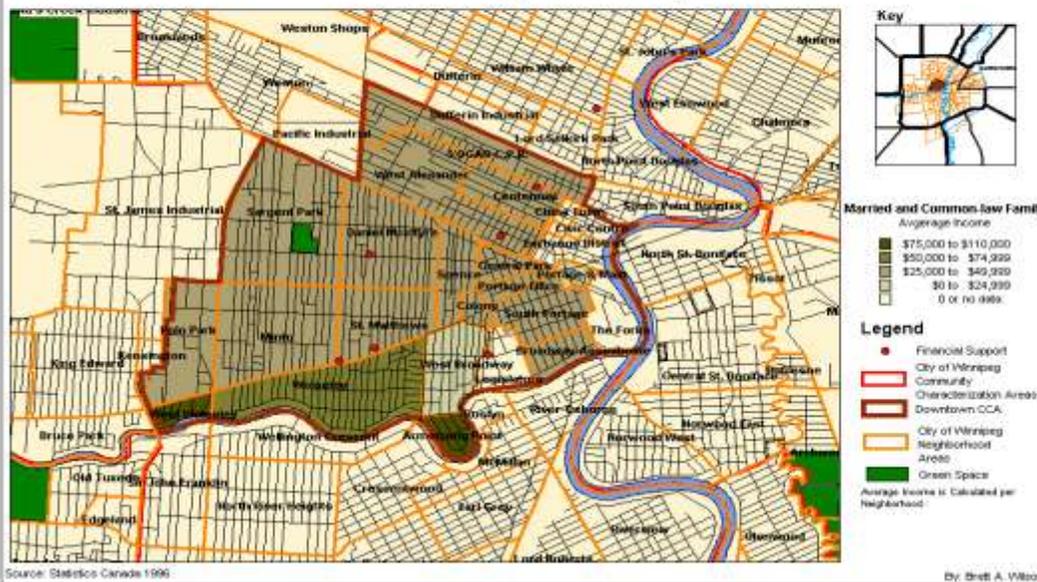


Figures 18 and 19.

**Financial Support Programs
10 to 14 Years Old 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**



**Financial Support Programs
Married and Common-law Family Average Income 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**



Figures 20 and 21.

**Financial Support Programs
 Government Transfer Payments as Percent of Total Income 1996
 City Of Winnipeg: Downtown Characterization Area
 Downtown Coalition Child Development Project**

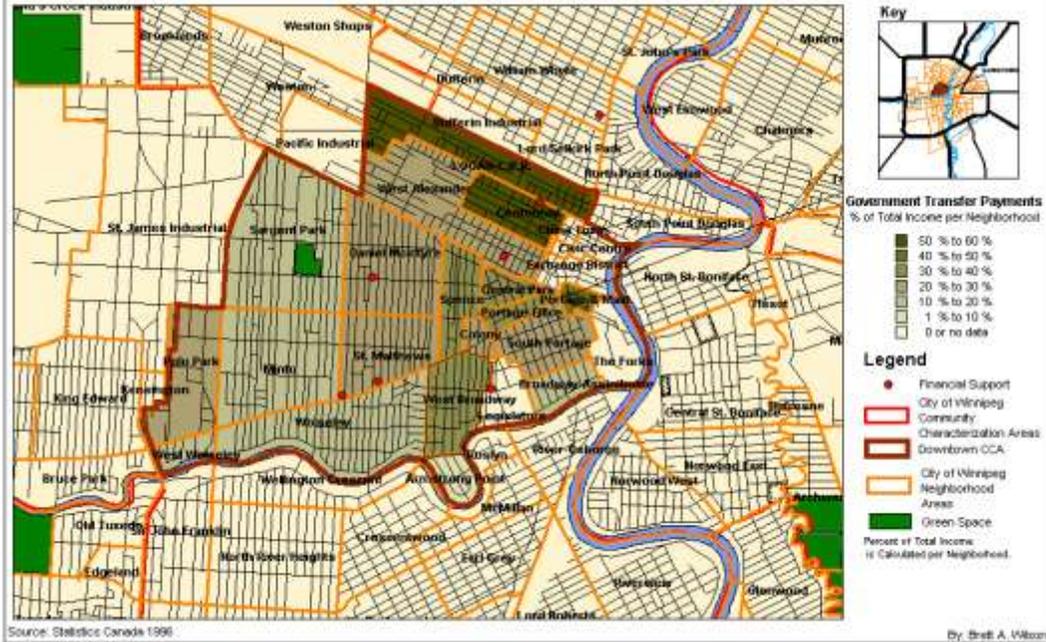


Figure 22.

**Adult Education Programs
Grade 9 to 12 Without Secondary Certificate 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**

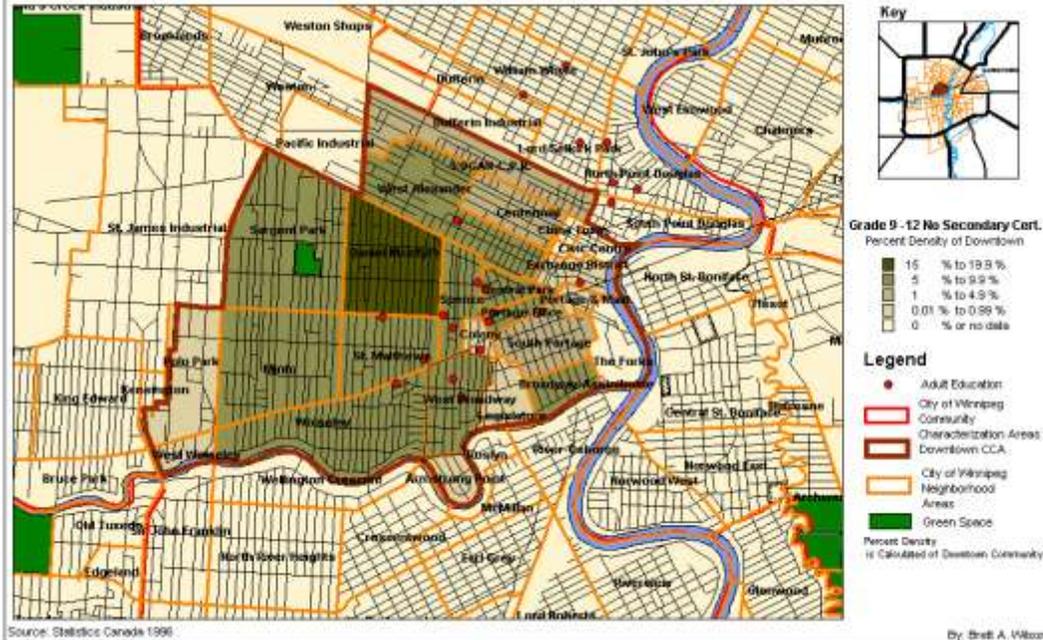
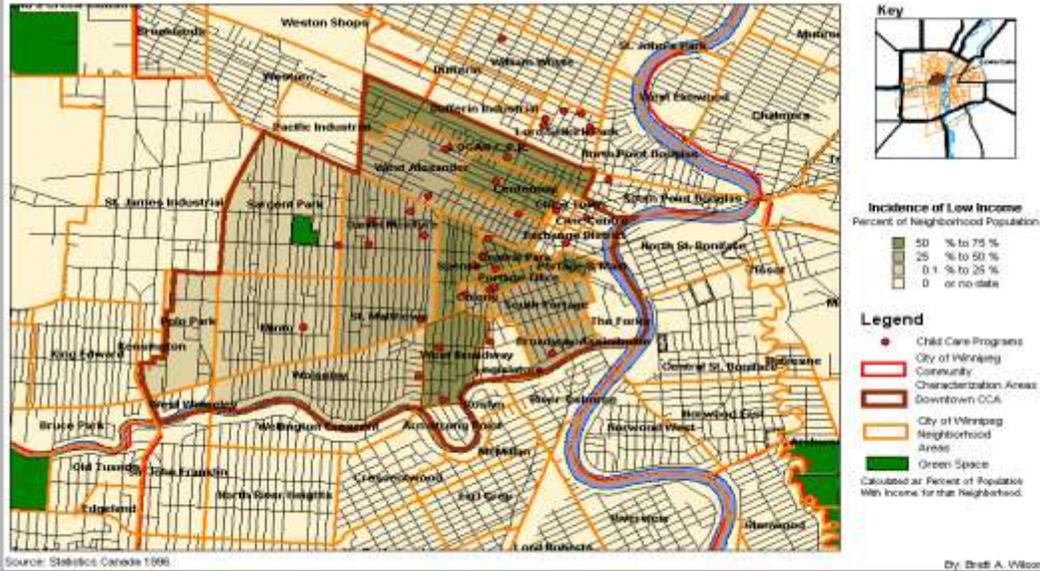


Figure 23 above points to adult education program sites in the downtown community, with the 1996 *grade 9 to 12 without secondary certificate population density* theme. The population distribution shows the highest density in the Daniel MacIntyre neighborhood. The least dense distribution occurs in the northern and south-eastern neighborhoods. The program distribution is concentrated in the eastern-central neighborhoods of the community, i.e., Spence, Central Park and West Broadway neighborhoods. Program distribution is least dense, or non-existent in the northern and western-central neighborhoods including Daniel MacIntyre, Sargent Park, Minto, West Alexander, St. Matthews and Wolseley neighborhoods.

The next three figures (24 to 26) represent the distribution of childcare programs in the Downtown Community. Program distributions overlay income and marital status population distributions.

**Child Care Programs
Incidence of Low Income 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**



**Child Care Programs
Single Parent Female Population Density 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**



Figures 24 and 25.

**Child Care Programs
Single Parent Male Population Density 1996
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project**

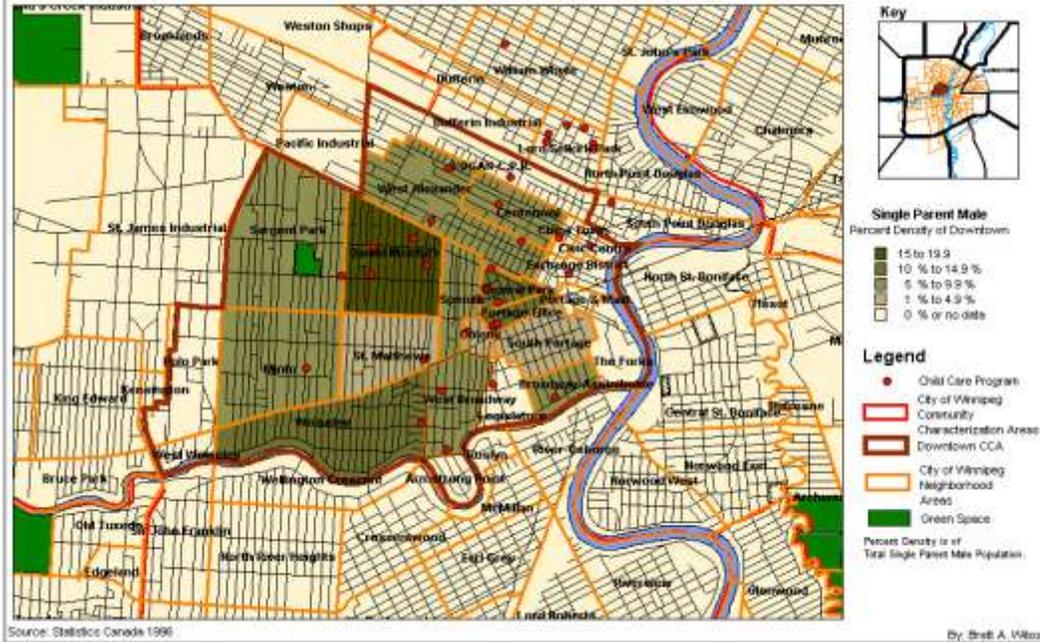


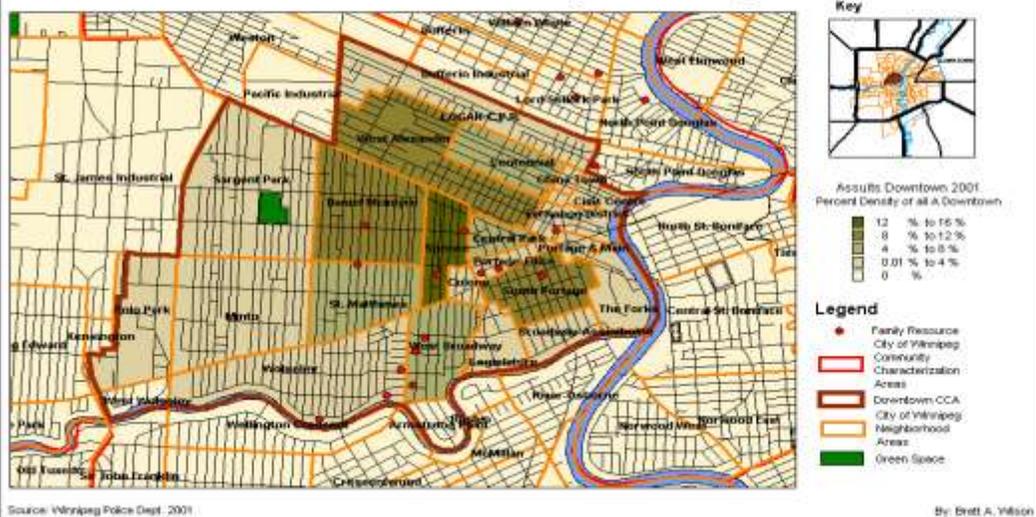
Figure 26.

Figures 27 - 36 reveal the presence of crime and its distribution in the Downtown community. Crime distributions are measured by calls to the Winnipeg Police Department. Crime is combined with program distributions to reveal needs/gaps and strengths in essential population health and prevention programs. Highest crime densities occur in the central area of the community. Variations exist according to type of crime. (Data Source: City of Winnipeg Police Department, 2001).

**Family Resource Programs
 Crime : Dispute Calls Density 2001
 City Of Winnipeg: Downtown Characterization Area
 Downtown Coalition Child Development Project**

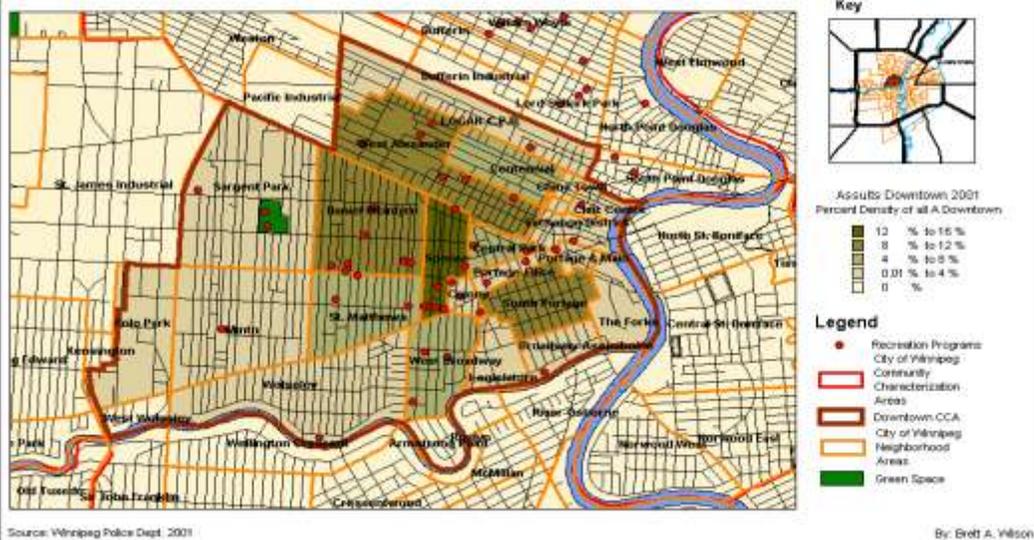


**Family Resource Programs
 Crime : Assault Calls Density 2001
 City Of Winnipeg: Downtown Characterization Area
 Downtown Coalition Child Development Project**

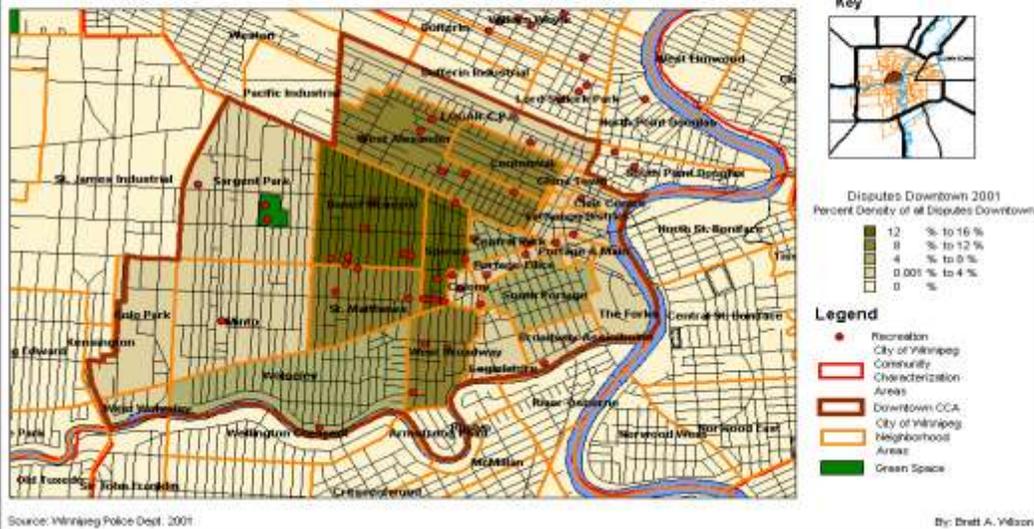


Figures 27 and 28.

**Recreation Programs
 Crime : Assault Calls Density 2001
 City Of Winnipeg: Downtown Characterization Area
 Downtown Coalition Child Development Project**

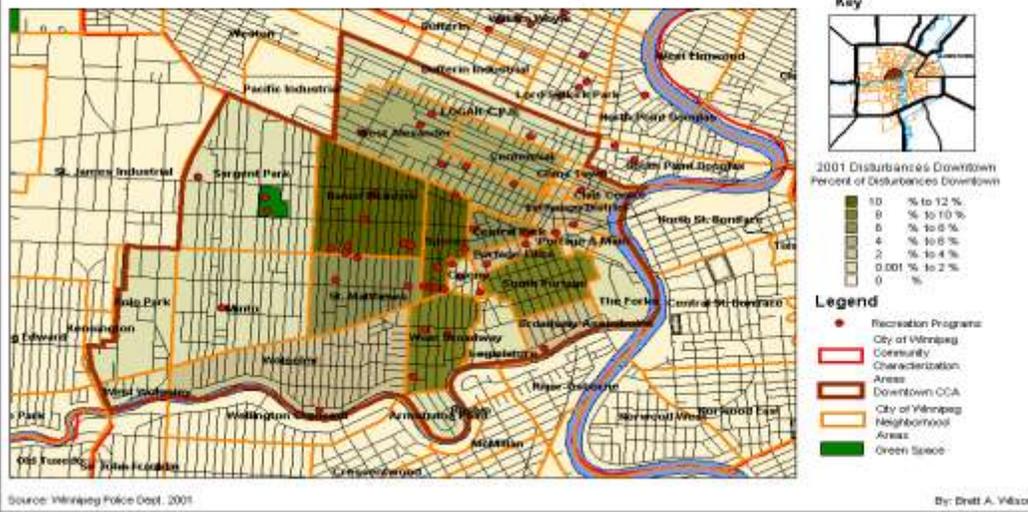


**Recreation Programs
 Crime : Dispute Calls Density 2001
 City Of Winnipeg: Downtown Characterization Area
 Downtown Coalition Child Development Project**

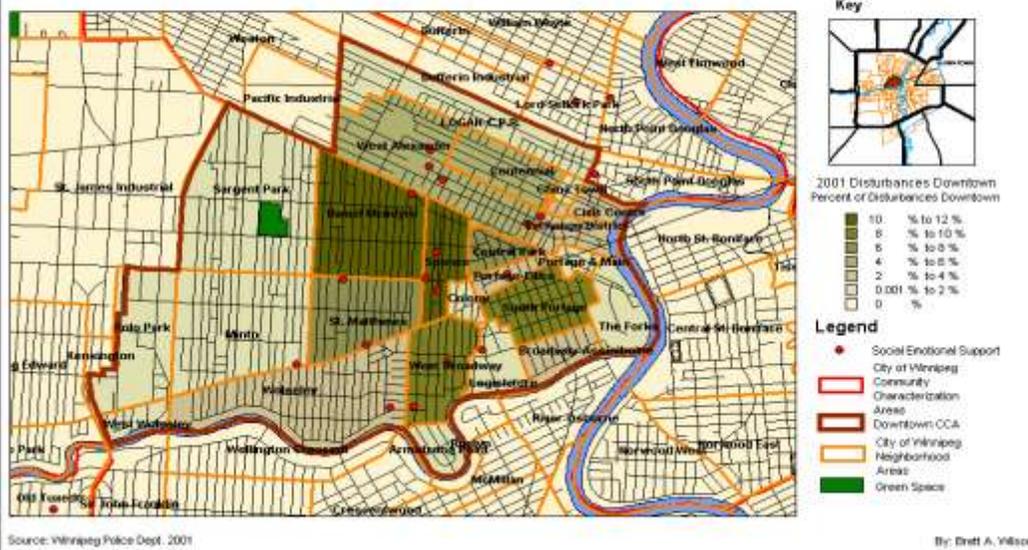


Figures 29 and 30.

**Recreation Programs
 Crime : Disturbance Calls Density 2001
 City Of Winnipeg: Downtown Characterization Area
 Downtown Coalition Child Development Project**



**Social Emotional Support Programs
 Crime : Disturbance Calls Density 2001
 City Of Winnipeg: Downtown Characterization Area
 Downtown Coalition Child Development Project**

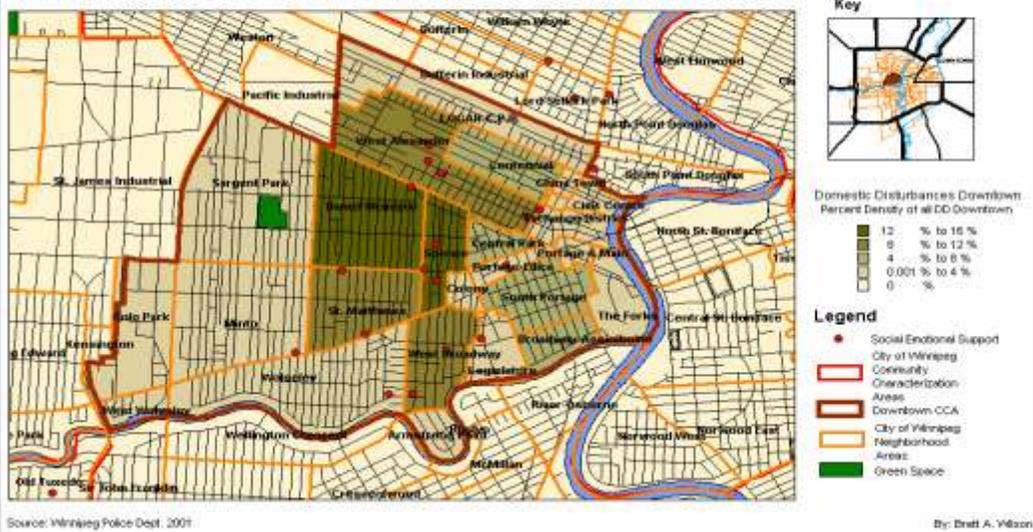


Figures 31 and 32.

Family Resource Programs
Crime : Domestic Disturbance Calls Density 2001
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project

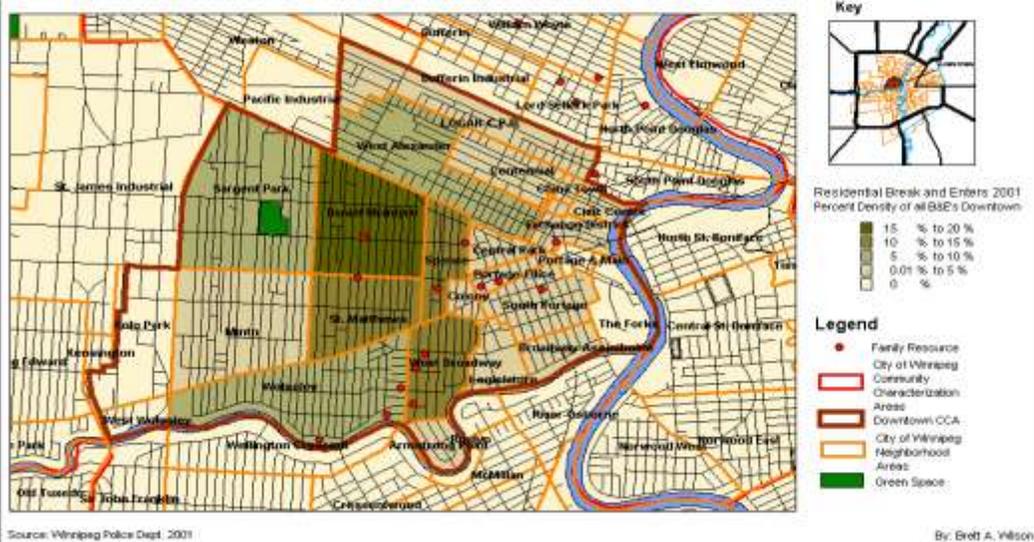


Social Emotional Support Programs
Crime : Domestic Disturbance Calls Density 2001
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project



Figures 33 and 34.

Family Resource Programs
Crime : Residential B&E Calls Density 2001
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project



Recreation Programs
Crime : Residential B&E Calls Density 2001
City Of Winnipeg: Downtown Characterization Area
Downtown Coalition Child Development Project

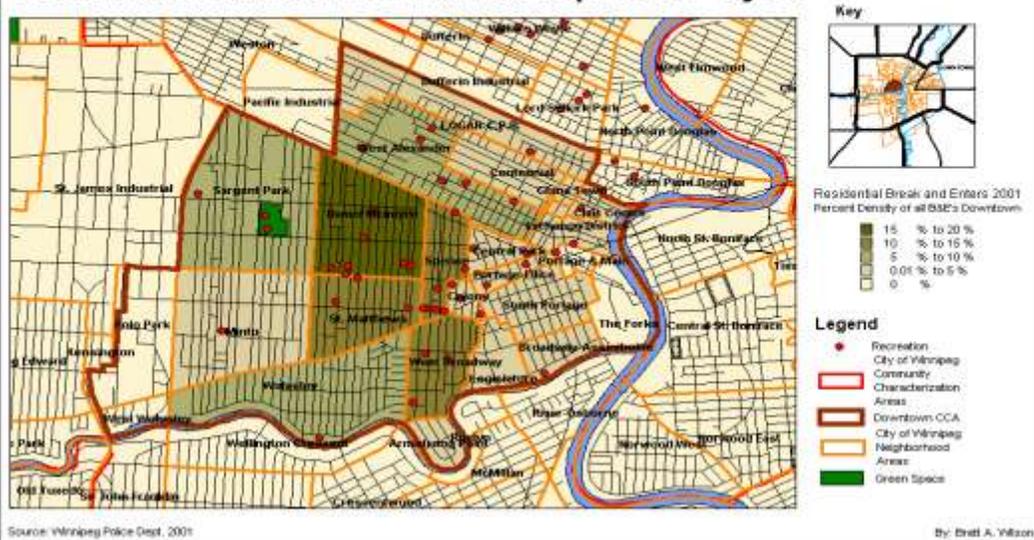


Figure 35 and 36.

The map below shows the distribution of the 1996 unemployment rate in the Downtown Community. The unemployment rate is highest in the central neighbourhoods, specifically in and around the Spence neighbourhood.

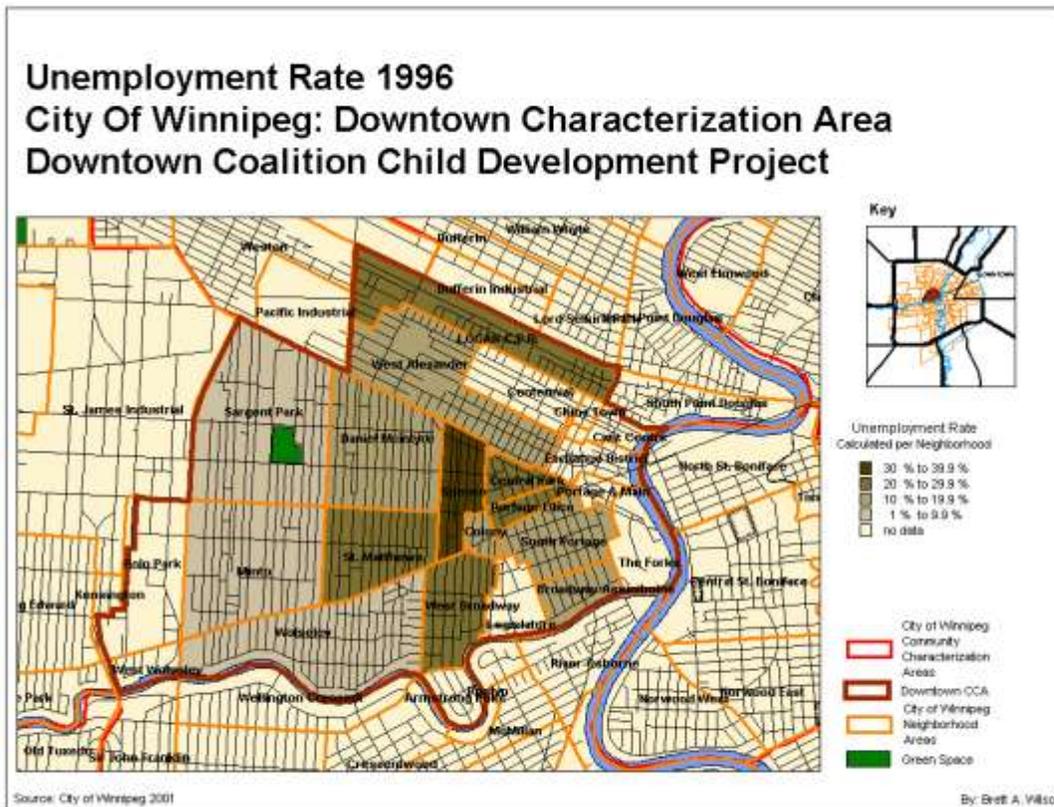


Figure 37.

This final map (figure 38) shows the extent of population (residential) mobility in the Downtown community over the last 5 years using 1996 Census Canada statistics. People were more likely to move within five years if they lived in the Daniel MacIntyre, Wolseley and Broadway-Assiniboine neighbourhoods. It is interesting to note, however, that mobility within the Downtown community tends to refer to moves in and out of homes in the same or adjacent neighbourhoods. That is, although the map below indicates some areas within the community with higher mobility statistics, movers do remain as residents in the Downtown community.

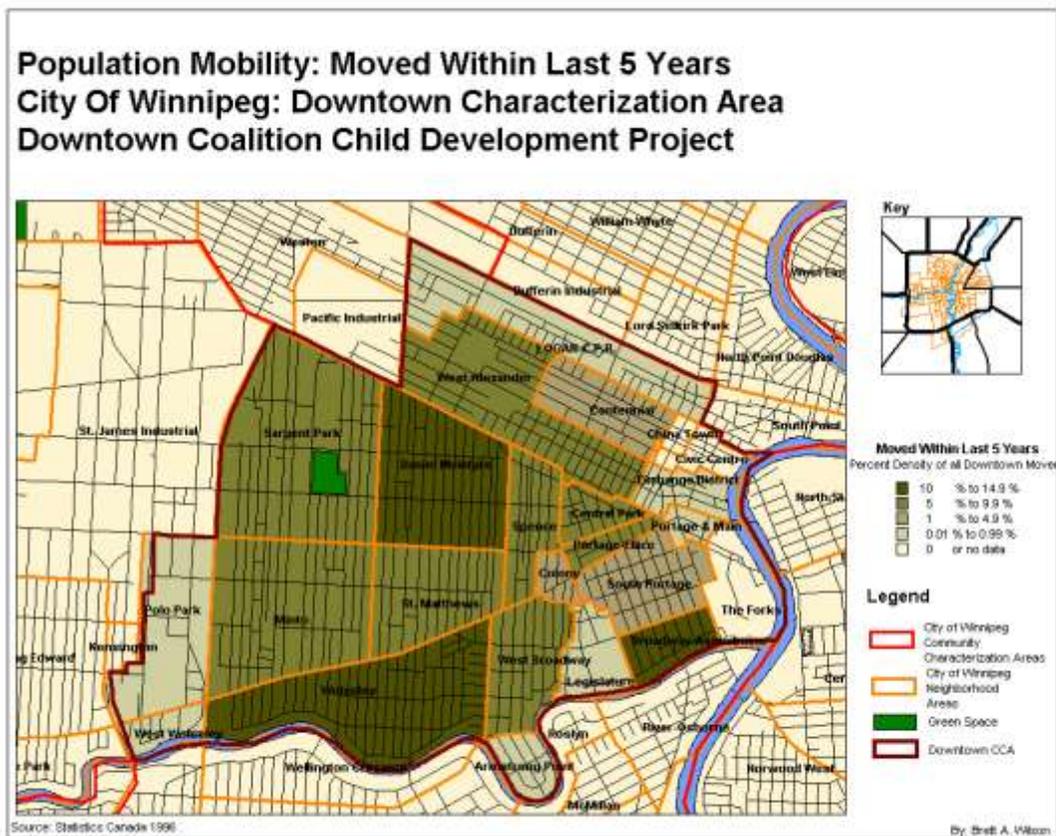


Figure 38.

Summary of the Community Profile

The community profile was developed with the following questions in mind:

- ❖ What are some of the characteristics of the residents of Downtown?
- ❖ What types of programs and services are offered to enhance child development in Downtown?
- ❖ Are all of the community's members benefiting from whatever the community has to offer?
- ❖ Are resources and opportunities equitably distributed amongst residents?

Using tables, graphs and maps – a profile of the Downtown community was created. The information profiled focuses on factors or determinants of healthy child development. Each of these factors can in turn be analyzed to discover strategies for the enhancement of healthy child development and family support in the community.

The profile information is summarized as follows:

- The Downtown community membership includes a healthy workforce population. This means that there are more people between the ages of 19 and 64 than there are in either of the dependency age groups. *Please see figure 1.1.*
- The membership of the community includes people from diverse ethnic and religious groups. This diversity includes long-time residents and recent immigrants to Canada as well as different language and cultural backgrounds. *Please see figure 1.2.*
- In comparison to the city of Winnipeg, Downtown residents are, on average, far less educated. For instance, more than half of the Downtown population has attained no more than a grade 12 education. *Please see figure 1.3.*
- More than half of the residents of Downtown live below the poverty line. Most of these include families with young children. *Please see table 1.*
- A greater proportion of people living in Downtown are unemployed compared to the City of Winnipeg. *Please see table 2.*
- Public transportation is unevenly distributed throughout the community. Fewer connections are made for people residing in the west end of the community. This fact negatively affects community participation opportunities of elderly people and families with young children. *Please see figure 2.*

- Most of the schools are located in the central region of Downtown. *Please see figure 3.*
- Child development and family support programs are located throughout the community. Their distribution is not even – revealing a shortage of programs in the Minto, Wolseley and Sargent Park neighbourhoods. *Please see figure 4.*
- There are more childcare programs in the eastern region of the community. Taking the high populations of young children from the Daniel MacIntyre, St. Matthews and Wolseley neighbourhoods into consideration, these neighbourhoods seem to have too few childcare facilities. *Please see figure 5.*
- Family resource programs are heavily concentrated in the eastern region of the community. Fewer programs are available in the Minto, Sargent Park and St. Matthews neighbourhoods. These neighbourhoods seem to require more of this type of program, for instance Daniel MacIntyre has the greatest proportion of young children and St. Matthews and Wolseley have the highest proportions of single parent families. *Please see figures 6-14.*
- The greatest proportion of Aboriginal families residing in Downtown live in the Daniel MacIntyre, St. Matthews, Spence and West Broadway neighbourhoods. The needs of Aboriginal families must be clearly understood due to the special circumstances of transience to and from the reserve community and the urban center, education and employment, language and culture. Representing both the needs and strengths of this population will depend upon their inclusion into all facets of program and service delivery (i.e., social, education, economic and political) in the Downtown community. *Please see figure 14.*
- Recreation programs are unevenly distributed throughout the community. Most of the programs are situated in the eastern-central neighbourhoods (Daniel MacIntyre and Spence) and least in the southwest and southeast neighbourhoods (Minto, sergeant Park and Wolseley). *Please see figures 15-17.*
- The majority of single parent males residing in Downtown live in the Daniel MacIntyre neighbourhood. This population is often overlooked in research and community development plans. *Please see figure 17.*
- Gaps and overlaps in program and service delivery are evident through the maps. The breakdown of programs into types further emphasizes the inequity of the distribution. *Please see figures 18-26.*
- There is a shortage of adult education and literacy opportunities especially for residents of the Daniel MacIntyre neighbourhood. This is notable in comparison to the lower levels of educational attainment among the residents of that neighbourhood. *Please see figure 23.*

- Daniel MacIntyre, St. Matthews and Wolseley neighbourhoods have the highest proportions of single parent families in the community and the fewest number of childcare programs. *Please see figures 24-26.*
- The greatest proportion of the crime in Downtown occurs in the Daniel MacIntyre and Spence neighbourhoods. Alternately, these neighbourhoods have the highest populations of young children and few family support and childcare programs. *Please see figures 27-36.*
- Domestic violence is highest in the Daniel MacIntyre neighbourhoods. This is particularly significant when considering the high population of young children. *Please see figure 33.*
- Although unemployment is an issue for all Downtown neighbourhoods it is greatest for Spence residents. *Please see figure 37.*
- Mobility i.e., moves from residence to residence is quite common for people living in Downtown. Mobility is highest in the Daniel MacIntyre, Broadway/Assiniboine and Wolseley neighbourhoods. Housing availability and quality, neighbourhood safety, green space, social supports, employment and education opportunities are all factors in residential security. *Please see figure 38.*

The Coalition's Community Questionnaire

Design

In order to gain community feedback on the topic of our research, the researchers and some members of the Downtown Parent-Child Coalition took a brief community questionnaire into some programs and asked parents if they wouldn't mind taking a few minutes to fill them out.

Originally, the survey process was added to the methodology of the current project in order to help identify the needs addressed through community residents already participating in one or more health, education, social and/or recreation programs as well as those who do not participate in such programs. This process would have allowed us to identify needs met and unmet by the existing programs, benefits and barriers to participation, and perceived gaps and overlaps in program delivery.

Various impediments stood in the way of an acceptable survey response. Surveys were distributed in the first weeks of February. By the extended April deadline, of the 300 surveys distributed by the researchers, only 60 surveys were returned. Of the surveys distributed by the Coalition members, only 45 were returned. The surveys were distributed through several community programs. *See Table 3 Survey Distribution Sites.*

The surveys were intended to provide the necessary data to investigate various calculations regarding correlations, statistical significance and spatial analysis models to assist in the social program funding allocation. A representative sample from each neighbourhood was not achieved, however, and as a result, directions of the research had to be adjusted to account for this lack of information. The survey data was instead summarized to communicate the message that was being given by survey respondents.

It is very important to understand that the relevance of the questionnaire to the present study is that it offers the Coalition a community voice with which to consider future directions for their work. The study is an important stand alone document in that it includes the opinions, needs and suggestions for programming of 77 residents of the Downtown community. Seventy-seven people took time out to answer the Coalition's questions because they believed that somehow this work would contribute to the betterment of their community. The Coalition needs to recognize this contribution and respond to it.

The original intent of the questionnaire was to try and capture the perceptions of between 300 and 500 parents of children residing in Downtown neighbourhoods. Parents would include individuals who participate and those who do not participate in programs. The Coalition believed that this number of questionnaires would allow us to come to some conclusions about the community's child development and family support needs, the existence of different types of programs in the area and about the strengths and gaps of program distribution in the community.

Table 3 – Survey Distribution Sites

Aboriginal Head Start
West Broadway Community Center
Pregnancy Distress Family Resource Center
The Thunderbird House
Immigrant/Refugee Program
Sunshine House
Street Outreach Collective
St. Matthews Maryland Church
Kali Shiva AIDS Services
WECC
Church of the Good Shepard
Nine Circles Community Health Center
CFS
Klinik
Hep C Initiative
A Community Pow-wow
A community Bingo
Sexuality Education Resource Center
Manitoba Education, Training and Youth
Winnipeg Regional Health Authority
Manitoba Metis Federation
Pregnancy Distress Family Support Services
Family Support Center
Journeys Education Association
Kid Gloves Day Care Incorporated
Manitoba Culture, Heritage & Tourism – Recreation & Wellness Promotion Branch
Understanding Early Years
West End Development Corporation
Winnipeg Child and Family Services
Knox Day Nursery
MGEW
Healthy Baby
Healthy Start for Mom and Me
YM-YWCA of Winnipeg
Health Action Center
Wolseley Family Center
Healthy Child Manitoba
St. Matthews Kid Korner

During the course of the research, and upon reflection, we discovered some flaws in our original plan. These include the following:

1. *Incentives to service providers to assist in the distribution of questionnaires* – It was not possible for us to gain enough participation from program and service providers in the short time allotted to carry out the project. To gain their participation would have required incentives to them. One incentive would be a break from their usual work responsibilities to allow for the time to distribute and administer each of the surveys. We would also have had to convince the program providers that our mission was very valuable and beneficial, not only to us but to themselves and to the community people with whom they interact.
2. *Different needs of neighbourhood area residents and other sub-populations* – Although 300 – 500 questionnaires would certainly have included a lot of people's perceptions, this quantity would not be representative of the perceptions of the parents of the Downtown community. Downtown is composed of several neighbourhood areas, each of these areas has its own programs, services, infrastructure and population demographics. What is representative of the needs of the residents of one neighbourhood is not necessarily representative of the needs of the residents of another area and may actually conflict with the needs of residents in other Downtown neighbourhoods. Furthermore, the population demographics include different people with different educational, cultural, and linguistic backgrounds and family structures. Parents of preschool children will have differing needs from parents of pre-teens. As well, parents of children with special needs and single parents may have alternate or additional needs. Different surveys will be required to address each of these sub-populations separately.
3. *Distinguishing between program participation and non-participation* – In order to identify existing programs and services and to know which are needed and utilized by whom in the Downtown community, to locate program strengths, weaknesses, and to pinpoint gaps and duplication of services we need to ask individuals who attend programs as well as those who don't. After considerable discussion regarding the distinction between program participants vs. non-participants, the Coalition came to a standstill wondering, how shall we differentiate between a program participant and a non-participant? How often does a person need to go to a program before he/she is considered a participant? Are food banks and other such basic services considered as programs?
4. *The Need to raise awareness, trust, and belief in the importance of the work of the Coalition for families, programs, services and the community as a whole* – Although the work of the Coalition is central and will, in time, effect a significant impact on the healthy development of children in the Downtown community, the news of their being has not yet been adequately advertised. Many of the program and service providers who were given surveys to fill out and who had originally said that they would be happy to fill them out had ended up changing their minds.

When asked why they decided against distributing the surveys to community residents, the following responses were noted:

- *No matter what we do to raise awareness of our program or even to ask for funding, we never get a response so we can't really take the time for these.*
- *You know people on the Coalition don't really like our program. I can't believe they actually had us on the list to survey.*
- *I never heard of the Downtown Coalition.*

These comments are significant in that they provide information on the importance of developing and implementing strategies to gain community trust/confidence and to raise awareness regarding the importance of and cooperation in carrying out the Coalition's mission.

Although the questionnaire responses cannot be said to be representative of the community's perceptions of program delivery, they can be extremely useful in terms of adding a community voice to the research project. The process of inclusion of community voice in the initial stages of the Coalition's work attests to their commitment to community-driven, participatory action research (PAR) – i.e., information collection strategies based on the needs and values of community members as they are expressed by them. The present research project must be seen as a work in progress, a process that begins the dialogue between the Coalition, support programs, community members and policy makers (i.e., Healthy Child Manitoba).

The following summary of the questionnaires is based on the responses of 77 individuals residing in Downtown. Individuals are parents living with their children who may or may not attend community programs. All of the questionnaires were distributed to them by the researcher or by program providers/members of the Coalition. Individuals who were non-participants of programs were reached through support services (i.e., counseling services, health centers, and food banks) in the Downtown community.

Profile of the Survey Respondents

Only the surveys completed by caregivers (i.e., parents, grandparents, foster parents, etc.) of children residing in the Downtown community were analyzed for purposes of the present study. Respondents had children ranging in age from one week to older than 19 years. Most of the parents surveyed regularly attended health, recreation and/or support programs for themselves and their children. These programs allowed them to get involved in community life. Some respondents loved to have the opportunity to volunteer, to "give back something to the community." Others benefited from the education that was offered - whether this was parenting education, self-improvement, literacy or job training. Still, others enjoyed the recreation and socialization aspects the programs offered. Some programs fulfilled the basic need of community members, i.e.,

health/medical, emotional, social support and food/nutrition (e.g., food banks and community kitchens).

Perceptions of Community

Using a map of the Downtown community, respondents depicted ‘community’ in terms of their neighbourhood area (as indicated in the profile maps in the previous section of this report) and in some cases included part of the surrounding neighbourhood areas. The most central features of community were:

- Neighbourhood safety
- Places for families and children to go to socialize
- Friendly, trustworthy people including family, friends, neighbours and service providers
- Thriving businesses
- Supportive programs
- Readily available resources

Although most people felt safe living in the neighbourhoods of Downtown, 35% of the respondents felt their children lacked safe environments for socialization. As well, a majority of the respondents worried that in their community, the children did not have enough to do.

Fifty two respondents offered definitions of ‘community’. Of these, the following are representative:

A place where I can raise my kids where they can be safe. Where neighbours look out for each other.

A place to call home.

Where my friends and family are really close to me where there are programs and childcare for my kids.

It means an area where I live and where my friends live. It’s where my son grows and my grandmother ages.

Community to me means a place where you live where you have resources to help you out with anything you need and where the families in the area help keep it safe and constant developing of helpful programs, etc. for the community.

Belonging.

Neighbourhood is walking distance from my house (one to one and a half miles in any direction) with opportunities to socialize, meet others in that area.

I enjoy having all my needs met in my community. My church, my stores, parks, library, my recreational facilities, school, and many of my friends are in the community where I live. This is where I spend 85% of my time. This is important to me.

A safe, friendly environment with resources for all.

Community can refer to a group of people with whom I share a common interest or experience. A relatively close physical proximity, these things should transcend race, economic status, or religious beliefs.

Working together, supporting community businesses, knowing neighbours and being involved.

A lot! This is where I grew up as a child and this is where I received my education. I met my husband here and I want to raise my children here.

People getting to know one another and being friendly, being concerned about the area we live and doing something about it.

Cost of Living

The cost of living and raising children in Downtown was a struggle for 62% of the respondents. These parents expressed difficulties in managing to afford such basic needs as housing, food, educational expenses, health and recreation for their children and for themselves. For the majority who struggled financially, recreation was most certainly the first to go. The lack of recreation opportunities for families cause parents and children a great deal of stress.

Social Support

More than half of the respondents (57%) received some form of support in raising their children. Respondents received support from their partners, family (usually grandparents, aunts and uncles), and/or friends. It is essential to note, however that 19% of the respondents said that they “were on (their) own” and therefore received “no help from anyone.” *See Table 4 Profile of Survey Respondents.*

Participation in Community Programs

Eighty-seven percent of the respondents participated regularly in health, education, recreation and/or social support programs offered in the Downtown community. The remainder of the respondents, although they did not attend programs regularly, were involved somehow in service provision (i.e., visits to health centers or were food bank recipients). *See Table 5 Programs Attended by Survey Respondents.*

Table 4 Profile of Survey Respondents

Profile Information	Number of Respondents	Percentage of the Respondent Population
Ages of Children		
< = 4 years	42	55%
5 – 11 years	39	51%
12 – 14 years	9	12%
15 – 19 years	8	10%
= > 19 years	6	8%
Unknown	1	1%
Community Involvement Opportunities for Children		
Not Enough Opportunities	47	61%
Sufficient Opportunities	30	39%
Perception of Community Safety		
Lack of Safe Places To Go	27	35%
Sufficient Safe Places	32	42%
Not Sure	8	10%
Cost of Living - \$ to Afford Basic Family Needs		
Cannot Afford	48	62%
Can Afford	17	22%
No Response	2	3%
Social Support to Raise Children from Family and/or Friends		
Receive Support	44	57%
Do Not Receive Support	15	19%
Sometimes Receive Support	2	3%
No Response	6	5%

Table 5 Programs Attended by Survey Respondents

Greenway Parent Resource Center
Mother Goose
Rock 'n Read
Healthy Babies
Wolseley Family Place
Mom's Group
River Avenue Daycare
Women's Group – Sunshine House
Healthy Start for Mom and Me Pre- and Post-natal Program
Y – Neighbours
Little Red Spirit – Aboriginal Head Start Program
Sherbrook Sharks Swim Club
Balmoral Hall School
Healthy Baby – Crossroads
Waves of Glory
Galaxy Roller Skating
Family Community Center – Drop-in Program
Evolve
YM/YWCA of Winnipeg– Mother and Tot Time
YM/YWCA of Winnipeg – Daycare
West End Library (Preschool Story time)
Klinic
St. Matthews Church
Journeys
Manitoba Literacy Program Workshops
Aboriginal Health and Wellness Center
Orioles Community Center
Music Lessons
Kinder Music
Baby First Home Visitor
Abinochi Health and Wellness
Sergeant Park Swimming Pool
Manitoba theatre for Young People
Pow-wow Club at Broadway Community Center
Art City
Crossways Youth Program
Mulvey School
Computer Class (Parent and Child)
Building Healthy Families
Toddler Time
Baby Steps
Taking Charge – Taking Care
Child and Family Services
West Center Women's Empowerment Project
Mom and Babies Aerobics (Pan Am Pool)
Rock 'n Roll Strollers (Pan Am Pool)
Freight House Community Center
Portage Place Family Center of Winnipeg

Barriers and Benefits of Program Participation

While most of the respondents were satisfied that community programs were available to them at a location that was close to their homes; eight percent said that “no community programs were available at a place close to home.” Of this group, a majority (i.e., 83%) were residents of the Minto neighbourhood area. It is very clear from the responses to this survey that there is a lack of programs for families residing in the Minto neighbourhood.

Barriers to program participation –

Thirty-six percent of respondents identified additional barriers/challenges that kept them from participating in community programs as much as they would like. The most common barriers identified were:

- Program costs too much
- Equipment costs too much
- Transportation costs too much

Other barriers identified include:

- I don't have childcare
- Building is run down
- Program time is not good for me
- I don't have the right clothes
- The neighbourhood is not safe
- I don't know where the programs are
- Program is not available in my area
- I don't have anyone to go with
- Lack of funds, programs keep shutting down
- I feel I don't belong

Benefits to Program Participation –

All of the respondents identified potential and real benefits of program participation. Most of the respondents listed at least six, including:

- I feel better
- I get outdoors
- I have fun
- Helps me get along with my family
- I meet friends
- Helps me relax
- Helps me feel in charge of my life
- I can deal better with my anger

- I can learn new things
- Program is easy to get to
- Program is close to my home
- I feel I belong
- Program is a friendly and welcoming place
- Program offers transportation (van service or in some cases bus tickets)
- Kids enjoy the programs
- Program is available in my language

Suggestions for the Improvement of Programs

The survey respondents offered many suggestions to improving program delivery in the Downtown community. In total, 71 respondents offered 138 suggestions. Of these, the following are representative:

The Family Center provides free daycare so that I can have some free time. Also, my daughter can have some fun playing with other kids. While I take part in the adult activities of the family resource center I also meet friends and have chance to study English. Family Center is very important in my life. It helps me to know more about Canada and reduce the stress of life. I hope the center can provide ESL course for newcomers.

A very good service is being offered by giving moms time to do things like shopping or get a hair-cut, etc.

Need better maintenance of outdoor rink, change room for skaters, skate path to walk to rink, ice flooded, snow shoveled and boards repaired and maintained.

More drop-ins.

Safer places for my children. Better supervision for my children. More recreation for myself and my children.

I really wish Healthy Start would allow children to attend beyond one years old, at least until age two.

I'm very satisfied with the programs I go to. The only downside is that I wasn't aware of some of them when I really needed them. The Greenway Parent Center, for instance, is one I could really have used a couple of years ago when all three of my kids were preschoolers. I found out about it this year, from a neighbour and my oldest is now in kindergarten (at a different school).

Money.

More dad programs.

More variety and less about how much it's going to cost. I've been hearing a lot of "we don't have funding for that" or "we had to stop that program."

I wish there was a lot more programs such as child find programs that teach children what and how to protect themselves with the family and fire safety programs.

I would love to attend school or get a credit in the center; more programs on self-esteem and have self awareness.

Parental education training, dealing with divorce or death of a spouse, how to cope and support your children.

I would love to attend school.

More programs on self-esteem and self-awareness.

Modern art for adults, yoga, outings to interesting places (Harvest, WAG, Planetarium).

Sewing machine, native arts and crafts making.

Family centered programs.

Local community pediatrician.

A 'how to meet other families and people in my community' program.

More physical activities. Recreation opportunities.

Clean up programs, like someone from the city to clean up broken bottles and used condoms in the early morning so preschoolers can use the parks.

It's not stuff it's attitude. It's not playground equipment we need it's parks free of bio-hazardous objects. Capitalize on the native community's respect for their elders and children. Make a campaign visual. Let crack houses operate on a harm reduction basis, because if you localize such activities and isolate them in "safe houses" it keeps them out of parks and stairwells, our kid's homes and community.

Summary of Information from the Questionnaires

The information collected from the questionnaires included the voices of 77 parents/residents of the Downtown community. Most of the respondents were participants of community programs and/or utilized financial and other support services offered in downtown neighbourhoods. Issues of community discussed include neighbourhood safety, places for children and families to relax and play, friendliness and trustworthiness of family, friends, neighbours and service providers in the community,

thriving businesses, and the availability, accessibility and utilization of supports. Specific programs attended by the respondents are listed. Profile information is described and displayed in a table.

Project Recommendations

Through the collection and analysis of the material presented in this report, the researchers and the Action Committee of the Downtown Parent-Child Coalition suggest the following recommendations for consideration:

Recommendation No. 1 – The Child Development Information System

A government's ability to govern its citizens rests upon the strength of its surveillance systems. Surveillance systems allow governing bodies and policy makers to know the details of their citizens. For example, it allows them to know:

- a. Who its population is (demographics)
- b. Projected growth of the population
- c. Where they are located
- d. What their needs are
- e. What they have (resources, skills, etc.)
- f. Leadership and development capacity of the people
- g. The location of programs and services for the enhancement of child development
- h. Structures and functions of the community's organizations
- i. Cohesiveness and communication of the population

The Downtown Parent-Child Coalition should adopt this type of mechanism in order that they will be able to know these details about their population. Knowing these details will allow the Coalition to carry out strategies that will support the community in enhancing the healthy development of all of its children.

The mechanism that is recommended here is the *Child Development Information System (CDIS)*. With the CDIS, the Coalition will be able to collect, organize and use comprehensive data on the structural organization of the Downtown community. As well, the CDIS will allow the Coalition to organize data collected from surveys distributed to parents of children in the community on issues of program and service availability, accessibility and utilization. Other data can be collected as needed. The information system will allow data to be collected over time. Historical data can be utilized to inform policy and practice and to conduct both process and outcome evaluations. Once developed, the CDIS can easily be updated and administered with little time or technical expertise.

It is further recommended that the Coalition propose to HCM that they develop the CDIS to collect, analyze, interpret and communicate child development information to Coalitions throughout Manitoba. The CDIS is the best means to accomplish the HCM's goals as described in the first section of this report.

Recommendation No. 2 – Downtown Community Survey

The current report sheds light on several determinants of healthy child development in the Downtown community. Some of the determinants of healthy child development affect children directly while others affect families that in turn affect their children. It is recommended that the Downtown Parent-Child Coalition carry out a *Community-Wide Survey* to parents of children regardless of whether or not they attend community programs. The survey should investigate issues of availability, accessibility and utilization of community programs. Other survey questions may include:

- a. Barriers to obtaining health, education, recreation and social services
- b. Population demographics – cultural/linguistic, special needs
- c. Perceptions of the quality and relevance of programming
- d. Suggestions for improvement of community programs, etc.
- e. Other ideas for fostering child development (babysitting or work/education cooperatives, creating community green house projects, literacy/tutorial strategies, grandparents in the schools initiatives, etc)

Several *methods of distribution* are possible. These include the following:

- a. Door-to-door interviews
- b. Phone interviews
- c. Leaving surveys with program coordinators and service providers (e.g., doctor's offices, hairdressers, etc.). Remember, coordinators and service providers will need to be convinced about the value of your mission!
- d. Neighbourhood meetings
- e. Focus groups
- f. Survey through the schools. (Schools need time to take your survey to their councils, etc. for approval. Plan meetings with school administrators well in advance – they can be your best partners if you convince them that the survey will not interfere with their agendas, that you will include their agendas, that teachers workloads will not be disrespected, that the survey is ethically sound and interesting enough for parents to want to participate and that it is of benefit to the children).

Child development is a huge research area. Topics of interest can include pre-natal, infant, preschool, school-age, and youth healthy development. Within each of these age groups topics may include cultural differences, exceptionalities/special needs, health, education, and/or poverty. Different developmental stages may include several related issues. For example, a focus on youth may lead the Coalition to investigate the following areas:

- a. Education, training and employment opportunities
- b. Street Youth
- c. Child physical, sexual or psychological abuse
- d. Poverty
- e. HEP C
- f. Community safety/gang violence

- g. Sex education and support
- h. HIV/Aids
- i. Leadership training/capacity development/youth participation in community development

The survey responses should be added to the CDIS to allow for the analysis of the relationship between program infrastructure and residents' perceptions of programming availability, accessibility, relevancy and utilization. Regular updating of the CDIS with community information will provide the Coalition with a knowledge of Downtown that is essential for community planning and the enhancement of healthy child development.

The Coalition should engage in *priority setting exercises* in order to come to agreement on areas of concern and the order in which these will be studied and supported in the community. The Coalition should consider hiring a person to write proposals to raise additional funds so that each of the priority areas will be adequately researched and supported.

Recommendation No. 3 - Dissemination and Sharing of Information

Information is only useful to those who are aware of and can access it. Community developers today are struggling with the question of how to disseminate information so that it is accessible and utilizable to the community. The program information that was collected in the current report can be useful to community members in raising their awareness regarding the following issues:

- a. Factors that contribute to and detract from healthy child development
- b. Structural organization of community programs and services
- c. Perceptions of community parents regarding program availability, accessibility and utilization
- d. The existence and mission of the Downtown Parent-Child Coalition
- e. Possible areas for involvement in community planning in child development and family support

The Coalition should plan to share information on healthy child development through regular scheduled *neighbourhood meetings*. Regardless of whether the meetings draw in 2 or 20 neighbourhood residents, they are an excellent opportunity to communicate with and incorporate the ideas of Downtown community residents. Through this method, the Coalition will incorporate an ongoing means of communication back and forth from policy makers (HCM, the Coalition, and others) and community residents. Together the Downtown Community can truly endorse participatory strategies for health and community development.

Recommendation No. 4 - High School Community Research Scholarship Program

The Coalition may wish to coordinate with local schools and universities to develop the following *High School Community Research Scholarship Program*. The program is a

great way to encourage leadership and raise awareness of youth regarding local child development issues.

The scholarship program can be brought into secondary school classrooms throughout the community. The Coalition can work in conjunction with school administrators to develop the scholarship program. The program may include the following:

- a. An intensive, two week research education program or workshop for students in their last year of secondary school.
- b. The workshop may include research theory, methodology and a review of child and community health and development research.
- c. The workshop may also include discussion from the students on issues in child and community development that are of interest to them.
- d. The students would be responsible for carrying out a research project on a relevant topic in the Downtown community.
- e. The students would have opportunities to present their work to their schools and to the Coalition.
- f. The Coalition may take advantage of practicum opportunities with Winnipeg universities and colleges to enlist the support of students in relevant disciplines i.e., Child Care/Development, Human Ecology, Education, Nursing, Social Work, and Community Health Sciences.
- g. A coordinator hired by the Coalition may oversee the Program in the schools and offer supervision and support to practicum students.

Topics students may feel passionate about and are of interest to the Coalition include:

- a. Graffiti – Balancing Individual Expression with Public and Private Property Rights
- b. Wheelchair Access in the Downtown Community
- c. Homelessness
- d. Green space, play space, and safe space for children and families

Student research can be presented in various forms. For example:

- a. Reports
- b. Dramas
- c. Videos
- d. Photography

The Program may include opportunities for students to conduct workshops (i.e., pass on the teachings) to elementary school students. Through the Program, the Coalition may wish to offer a scholarship award to graduating students to encourage advanced studies in child health and community research.

The Coalition is advised to discuss this recommendation for a scholarship program with high school administrators. The researcher is aware of and has participated as an

instructor in similar types of programs offered to students of R.B. Russell and Argyle Alternative High Schools.

Recommendation No. 5 – Proposal Driven Support of Community Programs for Healthy Child Development

All of the above recommendations should be considered in carrying out the *proposal driven support of community programs for child development* in Downtown. The priority areas should be considered in terms of the information collected through HCM's Child Development Information System, surveys and discussions with community members. It is important that the information is shared with community residents, program and service providers through reports, community meetings, and other media. This way, priorities are set collaboratively between the Coalition, providers and community residents. The community is working together on a common vision.

Requests for proposals (RFPs) will include the following principles:

- a. The coalition will utilize the information collected to inform priority areas for proposal requests.
- b. Community groups will show how the information was utilized in their proposals.
- c. The RFPs will be advertised widely throughout Downtown neighbourhoods through community meetings with residents, providers and policy-makers.
- d. RFPs will be reviewed by the Coalition with an interest in building community partnership and collaboration first. How a child development strategy is carried out is of utmost importance and will be considered in terms of its partnership building capacity.
- e. The Coalition will review proposals and suggest partnerships between stakeholders (different programs and services, residents of different areas, etc) in order to develop capacity in Downtown.

In this way, the Coalition will work as a body to develop community. Collaboration and coordination of services is a central determinant of health. All of the programs and services of the Downtown community must have opportunities to express themselves, their missions and to work together in meeting their goals. The coalition is in a position to build stronger partnerships between programs and to assist in funding groups to meet common goals.

Recommendation No. 6 – Downtown Parent-Child Coalition Capacity Development/Team Building

The design and implementation of the above recommendations can best be carried out through the development of the Coalition's capacity to function as a group. Although the Coalition's membership includes individuals most knowledgeable and experienced in the areas of child health, development and family support, the membership faces obstacles in relationship to time and energy (i.e., other employment, community development and family responsibilities).

The Coalition should take advantage of *capacity development and team building* education. The type of education we refer to here refers to ideas that assist in planning and implementation of activities/strategies that promote the best interest of children and their families in community through realistic expectations on the Coalition's membership. For example, such questions may be explored:

- a. How can the membership's time best be utilized?
- b. How can the Coalition support individual members in balancing work, volunteer and family responsibilities)?
- c. What benefits are there to being a member of the Coalition?
- d. How can the group's cohesion be strengthened?
- e. Who will carry out the work of the Coalition (i.e., a coordinator/fund raiser/communications officer)?

Through the capacity development process, the Coalition can develop short- and long-term goals, priority areas, roles and responsibilities of individuals and the group, and accountability measures.

Benefits to the members of the Coalition may include

- a. recognition of community work
- b. education and training opportunities
- c. exchange program opportunities to observe and participate in programs in and out of the province of Manitoba
- d. awards/luncheons with community recognizing community work and advertising further opportunities for involvement to other community residents
- e. development of community leadership/advocacy skills

The Coalition is in a perfect position to offer residents opportunities to get more involved in community initiatives for the enhancement of child development and related issues. Healthy child development depends upon the collaborative work of as many of the community's members as possible!

Conclusion

This report provided background information to assist in the design and implementation of child development and family support strategies in the Downtown community of Winnipeg, Manitoba. A broad conception of child development is described, one that includes environmental conditions, economics, political and social circumstances of a child's daily life. Information is collected through existing sources and through a community questionnaire. Data is presented in the form of written material, tables, graphs and maps. Six recommendations are made to the Coalition to assist in carrying out further research and activities that enhance healthy child development in the community. The recommendations recognize that the Downtown community is made up of several neighbourhood areas composed of diverse family and individual characteristics. The focus is on building partnership and collaboration between community residents, providers and policy-makers.

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